

Summary of Field Review Findings, July-November, 2006

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. After one cycle of doing the two parts separately, the Adult Support Services Team decided to combine the two parts into one review. The Adult Support Services Team members conducted the combined review from July 11, 2006 to November 15, 2006.

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 assess progress on projected benchmarks in the next phase of Support Service Quality Assurance Plan development. A comparison of outcomes and benchmarks after two cycles of reviews is attached (Attachment #4).

Scope of Review: Support Service Team members visited each Support Services Brokerage. Prior to the visit team members selected individual records to review based upon Incident Reports and Variances received from Brokerages. Additional records for review were selected randomly. The team reviewed 5% of the total number enrolled statewide: 180 case records across 9 brokerages. Personnel files for employees beginning after the last review at each brokerage were reviewed. Brokerage Quality Assurance plans and Customer Satisfaction data were also reviewed and analyzed.

Overall methodology: Each regionally assigned Adult Support Services Team member visited their 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 how effectively and completely SPD expectations for the administrative and operational elements listed on the Support Services Field Review Criteria for Combined Review Checklist (Attachment #1) had

been met. Team members recorded findings on the Support Services Field Review Checklist. Brokerage staff qualifications and training were recorded on the Field Review Brokerage Staff Qualifications Checklist (Attachment #2). Provider qualifications were recorded on Field Review Provider File Checklist (Attachment #3). 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 Incident Reports that rise to the level of abuse

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 1.1.2: Individuals are protected from abuse.

2. Performance Standards:

Incident reports that rise to the level of abuse are submitted to County Developmental Disability Programs as potential Protective Service Investigations. Brokerages follow up on issues identified in Incident Reports.

Documents Reviewed: Customer Goal Survey, Individual Support Plan, Progress Notes, Correspondence and Incident Reports, Brokerage Policies and Procedures.

- 3. Findings: 233 Incident Reports were reviewed on paper, 47 were selected for file review None of the records reviewed contained an incident that was not reported to the County Developmental Disability Program as a potential Protective Service Investigation.

3 (6%) of the 47 records reviewed did not have all elements required to meet the performance standard for Brokerage follow up. The reasons most often noted included the need for:

- Clear documentation of follow up on issues identified in incident reports.

Best practices identified by the review included:

- Individual Support Plans amended to reflect identified support needs.
- Clear, legible and consistent case notes.
- Ongoing communication between Brokerage and County Developmental Disability Program regarding Protective Service Investigations.

B. Assessment of risk and individual safety planning.

1. Relationship with Support Services Quality Assurance Plan:

- d) Basic Assurance 1: Waiver Participant Health and Welfare
- e) 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.
- f) QA Plan Outcome 1.3.1: 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: 1% 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
- Job descriptions and contracts for providers personalized to the individual and updated as needs evolve.

Best practices identified by the review included:

- Thorough and updated Customer Goal Surveys
- Clear, legible and consistent case notes

C. 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 1.4.1: 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: 2% of the records reviewed did not have all elements required to meet the performance standard. The reason most often noted included the need for:

- Tracking Timelines for plan development
- Internal brokerage monitoring of Personal Agent performance

Best practices identified by the review included:

- Internal monitoring of timelines for plan development
- Timely variance submission
- Plan amendments when needs or preferences change

D. Assessment of Variances to rules governing plan timelines

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 1.4.2: Individuals have timely access to waiver services.

2. Performance Standard: Services begin in accordance with dates on Rule Variance Request Form. Brokerage has a process for ensuring plans are developed within 90 days. Brokerage has a process for submitting Rule Variance Request Forms prior to plan lapsing.

Documents Reviewed: Completed Rule Variance Request Form, Individual Support Plan, Progress Notes, Correspondence, Brokerage Policies and Procedures.

3. Findings: 8 (9%) of the 94 records reviewed did not have all elements required to meet the performance standard. The 94 (approximately 2% of all individuals ever enrolled into Support Services) records reviewed were for instances where brokerages requested a rule variance because plan timelines could not be met. The reasons most often noted included the need for:

- Documenting customer choices regarding availability for planning meetings.
- Delays in contact with customer after initial enrollment or prior to annual plan renewal.

Best practices identified by the review included:

- Internal monitoring of timelines for plan development
- Timely variance submission
- For renewals, mid plan year plan amendments when needs or preferences change.

E. 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 2.1.1: 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 personalized 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: 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:

- Updating Customer Goal Survey as needs and preferences change
- Writing clear goals with measurable outcomes
- Providers' progress reports relating to goals on ISP.

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

F. 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 2.2.2: 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: 1% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for:

- Documenting activities around choice.

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

G. 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 2.3.1: 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: 3% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for:

- 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

H. Assessment of Consumer Satisfaction

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 2.4.1: Individuals are satisfied with plans and outcomes

2. Performance Standards: Individuals receiving waiver services report satisfaction with the services they receive

Documents Reviewed: Brokerage Customer Satisfaction data, Brokerage Quality Assurance Plans, Brokerage Policies and Procedures.

3. Findings: 77% of the individuals who responded to the statement “I am happy with the supports and services I get” on the 2004 Customer Satisfaction Survey chose “Yes” as their response. Other responses were “They’re Okay” 18% and “No” less than 2% (total does not equal 100% as some respondents left this question unmarked). Comments provided by respondents were typically positive.

Best practices identified by the review included:

- Brokerage Policy Oversight Group reviews Customer Satisfaction Data
- Brokerage includes Customer satisfaction in their Quality Assurance Plan

I. Evaluation of Provider Sanctioning

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 3.1.1: Individual and agency providers are qualified to provide waiver services.

2. Performance Standard: Providers not meeting qualification standards are sanctioned per Oregon Administrative Rule 411-340-0130 (9)

Documents Reviewed: Brokerage Policies and Procedures, Brokerage Records of Provider Sanctioning

3. Findings: Nine cases of provider sanctioning were reported by Brokerages, four Brokerages did not sanction any providers. One provider appealed their sanctioning, their appeal to Seniors and People with Disabilities was denied.

The reasons for sanctioning included:

- Billing for services that could not be verified
- Fraudulent billing
- Failure to safely and adequately supervise service recipient
- Inappropriate financial transactions
- Falsifying required documentation

Best practices identified by the review included:

- Customers supported to terminate providers who were no longer qualified or who were no longer authorized to provide supports.
- Educating customers on employer/employee roles.
- Maintaining and disseminating current information on Labor laws and issues.

J. 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 3.1.2: 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 #3).

3. Findings: 16% 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.
- Current record of Criminal History Check
- Current copy of License or Certification

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.
- Maintaining a system to update information on an ongoing basis

K. Brokerage Staff Training.

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 3.2.1: Staff of Support Service Brokerages receive training to provide waiver services.

2. Performance Standard: Brokerage Personal Agents receive training per Oregon administrative Rule OAR 411-340-0150:

- Principles of self- determination,
- Person-centered planning processes,
- Identification and use of alternative support resources,
- Fiscal intermediary functions,
- Basic employer/employee roles and responsibilities,
- Developing new resources,
- Major public health and welfare benefits,
- Constructing and adjusting individualized support budgets,
- Assisting individuals to judge and improve quality of personal supports

Documents Reviewed: Brokerage Policies and Procedures, Brokerage Personal Agent training records.

3. Findings: 21% of the records reviewed did not have all elements required to meet the performance standard. Overall, the reasons most often noted for not meeting the performance standard included the need for:

- Consistent documentation of trainings attended
- Completed Basic Orientation checklists

Best practices identified by the review included:

- Administrative maintenance of training records

L. Brokerage Staff 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 3.2.2: Staff of Support Service Brokerages are qualified to provide waiver services.

2. Performance Standard: Brokerage staffs are qualified per OAR 411-340-0070 and 411-340-0150

Documents Reviewed: Brokerage Policies and Procedures, Brokerage Personnel records.

3. Findings: 17% of the records reviewed of new Brokerage staff (Personal Agents, Executive Directors, Clerical and Fiscal staff) since the previous review did not have all elements required to meet the performance standard. The reasons most often noted included the need for:

- Documentation of basic orientation
- Signed and Completed I-9s

M. 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 6.1.2: 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: 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:

- Clearly documenting all rate exceptions.
- Consistent documentation of changes in benefit level

Best practices identified by the review included:

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

N. 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 6.1.4: Expenditures for waiver services are accurately and appropriately assigned and reported.

2. Performance Standard: Individuals are eligible when services are delivered.

Documents reviewed: Individual Support Plan, Progress Notes, Quarterly and Annual Reviews, Correspondence, Provider Reports, Provider Invoices, Expenditure logs, documentation and records.

3. Findings: 1% of the records reviewed did not have all elements required to meet the performance standard. The reasons most often noted included the need for not expending funds until required documentation is in place.

Best practices identified by the review included:

- Maintaining communication with referring counties
- Regular File review
- Referral to community resources

O. 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 6.1.5: 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: 14% 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
- Clear paper trail of expenditures as related to ISP goals

III. Next Steps

- 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.
- Field Reviews will continue in the combined format reviewing both Individual Support Plan and administrative review QA components at each brokerage annually.

