State Transition Plan Data Analysis 2018

January 31, 2019

Introduction: We are continuing to gather data regarding provider compliance with the Home and Community Based Services Rule criteria. Analysis of the reviews conducted by Kepro and received at BMS by December 31, 2018 revealed the following limitations and delimitations:

Delimitations: Reviews are by different reviewers.

Tags Cited: The total number of tags cited was less than first time and the tags cited were not as scattered throughout the 5 criteria. There were no tags cited under Section 04 and Section 05 in residential provider settings at all. The aggregate number of tags cited also diminished. There were 26% of Residential and 24% of Non-Residential settings that had one or more tags cited. All others (74% of Residential and 76% of Non-Residential) were fully compliant.

Notes:

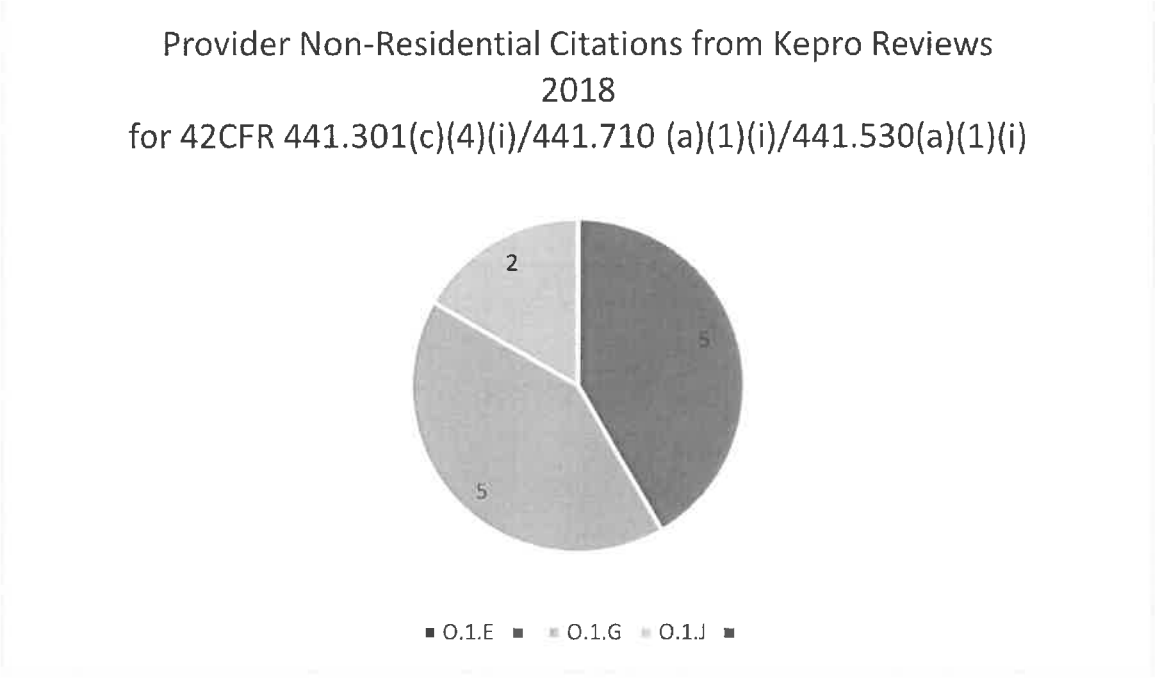
-When Kepro reviewed a provider more than once since the BMS review, the more recent Kepro review is recorded.

-Appendix A includes a list of tag numbers cited (O.1.E et al) and their descriptors.

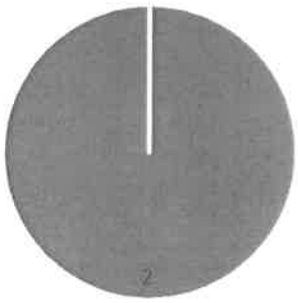
Non-Residential N=59

Review Citation	Number of Providers	% of Noncompliance
O.1.E	5	8%=.084
O.1.G	5	8%=.084
O.1.J	2	3%=.033

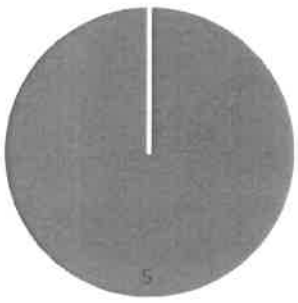
O.2.B	2	3%=.033
O.3.E	5	8%=.084
O.4.A	1	2%=.016
O.4.B	1	2%=.016
O.4.E	1	2%=.016
O.5.A	1	2%=.016



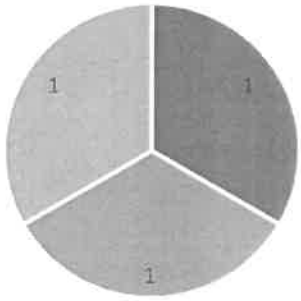
Provider Non-Residential Citations from Kepro Reviews
2018
for 42CFR 441.301(c)(4)(ii)/441.710
(a)(1)(ii)/441.530(a)(1)(ii)



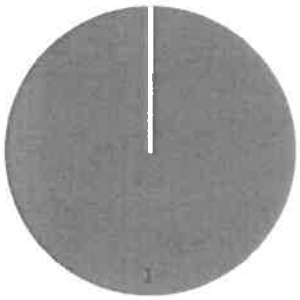
Provider Non-Residential Citations from Kepro Reviews
2018
for 42CFR 441.301(c)(4)(iii)/441.710
(a)(1)(iii)/441.530(a)(1)(iii)



Provider Non-Residential Citations from First Kepro Reviews
2018
for 42CFR 441.301(c)(4)(iv)/441.710
(a)(1)(iv)/441.530(a)(1)(iv)



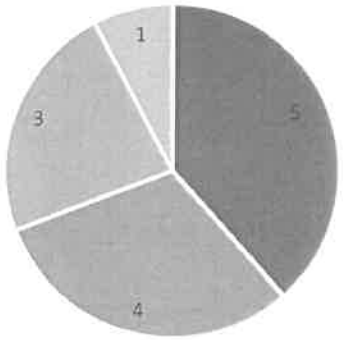
Provider Non-Residential Citations from Kepro Reviews
2018
for 42CFR 441.301(c)(4)(v)/441.710
(a)(1)(v)/441.530(a)(1)(v)



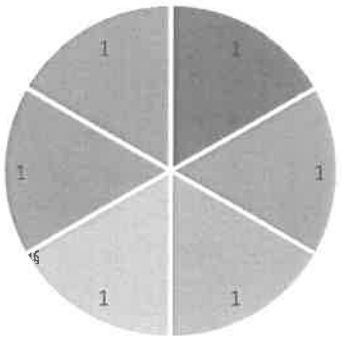
Residential N=53

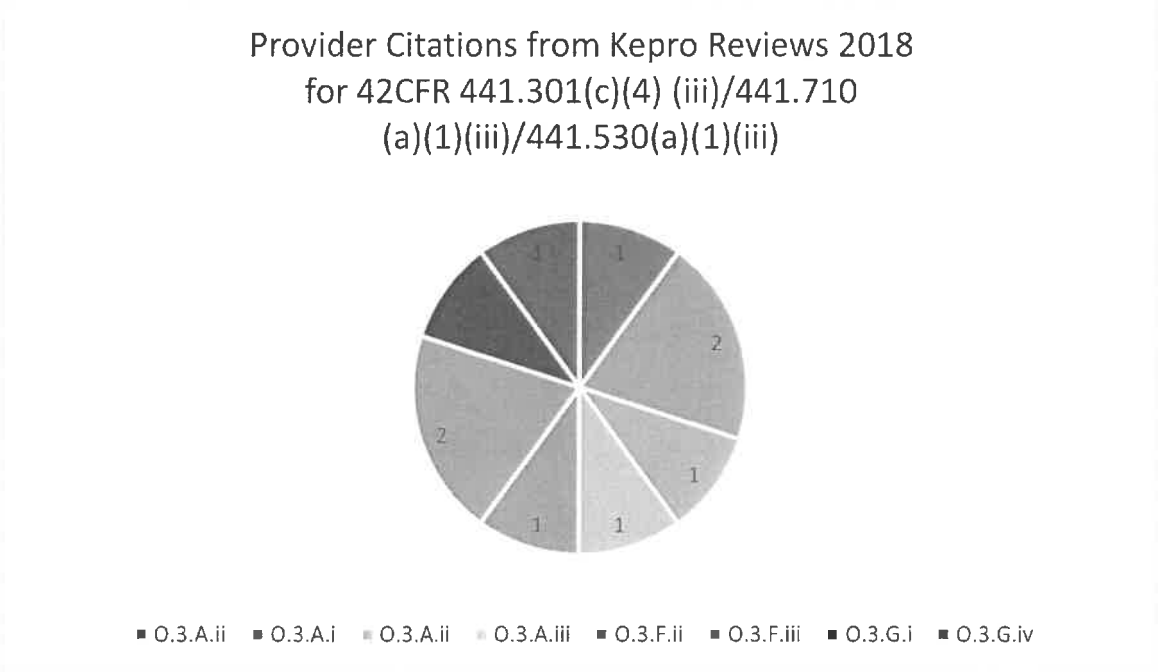
Review Citation	Number of Providers	% of Providers
O.1.E	1	2%=.018
O.1.G	5	10%=.095
O.1.H	4	8%=.075
O.1.I	3	6%=.056
O.2.E.i	1	2%=.018
O.2.F.ii	1	2%=.018
O.2.G	1	2%=.018
O.2.G.i	1	2%=.018
O.2.G.iii	1	2%=.018
O.2.G.v	1	2%=.018
O.3.A.i	2	4%=.037
O.3.A.ii	1	2%=.018
O.3.A.iii	1	2%=.018
O.3.F.ii	1	2%=.018
O.3.F.iii	2	4%=.037
O.3.G.i	1	2%=.018
O.3.G.iv	1	2%=.018

Provider Residential Citations from Kepro Reviews 2018
for
42CFR441.301(c)(4)(i)/441/710(a)91)(i)/441/530(a)91)(i)



Provider Citations from Kepro Reviews 2018
for 42CFR 441.301(c)(4) (ii)/441.710
(a)(1)(ii)/441.530(a)(1)(ii)





NOTE:

SOME PROVIDERS HAD MULTIPLE SETTINGS. EACH SETTING WAS ENTERED IN THE DATABASE INDEPENDENTLY, SINCE CITATIONS VARIED AMONG THESE SETTINGS.

ALL DATA WAS ACQUIRED THROUGH ON SITE SURVEYS/REVIEWS OF SETTINGS. WHILE SETTINGS NOT FOUND IN COMPLIANCE WILL RECEIVE/RECEIVED FOLLOW-UP REVIEWS, THE RESULTS OF THESE REVIEWS ARE NOT INCLUDED IN THIS ANALYSIS.

SUMMARY/ABSTRACT

Non-Residential There were no tags which were cited in more than 8% of the non-residential settings in 2018. Three tags in Non-Residential, O.1.E, O.1.G and O.3.E were cited in 10% of the settings. These tags are: O.1.E -Individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS; O.1.G - The setting encourages visitors or other people from the greater community (aside from paid staff) to be present; and O.3.E -The setting offers a secure place for the individual to store personal belongings. Three of the five settings cited for O.1.E and O.1.G are owned or leased by the same

provider. Two of the settings cited under O.3.E are owned or leased by that same provider as well.

Residential There were no tags which were cited in more than 10% of the residential settings in 2018. O.1.G - The setting encourages visitors or other people from the greater community (aside from paid staff) to be present was the sole tag cited for 10% of the residential providers. 80% of these homes were owned or leased by the same provider.

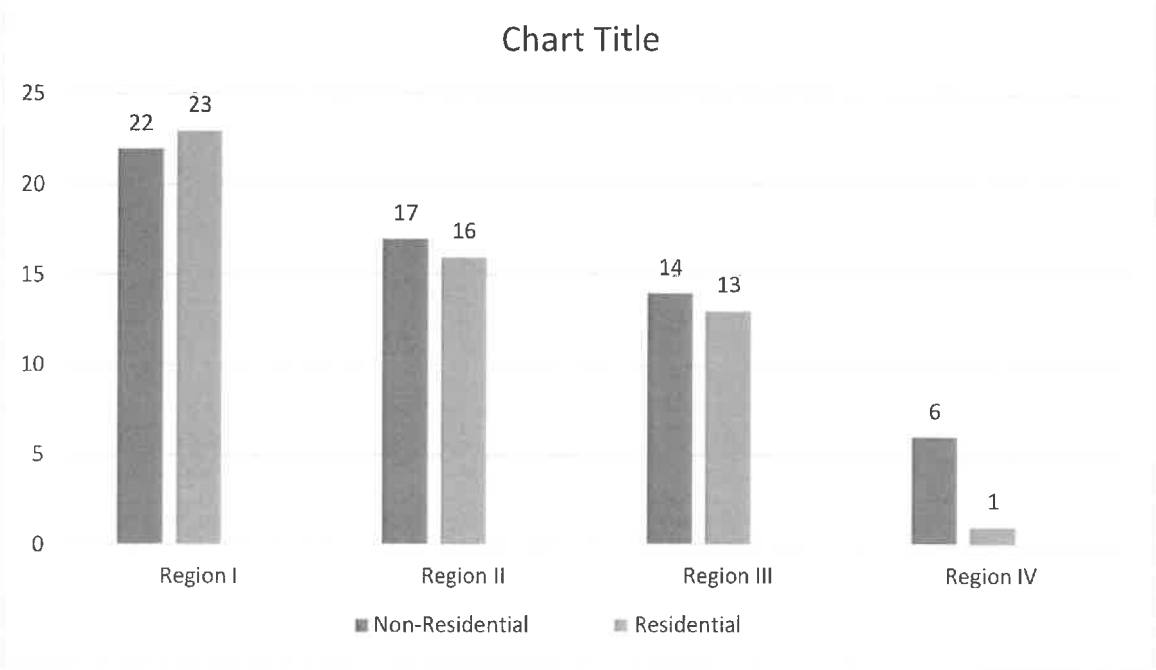
The Bureau for Medical Services and Kepro are working with these two providers to address the systemic issues which may be present.

Conclusion: Settings still have some issues with community integration. There are two providers in particular whose settings may still be problematic.

