

Proposed Provider Monitoring Pilot Video Transcript

Good afternoon, waiver providers... DDD staff. Thank you so much for joining us today for... our... revised provider monitoring pilot webinar. My name is Stacy Haitsuka.

I am part of the DDD training team here on Oahu at the Waimano office.

So, I will be... helping to... navigate us through the... slides today.

I would just like to make a couple announcements.

We are recording... today's session.

So, thank you very much for being here. We know that we are missing... some staff-- so we will... have this... recording available.

We... would appreciate it if you please... use the... chat for any questions that you folks have during the presentation. We would... really appreciate hearing from you... or if you are okay with... voicing your... comments or questions, feel free... to just... use the raise hand... icon, and we will... get to you... as soon as we are able.

And... yeah, I think that's it for me.

Camden is here from... Community Resources Branch and... she will... (yeah)... she'll take us to the next... slide or to welcome Sharon.

Camden: Hi everyone. Thanks for joining us-- taking time out of your busy day. Like Stacey said, my name is Camden. I'm with Community Resources Branch and... today I would like to introduce Sharon Lewis. Sharon is with HMA and many of you here might already recognize her... from her previous work with DDD.

And, currently she's assisting in updating our provider monitoring tools and process to help us move forward.

We are hoping to identify providers who might be interested in participating in a pilot using the updated tools and process.

So, I will let Sharon talk more about the update to the monitoring tool, and what participating in the pilot might look like (and mean) for those of you who are interested.

Sharon: Great! Thank you, Cam. Thanks, Stacy. Nice to see some familiar names... here on the list today.

And, I look forward to continuing to work with all of you... and... the important work that you're doing to support people with ID in Hawaii.

Can we go to the next slide, please?

So, we have about an hour today. I want to talk briefly about... why we're doing the provider monitoring redesign, and touch on... and... just do a level set in terms of what the current monitoring... has looked like.

For those of you who joined us last spring when we... did some... engagement and feedback around the state, some of this may sound familiar. And then, talk about where we're going... and... really hope to answer any questions about potentially participating in... the pilot.

As Cam mentioned, we would really like to get... some robust interest in... ensuring that we're testing the new monitoring process with... a wide range of providers... across all the islands.

And...at the end we can do additional Q&A. As we're going, if you do have questions, please feel free to raise your hand, and I'm happy to pause and ... take questions or put them in the... in the chat (the Q&A and the chat)-- as Stacy noted. Next slide, please.

So, again, why is this happening? Well, for one reason, for one... for one thing, the provider monitoring that DDD has been using... hasn't been updated in quite some time.

It has been very focused on... straight... compliance, and a lot of process, right? We... we're checking a lot of boxes... to make sure that certain things have been achieved that... deadlines... for sharing of information occur. That... the elements of... delivering services are... being met in terms of dotting the eyes and crossing the T's.

And, as... many of you know... as we went through the Home and Community Based Settings... (excuse me Home and Community Based Services Settings) process we really started moving towards... a conversation related to: How are people's lives looking? What do outcomes look like?

Can we focus more on... how services are benefiting people and worry less about... those process and outputs? Now, that doesn't mean that we're moving away from expectations of compliance.

It just means that not only do we want to make sure that we're dotting the I's and crossing the T's, but we also want to make sure that (as a result of people receiving services)... their lives are better, and that there's a connection between... what people are doing and how... individuals with I/DD... are... experiencing those services.

That that hard work that all of you did on those evidence templates... related to the home and based settings and bringing those requirements into the monitoring... process so that there are not two discrete... processes occurring-- is a component of this.

We are looking at validating compliance issues with participant experience data.

As many of you may know... prior to the pandemic... CRB used to actually spend some time out in the field. Monitoring was not just a desk audit process.

And, there was more opportunity to engage with individuals and families.

In the last few years that's been harder to do.

And, we are looking to bring back... the validation process that includes the experiences and the perspectives of people who receive services.

We are... making sure that (as we're doing this work on compliance and provider oversight and monitoring)... that it is aligned with the work that's also going on related to quality... and overall performance of the system, and of providers, and those quality initiatives.

And then finally, you know, this work is being done... right now and on the timeline that we're talking about... in part to align with the upcoming waiver renewal. The DE waiver is... due for... a renewal.

As many of you may know, waivers go on 5-year cycles (1915C waivers go on 5-year cycles).

We are at that point where the waiver renews on July 1st, 2026.

So... the spring will be the point when the state is preparing to submit... the waiver... (the updated waiver) to CMS.

And, we want to make sure that this... new monitoring process is ready to launch with the new waiver on July 1st.

Next slide, please.

So, right now... just as a... kind of (again) a reminder / a level set, there are... five major components of the current... provider monitoring (as well as the staff validation process), right?

So, CRB... validates all of your staff lists to make sure that people have met the base requirements in terms of... their qualifications.

Have they done... their background check, and their CPR, and any trainings that are required (if they're in a licensed... position... or a certified position)?

Are those up to date? Those staff validations... will continue to be part of the process.

And then, in terms of the monitoring itself... CRB has been... monitoring for those quarterly reports.

Has that information become... coming into the case manager?

Does the documentation reflect the supervisory requirements, and what is being documented?

Are AERS... reported and documented (as required)? And again, this is all predating... the use of any of the electronic files.

So, a lot of this work in the past has been done manually.

There has been a focus on whether or not there has been... if there's a positive behavior support plan.

Has it... does it... does the individual plan... does the IP reflect that PBS and those strategies... are they aligned?

Is the implementing provider who's delivering a service... able to... rely upon that positive behavior support plan to... ensure that the IP... is addressing the person's needs.

And then, for participants with nurse delegation have the... required training and documentation occurred? And, a lot of this was focused around... the... training consultation service-- which now... a lot of nursing has been incorporated into services.

So... adjusting the monitoring (as it relates to this particular aspect) is also important.

And, one of the challenges with the current provider monitoring structure... is it doesn't acknowledge the wide range of providers and provider services that the state is delivering.

You know, you all do different things and... some of you deliver residential habilitation services, some of you deliver employment services, some of you... deliver community living services or adult day health. And... right now we treat everyone the same, and we don't acknowledge... the different goals and expectations and standards attached to each service.

So, that is a big gap in the current provider monitoring. Next slide, please.

The other thing that... as many of you...may recall, or maybe you all have... put it away (because you don't want to think about it anymore because it was so much work)- - you know, we all work together (the state). And... I was... I spent a fair amount of time on this with many of you... on making sure that we are delivering services in a way that are compliant with HCBS settings requirements from the feds (and also... as Hawaii has adopted them).

And... since those evidence templates have been completed... the process has really been focused on new settings... or when a service setting is moving from contracting with one agency to another-- as well as those certification... processes for the adult foster homes.

The certifiers, as part of the regulations that are now applicable to adult foster homes... have a set of tools to make sure that we're looking at that HCBS compliance.

And in the past, you know, what you all did was provided those policies and procedures to... CRB.

We are going back to those evidence templates, and we're starting to look at how are we going to use that as a baseline and a starting point... for compliance monitoring moving forward.

And, working with providers to make sure we understand when you have updated policies and procedures, or when there's a gap between what we're hearing from participants and the expectations of... the settings rule, or (you know) observations from a case manager in terms of particular areas of concern-- as it relates to individual rights or how the settings rule is being applied.

So, we are still in the process of... looking at how we will bring the settings rule into the monitoring process.

But, I want to be clear, we're not expecting you to redo that evidence template. [Laughing]

We will be building from that (as the starting point)--- in terms of provider compliance.

Next slide, please.

So, this is a very high level, but last spring... we met with many of you. We met with families. We met with... individuals who receive services.

We met with some of the advocates, and we heard... a lot of different things. But, we've kind of culled this down to some key themes... here that are relevant to provider monitoring.

