

IS OHIO'S MRDD SYSTEM READY FOR A REVIEW BY HCFA?

(January 19, 2001)

What you should do to prepare all staff in your agency for the HCFA review based on HCFA's Past Approach:

- HCFA visited 2 waiver recipients in each of 4 sites.
 - You should select, at least, 2 to 3 Individuals in your agency and answer all of the questions under PART 1, number 1 below for each individual. COUNTY BOARDS SHOULD INCLUDE AT LEAST ONE RFW ENROLLEE as HCFA could do follow-up on the RFW review while they are in Ohio.
- HCFA got to know the individuals being reviewed by reading their ISP and their level of care assessments.
 - You should do the same.
- HCFA talked to individual waiver enrollees and asked about likes, dislikes, concerns and asked who do you ask/call when you need something.
- HCFA requested records for about 30 more recipients in additional counties and reviewed about 12.
 - You should select, at least, 6 to 8 individuals in your agency and answer the questions under PART 1, number 8.
- HCFA asked the person who brought the record many questions about the individual today and historically.
 - You should ask your staff and staff in other settings the questions in PART 1, numbers 1 through 6.
- HCFA reviewed record of the individual to see if it supported what was provided verbally in response to questions.
 - You should compare the answers to the questions you asked to the record for the individual(s).
- HCFA asked the same questions of different persons involved with the individual to verify knowledge of and implementation of the ISP.
- HCFA asked staff many "How do you take care of....?" questions.
- HCFA was not interested in reading or reviewing policies and procedures, but asked questions to determine existence and staff knowledge of them.
 - If asked a question and you know your agency has a problem in the area, acknowledge the problem, communicate you know how it should be and share what you have plans to do. If appropriate, ask if you can explain what you have done so far.
- HCFA's initial focus was on the outcomes for the individuals selected.
 - This is the most important issue for all staff within your agency. Make sure that all direct contact staff and middle managers can answer the questions in Part 1, number 1 below for the individuals for whom they are listed as the county board service coordinator or the day to day coordinator.

PART 1 - Major Focus within Priority Areas: The priority areas listed below each contain the major focus on outcomes that it is felt HCFA will take, based on their focus in the recent past. Those who should be able to respond to the questions and statements found in the ten (10) items in part one are persons providing direct support in sheltered workshops, other day program areas, residential and supporting living settings, persons providing service coordination and those who supervise such persons.

1. Outcomes for the Individual-

- a. What unusual or major unusual incidents have occurred?
- b. Do these indicate any sort of trend for this individual?
- c. What steps were taken to prevent any possible re-occurrence of the incident?
- d. How are complaints by the individual documented and reported and to whom?
- e. Do any routine health or medical exams need to be scheduled?
- f. What are the results of most recent medical or health exams and is any follow-up needed?
- g. What meds are taken and for what purpose?
- h. Are there side effects to any of the medication and do you see any evidence of them?
- i. Does the individual self-administer medications?
- j. Are behavior controlling meds used only when prescribed by and under the supervision of a licensed physician who is involved in the IP planning process?
- k. Are behavior controlling meds taken by the individual necessary to the successful implementation of the written behavior support plan or does the use of such meds seem more for disciplinary purposes, for staff convenience or as a substitute for an effective IP?
- l. Are any behavior interventions routinely used with the individual and are they part of a written behavior support plan?
- m. Are medical factors considered in the development of behavior support plans?
- n. Is any behavior intervention used routinely for the individual a coordinated part of the ISP process?
- o. Do the behavior interventions used achieve the desired outcome for the individual?
- p. Does the individual (and/or staff working with the individual) know who to ask/call when something unexpected happens or questions arise?
- q. Who (not necessarily one person) knows the individual best? Is this person(s) involved in the ISP process for the individual?

- r. Who is the one person responsible to make sure communication flows among all those involved with the individual?
 - s. Who do you call when the county board is closed?
 - t. Does the ISP reflect the individual's likes, dislikes, preferences and priorities?
 - u. Does the ISP for the individual accurately reflect what is really happening?
 - v. Did the assessment part of the ISP process for the individual include a review of documentation of any incidents and complaints to see if a trend is present for that individual? If present, was that trend addressed as part of the ISP process?
 - w. As changes in the individual's condition, situation or priorities occur, is the ISP revised in a timely, appropriate manner? Who does the individual or staff contact if this needs to happen?
2. Communication Across all Providers for the Individual-
- a. How is relevant information (See number 1 above) concerning the individual shared at the line staff level across provider settings?
 - b. How do you determine what information is relevant and needs to be shared? (Respect for the individual's privacy is the concern.)
3. MUI & Unusual Incidents & Complaints-
- a. How do all persons providing direct support to each individual recognize an unusual incident? Is it something that is not part of the ISP or not part of the daily routine of the individual – in other words, out of the ordinary?
 - b. How are unusual incidents documented and reported and to whom?
 - c. Do persons providing direct support know that complaints made by individuals are important to listen and respond to?
 - d. Does the assessment part of your ISP process include a review of documentation for the individual of any unusual incidents, MUIs and complaints to see if a trend is present for that individual?
 - e. What is your procedure to identify trends of incidents – unusual and major unusual ones - and complaints?
 - f. Does your procedure include identifying what needs to be done to prevent such incident from happening again in the future and how do you know that action is taken?
 - g. Do all persons providing direct support to each individual know:
 - i. That certain incidents are MAJOR and must be reported to the county board designated person and/or the ODMRDD?
 - ii. What incidents are considered MAJOR or know whom to ask?
 - iii. Their first responsibility following an incident of either category is to make sure the individual is safe?