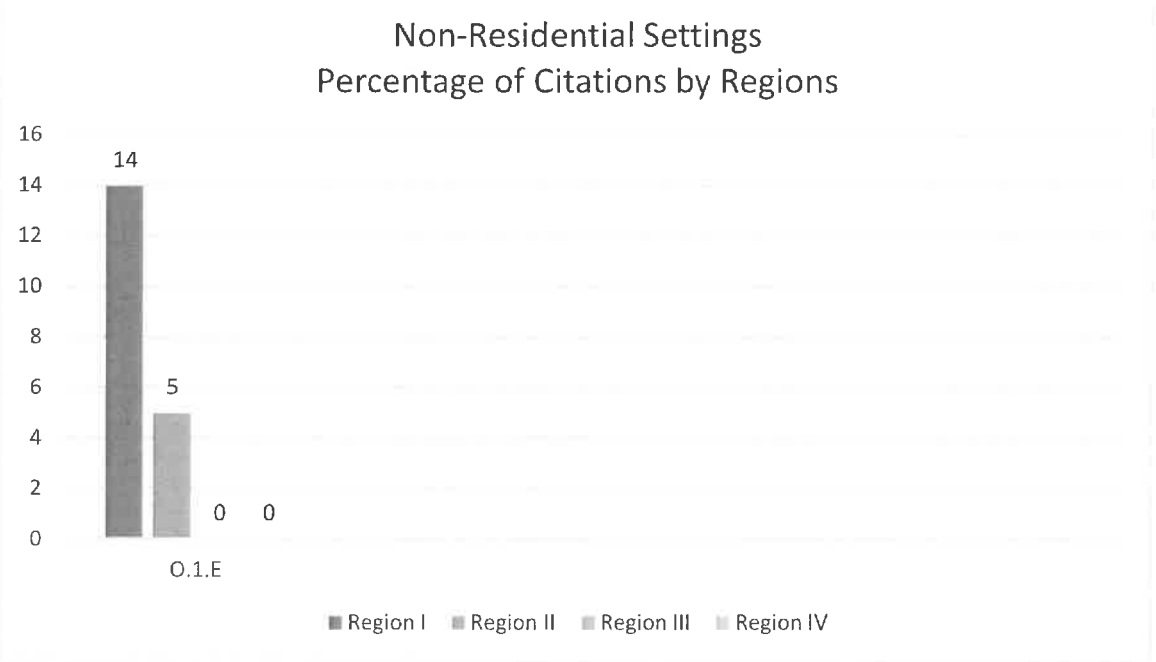
Conclusion: There was much progress. With one outlier, all residential settings are in full or almost full compliance.

Next Steps Recommended:
Any needs for increased monitoring have been identified and addressed.

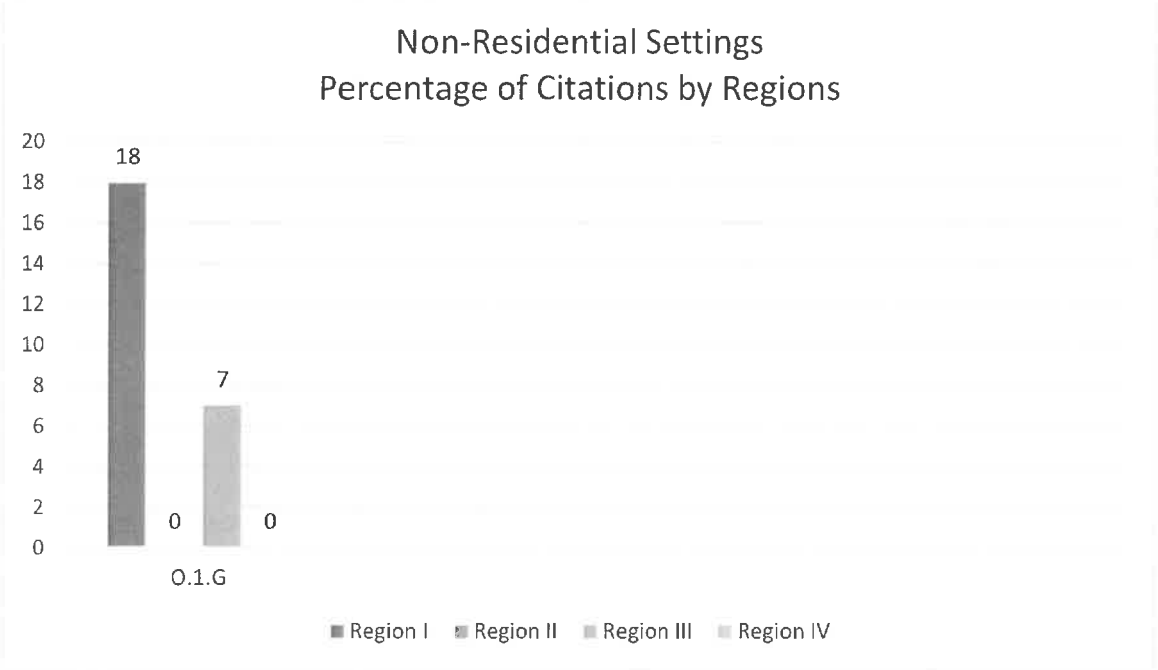
REGIONAL ANALYSIS: The QA Sub Committee recommended that a comparison/contrast of DHHR regions be completed, looking at provider settings in each region for trends and training issues by region. The Non-Residential and Residential Analyses are given below.



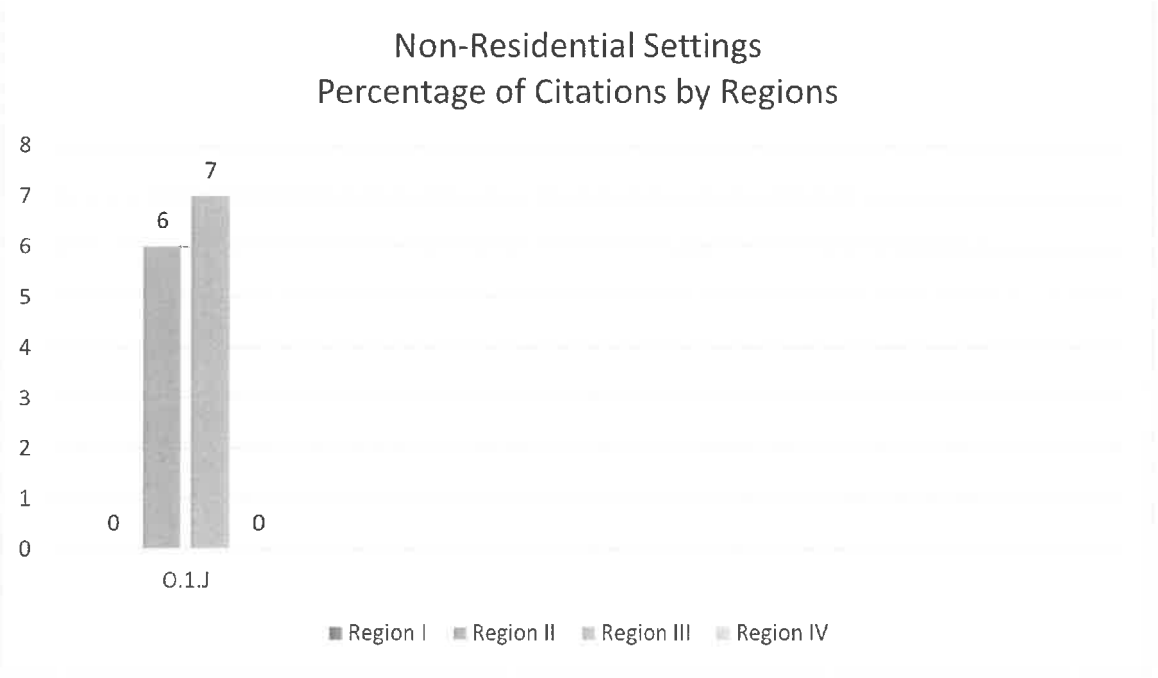
Non-Residential Analysis - There are no significant trends apparent for non-residential programs. While Region I has the greatest number of citations, it should be noted that this region is also the largest, with 22 settings in the region.



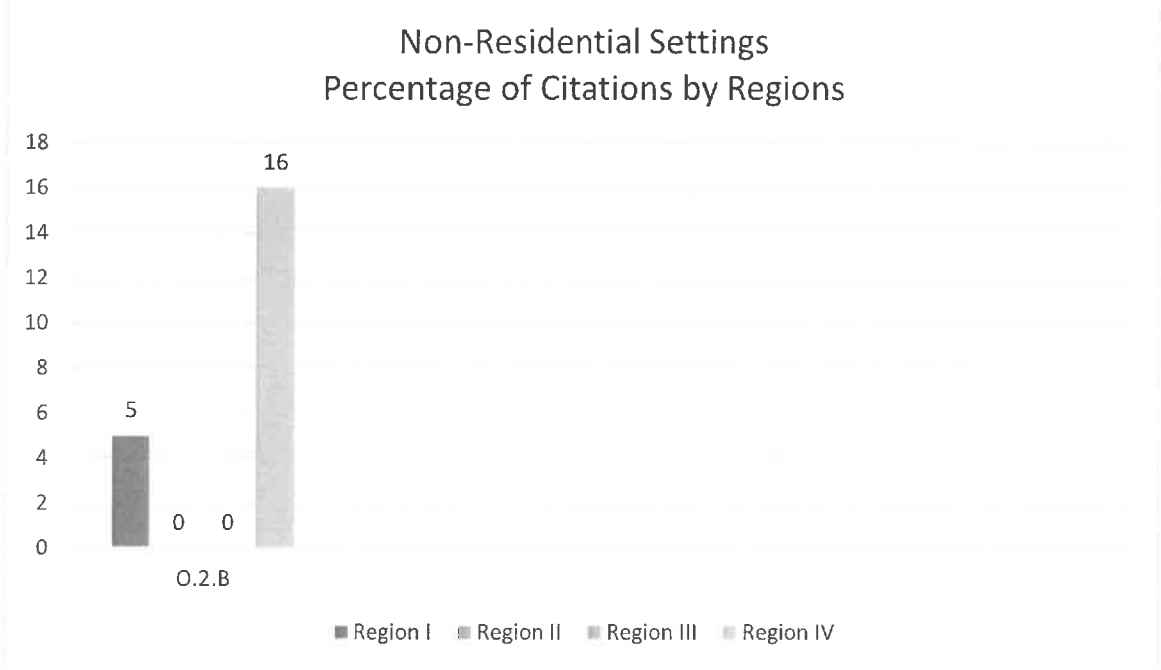
Individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS.



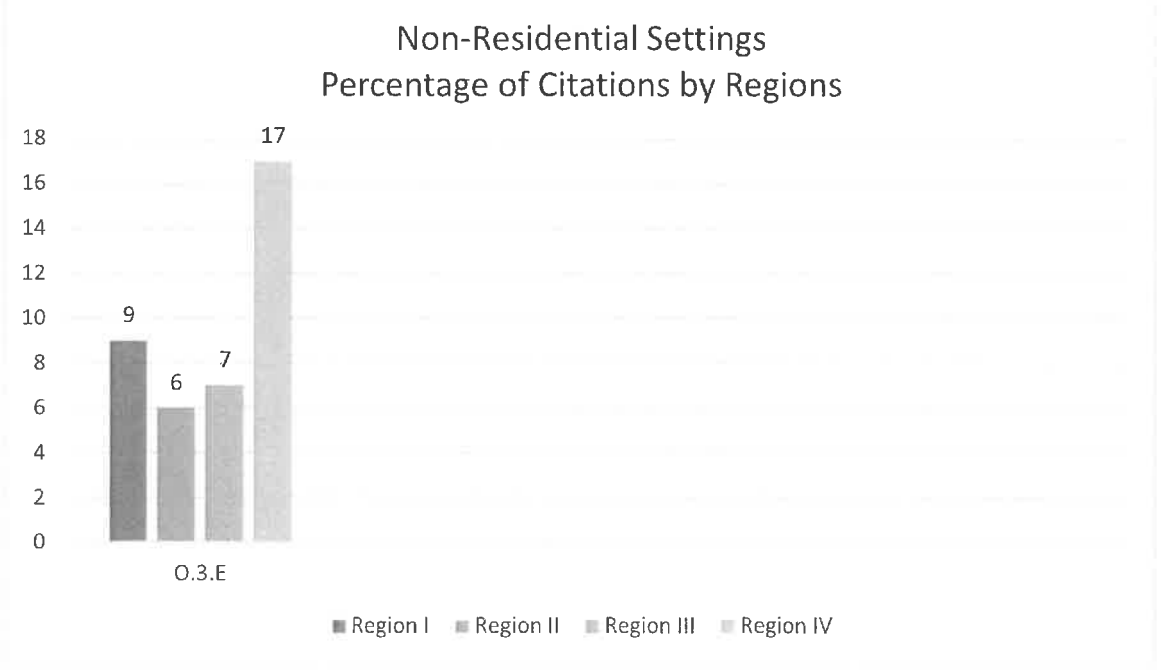
The setting encourages visitors or other people from the greater community (aside from paid staff) to be present. There is evidence that visitors have been present at regular frequencies.



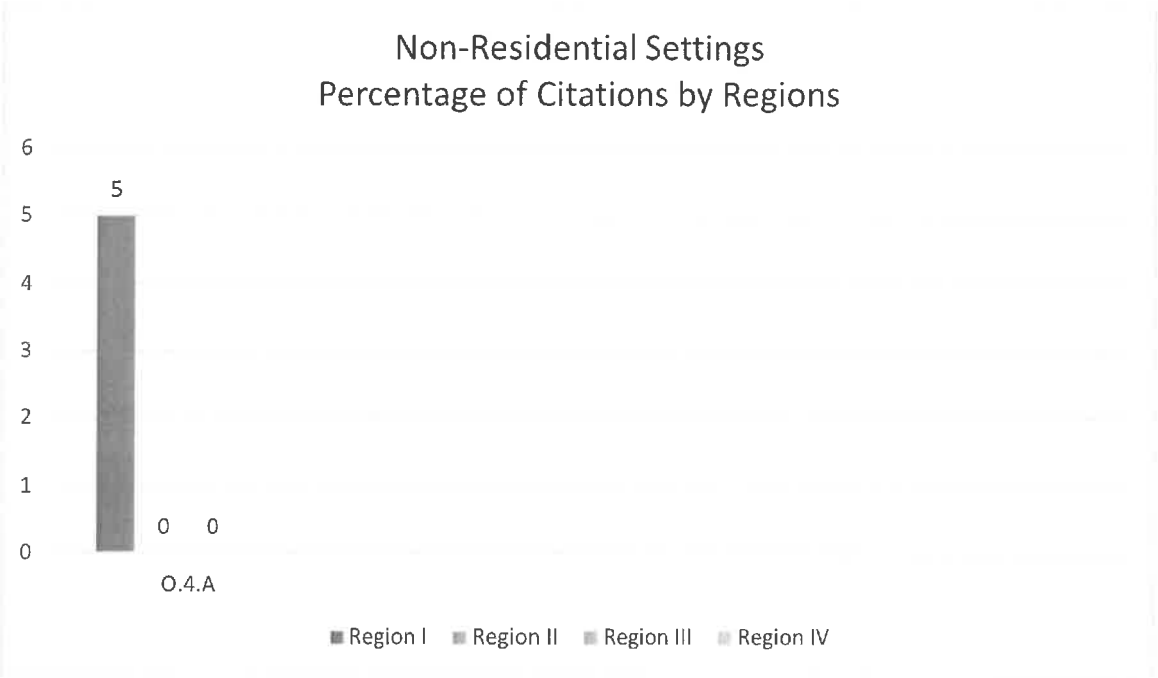
The setting provides individuals with contact information. Access to and training on the use of public transportation, such as busses, taxis, etc., and these public transportation schedules and telephone numbers are available in a convenient location.



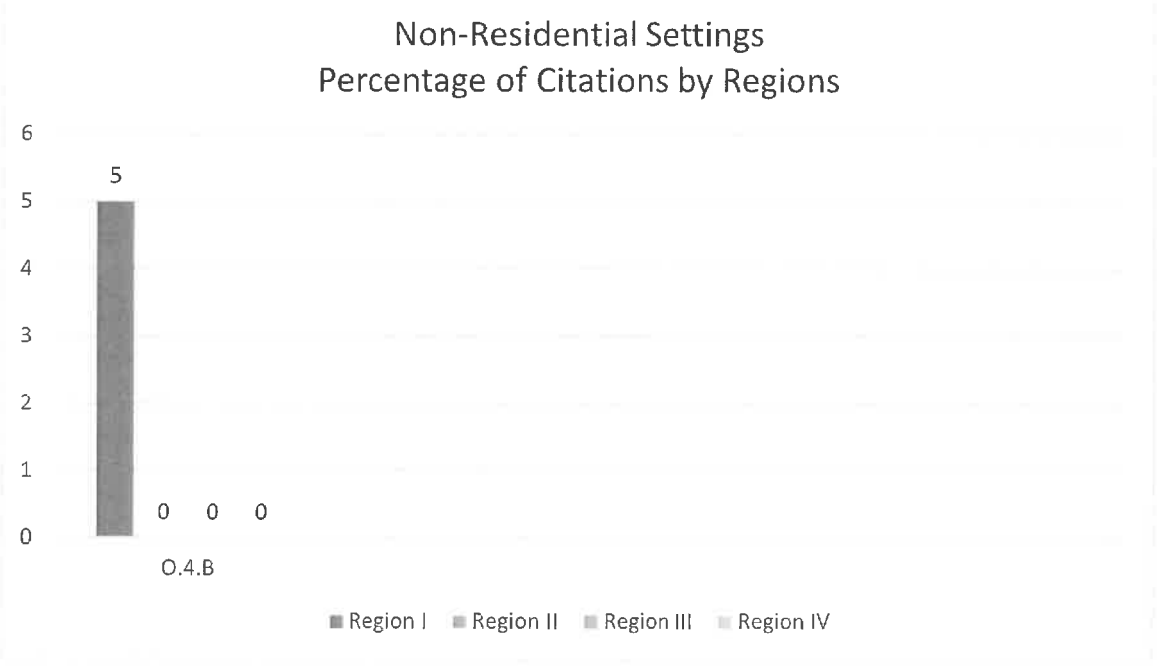
The setting assures that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS services. *Note: Age Appropriate*



The setting offers a secure place for the individual to store personal belongings.

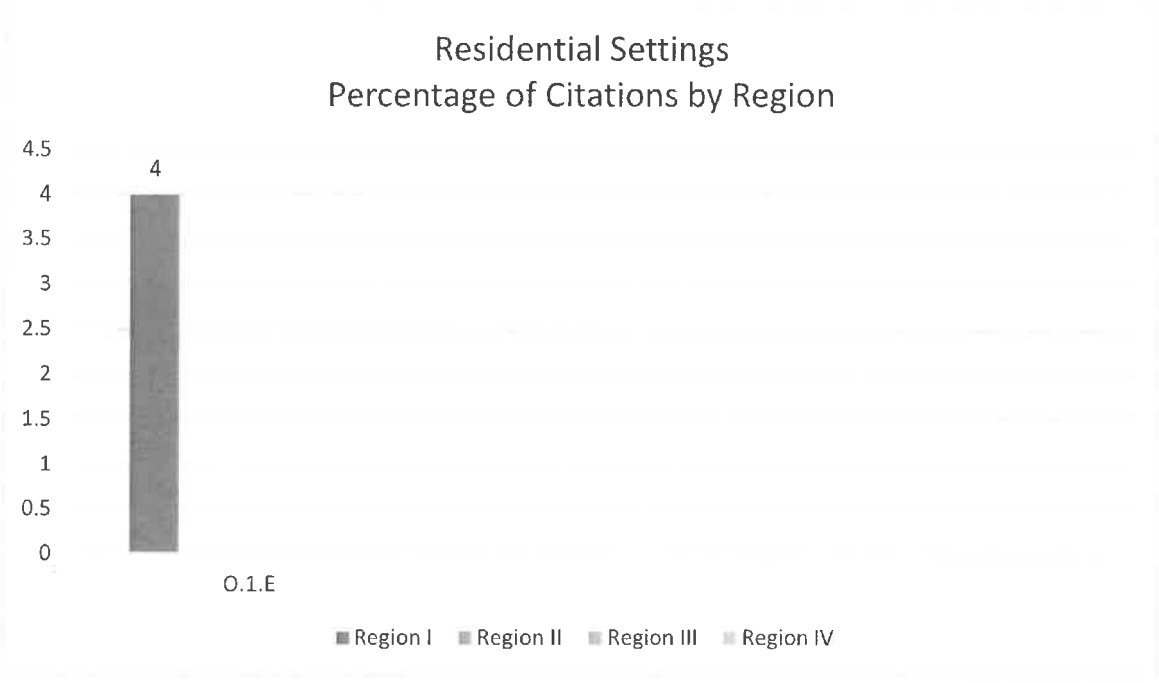


There are no gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting.

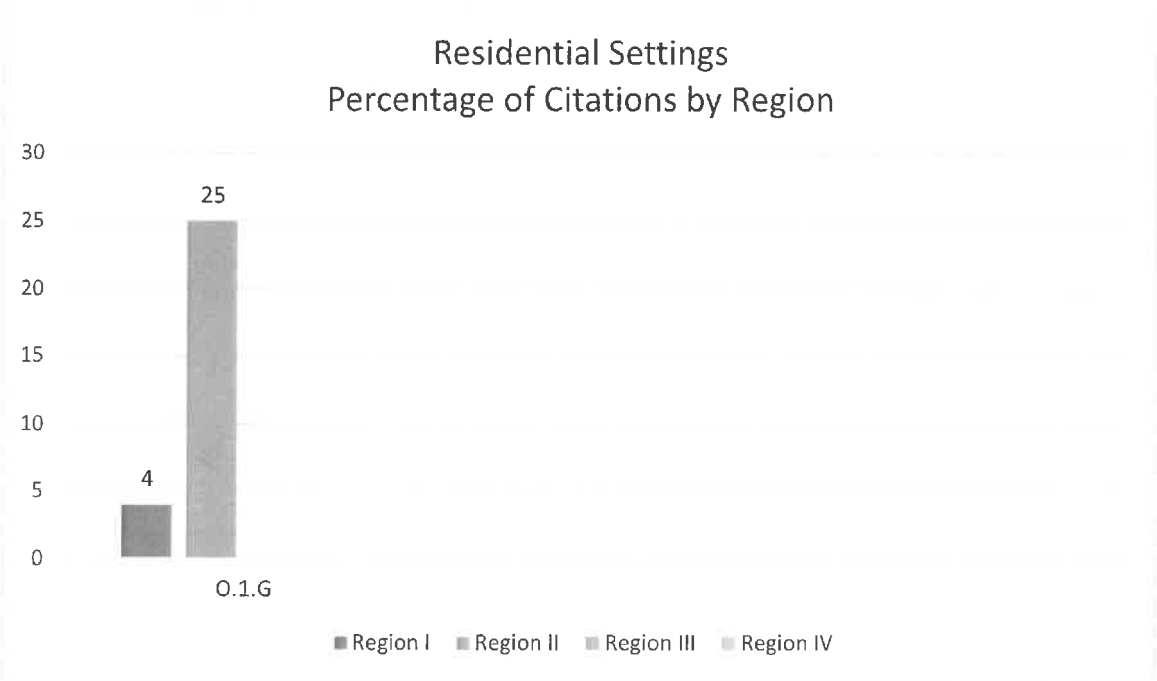


The setting affords a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals.

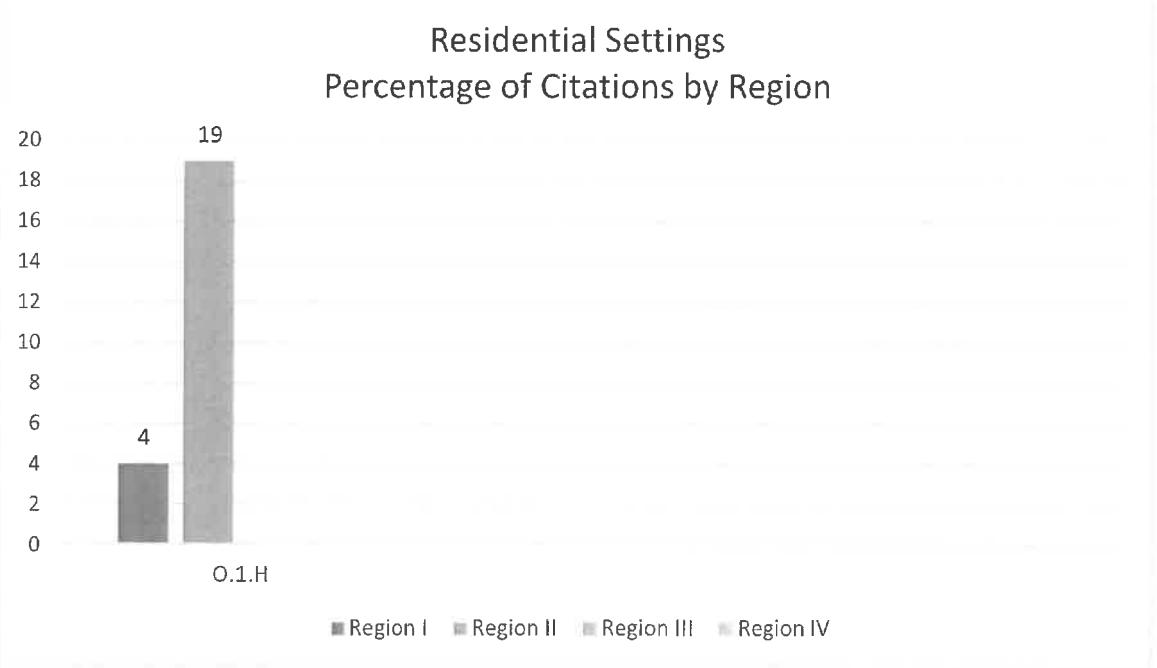
Residential Analysis - There are no significant trends apparent for residential programs. Region IV, the outlier, has only one setting in the entire region.



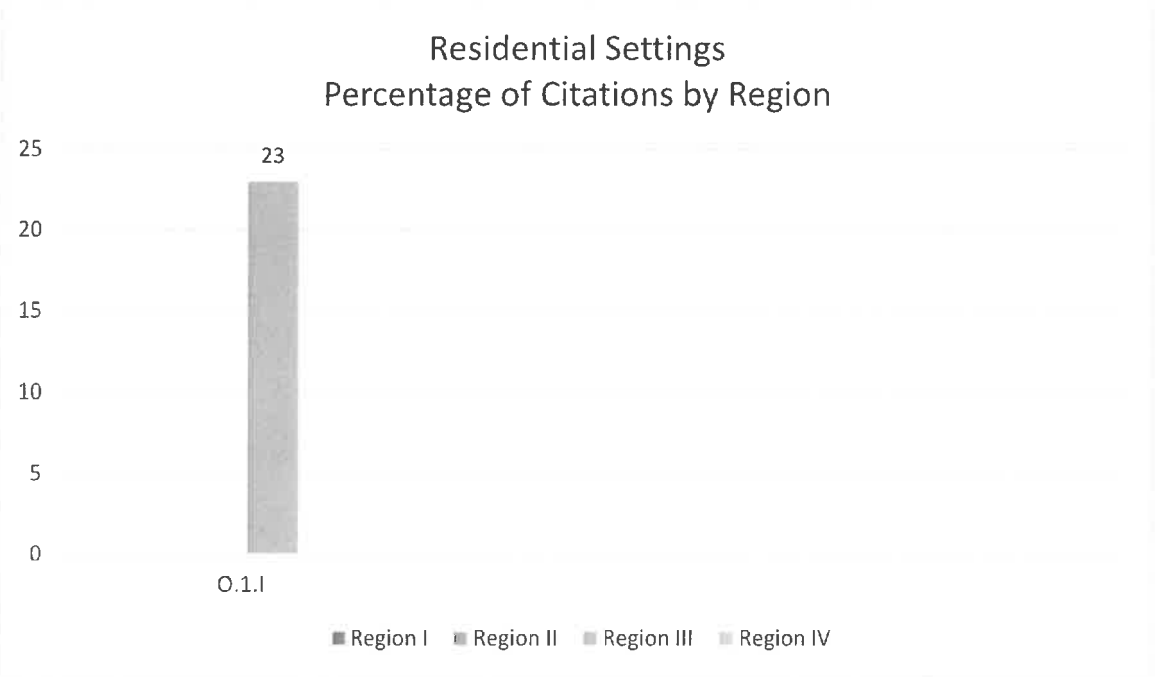
Individuals on the street greet/acknowledge individuals receiving services when they encounter them.



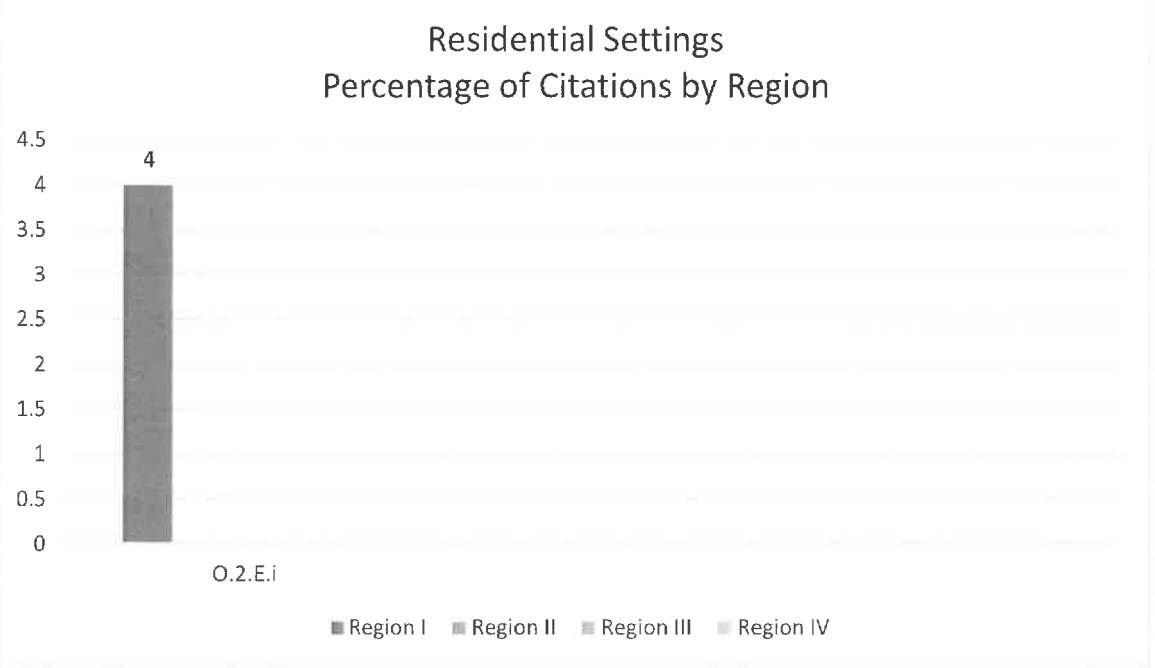
Visiting hours are posted.



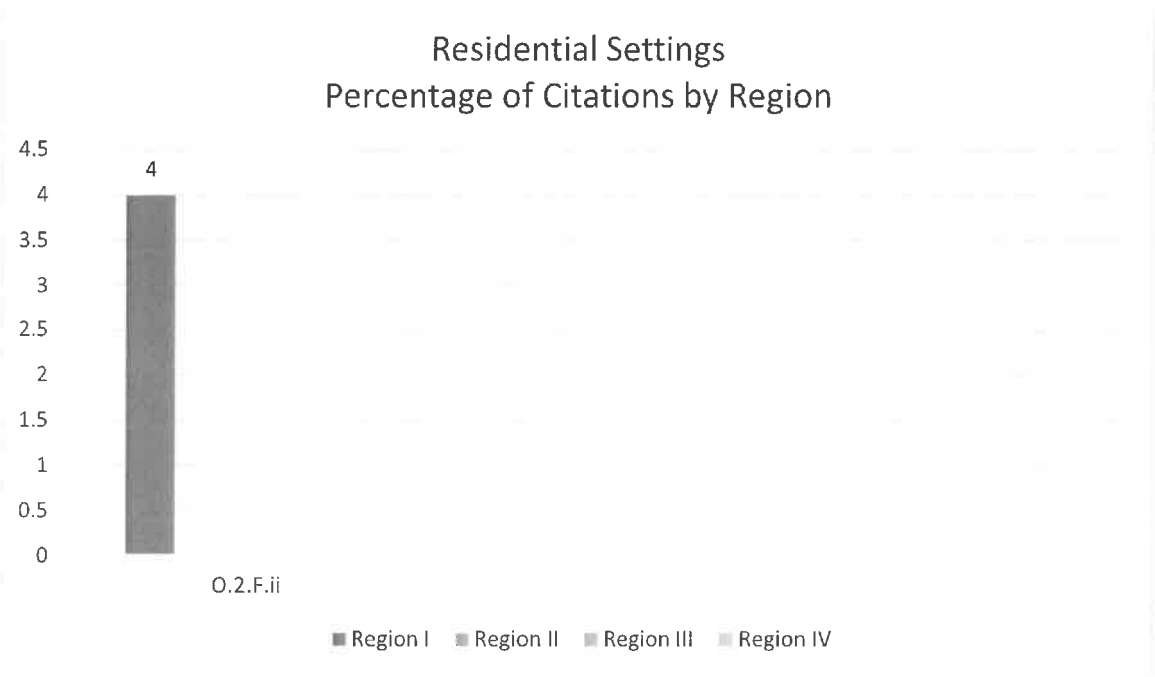
Bus and other public transportation schedules and telephone numbers are posted in a convenient location.



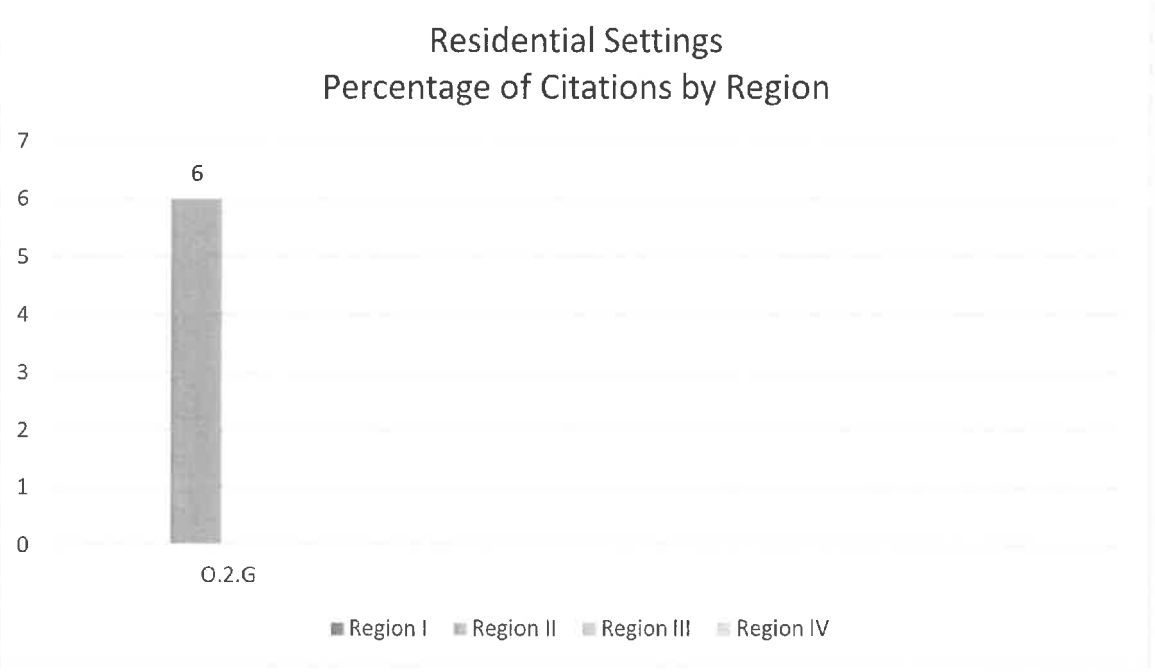
The individuals have access to materials to become aware of activities occurring outside of the setting.



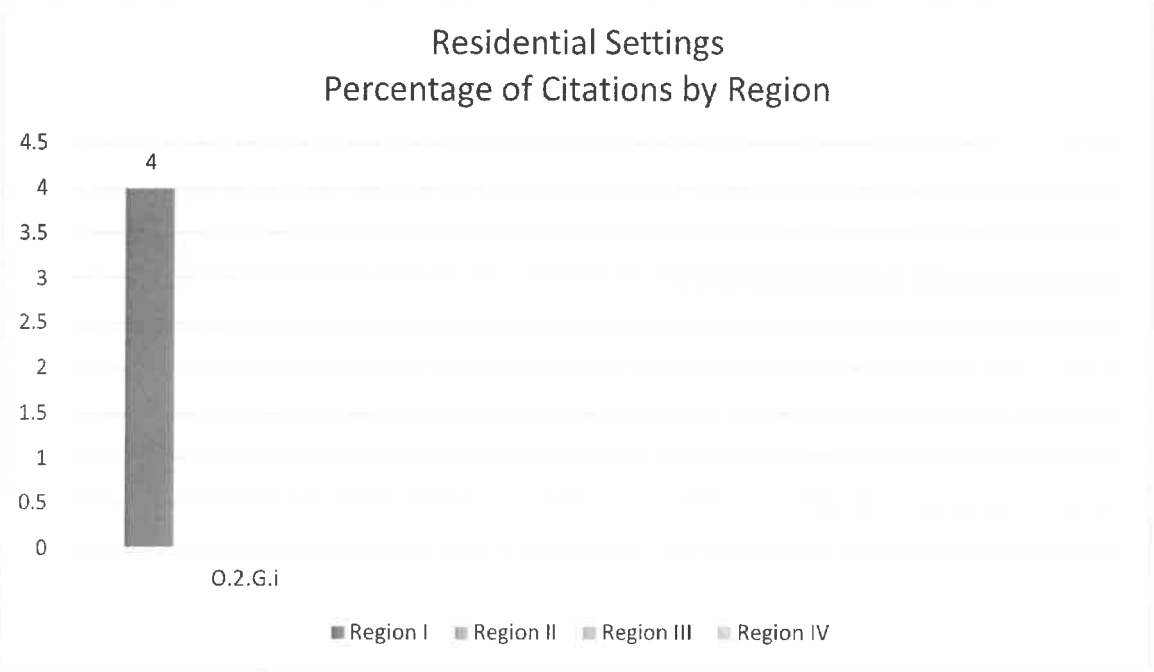
Gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting are not in evidence.



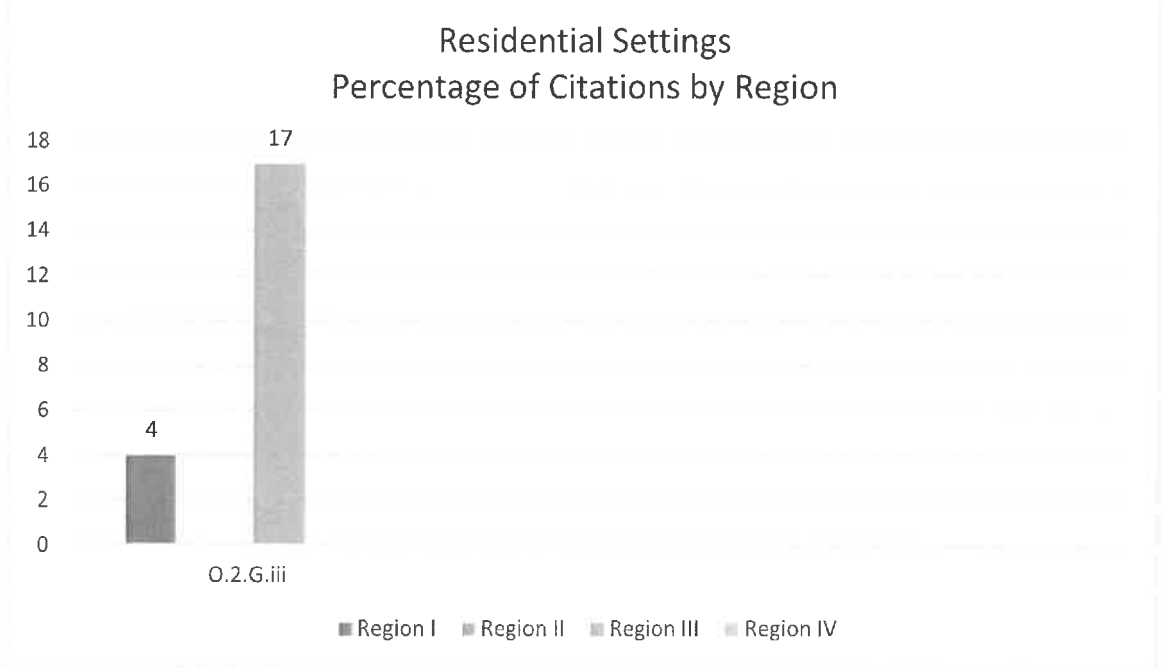
Appliances are accessible to individuals.



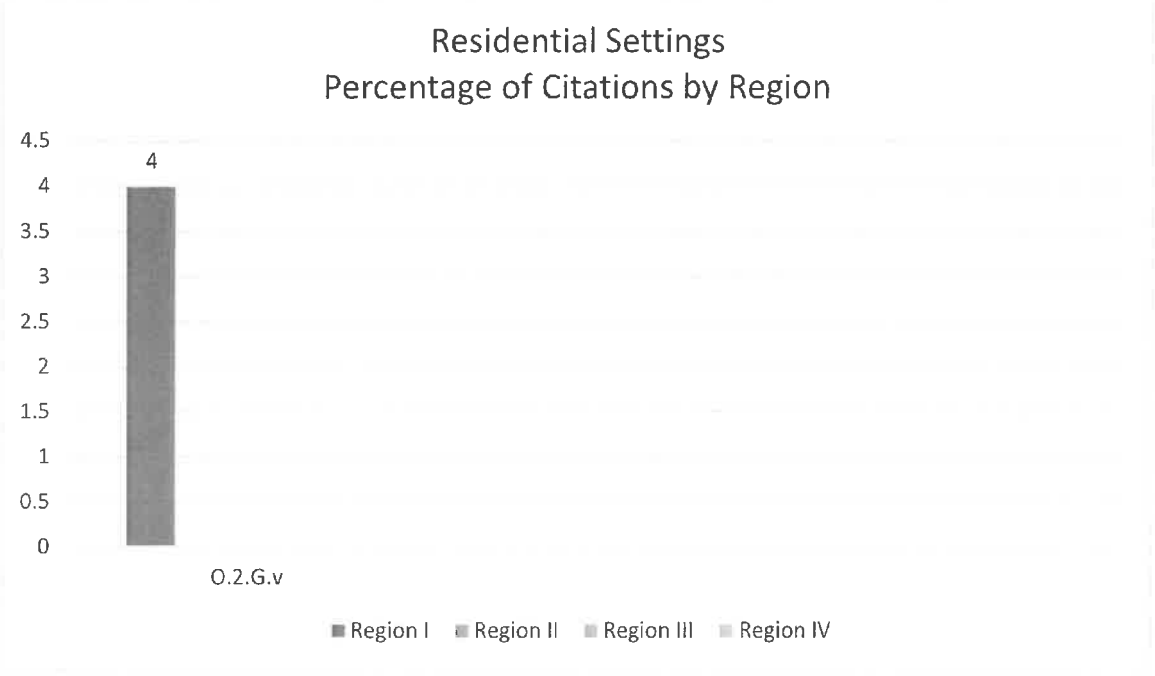
Individuals have full access to the community.



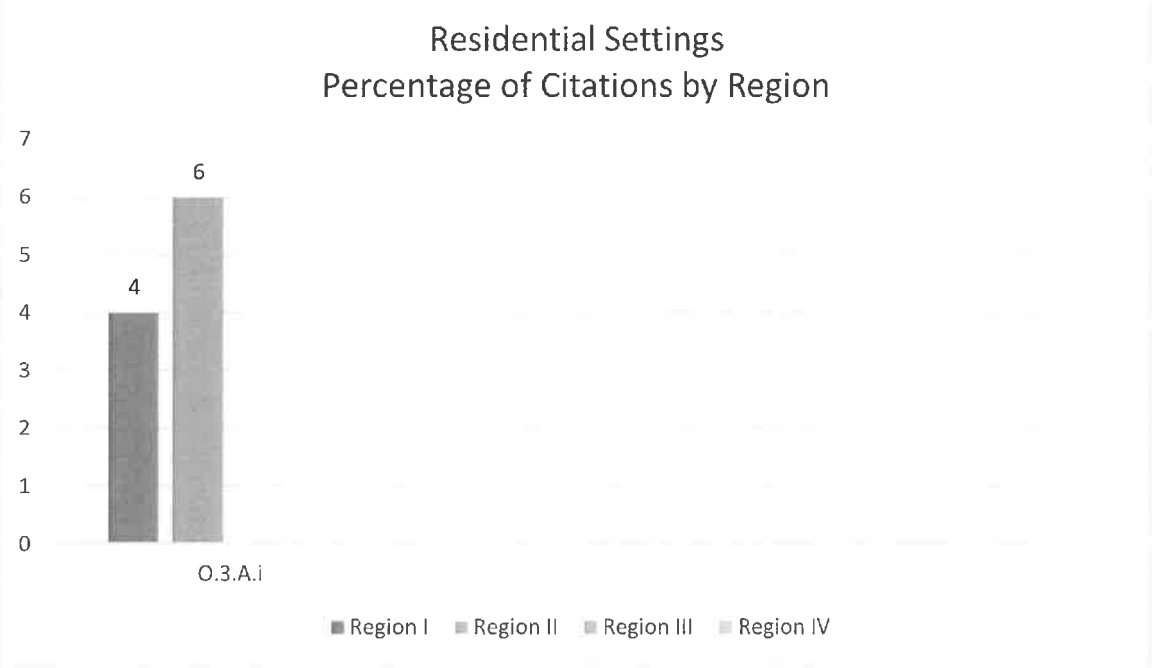
Individuals come and go at will.



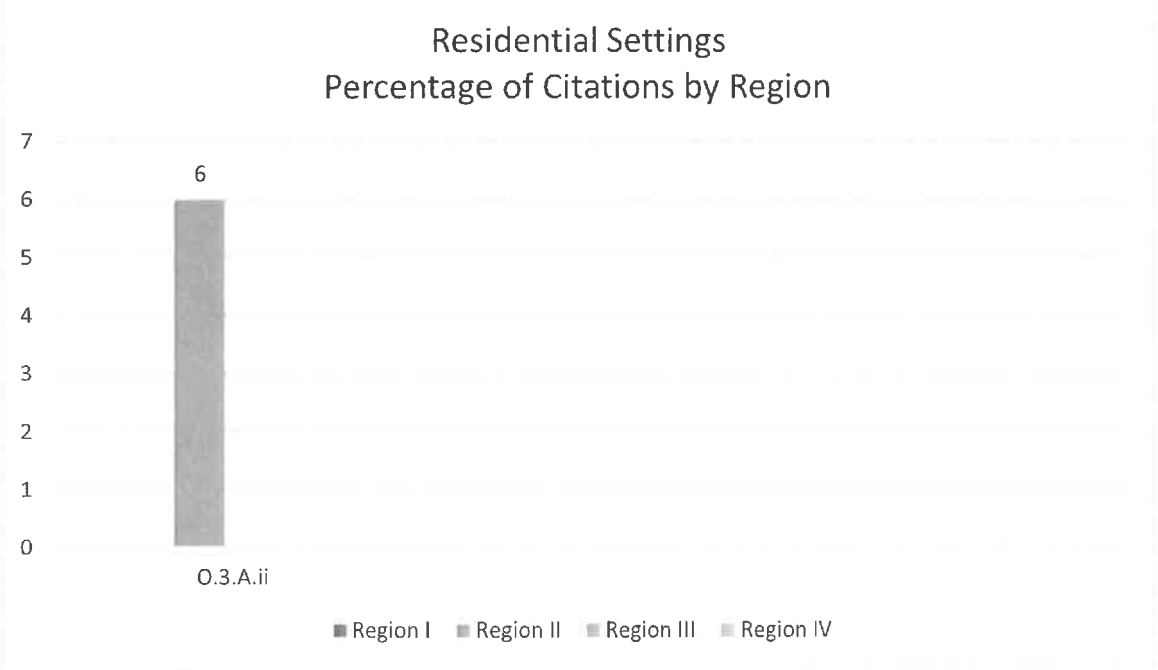
Individuals in the setting have access to public transportation.



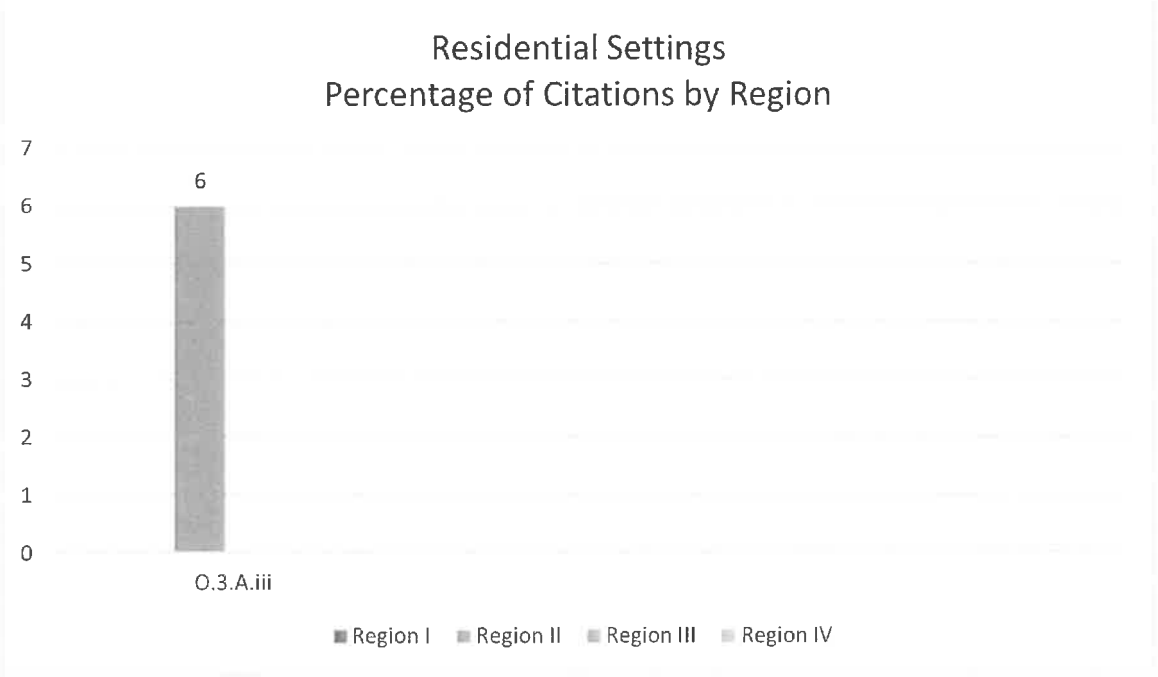
An accessible van is available to transport individuals to appointments, shopping, etc.



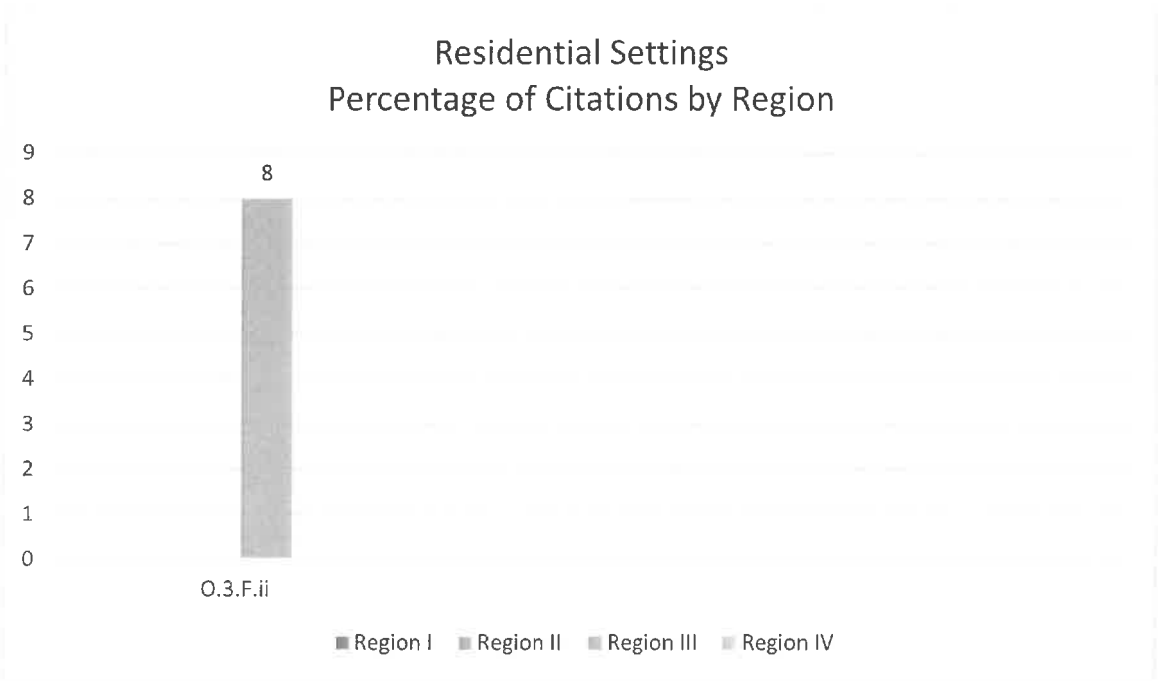
Individuals have a private cell phone, computer or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time.



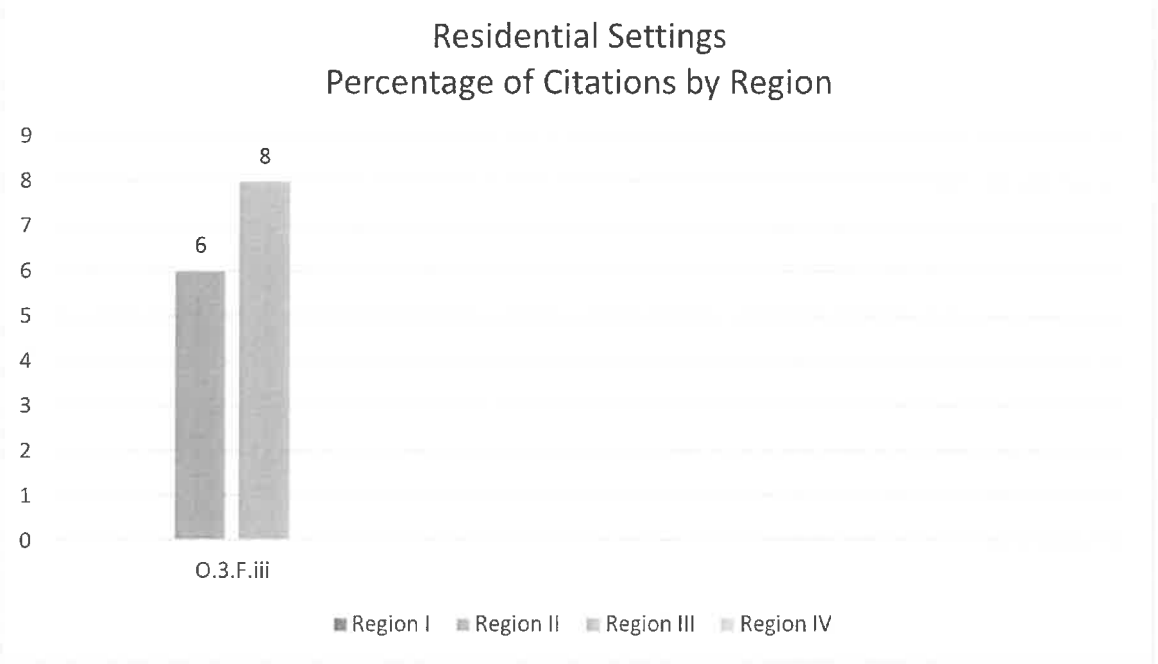
The telephone or other technology device is in a location that has space around it to ensure privacy.



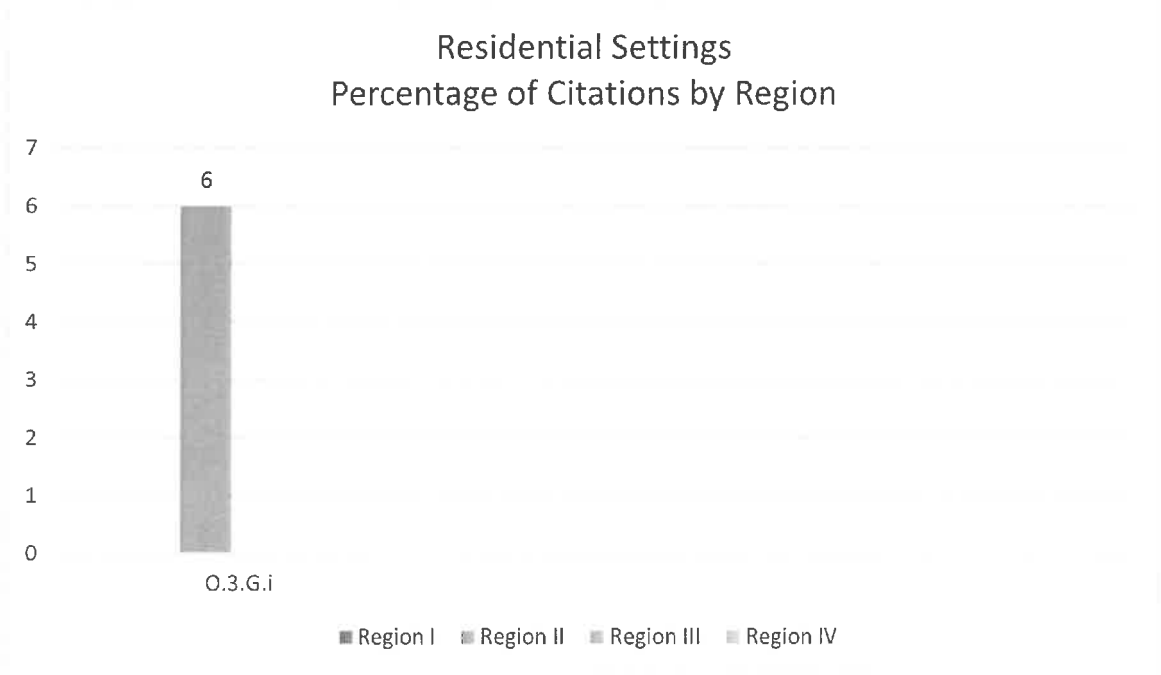
Individuals' rooms have a telephone jack, WI-FI or ETHERNET jack.



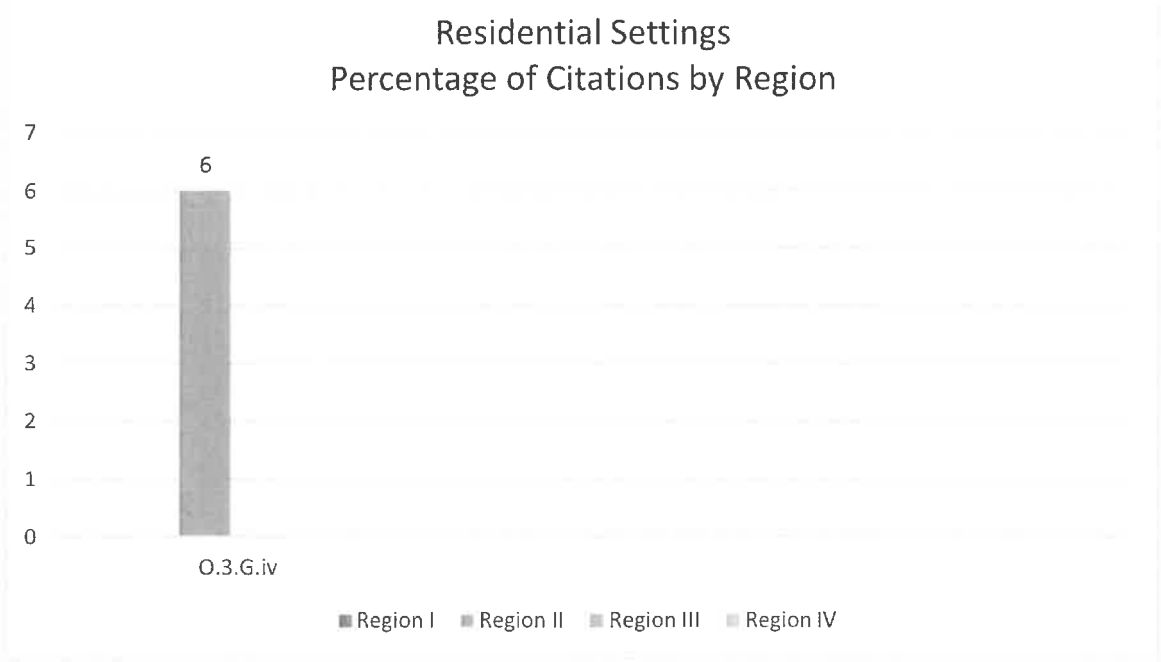
The individual can close and lock his/her bedroom door.



The individual can close and lock the bathroom door.



Cameras are present in the setting, in individual personal living spaces.



Staff only use a key to enter a personal living area or privacy space under limited circumstances agreed upon with the individual.

Appendix A

Non-RESIDENTIAL

Individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS. O.1.E

The setting encourages visitors or other people from the greater community (aside from paid staff) to be present. There is evidence that visitors have been present at regular frequencies. (For example, customers in a pre-vocational setting). Guidance: visitors greet/acknowledge individuals receiving services with familiarity when they encounter them; visiting hours are unrestricted; the setting otherwise encourages interaction with the public). O.1.G

The setting provides individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc., and these public transportation schedules and telephone numbers are available in a convenient location. O.1.J

The setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA. O.2.B

The setting offers a secure place for the individual to store personal belongings. O.3.E

There are no gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting. O.4.A

The setting affords a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals.
Guidance: Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering

spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities?) O.4.B

The setting posts or provides information on individual rights. O.4.E

The setting posts or provides information to individuals about how to make a request for additional HCBS, or changes to their current HCBS. O.5.A

RESIDENTIAL

Individuals on the street greet/acknowledge individuals receiving services when they encounter them. O.1.E

Visiting hours are posted. O.1.G

Bus and other public transportation schedules and telephone numbers are posted in a convenient location. O.1.H

The individuals have access to materials to become aware of activities occurring outside of the setting. O.1.I

Gates, Velcro strips, locked doors, or other barriers preventing individual's entrance to or exit from certain areas for the setting are not in evidence. O.2.E.i

Appliances are accessible to individuals. O.2.F.ii

Individuals have full access to the community. O.2.G

Individuals come and go at will. O.2.G.i

Individuals in the setting have access to public transportation. O.2.G.iii

An accessible van is available to transport individuals to appointments, shopping, etc. O.2.G.v

Individuals have a private cell phone, computer or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time. O.3.A.i

The telephone or other technology device is in a location that has space around it to ensure privacy. O.3.A.ii

Individuals' rooms have a telephone jack, WI-FI or ETHERNET jack. O.3.A.iii

The individual can close and lock his/her bedroom door. O.3.F ii

The individual can close and lock the bathroom door. O.3.F.iii

Cameras are present in the setting, in individual personal living spaces. O.3.G.i

Staff only use a key to enter a personal living area or privacy space under limited circumstances agreed upon with the individual. O.3.G.iv

State Transition Plan Data Analysis

Facility Based Day Habilitation Settings and Integration

Dr. Rose Lowther-Berman

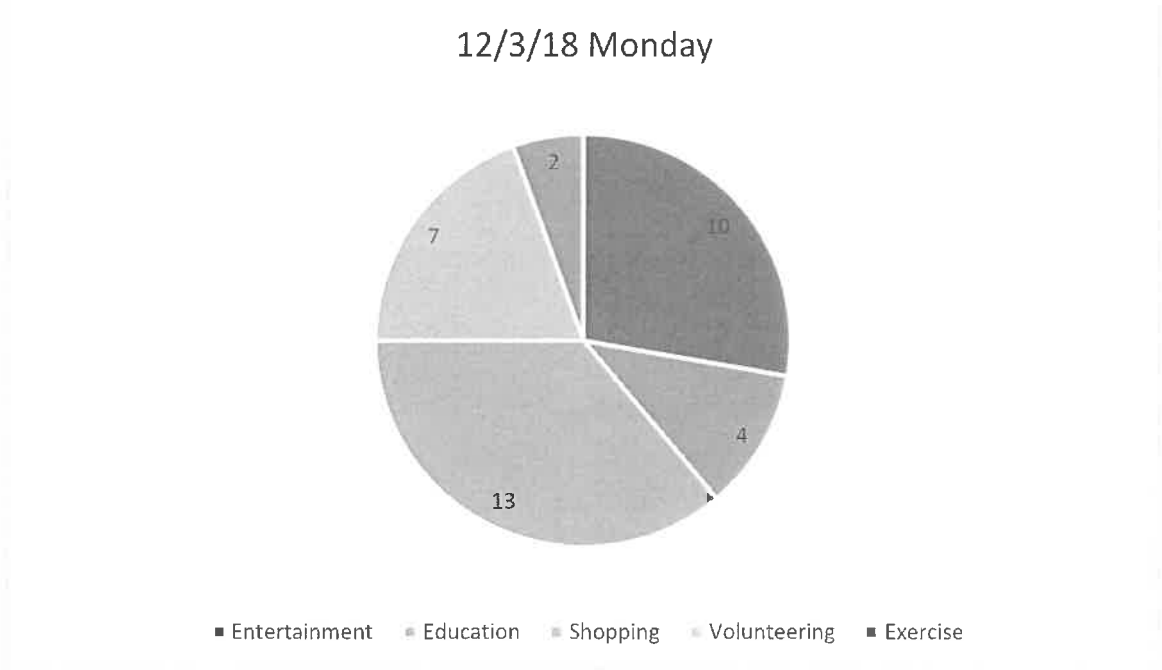
August 19, 2019

Introduction: The Bureau for Medical Services instituted a questionnaire in order to acquire a better sense of the degree to which providers of Facility Based Day Habilitation integrate the members they serve into the community. This was done at the request of the State Transition Plan Sub-Committee for the QIA WV I/DD Waiver Quality Improvement Advisory Council.

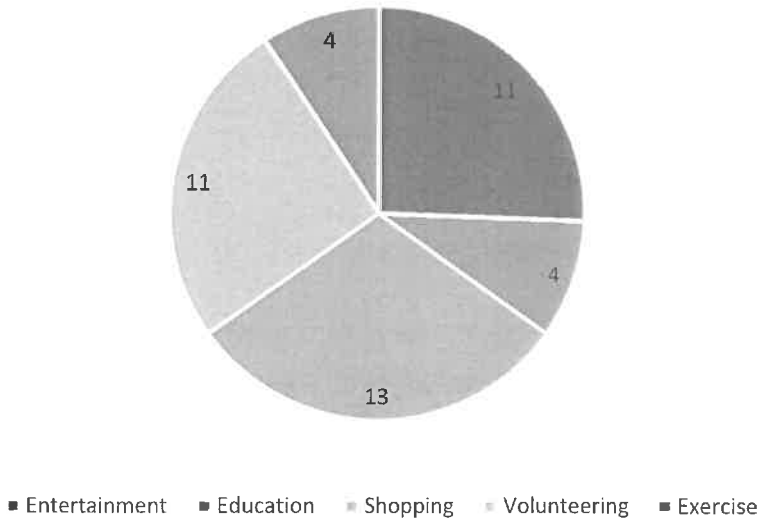
The week of December 3-7, 2018 was randomly chosen to examine community integration events. A questionnaire (Appendix A) was sent by email and/or mail to all Facility Based Day Habilitation (FBDH) providers in January. There were 54 provider settings in West Virginia at that time. 34 (63%) responded to the questionnaire by January 31, 2019. This report is based on those results.

Delimitations: not all providers responded within the time frame required.

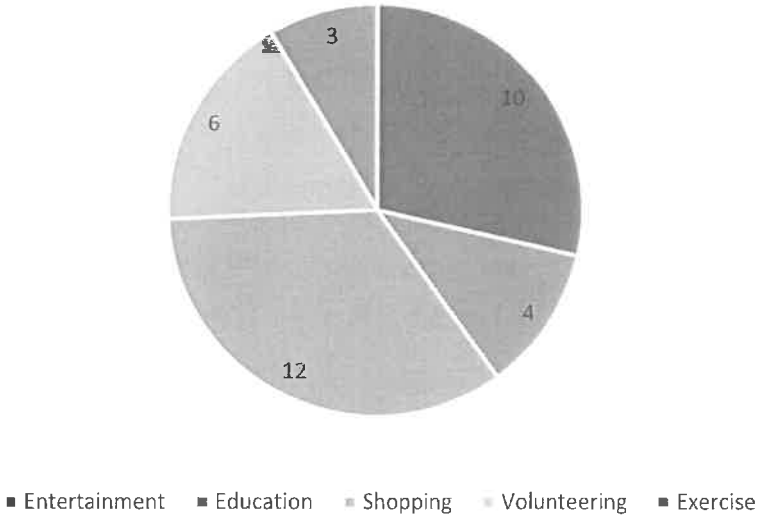
The following charts show, by date, the number of settings which integrated participants into the community and the general type of activity.

