



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Charles M. Palmer
Director

June 15, 2017

Ron Askland
Horizons Unlimited of Palo Alto County, Inc.
Box 567
Emmetsburg, IA 50536

Dear Mr. Askland:

Iowa Medicaid Enterprise (IME) Home and Community Based Services (HCBS) Quality Oversight program staff conducted a focused review for your agency on April 27, 2017.

Please review the enclosed focused review report for any corrective actions that are necessary for your agency. If corrective action is indicated, a formal corrective action plan must be submitted.

The corrective action plan must be returned within 30 days of the date of this letter to the attention of *Jessica Derry* via Iowa Medicaid Portal Access (IMPA). Please select HCBS QA Oversight as the document type when uploading. For instructions on uploading the requested documentation, please see IL 1734-MC-FFS-D.

Failure to submit the required information and provide or maintain quality services is grounds for sanction. If the requested information is not received within the identified timelines, the Department may issue a payment suspension until the information is received and services are determined to meet quality standards. If the issues are not resolved within 30 days of the payment suspension, termination from participation in the Iowa Medicaid program may occur. These actions shall be taken in accordance with Iowa Administrative Code 441-79.2(2).

Thank you for your assistance and the support received from your staff in completing this review. For questions related to the review process please contact me by phone, 515-256-4809 or email, jderry@dhs.state.ia.us.

Sincerely,

Jessica Derry, HCBS Specialist
Iowa Medicaid Enterprise, HCBS Quality Oversight

Enclosure
cc: Iowa Department of Human Services



HCBS Quality Management SFY17 Focused Review Report HCBS Settings and Person Centered Planning

Provider Name: Horizons Unlimited of Palo Alto County, Inc.

Reviewed By: Jessica Derry

Review Date: April 27, 2017

Program & Service Enrollment: Intellectual Disability (ID) Day Habilitation (day hab), ID Prevocational Services (prevoc), ID Supported Employment (SE), Habilitation (hab) day hab, hab prevoc and hab SE

Report Date: June 15, 2015

Definition of Terms:

Focused Review: The focused review highlights a specific topic area from the periodic review report. The topic changes on an annual basis and is determined by analyzing data collected during quality oversight activities including self-assessment responses, periodic and certification reviews, training, and technical assistance.

Self-Assessment Response: The provider's response on the annual *HCBS Quality Management 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 annual *HCBS Quality Management Provider Self-Assessment*, or the provider did not provide evidence they possess policies that address this requirement. *Corrective Action Plan requirements (CAP)* are supported by the provider's completed self-assessment, Iowa Administrative Code (IAC), Iowa Code, and Code of Federal Regulations (CFR). For those providers with a corrective action plan relating to settings, the corrective action must identify how the provider will become compliant with 441 CFR 441.301(c)(4) and 441.710(a) on or before March 17, 2019, and include activities required to achieve compliance able to be implemented. Compliance review will be conducted to determine the provider has successfully initiated their corrective action plan.

CORRECTIVE ACTION GUIDELINES

This report contains comments and corrective actions. Specific standards from the Code of Iowa, Iowa Administrative Code and Code of Federal Regulations (CFR) 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 areas which the review team would suggest the provider consider taking action on. Corrective actions are required to come into compliance with Code of Iowa, Iowa Administrative Code, CFR and/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. Horizons Unlimited of Palo Alto County, Inc. has 30 days from the date of this report to develop a plan of correction. The HCBS Specialist assigned to your agency will work with you to develop a timeline to implement the corrective actions. The HCBS 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?

Assistance is available to providers upon request to help the provider correct noted areas of improvement. For technical assistance or with questions about this report, Horizons Unlimited of Palo Alto County, Inc. may contact Jessica Derry, HCBS Specialist, at 515-256-4809 or jderry@dhs.state.ia.us.

Review Report

HORIZONS UNLIMITED OF PAC INC
Review Number: 888

1. HCBS Settings required for all providers

	Self-Assessment	Included In Policy	Evidence Submitted	CAP Required
For all providers at a minimum, community integration will be supported by:				
1) The setting is integrated in and facilitates the individual's full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, like individuals without disabilities	YES	YES	YES	NO
2) The setting is selected by the individual among all available alternatives and identified in the person-centered service plan	YES	N/A	YES	NO
3) An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected	YES	YES	YES	NO
4) Individual initiative, autonomy, and independence in making major life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented	YES	N/A	YES	NO
5) Individual choice regarding services and supports, and who provides them, is facilitated	YES	YES	YES	NO
6) Any rights restriction (for example to address the safety needs of an individual with dementia) must be time limited, contain member's informed consent, supported by a specific assessed need and documented in the person-centered service plan	YES	YES	YES	NO
7) In a provider owned or provider controlled setting, each individual has privacy in their sleeping or living unit	N/A	N/A	N/A	N/A
8) In a provider owned or provider controlled setting, individuals sharing units have a choice of roommates in that setting	N/A	N/A	N/A	N/A
9) In a provider owned or provider controlled setting, individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	YES	YES	YES	NO
10) In a provider owned or provider controlled setting, individuals are able to have visitors of their choosing at any time	YES	N/A	YES	NO
11) In a provider owned or provider controlled setting, the setting is physically accessible to the individual	YES	N/A	YES	NO
12) Provider owned or provider controlled home is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that the tenants have under the landlord/tenant laws of the state, county, city or other designated entity	N/A	N/A	N/A	N/A

13) Provider owned or provider controlled home has entrance doors lockable by the individual, with only appropriate staff having keys to doors	N/A	N/A	N/A	N/A
14) In a provider owned or provider controlled home, individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement	N/A	N/A	N/A	N/A
<p>Review Findings:</p> <p>Horizons Unlimited of Palo Alto County, Inc. (Horizons Unlimited) submitted their 2016 Provider Quality Management Self-Assessment for review. The 2016 Provider Quality Management Self-Assessment identified that Horizons Unlimited provides both residential and non-residential services. However, during this review only non-residential services were assessed. Residential services will be assessed by case managers. In the 2016 Provider Quality Management Self-Assessment, Horizons Unlimited identified that all non-residential services are in compliance with CMS HCBS final setting rules. The agency submitted policies to support this notion. Program descriptions identified that services are provided in an integrated community setting. Community Employment Services are offered in retail stores, restaurants, factories, museums, gas stations and outdoor settings. Day Habilitation Services are provided in an integrated community setting. Members sign the Member Rights form annually. Some member rights include members' right to say "no" to whatever the staff wants to help you with, choose who will provide services, and revoke service authorization at any time. The Provider-Owned/Controlled Residence Freedom of Choice Policy identified that members must have access to food at any time and is able to eat wherever and with whomever. Additional information regarding the onsite review is contained in the attached HCBS non-residential letter.</p>				
<p>II. Person Centered Planning</p> <p>For all providers at a minimum, the service plan will identify:</p>	Self-Assessment	Included In Policy	Evidence Submitted	CAP Required
1) Provider participates in Interdisciplinary team meetings	YES	YES	YES	NO
2) Member file contains a copy of the written person centered plan	YES	N/A	YES	NO
3) Provider's plan is consistent with the case manager's person centered plan	YES	N/A	N/A	N/A
4) Provider's service plan includes interventions and supports needed to meet the individual goals with incremental action steps, as appropriate	YES	N/A	N/A	N/A
5) Provider's plan reflects desired individual outcomes	YES	N/A	N/A	N/A
6) Provider's service plan includes documentation of any rights restrictions, why there is a need for the restriction and a plan to restore those rights or a reason why a plan is not necessary or appropriate	YES	N/A	N/A	N/A
<p>Review Findings:</p> <p>Horizons Unlimited of Palo Alto County, Inc. submitted responses to their 2016 Quality Management Self-Assessment and service plan policy for review. The agency identified in their 2016 Quality Management Self-Assessment that they are in compliance with person-centered planning guidelines. The agency's service plan policy identified that interdisciplinary team (IDT) meetings should occur 30 days following admission and annually thereafter. In the IDT meeting, staff should assist and advocate for the member and where the member wants their life to go and what needs to be done to get there. Goals are developed around the members wants and include time-limited action steps. Action steps are incremental and include specific person responsible for each goal. The agency refers to the case manager's written person-center plan for person-center quality measures.</p>				
<p>III. Providers are required to develop and implement a Quality Improvement (QI) plan. This plan must have a systematic, organization wide, planned approach to designing, measuring, evaluating and improving the agency performance</p> <p>Quality Improvement (QI) At a minimum, the plan will identify the:</p>	Self-Assessment	Included In Policy	Evidence Submitted	CAP Required

1) Ongoing schedule or timeline for quality improvement activities, to include specific timeframes for data collection, data analysis and to identify entities with whom results will be shared	N/A	N/A	YES	NO
2) Discovery: 2.a) Collecting and reviewing data to identify issues to be monitored for quality improvement to include sample size and acceptable thresholds	N/A	N/A	YES	NO
2.b) Ongoing review of responses to all member/stakeholder input to determine the need for systemic changes	N/A	N/A	YES	NO
2.c) Ongoing review of member records to include medication management, health and safety, incident reporting and documentation	N/A	N/A	N/A	N/A
3) Remediation: The development of a plan to address areas of improvement identified during discovery, to include specific timelines for development and completion of action steps	N/A	N/A	N/A	N/A
4) Improvement: Summary of QI activities to include monitoring the impact of remediation plan	N/A	N/A	YES	NO
Review Findings:	<p>Horizons Unlimited of Palo Alto County, Inc. submitted their 2015-2016 Program Evaluation. The 2015-2016 Program Evaluation included a brief history of services, future program changes and satisfaction survey responses. According to the history of Horizons, the agency closed their sheltered workshop, can redemption center, in 2016. Future program changes included specific, measurable and time-limited objectives. The agency has two goals in-place. Goal one is to improve opportunities for employment in the community for members. Action steps for this goal include: developing a quality team, reviewing past practices, seeking current information about employment, hiring additional job coaches and using job coaches to find members jobs in the community. The second goal is to develop a quality improvement process to transition day habilitation (day hab) services from a facility based program to community based. Action steps for this goal include: developing a quality team, working with ODEP consultant to assist with design of program and beginning pilot project for day hab without walls. The report summary identified that 40 members have been placed in community jobs and members are receiving all day hab services in the community.</p>			

DH services are provided to approximately twenty members on a daily basis. Services are provided for three hours and are not provided during meal time. Staff picks up each group member at their home. Groups do not consist of more than five members. Service provision begins by reviewing goals and discussing what they would like to do for the day. The group decides whether or not they want to do what is listed on the monthly activity calendar. If the group decides to deviate from the monthly calendar, they need to notify the director where they will be. A review of service documentation identified that the monthly activity calendar was not always followed. This shows that members are given the opportunity to choose where their service provision will take place.

The DH activity calendar is created by staff on a monthly basis. Staff uses the activity interest survey to create the calendar. By using the results of the survey, staff is ensuring that members have choice in activities that are being offered by the agency. The survey includes places members are interested in visiting, physical activities members are interested in and volunteer activities members are interested in. Some places members are interested in visiting include nature centers, museums, art galleries, historical sites and wellness centers. Some physical activities members are interested in include swimming, basketball, walking, and fishing. Some volunteer activities members are interested in include schools, animal shelters and helping the needy. The survey also identifies if members like to participate in activities with others or individually and if members like to have predictable activity calendars or change from week to week. By completing the survey and including these types of activities in the monthly activity calendar the agency provides evidence that members have control of their daily schedule.

The activity calendar is sent home with the members and emailed to residential staff. This type of prior communication allows the members the choice of attending DH services based on the possible activities offered during the day.

The DH activity calendar includes both leisure and volunteer activities. Some of these leisure activities include baseball, fishing, swimming and visiting museums. Some volunteer activity locations include assisted livings, animal shelters and child care centers. A review of service documentation identified that members were participating in these activities in an integrated community setting. Service documentation also identified that members were interacting with community members on a regular basis. Interactions included playing games, observing games being played and sharing food.

Every day a skills class is used to teach members age-appropriate skills that will help members to be successful in an integrated community setting. Some of these skills topics include hygiene, body language, severe weather, and self-esteem. The agency provides the skills class often times during transportation to the day's activity.

Pre-Vocational (PV):

Horizon's Unlimited of Palo Alto County, Inc is currently enrolled to provide PV services but does not provide these services. While onsite the review team identified the process for disenrolling from PV services. In the event that the agency determines they wish to provide PV services, HCBS should be notified prior to services being provided.

Supported Employment (SE):

Horizon's Unlimited of Palo Alto County, Inc. provides SE services to approximately thirty members in the form of job coaching and career exploration. The agency identified that approximately twenty members are receiving job coaching supports. These supports are provided in an integrated community setting. Members are working at factories, retail stores, restaurants, nature centers, hair salons, schools, chiropractors and hotels. Job responsibilities include cleaning, food preparation, child care, retail tasks, and lawn mowing.

Corrective Action Required:

General Corrective Action required:

No corrective action plan (CAP) is required in this area.

Day Habilitation (DH):

No CAP is required in this area.

Pre-Vocational (PV):

No CAP is required in this area.

Supported Employment (SE):

No CAP is required in this area.

Horizon's Unlimited of Palo Alto County, Inc. should use the annual Provider Quality Self-Assessment to report any changes in services and or service settings to ensure continued compliance with the Code of Regulations , Iowa Code , and Iowa Administrative Code.

Please contact: Jessica Derry by phone, 515-256-4809 or email jderry@dhs.state.ia.us if you have any questions regarding settings.

Sincerely,

Jessica Derry
HCBS Settings Specialist

Iowa Medicaid Enterprise, HCBS Quality Oversight

cc: IME, Long Term Care Policy