- iv. Their second responsibility is to both document and communicate that such incident occurred?
- v. Complaints by individuals must be reported and documented?

4. Medical/health Management-

- a. How are medical and health exams scheduled and the results communicated to those providing direct support to the individual?
- b. How do you know if follow-up appointments are needed and carried out?
- c. Does the assessment part of your ISP process include the identification of medical and health related needs? Does it include a review of MUI's to identify trends and patterns?
- d. Are the health related needs of the individual, identified in the assessment, addressed in the IP?
- e. Does the level of care assessment for the individual reflect the health related needs found in other assessments? What can you do to resolve any inconsistencies between the assessments, the IP and the documentation of services delivered?
- f. Are all medications taken by the individual prescribed, given in the manner and dosage prescribed and administration documented?
- g. Does the individual self-administer medication?
- h. Are there side effects of the medication taken by the individual?
- i. Who knows the side effects of the medication taken by the individual?
- j. How do persons report it if possible side effects are seen?
- k. Do you know the reason the medication is prescribed? Do the following people know – direct contact staff administering the medication? County board service coordinator? Day-to-day coordinator?
- l. Are behavior controlling meds used only when prescribed by and under the supervision of a licensed physician who is involved in the IP planning process?
- m. Are behavior controlling meds taken by the individual necessary to the successful implementation of the written behavior support plan or does the use of such meds seem more for disciplinary purposes, for staff convenience or as a substitute for an effective IP?
- n. Who is the single person responsible to coordinate all health and medical issues for the individual?

5. Behavior Support-

- a. Has your agency stopped the use of time out rooms with traditional locks? (Staff may hold the door shut or the door may be locked by a mechanism that requires constant, physical pressure from a staff person to keep the mechanisms engaged.)
- b. Do you use time out as an intervention for any individual? If yes,
 - i. Is the targeted behavior harmful to the individual or others?

- ii. Is there a written, approved behavior plan?
 - iii. Did the individual provide written consent to the behavior plan?
 - iv. When the time out is used,
 - 1. Is the individual under constant, visual supervision of staff?
 - 2. Is the room well lit, ventilated and free from hazardous conditions?
 - v. Is documentation kept as required?
 - vi. Is the use of time out for an individual limited to no more than one hour for any one incident and no more than two hours within a 24 hour period?
 - c. Are behavior controlling meds used only when prescribed by and under the supervision of a licensed physician who is involved in the IP planning process?
 - d. Are behavior controlling meds taken by the individual necessary to the successful implementation of the written behavior support plan or does the use of such meds seem more for disciplinary purposes, for staff convenience or as a substitute for an effective IP?
 - e. How do you assure communication across all relevant providers for individuals with a behavior support plan?
 - f. How do you train all persons who work in the setting(s) where the individuals' behaviors occur and the intervention is to be used?
 - g. Does the ISP process include asking if the intervention is resulting in a positive outcome for the individual?
 - h. Does your agency focus on compliance with the ODMRDD current rules?
6. Service Coordination-
- a. Does each individual (and staff working with the individual) know who to ask when something unexpected happens or questions arise?
 - b. For each individual receiving services, have you identified who (not necessarily one person) knows that individual best?
 - c. For each individual, have you identified the one person responsible to make sure communication flows among all those involved with the individual?
7. Quality Assurance for the Individual-
- a. Have you implemented a review of the individual that:
 - i. Identifies the individual's preferences, priorities, likes, dislikes and needs through formal assessments?
 - ii. Identifies inconsistencies between the information in (i) and the ISP?
 - iii. Determines that the ISP is being implemented across all providers, as written?

- iv. Determines that the outcome for the individual is positive?
- v. Communicates the results of the review to those who need to correct inconsistencies that are found?
- vi. Follows up to see that inconsistencies that were identified and reported are corrected?
- vii. Review your agencies QA reviews to look at trends and see that actions were taken to rectify problems identified.

8. Individual Record – not policies and procedures

- a. Can direct contact and middle management staff answer and does the record appropriately document numbers 1 through 7 above for the individual?
- b. Have you identified the person who knows the individual well today and has the longest relationship with the individual (can talk about the individual's history)? That person should be present for the review of the individual's record when you do the review and if HCFA does the review.

9. Training:

- a. What training do you think you need in order to better support this individual?
- b. Do you think you received adequate training to support this individual?

