

# **Oregon's Response to the**

**"HCFA Regional Office Protocol for  
Conducting Full Reviews of State  
Medicaid Home and Community-Based  
Services Waiver Programs"**

**2003**

TABLE OF CONTENTS	i-vii
INTRODUCTION	viii
<b>CHAPTER 1: SYSTEM OVERVIEW</b>	<b>1</b>
<b>BACKGROUND AND KEY FEATURES</b>	1-2
STANDARDS	2-3
MONITORING	3
RESPONSE ACTIVITIES	3-4
<b>CHAPTER 2: PROTECTION FROM HARM</b>	<b>5</b>
<b>ABUSE INVESTIGATION AND PROTECTIVE SERVICES IN OREGON</b>	5
ADULTS WITH DEVELOPMENTAL DISABILITIES IN COMMUNITY PROGRAMS	5-8
CHILDREN WITH DEVELOPMENTAL DISABILITIES	8-10
<b>SYSTEM OVERSIGHT OF SERIOUS INCIDENTS/EVENTS</b>	10-13
<b>MANDATORY REPORTING OF ALL DEATHS</b>	13
<b>SAFEGUARDS FOR AT-RISK POPULATIONS</b>	14
SUPPORTS FOR PERSONS WITH INCREASED HEALTH RISK	14
Health Support Unit	14
Review for Health Risks	14-15
Risk Identification	
SUPPORTS FOR PERSONS WHO ARE BEHAVIORALLY AT RISK	15
The Oregon Intervention System	15-16
Monitoring of Psychotropic Medications	16
<i>PRN Use of Psychotropic Medications Prohibited</i>	16
<i>Monitoring of Psychotropic Medication Use</i>	16
<i>Balancing Test Required</i>	17
<i>Training on Side Effects of Psychotropic Medication</i>	17
<b>MANDATED RISK IDENTIFICATION PROTOCOLS</b>	17
RISK IDENTIFICATION IN COMPREHENSIVE SERVICES	17-18

<b>CHAPTER 3: PLAN OF CARE</b>	<b>19</b>
<b>INDIVIDUAL SUPPORT PLAN (ISP) SYSTEM PROCESSES</b>	
<b>THE CURRENT ISP SYSTEM</b>	19-20
ISP TEAM COMPOSITION	20
<b>THE REVISED ISP SYSTEM</b>	21
CRITICAL FEATURES OF REVISED PROCESSES	21-22
ISP ASSESSMENT COMPONENTS	22
REQUIRED ISP CONTENT	22-23
ISP TEAM COMPOSITION	23
<b>TRAINING THE NEW ISP IN 24 HOUR SETTINGS</b>	23
24-HOUR GROUP HOMES	23
NON-RELATIVE FOSTER CARE PROVIDERS	23
<b>ISP'S IN SUPPORT SERVICES</b>	24
PLAN FEATURES	24
ISP TEAM COMPOSTION	25
ISP TRAINING IN SUPPORT SERVICES	25
<b>PLANNING FOR CHILDREN IN INTENSIVE IN-HOME SUPPORT SERVICES</b>	25-26
ISP TEAM COMPOSITION	26
<b>ISP MONITORING</b>	26-27
<b>PROTECTION OF RIGHTS</b>	27
REQUIRED NOTIFICATION	27
INFORMED OF CHOICE	28
FAIR HEARING RIGHTS	29
<b>CHAPTER 4: QUALIFIED PROVIDERS</b>	<b>30</b>
<b>CRIMINAL RECORDS CHECKS</b>	30-31
LICENSING AND CERTIFICATION STANDARDS	31
Provider Qualification Charts	31
<b>PROGRAM LICENSING AND CERTIFICATION</b>	32
CONDUCT OF REVIEWS	32-33
MID-CYCLE REVIEWS	33
MONITORING OF PLANS OF IMPROVEMENT	33-34
LICENSE DATABASE	34
PROGRAMS WITH COMPLIANCE ISSUES	34-35
SANCTIONS	35

<b>QUALIFICATIONS OF IN-HOME SUPPORT STAFF</b>	36
GENERAL QUALIFICATIONS	36-37
SPECIFIC QUALIFICATIONS	37-38
<b>OTHER PROVIDER MONITORING ACTIVITIES</b>	39
MONTHLY VISITS TO RESIDENTIAL SITES	39
EMPLOYMENT OUTCOMES	39
How Is It Reported	40
How Is It Used	40
What's Working and Not Working	40-41
Direct Care Turnover	41
<b>TRAINING AND TECHNICAL ASSISTANCE</b>	41-42
TRAINING PLAN	42
Core Competencies	42-43
Community Supports	43
Mid-Manager Training	43
Person Centered Planning (PCP)	44
Self Directed Supports	44
Oregon's Inservice on Developmental Disabilities	44
STATE OFFERED TRAINING OPPORTUNITIES AND SUPPORT	44
Support and Training of DD Community Nurses	45
Technical Assistance	45
SPD Nurses Network	45
DD Nursing Manual	45
Support and Training of Case Managers	46
Case Manager Training	46
Basic Case Management Training	46
Case Management Conference	47
Serious Event Review Team (SERT) Training Forums	47
Client Process Monitoring System	47
Protective Service Investigators Training	47-48
Building a Successful In Home Support Plan for a Child in Crisis	48
Support and Training for Foster Care Providers	48
Children's Foster Care Training	48
Adult Foster Care Training	48-49
Monitoring Residents Funds Who Live in Adult Foster Care	49

REGIONAL TRAINING COMMITTEES AND LOCAL TRAINING PLANS	49-51
<b>CHAPTER 5: OTHER ADMINISTRATIVE ISSUES</b>	<b>52</b>
<b>SINGLE STATE MEDICAID AGENCY</b>	52
<b>MEDICAID WAIVER COMPLIANCE</b>	53
TITLE XIX WAIVER ELIGIBILITY OF CONSUMERS	54
LEVEL OF CARE ASSESSMENTS	54
Offer of Choice and Notice of Fair Hearing Rights	54-55
Annual Reviews	55
<b>COORDINATION OF QA BY STATE AND COUNTY</b>	55
COUNTY QUALITY ASSURANCE PROGRAM	56
County Quality Assurance Coordinators	57
County Quality Assurance Committees	58-59
State Quality Assurance Committee	59
<b>MANDATED CONSUMER INVOLVEMENT</b>	59
REPRESENTATION ON LOCAL PLANNING GROUPS	59
CONSUMER SATISFACTION	60
<b>MONITORING OF LOCAL ADMINISTRATION</b>	60-61
<b>EMERGENCY CONTINGENCY PLANS</b>	61
<b>CHAPTER 6: FISCAL ACCOUNTABILITY</b>	<b>62</b>
<b>FINANCIAL ACTIVITIES</b>	62
FINANCIAL RECORDS	62
STATE FINANCIAL RECORDS	62
Client Process Monitoring System (CPMS) Related Data and Documentation	63
Medicaid Management Information System (MMIS) Related Data and Documentation	64-65
Home and Community Based Waiver Forms for Persons with Developmental Disabilities	65
Intergovernmental Agreements and Other Contract Data Related Information	65-66
<i>Accounting Data and Information</i>	66
<i>Federally Required Reports</i>	66
CMS 372	66
CMS 2082	66
CMS 64	66
<i>County Financial Records</i>	66
CPMS	66
Waiver Forms	67

Expenditure Records/Accounting Records	67
Contract Information	67
Provider Audit Reports	67
Other Related Documents	67
<i>Provider Financial Records</i>	67
Client Funds Records	67
Expenditure Records/Accounting Records	67
Other Related Records (attendance, personnel)	68
Financial Reviews and Audits	68
<i>Audits of Counties and Service Providers by DHS Audit Unit</i>	68
Frequency	68
Scope	68
Procedure	68
<i>Audits of State Programs by DHS Audit Unit</i>	69
Frequency	69
Scope	69
• Risk Analysis	69
• Database Analysis	70
<i>Secretary of State's Audit of DHS</i>	70
Frequency	71
Scope	71
<i>Secretary of State Audit of Municipal (County) Programs</i>	72
Frequency	72
Scope	72
<i>Reviews of Counties by SPD Staff</i>	73
Nature of Reviews	73
Reviews by SPD Licensing Specialists	73
Nature of Financial Component of Review	73
<i>Independent Audits of Counties by CPA's</i>	73
Procedures	74
<i>Actions Taken by the State to Correct Deficiencies in Financial Accountability</i>	74
<i>Maintenance of Appropriate Financial Records by the State, Counties and Providers</i>	74
<b>TABLE OF FIGURES</b>	75
<b>INDEX - APPENDICES</b>	76-80

## **Introduction**

The Oregon Department of Human Services (DHS, the Department) is the single state Medicaid agency with the responsibility to design and implement a system for the administration, oversight and quality improvement of services for its citizens with developmental disabilities who are served by the Department. The section within DHS with the responsibility to provide leadership and expertise in the design and implementation of services to persons with developmental disabilities is Seniors and People with Disabilities (SPD). This section also has the responsibility to put into place measures assuring that individuals are adequately protected and supported, and that resources are effectively managed.

This guide defines and describes the design features of the system as enacted through statutes, administrative rules, and policy directives. Attached in **Appendix A** is a compilation of all Administrative Rules affecting Oregon's delivery of service to people with developmental disabilities. Where directives and policy documents have not previously been explicit, this guide is intended to specifically define Department policy and describe any related implementation features. This guide responds to the “*HCFA Regional Office Protocol for Conducting Full Reviews of State Medicaid Home and Community-Based Services Waiver Programs*” and describes all assurances required as a condition of waiver approval from the Centers for Medicaid & Medicare Services (CMS). This guide describes and defines all planned changes and improvements to the system needed to respond to areas defined in the protocol and meet the required assurances. Finally, this guide describes planned system changes resulting from an October 2000 settlement agreement from a lawsuit against the State of Oregon by a group of citizens with developmental disabilities. This guide includes current efforts and details future plans for policy and staffing changes intended to assure an improved quality of life for Oregonians with developmental disabilities.

This guide is divided into a system overview by chapters that present the main features of Oregon's developmental disability services quality assurance system. Where planned system changes or program improvements are described, an action plan describing the timetable for implementation is provided.



## Chapter 1. System Overview

### **Background and Key Features**

Services to individuals with developmental disabilities use a combination of state and federal funds. Community-based services using federal funds rely on a combination of Medicaid State Plan options and Medicaid Waivers. Currently, Oregon is operating four waivers:

- ◆ waiver number 0375.R1, Support Services (for individuals living on his or her own or with their family whose annual waiver costs do not exceed \$20,000);
- ◆ waiver number 0117.90.R2, Comprehensive Services (for individuals living in out of home settings or whose in home annual costs exceed \$20,000);
- ◆ model waiver number 40193, Children in Intensive In-Home Supports (for children living in his or her family home who need hospital level of care), and
- ◆ model waiver number 40194, Children in Intensive In-Home Supports (for children living in his or her family home who need ICF/MR level of care)

The Department, either directly or through its partnership with county government, contracts with qualified providers for the provision of community based services. The structure of this system of service provision is undergoing significant changes. The most



significant change relates to the settlement of a lawsuit against the State of Oregon by a group of citizens with developmental disabilities. Oregon agreed to entitle adults with developmental disabilities to an array of predefined support services. This required a redesign of the service system, applications for a new Home and Community Based Waiver, new administrative rules, development of new payment systems, and a significant infusion of funds (both state and federal) to provide these services. The state began implementing the settlement agreement in July 2001.

The system for oversight of services has been modified to meet the state's obligations to the Center for Medicare Services (CMS) for monitoring and oversight. The system has been designed to monitor all services similarly, without distinguishing between fund sources. Only when there is a specific need to meet a state or federal requirement, outside the general scope of standard quality assurance practices, will there be any differences in how oversight and monitoring is provided for an individual or a service. For instance, rules for a specific service such as foster care are the same for all providers of foster care services. There is no distinction between homes serving Medicaid recipients or those serving non-Medicaid recipients. The licensing rule and level of oversight of the home is the same. Determining eligibility for a waiver (Level of Care [LOC] determination) and the annual review of that LOC eligibility is an example of a "Medicaid-only" oversight activity.

Quality assurance systems for each waiver consist of three basic elements: standards, monitoring and response activities. These are necessary to ensure that the service delivery system achieves desired outcomes. All parts of the service system have responsibility for quality assurance.

### *Standards*

It is the state's responsibility to identify the standards for services. This means determining both the specific rules and the underlying values that form the foundation for services. In Oregon the values underlying the service system were put into law in the 1980's. Integration, independence and productivity were defined and included in rules governing services. Administrative rules incorporating these values were developed and revised as necessary.

Consumer groups, service providers, advocacy groups, families, counties, and state staff were represented in the rule work group.

*Monitoring*

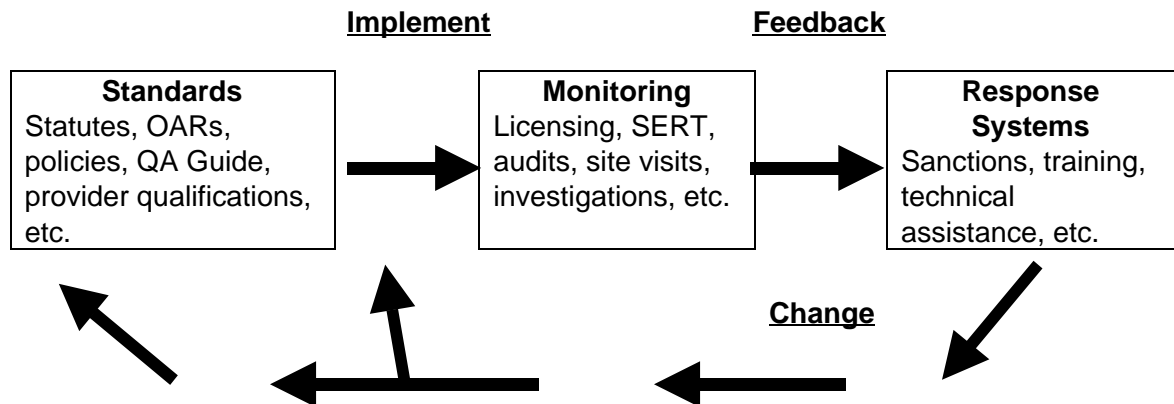
Monitoring is a core function of quality assurance and occurs at all levels of the service system. The state monitors the overall service system. State monitoring activities include licensing and certification reviews; reviews of service outcomes; reviews of complaints and serious events; financial audits; and obtaining consumer satisfaction information. CDDP's, as a subcontractor of the state, provide direct and regular monitoring of the service delivery system, and are a direct contact for people with developmental disabilities and their families or supporters. Service providers are responsible by rule to monitor their systems and make changes as indicated. Monitoring activities consist of a variety of methods for collecting and analyzing information. Consumers and individuals knowledgeable of the system are involved in monitoring by providing and or participating in analysis of information.

*Response Activities*

Response activities are designed to check the status of service delivery, and respond quickly when corrective action is needed. This includes technical assistance and training to enhance a provider's ability to deliver and administer services, and corrective actions up to and including sanctions. Figure 1 illustrates the quality assurance cycle for standards, monitoring and response mechanisms.

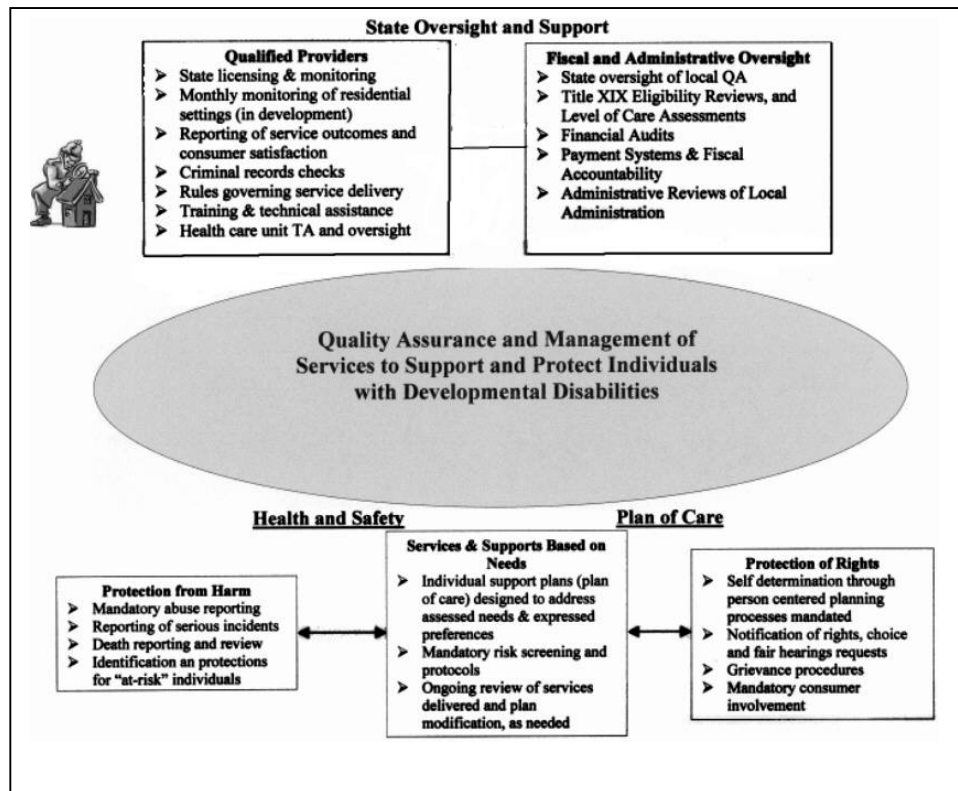
Figure 1

**QUALITY ASSURANCE CYCLE**



Oregon statute requires SPD to develop monitoring and evaluation systems that assure competent management, program quality and cost-effectiveness of community-based services. Competent management and program quality require that individuals be protected from harm (healthy and safe), that their rights as individuals and citizens are protected, and that service is provided through activities that support self-determination and full inclusion. SPD systems for quality assurance and oversight assure that these outcomes are met. Figure 2 depicts the essential quality assurance activities of the developmental disability services system.

Figure 2



This guide describes the critical quality assurance activities in each area. The system is designed to provide protections at both the local and state level and provide feedback loops that assure system improvements.



## Chapter 2. Protection from Harm

The service system has elements to protect the health and safety of individuals receiving services. Protections are in place that both prevent and detect harm to individuals. This chapter will address protective measures to address the possibility of risk, early detection of risks to health and safety, and protective measures when health and safety are at risk.

### **Abuse Investigation and Protective Services in Oregon**

Responsibility for protective services for adults with developmental disabilities is currently assigned to Seniors and People with Disabilities (SPD) in partnership with the Office of Investigations & Training (OIT) located within the Health Services section of DHS. DHS Child Welfare (CW) is assigned the responsibility for all child protective services. This section describes how these services are implemented across SPD, OIT, and CW.

#### *Adults with Developmental Disabilities in Community Programs*

ORS 430.735, OAR 309-40-200, OAR 309-049-0035 and OAR 309-041-0375, **Appendix B**, govern investigation and protective services for adults with developmental disabilities receiving services. When an allegation is made concerning an employee of the State Operated Community Program, the OIT is responsible for conducting the

investigation. When an allegation is made concerning an employee of any other community program the Department's designee is responsible for conducting the investigation. The requirements and process of the investigation is the same for state and non-state operated community programs.

The Department's designee, the Community Mental Health Program (CMHP), Developmental Disability Program (CDDP), receives reports of abuse from mandatory reporters for individuals in non-state operated community programs. The CDDP electronically submits an initial complaint via the Serious Event Review Team system, which is further described on page 7 and 10-13. Depending upon the seriousness of the allegation, the CDDP may also notify the OIT by phone.

OIT staff review initial complaints as they are submitted. They may contact the CDDP and request additional information, or offer technical assistance and support. Based on the circumstances of the allegation and the information received from the CDDP, OIT staff may contact SPD to provide additional assistance or oversight to the CDDP.

Every CDDP has at least one staff designated as a Protective Service Investigator (PSI). **Appendix C.** When the CDDP receives a report of alleged abuse, it is assigned to the designated investigator. The CDDP is responsible for assessing the need for protective services and beginning the investigation within 24 hours of receipt of the report. If protective services are required, the CDDP is responsible for immediately providing protective services. If the investigator believes a crime was committed, local law enforcement is notified. In the event of a suspicious death, or where there is belief the death was a result of abuse, local law enforcement must notify the local medical examiner. The investigator has 45 calendar days to complete the investigation and report.

In the event the CDDP or the investigator has an apparent conflict of interest, encounters a complex case, or needs special assistance, the OIT staff is available to consult, accompany or in some circumstances conduct the investigation instead of the CDDP investigator. Additionally, OIT provides frequent and regular case

consultation including services of forensic specialists when injuries to the individual are part of the abuse allegation.

OIT reviews every investigation report that is submitted. The CDDP is responsible for completing and submitting all reports to the OIT. Reports are evaluated for thoroughness, objectivity and timeliness and the following questions considered:

- Were appropriate protective services provided?
- Were appropriate and relevant witnesses interviewed?
- Were appropriate policies and records/documentation identified?
- Was the standard of care identified (where relevant)?
- Were photographs taken (where relevant)?
- When reliability of witnesses is a factor, was this explored with other witnesses?
- Did the evidence support the findings or conclusions?
- Did systems issues contribute to abuse/neglect identified and were appropriate recommendations made that would ensure such systems issues are rectified?
- Was licensing unit notified (when appropriate)?

If questions remain, the investigator is contacted by OIT. OIT may request additional information or follow-up by the county.

OIT prepares a yearly report of all abuse/neglect allegations in the state involving persons with developmental disabilities. The report documents total numbers of cases, types of abuse, substantiation rates for the state and the county. The yearly report is supplied to counties and SPD staff and is available to the public upon request.

#### **Appendix D.**

With the implementation of the Serious Event Review Team (SERT) system, all information regarding allegations and investigations of possible abuse of persons with developmental disabilities has been integrated into a single system. The SERT system provides oversight of the process and enables monitoring, trend analysis, tracking and follow-up of corrective actions. Personnel from OIT and SPD are involved with staff at the local level to implement the SERT system and ensure the integrity of the information.

In addition to oversight and technical assistance, OIT offers training on how to conduct investigations and provide protective services to local PSI staff. Each assigned investigator must complete investigator training. OIT has developed an investigator manual **Appendix E**, which is provided to every investigator as part of their training. Investigator training opportunities are scheduled on an "as needed" basis depending on turnover and community needs. The new investigator may receive mentoring by the OIT staff or a local investigator upon completion of the training. OIT personnel have developed a standardized training module on mandatory reporting for service providers, **Appendix F**, that is available upon request. CDDP may provide mandatory abuse reporting training to providers within their county.

The Department sponsors two conferences annually in the spring and fall. The spring conference focuses on conducting investigations; the fall conference focuses on collaboration with law enforcement and district attorneys in abuse investigations. OIT collaborates with SPD staff in organizing and presenting both of these conferences.

#### *Children with Developmental Disabilities*

DHS Child Welfare is by statute (ORS 418.260 and ORS 419B.020), **Appendix G**, the state's only child protection agency. Everyone working in the fields of human service, medical and/or law enforcement field is a mandatory reporter for reporting suspected child abuse/neglect. Reports of suspected abuse/neglect must go to either the local DHS Child Welfare office or the local law enforcement authority in the county where the child lives.

Children receiving services through the developmental disability system remain under Child Welfare's protective service mandate for investigation. If a situation rises to the level of abuse/neglect as defined by statute, DHS Child Welfare must cause an investigation to take place. This clause allows the latitude to enter into a specific protective service agreement for DD children who are in 24-hour residential programs licensed by SPD. Children living at home and receiving in-home support, and children in foster homes, always fall under the protective service purview of DHS Child Welfare. When the CDDP Case Manager is notified of an allegation in a family





report is sent to the DHS Child Welfare branch where the residential site is located, to the SPD Children's Residential Unit, and to the child's county of case management. The SPD Children's Residential Unit is responsible to share written investigation findings and recommendations with the provider agencies, the state licensing unit, the child's family when the parent is the legal guardian and the appropriate CDDP. Provider agencies are required to submit a written correction plan to the SPD Children's Residential Unit, which is shared with the SPD Licensing Unit. The SPD Residential Unit is responsible to monitor provider completion of recommendations. Information on an allegation of abuse in the children's residential service system is incorporated into the SERT system by the Children's Residential Service Coordinators and available for review by the SPD licensing unit and by OIT.

### **System Oversight of Serious Incidents/Events**

Per administrative rules, service providers are required to submit reports of serious or unusual incidents to local Case Managers. The Case Manager is responsible for ensuring that appropriate review and follow-up of incidents occurs.

In the spring of 2000, the Office of Developmental Disability Services began the design and development of a Serious Event Review Team (SERT) process. The SERT process centralizes the reporting of both serious incidents and initial complaints of abuse. It provides for the integration and review of serious events and significant licensing issues at both local and state levels.

The new system includes the following features:

- ***A standardized state/county database that allows data entry directly into a secure web site***

County staff and Children's Residential Specialists enter incident reports and initial complaints of abuse electronically into a single state database. The data is entered into a secure web site, aggregated into a county data set, and then combined for a statewide analysis. The same definition of a serious event is used across the state. Serious event incident reports are filed for any adult who is receiving

SPD funded services, and for children who are in 24-hour group homes or foster care. See **Appendix I - Matrix** for reporting Serts.

County staff enter SERTs on events that occur in a family home when there is an allegation of abuse, or an individual has died and the CDDP has knowledge of the individual and the incident.

- ***A SERT Coordinator in each local County DD Program, responsible for the County's health and safety oversight process.***

The local SERT coordinator is responsible for ensuring that all serious events are reported in a timely manner and in accordance with requirements specified in the SERT Manual. The local SERT review process is convened monthly to analyze the data and ensure that follow-up and corrective action occurs.

- ***A set of standardized analytical reports generated through the web site to be used in trend analysis and problem tracking. This includes the ability to download database information from the web site.***

The type of reports that can be generated each month or for a specific time period include:

- ✓ A list of the types of incidents.
- ✓ The 10 individuals having the most incidents.
- ✓ The 10 provider agencies (within the county) having the most incidents across all program sites.
- ✓ The 10 sites having the most reported incidents.
- ✓ Timeliness of the investigation process.

- ***Data on licensing information by each licensed site, for all employment and 24-hour residential programs.***

The licensing unit has a process for identifying programs with compliance problems, which is reported into the secure web based SERT system for the appropriate county to access. It is the responsibility of the CDDP to monitor the progress of a program's corrective action plan and to report progress as part of the monthly SERT review process within the timeframes specified. The

Department maintains close contact with the CDDP as they monitor the providers implementation of the corrective action plan.

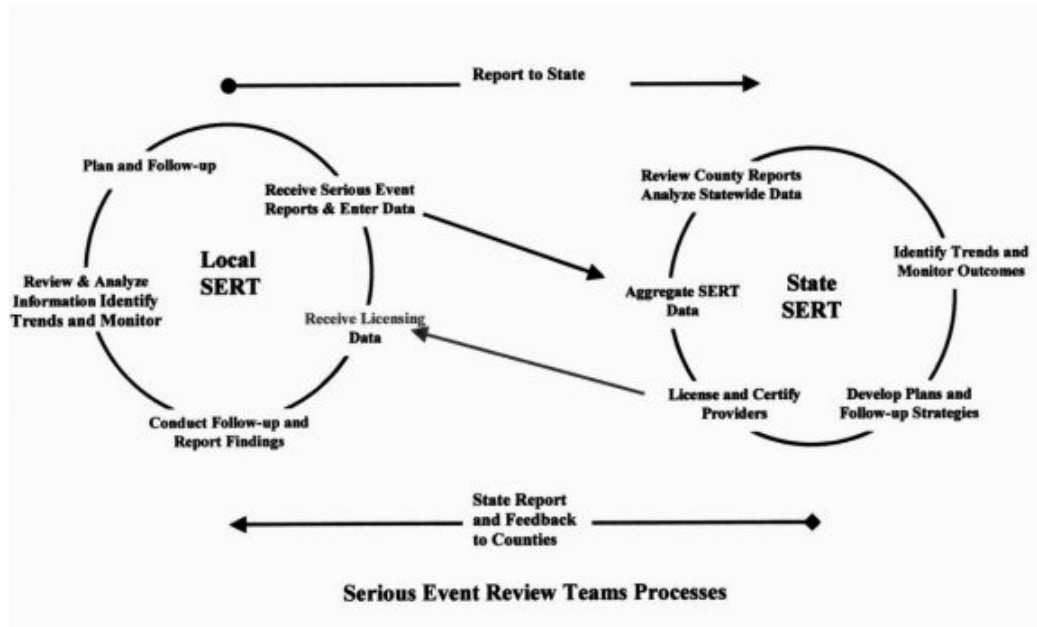
- ***A required monthly review by the county, of the data, to determine if there is timely correction of problems and an analysis of the information to detect trends or patterns.***

Each month the local SERT Coordinator is responsible for coordinating a review of the information on serious events and licensing information. In the instance of children's 24-hour residential services, the SPD Children's Residential Unit Manager functions as the SERT Coordinator. The review identifies any individual or system trends that require follow-up. A plan for follow-up and correction is developed. In subsequent months the SERT review process includes a review of the follow-up of the issues identified. The SERT Coordinator obtains plans of correction from agencies identified by the licensing unit as meeting the threshold for serious deficiencies. The SERT process monitors the completion of these plans of correction.

- ***A monthly review of all statewide data and county reviews, completed by a state review team with feedback to the counties.***
- A Serious Event Review Team within SPD is composed of key managers, the SPD quality assurance coordinator, the Medical Director, and regional coordinators assigned to oversight of regions of the state. The state SERT team monitors reports from each county to ensure that local issues are tracked and corrected, reviews statewide data for trends and patterns, and identifies any local or statewide issues that should be addressed.

Figure 4 depicts the SERT for reporting, reviewing, monitoring and corrective action.

Figure 4



## Mandatory Reporting of All Known Deaths

Deaths are reported electronically via the SERT system, for adults and children served in out-of-home placements.

Providers and county case managers follow applicable state, county and local law around the notification of a death, **Appendix J**.

1. If there is any suspicion of a crime, local law enforcement must be notified. If police are conducting an investigation, protective service personnel do not investigate until law enforcement has given authorization.
2. If the death occurs outside of a hospital, and hospice is not involved, then law enforcement must be notified, who in turn notifies the Medical Examiner. This notification occurs primarily through the provider of service or the family of the deceased.
3. If the circumstances of the death meet the criteria for abuse, neglect, or a death under unusual circumstances a report is made to the CDDP or DHS for investigation. While a protective service investigation (PSI) is occurring, other county staff, service-delivery staff, and DHS staff shall not proceed with any other

review or investigation (collecting records or conducting interviews), until authorized by the PSI investigator.

The death data is entered into the SERT system per procedure.

### **Safeguards for At-Risk Populations**

Many individuals with developmental disabilities have health or behavioral conditions that increase the risk of serious physical and health consequences. This section describes the measures that have been taken to protect individuals served in out of home, SPD funded placements whose health and/or behavioral conditions place them at risk.

#### *Supports for Persons with Increased Health Risks*

##### Health Support Unit

In January 2000, the Health Support Unit (HSU), composed of specialty trained nurses experienced in issues related to developmental disabilities, was created. The nurses work with the SPD Medical Director and are deployed to cover specific regions of the state. The nurses provide support, training and technical assistance to nurses, service providers, and case managers.

##### Review for Health Risks

HSU nurses also receive requests to review a person when health support needs are particularly unique or of concern. Sources of referrals include county case managers, state crisis workers, licensing staff, service providers, protective service investigators, and others. The HSU nurse reviews records, talks with staff and conducts observations. As a result of a review, the HSU nurse may suggest further medical evaluation or provide technical assistance or training to staff, nurses or case managers.

##### Risk Identification

By monitoring causes of death and issues in protective service investigations, the Department was able to identify four conditions that cause increased morbidity and mortality in people with

developmental disabilities. The four identified conditions are aspiration/choking, dehydration, seizures, and constipation.

A statewide effort to improve outcomes for people with these conditions has been implemented to focus attention and awareness of appropriate interventions. A curriculum and training to identify and address these risks was developed by the Health Support Unit to educate both providers and case managers. Since March 1999 HSU nurses have presented numerous training sessions on these conditions throughout the state. A copy of the training curricula and handouts are included as **Appendix K**. The training targets service providers, case managers, community nurses and families.

#### *Supports for Persons Who Are Behaviorally At-Risk*

Adults with significant behavioral challenges often present serious risks to themselves or others and require that physical or medical interventions occur to prevent or minimize injury or harm. A written Risk Tracking Record, completed by the individual's support plan team members as a part of the ISP, is used to identify significant risks in designated areas of health, safety and behavior. For further detail, refer to Chapter 3. The systems described in the next few pages, have been developed to address these challenging behavioral issues.

#### The Oregon Intervention System

The Oregon Intervention System (OIS©) provides a comprehensive system of training, assessment, plan development and monitoring designed to support and protect persons who may engage in challenging behavior. OIS provides mandatory training for caregivers and professionals in community residential and employment settings. The training is designed to maintain the safety of the individual, the safety of others (including caregivers), and protect the rights of the individual. Three levels of certification are available through the OIS system. The OIS© Process Reference Guide, **Appendix L**, outlines the framework of the statewide system and the OIS© 2000 booklet, **Appendix M**, provides the curriculum and training materials.

The governing body of this system, the OIS© Steering Committee, is composed of representatives from providers, higher education, professional behavior specialists, case managers, professional training experts, and staff from within SPD who specialize in developmental disability services, and services to children and families. The Steering Committee reviews and approves trainers and training resources; situations presenting significant or unique behavioral issues; requests for modifications of intervention techniques; protective services investigations (as requested); and provides oversight for the access, curriculum, and practices of the Oregon Intervention System ©.

### Monitoring of Psychotropic Medications

Individuals with behavioral challenges may also have mental health issues requiring psychotropic medications. Psychotropic medications may present risks to the individual, including serious side effects. Safeguards have been implemented for those individuals residing in licensed or certified homes, to protect individuals by ensuring that psychotropic medications are used appropriately. These safeguards include:

#### ◆ PRN Use of Psychotropic Medications Prohibited

Licensed and certified programs are prohibited from using psychotropic medications on a PRN (as needed or intermittent) basis. This prevents use of a psychotropic medication as a "medical restraint." If there is a justifiable reason for using psychotropic medication on a PRN basis, programs may apply for a variance of licensing or certification rules. Variances are reviewed individually by the state licensing staff. State or county staff also review for compliance with this expectation at regular licensing visits.

#### ◆ Monitoring of Psychotropic Medication Use

The Risk Assessment tool, **Appendix N**, provides an avenue for addressing psychotropic medications prescribed to address behavioral issues. Individuals with prescribed medications for behavior are monitored and reviewed by the Individual Support Plan (ISP) team and the prescribing physician.

Medications are monitored for the following:

- Desired response

- Adverse consequences
- Continued need
- Lowest effective dosage

Review of a medication monitoring process occurs during regular licensing or certification visits by state licensing staff.

- **Balancing Test Required**

The use of psychotropic medication and medication for behavior must be based on a physician's decision that the beneficial effects clearly outweigh the potentially harmful effects of the medication. A balancing test is required currently. The proposed Comprehensive 24-Hour Residential Services Rule will require that when such medication is first prescribed and annually thereafter, the provider shall obtain a signed balancing test from the prescribing health care provider, using the DHS Balancing Test form. The service provider must present the physician with a full and clear written description of the behavior and symptoms to be addressed, as well as any side effects observed. The provider shall keep signed copies of these forms in the individual's medical record for seven years. State licensing personnel review compliance of this requirement at regular licensing or certification surveys.

- **Training on Side Effects of Psychotropic Medication**

Regular training is sponsored each year regarding the use of psychotropic medications and the side effects of medication. Sessions on these and related topics are offered at the SPD sponsored Oregon Inservice on Developmental Disabilities. Regional training committees periodically sponsor training forums, offered to residential and employment service providers, case managers, personal agents and families.

### **Mandated Risk Identification and Protocols**

Information learned regarding the most frequent causes of death of individuals was incorporated into training and information for service providers and case managers. A more consistent procedure for screening and identifying risk factors was also developed.

#### *Risk Identification in Comprehensive Services*

In early 2000, two work groups were formed and charged with designing a system for identifying behavioral and health risk factors



of individuals as part of a comprehensive redesign of the process for developing Individual Support Plans (ISP). The result is a set of instruments, known as the Risk Tracking Record. The Risk Tracking Record will be used uniformly for all individuals living in 24 - hour group home settings, and/or anyone receiving employment services. Once individual risks have been identified, mandatory interventions or protocols are required. The level and type of intervention will depend on the specific risk factors involved and will become part of the annual ISP process.

These tools, as well as a completely redesigned ISP process have been field tested in selected sites across the state. **Appendix N** contains the current risk identification tools, instructions and requirements that have been developed for individuals in out-of-home placements. Statewide implementation of the risk identification process will be combined with the implementation of the revised ISP process, which is described in detail in Chapter 3. The timeline for implementation is included as **Appendix O**.



## Chapter 3. Plan of Care

# Individual Support Plan (ISP) System Processes

### **The Current ISP System**

All individuals receiving funded services are required to have an individualized plan of care or individual support plan (ISP) as described in Oregon Administrative Rules. Individual Support Plans provide the opportunity for enhancing the quality of life of each person by outlining his or her individualized services and supports. The person's (and his or her family's) participation and input is actively sought and incorporated throughout the planning process. The ISP team is responsible for assuring the individual's rights while equally protecting the individual's health and safety in the finalized plan. The ISP covers up to a 12-month period. All plans contain the service providers' program plan; the types of service to be furnished;

the amount, frequency and duration of each service; and the position responsible for carrying out the service.

The general welfare and personal preferences of the individual are the key consideration in the development of all SPD funded care plans. Observation and information gathering are basic to the preparation of plans. The ISP teams translate this information into goals and objectives, which are then contained within the plan. The plan results in outcomes that support changes in conditions, preferences and service needs. Each plan must ultimately include:

- Each service provider's program plan, with team modifications;
- Documentation of the need for additional evaluations or other services to be obtained and the person or provider responsible for assuring that these evaluations or services are obtained;
- Documentation of the specialized health care needs, health maintenance services and the person or provider responsible for assuring that these services are provided;
- Documentation of the individual's safety skills including the level of support necessary for the individual to evacuate a building (when warned by a signal device), the individual's ability to adjust water temperature, and the amount of time an individual can be without supervision before the missing notification protocol is implemented;
- Documentation of the reason(s) any preferences of the individual, legal representative and/or family members cannot be honored; and
- Documentation of the role and responsibilities of each participant in implementing the ISP plan, with specific ISP team member concerns, if any, noted.

#### *ISP Team Composition*

ISP teams are composed of the individual, representatives of all current service providers, the case manager, the individual's legal guardian (if any), advocate, and others determined appropriate by the individual receiving services. If the individual is unable or does not

express a preference for members of the team, the core ISP team then determines any other appropriate members.

### **The Revised ISP System**

SPD has undertaken a revised ISP tool and planning process for people receiving 24- Hour Group Home services. This section will reference the ISP process specific to individuals receiving this service. ISP's for individuals in other services are being evaluated against the new tool and process with the end result being revised and updated tools and processes for these individuals as well.

This process has progressed in three distinct phases: 1) development and field-testing; 2) training and implementation; and 3) evaluation and revision. Phase one and a significant portion of phase two of the new ISP system are completed. It is anticipated that the remainders of phase two, along with the evaluation phase will be completed by January 2005.

#### *Critical Features of Revised Processes*

The new ISP process for individuals in 24-hour group home services was created with several objectives in mind. The new system incorporates:

- The use of one plan which describes the integration of services and supports provided by paid agencies;
- A two-fold assessment process which combines person-centered information gathering with the acknowledged management of significant risks;
- The required use of standardized assessment and plan related documents. These identify the need for staff training, information sharing and support practices shared across the state;
- A methodology for resolving conflicts between an individual's choices and preferences and identified risks or other support needs at variance with the individual's general welfare;
- A more efficient method for changing the plan's content in response to an individual's service and support needs.

See **Appendix P** for a copy of the new ISP forms including protocols, plan format and ISP addendum.

### *ISP Assessment Components*

ISP assessment information is collected and summarized on a Personal Focus Worksheet and Risk Tracking Record. Other documents are also gathered for use in creating a new or modified ISP as needed by the ISP team.

The Personal Focus Worksheet (PFW) is one of two-mandated assessment forms that are used in a prescribed fashion. The PFW uses a person-centered approach to collect perceptions related to what is important to and for the individual; and what makes sense and what doesn't make sense, in the person's life. This information is gathered from the person receiving services through interviews or repeated observations. Information is also solicited from the people who are closest to the person. The information is summarized, prioritized, and transformed as part of the ISP.

Similarly, a risk assessment or management tool (Risk Tracking Record) is employed to produce recommendations to the ISP team in the areas of health, safety and behavior. Any issues that are excluded, and the related discussions and decisions must be contained within the final plan. Copies of the required assessment forms can be found in **Appendix Q**.

### *Required ISP Content*

Each plan developed and approved by the ISP team must:

- provide information on and the location of any necessary protocols or plans that address health, behavioral, safety and financial supports;
- include an Action Plan resulting from the ISP Team's decisions; (action plan outcomes and steps for achieving those outcomes are derived from the priorities identified in the PCP process, recommendations resulting from completing the Risk tracking form or efforts made to address personal preferences and diverging risks related to personal preferences)

- verify whether a Nursing Care Plan exists and where the plan is located.

### *ISP Team Composition*

ISP Teams are composed of the individual, representatives of current service providers familiar with the individual, family members, friends, and any others selected by the individual. The process for developing and modifying plans is contained in the SPD training manual **Appendix P**. Other plan requirements may be found in the OARs. In situations where the provider has not been trained in the new ISP system, the individual receiving services is still guaranteed a complete ISP with supporting documents as required by OAR 309-041-1300 through 309-041-1370.

### *Training the New ISP in 24-Hour Services*

#### 24-Hour Group Homes

A partnership between service providers, case managers and state officials which includes the training of ISP teams, has been critical to the success of the new system. The phase-in of the new format for those in 24-hour group homes is being implemented geographically. An estimated timetable for statewide implementation of the new ISP process for individuals in 24-hour group homes is included in **Appendix R**.

#### Non-Relative Foster Care Providers

A modified ISP process for non-relative foster care providers began implementation in January 2003. This new ISP process and the associated forms to be used by non-relative foster care providers will be phased in as new plans for individuals in service become due. Non-relative foster care providers will utilize tools to identify risks, assure that health and safety needs are evaluated and that rights are respected. The newly adopted forms elicit information regarding the individual's community involvement, medical protocols, financial planning, and other specifically identified supports, which are used to construct the ISP. **Appendix S** contains the relevant forms for ISP development for individuals in non-relative foster care. The training material will continue to be revised as the new system is evaluated and stakeholders input is provided.

## **ISPs in Support Services**

Persons enrolled in Support Services are required to have an ISP that utilizes a person centered planning approach. Individuals, with the assistance of their families and a personal agent, decide what supports are needed and how their funds are spent (within state/federal funding criteria).

### *Plan Features*

Each individual's support plan details the services, the person responsible to deliver the service, activities, and cost. A personal agent is responsible for writing the plan with the individual and his/her family. The planning process must address basic health and safety needs and supports, including informed decisions by the individual or his/her legal representative regarding any identified risks.

The plan must include:

- A description of the supports required to accomplish the plan with a brief statement of the nature of the disability that makes the support necessary;
- Dates when specific supports are to begin, and the end date for services covered by the plan;
- Projected costs, with sufficient detail to support estimates;
- A list of personal, community, and public resources that are available to the individual and how they will be applied to provide the required supports;
- Actual costs; and
- A schedule for plan review.

### *ISP Team Composition*

The individual, family, personal agent, and any one the individual selects, is part of the support team developing the plan.

### *ISP Training in Support Services*

Training will focus on:

- The “Support Services” rule;
- Orientation to any new reporting forms and requirements;
- Orientation to the new risk identification tools (when developed); and
- Implementation of a revised ISP format (when developed).

A copy of the plan format is included as **Appendix T**.

### **Planning for Children in Intensive In-Home Support Services**

Children’s Intensive In-Home Supports (CIIS) is a program that focuses on children, under the age of eighteen, who live at home and have extraordinary support needs. It includes children who are the most medically fragile or have some of the highest behavioral support needs in the state. The program uses a required ISP format. A copy of the plan format is included at **Appendix U**. The SPD Case Coordinator is responsible for assessing the service needs of the child and developing a comprehensive plan of care that:

- Defines the needs of the child within the family;
- Identifies the methods, resources and strategies that address those needs;
- Identifies the number of hours of services authorized for the child;
- Identifies other services authorized for the child;
- Identifies who will provide the services; and
- Identifies the cost of the authorized services.



No changes in the ISP process for persons receiving services through the CIIS program are anticipated at this time.

### *ISP Team Composition*

The family and the SPD Case Coordinator comprise the team.

### **ISP monitoring**

The QA system will have the responsibility for ensuring that the ISP process conforms to regulations and that the supports/services described in the plan are implemented. The following practices are designed to assure that ISP monitoring will occur in a standard manner across the state by December 2004.

- Comprehensive Service Providers, Support Services Brokerages, CIIS and CDDP's will have policies and procedures in place that describes the process to be used in monitoring. Copies of such policies and procedures will be available, and there must evidence and documentation that they are being followed as described.
- Comprehensive Service Providers, Support Service Brokerages, CIIS and CDDPs will be required to have an internal method for assuring that 100% of the ISP's for individuals are monitored and implemented. Programs will develop written procedures describing the process for internal review, and there must be evidence that the process is being implemented by December 2003.
- The CDDP Case Manager monitors ISP implementation for persons in Comprehensive Services and Family Support services. This is evidenced through participation at the ISP review, or by follow-up case notes that the plan has been monitored at least once during the plan cycle.
- A SPD Children's Residential Services Coordinator (RSC) monitors services for children enrolled in licensed 24-hour residential homes that are contracted directly with the Department. This is evidenced through participation at the ISP review, and follow-up case notes that the plan has been

monitored at least once during the plan cycle. The results of the monitoring must be provided to the CDDP Case Manager by SPD's RSC.

- The SPD Licensing/Certification team also samples ISP(s) at each provider site/program during regular licensing and certification surveys, to assure that the ISP's are current within a year, and that they are being reviewed by the CDDP.
- Personal agents monitor ISP implementation for adults in Support Services. This is evidenced through participation at the ISP review and follow-up case notes that the plan has been monitored at least once during the plan cycle.
- SPD Case Managers monitor ISP implementation for 100% of the children in the CIIS program. This review is evidenced through participation at the ISP review, and in case notes which reflect at least a quarterly review during the plan cycle.
- The CDDP Case Manager reviews, authorizes and signs the plan approval checklist, submitted by a Brokerage prior to implementation, to ensure that planning standards are met.
- A state certification team conducts a probe of county monitoring activities every three years during reviews of CDDP services, to assure that there is a procedure in place describing the process and schedule for conducting reviews.

### **Protection of Rights**

Oregon statute provides for the rights of individuals receiving developmental disability services from the Department. When individuals are determined eligible for and are enrolled in services, the CDDP or state Case Manager advises of these rights and any other rights provided for in state or federal rules governing specific services.

#### *Required notification*

Families and individuals with developmental disabilities are notified by the program providing services of their rights at the time of entry into a program, and in a timely manner thereafter as changes occur.

Information shall be presented using language, format and methods of communication appropriate to the individual's needs and abilities. Additionally, at the time of entry, and when changes occur, the program providing service also informs the individual, parent or guardian orally and in writing of its grievance policy and procedures.

### *Informed of Choice*

Oregon assures that individuals who are eligible for services under any of the Medicaid waivers will be informed, during the assessment and eligibility process, of feasible alternatives for long-term care. Before being placed onto one of Oregon's Medicaid waivers, the individual is given a choice between institutional or community based care. When an individual is determined to require the level of care provided in an ICF/MR, or hospital for waiver number 40193, the individual or his/her legal representative will be:

- Informed of any feasible alternatives available under the waiver, and
- Given the choice of either institutional or home and community-based services.

Case managers document the offer of choice on the Title XIX Waiver Form, **Appendix V**. The offer of choice is given before an individual enters a waiver service. The Title XIX Waiver Form is used to document that the individual or his/her legal representative was offered their choice and which choice was exercised, e.g., ICF/MR, hospital, or home and community based services. The signature of the individual or legal representative is obtained when possible. If it is not possible to obtain a proper signature on the form, confirmation of the choice can be documented by:

- A witnessed mark of the individual or legal representative; or
- A letter from the legal representative indicating choice and acknowledgement of fair hearing opportunity; or
- A witnessed and documented phone conversation with the individual or legal representative regarding choice and fair hearing opportunity.

A review of the information on the Title XIX form is conducted every 12 months from the initial date of the form's completion. A signature from a qualified employee of the CDDP indicates the review occurred.

### *Fair Hearing Rights*

When individuals or their legal representatives are given the choice of institutional or community-based services, a document titled "Applicable Laws and Rules," **Appendix W**, is provided which explains their fair hearing rights and how to exercise them. The document specifies that if there is a disagreement about the placement decision, and that there is belief that the decision is based in error, there exists the right to request a hearing before an impartial hearing officer within 30 days following the effective date of the decision. The Title XIX Waiver Form is used to record that the "Applicable Laws & Rules" document was provided to the individual or his/her legal representative by CDDP signature.

All individuals eligible for services under a waiver may request a hearing as described in 42 CFR, Part 431, Subpart E. The hearings are conducted in accordance with Oregon revised statutes and administrative rules. A fair hearing under 42 CFR 431, Subpart E is provided to individuals who are not given the choice of home and community-based services, are denied the Medicaid funded service of their choice, denied the amount of service of their choice, or are denied the provider of their choice.



## Chapter 4 Qualified Providers

An essential element of the service system that protects the health and safety of individuals is provider qualifications. It is the responsibility of the state to ensure that service providers are qualified and maintain a minimum competency level of service delivery. Oregon ensures the qualifications of service providers through statute, administrative rules and contracts. Standards are maintained that reduce or eliminate the risk of exploitation and/or abuse of persons receiving services by requiring criminal record checks on persons applying to work for the Department or its contractors. There are standards by which agencies are licensed or certified to provide services, and there are procedures in place to monitor and verify that standards are met. Finally, systems are in place to enhance and support provider competencies in service delivery.

### **Criminal Records Checks**

Oregon statute ORS 181.537 authorizes the Department to conduct criminal records checks. OAR 411-009-0000 through 411-009-0110 define those who are subject to a criminal history check.

The statute also enables the Oregon State Police to request a national check using fingerprints submitted to the FBI. This level of review is

required when specific and concerning circumstances become clear during Oregon's Criminal History Application process. The Department uses criminal offender information in making decisions about whether to license, certify, register or provide other regulatory oversight of subject individuals.

The Department maintains administrative rules that manage the criminal records-check processes for services to children and families and for developmental disability services. The rules governing these processes are included as **Appendix X**.

### **Licensing and certification standards**

Programs/agencies that provide services are either licensed or certified. All licensed and certified programs are governed by Oregon Administrative Rules (OARs).

Licensing and certification standards exist for each type of funded service. Each provider agency must maintain the necessary license or certification to operate services for persons with developmental disabilities. In addition to the standards for service delivery, each OAR delineates education, experience and training requirements for service provider staff. Service providers that hire staff or consultants that require a degree, license, or certification must ensure that the employee has and maintains the required pre-requisites.

#### *Provider Qualification Charts*

Enclosed as **Appendix Y** are the Provider Qualifications Licensure and Certification Charts from the Developmental Disability Services applications for Home and Community Based Waivers and Model Waivers. These charts delineate each provider (individual or agency) by type of service being purchased. They specify whether there is a required license, certification, or other standard. If a license or certificate is required, the governing state rule or statute is identified. When the chart lists an "Other Standard" it either specifies what that standard is or references an explanation that was provided in the narrative of the waiver application. The "Other Standard" language is included as part of **Appendix Z** as an attachment to the provider qualification charts. State licensing unit staff monitor provider qualifications as part of the licensing or certification process.

## **Program Licensing and Certification**

Licensing and certification is conducted by a SPD licensing team, or designated to the CDDP in the case of Foster Care. Those conducting a license or a certification visit are experienced in developmental disability services.

### *Conduct of Reviews*

Each rule governing the licensing or certification of a service provider specifies the time frame for the license or certificate. In most instances a license or certification covers a two-year time frame. In some instances, a three-year certification cycle is approved.

The licensing unit maintains procedures for the conduct of reviews. For example, included as **Appendix Aa**, is the “*Process for Conducting an Onsite*,” a procedure used by SPD licensing staff during residential licensing and employment certification reviews. All licensing team members conduct reviews using these standardized methods. This enables the unit to maintain a consistent approach to the review process across the state.

Organizationally, SPD licensing staff is assigned to specific areas of the state, to increase efficiency of reviews and maintain consistent application of standards across providers and the state. Reviews are conducted with the CDDP Manager (or designee) whenever possible. Residential licensing and employment certification reviews are always unannounced.

Adult Foster Homes are determined to be in compliance with the Administrative Rules, based upon information submitted by the applicant; an inspection of the home; and a personal interview with the provider. SPD delegates authority to the CDDP to conduct the inspection and the interview on behalf of the Department. Upon submission of all appropriate forms, SPD is responsible for reviewing the results of the CDDP review and compiling information sufficient to issue a license.

Licensing and certification surveys review all areas of the governing administrative rule, however, special emphasis is given to:

- assuring through sampling that employees had a criminal records check;
- Monitoring staff training and the implementation of core competencies;
- Reviewing a sample of individual support plans to see that they are being implemented as designed;
- Assuring that procedural safeguards regarding behavior management are implemented appropriately;
- Assuring that individuals health care needs are being appropriately addressed; and
- Assuring that the physical environment is appropriate and safe.

A license or certificate is issued when a program is found to be in substantial compliance with the administrative rule.

#### *Mid-Cycle Reviews*

A license or certification is generally awarded for two years. However, a process of "mid-cycle review" is conducted in the middle of the two-year licensure cycle of 24-hour residential programs (excluding Foster Care programs).

To prepare for the mid-cycle review, the provider agency conducts a self-assessment, Appendix **Bb**, of the site/program and submits the results with a plan of improvement, to the licensing unit. Licensing personnel review the self-assessment and then visit to probe the results of the self-assessment and follow-up on the mid-cycle plan of improvement. The mid-cycle review is viewed as an opportunity for training and technical assistance to be provided by SPD to 24 -hour residential providers and the CDDP in a proactive manner. If there are serious discrepancies between the self-assessment and the probe, or issues of concern are identified, the visit may move from a technical assistance visit to a compliance review. If the provider does not submit a self-assessment, then an unannounced visit may occur.

#### *Monitoring of Plans of Improvement*

If deficiencies are identified during the regular or mid-cycle review, the program is required to submit a plan of improvement and is given a reasonable time period for completion. If serious or



significant deficiencies are identified during the regular or mid-cycle review, the program is immediately informed that they have serious problems, and timelines for improvement are tailored to the seriousness of the deficiency. When significant deficiencies are identified, the licensing unit will conduct an unannounced follow-up visit to monitor the plan of improvement. Most follow-up visits are completed within sixty to ninety days of the original survey. In the majority of cases the team finds that the improvement plan has been successful and the program is issued a license or is certified. In the few instances where an improvement plan has not been completed, the team will make a determination on the severity of the issues, issue new or continuing citations, require additional plans of improvement, and determine timelines for action and additional monitoring. If the licensing team identifies immediate threats to the health and safety of individuals, then necessary steps are taken to protect the individuals being served. These steps can include sanctions up to and including license or certificate revocation.

#### *License Database*

The licensing unit maintains a database that tracks all program licenses and certifications. This database is used to track the type of review and schedule. .

#### *Programs with Compliance Issues*

The licensing unit has identified key rule citations that are indicators for residential (i.e. group homes, supported living, children's and adult non-relative foster care) or employment programs with compliance problems. If a program has failed to correct deficiency citations in these key areas after a follow-up review, they are identified as being at-risk and warrant additional oversight. Agencies are required to immediately submit a plan of improvement and the county is sent a notice that the license or certification is at risk. The notice includes a review of the deficiencies that warrant enhanced oversight. The timelines for corrective action are tailored to the seriousness of the deficiencies.

The program submits a plan of improvement to the CDDP and the licensing unit. During the plan of improvement period, the CDDP monitors and reports on the progress of the plan's implementation. The monthly SERT report to the state is used as the vehicle for

reporting this monitoring. The regional coordinator from the SPD County Relations Unit is also notified and receives a copy of the deficiency report. The regional coordinator and county staff may confer and facilitate additional technical assistance and/ or monitoring to assist the agency in implementing the plan of improvement.

The regional coordinator reports monthly at the state SERT meeting on the county oversight of the plan. Reports from the Office of Investigation and Training are also provided and any relevant protective service action is reviewed and discussed. In rare instances, where there is a question as to the health and safety of individuals, the state may require county staff to conduct onsite monitoring up to and including daily visits.

### *Sanctions*

When there is a continued pattern of failure to correct deficiencies the Department has the option of imposing a variety of sanctions. These can include placing conditions on the license, prohibiting or restricting admissions, assessing financial penalties (for licensed residential programs, i.e. adult group homes and non-relative foster care), and/or revoking the license or certification. The choice of sanction depends on the severity and duration of the deficiency. A description of sanction levels is included as **Appendix Cc**.

An agency can request a contested case hearing regarding such action taken by the Department. In addition to enhanced oversight and the levying of sanctions, the state and county attempt to work closely with a provider to correct the identified problems. Sometimes the provider agency will determine that downsizing or voluntarily giving up a license/certification at one or more sites within their operation is necessary so that enhanced and concentrated oversight can better be provided. In some instances an agency may choose to give up all operations. The state and county then work together to find a new operator of the service, often in the same location, so there is as little disruption to persons with disabilities as possible. County personnel work closely with the individual and their family to provide information and support during a time of transition.

## **Qualifications of In-Home Support Staff**

With the development of the Children's Intensive In-Home Services (CIIS) program, Family Support, In-Home Comprehensive Supports and the program for Support Services, there has been a shift in how supports for individuals are provided. Individuals and families have responsibility for overseeing and managing the support. Often the support is provided in the person's home or in his/her family home. This has necessitated the development of standards for providers of in-home supports, as well as the development of a new industry of providers to provide these supports.

All individuals and agencies providing direct services in the family home or working directly with the person must meet state requirements to be a qualified provider. They must meet both general and specific qualifications, pass a Criminal Record Check, pass a check of the Services to Children and Families Abuse Registry if working with children, and a check of any professional agency to verify that any applicable license or certificate is current and unencumbered. They are required by administrative or certification rule to maintain a drug-free work place.

The state has developed standards for independent providers paid with support services funds, provider organizations paid with support services funds, and for general business providers who provide in-home support. The agencies are certified or licensed by the state in accordance with the processes described earlier in this chapter.

### *General Qualifications*

General qualifications for providers of services in the family home or those working directly with a person, are that the provider must:

- Be at least 18 years of age;
- Possess the ability and have sufficient education to follow oral and written instructions and keep simple records;
- Have training of a nature and type sufficient to ensure that the person has knowledge of emergency procedures specific to the individual receiving care;
- Understand requirements of maintaining confidentiality and safeguarding individual information;
- Possess ability to communicate with the individual; and

- Have a valid driver's license, a good driving record, and proof of insurance, if providing transportation services.

The provider of service must demonstrate through their background, education, references, skills and abilities that s(he) is capable of safely and adequately performing the tasks specified in the In-Home Support plan. The demonstration of such are confirmed in writing by the parent (for children under 18), the individual or the individual's legal representative.

### *Specific Qualifications*

For adults and children receiving supports in the family home, the provider must be capable of meeting the needs of the child or adult as determined by the family (and a SPD Services Coordinator in the case of children in CIIS).

If an individual requires nursing care tasks during the time receiving care, the provider must either be a licensed health care professional or be delegated to perform the care by a licensed health care professional. This means there must be documentation in writing that the provider was trained by the licensed health care professional to perform the task and the licensed health care professional has delegated the person to perform that nursing task. The licensed health care professional must continue to monitor the performance of these delegated tasks and such monitoring must conform to Oregon Board of Nursing Standards.

When an individual has behaviors that put the individual or others at risk of harm, the provider must have sufficient training and experience to be able to respond to the unique needs of the individual. If the family utilizes the services of a behavior consultant, the consultant must, at a minimum:

- Have the education, skills, and abilities necessary to provide behavior consultation services; and
- Complete at least two days of training in the Oregon Intervention Services behavior intervention system; and

- submit a resume to the CDDP or brokerage, (if providing services for families receiving Support services) indicating at least one of the following:
  - A bachelor's degree in Special Education, Psychology, Speech and Communication, Occupational Therapy, Recreation, Art or Music Therapy, or a behavioral science field and at least one year of experience with people with developmental disabilities who present difficult or dangerous behaviors; or
  - Three years experience with people with developmental disabilities who present difficult or dangerous behaviors and at least one year of that experience must include providing the services of a behavior consultant.

For other specialists, such as social/sexual consultants, nursing consultants, environmental modification consultants, environmental accessibility adaptation providers, psychologists, social workers, counselors, medical professionals and dietitians, prescribed standards must be adhered to.

If the person is receiving services under the model waiver for children (CIIS Program) the consultant must submit a resume to the State indicating at least one of the following:

- A bachelor's degree in Special Education, Psychology, Speech and Communication, Occupational Therapy, Recreation, Art or Music Therapy; or
- A bachelor's degree in behavioral science field and at least one year of experience with people with developmental disabilities who present difficult or dangerous behaviors, or
- Three years experience with people with developmental disabilities who present difficult or dangerous behaviors and at least one year of that experience must include providing the services of a behavior consultant.

## **Other Provider Monitoring Activities**

The Department has in place or is in the process of implementing additional mechanisms that are specific to individuals supported in out-of-home residential services or employment/day habilitation services. Strategies were identified to address priority issues for these settings.

#### *Monthly Visits to Residential Sites*

One new feature requires a Case Manager to conduct monthly site visits to every SPD licensed 24-hour residential home or foster home where children or adults with developmental disabilities reside, to ensure the basic health and safety of individuals living in those settings. Visits to site based employment or a community inclusion provider may be substituted for up to two of the monthly visits as long as they are not consecutive. Case managers will use the time in the home to look at the implementation of individual support plans and the use of supports through materials available, and may talk to individuals who are present about their satisfaction with services. Unless individual arrangements are negotiated between SPD and a CDDP, a SPD children's residential Services Coordinator shall monitor services for children in licensed 24-hour residential homes that are contracted directly with the Department and provide the results of the monitoring to the local Case Manager. Case managers may also follow-up on licensing issues or serious event reports. The county will be expected to maintain a record of each site visit and any findings, through a county adopted monthly checklist. Contacts with individual service recipients will be documented in case manager case notes.

#### *Employment Outcomes*

Outcome measurement in employment services is another tool used in monitoring programs. The Employment Outcomes System (EOS) collects "snap-shots" of productivity and integration performance indicators for individuals receiving employment services funded by SPD. Since 1996, the University of Oregon has been responsible for gathering, analyzing and distributing semi-annual reports to the state, and service provider personnel.

#### How is It Reported

Twice per year service providers receive a preprinted form, **Appendix Dd**, to report seventeen measures of integration, wages,

benefits, hours and types of program environments for all persons served. The University then aggregates, analyzes and prepares reports of the information. All providers receive statewide summary graphs, a newsletter and site specific summary that is compared to the statewide data. The state receives all of the above information plus county summaries and rankings, provider summaries and rankings, and any specific studies that have been requested. Samples of these materials are included in **Appendix Ee**.

#### How is it Used

SPD uses the information in reporting the benefits of services to the legislature and to federal officials. It will become part of the review of service provider performance, during the certification process. The reports are useful in communicating program expectations with counties and providers, and identifying training and technical assistance needs.

#### What's Working and Not Working

The use of the employment outcome reporting mechanism has provided a focus for the state and providers on the value and importance of the indicators being measured. The tool is simple, the indicators have been validated and the time for reporting is reasonable. Areas for improvement include:

- Working on provider participation and reporting;
- Ongoing training of Case Managers and CDDP personnel in how to read and use the data;
- Identifying and incorporating additional indicators for programs that have a primary focus on community inclusion rather than employment; and
- Revising the rules for service providers to incorporate the use of EOS data in the certification review process.

#### *Direct Care Turnover*

Staffing residential services is a major issue in Oregon as it is nationally. With the expansion of the service system and the closure of large institutions, the development of small community residential

homes employing shift-based staff have proliferated. The staffing needs of these programs are significant. Wages have historically been close to or at minimum wage. The need to recruit and maintain qualified staff is well known to the industry and to state policy makers. In 1997 the state developed a long-range plan for developmental disability services in Oregon. As part of the plan to close Fairview Training Center, the legislature made a commitment to help strengthen the workforce in community programs.

In conjunction with service providers, the state developed procedures to collect data that monitors changes in direct care wages and staff turnover on a monthly basis. Providers submit this information monthly. Quarterly reports are prepared and distributed to the service providers and budget analysts at the Department of Human Services, the Department of Administrative Services and the Legislative Fiscal Office. Concurrently, the legislature authorized several modest wage increases for residential and employment services.

The impact of any wage increase is monitored and there has been some success in reducing staff turnover. Provider organizations have also been active in researching recruitment and retention strategies in an effort to make improvements. The Department continues to work with providers to develop strategies that impact recruitment and retention of staff. The reporting system provides a mechanism for the state to monitor the success of these strategies.

### **Training and Technical Assistance**

A critical component of maintaining a qualified workforce is to ensure levels of training and technical assistance to maintain skills and to provide for continuous improvement in supports for individuals with developmental disabilities. Service providers are responsible for hiring and training qualified staff and providing ongoing training and support to their staff. In addition, the state provides a variety of opportunities that support identified state and regional goals, ensures continuity in services provided, provides for day-to-day improvements in the delivery of services, supports identified system changes, and provides technical assistance for individuals or for programs with identified special needs. This



section will provide an overview of these critical training and technical assistance components that support the service system.

### *Training Plan*

SPD has developed a training plan for community developmental disability services. This plan describes contracted projects that are directed at supporting specific training and technical assistance goals of the state. The plan also includes several specific projects that support ongoing research or have direct service applications to individuals. This plan covers a broad spectrum of activities that are supported by the Department. The complete plan is included in **Appendix Ff**. Highlighted below are specific projects that address key supports for the service system.

### Core Competencies

Ensuring a stable, well-trained workforce is one of the Department's highest priorities. The concept of a core competency requirement was developed in the mid 1990's and a set of minimum competencies for entry-level direct care staff in community residential group homes for persons with developmental disabilities have been mandated by administrative rule since October 1998.

The Core Competency indicators were developed over the course of a two-year period, with input from key partners across the state. The process included a thorough field test, which resulted in further revisions to the competencies. Staff must demonstrate basic skills in order to work in residential group homes, in the areas of health, safety, rights, values and personal regard, and provider mission. Competencies were further defined and described, with timelines by which staff must demonstrate the skill assigned to each. Some competencies are required before a staff can work unassisted; other competencies must be demonstrated within thirty (30) days of hire, and others must be demonstrated by the three-month anniversary date of hire. **Appendix Gg** is the Oregon Core Competencies Resource Guide, which includes the skills and knowledge that newly hired staff of residential agencies must demonstrate.

Agency compliance with the core competency requirement is monitored through a licensing review, at which time the agency plan is reviewed to assure that the following are described:

- ✓ The core competencies;
- ✓ Training methods;
- ✓ Timelines for compliance;
- ✓ How competencies of staff are determined and documented, (including steps for corrective action), and
- ✓ When the provider will accommodate a staff person's specific circumstances and waive a competency.

Other indicators are also reviewed, which may suggest the lack or success of staff training, such as: incident reports; protective service investigations; medication administration records; and other routine means of communicating necessary services and supports. Recommendations or citations may follow the licensing team visit.

#### Community Supports

This project provides specialized training and technical assistance to community service providers to enhance their abilities to support individuals in crisis. This project also provides technical assistance to community programs undergoing difficulties in meeting licensing and certification standard. Department staff request intervention and then work with the appropriate CDDP staff to monitor and evaluate the recommended technical assistance strategies.

#### Mid-Manager Training

In addition to efforts supporting training of entry-level staff, the growth of the system has also identified the need for training and support of staff at the mid management level. The initial phase of the Mid-Manager Project was to identify and validate a common set of skills mid-managers must have to competently meet their responsibilities for overseeing a work unit. The project supported the development and distribution of a "tool kit" for mid-managers, provided ongoing technical assistance to 60 mid-managers from 20 agencies and provided up to 500 additional hours of technical assistance contacts in the implementation of the tool kit to an additional 50 agencies.

#### Person Centered Planning (PCP)

An important systems change component for service providers is the development of person centered planning skills and the new process

for individual support plans. The PCP project: identified and trained Essential Lifestyle Planning facilitators; worked with at least 28 agencies in the use of person centered planning; provided technical assistance and support in the development of a new individual support plan format and process; and field tested the new ISP. This project has been extended to support the phase-in of the new ISP system for persons in Comprehensive Services.

#### Self Directed Supports

The Self-Determination Project, initiated in 1998, embraces the philosophy of increased consumer involvement in the development and delivery of services. The technical assistance, training and support offered through the project assisted and encouraged the development of Brokerage Services that now offer support to consumers living in their own or their family homes. The service model developed with the support and guidance of the Self-Determination Project is the foundation for the Department's response to "the Staley Lawsuit" and subsequent application for a Support Services Waiver for adults with developmental disabilities.

#### Oregon's Inservice on Developmental Disabilities

For sixteen consecutive years an annual conference on developmental disabilities has been offered for professionals, paraprofessionals, self-advocates, families and other interested parties. The conference is organized around a variety of topical tracks, which offers approximately 140 one-hour sessions from which participants can choose. Conference speakers are both local and national experts. The Inservice provides an opportunity for state officials to inform the field on major system change features. The 16<sup>th</sup> Annual Inservice, held in June 2002 attracted approximately 1200 participants. Included, as **Appendix Hh** are sample agendas from some of the past conferences.

#### *State Offered Training Opportunities and Support*

In addition to training and technical assistance that is sponsored through training and technical assistance contracts/grants, SPD also develops or directly provides training and support using Department staff. The following areas are key training and technical assistance components provided by the Department to the service system.

## Support and Training of DD Community Nurses

Many residential providers hire or contract with nurses to provide administrative assistance to the agency or direct nursing services to people in the residential system. The Department, through the Health Support Unit, provides support and training to those nurses working in the field.

### Technical Assistance

The Health Support Unit nurses are responsible for geographic regions in the state. They are available to provide technical assistance to any nurse providing services through the DD system. These requests may result in face-to-face assistance or telephone communication. Referral to other resources, such as the DD Nurses Association, the Epilepsy Foundation, and other sources of training and information also occur.

### SPD Nurses Network

During the last 8 years, a series of classroom trainings have been presented throughout the state to foster and enhance the specialized knowledge needed by nurses in this field. A committee composed primarily of nurses working in this field has provided the guidance for the selection of the topics and the speakers. Included, as **Appendix II**, is a copy of a recent training.

Although nurses new to this field frequently come with skills valuable to the DD system, many nurses do not have the background in chronic health maintenance, are unfamiliar with the values that are the foundation of the DD system, and do not understand the unique requirements of administrative rules. The Health Support Unit nurses provide individualized mentoring of consulting nurses new to this field, and to those who provide direct nursing services to individuals within the developmental disability services system. Nurses who work shifts within group homes are usually oriented and mentored by their individual agencies.

### DD Nursing Manual

The Department nurses within SPD Licensing and the Health Support Unit developed a DD Nursing Manual to provide guidance and assistance to nurses throughout the state. At a conference to

introduce the manual on January 26, 2001, the key points of each section were presented to an audience of 110 attendees. These manuals are given to all nurses new to the field as part of the mentoring process. The DD Nursing Manual is included as **Appendix Jj** of this management guide.

### **Support and Training of Case Managers:**

Support of the case management system is a priority for the Department. Case Managers are the field staff responsible for the coordination of services for individuals with developmental disabilities. A standing committee composed of county case managers, the SPD Case Management Specialist and Quality Assurance Coordinator, CDDP Case Managers, and staff representing state provided case management services, meet on a regular basis to discuss training and technical assistance needs. The committee has developed a schedule of training for case managers, which can be found in **Appendix Kk**.

### **Basic Case Management Training:**

Case Management Basics is a two day training for recently hired Case Managers, employed by either the CDDP or SPD. Training is provided approximately every two to four months. Included as **Appendix Ll**, is a sample training notebook provided each participant. The training agenda can be found on the first page of the notebook.

Reinforcing the responsibility of offering choice and informing individuals of their rights to file grievances and request a Fair Hearing, is a renewed focus of Case Management training. Support Services Specialists have been trained on their responsibilities for authorizing and monitoring plans submitted by Brokerage Personal Agents. Additional training will emphasize:

- The implementation of revised waiver documentation requirements;
- AFS Hearings Request Form 443;
- The revised CDDP Administrative Rule; and
- CDDP standards with regards to quality assurance and administrative responsibilities as delineated in this management guide.

### Case Management Conference

The Case Management Conference has been designed as an opportunity for Case Managers to meet one another to discuss both generic issues relevant to the practice of case management, and specific issues related to providing services in Oregon. The conference has rotated locations and offers opportunities for case managers to interact and establish a network of colleagues. Conferences occurred each November in 1999, 2000, and 2001.

### Serious Event Review Team (SERT) Training Forums

The Serious Event Review Team system was developed as a strategy to track and evaluate serious incidents across the state of Oregon. The system identifies trends or other issues that need addressing through increased monitoring, training, technical assistance or policy changes. SERT Coordinators for each county in Oregon have been identified. Two training forums have been offered to date. The first forum launched the proposed system and the second was an opportunity for CDDP SERT Coordinators to provide SPD with feedback on the system and to make recommendations for change. Additional opportunities to gather county SERT coordinators with state staff will occur on a regularly scheduled basis.

### Client Process Monitoring System

The Client Process Monitoring System (CPMS) is the state's system for gathering individual data on the persons receiving service. The system has gone through several revisions to accommodate the growth of the service system. A statewide training was provided in spring 2000, which covered important topics both from the Case Manager and the provider perspective. Training is provided locally upon request.

### Protective Service Investigators Training

Interagency collaboration between SPD and OIT has resulted in the production of several statewide conferences. Common issues and agency specific training needs are identified and addressed. The opportunity for cross training between agencies is a benefit of this collaborative effort. National and international speakers have presented at each of the conferences. Conferences have occurred annually.

### Building a Successful In Home Support Plan for a Child in Crisis

This training was designed for Case Managers who plan in-home supports for children with developmental disabilities in need of long-term diversion planning or who are planning to return home following a crisis placement. The role of a Case Manager is key to ensuring that the child is supported through the entire process (i.e. the initial crisis, the development of the plan and the follow up of the plan). Roles of the resource people (crisis diversion and SPD developmental disabilities staff) who support Case Managers were also discussed and explored. Nine training forums occurred throughout the state in 2000.

### **Support and Training for Foster Care Providers:**

#### Children's Foster Care Providers Training

Training specific to the development of ISP's for children in foster care is occurring across the state. The training reviews the new ISP format for children, and addresses the proper recording of supports, and who is responsible for providing supports to a child in foster care. Additionally, training to Case Managers on the new Foster Care manual is being provided during the spring of 2003. The manual and training include required documentation for entering a child into foster care, the paper work requirements for SSI, and other data collection entities. This training includes various scenarios, which address the issues of transfers and placements for a child coming into the foster care system.

#### Adult Foster Care Providers Training

The Oregon statutes for foster care were revised in 1995 to require that all adult foster care providers be trained and tested in basic skills. The training requirement became a prerequisite for adult foster care providers to obtain a license. As a result, a twenty-hour training course for adult foster care providers was developed. The training course is mandated for all licensed adult foster home providers and substitute care providers serving individuals with a developmental disability. A series of eight, two and a half hour tapes were developed and distributed throughout Oregon's 36 counties. New foster providers are required to review the tapes and take a test on each. Providers may challenge the coursework of each tape by taking a particular test prior to viewing the relevant tape. CDDP's lend the tapes to prospective foster care providers and proctor the

test taking. Licensing staff of the Department corrects each test. Foster home providers or the provider's staff who are unable to pass one or more of the tests, cannot renew their license to operate or work in an adult foster home.

Included as **Appendix Mm**, are the written materials that accompany each of the tapes and the tests. Copies of the tapes can be provided upon request.

#### Monitoring Residents Funds who live in Adult Foster Care

As a result of an audit conducted by the Department, it became clear that there was inconsistency across the state regarding the use of personal funds in foster care. The need to train Case Managers to their role as monitor became elevated and a statewide training was implemented during the November 2002 - February 2003. See **Appendix Nn** for the training materials.

#### *Regional Training Committees and Local Training Plans*

In April 1992, the then Office of Developmental Disability Services (now SPD) invited regional entities to submit plans describing how training and technical assistance might be provided to local constituents, if financial and administrative support were available. This invitation was seen as a way of creating opportunities to assist caregivers and providers increase their skills and expertise in particular areas of service.

Local Training Steering Committees were established in response to the invitation, and asked to submit plans to:

- Identify the training needs of their region;
- Design and implement a system whereby training and technical assistance requests are reviewed, negotiated and contracted or monitored;
- Provide or arrange for training and technical assistance within available resources;
- Design and implement a system which evaluates and reports to the local community and SPD, the prioritized needs of the community;
- Identify local resources;
- Determine the effectiveness of the training provided; and
- Maintain an administrative infrastructure to support the



training activities.

As a result, seven training regions were identified and the Department contracted for the delivery of local training services. Training needs of local communities were identified by the regional training committees. Training forums were then offered to address those needs.

During the 1995-97 biennium, Regional Training Steering Committees were required to allocate 75% of their budget to support the implementation of "core competency" training (as previously discussed in this chapter) to staff working in residential settings. Regions were responsible for focusing their training resources to assure that systems for implementing core competency training and evaluation were occurring in each regional area.

During the 1999-01 biennium, the requirement for prioritizing and implementing core competency strategies was removed and regions again provided training based on the identified needs of their area. The Department directed regional training committees to realign so as to match the geographic regions formed to pool resources for crisis/diversion services. As a result, the numbers of regions were reduced to five. Active discussion between those providing training and those responding to crisis situations became a part of the local planning meetings. Strategies to utilize training resources pro-actively helped mitigate some of the crisis that were occurring.

Regional training steering committee members, as well as their crisis/diversion counterparts, came together to assist the Department in evaluating statewide training needs for the 2001-2003 biennium. Tasks of the group included:

- Identifying training needs that the Department shall assume responsibility for funding and for monitoring;
- Identifying training needs that regions shall assume responsibility for funding and monitoring;
- Reviewing requests for proposals issued by the Department;
- Reviewing SPD developmental disability training budget allocations and making recommendations for prioritized training for the 01-03 biennial budget; and

- Participating in regular meetings with regions and Department staff to plan, evaluate and implement training strategies for the developmental disability service system.

It is expected that with this close cooperation between the state, the regions and the counties that training to community programs and staff and will meet local needs and maintain a well-qualified workforce.



## Chapter 5 Other Administrative Issues

This chapter describes the administrative design features that are specific to Oregon’s administration of Medicaid Waiver services for persons with developmental disabilities.

### **Single State Medicaid Agency**

The Oregon Department of Human Services (DHS) is the single state Medicaid agency and, as such, has the responsibility to design and implement a system for the administration, oversight and quality improvement of services for its citizens with developmental disabilities who are served by the Department. Seniors and People with Disabilities (SPD) is the policy unit within DHS that has the responsibility to provide the leadership and expertise in the design and implementation of services for persons with developmental disabilities. County government, through its intergovernmental agreement with the Department, acts as the Department designee in providing the administrative oversight of services for persons with developmental disabilities living out of their home or in their home and receiving services costing over \$20,000 annually. This includes the administration and oversight of home and community based waiver services.

## **Medicaid Waiver Compliance**

A focus on Medicaid Waiver Compliance is being instituted within the Seniors and People with Disabilities Program and Planning Unit. This Unit has the responsibility for coordinating the Department's oversight and administration of waiver services for persons with developmental disabilities. The unit is also charged to work with staff throughout the Department and CDDP's or their designees, to coordinate essential oversight activities. Key staff from elsewhere in the Department includes licensing staff, regional coordinators, and program specialists. These individuals play essential roles in licensing, technical assistance, and management of services.

SPD's Quality Assurance Coordinator also serves as the state SERT Coordinator. The SERT process is an essential component of SPD's quality assurance system (Chapter 2). The SERT Coordinator is responsible for the design and maintenance of the SERT database and web site, and for the management of the SPD SERT processes. That includes coordinating the SPD Serious Event Review Team on a monthly basis to review CDDP SERT reports, review the statewide data, identify trends, provide feedback to counties and identify statewide strategies to resolve issues as they are detected in the review process. It also includes designing and implementing training of both state and local SERT members.

The Department's staff involved in Waiver Compliance and the staff of the County Relations Unit will work to:

- Monitor level of care assessments and Title XIX Waiver eligibility;
- Ensure that individuals receiving waiver services have been offered choice and informed of their rights to a Fair Hearing;
- Monitor case management services;
- Ensure that CDDP personnel meet the required qualifications;
- Conduct reviews of regional and local crisis/diversion services;
- Ensure that local quality assurance features (as specified below) are in place and being implemented in the manner prescribed; and

- Ensure that only qualified providers are utilized in the provision of services.

The Unit will not be responsible for conducting financial audits, but will conduct probes of brokerage service expenditures to ensure that services purchased are allowable and within the rule. Where problems are identified, the County Relations Unit is responsible to monitor corrective actions.

#### *Title XIX Waiver Eligibility of Consumers*

As a function of Waiver Compliance, the Department will monitor to ensure that community services comply with state and federal requirements governing waiver services to individuals. The following features describe the Departments efforts.

#### *Level of Care Assessments*

A CDDP case manager completes the level of care assessment on the Department's "Title XIX Waiver Form." The form is then sent to SPD. The Department's Diagnosis and Evaluation Coordinator reviews the assessment and determines if the person qualifies for an ICF/MR level of care. In the case of one CIIS program, the Medical Director determines a hospital level of care.

SPD also verifies the ability to match Title XIX funds, and if the individual is in wavered services. A cover letter of waiver eligibility and the original Title XIX waiver form is sent to the Case Manager. If the individual is approved for a waiver they are then enrolled appropriately by SPD. It is the responsibility of the case manager to ensure that 100% of individuals in services have been assessed, that a Title XIX form has been completed and that individuals have been found eligible for services to people with developmental disabilities, before enrollment in the waiver. Case Managers are not required to determine financial eligibility before enrollment. SPD checks the Departments Medicaid eligibility files to determine financial eligibility. It will be the responsibility of both the CDDP and the Department to probe case files to assure that the level of care assessments are completed, current and in the file of an individual.

#### *Offer of Choice and Notice of Fair Hearing Rights*

In addition to the level of care assessment, forms will be probed to

assure that:

1. Individuals or the guardians of individuals who are determined to be ICF/MR or hospital eligible have been offered the choice of home and community based waiver services or institutionalization.
2. The offer of choice must have been made before an individual enters services; and
3. The Title XIX Waiver Form appropriately documents that the offer of choice was presented, and the date.

The probes will also monitor that notification of Fair Hearing rights was provided. The individual or his/her legal representative is notified of the right to a Fair Hearing at the time choice of home and community based waiver services is offered. A document that explains the individual's rights and how to exercise these rights is given to the person or their legal representative. The document that explains these rights is entitled "Applicable Laws and Rules." The Title XIX Waiver Form is used to document notification of rights and that the Applicable Laws and Rules form was provided and explained to the individual or their legal representative.

#### *Annual Reviews*

Finally it is the responsibility of the CDDP to review the level of care assessments annually. County quality assurance programs will be required to monitor case files to ensure that annual reviews are completed as required. The Waiver Compliance Unit and Licensing Unit staff will also probe case files during certification or waiver compliance reviews.

#### **Coordination of QA by State and County**

It is the responsibility of the state in partnership with counties to manage quality assurance activities. Both have quality assurance teams that monitor and oversee the quality assurance functions described in this guide. State and county staff are assigned to support these efforts.

### *County Quality Assurance Program*

The Department is currently revising rules governing county Community Developmental Disability Programs (CDDP). This rule will include requirements governing the minimum quality assurance activities by the county. This includes:

- Tracking the license and certification status of contracted service providers, including the status of plans of improvement and any required corrective actions; and
- Measuring the county's performance in the following areas:
  - The delivery of case management services by evaluating the content of case files, progress notes, complaints and/or grievances in order to ensure the accuracy of entries and continuity of ISP provisions.
  - The continuous coordination, delivery and monitoring of services and supports.
  - Compliance with state and federal standards.
  - Reviewing the CDDP's administrative and other contract services to measure performance of and compliance with state and federal regulations
  - Assuring the CDDP's timely submission, accuracy and reconciliation of financial services including, but not limited to, personal care services, county provider contracts, TSARs, Provider Financial Statements (PFS), CPMS, Title XIX Waiver Forms, and the year end financial settlement.
  - Requiring the CDDP or its designee to develop and implement a quality improvement plan in response to deficiencies in meeting issues identified in the SERT process or to address unmet needs as determined through the annual review of the CDDP's quality assurance components.

### *County Quality Assurance Coordinators*

In partnership with local government, and to address the need for increased capacity for local coordination of quality assurance, SPD allocated additional resources to counties in July 2002. In most circumstances, each county hired a coordinator for quality assurance activities. In a few instances small counties share a coordinator who is an employee of the Regional Office for that group of counties. This person is the designated contact for the state on all quality assurance activities. The coordinator is responsible for monitoring and reporting whether state and county quality assurance processes described in this manual are implemented. This includes such activities as:

- Coordinating the protective service functions for the county (this includes insuring that investigations and reports are completed in a timely manner and that county staff are properly trained);
- Data entry of the serious event reports and initial complaints;
- The county SERT process;
- The completion, by Case Managers, of monthly site visits to residential programs and foster care homes;
- Monitoring and reporting on the plans of improvement for the programs identified by state licensing teams as needing additional oversight;
- Monitoring and reporting whether recommendations from protective service investigation reports are being followed;
- Monitoring annual level of care reviews and completion of Medicaid Waiver eligibility forms;
- Ensuring that annual consumer focus groups are convened and feedback is provided to providers and the state; and
- Convening the county quality assurance committee monthly.



It is the responsibility of the QA Coordinator to coordinate, monitor and report on these activities. The degree to which the Coordinator is the person actually performing these activities is the determination of the DD Program Manager of the county and is dependent on the size and variety of the county.

#### *County Quality Assurance Committees*

Each CDDP began to establish quality assurance committees in the fall of 2002, for the purposes of planning for the quality assurance activities of the county, and creating a formalized annual review process. In some cases, the community mental health and developmental disability advisory committee fulfills this role, and in other counties there is a separate quality assurance committee. The CDDP must ensure that the committee is comprised of representatives from the service provider community, self-advocates, families, and case management. The activities of the Quality Assurance Committee include, but are not limited to the following:

- Conducting consumer satisfaction surveys and focus groups at least annually and upon request of SPD.
- Analyzing the summarized results of the consumer satisfaction probes, and the CDDP's abuse, licensing and SERT databases and quality improvement plan.
- Reviewing and providing input to an annual quality assurance plan. By utilizing the response to information listed above, the QA Committee can assess and evaluate whether the external measures effect or impact the quality of services and suggest changes, accordingly.
- Providing review and comment on CDDP plans for Local QA Plan activities;
- Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.

#### *State Quality Assurance Committee*

In July 2002 the Department convened a state Developmental

Disabilities Quality Assurance Committee. The Committee is composed of a group representing SPD, providers, counties, and self-advocates. The Committee intends to give broad-based feedback and recommendations on the Statewide Quality Assurance efforts.

### **Mandatory Consumer Involvement**

Consumer involvement in the planning and oversight of services is a value that is imbedded in state rules and policies. The following are features/requirements by the state that support this value.

#### *Representation on Local Planning Groups*

Consumer involvement on local community mental health and developmental disability advisory committees is required by Oregon administrative rule. In addition, rules governing employment and residential services include requirements that family and consumer involvement is supported. The rules require that each program shall have and implement a written policy that addresses:

- Opportunities for the individual to participate in decisions regarding the operations of the program;
- Opportunities for families, guardians, and/or significant others of the individuals served by the program to interact; or
- Opportunities for individuals, families, guardians, and significant others to participate on the Board or on committees of the program or to review policies of the program that directly affect the individuals served by the program.

Finally, current rules governing Support Services for adults with developmental disabilities require that brokerages:

- Shall develop and implement procedures for incorporating the direction, guidance and advice of individuals and family members of individuals in the administration of the organization; and
- Shall establish and utilize a policy oversight group, of which the membership majority shall either be individuals with developmental disabilities or family members of individuals with

developmental disabilities.

### *Consumer Satisfaction*

The Department is in the process of revising administrative rules governing the administration of developmental disability services by counties. The revised rules will include a requirement for the regular evaluation of consumer satisfaction with services. This evaluation will include the requirement that:

- Case Managers be responsible for monitoring consumer outcomes and level of satisfaction with individual services being provided for all individuals receiving case management services;
- Counties shall conduct annual consumer satisfaction surveys at the request of the Department;
- County Quality Assurance Committees shall convene focus groups of consumers targeted at evaluating key features of the community system, as identified by the Department or the county quality assurance committee; and
- County quality assurance staff will conduct probes of 10% of plans to monitor service outcomes.

It is expected that the rules with these requirements will be in place by the summer of 2003. The results of consumer satisfaction surveys and focus groups will be aggregated by the county and submitted to the state quality assurance committee.

### **Monitoring of Local Administration**

The Department Licensing Unit in coordination with the Waiver Compliance Unit and the County Relations Unit is charged with monitoring local administration of services and certifying compliance with rules governing the operation of CDDP and Support Service Brokerages. As the new Administrative Rules are put into place, the responsibility for coordinating reviews of county administration of services may be implemented, every three years. At a minimum this includes monitoring/certifying services against Oregon Administrative Rules which may include:

- Monitoring of the delivery of case management services;
- The provision of crisis/diversion services;
- Probes of qualifications of Case Managers and DD program managers;
- Monitoring of case files for service documentation; and
- Documentation of waiver eligibility and annual review.

### **Emergency Contingency Plans**

Provisions for ensuring that there are emergency contingency plans are included in all rules governing direct services to individuals. This includes rules for Support Services for Adults with Developmental Disabilities, 24-Hour Residential Services, Foster Care, Employment and Alternatives to Employment, Semi-Independent Living and Supported Living Programs. These rules require programs to have

"A written emergency plan that is implemented and that includes instructions for staff in the event of fire, explosion, accident, or other emergency including evacuation of individuals served."

**Appendix Oo** lists the specific references in each rule governing safety contingency planning.

Because the CDDP is a county operated service the program is able to coordinate effectively with county emergency services. However, the case management rule does not presently include a requirement for emergency contingency planning by the CDDP. The new rule governing the CDDP's administration of the developmental disability program county operated services as earlier referenced, will include a requirement for county emergency contingency planning and county oversight of provider contingency planning. This rule is expected to be in place by summer of 2003.



## Chapter 6 Fiscal Accountability

### **Financial Activities**

The Department assures financial accountability of the expenditure of all state and federal funds including Medicaid funds for services provided under its Home and Community Based Waivers for persons with developmental disabilities through various activities. These activities include:

- Maintenance of appropriate financial records by the State, Counties, and Providers;
- Financial reviews and audits; and
- Actions taken by the State to correct deficiencies in financial accountability

### **Financial Records**

#### *State Financial Records*

The State maintains the following records:

#### Client Process Monitoring System (CPMS) related data and documentation.

The CPMS documents contract utilization and provides financial information for auditing contract performance. CPMS produces the following reports:

Termination and Service Adjustment Report -(TSAR); Provider Financial Statements (PFS) including the Client Offset Information (COI) (residential

services only); and Fiscal Year Reports provided on a biennial basis for use in the settlement process.

The CPMS documents the type, duration, and cost of State funded DD services. An enrollment form, **Appendix Pp** is completed on each individual receiving services which includes the name of the individual, Medicaid identification number, type of service received, dates of service, and total amount for each service. This information is maintained in a computerized database. This allows tracking of all waiver funds to individual clients.

County and provider staff sends the paper CPMS enrollment forms to the State for data entry. Preprinted termination reports (TSARs) **Appendix Qq** are generated by CPMS and mailed to the counties and providers. The forms are completed as applicable and returned to SPD, where the data is entered into CPMS. Enrollment and termination reports are stored on site for review.

Costs associated with services are entered either through the enrollment process or through the contracted rate tables maintained within CPMS.. Expenditures for each category of service are in CPMS. Each record contains client identifiers, waiver eligibility, demographic information, type of service, dates of service, and cost of service. A summarized record from this database is uploaded to the mainframe. Reports are generated that calculate the total cost and number of individuals served in each category of service.

Reimbursable costs for some services are offset by an amount paid by the client. These offsets are computed by CPMS from income information matched from the Medicaid Management Information System (MMIS) using State Medicaid eligibility rules. The monthly Provider Financial Statement (PFS) and the Client Offset Information (COI) documents this income and offset information. Copies of the PFS and COI are kept on microfiche. Documentation of changes to the contracted rate tables is stored on site with the contract information (described below). Annually these PFS's are rerun to produce an annual report for the prior fiscal year. Any changes that have been made to the CPMS are reflected in these reports. The reports are available to the counties and providers for review, and copies are retained by the state for review.

Medicaid Management Information System (MMIS) related data and documentation.

Payments for DD foster care services are made through the Community Based Care (CBC) subsystem of MMIS. Individuals are enrolled by field staff, who enter the appropriate benefit case descriptor to the Medicaid eligibility files in

MMIS. Record of this enrollment is kept in accordance with applicable rules and guidelines. The provider is added to the MMIS provider files after meeting all of the required qualifications. The SPD Licensing Unit staff maintains the provider enrollment information. Once these two steps have been completed, the County Case Manager completes the Personal Care Foster Home Data Form **Appendix Rr**. This form is sent to SPD where the payment authorization is added to the CBC system. The SPD staff entering the authorization maintains these records.

The CBC includes an automatic payment authorization form (512) that acts as an agreement between the provider and the state regarding the services the individual is to be provided, the amount of compensation the provider is to receive for providing the service, and the source of the funds. The 512 is generated monthly and includes the provider name, address, and provider number; a summary by individual of the current room and board amount; the service amount, any client contribution; and the amount the state pays. The remittance advice form provides a detailed summary of each of the payments included in the check, all adjustments to that payment, and a year-to-date summary of provider payments.

Payments for services and supplies for the Children's Intensive In-home Services (CIIS) model waivers program are made through a combination of MMIS and other systems. State Plan services are paid using the Client Employed Provider (CEP) subsystem of MMIS. Services are authorized in the CEP system by the Department's SPD service coordinators. The CEP system then produces a voucher that is mailed to the provider. After the services are provided, the provider and the recipient sign the voucher. The voucher is then sent back to the service coordinator with time sheets showing hours worked each day. That voucher is used as an invoice. The service coordinator enters the information from the voucher into the CEP system for release of payment. The service coordinators keep vouchers and time sheets for reference and review.

Services and supplies not covered by the State Medicaid Plan but covered under the waiver are paid through other State approved methods (e.g. purchase Order, and credit card). Plans of Care are used to establish estimated costs for services and supplies. The service coordinators purchase the approved services and/or supplies and receipts and/or invoices are collected. The Plans of Care, receipts, and invoices are included in the records kept by the service coordinators for review and audit. These services and their associated costs are also reported using the CPMS forms for waiver reporting purposes.

### Home and Community Based Waiver Forms for person with developmental disabilities

Case managers complete the Title XIX Waiver Form **Appendix Ss**. The forms are sent to SPD for approval of level of care. SPD approves or denies the need for ICF/MR or hospital level of care, verifies the ability to match Title XIX funds, and verifies the fact the individual is in wavered services. Once the waiver form has been processed, it is returned to the county with a cover letter advising the waiver status of the individual. SPD retains a copy of the form and the cover letter, and returns the original form and cover letter to the Case Manager. These copies are imaged and stored on a SPD file server for reference. The Case Manager retains a copy in the case file for reference and annual reevaluation. Status of the approval or denial is stored in the CPMS system for Waiver reporting purposes.

### Intergovernmental Agreements and other Contract data related information

County governments act as the State's fiscal agent in administering community based services as provided by 42 CFR 434.10. When the county subcontracts for delivery of service, all funds received from the state are passed directly on to the subcontractor. No portion of these funds maybe retained by the county for its administrative expenses. These expenses are covered through Local Administration funds. If there is a need to recover funds from the provider, the county carries out this activity. No portion of these funds are retained by the county; all funds recovered by the county are returned to the state and federal governments.

Counties can subcontract only with providers who have met provider qualifications as established by the state.

### Accounting data and Information:

The Department's Financial Services Section maintains payment and funding information as required by state and federal requirements. The State Financial Management Application (SFMA) is the primary information system used in the accounting of Title XIX funds expended for waiver services.



#### Federally Required Reports:

The Department creates and retains federally required reports for review by CMS. The following reports are used in the review of the Title XIX Home and Community Based Waivers.

#### CMS 372:

The Department's Office of Information Services maintains the programming for the CMS 372 reporting application. At the end of each waiver year the CMS 372 reports are created for that year and for the year prior. These reports are sent to CMS and copies retained by SPD.

#### CMS 2082:

The Department's Office of Medical Assistance Programs (OMAP) produces the CMS 2082. All waiver services are included in this report. OMAP retains the files used to create the report for future review.

#### CMS 64:

The Department's Financial Services produces the CMS 64 report from the SFMA system. These reports are sent to CMS and copies retained by SPD and Financial Services.

All documents are retained in accordance with the Department's records retention schedule.

#### *County Financial Records*

Counties maintain the following types of financial records:

#### CPMS:

County and provider staff completes the CPMS forms and sends them to the state for data entry. Copies of the CPMS forms are retained by the county, typically in the client case files. Preprinted termination reports (TSAR) **Appendix Qq** are generated by CPMS and mailed to counties. The report is completed as appropriate and returned, and the data entered into CPMS. Copies of these reports are retained in the county at least until the county has confirmed that the information is in CPMS correctly by its appearance on the appropriate CPMS report. The PFS is mailed to the county and to the provider. These reports, along with other CPMS reports, are used to verify the accuracy of the CPMS enrollment, termination, service, client contribution, and rate information.

#### Waiver Forms:

Case managers complete the Title XIX Waiver Form, **Appendix Ss**. The forms are sent to SPD for approval, SPD approves or denies the need for ICF/MR or hospital level of care, retains a copy of the form and returns the original form to the case manager. The case manager retains a copy of the waiver form and the cover letter discussed earlier, in the case file for reference and annual reevaluation.

#### Expenditure Records/Accounting Records:

Expenditure and accounting records are created and retained by the counties in accordance with county, state and federal requirements. Each county creates and maintains their own accounting system(s) that meet these requirements. Records are maintained in accordance with federal and state rules and laws.

#### Contract Information:

Counties maintain contract information in accordance with county, state, and federal requirements.

#### Provider Audit Reports:

Reports from third party (CPA) audits of providers are sent to the counties as required in county contract agreements. These reports are reviewed and retained by the county in accordance with county policy.

#### Other related documents:

None

#### *Provider Financial Records*

Providers maintain the following types of financial records:

#### Client Funds Records:

Providers keep records of client personal funds if required in Oregon Administrative Rules, and if so, in a manner described in those rules. Records are made available for review during licensing and certification reviews.

#### Expenditure Records/Accounting Records:

Providers keep expenditure and accounting records as required in the county contract, and state and federal law. The provider's accounting procedures must meet the applicable county, state and federal regulations.

Other related Records (attendance, personnel):

Providers are required to review the Provider Financial Statements, and correct any errors. It is in their best interests to keep copies of the PFS. Providers may be required to maintain other financially related records. These records, such as personnel and client attendance records are to be kept in accordance with the regulations that require them.

### *Financial reviews and audits*

#### *Audits of Counties and Service Providers by DHS Audit Unit*

Counties, state operated and contracted community service providers and sub-contractors are required to permit authorized representatives of the Department to review their records in order to satisfy audit or program evaluation purposes. The primary focus is auditing and evaluating each program's financial condition and compliance with contractual conditions and requirements. The Department also evaluates the developmental disability system issues for compliance with federal and state standards.

#### Frequency

Audits occur on a periodic basis. The Department usually determines the frequency of an audit, or an official government body, organization or an individual can trigger an audit.

#### Scope

DHS auditors are responsible for: a) auditing and evaluating the financial condition and contractual compliance; b) reviewing fiscal audits performed on contract providers by other agencies to assure compliance with federal regulations; c) providing consultation to the Secretary of State's Division of Audits programs; and d) evaluating developmental disability system issues for compliance with federal and state standards.

#### Procedure

DHS Auditors will perform desk reviews and on-site examinations of providers' records, facilities and operations, and other information in order to determine compliance with contracts, state and federal regulations, and division policies. The Audit unit will also negotiate settlements of initial appeals of disputed audits.

## *Audits of State Programs by DHS Audit Unit*

The Internal Audit provides department managers timely, accurate, independent, and objective information about department operations and programs to help them make informed decisions and improve services.

The Internal Audit Director works with an internal audit committee, which is made up of representatives from each DHS program area. The committee's oversight and coordination function defines the Internal Audit responsibilities. These reporting relationships ensure independence, promote comprehensive audit coverage and adequate consideration of audit recommendations.

The Internal Audit unit, in the performance of audits, will be granted unlimited access to all necessary activities, records, property and employees while upholding stringent accountabilities of safekeeping and confidentiality.

The Internal Auditors are in positions that have no direct authority over activities being reviewed. Internal auditors responsible for carrying out the internal auditing function abide by the Institute of Internal Auditors Code of Ethics; and conform to the Standards for the Professional Practice of Internal Auditing, as promulgated by the Institute of Internal Auditors, the American Institute of CPA's (AICPA), the Federal General Accounting Office (GAO) Yellow Book, Institute of Internal Auditors (IIA), and Information Systems Audit and Control Association (ISACA).

### Frequency

The annual audit plan is approved by the DHS Audit Committee, with quarterly updates, and special requests/investigations. It includes risk-based audits and required cyclical audits, using management input. Additionally, audits occur as the result of legislative inquiries, leadership direction or special requests.

### Scope

Audits fall into two categories -- classification and issue-specific. Risk analysis, Upper-management, the DHS internal audit committee and agency recommendations determine the selections. Similarly, audit subjects are prioritized to determine the sequence of audits. The prioritization methodology consists of:

- Risk analyses -- which assess the extent of fiscal, legal, and/or public policy impact for each potential audit subject, with those having the highest level of risk given top priority; and

- Database analyses -- which determine the quantity, magnitude, degree of aberration, and inconsistencies that exist in current application of practices.

The Director and staff of Internal Audits with the DHS Internal Audit Committee has the responsibility for assessing various functions and control systems and for making recommendations to management regarding such issues as:

- Economical and efficient use of resources
- Progress meeting department goals and outcomes
- Reliability and integrity of information
- Client health and safety
- Compliance with laws, regulations, policies, procedures, and contract terms
- Safeguarding assets
- Adequacy of internal controls
- Sound fiscal practices.
- Effective management systems
- Security and controls of information systems

*Secretary of State's Audit of DHS*

The Division of Audits is responsible for carrying out the duties of the Secretary of State's Office as the constitutional Auditor of Public Accounts. (The Division of Audits is currently cited as the Oregon Audits Division.) The Audits Division is the only independent auditing organization in the state with authority to review programs of agencies in all three branches of state government and other organizations that receive state money. The secretary of state thus aids in ensuring that state government is accountable to the citizens of Oregon.

The authority for and responsibilities of the Audits Division are found in sections 297.010 through 297.990 of the Oregon Revised Statutes.

The standards used by the Division of Audits are the AICPA, the GAO (Yellow Book) and the ISACA

## Frequency

The rate of occurrence is based on risk assessment and on standards established by nationally recognized entities including, but not limited to, the General Accounting Office and the National Association of State Auditors. (Oregon Revised Statutes 297.070)

## Scope

Types of audits conducted by the Division include:

- Financial and compliance audits of all components of state government and state-aided institutions: These audits determine whether a state agency has conducted its financial operations properly and has presented its financial statements in accordance with generally accepted accounting principles.
- Financial related, examinations of internal control structures and determination whether state agencies have complied with finance-related legal requirements: At the end of each engagement, the division prepares an opinion regarding financial statements, reports significant findings, and recommends any necessary improvements.
- Financial and compliance audits of the state's annual financial statements: This audit, the largest audit of public funds in the state and a major engagement of the division, complies with the Single Audit Act of 1984 (PL 92-502). This act's provisions require such an audit annually as a condition of eligibility for approximately \$4.1 billion in federal funds.
- Performance audits of the operations and results of state programs to determine whether the programs are conducted in an economical and efficient manner.
- Special studies and investigations regarding misuse of state resources or inefficient management practices.
- Requested audits or special studies for counties: In accordance with statutory provisions, and in cooperation with the State Board of Accountancy and the Oregon Society of Certified Public Accountants, the division develops the standards for conducting audits of all Oregon municipal corporations; and prescribes, revises, and maintains minimum standards for audit reports and reviews reports, certificates, and procedures for audits and reviews of municipal corporations. The division evaluates the

reports of audits or reviews of these municipal corporations and the auditor's work papers for compliance with the standards.

### *Secretary of State Audit of Municipal (County) Programs*

As auditor of public accounts, the Secretary evaluates and reports on the financial condition and operations of state government, and administers the Municipal Audit Law. This includes the periodic audit of the Department and its programs. The Standards applied in the course of an audit have been approved by the Oregon Board of Accountancy, and have been adopted by the Secretary of State as Administrative Rules. (See the provisions of ORS Chapter 183.)

All audits of municipal corporations are made in accordance with these Standards, and all audit reports shall adopt the Secretary of State's prescribed format (See the ORS above).

### Frequency

All municipal corporations (in this context, the CDDP), as defined in ORS 297.405, are required to have their accounts and fiscal affairs audited annually in accordance with generally accepted auditing standards as promulgated by the American Institute of Certified Public Accountants (AICPA), unless they qualify under ORS 297.435 to be reviewed in accordance with Statements on Standards for Accounting and Review Standards (SSARS), or file financial reports in lieu of having an audit. Audits are conducted on a periodic basis. The Secretary of State determines the frequency of these audits.

### Scope

The accounts to be audited and examined may include financial statements, or they may consist solely of books, records, and other financial data. Fiscal affairs are all activities of a CDDP relating to the collection, receipt, custody, handling, expenditure, or disbursement of public funds.

Audits are to be undertaken in accordance with a contract executed by the independent auditor and the municipal corporation, a copy of which shall be filed with the Secretary of State. The contract shall set forth clearly the scope of work to be conducted by the auditor and must include provision for an expression of opinion on the financial statements of the municipal corporation and for a determination of compliance with finance related legal provisions. If the municipal corporation does not prepare the financial statements set forth in OAR 162-10-050 through 162-10-190, the contract must provide for the auditor to

make a reasonable attempt to draft them for and on behalf of the municipal corporation.

In the audit of Department programs, these audits may include not only the Department records, but related county and provider records as well.

#### *Reviews of Counties by SPD Staff*

SPD staff will review counties as described in Chapter 6, Monitoring of Local Administration of this manual.

#### Nature of reviews

These reviews will be primarily programmatic, but financial records related to certain aspects of program operations may be reviewed. For example, CPMS records may be reviewed for accuracy in the review of services such as case management, crisis/diversion, and other similar programs. Various other financial documents may be reviewed in the course of these programmatic reviews and used to ensure financial accountability.

#### Reviews by SPD Licensing Specialists

In the course of licensure and certification reviews, the SPD licensing specialist may review financial records.

#### Nature of Financial Component of Review

Records such as client personal funds accounts and personnel records may be reviewed for accuracy and completeness.

#### *Independent Audits of Counties by CPA's*

Independent CPA firms annually audit counties. These audits are to ensure that the counties maintain proper documents, records, reports, and systems of internal control, accounting, and financial procedures. These reports are to be made available to state and federal governments upon request.

The scope of these audits is set forth in the OAR's above and in The DHS 2001 – 2003 County Financial Assistance Agreement (see form agreement 05-31-01). The scope shall include only Department funds or related matching funds as outlined in the OARs. However, the Department may include other funds in its tests to the extent necessary to audit Department funds or matching funds.



## Procedures

Audits are conducted using standard audit procedures developed by the Department Audit Unit. The section is also in charge of publishing the Financial Procedures Manual. (County Plan Implementation Guidelines are mandated by ORS 430.630-640.)

Development, issue, revision and reporting of financial requirement aspects of contracts for community contractors are documented by the Financial Procedures Manual. The County Plan Implementation Guidelines are mandated by ORS 430.630-640.

### *Actions taken by the State to correct deficiencies in financial accountability*

When deficiencies in financial documentation are identified, the Department may seek remedies that include the following:

- Corrective action plans
- Provision of technical assistance
- Training
- Recoupment of funds
- Cessation of operation of the program

### *Maintenance of appropriate financial records by the State, Counties, and Providers*

See **Appendix Tt** for the Records Retention Schedule for all financial records.

## Table of Figures

Figure 1	Quality Assurance Cycle	page 3
Figure 2	State Oversight and Support	page 4
Figure 3	Abuse Reporting and Protective Service Investigation	page 9
Figure 4	SERT Reporting	page 13

# Index

## Appendices to "Oregon's Response to CMS Protocols"

### **Appendix A**

All Administrative Rules affecting service delivery to people with developmental disabilities

### **Appendix B**

- ORS 430.735
- OAR 309-40-200
- OAR 309-041-0375
- OAR 309-049-0035

### **Appendix C**

PSI Staff Qualifications

### **Appendix D**

Report of Abuse and Neglect Allegations for Adults and Children who receive Mental Health and Developmental Disability Services

### **Appendix E**

Investigators Manual - Office of Investigation and Training 2001 Edition

### **Appendix F**

Mandatory Abuse Reporting - Training Package - Office of Investigations and Training  
Notification on Where to File a Report of Abuse  
Card  
Brochure  
Mandatory Abuse Reporting Notice

### **Appendix G**

Oregon Revised Statute (ORS) - 419B.015 - Juvenile Code: Dependency - 2001 Edition Reporting of Child Abuse

### **Appendix H**

Figure 3: Abuse Reporting and Protective Services Investigations

### **Appendix I**

Matrix for Reporting SERTS

### **Appendix J**

Death Reporting Form  
Death Reporting Procedures

**Appendix K**

Training: Aspiration; Dehydration; Constipation; Seizures

**Appendix L**

OIS Process Reference Guide - Oregon Intervention System - Version 1.1

**Appendix M**

Oregon Intervention System 2000 - OIS 2000 - Behavior Support and Intervention in the Community - Version 2.6

**Appendix N**

"What is the Risk Identification Tool" - Training Package

Risk Identification Tool

Frequently Asked Questions

**Appendix O**

Timeline for Implementation of Risk Identification Process and Revised ISP Schedule

**Appendix P**

Person Centered Information Summary

Individual Support Plan Format

Risk Identification Tool

Guidelines for Development of a Comprehensive Financial Management Plan

Behavior Support

**Appendix Q**

Constipation Protocol

Dehydration Protocol

Seizure Protocol

Aspiration Protocol

Sample Generic Protocol

Risk Identification Tool

Frequently Asked Questions

**Appendix R**

Timetable for ISP Implementation

**Appendix S**

ISP Forms for people in Non- Relative Foster Care

**Appendix T**

Section II -The Self - Directed Support Process - Support Services Plan Format

**Appendix U**

Children's intensive In-Home Services Forms for:  
Complete Plan of Care Summary  
Complete Plan of Care

**Appendix V**

Title XIX Waiver Form (see Offer of Choice #12)  
Frequently Asked Questions - Title XIX Waiver Form  
Appendix D-4, July 1998 - Freedom of Choice and Fair Hearing

**Appendix W**

Applicable Laws and Rules  
Administrative Hearing Request  
Statement Regarding where Copies of Forms are Maintained

**Appendix X**

Oregon Administrative Review (ORS) 181.536 through 181.537 on Conducting Criminal Offender Information Record Checks

**Appendix Y**

Provider Qualifications Licensure and Certification Charts

**Appendix Z**

Other Standard Language

**Appendix Aa**

Process for Conducting an Onsite  
Process of Conducting a Residential Onsite - Health: Medical Services Section

**Appendix Bb**

Mid- Cycle Self - Assessment Procedures for 24 - Hour Residential Services

**Appendix Cc**

Sanction Levels

**Appendix Dd**

Service Provider Preprinted Reporting Form of 17 Measures Regarding Employment

**Appendix Ee**

Semi-Annual Employment Outcomes System; Evaluation Report  
March 31, 2002; Volume 7, Number 1

**Appendix Ff**

ODDS 1999-2001 Training Plan

**Appendix Gg**

Oregon's Core Competency Resource Guide

**Appendix Hh**

Program Schedules for Oregon's Inservice on Developmental Disabilities

- 10<sup>th</sup> Annual Statewide Inservice: "Evolution - Revolution" July, 1996
- 11<sup>th</sup> Annual Oregon Inservice on Developmental Disabilities: "Frontline Solutions" June, 1997
- 12<sup>th</sup> Annual Oregon Inservice on Developmental Disabilities: July, 1998
- 13<sup>th</sup> Annual Oregon Inservice on Developmental Disabilities: "Re: New, View, Tool, Charge" June, 1999
- 14<sup>th</sup> Annual Oregon Inservice on Developmental Disabilities: "Supporting Voices, Creating Choices" June, 2000
- 15<sup>th</sup> Annual Oregon Inservice on Developmental Disabilities: "An Expanding Universe of Service" June, 2001
- 16<sup>th</sup> Annual Oregon Inservice on Developmental Disabilities: "Riding the Waves of Change" June, 2002

**Appendix Ii**

Recent Trainings for Nurses in the field of Developmental Disabilities

**Appendix Jj**

The Developmental Disabilities Nursing Manual

**Appendix Kk**

Training for Case Managers

**Appendix Ll**

Basic Case Managers Training - Basic Notebook

## **Appendix Mm**

Adult Foster Home Trainings

- Module A: Screening and Physical Care Giving
- Module B: Mental Health/Mental Illness
- Module C: Health and Wellness
- Module D: Communication, Observation and Behaviors
- Module E: Medications, Record Keeping and Delegation
- Module F: Safety Issues - Food Handling; Infection Control; Emergency Management
- Module G: Abuse, Neglect, Financial Record Keeping
- Module H: Degree and Dignity of Risks

Basic Training Examinations

## **Appendix Nn**

Monitoring Residents Funds who Live in Adult Foster Homes

## **Appendix Oo**

Rule References governing Safety Contingency Planning

## **Appendix Pp**

Client Process Monitoring System (CPMS) Enrollment Form

## **Appendix Qq**

Termination and Service Adjustment Recording Report  
(Taken from the CPMS Instruction Manual, 2/1/97)

## **Appendix Rr**

Personal Care Foster Home Data Form

## **Appendix Ss**

Title XIX Waiver Form

## **Appendix Tt**

## Record Retention Schedule