

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: CTS01

Review Type: Routine

Review Status: Confirmed

Element Reviewer: MATTHEW STUHL

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

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Visit Start Date 3/22/2010

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MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Closed Date Date: 6/18/2010

Requirement:

(a)General rule. The PACE organization must have a written contract with each outside organization, agency, or individual that furnishes administrative or care-related services not furnished directly by the PACE organization except for emergency services as described in 460.100. (b) Contract requirements. A contract between a PACE organization and a contractor must meet the following requirements (1)Contract only with an entity that meets all applicable Federal and State requirements- including Medicare and Medicaid requirements- (2) A contractor must be accessible to participants, located either within or near the PACE organization's service area. (3) A PACE organization must designate an official liaison to coordinate activities between contractors and the organization (d)Content of contract. Each contract must be in writing and include the following information: (1) Name of contractor (2) Services furnished (including work schedule if appropriate). (3)Payment rate and method. (4) Terms of the contract, including beginning and ending dates, methods of extension, renegotiation, and termination. (5)Contractor agreement to do the following: (i)Furnish only those services authorized by the PACE interdisciplinary team (ii) Accept payment from the PACE organization as payment in full, and not bill participants, CMS the State administering agency, or private insurers. (iii) Hold harmless CMS, the State, and PACE participants if the PACE organization does not pay for services performed by the contractor in accordance with the contract. (iv)Not assign the contract or delegate duties under the contract unless it obtains prior written approval from the PACE organization. (v) Submit reports required by the PACE organization. (vi) Agree to perform all the duties related to its position as specified in this part. (vii) Participate in interdisciplinary team meeting as required. (viii) Agree to be accountable to the PACE organization. (ix) Cooperate with the competency evaluation program and direct participant care requirements specified in 460.71. (e) Contracting with another entity to furnish PACE Center services. (1) A PACE organization may only contract for PACE Center services if it is fiscally sound as defined in 460.80(a) of this part and has demonstrated competence with the PACE model as evidenced by successful monitoring by CMS and the State administering agency. (2) The PACE organization retains responsibility for all participants and may only contract for the PACE Center services identified in 460.98(d).

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

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Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: DTY01

Review Type: Routine

Review Status: Confirmed

Element Reviewer: RICHARD SINGER

CAP Reviewer:

MCO Response Received Date:5/21/2010

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Element Release Date:

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Visit Start Date 3/22/2010

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MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

(a) Meal requirements. (1) Except as specified in paragraphs (a)(2) or (a)(3) of this section, the PACE organization must ensure, through the assessment and care planning process, that each participant receives nourishing, palatable, well-balanced meals that meet the participant's daily nutritional and special dietary needs. Each meal must meet the following requirements: (i) Be prepared by methods that conserve nutritive value, flavor, and appearance. (ii) Be prepared in a form designed to meet individual needs. (iii) Be prepared and served at the proper temperature. (2) The PACE organization must provide substitute foods or nutritional supplements that meet the daily nutritional and special dietary needs of any participant who has any of the following problems: (i) Refuses the food served. (ii) Cannot tolerate the food served. (iii) Does not eat adequately. (3) The PACE organization must provide nutrition support to meet the daily nutritional needs of a participant, if indicated by his or her medical condition or diagnosis. Nutrition support consists of tube feedings, total parenteral nutrition, or peripheral parenteral nutrition. (b) Sanitary conditions. The PACE organization must do the following: (1) Procure foods (including nutritional supplements and nutrition support items) from sources approved, or considered satisfactory, by Federal, State, Tribal, or local authorities with jurisdiction over the service area of the organization. (2) Store, prepare, distribute, and serve foods (including nutritional supplements and nutrition support items) under sanitary conditions.(3) Dispose of garbage and refuse properly.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

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Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT MET

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Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: ENV01

Review Type: Routine

Review Status: Confirmed

Element Reviewer: RICHARD SINGER

CAP Reviewer: RICHARD SINGER

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Audit Cosed Date Date: 6/18/2010

Requirement:

The entire text is very lengthy and is not listed here in its entirety. See Regulation for entire text. (a) Space and equipment- (1) Safe design. A PACE center must meet the several requirements relating to safety of design and construction. (2) Primary care clinic. The PACE center must include sufficient suitable space and equipment to provide primary medical care and suitable space for team meetings, treatment, therapeutic recreation, restorative therapies, socialization, personal care, and dining. (3) Equipment maintenance. There must be a written plan and that recommended maintenance is completed (b) Fire safety- (1) General rule. Except as otherwise provided in this section-- (i) A PACE center must meet the applicable provisions of the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection Association that apply to the type of setting in which the center is located. (ii) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the LSC does not apply to PACE centers. (2) Exceptions. (i) The Life Safety Code provisions do not apply in a State in which CMS determines that a fire and safety code imposed by State law adequately protects participants and staff. (ii) CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the center, but only if the waiver does not adversely affect the health and safety of the participants and staff. (5) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, a PACE center may install alcohol-based hand rub dispensers in its facility if-- (i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities; (ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls; (iii) The dispensers are installed in a manner that adequately protects against inappropriate access; and (iv) The dispensers are installed in accordance code. (c) Emergency and disaster preparedness- (1) Procedures. The PACE organization must establish, implement, and maintain documented procedures to manage medical and nonmedical emergencies and disasters that are likely to threaten the health or safety of the participants, staff, or the public. (2) Emergencies defined. Emergencies include, but are not limited, to the following: (i) Fire. (ii) Equipment, water, or power failure. (iii) Care-related emergencies. (iv) Natural disasters likely to occur in the organization's geographic area. (An organization is not required to develop emergency plans for natural disasters that typically do not affect its geographic location.) (3) Emergency training. A PACE organization must provide appropriate training and periodic orientation to all staff (employees and contractors)... (4) Availability of emergency equipment. Emergency equipment, including easily portable oxygen, airways, suction, and emergency drugs, along with staff who know how to use the equipment, must be on the premises of every center at all times and be immediately available. (5) Annual test of emergency and disaster plan. At least annually, a PACE organization must actually test, evaluate and document the effectiveness of its emergency and disaster plans.

Deficiencies:

Participant safety was compromised during a treatment observation of physical therapy at the Winthrop center on 3/23/2010 at approximately 1:30 PM. Findings include the following: In anticipation of the participants return to the home setting scheduled for the following day, the physical therapist interviewed the participant about his home configuration, e.g. floor surfaces, kitchen layout, etc. The therapist then assessed the participant's dynamic standing balance, which was demonstrably impaired, and developed a treatment for the participant. Addressing ADLs, the therapist had the participant ambulate with a rolling walker over to the sink in order for the participant to demonstrate hand washing. On the countertop directly beside the sink was hydrocollator (hot pack bath), the exterior of which included a sign which said HOT, and was indeed confirmed by this writer to be burning hot (the water inside is typically maintained above 170 degrees Fahrenheit). The unit stands approximately 24 inches high and is not secured to the counter. One runs the risk of a scald injury if a loss of balance occurs and the unit is toppled. As such, the unit presents as an environmental hazard to the participant who is in any way unstable on his feet. Moreover, during this observation, the participant could not safely reach for a paper towel once he finished washing his hands because the unit, with its burning hot exterior, was blocking the towel dispenser. At the conclusion of the treatment, the therapist acknowledged the hazard and potential for participant injury by situating the hydrocollator in close proximity to the sink. Based on observations made at the Lewis Mall center on 3/22/10, the organization failed to respond in a timely manner to an emergency call summons from the participant Mens room. This reviewer observed office personnel disabling the audible alarm on multiple occasions on the morning of 3/22/10 at the Lewis Mall-- this was done without apparent investigation into the source of the alarm summonses. At approximately 1:50 PM this reviewer entered the Mens restroom, unobserved, and pulled the alarm in a toilet stall. The alarm sounded but was silenced within a half minute, but the call light outside the bathroom door continued to remain illuminated for the next ten minutes. During this time no one entered the Mens room to investigate the reason for the call light. Approximately 15 minutes after the alarm was activated, a nurse from another floor came down to investigate, explaining that the alarm activates her pager. She added that the staff in the center should have noticed the light and/or audible alarm once it was first activated and responded appropriately.

Corrective Action Required:

ESP must review its policies, procedures and assigned accountabilities for maintaining a safe and responsive PACE center at all times. Please submit any revisions, and your plan for staff communication regarding updated processes and accountabilities. Regular internal quality monitoring of the physical environment and evidence of staff compliance is required. Please submit a monitoring plan which specifies key indicators, methods and accountabilities by position.

Notes/Recommendations:

Final CAP Item Summary:

ESP revised policies, procedures and staff training regarding these participant safety issues are accepted. This CAP is closed.