10. How to respond to a reviewer:

- a. Be able to identify who knows the individual the best.
- b. Be positive about your agency, the work it does and the individual being reviewed.
- c. If asked a question and you know your agency has a problem in the area, acknowledge the problem, communicate you know how it should be and share what you have plans to do and, if appropriate, what you have done so far.
- d. Make it simple/easy for the reviewers to do their job.
- e. Ask the reviewers if they need anything.
- f. Look and act organized.
- g. Be (make sure all staff are) aware of the reason for the review and have some idea of what to expect.
- h. Make the reviewers feel welcome and comfortable.
- i. If reviewers approach you while you are working with an individual(s), introduce the reviewer to the individual or ask if they would like to be introduced; be open about how the work you are doing relates to the ISP (if it does – cause they may ask to see the plan).

- j. Do not interrupt service being provided an individual to talk to a reviewer, until it is appropriate to break away. It is appropriate to say to a reviewer, "I will be able to talk to you in a few minutes."
- k. If talking to a reviewer and a situation with an individual arises that needs immediate attention, excuse yourself right away and tend to the needs of the individual(s).
- l. Always ensure the privacy of the individual (Knock on bed and bathroom doors before entering; use discretion before discussing sensitive issues, etc.)
- m. Never refer to an individual by a label. (This is a head-banger) Use only names approved and addressed in the ISP for the individual.
- n. Provide only the information the reviewers ask for – too much information leads to more questions and can take you into topics the reviewers never intended to go to.
- o. Tell staff to expect the same questions to be asked of multiple staff and across provider settings.
- p. Never answer a question asked by a reviewer to another person. You may ask the reviewer if you can add to the other person's response.
- q. If you do not know the answer to the question you are asked, refer the reviewer either to the place (document) where the answer can be found or to the person who either knows the answer or would know who does.

11. Statements we hope you NEVER have to say to a reviewer:

- a. The State said we had to do it this way.
- b. I have never seem him/her do that before.
- c. People are doing nothing because it's down time now.
- d. I don't know. You will have to ask someone else and I don't know who that is.
- e. I don't know if he/she has a behavior plan. We just make sure he/she is compliant.
- f. I can't talk to you now, we're short staffed, well.... We are always short staffed.
- g. He/She does that all the time. It is what he/she does.
- h. He/She is not capable of doing paid work.
- i. What do you mean "age appropriateness".
- j. We don't have to, we aren't funded by Medicaid.
- k. He does nothing all day but watch TV because it is his "right" to refuse to learn anything.

PART 2 - What you should do to be ready to address administrative concerns related to HCBS waivers. The items in this area should be clearly understood by county board administrative staff and those assigned responsibility for the specific issue:

1. Waiting List-

- a. Determine this for your county and how you can reduce:
 - i. Conflict that may exist between managing the waiting list and the Information Notice.
 - ii. Issues from surfacing at the time of the review that never have before, due to a lack of resource to move individual's off of the waiting list.
 - iii. The likelihood that your county's waiting list procedures will most likely be different than those in other counties.
- b. Be prepared to respond to questions such as:
 - i. How will you decide who is the next to be enrolled?
 - ii. How long does it take to be enrolled?
 - iii. Have you ever denied enrollment or disenrolled an individual?
 - iv. When an individual is denied enrollment or disenrolled, what are their rights?

2. Differences Of Individual Options from RFW-

- a. Freedom of choice of provider is greater.
 - i. More providers exist in IO than in RFW.
 - ii. Supported living approach – not facility based = one expects to see services/supports from different providers coming to the home of the individual.
 - iii. ISPs reflect a greater number of funding sources.
- b. Services on IO are more numerous than RFW are must be available to the individual if needed to assure health and welfare.
 - i. Transportation; Social Work/Counseling; Home Delivered Meals; Adaptive/Assistive Equipment; Environmental Modifications; Supported Employment; Interpreter; Respite, Nutrition and Homemaker/Personal Care. RFW only has Homemaker/Personal Care, Supported Employment and Adaptive/Assistive Equipment.
 - ii. A county board does NOT have the authority to limit the waiver services provided in that specific county, whether the reason is money or something else.
- c. No individual cost cap in IO (RFW is the average cost of ICF/MR).
- d. IO recipient's who never received any residential service or supported living before 1990, when supported living started, or before 1991, when IO was approved, will not have providers who

potentially have the history/relationship with individuals as HCFA found in the RFW review.

3. Major Unusual Incidents- Any MUI involving county board staff or occurring in a county board operated program site or transportation system should be *thoroughly* investigated to assure there are safeguards in place to protect against potential conflict of interest. What safeguards does your board have in place to assure the investigation is not being compromised?

4. Hearing Rights- HCFA will ask questions to see if individuals are given an opportunity for a fair hearing if they are not given the choice of home or community –based services as an alternative to institutional care or individuals who are denied the services(s) of their choice or the provider(s) of their choice.
 - a. Each waiver recipient should have, at the time of enrollment, signed an ODMRDD form titled “FREEDOM OF CHOICE AND FAIR HEARING”. If you find this missing for an individual, you should do it now, using current dates.
 - b. When either services or a provider, requested by a waiver recipient are denied, make sure the following forms are being used when these actions occur:
 - i. ODHS (ODJFS) 7334 NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE
 - ii. ODHS (ODJFS) 4065 IMPORTANT NOTICE ABOUT YOUR WELFARE BENEFITS
 - iii. ODHS (ODJFS) 4074 NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE