

**Summit PCSP Retrospective Review Recap**

**Overview**

The Provider-led Arkansas Shared Savings Entity (PASSE) program began on March 1, 2019. The purpose of this program was to integrate services across the medical, physical health, behavioral health, and specialized developmental disability service industries. The system enabled continuity of all medically necessary services for vulnerable Arkansans who met eligibility criteria.

In accordance with the Centers for Medicare and Medicaid Services (CMS) 1915(i) waiver, the PASSE is required to employ Care Coordinators who are *responsible for providing care coordination to all clients receiving State plan Home and Community Based Services, including development of the Person-Centered Service Plan (PCSP)*. This care coordinator service is offered through the 1915(b) Waiver. The PCSP must be driven by the individual, as referenced in 42 Code of Federal Regulation (CFR) §441.540. PCSP requirements are located in the Arkansas PASSE Medicaid Policy Manual, the PASSE Agreement, in 42 CFR §441.540, and in CMS waiver 1915(b) and 1915(i).

Per section 5.3.10 of the PASSE Agreement, *DHS or its agent will conduct a retrospective review of provided PCSP’s based on critical elements for quality review inclusive of programmatic, financial, and administrative review.  DHS or its agent will review plans to ensure they have been developed in accordance with applicable policies, that plans ensure the health and welfare of the beneficiary and implemented in accordance with plan.  DHS or its agents will communicate findings to the PASSE including identification of areas requiring remediation or systemic changes.  Patterns of non-compliance for a PASSE may result in sanctions under the PASSE Provider Manual or Provider agreement.  Service plans must be maintained for a period of three (3) years as required by 45 CFR 92.42. A minimum of ten percent (10%) of beneficiaries from each PASSE will be randomly selected as part of focused monitoring.  This focused monitoring will include any combination of face to face interviews, attendance/observation of PCSP development process, health and welfare visit, and/or observation of PCSP implementation/activities.*

**Methodology**

For the 2019 review year, PCSPs were only reviewed if members were enrolled for a minimum of three (3) consecutive months during 2019. The report year ran from March 2019 to December 2019. Since the implementation of the program, PASSEs have made reasonable efforts to improve the PCSP process. With this being a new program to Arkansas and it not being a full report year, DHS acknowledges that the PASSEs have already made various changes to their PCSP templates in order to effectively capture all of the necessary components of the plan.

The PCSP retrospective review for 2019 involved two separate review processes. The first review was conducted by the Division of Developmental Disabilities (DDS) in June 2020. DDS completed an 8% review of the ID/DD populations PCSPs. The second review was conducted by DDS, the Division of Medical Services, and the Division of Aging, Adult, and Behavioral Health Services from August through October 2020. These divisions reviewed a total of 10% of the overall PASSE population, excluding those previously reviewed by DDS.

This ‘Retrospective Review Recap’ is intended to provide the PASSE with DHS’ review findings, which were discussed with the PASSE on October 29, 2020.

**Success Rate**

Summit had a net success rate of 18%.

The success rate was determined by reviewing only those who had a PCSP. The target was to have no more than a 10% failure rate. This rate is broken down in the ***Summary 1* tab**. The number of metrics failed by more than 10% was 32 out of 39 metrics. All metric percentages above 10% are highlighted in red.

The total sample size requested was 1,336. Of those, 406 did not have a PCSP. DHS included these in the overall metric scores. All 406 were considered failed metrics. When analyzing this data, DHS increased the target failure rate to ≤30%. When including the No PCSP to the net success metric, Summit failed all of the metrics which is identified in the ***Summary 2* tab**. The average overall success rate including those without a PCSP is 45%.

**Overall Observations:**

* Overall, the review showed that the member is leading the process, when possible.
* The PCSP template captures providers and legal guardians.
* The PCSP template is not capturing sufficient evidence to meet many of the key metrics.
* PCSPs must be completed timely.

**Summary 1 tab:**

Summit failed 32 out of 39 metrics:

1. Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.
2. Creation of the PCSP is timely and location is convenient and chosen by the individual.
3. Reflects the cultural considerations of the individual and is conducted by providing information in plain language and in a manner accessible to individuals with disabilities and persons who are limited English proficient.
4. Includes strategies for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.
5. Providers of HCBS for individual, or those who have an interest in or are employed by a provider of HCBS for individual must not provide case management or develop the PCSP.
6. Offers informed choices to the individual regarding services.
7. Includes a method for the individual to request updates to the plan as needed.
8. Records the alternative home and community-based setting considered by the individual.
9. Reflects that the setting in which the individual resides is chosen by the individual.
10. Reflect the individual strengths and preferences.
11. Reflect clinical and support needs as identified through an assessment of functional need.
12. Include individually identified goals and desired outcomes.
13. Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals.
14. Reflect risk factors and put measures in place to minimize them, including individualized back up plans and strategies when needed.
15. Identifies understanding to the individual who is receiving services and supports. At a minimum, the written plan is written in plain language and in a manner that is accessible.
16. The written plan finalizes and agrees, with the informed consent of the individual in writing, and is signed by all individuals including the providers responsible for its implementation.
17. Plan was distributed to the individual and other people involved in the plan.
18. Include services, and the purposes or control of which the individual elects to self-direct.
19. Plan prevents the provision of unnecessary or inappropriate services and supports.
20. Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
21. Include established time limits for periodic reviews to determine if modification is necessary or can be terminated.
22. Include informed consent of the individual.
23. Include an assurance that interventions and supports will cause no harm to the individual.
24. Immediately following enrollment in a PASSE, the PASSE care coordinator must develop the interim service plan (ISP). Was ISP effective within 60 days?
25. Enrollments of new members must have the ISP for member in effect within 60 calendar days.
26. PCSP must be developed within 60 Calendar days of enrollment into the PASSE.
27. PCSP must be updated annually.
28. Relevant medical and mental health diagnoses.
29. Indication of whether or not an advance directive or living will has been created for or by the enrolled member.
30. All services necessary for the enrolled member, including amount and duration of service.
31. The provider who will provide each service listed in the PCSP.
32. A crisis plan for the enrolled member.

**Examples of issues found in PCSPs are provided in the *PCSP Example* and *Other Documents* tabs.**

Example 1: The PCSP has no cultural considerations; however, the member asks for holistic and Christian services. The PCSP template asks yes or no questions such as: Is there a Medical Diagnosis and Is there a Behavioral Health Diagnosis. **The PCSP did not have any medical diagnoses or behavioral health diagnoses and there are cultural considerations mentioned in the CC notes that are not reflected in the PCSP.**

Example 2: This is a completed PCSP that was submitted that represents many of issues seen in the review and also captures the issues with the template. **The PCSP appears to have not been keyed until after it started, though the meeting was over a month prior. The PCSP provided does not adequately assess the needs of the member. The PCSP does not include the following:**

* **Diagnosis List including the following if applicable:**
* **Medical Diagnoses**
* **Behavioral Health Diagnoses**
* **DD diagnoses**
* **Medication List**
* **Medication Management Plan (if needed)**
* **Complete Safety Plan**
* **Complete Crisis Plan**
* **Providers for All Services including natural supports**