

Proposed ICF Quality Indicators and Auditing Updated - final 11/13/19

1. Satisfaction Survey

- The ICF has a written policy to complete satisfaction surveys annually for each person who resides in the ICF. The policy must include that the ICF will ensure the survey is completed or evidence it was offered to the individual and guardian/family/advocate , as applicable. The policy must include that the ICF/provider will summarize the survey feedback, share with families and guardians and a plan to respond to any concerns identified.
- Must include, but not limited to, in the survey are the following categories:
 - Individual happy and feels safe living in the ICF
 - Staff interactions
 - Individuals and guardians involved in person centered planning
 - Community activities
 - Medical care
- Requirement is to attest on the cost report. Facility will attach the policy to cost report submission.

2. Person Centered Planning

- The ICF has a written policy and followed to ensure service plans are person centered. The policy must include the 7 elements of person- centered planning, process for input from DSPs and individuals and guardians.
- Requirement is to attest on the cost report. Facility will attach the policy to cost report submission.

3. Community integration

- The ICF has a written policy and followed to ensure that each person can experience community integration on a person-centered basis.
- Requirement is to attest on the cost report. Facility will attach the policy to cost report submission.

4. Staff training

- The ICF has a written policy to ensure all DSPs receive training, totaling at least one additional hour per staff beyond the minimum training requirements, specific to individual or staff needs. The training is not required to be the same for all staff. The training is tied to the staff person not the specific ICF.
- Requirement is to attest on the cost report. Facility will attach the policy to cost report submission.

5. Staff retention

- The ICF has a written policy for staff retention that includes measuring staff turnover.
- Requirement is to attest on the cost report. Facility will attach the policy to cost report submission.

The ICF can pick which indicators you participate in, but must participate in full calendar year prior to getting incentive. This excludes CHOP and new providers in first year open. Will be eligible following year.

Each quality indicator that meets the prescribed requirements will be awarded 1 point for a total of 5 available points. Each point is allocated a dollar amount based on availability of funds for the quality indicator incentive program. All available funds for the quality indicator incentive program will be allocated to the providers who meet the standards.

The first two year's audits would be the review of the written policies for all facilities. Policies would have to be dated 12/31/20 or prior for the first year and as of the first of the year for all following years. The Department will only review written policy requirements in order to get the incentive for FY22 and FY23. Annually ICFs will attach supporting policies indicating they were reviewed or revised, with their cost report submission. The ICF must have policy in place for the full year to receive credit in 2021 and forward.

Subsequent audits will start in January 2022 and include a review of the implementation of each policy (per the random sample outlined below). If the indicator reviewed didn't have evidence of implementation or the evidence didn't implement the policy as written, the facility would lose the point for that indicator for the following fiscal year rate calculation.

- Everyone audited on Question 1 – Customer Satisfaction, and one additional indicator.
- If the ICFID does not participate in the satisfaction survey, 2 other indicators will be selected for the audit. If the ICF only participates in one quality indicator, then that one indicator will be audited.
- Audited at least every 3 years as part of the DDP process, but no more than annually
- January 2022 start onsite audits looking at rolling 12 months. ICF can't check boxes if they fail an audit.
- CRC would pick a sample of 2 individuals and staff or 20% (whichever is larger) based on facility capacity.
- A form to be developed in which the CRC documents the results of the audit and the provider and CRC sign.

DODD would confirm the facility did not check the attestation box if they had failed an audit or under suspension/revocation. If so, DODD would not clear the cost report. Providers are audited in the calendar year that will be used to set the rate for the fiscal year. DODD wouldn't have to do takebacks using this process because we would audit prior to the payment being made. DODD will set up an internal appeal process in which the provider submits documentation to a DODD email mailbox and the DODD staff review these to determine if the quality indicator was met and should be overturned. Additional audits could happen from Auditor of State/Medicaid but would follow that normal audit process.