One of the things that we heard was the focus on process and outputs and some of the current... monitoring... and compliance processes really don't necessarily help providers... to learn, and to have that learning opportunity for continuous quality improvement.

You know... if the focus is on (you know) this deadline was seven days and you completed it in eight days... there's not a lot of space to learn in that... (nor does the current compliance structure focus on those person- centered outcomes that we're looking for).

And, that's a balancing act-- because this is not about measuring quality and performance in the way that we're seeking an aspiration.

But, we do have a floor (in terms of quality) that we don't want people to fall below.

And, we really want to make sure that people are able to... meet those compliance requirements and meet the expectations of the waiver standards-- so that we get to person-centered outcomes for the individuals. And, that's why again it's important to get back to those individual services.

We did hear from people that (you know) we want to focus on... (again) things that are more qualitative in nature.

Can we get to some statewide satisfaction survey for participants-- so

that we have a consistent way of understanding how people are feeling about their providers?

And then, again, that issue of looking at services... on a specific service level and... instead of taking the whole array of services and measuring them in the same way.

We heard that people really like the transparency of the current tool... and the fact that it's very clear, right?

It's... we know exactly what... the team is coming out to monitor.

And, we like that transparency, and that clarity, and we don't want to lose that.

We heard the challenges around data collection (right?)-- both in terms of... individual providers capacity to... capture and manage data... and to have consistent and... valid and quality data (and that those are barriers, and people... do not want a system that

is going to be overly burdensome in terms of adding a lot of layers of additional data collection).

We also heard that people really want more training. People want more training in person-centered practices... clear goal setting in ISPs-- so that those IPs then... are aligned... with clear goals for the ISPs.

And, that it's important that the state continue to support meaningful engagement of participants and families... in (you know) in all of these processes including... monitoring.

And then, finally (you know)... we heard, and we know (because we've heard this ongoing, right?)... there is limited capacity, right? We know we have workforce shortages.

We know that there is pressure on the state staff. We know there's pressure on the providers. We know that case management is understaffed.

And, that creates pressure in developing a monitoring structure that is going to work for everyone, and get to... some of these goals.

Next slide, please.

So, we've started... we have a... tool framed out that really has three components to it that are... that are laid out here. First, continuing those staff validation indicators.

You know, have people... completed their background checks, and their requirements... met the qualifications, and have they completed the training that is required of them?

And then, we have a set of core indicators... that are really... that are going to be applicable to every provider regardless of what services they deliver.

So, that continues to include... the individual plans.

Are the individual plans compliant with the requirements of the state?

A section on reporting progress and supervision. So, that's really focused on those quarterly reports the... delivery of... supervisory services, and overseeing... what's happening at... on the ground.

How are... providers doing in terms of reporting on that progress?

The AER reporting-- which you're already doing right? You're already putting that in INSPIRE.

And, one of the benefits of this newer process is... as we move forward, there are going to be components of this that are going to reduce... the burden for both providers and the state staff because they're going to be able to be pulled out of administrative data (and AERs is one of those places).

Participant satisfaction-- we are looking at... a very short and sweet set of questions that would be... applicable across all providers. And, all individuals would be able to participate in this... as a component of this work.

When I say short and sweet, I mean three to five questions, and something that is very simple and straightforward.

And then, finally... the establishment, and development, and maintenance, and implementation of a quality management plan.

As many of you may know, the last waiver renewal... had the establishment of quality management plans as... a performance metric that Hawaii had agreed to include in the waiver roll out.

And, that has been... slow but steady-- as providers have participated in... the training and technical assistance provided by CQL... [and] started to develop those quality management plans.

But, the expectation going forward is that every provider has a quality management plan and it includes some of the key components... (in terms of a best practice quality management plan).

The state is not going to be providing a template for quality management plans and... the state is not going to prescribe... what a quality management plan looks like in terms of the explicit components of it.

But, there are some core features for quality management plan that are... expected.

And then, finally, we will have service-specific indicators... for each of the services that are listed here on the screen.

These services were selected because these are... the services where there is the highest number of participants... in these services and / or they are services that have... a high... degree of expenditure.

And, particularly important is (you know) that we will be able to establish indicators that are... specific to things like discovering career planning and employment services.

And, all of these indicators are being built out of the... waiver standards and the expectations of each of the services.

Next slide.

So, when we get into the tool... itself, we'll have... criteria established for each of the indicators. And... providers... the review process will allow the reviewers to determine whether or not the provider is compliant, partially compliant, or non-compliant on each of the indicators.

There will be some measures that... will be reporting only (initially)-- especially as... with some of the new measures, and things that people have not reported in the past.

We're going to treat them as developmental. And... as providers... become more comfortable with collecting the data (and reporting on the data)-- those may become compliance measures.

But, initially, they'll be reporting only measures.

As I noted (you know)... in the recent past, the provider monitoring process has really been... pretty burdensome for both providers and the state.

Providers are expected to pull together... information for the file reviews... that's pretty extensive... and requires... many, many pages... (you know)-- dozens (if not hundreds) of pages of information... that then the state team is going through and looking at... and scoring against a tool.

With the advent of... IPs, and quarterly reports, and AERs, and ISVs... (now all going to be in INSPIRE), many of those steps in the process will be reduced-- because we'll be able to rely... upon administrative data or pulling those IPs and ISPs directly out of INSPIRE, instead of relying upon providers to... (you know) either package those up or photocopy those, etc.

And, those quarterly reports will become a key component of this work.

As I mentioned, we are seeking to... continue the validation of people's experiences through participant interviews.

Some of you may have had some of your participants... engaging in this already.

We... had a... the... Case Management Branch... has had... an interviewer doing some of this work to test the tool and to... engage in some of these talk story conversations with individuals.

We're looking at that, looking at what needs to be tweaked and then... as... individuals are... as individual files are being selected for... review, there will be an opportunity for case managers to interview those individuals and collect that information... to validate what we're hearing and seeing from... the files. And, then the other piece of the redesign approach is that... we are looking at... how can we structure... a scoring methodology where if providers are meeting... most of the foundational compliance requirements... and in some cases exceeding those expectations.

Can they be... provided the opportunity to have fewer... operational monitoring visits?

Could it go to every other year instead of every year?

I want to be clear when I talk about this-- that is not changing the fiscal audits. Fiscal audits will continue to be annual.

We're really talking about this... review of operational practices and... (you know) the work that the Community Resources Branch has been doing... in terms of potentially reducing the frequency of monitoring.

In doing that, the idea is that... providers who may need more support and more attention... (because their compliance level is lower) will have... more opportunity to engage with the department, and the department can... focus the resources on providers who are struggling more than providers who are exceeding expectations.

Next slide.

So... this is all going to happen fairly quickly (in part so that we can stay aligned with the uh waiver renewal).

We are here in November. We have... a group of... providers who have agreed to serve as an advisory group.

We also have a group of... families and self- advocates that we're talking to.

We have been... we have started sharing components of the draft tool and process with the advisories.

And, here, we are today... beginning to talk about this across all the providers in terms of the recruitment for the pilot.

We will be... completing the draft tool for the pilot in the next few weeks... and... we'll be meeting with providers who have agreed to participate in the pilot... around December 9th or 10th to prepare and go through and make sure we're answering any questions-- so folks can be... ready to go for January.

January through March, we will be... DDD will be working with the providers who have agreed to participate in the pilot... to... do that practice round... to figure out what's working, what's not.

It really is a learning opportunity. I want to be really clear when I talk about the pilot.

The pilot is not intended to... (you know) serve as a compliance tool yet, right? It is intended to practice, to learn... to make to... determine what has become (you know)... what is potentially going to work.

Where there are places where maybe we thought something would work, but it's going to be too burdensome... where we might... lean in and... learn a little bit more (if we tweak something in one direction or another).

And so, this really is an opportunity for providers who agree to participate and for the state staff... to learn together... and to explore the opportunities to make sure that we have a more robust provider monitoring tool... that both gives the state good data, but also gives providers good information for that continuous quality improvement, and the opportunity to learn and to grow.

