Report Summary and Discussion Points
Support Services Field Review Findings

From July 6th, 2004 to October 6, 2004, Adult Support Services staff of the Community and Family Supports Section conducted field reviews at the nine regional Support Services Brokerages. The purpose of these reviews were threefold:

1) To supplement the State Certification reviews of Support Service Brokerages in order to provide brokerages with outside feedback at a greater frequency and more in depth level of detail.
2) To provide the Community and Family Supports Section with information regarding policy clarification and training needs in the implementation of Support Services for Adults under the Staley Settlement agreement.
3) To meet the commitments made to the Centers For Medicaid and Medicare regarding Quality Assurance and Quality Improvement activities for the Support Services Waiver.

The specifics of the review and its results are included on the attached pages, however this summary serves to highlight a few important points:

- This was a trial of a new tool applied to an evolving service which continues to be refined via both State policy and practice in the field. As such the tool itself is subject to change as it shows whether or not it meets the purposes stated above.

- Each brokerage exhibited areas of strengths and had devised unique strategies in providing services to its customers. Additionally, within each brokerage, areas needing improvement were not necessarily noted across all files reviewed. This indicates that the skills and determination to provide excellent services exist within the brokerages and service system but that those strengths and best practices noted should be consistently applied within and across brokerages.

- Some review components were easier than others to quantify. For example, it was very easy to determine if a person was eligible when services were delivered. It was much harder to determine if all of a person's health and safety risks were identified and addressed by reading a customer's file. In some cases, the reviewer was sure that but for weak documentation the criteria for a certain component had been met, however to be consistent, these situations were not deemed to have the met the criteria. While most would agree that

actions are the paramount accomplishment in providing excellent services, we inhabit a documentation based service system and must seek clear documentation as proof that services were delivered.

The next steps (see Attachment #3):

- Baseline data has been ascertained and future Benchmarks have been established. (see Attachment #2)

- Each brokerage will work with its State Liaison from the review team to go over the specific outcomes and results from its individual review.

- Through ongoing interaction with Brokerage Executive Directors, State staff will assess and monitor progress towards meeting standards and benchmarks.

- State staff will clarify and refine Policy issues identified as confusing or as barriers to excellent services.

- Trainings will be arranged and, in some cases, have already occurred, to meet needs in areas identified as needing improvement.

- Field Reviews will continue, the next round is intended to assess internal Brokerage administration and systems. Field Reviews related to Individual Support Plans will continue on a regular basis, with each brokerage experiencing review of various aspects of their services twice per year.

Report on Field Review Findings, July-October, 2004

I . Overview

The Seniors and People with Disabilities (SPD) Adult Support Services Coordinators' Field Review of Support Services is a key component for measuring progress toward outcomes of the Support Services Quality Assurance Plan. The review is conceptualized in two parts, one emphasizing brokerage program and service issues and another emphasizing administrative and organizational issues. Adult Support Services Team members conducted the first part of the Field Review from July 6, 2004 through October 6, 2004.

SPD intends to use the results of the Field Review, in combination with a complementary review of certain waiver-related requirements conducted by Community Developmental Disability Programs as well as consumer satisfaction information obtained by brokerages, to obtain baseline status and project benchmarks in the next phase of Support Service Quality Assurance Plan development.

Scope of Review: Individual records reviewed were chosen by random sample across brokerages and across counties (where brokerages are regional). The sample represents roughly 5% of individuals enrolled in the Support Services waiver as of March 2004.

Overall methodology: Each Adult Support Services Team member visited assigned brokerages to review individual files and program records on site. Adult Support Services Team members all used professional judgment and experience to evaluate from those documents alone how effectively and completely SPD expectations for the individual support planning and service elements listed on the Support Services Field Review Criteria for Individual Support Plan Checklist (Attachment 1) had been met from the date the individual entered brokerage services to the present. Team members recorded his or her findings on the Support Services Field Review Checklist: Individual Support Plan. All documents were gathered and summarized to create performance scores for each brokerage---as well as a statewide average---for each of the review components listed below.

II. Report of Findings

A. Assessment of risk and individual safety planning.

1. Relationship with Support Services Quality Assurance Plan:
   a) Basic Assurance 1: Waiver Participant Health and Welfare

b) Quality Assurance Plan Goal: Individuals in home and community-based waiver services are safe and secure in their homes and communities taking into account their informed and expressed choices.
c) QA Plan Outcome 1.3: Individual risk and safety considerations are identified and appropriate support services agreed upon taking into account individual informed and expressed choices.

2. Performance Standard: Customer Goal Survey sections relating to safety and unmet needs are completed and identified risks are addressed in the Individual Support Plan.
Documents Reviewed: Medicaid Title XIX Waiver Level of Care Assessment, Customer Goal Survey, Individual Support Plan, Progress Notes, Correspondence and Incident Reports.

3. Findings: 23% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for:
- Clear documentation of follow up on serious issues including incident reports
- Maintaining current proof of guardianship
- Job descriptions and contracts for providers personalized to the individual

Best practices identified by the review included:
- Thorough and updated Customer Goal Surveys
- Clear, legible and consistent case notes

B. Timeliness of plan development and implementation.

1. Relationship with Support Services Quality Assurance Plan:
a) Basic Assurance 1: Waiver Participant Health and Welfare
b) Quality Assurance Plan Goal: Individuals in home and community-based waiver services are safe and secure in their homes and communities taking into account their informed and expressed choices.
c) QA Plan Outcome 1.4: Individuals have timely access to waiver services.

2. Performance Standard: Individual Support Plans are in place within 90 days or there is an approved variance in place. Services begin in accordance with dates on Individual Support Plans or there is an explanation. Individual Support Plans Renewals occur within 365 days.

Documents Reviewed: Customer Information Summary Sheet, Individual Support Plan, Progress Notes, Correspondence, Quarterly Reviews, Annual Reviews and Provider Reports.

3. Findings: 11% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for:
   - Tracking Timelines for plan development
   - Use of quarterly and annual reviews to determine if services are being accessed

   Best practices identified by the review included:
   - Internal monitoring of Timelines for plan development
   - Timely variance submission
   - Plan amendments when needs or preferences change

C. Quality of assessment and corresponding plan development.

1. Relationship with Support Services Quality Assurance Plan:
   a) Basic Assurance 2: Developing, Monitoring, and Reviewing Plans of Care
   b) Quality Assurance Plan Goal: Home and community-based waiver services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community.
   c) QA Plan Outcome 2.1: Information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalize plan.

2. Performance Standard: Individual Support Plan is consistent with Medicaid Title XIX Waiver Level of Care assessment, Customer Goal Survey, Basic Supplement Criteria Inventory. Customer Goal Survey identifies preferences, needs, abilities, health status and other available supports. Employee Job Descriptions and Provider Service Agreements reflect individual support needs and preferences.
   Documents Reviewed: Medicaid Title XIX Waiver Level of Care Assessment, Customer Goal Survey, Individual Support Plan, Basic Supplement Criteria Inventory, Progress Notes, Annual Reviews, Correspondence, Incident Reports, Employee Job Descriptions and Provider Service Agreements.

3. Findings: 28% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for:
   - Updating Customer Goal Survey as needs and preferences change
   - Writing clear goals with measurable outcomes
   - Keeping Title XIX Level of Care assessments current

   Best practices identified by the review included:
   - Person Centered Planning
   - Updating Customer Goal Survey
   - Amending plan as needs change
   - Using information from Quarterly and Annual Reviews to suggest amendments
   - Requesting copy of Title XIX Level of Care Assessments annually.
   - Maintaining regular contact with customers
   - Documenting natural supports
   - Referral to community resources

D. Choice of services. (Note: This review assessed the degree to which individual choice and preference is expressed and evident in planning and daily operations. This review does NOT evaluate the basic offer of choice between institutional and waiver services; that choice is evaluated through the Home and Community Based Waiver Services Review, a complementary review conducted by Community Developmental Disability Programs and summarized elsewhere.)

.

1. Relationship with Support Services Quality Assurance Plan:
   a) Basic Assurance 2: Developing, Monitoring, and Reviewing Plans of Care
   b) Quality Assurance Plan Goal: Home and community-based waiver services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community.
   c) QA Plan Outcome 2.2: Individuals freely choose between waiver services and institutional care, and among waiver services and providers.

2. Performance Standard: Individuals freely choose among Support service options and service providers. There is evidence of discussion related to choices and options within stated preferences.

Documents Reviewed: Customer Goal Survey, Person Centered Plan, Quarterly and annual reviews, Individual Support Plan, Progress Notes, Correspondence and Incident Reports.

3. Findings: 18% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for:
   - Eliciting individual's input when family members make decisions for them
   - Documenting when individuals allow family members to make decisions on their behalf

   Best practices identified by the review included:
   - Offering and documenting choices
   - Adhering to the principles of Self-determination
   - Provider "menus" for customer use
   - Customer education on service and provider selection

E. Responsiveness to need.

1. Relationship with Support Services Quality Assurance Plan:
   a) Basic Assurance 2: Developing, Monitoring, and Reviewing Plans of Care
   b) Quality Assurance Plan Goal: Home and community-based waiver services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community.
   c) QA Plan Outcome 2.3: Individuals receive services required to meet needs.

2. Performance Standard: Individuals receive services required to meet needs. Personal agents respond to requests and needs.
   Documents Reviewed: Medicaid Title XIX Waiver Level of care Assessment, Customer Goal Survey, Individual Support Plan, Basic Supplement Criteria Inventory, Quarterly and Annual Reviews, Progress Notes, Correspondence and Incident Reports.

3. Findings: 15% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for:
   - Contacts between Personal Agents and providers or families without customer involvement

- Documenting actions on customer behalf
- Documenting follow up on needs and requests

Best practices identified by the review included:
- Maintaining regular contact with customer
- Having backups for Personal Agent absences
- Having brokerage protocols for urgent situations

F. Provider qualifications.

1. Relationship with Support Services Quality Assurance Plan:
   a) Basic Assurance 3: Services Provided by Qualified Providers
   b) Quality Assurance Plan Goal: All agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively.
   c) QA Plan Outcome 3.1: Individual and agency providers are qualified to provide waiver services.

2. Performance Standard: All required provider documentation is present. Documents Reviewed: Individual Support Plan, Progress Notes, Annual Reviews, Correspondence and Incident Reports. Provider Reports, Provider documentation per Brokerage Provider Checklist (See Attachment #1).

3. Findings: 46% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for:
   - Maintaining current proof of automobile insurance and Drivers License.
   - Properly completing I-9s
   - Customer education on pre-employment reference checks
   - Documenting CMS debarred status

   Best practices identified by the review included:
   - Including required qualifications in provider contracts and job descriptions
   - Educating customers on employer/employee roles
   - Maintaining and disseminating current information on Labor laws and issues.

G. Comparing benefit levels and rates exceptions to existing rules and guidelines.

1. Relationship with Support Services Quality Assurance Plan:
   a) Basic Assurance 6: State Financial Accountability
   b) Quality Assurance Plan Goal: The Department maintains, and participates in, systems and procedures that promote financial accountability at all home and community-based service levels.
   c) QA Plan Outcome 6.1: Expenditures for waiver services are accurately and appropriately assigned and reported.

2. Performance Standard: The individual benefit level is accurate and documented. The Brokerage has a process for review and approval of rate exceptions. There is evidence of monitoring of exceptions for continued cost effectiveness.
   Documents reviewed: Individual Support Plan, Basic Supplement Criteria Inventory, Progress Notes, Quarterly and Annual Reviews, Correspondence. Provider Reports, Provider Invoices, Expenditure logs, documentation and records.

3. Findings: 10% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for clearly documenting all rate exceptions.

   Best practices identified by the review included:

   - Clear documentation of changes in benefit level
   - Referral to community resources.
   - Use of discretionary funds as needed

H. Comparing dates of services provided to dates of individual eligibility for services.

1. Relationship with Support Services Quality Assurance Plan:
   a) Basic Assurance 6: State Financial Accountability
   b) Quality Assurance Plan Goal: The Department maintains, and participates in, systems and procedures that promote financial accountability at all home and community-based service levels.
   c) QA Plan Outcome 6.1: Expenditures for waiver services are accurately and appropriately assigned and reported.

2. Performance Standard: Individuals are eligible when services are delivered. Invoices are received within 45 days of service.
Documents reviewed: Individual Support Plan, Progress Notes, Quarterly and Annual Reviews, Correspondence. Provider Reports, Provider Invoices, Expenditure logs, documentation and records.

3. Findings: 6% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for requiring eligibility statement before accepting referral.

Best practices identified by the review included:
- Maintaining communication with referring counties
- Regular File review
- Referral to community resources

I. Comparing services provided to the amount, duration and scope of services authorized by approved plan of care.

1. Relationship with Support Services Quality Assurance Plan:
   a) Basic Assurance 6: State Financial Accountability
   b) Quality Assurance Plan Goal: The Department maintains, and participates in, systems and procedures that promote financial accountability at all home and community-based service levels.
   c) QA Plan Outcome 6.1: Expenditures for waiver services are accurately and appropriately assigned and reported.

2. Performance Standard: Services received are as authorized by the Plan of Care (Individual Support Plans).
Documents Reviewed: Medicaid Title XIX Waiver Level of care Assessment, Customer Goal Survey, Individual Support Plan, Progress Notes, Correspondence and Incident Reports. Provider Reports, Provider Invoices, Expenditure logs, documentation and records.

3. Findings: 26% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for:
- More comprehensive outcome and progress reports from providers
- Regular and accurate reconciliation to address errors before they intensify

Best practices identified by the review included:

- Internal auditing and Personal agent review to catch errors
- Referral to community resources
- Capacity Building

III. Next Steps

(See Attachment #3 for a chart identifying Policy clarification and Training needs related to the above findings)

- Baseline data has been ascertained and future Benchmarks (see Attachment #2) have been established.
- Each brokerage will work with its State Liaison from the review team to go over the specific outcomes and results from its individual review.
- Through ongoing interaction with Brokerage Executive Directors, State staff will assess and monitor progress towards meeting standards and benchmarks.
- State staff will clarify and refine Policy issues identified as confusing or as barriers to excellent services.
- Trainings will be arranged and, in some cases, have already occurred, to meet needs in areas identified as needing improvement.

- Field Reviews will continue, the next round is intended to assess internal Brokerage administration and systems. Field Reviews related to Individual Support Plans will continue on a regular basis, with each brokerage experiencing review of various aspects of their services twice per year.

Attachment #1
Support Services Field Review
Criteria for ISP Checklist

QA Component	**Criteria**
1.3.1 Review ISPs for assessment of risk and individual safety planning.	**Criteria: Individual risk and safety considerations are identified and appropriate support services agreed upon take into account individual informed and expressed choices.** ⇒ **Goal survey sections relating to safety and unmet needs are completed.** ⇒ **Review Progress Notes and Correspondence for identified risks.** ⇒ **Review Incident Reports.** ⇒ **Identified Risks are addressed in ISP.**
1.4.1 Review ISPs for timeliness of plan development and implementation.	**Criteria: Individuals have timely access to waiver services.** ⇒ **ISP in place within 90 days or variance in place.** ⇒ **Services begin in accordance with dates on ISP or explanation in Progress notes, quarterly or annual reviews, correspondence or Customer Goal Survey.** ⇒ **ISP Renewals occur within 365 days.**
2.1.1 Review ISPs for quality of assessment and plan development.	**Criteria: Information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized plan.** **Also may be done by County QA Coordinators** ⇒ **Review Title XIX Waiver Form for identified support needs.** ⇒ **Review Goal Survey for identification of preferences, needs, abilities, health status, other available supports.** ⇒ **ISP is consistent with Title XIX Waiver Form. Goal survey, Base Plus assessment.** ⇒ **Job descriptions and service contracts reflect individual support needs and preferences.**

Attachment #1
Support Services Field Review
Criteria for ISP Checklist

QA Component	Criteria
2.2.2 Review individual files regarding choice of services.	**Individuals freely choose among waiver services and providers.** ⇒ **Evidence of discussion related to choices and options within stated preferences.** ⇒ **Progress Notes** ⇒ **Goals survey and ISP** ⇒ **Person Centered Plan** ⇒ **Quarterly and annual reviews**
2.3.1 Review individual files for responsiveness to need.	**Criteria: Individuals receive services required to meet needs.** ⇒ **Review Base Plus requests and responses.** ⇒ **Review Progress notes and Correspondence for identified needs.** ⇒ **Review annual and quarterly plan reviews for changing needs and response.**
3.1.2 Review files for documentation of provider qualifications.	**Criteria: Individual and agency providers are qualified to provide waiver services.** ⇒ **Brokerage Provider Checklist** ⇒ **Review Annual Reviews for effectiveness of purchases based on Personal Agent observation and individual satisfaction.**
6.1.2 Review individual files for benefit levels and rates exceptions to existing rules and guidelines.	**Expenditures for waiver services are accurately and appropriately assigned and reported.** ⇒ **Individual benefit level is accurate and documented.** ⇒ **Brokerage has a process for review and approval of rate exceptions.** ⇒ **Review any rate exceptions and justifications.** ⇒ **Evidence of monitoring of exceptions for continued cost effectiveness.**

Attachment #1
Support Services Field Review
Criteria for ISP Checklist

QA Component	**Criteria**
6.1.4 Compare dates of services provided to dates of individual eligibility for services.	**Expenditures for waiver services are accurately and appropriately assigned and reported.** ⇒ **Review and compare enrollment date, plan dates and expenditure dates.** ⇒ **Invoices are received within 45 days of service.**
6.1.5 Compare services provided to the amount, duration and scope of services authorized by approved plan of care.	**Expenditures for waiver services are accurately and appropriately assigned and reported.** ⇒ **Review and compare ISP to expenditure records** ⇒ **Review plan revisions and supporting documentation** **Also may be done by County QA Coordinators**

Attachment #1
Support Services Field Review
Criteria for ISP Checklist

Field Review Provider File Checklist

Date:_____
Customer:_____
Name: _____

- ☐ **Provider Organization**
- ☐ **Independent Provider**
- ☐ **Domestic Employee**
  - ☐ **General Business Provider**

All providers:

- ☐ Not a debarred CMS provider (http://exclusions.oig.hhs.gov)

Provider Organization:

- ☐ Current license or certification (DD/SPD)

Independent Provider:

- ☐ Resume
- ☐ DHS Criminal Hx. Final Approval
- ☐ I-9 (supporting documents listed below)
  - ☐ 1._____
  - ☐ 2._____
- ☐ W-9
- ☐ Current Driver License (mandatory if driving customer)
- ☐ Current Auto Insurance (mandatory if driving customer)
- ☐ Reference Check

Behavior Consultant:

- ☐ OIS current certificate
  - ☐ BA/BS degree & 1 year experience
  - or ☐ 3 years experience

Social / Sexual Consultant:

- ☐ BA/BS degree & 1 year experience
  - or ☐ 3 years experience

Nursing Consultant:

- ☐ Oregon Nursing License
  - ☐ 1 year experience

Other Specialized Support Consultants:

- ☐ Professional License

Domestic Employee:

- ☐ Application
- ☐ DHS Criminal Hx. Final Approval
  - ☐ Provider meets exceptions to CHC Rule
- ☐ I-9 (supporting documents listed below)
  - ☐ 1._____
  - ☐ 2._____
- ☐ W-4
- ☐ Copy of Social Security Card
- ☐ Current Driver License (mandatory if driving customer)
- ☐ Current Auto Insurance (mandatory if driving customer)
- ☐ Reference Check

General Business Provider:

- ☐ Professional License if applicable.
- ☐ Service provided is within the scope of their license
- ☐ A license under ORS 443.015 for a **home health agency**
- ☐ A license under ORS 443.315 for an **in-home care agency**
- ☐ A current license and bond as a building contractor as required by either OAR Chapter 812, Construction Contractor's Board or OAR Chapter 808, Landscape Contractors , as applicable, for a provider of **environmental accessibility adaptations**
- ☐ **Private transportation providers** must have business license and drivers licensed to drive in Oregon
- ☐ Current retail business license for vendors and medical supply companies **providing specialized medical equipment and supplies**, including enrollment as Medicaid providers through the Oregon Office of Medical Assistance Program if vending medical equipment
- ☐ A current business license for providers of **personal emergency response systems**
- ☐ Retail business licenses for vendors and supply companies providing **specialized diets.**

Attachment #3 Policy and Training Issues

Documentation Issue	Policy Issue or Expectation Clarification	Comprehensive Training Needed?
Clear documentation of follow up on serious issues including Incident Reports.	X	X
Maintaining current proof of guardianship.		
Documenting when individuals allow family members to make decisions on their behalf	X	
Tracking Timelines for plan development		
Documenting actions on customer behalf	X	
Documenting follow up on needs and requests.		
Clearly Document all rate exceptions	X	
Regular and accurate reconciliation to address errors before they intensify		
Job descriptions and contracts for providers are not personalized to the individual		
Maintaining current proof of automobile insurance and Drivers License.		
Documenting CMS debarred status		
Customer education on pre-employment reference checks.		
Properly completing I-9s.		
More comprehensive outcome and progress reports from providers		
Customer Education on being employer and using providers.		

Attachment #3 Policy and Training Issues

Documentation Issue	Policy Issue or Expectation Clarification	Comprehensive Training Needed?
Quarterly and annual reviews to determine if services are being accessed		
Writing clear goals with measurable outcomes		**X**
Updating Customer Goal Survey as needs and preferences change		
Eliciting individuals input when family members make decisions for them.	X	
Contacts between Personal Agents and providers or families without customer involvement	X	
Person centered plans.		
Use of Goal survey, updating.		
Outcomes based goal writing		**X**
Keeping Title XIX Level of Care assessments current	X	
Requiring eligibility statement before accepting referral		

Attachment #2 Proposed Benchmarks

	2004 Baseline	**2005 Benchmark**	2006 Benchmark	2007 Benchmark
1.3.1 Review ISPs for assessment of risk and individual safety planning	**63%**	**80%**	85%	90%
1.4.1 Review ISPs for Timeliness of plan development and implementation.	**89%**	**95%**	95%	95%
2.1.1 Review ISPs for quality of assessment and corresponding plan development.	**64%**	**80%**	85%	90%
2.2.2 Review individual files regarding choice of services	**79%**	**90%**	95%	95%
2.3.1 Review Individual files for responsiveness to need.	**76%**	**80%**	85%	90%
3.1.2 Review files for documentation of provider qualifications.	**54%**	**80%**	90%	95%
6.1.2 Review individual files for benefit levels and exceptions to existing rules and guidelines	**88%**	**95%**	95%	95%
6.1.4 Compare dates of services provided to dates of individual eligibility for services	**89%**	**95%**	95%	95%
6.1.5 Compare services provided to the amount, duration and scope of services authorized by approved plan of care.	**74%**	**85%**	90%	95%
Average Performance	**75%**	**87%**	91%	93%