

## **POLICY: BQIS COMPLAINTS: SUPPORTED LIVING SERVICES & SUPPORTS**

**POLICY STATEMENT:** It is the policy of the Bureau of Quality Improvement Services (BQIS) to investigate complaints involving individuals receiving Supported Living Services funded under the Developmental Disabilities (DD) waiver, Support Services (SS) waiver, Autism (AU) waiver, or State line item

### **DETAILED POLICY STATEMENT:**

#### **INITIAL REPORTING:**

1. Complaints involving Supported Living Services and Supports provided to an Individual shall be directed to the BQIS Field Director of Quality Assurance (FDQA).
2. For all complaints classified as “urgent” or “critical” as described at (1)(a) and (1)(b) below not submitted by individual or individual’s legal representative, the individual or individual’s legal representative shall be notified within 24 hours.

#### **CLASSIFICATION OF COMPLAINT:**

1. BQIS shall determine a classification for a complaint using one of the of the following descriptors:
  - a. urgent - an immediate or direct serious adverse effect on the health, rights or welfare of an Individual;
    - i. If an urgent complaint is by someone other than the guardian the guardian shall be notified within 24 hours, if applicable.
  - b. critical - an indirect threat on the health, rights or welfare of an Individual; and
    - i. If a critical complaint is by someone other than the guardian the guardian shall be notified within 24 hours, if applicable.
  - c. non-critical - threats less than those described at (1)(a) and (1)(b) above.

#### **PROTECTED HEALTH INFORMATION:**

1. BQIS shall manage Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

#### **PHOTOGRAPHIC DOCUMENTATION:**

1. Photographs may be used during an investigation as determined appropriate by BQIS.

#### **INTERVIEWS:**

1. BQIS interviews with individuals receiving services from a provider agency shall be 1:1 unless a legal representative requests to participate, BQIS identifies a need for an interpreter or a BQIS selected advocate, or the individual requests the legal representative’s presence.

2. BQIS interviews with other parties shall be 1:1 unless BQIS determines a need for a BQIS selected third party.

**DOCUMENTATION REVIEW:**

1. Provider documentation shall be reviewed as determined necessary by BQIS, including:
  - a. policies;
  - b. employee files;
  - c. employee timekeeping records;
  - d. documentation of service delivery to individuals;
  - e. incident reports;
  - f. other provider documentation as determined appropriate by BQIS.

**INVESTIGATION PROTOCOL:**

1. BQIS may perform one or more of the following during an investigation:
  - a. announced or unannounced visits;
  - b. interviews and taking statements;
  - c. request documentation;
  - d. other activity as determined appropriate by BQIS.

**INVESTIGATIVE SUMMARIES:**

1. Investigation summaries, including when indicated a request for a correction action plan (CAP), shall be forwarded to the provider within:
  - a. 5 days from completion of fact gathering for urgent investigations;
    - i. In situations where a complaint is urgent, the individual's guardian, if applicable, will be notified that the complaint was addressed.
  - b. 30 days from completion of fact gathering for critical investigations;
  - c. 60 days from completion of fact gathering for non-critical investigations.

**SUBMISSION OF CORRECTIVE ACTION PLANS:**

1. Providers shall complete and return a CAP to BQIS as directed.
2. In the event that a provider:
  - a. returns a CAP that is determined by BQIS to be non-acceptable; or
  - b. fails to submit a CAP by the deadline included in the CAP request,the provider shall be notified of the reason for non-acceptance, or of non-receipt, and shall forward an amended CAP or the previously non-submitted CAP to BQIS as directed.

**VALIDATION OF CORRECTIVE ACTION PLANS:**

1. Upon validation of successful implementation of a CAP, BQIS shall prepare a final investigative report and forward to:
  - a. the provider indicated;
  - b. the individual or individuals around which the complaint was targeted, or when indicated their legal representative;
  - c. the BDDS Director;
  - d. the BQIS Director;
    - i. the FDQA; and

- ii. the office of Medicaid Policy and Planning (OMPP) when the complaint is substantiated.
2. When BQIS is unable to validate successful implementation of a CAP, BQIS shall notify the provider of the reason/s for non-validation and alert the provider to a 2nd attempt at validation, to occur within 20 business days of the 1st validation attempt.

**FAILURE TO SUBMIT CORRECTIVE ACTION PLANS; FAILURE OF VALIDATION:**

1. When a provider:
  - a. fails to submit a BQIS accepted CAP following a 2<sup>nd</sup> attempt; or
  - b. fails to submit a requested CAP following a 2nd request; or
  - c. fails a 2nd BQIS attempt at validation of an accepted CAP, the provider shall be recommended for referral to the Sanctions Committee.

**COMMUNICATION:**

All written communication between a provider and BQIS shall be in electronic format using email, with the exception of BQIS preapproved fax transmissions or hard copy deliveries.

**ADDITIONAL NOTIFICATIONS:**

1. Notification of suspected fraud shall be provided as indicated to:
  - a. the Medicaid Fraud Control Unit of Indiana; and/or
  - b. the Social Security Administration Office of the Inspector General; and/or
  - c. other entity as determined by BQIS.

**DEFINITIONS:**

“BDDS” means Bureau of Developmental Disabilities Services as created under IC 12-11-1.1-1.

“BQIS” means Bureau of Quality Improvement Services as created under IC 12-12.5.

“Corrective Action Plan” or “CAP” means an action plan developed by a Provider in response to a request from DDRS or OMPP as a result of one or both of the following:

1. findings during a survey;
2. any event or circumstance as determined by DDRS or OMPP as applicable.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, enacted by the 104th congress of the United States of America.

“Legal representative” has the meaning set forth in IC 12-10-13-3.3.

“Protected Health Information” (PHI) means:

1. Individually identifiable health information that is:
  - a. Transmitted by electronic media, which includes Internet, Extranet, leased lines, dial-up lines, private networks, magnetic tape, disk, or compact disk (45CFR §160.103);
  - b. Maintained in any electronic media; or,

- c. Transmitted or maintained in any other form or medium, which include oral communication, paper, electronic media, hard drives, or any other removable/transportable digital memory medium

“Supported Living” means an arrangement whereby an Individual:

1. lives in a private community residence with no more than 3 additional Individuals;
2. receives specialized supports and services; and
3. works towards goals of:
  - a. living independently; and
  - b. establishing personal control over their home and the assistance they require.

### **REFERENCES:**

IC 12-12.5-1-3  
IC 12-9-2-3  
IC 12-11-1.1  
IC 12-11-2.1

Approved by: Julia Holloway, DDRS Director -