So, the pilot will unfold in January through March.

And then... the state will review... kind of the pilot results, and the findings. And when I say results, it's not just the...

I'll call it scoring or expectations for any particular... in any particular provider.

It is really about... what did we learn, what worked, and what didn't work?

I see the question in the chat. No, this would not be in lieu of your... normal compliance.

Normal compliance monitoring will still occur... January through... June of next year (as it would typically).

So, this is [an] additional... effort (I want to acknowledge that)... on top of what would normally be going on for both the state staff and for the providers.

The pilot will not expect that the sample sizes will be anywhere close to what they are... when we're doing normal compliance reviews. They'll be much smaller.

And, we really will be focused on making sure that we're capturing enough information across all the different service lines to test all the indicators. And, that is part of the goal.

So, once we get... once we have those findings, and we have some feedback from both the providers to participate in the pilot... and the state staff (and we're kind of looking

at what worked, what didn't work)... we will use that time in April and May to make revisions, finalize... the tools and the processes... and roll this out... (you know) around June 1st for all the providers (with the new monitoring starting on July 1st, 2026).

One of the things... in terms of the new process that... (again, I just want to emphasize... is not going to be in effect until July 1st) is this change from... what has largely been (you know) either a paper or an electronic file in lieu of paper process where (you know), providers are expected to upload... tons of pages of information... and keep it all organized for the purposes of the state review... by the beginning of July.

It is the expectation that a lot of that information will be able to just come out of INSPIRE, thereby reducing the prep time... for providers as the provider monitoring ... comes up.

And... but as we're getting ready to do this pilot... we're still going to be... we're still going to be using I think... those... file reviews.

We are in conversation with the state in terms of you know are there ways that some of this may be ready to go... where we could reduce the burden but... as of right now that will (you know) the expectation will be that you're going to have to provide the IPs for the individuals that are being... reviewed for the... pilot.

Next slide.

So, as I said (you know) we are really hoping that... we will have providers who are willing to step up and... agree to do this.

The expectation is that for each kind of service grouping that a provider is seeking... to participate in the pilot for... that we'll get two or three participant files for review.

The state is not going to require a particular random sample.

We're not going to come to you and say, "Oh, please give us, you know, Sharon's file and Joe's file and Bob's file."

Providers will be able to self-select the participant files that they'd like to put forward for the pilot.

Our ask of providers, however, is that as you think about that... what is useful is putting forward files that maybe come from some of your new (you know)... for individuals who are maybe working with some of your newer staff... some of your weaker staff, some of the staff that may still be learning... as opposed to putting forward files that are all your "A team"-- in part because the more we can see where there are challenges or issues...

the better we can make the tool. If everybody submits to us... the... Lake Wagon version (the above average version of every participant's IP and every participant's... supervisory and quarterly reports)... it's going to be harder for the state, and the team, and for all of us... to really look at that through the lens of the tool, and say... like... "Are these the right criteria?", and... if everyone is (you know)... if everything is perfect.

So... our ask is... if you are interested in piloting this.. that you consider bringing folks... bringing forward... potential... participants that... may create that learning opportunity. We would appreciate it.

What we're doing at this point is... we're asking for volunteers, and... hopefully... getting enough... folks to... volunteer that we can... perform this pilot... without having to then... have the state reach out to providers, and... indicate that they are in the pilot. [Laughing]

We're hoping to do this on a voluntary basis.

So, I'll answer the questions in the chat. So, again, participating in the pilot is not in lieu of your next review. It is not... and it's not going to change your validation and program audit cycle.

So, again, the pilot will be taking place in early 2026. The current monitoring process will continue until June 30th, 2025.

And then, starting with the typical cycle, the folks that would normally have... their validation and operational program audit occur July, August, September will still have that apply in July, August, and September-- but it will be using this new process.

So, you know, that may be another incentive and another reason... for folks to be... (you know) who may be interested in participating in the pilot.