MCO CAP (Current Submission 1, 5/21/2010):

The hydroculator in the Winthrop Gym was temporarily moved as part of clean-up from statewide flood emergency. ESP's Usual procedures call for staff to make immediate report of safety concerns and to take action including: Signage or other steps to alert others to concern Generate work order for repair or maintenance - work orders flagged as "safety concern" are triaged by facilities as High Priority and fixed immediately Report at AM meeting In addition to daily reports, the Center Director and Site QAPI conducts monthly site inspections and monitors work order reports. On investigation, we found the Hydroculator had not been marked with safety alert and the work order had not been flagged high priority. Before the audit, the Center Director flagged the work order as incomplete and recontacted Facilities but without the high priority flag, Facilities did not immediately implement the order. The hydroculator was moved to a safe location and ESP staff counseled on importance of high priority flag and utilizing safety alerts. The processes in place at the time of the audit are sufficient for protection of patient safety when utilized correctly. The Lewis Mall Apartments and Day Center share a common alarm system. The alarm system has both a visual and audible alert. Visual alert is a light at the site of the alarm, i.e. the day center rest room and at the alarm panel in the Day site reception area. The audible alert sounds at the panel and also goes to a cell phone that is held by the Building Aide. On investigation, we found that the receptionist was canceling the audible alarm without ensuring that the participant received attention. This process was stopped immediately and a process put in place to ensure that the alarm would remain in audible and visual mode until the participant receives attention. Rewiring the alarm system to route day center alerts to a day center cell phone is in process. The LM Center Director will conduct monthly drills until response is consistent with required procedure for 3 consecutive months, then incorporate into the site's routine drill schedule. Routine drills are monitored through QAPI. ESP's policy covering these processes has been sent via email. The Center Directors have reviewed the policy with Day Center staff.

CMS CAP Response (Current Submission 2, 6/18/2010): Final Submission

ESP revised policies, procedures and staff training regarding these participant safety issues are accepted. This CAP is closed.

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Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET WITH NOTE

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: ENV02

Review Type: Routine

Review Status: Confirmed

Element Reviewer: RICHARD SINGER

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

Element Release Date:

Element Projected Completion Date:

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

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MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

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Audit Closed Date Date: 6/18/2010

Requirement:

(a) Standard procedures. The PACE organization must follow accepted policies and standard procedures with respect to infection control, including at least the standard precautions developed by the Centers for Disease Control and Prevention. (b) Infection control plan. The PACE organization must establish, implement, and maintain a documented infection control plan that meets the following requirements: (1) Ensures a safe and sanitary environment. (2) Prevents and controls the transmission of disease and infection. (c) Contents of infection control plan. The infection control plan must include, but is not limited to, the following: (1) Procedures to identify, investigate, control, and prevent infections in every center and in each participant's place of residence. (2) Procedures to record any incidents of infection. (3) Procedures to analyze the incidents of infection to identify trends and develop corrective actions related to the reduction of future incidents.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

ESP should consider the merits of defining infections, by CDC or other widely accepted criteria, to ensure that trended findings are reliable and reproducible, and that all providers are using the same definitions in participant care and in their contributions to the quality program.

Final CAP Item Summary:

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Review ID: 17157
Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER
Findings: NOT MET
Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2
Auditing Element: FIN01
Review Type: Routine
Review Status: Confirmed
Element Reviewer: LIZAMARIE CINTRON
CAP Reviewer: MATTHEW STUHL
MCO Response Received Date:5/21/2010
Element Accepted Date: 6/10/2010
Element Release Date:6/18/2010
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Visit Start Date 3/22/2010
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Date Report Due:4/24/2010
MCO Response Due Date: 5/23/2010
CAP Released Date:6/18/2010
CAP Accepted Date:6/18/2010
Audit Cosed Date Date: 6/18/2010

Requirement:

(a) Fiscally Sound operation. A PACE organization must have a fiscally sound operation, as demonstrated by the following: (1) Total assets greater than total liabilities (2) Sufficient cash flow and adequate liquidity to meet obligations as they become due. (3) A net operating surplus or a financial plan for maintaining solvency that is satisfactory to CMS and the State administering agency. (b) Insolvency plan. The organization must have a documented plan in the event of insolvency, approved by CMS and the State administering agency, which provides for the following: (1) Continuation of benefits for the duration of the period for which capitation payment has been made. (2) Continuation of benefits to participants who are confined in a hospital on the date of insolvency until their discharge. (3) Protection of participants from liability for payment of fees that are the legal obligation of the PACE organization. (c) Arrangements to cover expenses. (1) A PACE organization must demonstrate that it has arrangements to cover expenses in the amount of at least the sum of the following in the event it becomes insolvent: (i) One month's total capitation revenue to cover expenses the month before insolvency. (ii) One month's average payment to all contractors, based on the prior quarter's average payment, to cover expenses the month after the date it declares insolvency or ceases operations. (2) Arrangements to cover expenses may include, but are not limited to, the following: (i) Insolvency insurance or reinsurance. (ii) Hold harmless arrangement. (iii) Letters of credit, guarantees, net worth, restricted State reserves, or State law provisions.

Deficiencies:

Insolvency plan not formalized and lacking letter of guarantee from parent organization.

Corrective Action Required:

Formalize insolvency plan in policies and procedures manual. Obtain letter of guarantee from parent organization (EBNHC) supporting the commitment to covering expenses incurred by the ESP program should insolvency or program termination occur. Please provide both of these documents in a separate email entitled FIN01 outside of the HPMS.

Notes/Recommendations:

Final CAP Item Summary:

CAP accepted. Insolvency policy and guarantee have been received, reviewed and accepted. The policy and guarantee were submitted by email outside of HPMS.

MCO CAP (Current Submission 1, 5/21/2010):

An insolvency policy and guarantee to cover outstanding expenses in line with PACE regulatory requirements was reviewed with the Finance Committee of the EBNHC Board of Directors, and the guarantee signed by the Board Chair on May 12, 2010. A copy of the policy and guarantee will be submitted by email

CMS CAP Response (Current Submission 1, 6/18/2010): Final Submission

CAP accepted. Insolvency policy and guarantee received reviewed and accepted. The policy and guarantee were submitted by email outside of HPMS.

Auditing Review Results (With CAP)

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Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: MKT03

Review Type: Routine

Review Status: Confirmed

Element Reviewer: LIZAMARIE CINTRON

CAP Reviewer: MATTHEW STUHL

MCO Response Received Date:5/21/2010

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Visit Start Date 3/22/2010

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MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

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Requirement:

(a) Intake process. Intake is an intensive process during which PACE staff members make one or more visits to a potential participant's place of residence and the potential participant makes one or more visits to the PACE center. At a minimum, the intake process must include the following activities: (1) The PACE staff must explain to the potential participant and his or her representative or caregiver the following information: (i) The PACE program, using a copy of the enrollment agreement described in Sec.460.154, specifically references the elements of the agreement including but not limited to Sec.460.154(e), (i) through (m), and (r). (ii) The requirement that the PACE organization would be the participant's sole service provider and clarification that the PACE organization guarantees access to services, but not to a specific provider. (iii) A list of the employees of the PACE organization who furnish care and the most current list of contracted health care providers under Sec. 460.70(c). (iv) Monthly premiums, if any. (v) Any Medicaid spenddown obligations. (vi) Post-eligibility treatment of income. (2) The potential participant must sign a release to allow the PACE organization to obtain his or her medical and financial information and eligibility status for Medicare and Medicaid. (3) The State administering agency must assess the potential participant, including any individual who is not eligible for Medicaid, to ensure that he or she needs the level of care required under the State Medicaid plan for coverage of nursing facility services, which indicates that the individual's health status is comparable to the health status of individuals who have participated in the PACE demonstration waiver programs. (4) PACE staff must assess the potential participant to ensure that he or she can be cared for appropriately in a community setting and that he or she meets all requirements for PACE eligibility specified in this part. (b) Denial of Enrollment. If a prospective participant is denied enrollment because his or her health or safety would be jeopardized by living in a community setting, the PACE organization must meet the following requirements: (1) Notify the individual in writing of the reason for the denial. (2) Refer the individual to alternative services, as appropriate. (3) Maintain supporting documentation of the reason for the denial. (4) Notify CMS and the State administering agency and make the documentation available for review.

Deficiencies:

We took a sample of prospective enrollees not enrolled and the reasons. The stories did not match the codes selected. The "other" category descriptions were not alligned with the actual event. This deficiency is categorized as a data integrity process issue.

Corrective Action Required:

HPMS data entry personnel must review cases thoroughly to determine the underlying reason for prospective enrollees not enrolling and must accurately reflect these reasons in the HPMS. Data entry personnel must be aware of the denied enrollment reasons that exist at 460.162(a)4, and not use language that could be reflective of a denied enrollment, which follows a different track. Some of the language choices included "too frail" and "not frail enough". Please avoid this terminology. Provide an attestation that necessary training of appropriate staff has been done, necessary policy and procedures have been revised, and note that CMS will continue to monitor this HPMS data category via quarterly submissions.

Notes/Recommendations:

Final CAP Item Summary:

CAP accepted. ESP's Intake and Enrollment Staff have been trained to utilize the revised list of non-enrollment reasons when documenting the circumstances in which a prospective enrollee decides not to enroll. The Marketing and Finance Directors understand the issues identified during the audit and have implemented corrective actions related to the Non-Enrollment Reasons Data Chain.

MCO CAP (Current Submission 1, 5/21/2010):

Prospective enrollees are tracked through the Intake Process via the CRM module of EPIC, the plan's electronic participant record. When a prospective enrollee decides not to enroll, the CRM entry is resolved with the appropriate reason for not enrolling. The Marketing Director utilizes a quarterly report that lists non-enrollments and the reason for non-enrollment as listed in CRM. Prior to the CMS audit, the process for entering non-enrollment reason and auditing the quarterly report prior to HPMS data entry was not tightly controlled. Going forward, The ESP Marketing Director, or in her absence, the ESP Finance Director, will now be the only person to officially resolve all CRM's in EPIC. The drop-down list of non-enrollment reasons in CRM has been revised to limit the possibility of that staff will choose incorrect reasons for non-enrollment: Preference for out of network hospital Does not meet State NHC criteria Not safe to remain in community Preference for out of network services (other than hospital) Preference for EBNHC PCP Preference for External PCP Satisfied with current services Unwilling to meet payment responsibilities Prefers nursing home placement No response to outreach calls and letters Preference for other insurance program Other The Marketing Director will receive a quarterly non-enrollment report that lists each potential enrollee who did not enroll and the reason for non-enrollment as entered in CRM. The Marketing Director will review this report in the context of intake records that describe the circumstances of non-enrollment and will make corrections as required to align the non-enrollment reasons to be reported to CMS with the circumstances of non-enrollment. To maintain the audit trail, changes to CRM data entry will be noted in the non-enrollment report. The Marketing Director will send the corrected Quarterly Non-Enrollment Report to the ESP Business Office for final validation prior to entry into HPMS per ESP's program-wide HPMS Data Validation policy. The procedures described above have been added to ESP's Enrollment and HPMS Data Validation Policies. ESP's Intake and Enrollment Staff have been trained to utilize the revised list of non-enrollment reasons when documenting the circumstances in which a prospective enrollee decides not to enroll. The Marketing and Finance Directors understand the issues identified during audit and are responsible for corrective actions related to the Non-Enrollment Reasons Data Chain.

CMS CAP Response (Current Submission 1, 6/18/2010): Final Submission

CAP accepted. ESP's Intake and Enrollment Staff have been trained to utilize the revised list of non-enrollment reasons when documenting the circumstances in which a prospective enrollee decides not to enroll. The Marketing and Finance Directors understand the issues identified during the audit and have implemented corrective actions related to the Non-Enrollment Reasons Data Chain.

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Element Reviewer: MATTHEW STUHL

CAP Reviewer: LIZAMARIE CINTRON

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Requirement:

A PACE participant may voluntarily disenroll from the program without cause at any time.

Deficiencies:

(1) Data integrity issue - several cases in HPMS were incorrectly detailed. The HPMS reasons for voluntary disenrollment did not agree with the case notes. (2) Service denials for LTC placement were handled as simple requests for vol. disenrollment and no service denial notices/appeal rights were issued.

Corrective Action Required:

HPMS data entry personnel must review cases thoroughly to determine the underlying reason for voluntary disenrollments and accurately reflect these reasons in the HPMS. Provide an attestation that staff training has been provided from beginning to end of data chain to ensure accurate documentation of voluntary disenrollments. This deficiency must be shared with all appropriate staff and note that CMS will continue to monitor this HPMS data category via quarterly submissions.

Notes/Recommendations:

Final CAP Item Summary:

CAP accepted. The PO has initiated corrective action to ensure that HPMS data entry personnel review cases thoroughly to determine the underlying reason for voluntary disenrollments and accurately reflect these reasons in the HPMS.

MCO CAP (Current Submission 1, 5/21/2010):

IDT discussion about potential voluntary disenrollment are documented in the participant's electronic medical record. The purpose of IDT discussion is to ensure that participant concerns are addressed prior to proceeding with disenrollment. Prospective dis-enrollments are also tracked through the the CRM module of EPIC. If the participant decides to disenroll, the IDT enters a "disenrollment order" in the EMR that includes the reason for disenrollment and the CRM entry is resolved. The ESP Marketing Director utilizes a quarterly report that comes from CRM to enter disenrollments into HPMS. Prior to the CMS audit, the process for entering CRM dis-enrollments, creating disenrollment orders, and resolving CRMs with the correct dis-enrollment reason was not tightly controlled. Going forward, Center Directors will be directly responsible for entering potential disenrollments into CRM and for entering Dis-enrollment orders in the electronic medical record with the correct reason for disenrollment. The drop-down list of voluntary dis-enrollment reasons in the dis-enrollment order has been revised to limit the possibility of that staff will choose incorrect reasons for dis-enrollment. Preference for out of network primary care physician Wishes to access out of network service Dissatisfied with health care services Dissatisfied with appeal decision Other To ensure that reason for disenrollment is correctly categorized in HPMS The ESP Marketing Director or Finance Director will be the only person to resolve disenrollment CRMs. The Marketing Director will receive a quarterly disenrollment report that lists each participant who disenrolled during the quarter and the reason for non-enrollment as entered in CRM. The Marketing Director will review this report in the context of participant's electronic medical records and make corrections as required to ensure that voluntary enrollments are correctly categorized and to align the disenrollment reason with the circumstances of dis-enrollment. To maintain the audit trail, changes to CRM data entry will be noted in the dis-enrollment report. The Marketing Director will send the corrected Quarterly Dis-Enrollment Report to the ESP Business Office for final validation prior to entry into HPMS per ESP's program-wide HPMS Data Validation policy. The procedures above have been added to ESP's Dis-enrollment and HPMS Data Validation Policies. ESP Center Directors have been trained to utilize the revised list of dis-enrollment reasons when entering dis-enrollment orders in the electronic medical record. The Marketing and Business Directors understand the issues identified during audit and are responsible for corrective actions related to the disenrollment data chain. IDT staff have received training on voluntary and involuntary disenrollment reasons with a goal of improving consistency between medical record documentation and the disenrollment reasons entered into HPMS. IDT staff have also be educated on voluntary disenrollments as they relate to service requests and service denials (ex. a participant requesting LTC placement when the IDT believes they can safely continue to care for them in the community.) Staff will understand and be able to differentiate service requests as potential service denials which require proof of service denial notice and appeal rights from a reason for disenrollment from the PACE plan. (Refer to PRT07 and PRT08 regarding service requests, service denials and appeal rights.)

CMS CAP Response (Current Submission 1, 6/18/2010): Final Submission

CAP accepted. The PO has initiated corrective action to ensure that HPMS data entry personnel review cases thoroughly to determine the underlying reason for voluntary disenrollments and accurately reflect these reasons in the HPMS.

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Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: MKT09

Review Type: Routine

Review Status: Confirmed

Element Reviewer: LIZAMARIE CINTRON

CAP Reviewer: MATTHEW STUHL

MCO Response Received Date:5/21/2010

Element Accepted Date: 6/17/2010

Element Release Date:6/18/2010

Element Projected Completion Date:6/17/2010

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Closed Date: 6/18/2010

Requirement:

(a) Reasons for involuntary disenrollment. A participant may be involuntarily disenrolled for any of the following reasons: (1) The participant fails to pay, or to make satisfactory arrangements to pay, any premium due the PACE organization after a 30-day grace period. (2) The participant engages in disruptive or threatening behavior, as described in paragraph (b) of this section. (3) The participant moves out of the PACE program services area or is out of the service area for more than 30 consecutive days, unless the PACE organization agrees to a longer absence due to extenuating circumstances. (4) The participant is determined to no longer meet the State Medicaid nursing facility level of care requirements and is not deemed eligible. (5) The PACE program agreement with CMS and the State administering agency is not renewed or is terminated. (6) The PACE organization is unable to offer health care services due to the loss of State licenses or contracts with outside providers. (b) Disruptive or threatening behavior. For purposes of this section, a participant who engages in disruptive or threatening behavior refers to a participant who exhibits either of the following: (1) A participant whose behavior jeopardizes his or her health or safety, or the safety of others; or (2) A participant with decision-making capacity who consistently refuses to comply with his or her individual plan of care or the terms of the PACE enrollment agreement. (c) Documentation of disruptive or threatening behavior. If a PACE organization proposes to disenroll a participant who is disruptive or threatening, the organization must document the following information in the participant's medical record: (1) The reasons for proposing to disenroll the participant. (2) All efforts to remedy the situation. (d) Noncompliant behavior. (1) A PACE organization may not disenroll a PACE participant on the grounds that the participant has engaged in noncompliant behavior if the behavior is related to a mental or physical condition of the participant, unless the participant's behavior jeopardizes his or her health or safety, or the safety of others. (2) For purposes of this section, noncompliant behavior includes repeated noncompliance with medical advice and repeated failure to keep appointments. (e) State administering agency review and final determination. Before an involuntary disenrollment is effective, the State administering agency must review it and determine in a timely manner that the PACE organization has adequately documented acceptable grounds for disenrollment.

Deficiencies:

(1) Data integrity issue - in several instances, the reasons entered in the HPMS for involuntary disenrollment module did not agree with case notes. (2) out of service area disenrollments by regulatory definition (see 460.164) must be categorized as involuntary and follow the involuntary disenrollment process track including state administering agency review and final determination.

Corrective Action Required:

HPMS data entry personnel must review cases thoroughly to determine the underlying reason for disenrollment and ensure that involuntary disenrollments are properly categorized and follow the involuntary disenrollment process as outlined in the internal policies and procedures manual. Please provide an attestation that staff training has been provided to ensure that an accurate data chain exists and involuntary disenrollments are captured and processed correctly. Note, CMS will continue to monitor this data category via HPMS data quarterly submissions.

Notes/Recommendations:

Final CAP Item Summary:

CAP accepted. PO is ensuring that HPMS data entry personnel review cases thoroughly to determine the underlying reason for disenrollment and ensure that involuntary disenrollments are properly categorized and follow the involuntary disenrollment process as outlined in the internal policies and procedures manual.

MCO CAP (Current Submission 1, 5/21/2010):

The reasons for involuntary disenrollment were correctly categorized in ESP Policy and Procedure at the time of the site audit. The procedures described in MKT09 will be employed for all disenrollments to ensure that involuntary disenrollments are correctly categorized in HPMS. These include assigning responsibility for data integrity to the Marketing and Finance Directors and increasing Center Director's accountability for medical record entries that describe the reason for disenrollment. A revised list of Involuntary Disenrollment Reasons has been created for Center Directors to use when entering Disenrollment orders in the EMR. Leaving or out of service area for more than 30 days Failure to meet payment responsibilities Disruptive or threatening behavior No longer meets State Medicaid facility level of care Program agreement with CMS/SSA not renewed or terminated Org. is unable to offer services due to loss of state license or contract Other - Involuntary Disenrollment ESP's Center Directors have been trained to utilize the revised list of dis-enrollment reasons when entering dis-enrollment orders in the electronic medical record. IDT staff have received training on voluntary and involuntary disenrollment reasons with a goal of improving consistency between medical record documentation and the disenrollment reasons entered into HPMS. The Marketing and Business Directors understand the issues identified during audit and are responsible for corrective actions related to the disenrollment data chain.

CMS CAP Response (Current Submission 1, 6/18/2010): Final Submission

CAP accepted. PO is ensuring that HPMS data entry personnel review cases thoroughly to determine the underlying reason for disenrollment and ensure that involuntary disenrollments are properly categorized and follow the involuntary disenrollment process as outlined in the internal policies and procedures manual.

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157
Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER
Findings: MET
Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2	Visit Start Date 3/22/2010
Auditing Element: PRS02	Exit Conference Date: 3/25/2010
Review Type: Routine	Date Report Issued: 4/23/2010
Review Status: Confirmed	Date Report Due: 4/24/2010
Element Reviewer: RICHARD SINGER	MCO Response Due Date: 5/23/2010
CAP Reviewer:	CAP Released Date: 6/18/2010
MCO Response Received Date: 5/21/2010	CAP Accepted Date: 6/18/2010
Element Accepted Date:	Audit Cosed Date Date: 6/18/2010
Element Release Date:	
Element Projected Completion Date:	

Requirement:
(a) The PACE organization must provide training to maintain and improve the skills and knowledge of each staff member with respect to the individual's specific duties that results in his or her continued ability to demonstrate the skills necessary for the performance of the position. (b) The PACE organization must develop a training program for each personal care attendant to establish the individual's competency in furnishing personal care services and specialized skills associated with specific care needs of individual participants. (c) Personal Care attendants must exhibit competency before performing personal care services independently.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET WITH NOTE

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: PRS04

Review Type: Routine

Review Status: Confirmed

Element Reviewer: JANE TAYLOR

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

Element Release Date:

Element Projected Completion Date:

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

(a) The PACE organization must ensure that all employees and contracted staff furnishing care directly to participants demonstrate the skills necessary for performance of their position. (1) The PACE organization must provide each employee and all contracted staff with an orientation. The orientation must include at a minimum the organization's mission, philosophy, policies on participant rights, emergency plan, ethics, the PACE benefit, and any policies related to the job duties of specific staff. (2) The PACE organization must develop a competency evaluation program that identifies those skills, knowledge, and abilities that must be demonstrated by direct participant care staff (employees and contractors). (3) The competency program must be evidenced as completed before performing participant care and on an ongoing basis by qualified professionals. (4) The PACE organization must designate a staff member to oversee these activities for employees and work with the PACE contractor liaison to ensure compliance by contracted staff. (b) The PACE organization must develop a program to ensure that all staff furnishing direct participant care services meet the following requirements: (1) Comply with any State or Federal requirements for direct patient care staff in their respective settings. (2) Comply with the requirements of Sec. 460.68(a) regarding persons with criminal convictions. (3) Have verified current certifications or licenses for their respective positions. (4) Are free of communicable diseases and are up to date with immunizations before performing direct patient care. (5) Have been oriented to the PACE program. (6) Agree to abide by the philosophy, practices, and protocols of the PACE organization.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Regular, ongoing oversight of the contracted pharmacy services must be conducted by ESP. While there has been diligent attention to meeting participant medication needs, the extent to which ESP oversees the quality of pharmacy services is not clear. CMS recommends the same level of scrutiny required for contracted Direct Care Workers. ESP has effective QA/QI processes in place for oversight of other contractors providing direct care. Please add Pharmacy Services to this oversight process. Contractor-provided metrics linked to ESP internal reports of medication errors, risk management, outcomes and corrective actions taken should be reported and coordinated with QAPI activities. These occurrences should be trended, and the contracted pharmacy involved in improvement.

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET WITH NOTE

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: PRT04

Review Type: Routine

Review Status: Confirmed

Element Reviewer: RICHARD SINGER

CAP Reviewer: LIZAMARIE CINTRON

MCO Response Received Date:5/21/2010

Element Accepted Date:

Element Release Date:

Element Projected Completion Date:

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

(a) Written policies. A PACE organization must have written policies and implement procedures to ensure that the participant, his or her representative, if any, and staff understand these rights. (b) Explanation of rights. The PACE organization must fully explain the rights to the participant and his or her representative, if any, at the time of enrollment in a manner understood by the participant. (c) The PACE organization must meet the following requirements: (1) Write the participant rights in English and in any other principal languages of the community. (2) Display the participant rights in a prominent place in the PACE center.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

The sign with participant rights at Barnes building is not viewable to participants. The font is small and too high up. This could be unreadable to someone in a wheelchair.

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157
Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER
Findings: MET
Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2	Visit Start Date 3/22/2010
Auditing Element: PRT06	Exit Conference Date: 3/25/2010
Review Type: Routine	Date Report Issued: 4/23/2010
Review Status: Confirmed	Date Report Due: 4/24/2010
Element Reviewer: MATTHEW STUHL	MCO Response Due Date: 5/23/2010
CAP Reviewer:	CAP Released Date: 6/18/2010
MCO Response Received Date: 5/21/2010	CAP Accepted Date: 6/18/2010
Element Accepted Date:	Audit Cosed Date Date: 6/18/2010
Element Release Date:	
Element Projected Completion Date:	

Requirement:

For purposes of this part, a grievance is a complaint, either written or oral, expressing dissatisfaction with services delivery or the quality of care furnished. (a) Process to resolve grievances. A PACE organization must have formal written process to evaluate and resolve medical and non-medical grievances by participants, their family members, or representatives. (b)Notification to participants. Upon enrollment, and at least annually thereafter, the PACE organization must give a participant written information on the grievance process. (c) Minimum requirements. At a minimum, the PACE organization's grievance process must include written procedures for the following: (1) How a participant files a grievance. (2)Documentation of a participant's grievance. (3) Response to, and resolution of, grievances in a timely manner. (4) Maintenance of confidentiality of a participant's grievance. (d) Continuing care during grievance process. The PACE organization must continue to furnish all required services to the participant during the grievance process. (e) Explaining the grievance process. The PACE organization must discuss with and provide to the participant in writing the specific steps, including timeframes for response, that will be taken to resolve the participant's grievance. (f) Analyzing grievance information. The PACE organization must maintain, aggregate, and analyze information on grievance proceedings. This information must be used in the PACE organization's internal quality assessment and performance improvement program.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: PRT07

Review Type: Routine

Review Status: Confirmed

Element Reviewer: MATTHEW STUHL

CAP Reviewer: LIZAMARIE CINTRON

MCO Response Received Date:5/21/2010

Element Accepted Date: 6/17/2010

Element Release Date:6/18/2010

Element Projected Completion Date:6/17/2010

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

For purposes of this section, an appeal is a participant's action taken with respect to the PACE organization's noncoverage of, or nonpayment for, a service including denials, reductions, or termination of services. (a) PACE organization's written appeals process. The PACE organization must have a formal written appeals process, with specified timeframes for response, to address noncoverage or nonpayment of a service. (b) Notification of participants. Upon enrollment, at least annually thereafter, and whenever the interdisciplinary team denies a request for services or payment, the PACE organization must give a participant written information on the appeals process. (c) Minimum requirements. At a minimum, the PACE organization's appeals process must include written procedures for the following: (1) Timely preparation and processing of a written denial of coverage or payment as provided in §460.104(c)(3). (2) How a participant files an appeal. (3) Documentation of a participant's appeal. (4) Appointment of an appropriately credentialed and impartial third party who was not involved in the original action and who does not have a stake in the outcome of the appeal to review the participant's appeal. (5) Responses to, and resolution of, appeals as expeditiously as the participant's health condition requires, but no later than 30 calendar days after the organization received an appeal. (6) Maintenance of confidentiality of appeals. (d) Notification. A PACE organization must give all parties involved in the appeal the following: (1) Appropriate written notification. (2) A reasonable opportunity to present evidence related to the dispute, in person, as well as in writing. (e) Services furnished during appeals process. During the appeals process, the PACE organization must meet the following requirements: (f) Expedited appeals process (1) A PACE organization must have an expedited appeals process for situations in which the participant believes that his or her life, health, or ability to regain or maintain maximum function could be seriously jeopardized, absent provision of the service in dispute. (2) Except as provided in paragraph (f)(3) of this section, the PACE organization must respond to the appeal as expeditiously as the participant's health condition requires, but no later than 72 hours after it receives the appeal. (3) The PACE organization may extend the 72-hour timeframe by up to 14 calendar days for either of the following reasons: (i) The participant requests the extension. (ii) The organization justifies to the State administering agency the need for additional information and how the delay is in the interest of the participant. (g) Determination in favor of participant. A PACE organization must furnish the disputed service as expeditiously as the participant's health condition requires if a determination is made in favor of the participant on appeal. (h) Determination adverse to participant. For a determination that is wholly or partially adverse to a participant, at the same time the decision is made, the PACE organization must notify the following: (1) CMS. (2) The State administering agency. (3) The participant. (i) Analyzing appeals information. A PACE organization must maintain, aggregate, and analyze information on appeal proceedings and use this information in the organization's internal quality assessment and performance improvement program.

Deficiencies:

Participants are not receiving timely assessments and processing of appeals. Several requests for services were reviewed for timelines and appeals rights. A service request received on 12/15/08 (CRM#3350) was not denied until 05/11/2009 (145 days). The regulatory requirement at 460.104 requires a decision in 72 hours. The 72 hours can be extended up to an additional 5 days with justification. Decisions not made in the required timeframe are considered denials of service and should follow the denied service and appeals process outlined at 460.122. In a second case reviewed (CRM #2487), an appeal was requested on 12/02/2008 and was not decided until 1/23/2009 (52 days). Appeals decisions must be made within 30 days per requirement at 460.122. Additionally, while reviewing voluntary disenrollments data, the review team found two cases of participants being voluntarily disenrolled after requesting LTC placement without service denial notices and appeals rights being issued.

Corrective Action Required:

We are requesting the implementation of a service request tracking sheet to be used by each IDT. Service requests should be logged and tracked for timeliness of decisions and appeals process requirements. Organization can contact Boston RO prior to CAR response to obtain an example of a service request tracking sheet. The tracking sheet should be customized to your organization and submitted to CMS outside of HPMS in an email entitled PRT07. Policies and procedures manual must be updated to reflect new process. An example of the policy steps we are describing follows: 1. Any PACE Staff member who fields a request from a PACE participant or their representative will report the request to the PACE Interdisciplinary Team at the next Team Updates Meeting. 2. The Center Manager will enter the date of request in the Service Request Log. 3. The Service Request Log will have fields for Participant, Service Requested, Staff Member Fielding Request, Date of Request, Date Request Reported to Team, and Staff Member Responsible for Service. 4. The Team will make a determination about whether the requested service contributes to the fulfillment of the participant's individualized care plan, and the response will also be documented in the Service Request Log (Request Approved, Substitute/Compromise Solution Approved, Request Denied). 5. If a substitute/compromise solution is approved or the request is denied, the participant or their representative will be notified of the right to appeal, and the Center Manager will document in the Service Request Log that the right to appeal has been offered and a letter sent.

Notes/Recommendations:

Final CAP Item Summary:

CAP accepted. PO has implemented a service request tracking sheet to be used by each IDT. Service requests will be logged and tracked for timeliness of decisions and appeals process requirements.

MCO CAP (Current Submission 1, 5/21/2010):

ESP's IDT Care Planning Care Planning Policy has been updated to include policies and procedures for managing participant service request. A copy of the revised IDT Care Planning policy has been submitted via email attachment SDY03.04.05 Service requests and appeals are tracked through the Customer Relationship Module (CRM) of ESP's electronic record system. A workflow documenting the process of entering service requests and appeals in CRM has been submitted via email attachment PRT07.08. ESP Center Directors are accountable for ensuring that The IDT appropriately identifies service requests Service requests are entered into CRM Service requests are processed in accordance with policy, including required timelines Appropriate staff conduct assessments and gather information to support IDT decision-making Appropriate staff implement the requested service if the service is approved by the IDT or on appeal Denial letter including appeals rights is sent to the participant if the IDT denies the request, approves an alternate service, or does not a decision within the required timeframe. Center Directors receive a daily Service Request and Appeals Report that is generated out of CRM. The report includes CRM Tracking Number Participant Requesting Service Center Director Responsible for Service Whether the request is routine or high priority (expedited) Service Requested Staff Person who Initiated Service Date of Service Request Date Request Brought to Team Resolution Date Resolution Type (Approved, Denied, etc) Denial letters are not included in the log but the date the letter was sent is documented in CRM and the letter itself is attached. A sample denial letter has been sent by email. Service requests and appeals are monitored through QAPI, including appropriate notification of denials with appeals rights.

CMS CAP Response (Current Submission 1, 6/18/2010): Final Submission

CAP accepted. PO has implemented a service request tracking sheet to be used by each IDT. Service requests will be logged and tracked for timeliness of decisions and appeals process requirements.

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: PRT08

Review Type: Routine

Review Status: Confirmed

Element Reviewer: LIZAMARIE CINTRON

CAP Reviewer: MATTHEW STUHL

MCO Response Received Date:5/21/2010

Element Accepted Date: 6/17/2010

Element Release Date:6/18/2010

Element Projected Completion Date:6/17/2010

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Closed Date Date: 6/18/2010

Requirement:

A PACE organization must inform a participant in writing of his or her appeal rights under Medicare or Medicaid managed care, or both, assist the participant in choosing which to pursue if both are applicable, and forward the appeal to the appropriate external entity.

Deficiencies:

Due to the breakdown of tracking service request denials and appeals, the additional appeals rights have not been issued in several instances. See the examples provided in deficiencies writeup at PRT07.

Corrective Action Required:

See corrective action required (CAR) for PRT07. This CAR will correct deficiencies for both PRT07 and PRT08.

Notes/Recommendations:

Final CAP Item Summary:

CAP accepted. The implementation of the service request tracking sheet discussed at PRT07 will also correct the additional appeals deficiency.

MCO CAP (Current Submission 1, 5/21/2010):

Please see PRT07 for response.

CMS CAP Response (Current Submission 1, 6/18/2010): Final Submission

CAP accepted. The implementation of the service request tracking sheet discussed at PRT07 will also correct the additional appeals deficiency.

Auditing Review Results (With CAP)

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Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET WITH NOTE

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: QAP04

Review Type: Routine

Review Status: Confirmed

Element Reviewer: JANE TAYLOR

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

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MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

a) Quality assessment and performance improvement requirements. A PACE organization must do the following: (1) Use a set of outcome measures to identify areas of good or problematic performance. (2) Take actions targeted at maintaining or improving care based on outcome measures. (3) Incorporate actions resulting in performance improvement into standards of practice for the delivery of care and periodically track performance to ensure that any performance improvements are sustained over time. (4) Set priorities for performance improvement, considering prevalence and severity of identified problems, and give priority to improvement activities that affect clinical outcomes. (5) Immediately correct any identified problem that directly or potentially threatens the health and safety of a PACE participant. (b) Quality assessment and performance improvement coordinator. A PACE organization must designate an individual to coordinate and oversee implementation of quality assessment and performance improvement activities. (c) Involvement in quality assessment and performance improvement activities. (1) A PACE organization must ensure that all interdisciplinary team members, PACE staff, and contract providers are involved in the development and implementation of quality assessment and performance improvement activities and are aware of the results of these activities. (2) The quality improvement coordinator must encourage a PACE participant and his or her caregivers to be involved in quality assessment and performance improvement activities, including providing information about their satisfaction with services.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: SDY01

Review Type: Routine

Review Status: Confirmed

Element Reviewer: RICHARD SINGER

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

Element Release Date:

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Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

(a) Plan. A PACE organization must establish and implement a written plan to furnish care that meets the needs of each participant in all care settings 24 hours a day, every day of the year. (b) Provision of services. (1) The PACE organization must furnish comprehensive medical, health, and social services that integrate acute and long-term care. (2) These services must be furnished in at least the PACE center, the home, and inpatient facilities. (3) The PACE organization may not discriminate against any participant in the delivery of required PACE services based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment. (c) Minimum services furnished at each PACE center. At a minimum, the following services must be furnished at each PACE center: (1) Primary care, including physician and nursing services. (2) Social services. (3) Restorative therapies, including physical therapy and occupational therapy. (4) Personal care and supportive services. (5) Nutritional counseling. (6) Recreational therapy. (7) Meals. (d) Center operation. (1) A PACE organization must operate at least one PACE center either in, or contiguous to, its defined service area with sufficient capacity to allow routine attendance by participants. (2) A PACE organization must ensure accessible and adequate services to meet the needs of its participants. If necessary, a PACE organization must increase the number of PACE centers, staff, or other PACE services. (3) If a PACE organization operates more than one center, each center must offer the full range of services and have sufficient staff to meet the needs of participants. (e) Center attendance. The frequency of a participant's attendance at a center is determined by the interdisciplinary team, based on the needs and preferences of each participant.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: SDY02

Review Type: Routine

Review Status: Confirmed

Element Reviewer: RICHARD SINGER

CAP Reviewer:

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CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Closed Date Date: 6/18/2010

Requirement:

a) Written plan. A PACE organization must establish and maintain a written plan to handle emergency care. The plan must ensure that CMS, the State, and PACE participants are held harmless if the PACE organization does not pay for emergency services. (b) Emergency care. Emergency care is appropriate when services are needed immediately because of an injury or sudden illness and the time required to reach the PACE organization or one of its contract providers, would cause risk of permanent damage to the participant's health. Emergency services include inpatient and outpatient services that meet the following requirements: (1) Are furnished by a qualified emergency services provider, other than the PACE organization or one of its contract providers, either in or out of the PACE organization's service area. (2) Are needed to evaluate or stabilize an emergency medical condition. (c) An emergency medical condition means a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: (1) Serious jeopardy to the health of the participant. (2) Serious impairment to bodily functions. (3) Serious dysfunction of any bodily organ or part. (d) Explanation to participant. The organization must ensure that the participant or caregiver, or both, understand when and how to get access to emergency services and that no prior authorization is needed. (d) On-call providers. The plan must provide for the following: (1) An on-call provider, available 24-hours per day to address participant questions about emergency services and respond to requests for authorization of urgently needed out-of-network services and post stabilization care services following emergency services. (2) Coverage of urgently needed out-of-network and post-stabilization care services when either of the following conditions are met: (i) The services are preapproved by the PACE organization. (ii) The services are not preapproved by the PACE organization because the PACE organization did not respond to a request for approval within 1 hour after being contacted or cannot be contacted for approval. (3) Definitions. As used in this section, the following definitions apply: (i) Post stabilization care means services provided subsequent to an emergency that a treating physician views as medically necessary after an emergency medical condition has been stabilized. They are not emergency services, which PACE Organizations are obligated to cover. Rather they are non-emergency services that the PO should approve before they are provided outside the service area. (ii) Urgent care means the care provided to a PACE participant who is out of the PACE service area and who believes their illness or injury is too severe to postpone treatment until they return to the service area, but their life or function is not in severe jeopardy.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: SDY03

Review Type: Routine

Review Status: Confirmed

Element Reviewer: JANE TAYLOR

CAP Reviewer: JANE TAYLOR

MCO Response Received Date:5/21/2010

Element Accepted Date: 6/16/2010

Element Release Date:6/18/2010

Element Projected Completion Date:6/18/2010

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Closed Date Date: 6/18/2010

Requirement:

(a) Basic requirement. A PACE organization must meet the following requirements: (1) Establish an interdisciplinary team at each center to comprehensively assess and meet the individual needs of each participant. (2) Assign each participant to an interdisciplinary team functioning at the PACE center that the participant attends. (b) Composition of interdisciplinary team. The interdisciplinary team must be composed of at least the following members: (1) Primary care physician. (2) Registered nurse. (3) Master's-level social worker. (4) Physical therapist. (5) Occupational therapist. (6) Recreational therapist or activity coordinator. (7) Dietitian. (8) PACE center manager. (9) Home care coordinator. (10) Personal care attendant or his or her representative. (11) Driver or his or her representative. (c) Primary care physician. (1) Primary medical care must be furnished to a participant by a PACE primary care physician. (2) Each primary care physician is responsible for the following: (i) Managing a participant's medical situations. (ii) Overseeing a participant's use of medical specialists and inpatient care. (d) Responsibilities of interdisciplinary team. (1) The interdisciplinary team is responsible for the initial assessment, periodic reassessments, plan of care, and coordination of 24 hour care delivery. (2) Each team member is responsible for the following: (i) Regularly informing the interdisciplinary team of the medical, functional, and psychosocial condition of each participant. (ii) Remaining alert to pertinent input from other team members, participants, and caregivers. (iii) Documenting changes of a participant's condition in the participant's medical record consistent with documentation policies established by the medical director. (3) The members of the interdisciplinary team must serve primarily PACE participants. (e) Exchange of information between team members. The PACE organization must establish, implement, and maintain documented internal procedures governing the exchange of information between team members, contractors, and participants and their caregivers consistent with the requirements for confidentiality in Sec.460.200(e).

Deficiencies:

Review team attended several IDT/morning meeting/care planning meetings, including two in which IDT members were linked by telephone and were able to visualize the medical record on screen as it was updated. The communication obligation of the IDT is fragmented by several factors: 1. IDT synthesis and documentation of discipline-specific contributions into team/participant goals is not strong. Reviewers felt that the IDT functions and documents in a multidisciplinary, but not truly interdisciplinary manner. 2. Several smaller meetings which are primarily clinical and logistical in nature could better be termed clinic meetings. No social work or recreation therapy participation and no mental health or functional status issues were noted in these 'huddles', hallway conversations and followup meetings. While operationally useful, such meeting do not fulfill IDT obligation. Differentiating IDT meeting from morning and clinic meetings is advised. 3. Clinical reviewers' impressions are that IDT documentation practices in the EMR provide current information within the individual discipline sections. However, the EMR organization limits the participant-based, comprehensive and interdisciplinary discussion and documentation that is the obligation of the IDT. This issue is further detailed in the Plan of Care review element deficiency. 4. Hearing via speakerphone was difficult, and attention of the virtual attendees was noted to wander. Further training on conducting and participating in 'virtual' meetings is required, as is monitoring and evaluation of the effectiveness in fulfilling the purpose of the IDT meeting in this way.

Corrective Action Required:

NOTE: This CAR is linked to the CAR at Plan of Care. Detailed here in the IDT CAP are matters specific to required improvement in IDT function. Conduct professional education for IDT members which specifies the team's role in interdisciplinary communication and documentation, and requires use of comprehensive and participant-centered goals to which individual IDT disciplines contribute. Submit via email, an education plan and content outline. Development and inclusion of these components for QA/QI via regular, peer review chart audit is recommended. Education to be completed by August 31, 2010. Review ESP policies and procedures for conducting IDT/care planning meetings. Differentiating IDT from morning and clinical meetings is recommended. Please submit revisions for review. Review current virtual meeting functioning to determine whether this method is conducive to IDT interaction in creating/updating PACE plans of care. Please submit brief summary of assessment, including assessment of any learning needs of IDT members and ESP plan to address.

Notes/Recommendations:

IDT observation and interviews demonstrates effective communication and clinical care, but much is informal and occurs outside of IDT meetings. Often, this appears as fragmented, discipline-specific documentation, which lacks connection to IDT goals and plan of care.

Final CAP Item Summary:

This CAP is accepted. ESP East Boston has submitted a comprehensive CAP, addressing each item specified in the corrective action required. The organization is undertaking a comprehensive effort to improve interdisciplinary and participant centered care documentation, capturing previously informal IDT discussion and team assessment through several mechanisms. Feedback loops for staff, and tracking deliverables, milestones and progress on numerous new work and accountability processes should keep ESP moving forward. CMS will monitor progress via regular oversight, and conduct a focused conversation with ESP in December 2010.

MCO CAP (Current Submission 1, 5/21/2010):

Shortly after audit, ESP organized 2 senior staff retreats (agendas sent via email) with a goal of identifying program strengths and practices essential to the care of our participants while diagnosing our IDT and care plan-related "problem." The retreat covered an array of content including: assessment, scope of practice, care plan content and design, care planning processes, IDT meetings, EMR documentation and other issues cited in SDY03, 04,05 (copy of agenda sent by email). Output from senior staff retreat was utilized to: Revise IDT Care Planning Policy (emailed) Revise Discipline-Specific Assessment and Care Planning Policies to address assessment and care planning practices, including scope of practice and regulatory requirements (Primary Care, Nursing and Rehab emailed) Begin workflow and meeting redesign including AM and Care Planning Meetings, EMR documentation Plan for EMR audits Plan for additional staff trainings Senior staff agreed to redesign of care planning meetings to promote participant involvement and a more interdisciplinary process. As described in IDT care planning policy, after completion of discipline assessments, the IDT will meet with the participant/representative to discuss and agree on problem statements, team and discipline goals and related interventions. Following the care planning meeting, individual staff will adjust discipline goals and interventions if required, to better align with interdisciplinary problem statements and team goals. The Center Director will assign a member of the IDT to review the final plan with the participant for signature, including delineating service denials and appeals rights, if applicable. We will be piloting this process in August (following initial IDT trainings and EMR decisions/training). Meetings and workflows (and related policy and procedures) may undergo further revision based on pilot. Discipline-specific EMR audits were initiated in May and baseline results will be reported to ESP Leadership on 5/23. Audits are being done monthly with quarterly trend reports to QAPI. An IDT staff retreat is planned for the 2nd week in June. The goal of the meeting is to discuss audit results, begin training, and create a framework for continued development of IDT assessment, care planning, and monitoring processes. Draft agenda and initial training materials have been sent by email. Additional content training on IDT assessment, care planning, and monitoring processes will occur in August (as will EMR trainings on revised EMR workflows and processes). A second training session aimed at improving assessment and care plan skills beyond the issues addressed in CAR is planned for Sept. Our own IDT training curriculum is based on the NPACE Rush University curriculum. 8 ESP staff are participating in the NPACE Rush University IDT training and we anticipate that these individuals will mentor and serve as role models for their peers. A workplan that includes planning sessions and training activities has been sent via email.

CMS CAP Response (Current Submission 1, 6/18/2010): Final Submission

This CAP is accepted. ESP East Boston has submitted a comprehensive CAP, addressing each item specified in the CMS CAR. The organization is undertaking a comprehensive effort to improve interdisciplinary and participant centered care, capturing previously informal IDT discussion and team assessment through several mechanisms. Feedback loops for staff, tracking deliverables and milestones should keep ESP moving forward. CMS will monitor progress via regular monitoring and a focused conversation in December 2010.

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: SDY04

Review Type: Routine

Review Status: Confirmed

Element Reviewer: RICHARD SINGER

CAP Reviewer: RICHARD SINGER

MCO Response Received Date:5/21/2010

Element Accepted Date: 6/16/2010

Element Release Date:6/18/2010

Element Projected Completion Date:6/16/2010

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

The entire text is very lengthy and is not listed here in its entirety. See Regulation for entire text. (a) Initial comprehensive assessment- (1) Basic requirement. The interdisciplinary team must conduct an initial comprehensive assessment on each participant promptly following enrollment. (2) As part of the initial comprehensive assessment, each discipline of the IDT must evaluate the participant in person, at appropriate intervals, and develop a discipline-specific assessment of the participant's health and social status: (3) At the recommendation of team members, other professional disciplines (for example, dentistry, or audiology) may be included in the comprehensive assessment process. (4) The comprehensive assessment must include several areas such as physical and cognitive function and ability and medication use. (b) Development of plan of care. The interdisciplinary team must promptly consolidate discipline-specific assessments into a single plan of care for each participant through discussion in team meetings and consensus of the entire IDT. (c) Periodic reassessment- (1) Semiannual reassessment. On at least a semiannual basis, the following members of the IDT must conduct an in-person reassessment: Primary care physician, Registered nurse, Master's-level social worker, Recreational therapist or activity coordinator. (2) Annual reassessment. On at least an annual basis, the following members of the interdisciplinary team must conduct an in-person reassessment: Physical therapist, Occupational therapist, Dietitian, Home care coordinator. (d) Unscheduled reassessments. In addition to annual and semiannual reassessments, unscheduled reassessments may be required based on the following: (1) A change in participant status... (2) At the request of the participant or designated representative... (i) The PACE organization must have explicit procedures for timely resolution of requests by a participant or his or her designated representative to initiate, eliminate or continue a particular service... (iv) The PACE organization must explain any denial of a request to the participant or the participant's designated representative orally and in writing. The PACE organization must provide the specific reasons for the denial in understandable language. The PACE organization is responsible for the following: (A) Informing the participant or designated representative of his or her right to appeal the decision as specified in Sec.460.122. (B) Describing both the standard and expedited appeals processes, including the right to, and conditions for, obtaining expedited consideration of an appeal of a denial of services as specified in Sec.460.122. (C) Describing the right to and conditions for continuation of appealed services through the period of an appeal as specified in Sec. 460.122(e). (v) If the IDT fails to provide the participant with timely notice of the resolution of the request or does not furnish the services required by the revised care plan, this failure constitutes an adverse decision, and the participant's request must be automatically processed by the PACE organization as an appeal in accordance with Sec.460.122. (d) Changes to plan of care. Team members who conduct a reassessment must meet the following requirements: (1) Reevaluate the participant's plan of care. (2) Discuss any changes in the plan with the IDT. (3) Obtain approval of the revised plan from the IDT and the participant (or designated representative). (4) Furnish any services included in the revised plan of care as a result of a reassessment to the participant as expeditiously as the participant's health condition requires. (e) Documentation. Interdisciplinary team members must document all assessment and reassessment information in the participant's medical record.

Deficiencies:

Participant assessment and reassessment must be performed by members of the Interdisciplinary Team who are appropriately licensed and who meet PACE regulatory requirements. Certified Occupational Therapy Assistants (COTA), Physical Therapy Assistants (PTA), Nurse Practitioners (NP), Licensed Practical Nurses (LPN) and other members of ESP's care delivery staff are key members of the PACE team, but do not meet the PACE regulatory requirement for conducting and documenting the participant assessment or reassessment. The MA Occupational Therapy Practice Act prohibits the COTA from performing patient assessment. It also prohibits the assistant from formulating the plan of care, from changing the plan of care, or from determining whether or not a change in the plan of care is warranted. The MA Physical Therapy Practice Act is similar in regards to PTA scope of practice. Neither Occupational or Physical Therapy Assistants are qualified or permitted under PACE regulation to perform assessments or care plan modifications. The review team found instances in the medical record of COTA performing fall risk assessment, of determining that a participant was not appropriate for skilled therapy services in spite of having documented declines in functional areas after a fall, and of updating the participant care plan. Record review demonstrated missing RN assessments. In addition, two initial RN assessments and one reassessment were performed by LPNs. The MA Nurse Practice Act requires that an RN oversee LPN contributions towards the patient assessment, which was not found in the charts reviewed. While the state of MA does permit NP patient assessments, current PACE regulations require the Primary Care Physician (PCP) to conduct the participant assessment and reassessments. Several records had assessments performed by NPs without evidence of PCP input. A number of IDT assessments and reassessments were not found by reviewers in the medical record. ESP staff were able to locate many of these missing entries, some of which were miscategorized in the EMR structure. In summary, ESP is permitting employees to work outside of their scope of practice in some cases, and is out of compliance with PACE regulation regarding assessments and reassessments. ESP is not following its internal policies and procedures in these cases.

Corrective Action Required:

The PACE organization must immediately come into compliance with PACE regulation, state scope of practice laws, and its own policies and procedures for participant assessment and reassessment in every circumstance. Staffing may need to be adjusted to accomplish this requirement. CMS recognizes the important function of NPs in managing the chronic and acute problems of this population. Documentation by the PCP of his/her oversight and participation in NP assessments is immediately required. Please submit, via email, revisions of all affected policies and procedures to ensure compliance. In situations where ESP practice is not supported by current policy and procedure, please submit an education plan and content outline for affected staff, supervisors and management personnel. Specify target audience by position, and timeline to conduct all training by August 31, 2010. Specify accountabilities and duties for the PCP in participant assessment/reassessment, detailing the processes by which the NP may participate in this activity. Include documentation requirements, PCP oversight for each instance, countersignature of NP contribution to participant assessment and documentation. Please also submit a plan for ongoing, regular, internal oversight designed to ensure compliance with Section 460.104 and safety of participants. Submit a plan for regular monthly or quarterly chart and care plan audits via peer review which includes assessment/reassessment performed per regulation, internal policy and standards of quality. A single chart audit tool is advised. See also, Plan of Care element corrective action regarding chart review.

Notes/Recommendations:

Final CAP Item Summary:

This CAP is accepted. The PACE Organization has refined Policies and Procedures related to IDT and discipline-specific assessments to better delineate roles and responsibilities and scope of practice constraints.

MCO CAP (Current Submission 1, 5/21/2010):

ESP's IDT Care Planning and Discipline-Specific Assessment and Care Planning Policies (for Primary Care, Nursing, and Rehab) have been sent by email. Scope of practice and regulatory requirements have been addressed by clearly delineating responsibilities for data collection and participation in IDT discussion from roles in clinical decision-making. The MD/PCP role in reviewing NP assessment data and recommendations, collecting additional data through physical exam, interview, and additional testing as part of a face-to-face encounter with the participant is clearly delineated as PCP responsibility in the initial, biannual, and status change review processes. Similarly, RN/LPN, PT/OT/PTA/OTA roles have been clearly delineated in terms of scope of practice and regulatory requirements for face-to-face assessment in regulated review processes. ESP implemented monthly chart audits in May. The Nursing Audit Tool has been emailed as a sample. Baseline audit results will be discussed in ESP Leadership on May 26th and in Discipline-specific staff meetings in the upcoming weeks. Audits will continue monthly and be reported to QAPI quarterly. Process, documentation, and other adjustments will be implemented as needed based on results. Please refer to emailed work plan.

CMS CAP Response (Current Submission 1, 6/18/2010): Final Submission

This CAP is accepted. The PACE Organization has refined Policies and Procedures related to IDT and discipline-specific assessments to better delineate roles and responsibilities and scope of practice constraints.

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: SDY05

Review Type: Routine

Review Status: Confirmed

Element Reviewer: JANE TAYLOR

CAP Reviewer: JANE TAYLOR

MCO Response Received Date:5/21/2010

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Visit Start Date 3/22/2010

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Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

(a) Basic requirement. The interdisciplinary team must promptly develop a comprehensive plan of care for each participant. (b)Content of plan of care. The plan of care must meet the following requirements: (1) Specify the care needed to meet the participant's medical, physical, emotional, and social needs, as identified in the initial comprehensive assessment. (2)Identifiy measurable outcomes to be achieved. (c) Implementation of the plan of care. (1) The team must implement, coordinate, and monitor the plan of care whether the services are furnished by PACE employees or contractors. (2) The team must continuously monitor the participant's health and psychosocial status, as well as the effectiveness of the plan of care, through the provision of services, informal observation, input from participants or caregivers, and communications among members of the interdisciplinary team and other providers. (d)Evaluation of plan of care. On at least a semi-annual basis, the inter-disciplinary team must reevaluate the plan of care, including defined out-comes, and make changes as necessary.(e) Participant and caregiver involvement in plan of care. The team must develop, review, and reevaluate the plan of care in collaboration with the participant or caregiver, or both, to ensure that there is agreement with the pan of care and that the participant's concerns are addressed.(f) Documentation. The team must document the plan of care, and any changes made to it, in the participant's medical record.

Deficiencies:

The comprehensive PACE plan of care (POC)is intended to drive all care and services provided. Discipline-specific documentation supports and focuses the POC with measurable outcomes, response to interventions and other details. The POC reflects significant participant changes in real time. Reviewers, through chart review, observation of IDT/care planning meetings and inteviews note that documentation in the POC: 1. Is often found in the discipline-specific electronic progress notes, and so essentially unavailable to other team members. Thus the POC does not always reflect the PACE model of care. 2. The organization of the EMR encourages this fragmentation. 3. Goals often do not reflect the IDT synthesis of issues and ESP approaches, nor are they always reflective of participant involvement in their development. Many goals do not have measurable outcomes. Goals are hevily medical in nature. 4. There is little evidence in the care plans reviewed that assessment of interventions is pegged to a participant-centered timeframe, rather than a semiannual IDT assessment. 5. The quality of care observed by reviewers was not generally reflected in these plans of care. The POC lacked cohesiveness. ESP documentation in the POC reflects multidisciplinary, but not always interdisciplinary care.

Corrective Action Required:

Please consider the deficiencies and CAR requirements at the IDT and participant assessment elements when developing this POC CAP. 1. Assess current EMR organization, and how best to elevate the comprehensive POC to demonstrate overarching and comprehensive participant/IDT goals, and how discipline-specific measurable goals support these. Consider use of an 'Team Note' tab in addition to discipline-specific progress notes. The intention of this suggestion is to capture high level status information and promote interdisciplinary documentation in the POC. 2. Measurable goals are required of all disciplines contributing to the POC. Maintenance goals for this population can be appropriate. These should include the metrics and participant-centered timeframe for evaluation. 3. Consider how to better document the all inclusive and participant-centered aspects of care that ESP is delivering. 4. Submit a brief narrative and a plan to make improvments which promote comprehensive, interdisciplinary POC documentation and use of the POC in daily care. Include any educational needs identified. Prioritize actions to meet identified compliance issues. Include timeframe to implement changes considered. Submit for review.

Notes/Recommendations:

Final CAP Item Summary:

This CAP is accepted. Staff education, new documentation accountabilities and work processes, revised policies and procedures, and a chart audit process for required care planning elements have been submitted. Internal mechanisms to track progress are in place. This Plan of Care CAP is linked to assessment and IDT findings. The organization is undertaking a comprehensive improvement effort which includes a dynamic, interdisciplinary plan of care. ESP has made participant involvement in the care planning process central through use of participant driven goals and measurable outcomes. Staff education and accountabilities are included. CMS will monitor through regular oversight and a focused conversation regarding progress in December 2010.

MCO CAP (Current Submission 1, 5/21/2010):

The ESP VP met twice with EBNHC IT staff in the weeks after the audit to review audit findings and discuss solutions. A series of meetings between members of the IT Dept and ESP End-Users, jointly facilitated by the IT Dept Director and ESP VP is scheduled throughout the late spring and summer. We anticipate that we will develop solutions for clearly labeling encounters and for using our current electronic care plan to document participant-driven measurable goals, timelines, and staff accountabilities, and will implement through staff training over the summer. ESP already utilizes a Team Note. Auditors would have observed use of the Team Note for brief documentation of morning meeting discussion. We've implemented use of the Team Note for more extensive documentation of morning meeting and other IDT discussion. We have already begun research into an improved care plan format within our EMR, including consultation with other PACE programs that utilize EpicCare (and programs that don't). As an example, senior staff in ESP and It are participating together in an NPACE-sponsored online training on improving the care planning process by using an EMR. A copy of the training has been sent by email. Designing new care plan is a much longer-term process that we expect will continue into 2011. In the meantime, we are confident that the changes we make in using our current care plan format (with minor revisions are may be required to incorporate measurable goals, participant-driven guidelines, and accountabilities) and documentation, will meet the requirements of this CAR. Please refer to emailed work plan.

CMS CAP Response (Current Submission 1, 6/18/2010): Final Submission

This CAP is accepted. Staff education, new documentation accountabilities and work processes, revised policies and procedures, and a chart audit process for required care planning elements have been submitted. Internal mechanisms to track progress are in place. This Plan of Care CAP is linked to assessment and IDT findings. The organization is undertaking a comprehensive improvement effort. ESP has made participant involvement in the care planning process central through use of participant driven goals with measurable outcomes. Staff education and accountabilities are included. CMS will monitor through regular oversight and a focused conversation regarding progress in December 2010.

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: TRS01

Review Type: Routine

Review Status: Confirmed

Element Reviewer: RICHARD SINGER

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

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Visit Start Date 3/22/2010

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MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

(a) Safety, accessibility, and equipment. A PACE organization's transportation services must be safe, accessible, and equipped to meet the needs of the participant population. (b) Maintenance of vehicles (1) If the PACE organization owns, rents, or leases transportation vehicles, it must maintain these vehicles in accordance with the manufacturer's recommendations. (2) If a contractor provides transportation services, the PACE organization must ensure that the vehicles are maintained in accordance with the manufacturer's recommendations. (c) Communication with PACE center. The PACE organization must ensure that transportation vehicles are equipped to communicate with the PACE center. (d) Training. The PACE organization must train all transportation personnel (employees and contractors) in the following: (1) Managing the special needs of participants. (2) Handling emergency situations. (e) Changes in care plan. As part of the interdisciplinary team process, PACE organization staff (employees and contractors) must communicate relevant changes in a participant's care plan to transportation personnel.

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

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Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: ZZ01

Review Type: Routine

Review Status: Confirmed

Element Reviewer: JANE TAYLOR

CAP Reviewer:

MCO Response Received Date:5/21/2010

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Element Release Date:

Element Projected Completion Date:

Visit Start Date 3/22/2010

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Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

Ad Hoc Compliance Event

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

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Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: MET

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: ZZ02

Review Type: Routine

Review Status: Confirmed

Element Reviewer: MATTHEW STUHL

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

Element Release Date:

Element Projected Completion Date:

Visit Start Date 3/22/2010

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CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

Ad Hoc Compliance Event

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

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Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157
Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER
Findings: NOT REVIEWED
Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2	Visit Start Date 3/22/2010
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Review Type: Routine	Date Report Issued: 4/23/2010
Review Status: Confirmed	Date Report Due: 4/24/2010
Element Reviewer:	MCO Response Due Date: 5/23/2010
CAP Reviewer:	CAP Released Date: 6/18/2010
MCO Response Received Date: 5/21/2010	CAP Accepted Date: 6/18/2010
Element Accepted Date:	Audit Cosed Date Date: 6/18/2010
Element Release Date:	
Element Projected Completion Date:	

Requirement:

Ad Hoc Compliance Event

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT REVIEWED

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: ZZ96

Review Type: Routine

Review Status: Confirmed

Element Reviewer:

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

Element Release Date:

Element Projected Completion Date:

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

Ad Hoc Compliance Event

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT REVIEWED

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: ZZ97

Review Type: Routine

Review Status: Confirmed

Element Reviewer:

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

Element Release Date:

Element Projected Completion Date:

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

Ad Hoc Compliance Event

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157
Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER
Findings: NOT REVIEWED
Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2	Visit Start Date 3/22/2010
Auditing Element: ZZ98	Exit Conference Date: 3/25/2010
Review Type: Routine	Date Report Issued: 4/23/2010
Review Status: Confirmed	Date Report Due: 4/24/2010
Element Reviewer:	MCO Response Due Date: 5/23/2010
CAP Reviewer:	CAP Released Date: 6/18/2010
MCO Response Received Date: 5/21/2010	CAP Accepted Date: 6/18/2010
Element Accepted Date:	Audit Cosed Date Date: 6/18/2010
Element Release Date:	
Element Projected Completion Date:	

Requirement:

Ad Hoc Compliance Event

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:

Auditing Review Results (With CAP)

Date Report Generated: 8/5/2010

Category: All, Element: All, CAP Fields:Yes, Finding:All, Reviewer:All

Review ID: 17157

Contract Number / Name: H2223 ELDER SVC PLN/E BOSTON HEALTH CENTER

Findings: NOT REVIEWED

Region: 01 Boston

Auditing Guide Version: PACE Audit Guide, Version 2

Auditing Element: ZZ99

Review Type: Routine

Review Status: Confirmed

Element Reviewer:

CAP Reviewer:

MCO Response Received Date:5/21/2010

Element Accepted Date:

Element Release Date:

Element Projected Completion Date:

Visit Start Date 3/22/2010

Exit Conference Date: 3/25/2010

Date Report Issued: 4/23/2010

Date Report Due:4/24/2010

MCO Response Due Date: 5/23/2010

CAP Released Date:6/18/2010

CAP Accepted Date:6/18/2010

Audit Cosed Date Date: 6/18/2010

Requirement:

Ad Hoc Compliance Event

Deficiencies:

Corrective Action Required:

Notes/Recommendations:

Final CAP Item Summary:
