Iowa Department of HUMAN SERVICES

July 2, 2019

Thomas Brown
Community Neuro Rehab of Iowa
3737 Woodland Ave, Suite 510
West Des Moines, IA 50073

Dear Thomas Brown:

Iowa Medicaid Enterprise (IME) Home and Community Based Services (HCBS) and Community-Based Neurobehavioral Rehabilitation Services (CNRS) Quality Improvement Organization (QIO) Services staff conducted a review at your agency on June 12 and 13, 2019. This onsite review was conducted in accordance with the requirements of the Iowa Administrative Code (IAC).

Please review the included CNRS Review Report for any corrective actions that are necessary for your agency. Also enclosed is a *Provider Acknowledgement* form that must be signed by the chief administrative officer and the chairperson of the governing body. If corrective action is indicated, a formal Corrective Action Plan (CAP) must be submitted. The CAP and/or the signed *Provider Acknowledgement* form must be returned within 30 days of the date of this letter.

**Please submit the signed statement and any required corrective action to the attention of Courtney Ackerson via Iowa Medicaid Portal Access (IMPA). Please select <u>HCBS QA Oversight</u> as the document type when uploading. For instructions on uploading the requested documentation, please see IL 1734-MC-FFS-D.**

Thank you for your assistance and the support received from your staff in completing this onsite review. For questions, please contact me by phone at 515-974-3038 or email atcackers@dhs.state.ia.us.

Sincerely,

Courtney Ackerson, HCBS/CNRS QIO Services Specialist
Iowa Medicaid Enterprise, HCBS/CNRS QIO Services

Attachments:
- Attachment A: Review Report
- Attachment B: Provider Acknowledgement

cc: Iowa Department of Human Services

Department of HUMAN SERVICES

# HCBS QIO Services CNRS Review Report

**Provider Name:** Community Neuro Rehab of Iowa

**Review Date:** June 12 and 13, 2019

**Report Date:** July 2, 2019

**Lead Reviewer:** Courtney Ackerson

**Other Review Team Members:** Specialist name, Specialist name

**Member Records Reviewed:** 6

**Personnel Records Reviewed:** 6

| Definition of terms: |
| --- |
| **Self-Assessment Response:** The provider's response on the annual provider self-assessment. |
| **Included in Policy:** The requirement is determined to be included in the provider's policy. |
| **Evidence Submitted:** Provider submitted or provided evidence that supports the provider's self-assessment response. |
| **Corrective Action Plan**: Evidence was not submitted or provided to support the provider's adherence to their response on the annual Provider Self-Assessment, or the provider did not provide evidence they possess policies that address this requirement. Corrective Action Plan (CAP) requirements are supported by the provider's completed self-assessment, Iowa Administrative Code (IAC), Iowa Code, and the Health Insurance Portability and Accountability Act (HIPAA) and the Code of Federal Regulations (CFR). |

Department of HUMAN SERVICES

## CORRECTIVE ACTION GUIDELINES

This report contains comments and corrective actions. Specific standards from the Code of Iowa and Iowa Administrative Code (IAC) may be cited. Any commendations listed are areas which the review team found to be exemplary and are intended to reinforce your accomplishments. Any recommendations listed are suggested actions. Corrective actions are required to come into compliance with Code of Iowa, IAC, your policies, or the responses identified on the Provider Quality Management Self-Assessment that was submitted by your agency.

The review report may identify areas of service delivery that will require changes in policies or procedures. When changes are required, the report will give parameters in which to develop corrective actions. You have 30 days from the date of this report to develop a plan of correction. The HCBS/CNRS QIO Services Specialist assigned to your agency will work with you to develop a timeline to implement the corrective actions. The HCBS/ CNRS QIO Services Specialist will monitor the corrective actions, either in writing or in person, to assure implementation of the corrective actions.

When developing corrective actions, please consider the following:

1. Do corrective actions require procedural changes?
2. Do corrective actions require updates in member files and personnel files?
3. What measures, such as staff training, will be necessary to begin implementation of the corrective actions?
4. When will the corrective actions be reviewed and/or approved by the governing body?
5. When will implementation of corrective actions begin?

It will be necessary to include the enclosed *Provider Acknowledgment* statement dated and signed by the Chief Administrative Officer or Executive Director and President or Chairperson of the governing body which states that you will actively work to correct the areas noted in the review report. Only the signed statement needs to be returned, not the body of this report.

Assistance is available upon request to help you correct noted areas of deficiency. For technical assistance or questions about this report, you may contact Courtney Ackerson, HCBS/CNRS QIO Services Specialist, at 515-974-3038 or cackers@dhs.state.ia.us.

Department of
HUMAN SERVICES

## PROVIDER ACKNOWLEDGEMENT

Community Neuro Rehab of Iowa certifies that it has received the review report which notes the results of the HCBS/CNRS QIO Services review conducted on June 12 and 13, 2019. Community Neuro Rehab of Iowa assures that it will actively work to correct the areas noted in the review report. Implementation of the required corrective actions will begin within 30 days of the date of the review report unless other timelines have been established in the review report. Follow-up review by the HCBS/CNRS QIO Services Specialist, either in writing or onsite, will be required to assure implementation of corrective actions.

Thomas W. Brown, CEO

PRINT NAME of Chief Administrative Officer or Executive Officer

[signature] 7/15/19

SIGNATURE of Chief Administrative Officer or Executive Officer | Date

Steven Polkow

PRINT NAME of President or Chairperson of the governing body

[signature] 7/15/19

SIGNATURE of President or Chairperson of the governing body | Date

| | Provider Name: | Community Neuro Rehab of Iowa |
|---|---|---|
| | Review Date: | 6/12/19 and 6/13/19 |

## I. Provider Eligibility

In order to be eligible to provide Community-Based Neurobehavioral Rehabilitation Services (CNRS), agencies must demostrate that they understand and are

| **Oversight of Governing Body** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
|---|---|---|---|---|
| 1. The agency's governing body has an active role in the administration of the organization | Yes | NA | Yes | No |
| 2. The agency's governing body receives and uses input from local community, stakeholders, members participating in services, and employees and provides oversight that ensures, the provision of high-quality supports and services to the member | NA | NA | Yes | No |

Review Comments:

Community NeuroRehab of Iowa, referred to as CNR throughout this report, submitted board meeting agendas for six months worth of board meetings. This governing body oversees all four homes that the agency currently operates under CNRS. The two Greater Des Moines area homes were reviewed for this report, Oneida Point and Ashworth homes. The governing body agendas submitted demonstrate activities in the meeting to ensure high-quality supports to members. They address items in compliance such as licensing, CARF accreditation, and survey preparations. The agency also notes in these agendas operating issues that are addressed, facility maintenance, authorizations for services, and credentialing with the MCOs. The agency noted in the exit interview that all members of the board are the three owners and CEO of the agency. They receive and use input from the community by including community and stakeholder feedback into their quality improvement process through a survey process.

CAP Comments:

n/a

| **Organizational Standards** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
|---|---|---|---|---|
| 1. The mission statement encompasses member's needs, desires, and abilities | Yes | NA | Yes | No |
| 2. The organization is fiscally sound and established fiscal accountability | Yes | NA | Yes | No |

Review Comments:

CNR's mission statement is as follows: "Community NeuroRehab provides individualized and intensive neurobehavioral rehabilitation services to optimize the cognitive, physical, medical, behavioral and psycho-social functioning of each participant. Community NeuroRehab is committed to the development of mutually reinforcing partnerships with participants and their support systems, and embraces our Guiding Principles." The agency noted that this statement can be found in multiple locations including the website (www.communityneurorehab.com), marketing materials, and within all residential locations. The two sites toured as a part of this review had the mission and values posted within the common living quarters of the home. Prior to the on-site review, CNR submitted their external financial audit summary. This indicated that the agency's financial records are within the accounting principals generally accepted in the United States of America.

CAP Comments:

n/a

| **Staff Qualifications** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
|---|---|---|---|---|
| 1. The program administrator is a Certified Brain Injury Specialist Trainer (CBIST) through the Academy of Certified Brain Injury Specialists or a certified brain injury specialist under the direct supervision of a CBIST or a qualified brain injury professional as defined in rule 441 IAC 83.81(249A) with additional certification as approved by the department. | Yes | NA | Yes | No |
| 2. A minimum of 75 percent of the organization's administrative and direct care personnel (1) have a bachelor's degree in human services-related field, (2) have an associate's degree in human services with two years of experience working with individuals with brain injury, (3) are in the process of seeking a degree in the human services field with two years of experience working with individuals with brain injury, or (4) are certified brain injury specialists or have other brain injury certification as approved by the department. | Yes | NA | Yes | No |

Review Comments

CNR submitted certificates from Dave Shields as evidence of program administrator being the ACBIS trainer. The agency has four certified trainers within the organization. They also submitted a CBIS certificate for Chelsey Adams. While on site, the agency submitted a list of staff and their qualifications in line with IAC standards. They submitted a list of 24 staff with 22 of them meeting at least one of the four criteria in this section. CBIS training certificates are posted on the wal in the entry way of the main office for display. There are no concerns in this area.

CAP Comments

n/a

## II. Training Requirements

| **Prior to providing direct service and ongoing, employees receive training related to:** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
|---|---|---|---|---|

| | SA Response | Included in Policy | Evidence Submitted | CAP Required |
|---|---|---|---|---|
| 1. The department-approved brain injury training modules | Yes | NA | Yes | No |
| 2. Member rights | Yes | NA | Yes | No |
| 3. Confidentiality and privacy | Yes | NA | Yes | No |
| 4. Dependent adult and child abuse prevention and mandatory reporter training | Yes | NA | Yes | No |
| 5. Individualized rehabilitation treatment plans | Yes | NA | Yes | No |
| 6. Major mental health disorder basics | Yes | NA | Yes | No |
| 7. Department-approved training by qualified professionals on physical restraint techniques. (The agency should keep record of this training with attendance and only those who have completed the training use or take part in restrating techniques.) | NA | NA | NA | No |
| **<u>Within 30 days</u> of commencement of direct service provision and annually thereafter, employees shall complete training related to:** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
| 1. The organization's written policy and procedure for the identification and reporting of child and dependent adult abuse to the department pursuant to 441-Chapters 175 and 176. | NA | Yes | Yes | No |
| 2. Cardiopulmonary resuscitation (CPR) training | Yes | NA | Yes | No |
| 3. A first-aid course | Yes | NA | Yes | No |
| 4. Fire prevention and reaction training | Yes | NA | Yes | No |
| 5. Universal precautions training | Yes | NA | Yes | No |
| **<u>Within the first 6 months</u> of commencement of direct service provision, employees complete the following training requirements:** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
| 1. Promotion of a program structure and support for persons served so they can re-learn or re-gain skills for community inclusion and access | Yes | NA | Yes | No |
| 2. Compensatory strategies to assist in managing ADLS (activities of daily living) | Yes | NA | Yes | No |
| 3. Quality of life issues | Yes | NA | Yes | No |
| 4. Behavioral supports and identification of antecedent triggers | Yes | NA | Yes | No |
| 5. Health and medication management | Yes | NA | Yes | No |
| 6. Dietary and nutritional programming | Yes | NA | Yes | No |
| 7. Assistance with identifying and utilizing assistive technology | Yes | NA | Yes | No |
| 8. Substance abuse and addiction issues | Yes | NA | Yes | No |
| 9. Self-management and self-interaction skills | Yes | NA | Yes | No |
| 10. Flexibility in programming to meet members' individual needs | Yes | NA | Yes | No |
| 11. Teaching adaptive and compensatory strategies to address cognitive, behavioral, physical, psychosocial, and medical needs | Yes | NA | Yes | No |
| 12. Community accessibility and safety | Yes | NA | Yes | No |
| 13. Household maintenance | Yes | NA | Yes | No |
| 14. Service support to the member's family or support system related to member's neurobehavioral care | Yes | NA | Yes | No |
| 15. The organization's written policy and procedure for the identification and reporting of child and dependent adult abuse to the department pursuant to 441-Chapters 175 and 176. | Yes | NA | Yes | No |
| **Within the first 12 months of commencement of direct service provision, employees complete:** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
| 1. A department-approved, nationally recognized certified brain injury specialist training. | Yes | NA | Yes | No |

Review Comments

Six personnel files over two houses were reviewed for evidence of the above trainings. Staff in these two locations are sometimes shared as needed. No policy is required for training according to IAC and CNR did not submit policy or procedure related to this topic. The agency maintains certificates of completion for the following trainings/requirements: CPR, first aid, fire prevention and reaction training, and universal precautions. All files reviewed had these trainings completed within the time frames necessary. The agency has maintained a checklist for orientation and additional trainings that they monitor and have adjusted over the years of services. These checklists encompassed trainings such as member rights, confidentiality, some policy review, and some checklists contained the major mental disorder trainings. Newer checklists included the individualized rehabilitation treatment plan training by indicating that each member (by initials) who lived in the home was listed under this section.  Other evidence for trainings specific to IAC were found in the weekly team meetings and Des Moines area all-staff meetings. Agendas and attendance sheets are maintained for evidence that individual staff have completed the training. The agency also maintains a form with the staff indicated if the training was missed and made up. CNR uses CE Solutions for other staff trainings including their mandatory reporter training. Certificates are maintained on CE Solutions electronically. The mandatory reporter training is an approved curriculum No.335. Five of the six files reivewed contained the CBIS trainings required and the sixth staff has not yet worked a year with CNR.

CAP Comments

n/a

## III. Outcome-Based Standards

Providers of CNRS should ensure processes are in place to promote ethical, respectful, and safe service delivery which achieves positive outcomes for members.

## A. Member Rights

| | SA Response | Included in Policy | Evidence Submitted | CAP Required |
|---|---|---|---|---|
| 1. Rights and responsibilities are presented in language that is understandable to the member | NA | Yes | Yes | No |
| 2. A written copy of the members' rights and responsibilities is prominently posted in a location that is available to all members | NA | Yes | Yes | No |
| 3. Within five days after admission a statement was signed by the member, or the member's responsible party, indicating an understanding of rights and responsibilities | NA | Yes | Yes | No |
| 4. Members are advised within 30 days following changes made in the statement of residents' rights and responsibilities | NA | Yes | NA | No |
| **The agency's policies and procedures related to rights and responsiblities ensure:** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
| 1. That each member is fully informed of the rights and responsibilities and of all rules governing member conduct and responsibilities | NA | Yes | Yes | No |
| 2. That members are valued | NA | Yes | Yes | No |
| 3. That abuse is prohibited and that members receive kind and considerate care at all times and are free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury | NA | Yes | Yes | No |
| 4. That members receive assistance with accessing financial management services as needed | NA | Yes | Yes | No |
| 5. That members receive individualized services | NA | Yes | Yes | No |
| 6. That members receiving assistance with obtaining preventative, appropriate, and timely medical and dental care | NA | Yes | Yes | No |
| 7. That the member's desire for intimacy is respected and supported | NA | Yes | Yes | No |
| 8. That the living environment is reasonably safe and located in the community | NA | Yes | Yes | No |
| Review Comments: | | | | |
| Rights and responsibilities are posted within the two homes toured as a part of this review. One home had the policies posted next to the house's computer in a shared living space. The second home had the rights posted just outside the main entry way. Member files reviewed along with service documentation served as evidence that the agency is meeting all requirements of the rights and responsibilities. Members receive notice of their rights at the time of intake. The agency responds to requests, needs, and preferences as indicated in service plans and quality improvement practices. Service documentation and service goals indicated that members receive financial management assistance when needed such as going to the bank, depositing funds, and budgeting. Members' dental needs and appointments are indicated in the progress reports with medical appointments. Services are individualized by member needs and directly related to the Mayo-Portland Assessment. Both houses are located in residential areas in their communities. They appear to be safe and accessible. | | | | |
| CAP Comments: | | | | |
| n/a | | | | |
| **Appeals and Grievances** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
| 1. The policies and procedures for member grievances and appeals and provided to the member at the commencement of services and annually thereafter | NA | Yes | Yes | No |
| Review Comments: | | | | |
| Six member files were reviewed for the process of appeals and grievances. The agency submitted CNR Policy P2: Participant and Family Grievance Process. This policy notes fair consideration and timely resolution of complaints made by or on behalf of participants. This policy also states that throughout the grievance process, the participant shall be protected from any form of reprisal or intimidation. CNR reported that the grievance process is explained to all participants and family/support systems at time of admission and as needed during his/her rehabilitative stay. The procedure is also noted in the client bill of rights and reviewed annually. Both homes have the policy to report concerns to accrediting bodies posted in the main living spaces in addition to the client bill of rights. | | | | |
| CAP Comments: | | | | |
| n/a | | | | |
| **Confidentiality** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
| 1. Members provide consent regarding which personal information is shared and with whom | NA | NA | Yes | No |
| Review Comments: | | | | |
| CNR provides a document in the member file of a HIPAA acknowledgement and in this signed form, note that their privacy practices are online for members to access and/or print. They noted that this privacy notice indicates who they will share information with. The agency produced releases for all six members reviewed. There was no indication in service documentation that an information was exchanged prior to these releases. CNR's releases contain the specific entity to release to and date of expiration, which is one year from signing. | | | | |
| CAP Comments: | | | | |
| n/a | | | | |
| | | | | |
| **B. Restrictive Interventions** | | | | |
| | | | | |
| **The agency has written policies related to the use of restraints and restrictive interventions which:** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
| 1. Defines the uses of physical restraints | NA | NA | NA | No |
| 2. Designates the administrator or designee as the person who may authorize their use | NA | NA | NA | No |

| | | | | |
|---|---|---|---|---|
| 3. Establishes a mechanism for monitoring and controlling their use | NA | NA | NA | No |
| 4. Ensures and defines that staff receive a department-approved training program by qualified professionals on physical restraint techniques | NA | NA | NA | No |
| **Interventions are implemented in accordance with 481-subrule 63.12(4), rule 481-63.27(135C), and rule 481-63.28(135C).** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
| 1. Rationale for the restraint | NA | NA | NA | No |
| 2. Authorization for the use of physical restraints prior to or immediately after application of the restraint | NA | NA | NA | No |
| 3. Evidence from the responsible staff person which clearly indicates staff actions and procedures used to protect the member's rights and to ensure safety | NA | NA | NA | No |
| 4. The agency should keep record of this training with attendance and only those who have completed the training use or take part in restraint techniques | NA | NA | NA | No |
| 5. Evidence of notification about the use of the restraint to the member's primary care provider, the interdisciplinary team, and the member's responsible party (as applicable) | NA | NA | NA | No |

Review Comments:

CNR does not use restraints. They do not have a policy on this, but reported at the time of the exit interview that they educate their staff on not using restaints when they talk about behavioral interventions with their Personal Intervention Plan (PIP) trainings. It is recommended that the agency have policy and procedure to support this practice and ensure consistency across sites.

CAP Comments:

n/a

## C. Treatment Planning

| Treatment Planning | SA Response | Included in Policy | Evidence Submitted | CAP Required |
|---|---|---|---|---|
| 1. The member's treatment team mutually develops an individualized treatment plan | Yes | Yes | Yes | No |
| 2. The plan takes into account member's individual strengths, barriers, and interests | Yes | Yes | Yes | No |
| 3. The plan goals are based on the member's need for services | Yes | Yes | Yes | No |
| 4. The plan includes neurobehavioral challenges and environmental needs as identified in the member's individual standardized comprehensive functional neurobehavioral assessment | Yes | Yes | Yes | No |
| 5. The member and the member's treatment team evaluate the member's progress towards treatment goals regularly and no less than quarterly | Yes | Yes | Yes | No |
| 6. Plans are revised as the member's stats or needs change to reflect the member's progress and response to treatment | Yes | Yes | Yes | No |
| 7. The member's initial treatment plan is submitted to Iowa Medicaid Enterprise (IME) within 30 days of admission for approval | Yes | Yes | Yes | No |
| 8. The member's treatment plan does not exceed 180 days | Yes | Yes | Yes | No |

Review Comments:

The agency establishes an initial service plan. They had evidence of this for the two most recent admits, as the process for authorization has changed over the course of providing services. They develop initial goals based on the Mayo-Portland Assessment and these are used for their electronic service documentation. The agency submitted evidence of quarterly progress reports for all six members reviewed across the two houses. Progress reports are signed by members and guardians. These reports serve as the service plans and indicate validation of the goals for the past three months or approximately 90 days. When asked how the agency demonstrates changes in goals as needed, administrators were able to provide examples of specific member goals changing in their electronic service record. This does not indicate the timeline. It is strongly recommended that the agency continue to develop a way of indicating the change in goals as a part of the quarterly review process and a treatment plan to reflect what they will work on in the next quarter to reflect the change in needs, progress, and response to treatment. The current practice is retroactive. This recommendation was discussed at the time of the exit interview.

CAP Comments:

n/a

## IV. General CNRS Provider Requirements

| Service Documentation includes: | SA Response | Included in Policy | Evidence Submitted | CAP Required |
|---|---|---|---|---|
| 1. The specific location, date, and times of service provision | Yes | NA | Yes | No |
| 2. The service(s) provided | Yes | NA | Yes | No |
| 3. The member's first and last name | Yes | NA | Yes | No |
| 4. The staff providing service(s), including first and last name, signature and professional credentials (if any) | Yes | NA | Yes | No |
| 5. The specific interventions | Yes | NA | Yes | No |
| 6. The name, dosage, and route of medications administered | Yes | NA | Yes | No |
| 7. Any supplies dispensed as part of the service | Yes | NA | Yes | No |
| 8. The member's response to staff interventions | Yes | NA | Yes | No |

| 9. The service provided and corresponding documentation substantiates the units of service billed for payment | Yes | NA | Yes | No |
|---|---|---|---|---|
| 10. The provider maintains clinical and fiscal records during the time the member is receiving services from the provider and for a minimum of five years from the date of the last claim for services. | Yes | NA | NA | No |

Review Comments

Six member files were reviewed for evidence that IAC is met in practice with service documentation. All IAC indicators are present in the service documentation. The agency utilizes E-doc for electronic service documentation. Providers document on goal work and then have a separate narrative to indicate other supports and services provided in the course of services. The additional narrative to accompany goal work is useful to indicate the level of care, progress, and care provided as a 24-hour service. The agency was able to produce evidence of the billing claim from the first month of service with corresponding service documentation for that month. They did not submit a policy on the maintenance of records, but indicated in their self assessment that they are aware of and are practicing the maintenance of records within the guidelines of IAC. Technical assistance was provided onsite regarding the specificity of location in the documentation.

CAP Comments

n/a

| **Incident Report:** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
|---|---|---|---|---|
| 1. The agency has established definitions of incidents and outlines reporting procedures in accordance with IAC 481-50 | Yes | Yes | Yes | No |
| 2. Incidents are reported according to the definitions | Yes | Yes | Yes | No |
| 3. Incidents are reported timely | Yes | Yes | Yes | No |
| 4. The agency maintains a centralized location for filing of incident reports | Yes | Yes | Yes | No |
| 5. The occurrence of an incident and completions of an incident report is noted in the member's record | Yes | Yes | Yes | No |
| 6. The agency has a mechanism for tracking and trending incidents | Yes | Yes | Yes | No |

Review Comments

CNR submitted policy indicative of the incident reporting criteria for their level of care and facility. They used Policy C10: Notification and Reporting of At-Risk Behaviors and Major Injuries for evidence of this. CNR noted in the review process that incident reports are reviewed at varying levels on a daily, weekly, quarterly, and annual basis. Incidents were noted in the member file in service documentation. Two of the six files contained examples of incidents. The agency uses a form in E-doc to document and track incidents. This serves as their centralized file. These are then trended in quarterly data in the quality improvement plan under staff and member safety indicators.

CAP Comments

n/a

## V. Quality Improvement

| **Quality Improvement** | **SA Response** | **Included in Policy** | **Evidence Submitted** | **CAP Required** |
|---|---|---|---|---|
| 1. The organization has in place an outcome management system which measures the efficiency and effectiveness of service provision. The system includes: | Yes | NA | Yes | No |
| a. Members' preadmission location of service. | Yes | NA | Yes | No |
| b. Length of stay. | Yes | NA | Yes | No |
| c. Discharge location. | Yes | NA | Yes | No |
| d. Reason for discharge. | Yes | NA | Yes | No |
| e. Member and stakeholder satisfaction. | Yes | NA | Yes | No |
| f. Access to services | Yes | NA | Yes | No |
| 2. The organization measures and analyzes organizational activities and services quarterly | Yes | NA | Yes | No |
| 3. The organization conducts satisfaction surveys with members, family members, employees, and stakeholders, and share the information with the public. | Yes | NA | Yes | No |
| 4. The organization conducts internal review of member service records at regular intervals. | Yes | NA | Yes | No |
| 5. The organization tracks major and minor incident data according to subrule 77.37(8) and unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof; and analyze the data to identify trends annually to ensure the health and safety of members served by the | Yes | NA | Yes | No |
| 6. The organization continuously identify areas in need of improvement. | Yes | NA | Yes | No |
| 7. The organization develops a plan to address the identified areas in need of improvement. | Yes | NA | Yes | No |
| 8. The organization implements the plan, document the results, and report to the governing body annually. | Yes | NA | Yes | No |

Review Comments

| CNR reports that they have a Performance Improvement Committee (PIC) to monitor and improve the quality of care provided to participants, while ensuring that the organization maintains the highest level of program integrity. Through PIC, which CNR notes in review materials meets on a regular basis to include quarterly meetings with members of the Board of Directors, CNR measures a number of data points and performance indicators to include, but not limited to, incident report trending, satisfaction surveys, and staff training. PIC utilizes information and activities from several other committees when completing its analysis to include the Environmental Cares Committee, Infection Control Committee, and Grievance Committee. CNR's reports in submission materials, "Performance indicators were chosen to support a participant-focused and comprehensive philosophy of excellence in the delivery of CNR's services to participants, personnel, and outside stakeholders while maintaining a competitive and financially solvent program." The agency maintains a Performance Improvement Committee Report each quarter with indicators identified. Each indicator contains the following: target goals, measures, data points, quarter comparisons, and a section on discussion and action steps. This included data from personnel and member file audits, incidents, satisfaction surveys, and budget items. They also maintain an annual "Outcome Validation Study," where they focus on the first area in these criteria from IAC. This report is completed annually, but is comprehensive of years served since 2010. They note that the data in the report comes from 51 individuals who have discharged from services. This report meets IAC requirements. The agency indicates in this report how these statistics impact their approach to service delivery. |
|---|
| CAP Comments |
| n/a |