You get a chance to practice before you have to do it for real if you're... especially if you're going to be in that first group.

So, with that... it looks like we have about 20-25 minutes for questions. Are there other questions?

And... Stacy, you can leave that other slide back up-- so if people... want to grab and... any of the email information... you can reach out to... CRB, or you can reach out to Danny or myself at HMA... with any questions.

We are hoping that if you are interested... you don't have to do... it's not a big thing. Just raise your hand by sending us an email saying: "I'm interested in the pilot."

This is... yes we will send the deck out.

If you're interested, send us that email.

We are trying to get the list of... potential... providers together by December 1st.

And, again, our goal is to be able to identify enough providers that... give us a good cross-section across... the islands, and across the service lines ... to allow us to test all of the indicators.

And yeah, we will... this... recording is going to be posted with the training recordings and... happy... to send the deck out to folks as a PDF afterwards. I think Stacy, can you take that on?

Stacy: Yeah, thank you. Sure.

Yeah, we usually post it along with the recording as well, so... even folks who are not on today can access the handout.

Yeah, no worries. Any other questions?

Everybody's going to sign up, right?

Camden: Yes. You're all jumping up and down and excited!

Sharon: Well, I'm gonna...maybe... [Laughing]... just... I see a couple of people who are actually on the... advisory are here with us today. And, I don't know if you guys... want to jump in and... share your thoughts on this, and why it's important for folks to participate in the pilot-- but would welcome any other views on this.

And, I'm not calling anybody out.

I'm just suggesting that if you'd like to volunteer and speak up, that would be great.

[No Audio]

Okay. Well, we'll give it a minute or two.

When will INSPIRE be available to upload the quarterly's, etc.?

We were just talking about that. Do... and we... I don't know that the department has a date yet to announce, correct?

Camden: Correct. No date at this time.

[No Audio]

Sharon: Other questions about the pilot, about monitoring, about what this might look like?

Jim says, "We think it's important to volunteer to pilot this-- so we can provide feedback and develop our staff who will be participating (when it's rolled out next year)."

Thanks, Jim.

[No Audio]

Well, I for one... I'm very much looking forward to working with all of you on this.

And, I'm really thrilled that the state sees this as a collaborative process.

And... you know, we are... going to work together on it-- not unlike we did to get over the hump for HCBS compliance.

And so, I think this is a great opportunity... for... as many of you... as (you know)... want to raise your hand in terms of just... learning, being along for the ride, being... giving the state direct feedback... and [the] opportunity to say: "Yeah this worked, no that was terrible."

Because, I promise, this is not going to be perfect out of the gate.

We are all learning and you know we are relying on new data systems, and we're relying on... (you know) processes that have not been implemented in the state before.

So... it is going to be... a great chance for everybody to learn together. And, I hope that you will take the state up on that... ask and offer for partnership.

Stacy: Absolutely!

[No Audio]

Sharon: And, Michelle says, "The pilot allows us to work collaboratively with our state partners... in facilitating change and working on continuous quality improvement to benefit participants."

Thanks, Melinda! And, Holly says, "Thank you. We look forward to working with you in the future."

Well, okay. If no one has additional questions, I'm happy to hang on here for another minute or two... but... also happy to give everybody back 15 minutes in your day that you can use for something else.

Stacy: Really appreciate all the work that you folks do! Thank you so much for...all of the prep time. I know this is... not... easy, but we're trying to be more efficient with... our processes. So, thank you so much!

Thanks, Stacy. And please, if... after you get out of the webinar, if you have questions that you'd like to send... to CRB or to our team... please do. And, we will... probably be sending you some haranguing emails reminding you of this December 1st deadline-- in the hopes that... a few of you will step up, and... work with us on this pilot.

Stacy: Awesome!

Sharon: Anything else, Cam, that we wanted to cover?

Camden: I think that was all. Thank you guys for joining us, and... hearing about the pilot. And, I do hope that... some of you guys want to participate (after hearing more about it).

Sharon: Great. Well, thank you all!