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Services

PPAT Conference

**Waiver Survey and Certification
November 2017**

HURRICANE HARVEY



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- What did we learn?
- What will we do differently?

What did we learn?



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- Many Host Home providers were not prepared for the hurricane or flooding.
- Many did not have or did not follow their evacuation plans.
- Multiple high water and helicopter rescues.

Maria and Her Mother

1. 8/27 @ 4:15PM – Contact is made with a provider who informed WSC that all individuals were okay with the exception of Maria and her mother. They were waiting for emergency services to evacuate them from their home.
2. 08/27 @ 5:03pm – Maria’s case manager contacted WSC to inform us that Maria had been moved to a local supermarket parking lot because their house had begun to flood.
3. 08/27 @ 5:21pm – Contact was made with Maria’s mother who notified WSC that their house was flooding and they had contacted 9-1-1 three or four times already. She had spoken to emergency services about 30 minutes prior to our phone call and they said they were on their way. They were in their truck that neighbors had pulled to the grocery store parking lot, which was flooded, but not enough to make the truck float. There were other people in the parking lot waiting for assistance.
4. 8/27 @ 5:30pm – Situation was elevated to the state operations center for assistance in coordinating emergency rescue for this individual who is not able to ambulate and or use a wheelchair.
5. 08/27 @ 5:44pm – Attempted to contact Maria’s mother several times with no answer.



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Maria and Her Mother



Monday, August 28th

Maria and Her Mother

- After multiple attempts overnight to contact Maria's mother, contact with the case manager was made at 9:07AM.
- Approximately 10 or 10:30AM, the case manager contacted WSC informing us that Maria and her mother had been rescued overnight.



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Evacuation Plans



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- Why are they important?
- What changes are being made to the current process?
 - Increased Focus on:
 - Individualized Plans
 - Realistic Plans
 - Plans present in the home
 - Staff trained on plans
- Missing or incomplete evacuation plans will be considered a significant risk, requiring immediate action, for residential survey inspections.

Questions About Returning Home

Regulatory Questions:

waiversurvey.certification@hhsc.state.tx.us

Billing and Payment Questions:

CAPM_Referrals@hhsc.state.tx.us

Consumer Rights and Services:

CRID@hhsc.state.tx.us



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Residential Survey Updates

Changes to Residential Survey Process

- Point values and calculation of scores.
- Requirements for when to submit evidence of correction based upon final score.
- Process for submission of evidence of correction.



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Changes to Calculating Scores

Example:

- 30 questions are applicable to the visit.
- (3) Three items marked “fail”
- (2) Two significant risks are identified.
- The point value per question is determined by the following formula:

(total points /no. of applicable questions) = point value

$$100 \text{ points} \div 30 \text{ questions} = 3.33 \text{ points/question}$$



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Changes to Calculating Scores

The score would be calculated as follows:

Total points – [(No. of failed items * point value) + (No. of SRs * 10)]

- 100 points – [(3 failed items x 3.33) + (2 SRs x 10)] =
- 100 – [9.99 + 20] =
- 100 – 29.99 = 70.01
- **Final Score: 70.01**



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Changes to Calculating Scores

Previous System		
Item	Points	Action
Fail	2pts	EoC Submitted
Significant Risk	2pts	EoC Submitted
NA	-	-
Pass	-	-

New System		
Item	Points	Action
Fail	2pts	EoC Submitted only if total score under 90
Significant Risk	10pts + 2pts	EoC Submitted for all Fails and SRs
NA	-	-
Pass	-	-
CDV	-	Item is corrected during visit. Does not count as a fail. Is still tracked for future noncompliance.



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What has changed?

- If you have no failed items or SRs, you do nothing.
- If you have fails, but the overall score is above 90, you must correct the fails before the next visit, but you do not owe WSC any EoCs.
- If the overall score is below 90, then you must submit EoCs for all items that failed.



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What has changed?

- Example:
A 4-Bed Residence has 4 fails containing 2 SRs.
- Previous Scoring System:
 - Overall score:
 - $100 - (4*2) = 92$
- New Scoring System
 - Overall score:
 - $100 - [(4*2) + (2*10)] =$
 - $100 - [(8) + (20)] =$
 - $100 - [28] = 72$



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Evidence of Correction

- If a provider receives a 90 or higher overall score, and there is no significant risk identified, there is no requirement for an EoC to be submitted.
- At the next residential survey, the items that were marked “fail” at the previous survey will be reviewed for compliance.



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Evidence of Correction

- If items from the previous year were not corrected, an EoC will be required.
- If an EoC is not submitted or it is not approved, a certification survey may be conducted in accordance with 40 TAC §9.171.



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Evidence of Correction

Evidence of Correction is required:

- If a provider receives a score of 89 or below; or
- If there is an identified significant risk.

An EoC will be required for all items marked “**significant risk**” and “**fail**” on the checklist.



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Submitting Evidence of Correction

- Evidence of Correction must be submitted by email, fax, or mail within the timeframe identified by the letter and report from WSC.
- Immediate or prompt action is required for an identified significant risk.
 - Immediate actions require an intervention or correction while the surveyor is on-site.
 - Prompt action requires intervention or correction within 48 hours of the residential visit.



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Submitting Evidence of Correction

- Providers **must include** the reference number for the residential visit which will be listed on EoC Cover Page (Form 1573) as well as the letter and checklist from WSC.
- **Any EoC without the correct reference number will not be accepted.**



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Residential Survey Process



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Residential Survey Manager

Alyssa Naugle

WSC Residential Manager

Alyssa.Naugle@hhsc.state.tx.us

512-438-4407

Residential Survey Program Manager Contact



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- Willie Mae Jones
ResDivision1@hhsc.state.tx.us
- Rashida Broussard
ResDivision2@hhsc.state.tx.us
- Alyssa Naugle
ResDivision3@hhsc.state.tx.us

CITATIONS



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- Top 10 Citations for FY 2017
- Top Serious Citations for FY 2017

Top 10 Citations for FY 2017



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Top 10 Citations (HCS)								
Principle Number	Total	CDV	CPV	EoC Required	Not Serious	Serious	Waiver	Brief Summary
§9.174(a)(31)(B)	269	22	34	13	117	36	HCS	Monitoring the individual's use of medications;
§9.177(d)(1)(A)	268	50	15	21	126	20	HCS	Staff members and service providers are qualified to deliver services as required
§9.178(y)	256	57	34	19	93	0	HCS	A program provider must enter critical incident data
§9.178(c)(2)	235	40	12	14	143	0	HCS	Ensure that the service coordinator is provided with a copy of the results of the on-site inspection
§9.174(a)(31)(J)(ii)	234	36	14	15	124	16	HCS	Documenting information from performance of a nursing assessment;
§9.177(n)	161	10	12	3	119	2	HCS	Background checks
§9.178(g)	157	17	6	11	105	1	HCS	The program provider must make available all records, reports, and other information
§9.177(d)(1)(B)	144	54	5	3	72	2	HCS	Staff members, service providers, and volunteers are knowledgeable about ANE
§9.174(a)(31)(J)(iv)	141	26	5	5	91	4	HCS	Developing the nursing service portion of an individual's implementation plan, which includes developing a plan and schedule for monitoring and supervising delegated nursing tasks;
§9.174(a)(3)	139	5	15	6	83	9	HCS	Provide or obtain as needed and without delay all HCS Program services and CFC services;

Top 10 Citations for FY 2017



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Top 10 Most Cited Serious (HCS)								
Principle Number	Total	CDV	CPV	EoC Required	Not Serious	Serious	Waiver	Brief Summary
§9.174(a)(31)(B)	269	22	34	13	117	36	HCS	Monitoring the individual's use of medications;
§9.177(d)(1)(A)	268	50	15	21	126	20	HCS	Staff members and service providers are qualified to deliver services as required
§9.174(a)(31)(G)	76	5	11	2	25	20	HCS	delegating nursing tasks to an unlicensed service provider and supervising the performance of those tasks in accordance with state law and rules;
§9.174(a)(31)(C)	131	3	22	5	55	19	HCS	monitoring health risks, data, and information, including ensuring that an unlicensed service provider is performing only those nursing tasks identified from a nursing assessment;
§9.174(a)(31)(J)(ii)	234	36	14	15	124	16	HCS	an RN doing the following performing a nursing assessment for each individual: as determined necessary by an RN, including if the individual's health needs change;
§9.174(a)(31)(J)(i)(I)	42	0	13	0	5	11	HCS	before an unlicensed service provider performs a nursing task for the individual unless a physician has delegated the task as a medical act under Texas Occupations Code, Chapter 157, as documented by the physician;
§9.178(u)(2)	35	1	10	0	4	10	HCS	The program provider must maintain a separate, detailed record of: all deposits, all expenditures, etc.
§9.174(a)(3)	139	5	15	6	83	9	HCS	Provide or obtain as needed and without delay all HCS Program services and CFC services;
§9.174(a)(23)(B)	38	10	5	0	9	9	HCS	the residence, neighborhood, and community meet the needs and choices of the individual and provide an environment that ensures the health, safety, comfort, and welfare of the individual;
§9.178(u)(1)	28	0	9	0	1	9	HCS	The program provider must not commingle the individual's personal funds with the program provider's funds.

Top 10 Most Cited (TxHmL)

Principle Number	Total	CDV	CPV	EoC Required	Not Serious	Serious	Waiver	Brief Summary
§9.580(r)	113	26	11	10	45	0	TxHmL	A program provider must enter critical incident data in the DADS data system no later than 30 calendar days after the last calendar day of the month being reported in accordance with the TxHmL Provider User Guide.
§9.580(a)(20)(B)	70	24	2	0	42	0	TxHmL	Inform the individual or LAR, orally and in writing, of the requirements described in paragraphs (1) - (19) of this subsection: if the requirements described in paragraphs (1)-(19) of this subsection are revised;
§9.579(d)(1)(A)	47	7	0	1	38	0	TxHmL	Conduct initial and periodic training that ensures: staff members and service providers are trained and qualified to deliver services as required by the current needs and characteristics of the individual to whom they deliver
§9.579(r)	47	2	4	1	35	0	TxHmL	The program provider must comply with §49.304 of this title (relating to Background Checks).
§9.578(d)(1)	40	5	1	2	29	0	TxHmL	TxHmL Program services in accordance with an individual's PDP, IPC, implementation plan, transportation plan, etc.
§9.579(d)(1)(B)	38	11	3	0	21	0	TxHmL	Conduct initial and periodic training that ensures: staff members, service providers, and volunteers are knowledgeable about the information described in §49.310(3)(A) of this title (relating to Abuse, Neglect, and Exploitation Allegations).
§9.580(a)(21)(C)	29	14	0	0	15	0	TxHmL	Obtain an acknowledgement stating that the information described in paragraph (20) of this subsection was provided to the individual or LAR and that is signed by: a third-party witness.
§9.580(k)	26	3	4	0	15	0	TxHmL	At least quarterly, the program provider must review incidents of abuse, neglect, or exploitation, complaints, temporary suspensions, terminations, transfers, and critical incidents to assess trends and identify program operation modifications that will prevent the recurrence of such incidents and improve service delivery.
§9.578(q)(1)	25	14	0	1	9	0	TxHmL	A program provider may determine that an individual does not require a nursing assessment if: Nursing services are not on the individual's IPC and the program provider has determined that no nursing task will be performed by the program provider's unlicensed service provider as documented on DADS form "Nursing Task Screening Tool".
§9.578(f)	24	6	1	0	16	0	TxHmL	The program provider must ensure that an individual's progress or lack of progress toward achieving the individual's identified outcomes is documented in observable, measurable terms that directly relate to the specific outcome addressed, and that such documentation is available for review by the service coordinator.

Top 10 Citations for FY 2017



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Top 10 Most Cited Serious (TxHmL)								Brief Summary
Principle Number	Total	CDV	CPV	EoC Required	Not Serious	Serious	Waiver	
§9.578(p)(1)	12	0	2	0	6	2	TxHmL	The program provider must ensure that nursing is provided in accordance with: Texas Occupations Code, Chapter 301 (Nursing Practice Act);
§9.578(p)	7	1	1	0	3	1	TxHmL	The program provider must ensure that nursing is provided in accordance with: (1) Texas Occupations Code, Chapter 301 (Nursing Practice Act); (2) 22 TAC Chapter 217 (relating to Licensure, Peer Assistance, and Practice); (3) 22 TAC Chapter 224 (relating to Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments); and (4) 22 TAC Chapter 225 (relating to RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for
§9.580(p)(3)	4	0	0	0	3	1	TxHmL	Verbal and written notification to the individual or LAR of the right to discontinue participation in the behavioral support plan at any time.



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Thank you

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