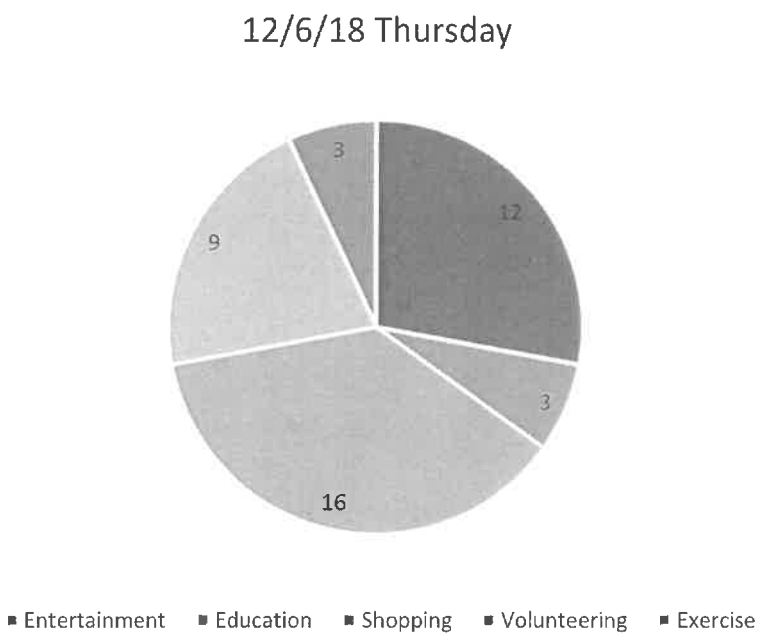


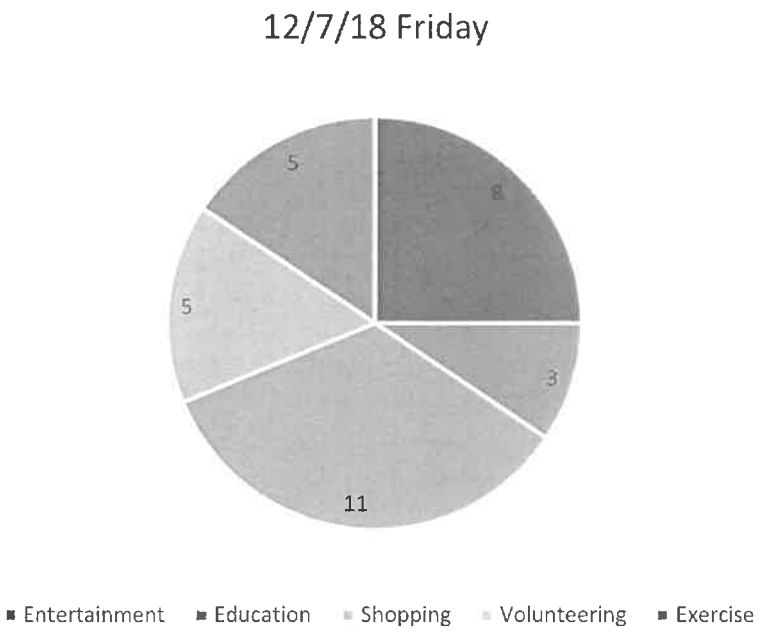
12/4/18 Tuesday



12/5/18 Wednesday







Examples of integration activities as listed in the charts:

- Entertainment - movie, bowling, dining out

-Education – art classes

-Volunteer – library, horse farm, senior center, animal shelter, salvation army, assisted living homes, nursing homes

- Exercise – YMCA, YWCA, bowling, walking

- Shopping – Walmart, Mall, yard sales, groceries

Summary: All providers except two made available multiple community integration opportunities on multiple days to their member participants. There were 2 providers that indicated that they did not take participants into the community at all this week (SW Resources and Autism Management Center). Both were found compliant on integration issues on their last Kepro survey.

Several were closed or on restricted schedules due to the national day of mourning December 5, 2018.

These settings have learning activities on site and also in integrated community settings. This report did not find any of the respondent providers to be segregated.

Appendix A

Dear

We are completing the 2018 calendar year evaluation of the effectiveness of the Integrated Services Rule implementation in West Virginia. As a part of this evaluation of The State Transition Plan Program, and in conjunction with recommendations of the IDD Quality Improvement Advisory (QIA) Council, we are examining the extent of community integration through Facility Based Day Habilitation programs.

Your , as a Facility Based Day Habilitation setting under the Integrated Services Rule, is a part of this study.

We have randomly selected the week of December 3, 2018 as the date for examination for all FBDH programs. Please send or fax a copy of the schedule for your members for that week. Also identify the total number of members attending your facility. The examination will focus on the location of community events , the frequency of events and the type of events. We will look at differences in data based on rural or urban venues as well.

This data analysis will be included in the State Transition Plan in Appendix N.

We hope to identify trends in service and quality service indicators.

To summarize: Please send a copy of the schedule for December 3, 2018 for your day program.

Please send the total number of members who attend your program.

NOTE: we do not want or need the names of the members. Please do not send these.

My fax number is 304-558-4398. My email is rose.l.berman@wv.gov

Thanks for your prompt response.

Dr. Rose Lowther-Berman

Providers who did respond:

Appalachian

ARC 3R Boone

ARC 3R Kanawha

Autism Mgt Ctr

CSI

Daily Companions

Developmental Center and Workshop Clary St

Diversified

EastRidge Berkeley

EastRidge Morgan

Hampshire Co SS

Hancock Co SW

Healthways BCOC

Healthways HCOC

Hopewell

Integrated Resources

Mainstream

MidValley

Northwood 19th St

Northwood Adena Hills

Northwood Brook Co

PACE Fairmont

PACE Morgantown

Potomac Highland Guild

Prestera Boone

Prestera Clay

Prestera Huntington

Prestera Charleston

REM Boaz

REM Tree House

Stevenson Madison

SW Resources

WestbrookWood

Westbrook Roane

Providers who did not respond:

Bright Horizons (Nicholas Co) Kepro compliant

Empowerment through Employment Kepro compliant

JCOA no response Kepro compliant

JCDC Millwood no response Kepro compliant

JCDC Parkersburg no response Kepro compliant

JCDC Point Pleasant no response Kepro compliant

Job Squad no response Kepro compliant

REM N Martinsville no response Kepro compliant

REM Paden City no response Kepro compliant

RESCARE Huntington no response Kepro compliant

Russell Nesbitt Fulton no response Kepro compliant

Russell Nesbitt Main Street no response Kepro compliant

Southern Highlands Mullens no response Kepro compliant

Southern Highlands Princeton no response Kepro compliant

United Summit Clarksburg no response Kepro compliant

United Summit Grafton no response Kepro compliant*

United Summit Weston no response Kepro compliant*

Unlimited Possibilities no response Kepro compliant

Valley Fairmont no response Kepro compliant

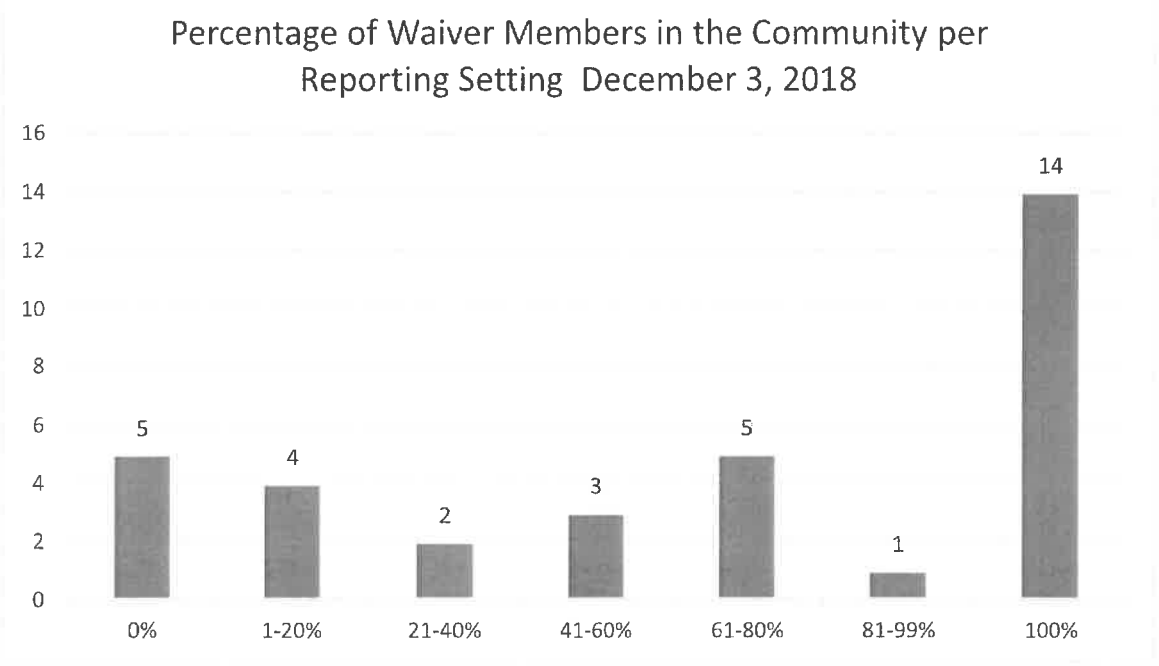
Valley Morgantown no response Kepro compliant

Note: When this report was presented to the QIA council on 7/17/19 further data analysis was requested. Members of the Council asked for the percentage of Waiver members at each reporting site who went into the community daily. The chart below contains this data.

Date: 12/3/18

Appalachian	0/ 20	0 %
ARC 3 Rivers Boone Co	1/1	100%
ARC 3 Rivers Kanawha Co	0/39	0%
Autism Mgt	6/6	100%
CSI	2/6	33%
Daily Companions	12/14	86%
Dev. Center and Workshop	7/32	22%
Diversified Assessment	21/36	58%
EastRidge Berkeley Co	10/65	15%
EastRidge Morgan Co	4/5	80%

Hampshire Co Sp Serv.	6/71	8%
Hancock Co Sh Workshop	5/85	6%
Healthways BCOC	17/22	77%
Healthways HCOC	13/19	68%
Hopewell	6/10	60%
Integrated Resources	3/4	75%
Mainstream	14/18	78%
Mid Valley	9/9	100%
Northwood 19th St	11/11	100%
Northwood Adena	32/32	100%
Northwood Brooke Co	4/4	100%
PACE Fairmont	6/11	55%
PACE Morgantown	0/36	0%
Pot Highlands Guild	14/14	100%
Prestera Boone Co	2/2	100%
Prestera Clay Co	1/1	100%
Prestera Huntington	1/11	9%
Prestera Michael St	8/8	100%
REM Boaz	0/17	0%
REM Tree House	0/19	0%
Stevenson Madison	6/6	100%
SW Resources	29/29	100%
WestBrook Wood Co	26/26	100%
WestBrook Roane Co	14/14	100%
Total	289/694	42%

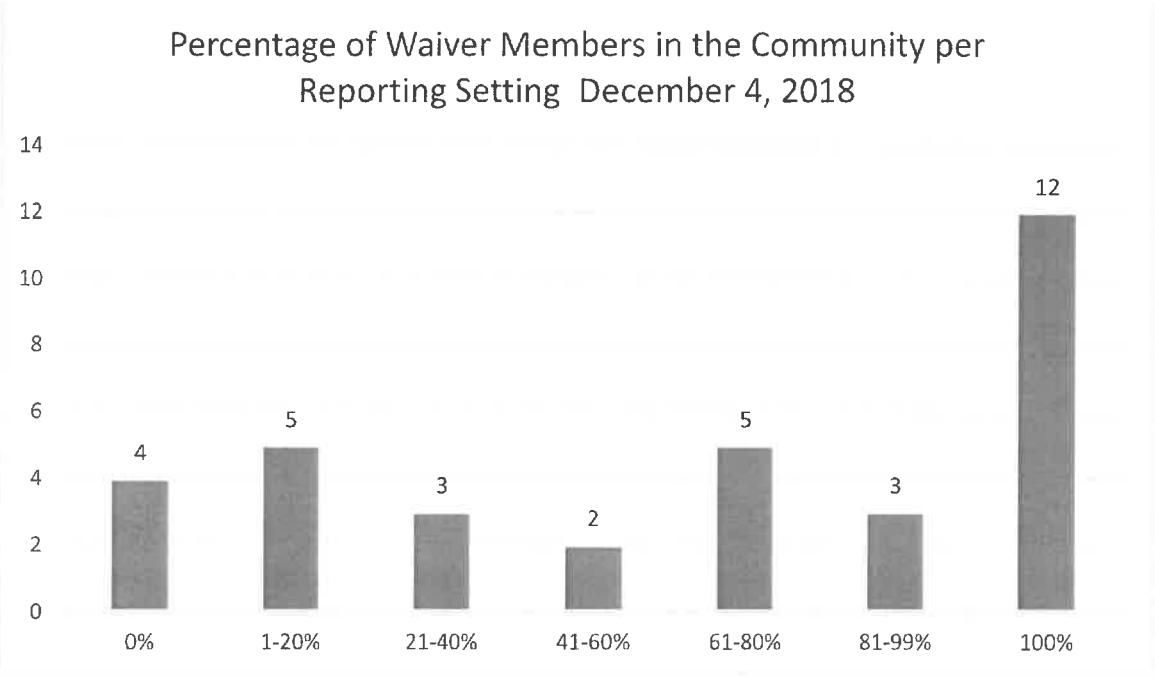


Note: 44% of the providers had between 81% and 100% of the members integrated into the community. 41% of the providers had 100% of their members integrated into the community.

Date: 12/4/18

Appalachian	0/ 20	0 %
ARC 3 Rivers Boone Co	1/1	100%
ARC 3 Rivers Kanawha Co	0/39	0%
Autism Mgt	6/6	100%
CSI	1/6	17%
Daily Companions	11/12	91%
Dev. Center and Workshop	7/33	21%
Diversified Assessment	15/36	42%
EastRidge Berkeley Co	10/65	15%
EastRidge Morgan Co	4/5	80%

Hampshire Co Sp Serv.	6/71	8%
Hancock Co Sh Workshop	3/85	4%
Healthways BCOC	21/32	66%
Healthways HCOC	24/26	92%
Hopewell	6/10	60%
Integrated Resources	4/4	100%
Mainstream	13/18	72%
Mid Valley	13/13	100%
Northwood 19th St	13/13	100%
Northwood Adena	29/29	100%
Northwood Brooke Co	2/2	100%
PACE Fairmont	3/12	25%
PACE Morgantown	11/47	23%
Pot Highlands Guild	13/14	93%
Prestera Boone Co	0/3	0%
Prestera Clay Co	1/1	100%
Prestera Huntington	7/11	64%
Prestera Michael St	9/9	100%
REM Boaz	0/14	0%
REM Tree House	12/19	63%
Stevenson Madison	1/6	17%
SW Resources	29/29	100%
WestBrook Wood Co	26/26	100%
WestBrook Roane Co	14/14	100%
Total	315/731	43%

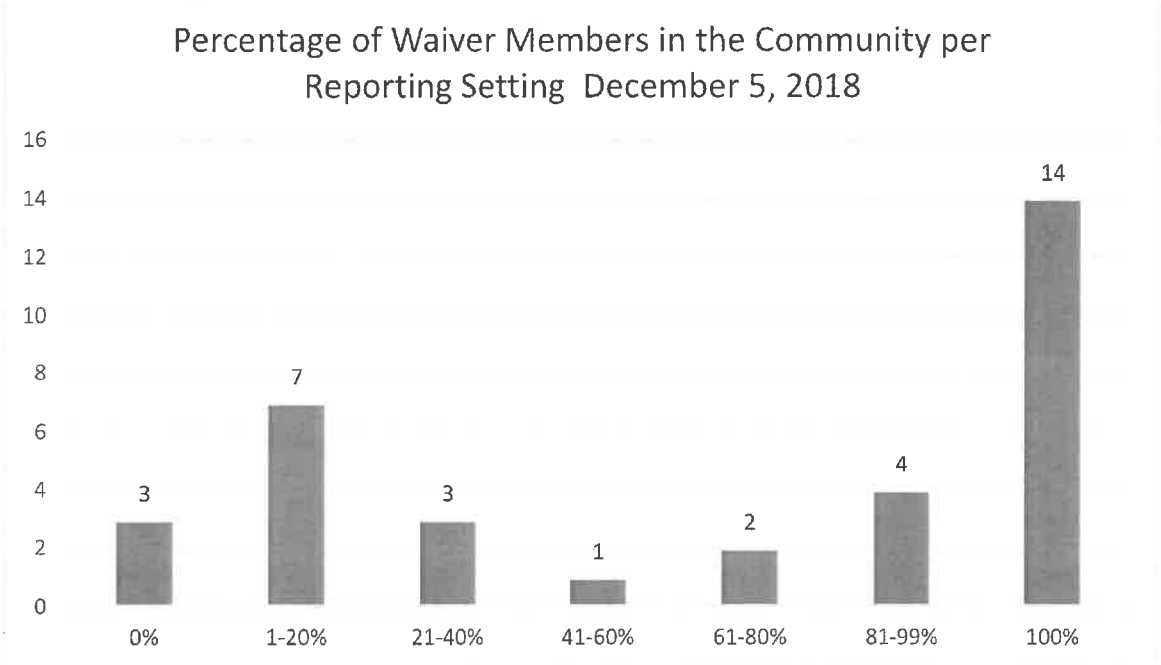


Note: 44% of the providers had between 81% and 100% of the members integrated into the community. 35% of the providers had 100% of their members integrated into the community.

Date: 12/5/18

Appalachian	0/ 20	0 %
ARC 3 Rivers Boone Co	1/1	100%
ARC 3 Rivers Kanawha Co	0/39	0%
Autism Mgt	6/6	100%
CSI	2/5	40%
Daily Companions	15/17	88%
Dev. Center and Workshop	5/33	15%
Diversified Assessment	13/36	36%
EastRidge Berkeley Co	10/65	15%
EastRidge Morgan Co	4/5	80%
Hampshire Co Sp Serv.	6/71	8%
Hancock Co Sh Workshop	14/85	16%
Healthways BCOC	20/21	95%

Healthways HCOC	17/21	81%
Hopewell	7/10	70%
Integrated Resources	0/4	0%
Mainstream	7/18	39%
Mid Valley	9/9	100%
Northwood 19th St	10/10	100%
Northwood Adena	27/27	100%
Northwood Brooke Co	4/4	100%
PACE Fairmont	2/12	17%
PACE Morgantown	3/45	7%
Pot Highlands Guild	12/14	86%
Prestera Boone Co	2/2	100%
Prestera Clay Co	1/1	100%
Prestera Huntington	2/11	18%
Prestera Michael St	6/6	100%
REM Boaz	11/11	100%
REM Tree House	13/22	59%
Stevenson Madison	6/6	100%
SW Resources	29/29	100%
WestBrook Wood Co	26/26	100%
WestBrook Roane Co	14/14	100%
Total	322/686	47%

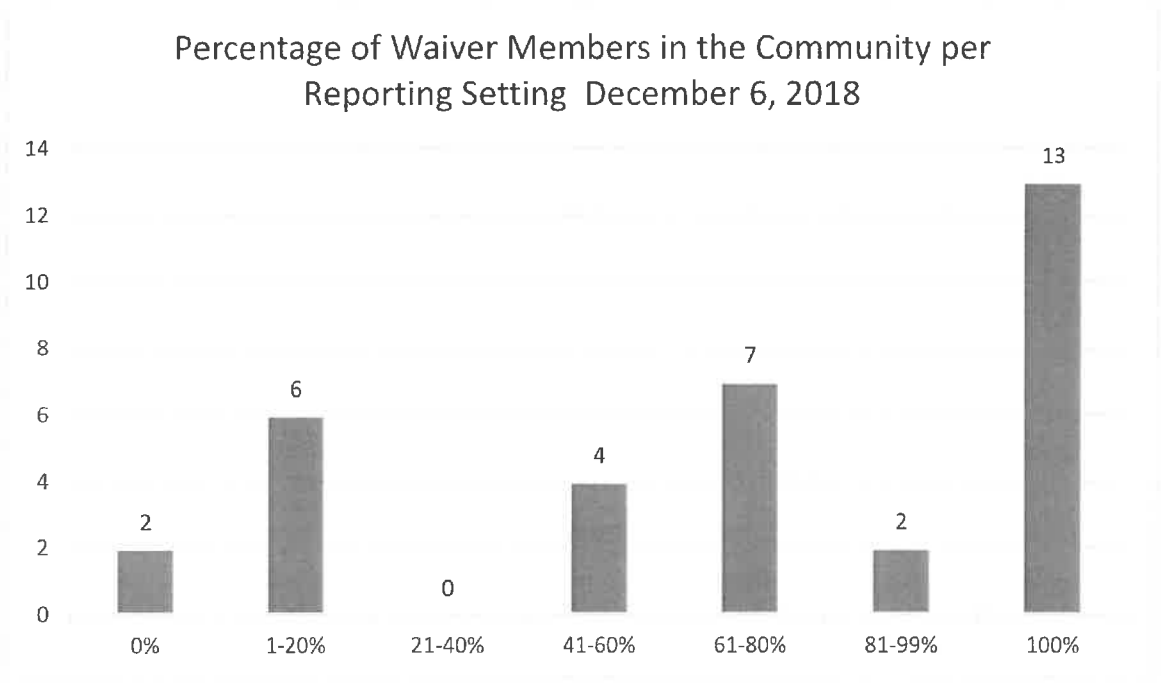


Note: 53% of the providers had between 81% and 100% of the members integrated into the community. 41% of the providers had 100% of their members integrated into the community.

Date: 12/6/18

Appalachian	0/20	0%
ARC 3 Rivers Boone Co	1/1	100%
ARC 3 Rivers Kanawha Co	6/39	15%
Autism Mgt	6/6	100%
CSI	3/5	60%
Daily Companions	10/13	77%
Dev. Center and Workshop	33/33	100%
Diversified Assessment	17/36	47%
EastRidge Berkeley Co	10/65	15%
EastRidge Morgan Co	4/5	80%
Hampshire Co Sp Serv.	6/7	8%
Hancock Co Sh Workshop	6/85	7%
Healthways BCOC	18/20	90%

Healthways HCOC	20/27	74%
Hopewell	8/10	80%
Integrated Resources	3/4	75%
Mainstream	14/18	78%
Mid Valley	12/12	100%
Northwood 19th St	11/11	100%
Northwood Adena	31/31	100%
Northwood Brooke Co	2/2	100%
PACE Fairmont	7/10	70%
PACE Morgantown	2/44	5%
Pot Highlands Guild	13/14	93%
Prestera Boone Co	2/2	100%
Prestera Clay Co	1/1	100%
Prestera Huntington	6/13	46%
Prestera Michael St	6/6	100%
REM Boaz	9/18	50%
REM Tree House	0/19	0%
Stevenson Madison	1/6	17%
SW Resources	29/29	100%
WestBrook Wood Co	26/26	100%
WestBrook Roane Co	14/14	100%
Total	337/652	52%

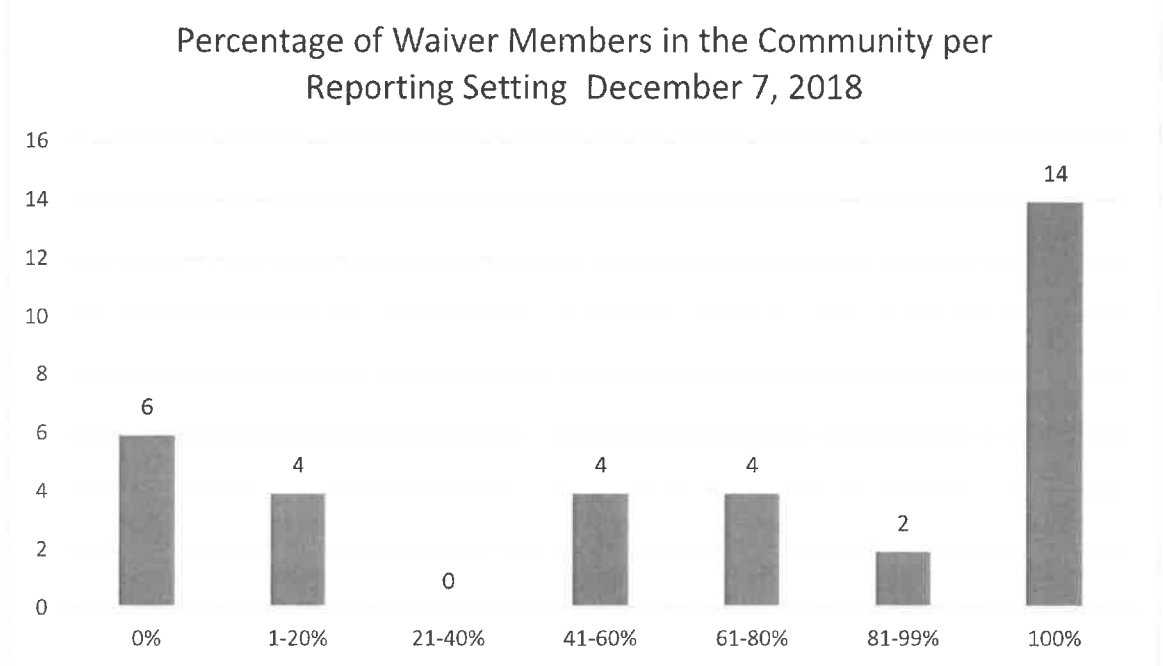


Note: 44% of the providers had between 81% and 100% of the members integrated into the community. 38% of the providers had 100% of their members integrated into the community.

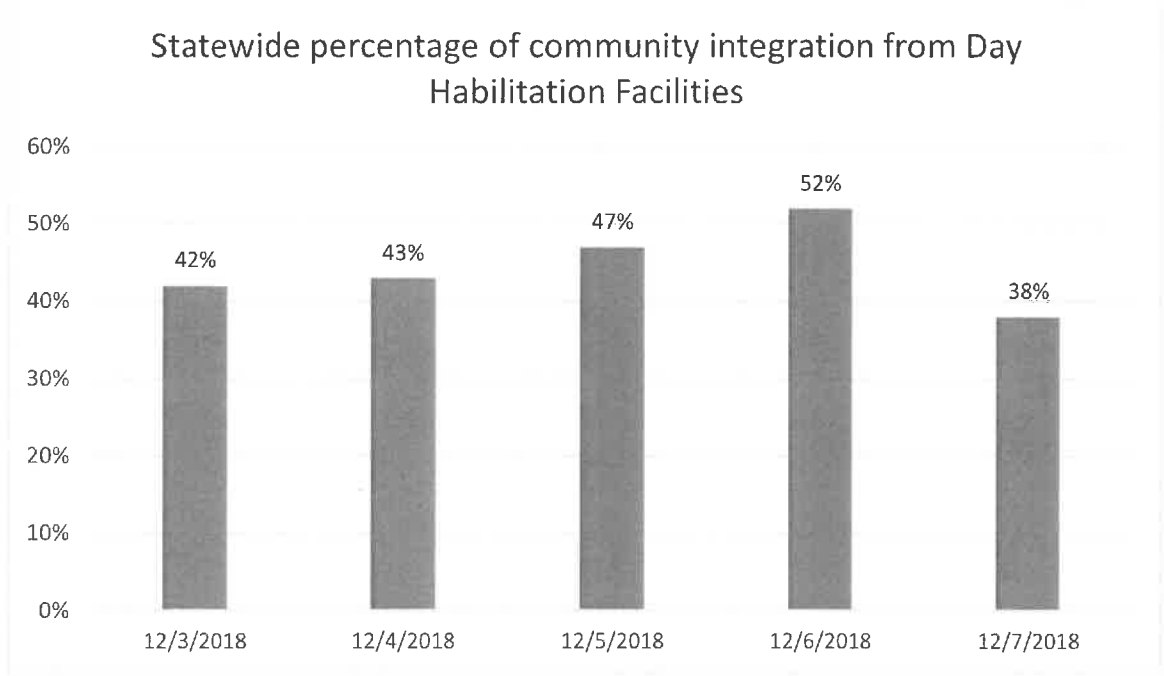
Date: 12/7/18

Appalachian	0/20	0 %
ARC 3 Rivers Boone Co	1/1	100%
ARC 3 Rivers Kanawha Co	0/39	0%
Autism Mgt	6/6	100%
CSI	3/7	43%
Daily Companions	11/13	85%
Dev. Center and Workshop	1/32	3%
Diversified	18/36	50%
EastRidge Berkeley Co	10/65	15%
EastRidge Morgan Co	4/5	80%
Hampshire Co Sp Serv.	6/71	8%
Hancock Co Sh Workshop	0/85	0%
Healthways BCOC	21/23	91%

Healthways HCOC	23/29	79%
Hopewell	5/10	50%
Integrated Resources	0/4	0%
Mainstream	14/18	78%
Mid Valley	9/9	100%
Northwood 19th St	10/10	100%
Northwood Adena	25/25	100%
Northwood Brooke Co	5/5	100%
PACE Fairmont	10/10	100%
PACE Morgantown	0/41	0%
Pot Highlands Guild	0/14	0%
Prestera Boone Co	2/2	100%
Prestera Clay Co	1/1	100%
Prestera Huntington	2/10	20%
Prestera Michael St	7/7	100%
REM Boaz	8/14	57%
REM Tree House	13/20	65%
Stevenson Madison	6/6	100%
SW Resources	29/29	100%
WestBrook Wood Co	26/26	100%
WestBrook Roane Co	14/14	100%
Total	270/707	38%



Note: 47% of the providers had between 81% and 100% of the members integrated into the community. 41% of the providers had 100% of their members integrated into the community.



For the week of 12/3/18, an average of 44% of members attending Facility Based Day Habilitation participated in community integration activities.