- State staff will continue training activities, emphasizing mutually agreed upon, and prioritized Quality Assurance related activities. A mandatory training session targeting Brokerage staff entitled “The Goal Loop from Waiver to Plan to Provider Outcomes” is among those scheduled for March 2007. Other sessions available will include Protective Services, Crisis Services, Family Dynamics and Self Direction, Medicaid Fraud, Person Centered Planning and updates on allowable expenditures.
- State staff will continue to support and facilitate a “Personal Agent Best Practices” discussion group that identifies problems in providing quality services and offers solutions that are then disseminated at their respective brokerages.
- State staff will continue to update and enhance the Support Services web site to facilitate its functionality including a Personal Agent section that will include necessary tools, requirements and current best practice information.
- State staff will continue to review and, as necessary, amend Administrative Rules and contract language in the area of Quality Assurance.

Attachment # 1 Support Services Field Review Criteria for Combined Review Checklist

Admin Component	Criteria (further detail available on original matrices)
1.1.2 Evaluation and analysis of 100% of unusual incident reports 3/1/05 –5/30/06.	<u>Criteria: Individuals are protected from abuse</u> <ul style="list-style-type: none"> • Incident reports that rise to the level of abuse are submitted as PSIs. • Brokerages follow up on issue identified in IRs.
1.4.2 Review rule variance requests 3/1/05 –5/30/06 relating to proposed delay in required plan development timelines.	<u>Criteria: Individuals have timely access to waiver services</u> Review brokerage process and timelines for ensuring plans are developed within 90 days.
2.4.1 Evaluation and analysis of consumer satisfaction survey response	<u>Criteria: Individuals are satisfied with plans and outcomes.</u>
3. 1.1 Report of provider sanctioning – causes and actions taken	<u>Criteria: Providers are qualified to provide waiver services.</u> <ul style="list-style-type: none"> • Per OAR
3. 2.1 Certification and Field Review Team results of training provided of Support Service Brokerage staff.	<u>Criteria: Brokerage Staff receive training to provide waiver services.</u> <ul style="list-style-type: none"> • Per OAR 411-340-0150
3.2.2 Certification and Field Review Team findings re: qualifications of Support Services brokerage Staff.	<u>Criteria: Brokerage staff are qualified per OAR 411-340-0070, 411-340-0150</u>
ISP Component	Criteria

<p>1.3.1 Review ISPs for assessment of risk and individual safety planning.</p>	<p><u>Criteria: Individual risk and safety considerations are identified and appropriate support services agreed upon take into account individual informed and expressed choices.</u></p> <ul style="list-style-type: none"> • 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.
<p>1.4.1 Review ISPs for timeliness of plan development and implementation.</p>	<p><u>Criteria: Individuals have timely access to waiver services.</u></p> <ul style="list-style-type: none"> • 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.
<p>2.1.1 Review ISPs for quality of assessment and plan development.</p>	<p><u>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.</u></p> <ul style="list-style-type: none"> • 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.
<p>2.2.2 Review individual files regarding choice of services.</p>	<p><u>Criteria: Individuals freely choose among waiver services and providers.</u></p> <ul style="list-style-type: none"> • Evidence of discussion related to choices and options within stated preferences. • Progress Notes • Goals survey and ISP • Person Centered Plan • Quarterly and annual reviews

<p>2.3.1 Review individual files for responsiveness to need.</p>	<p><u>Criteria: Individuals receive services required to meet needs.</u></p> <ul style="list-style-type: none"> • 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.
<p>3.1.2 Review files for documentation of provider qualifications.</p>	<p><u>Criteria: Individual and agency providers are qualified to provide waiver services.</u></p> <ul style="list-style-type: none"> • Brokerage Provider Checklist • Review Annual Reviews for effectiveness of purchases based on Personal Agent observation and individual satisfaction.
<p>6.1.2 Review individual files for benefit levels and rates exceptions to existing rules and guidelines.</p>	<p><u>Criteria: Expenditures for waiver services are accurately and appropriately assigned and reported.</u></p> <ul style="list-style-type: none"> • 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.
<p>6.1.4 Compare dates of services provided to dates of individual eligibility for services.</p>	<p><u>Criteria: Expenditures for waiver services are accurately and appropriately assigned and reported.</u></p> <ul style="list-style-type: none"> • Review and compare enrollment date, plan dates and expenditure dates. • Invoices are received within 45 days of service.
<p>6.1.5 Compare services provided to the amount, duration and scope of services authorized by approved plan of care.</p>	<p><u>Criteria: Expenditures for waiver services are accurately and appropriately assigned and reported.</u></p> <ul style="list-style-type: none"> • Review and compare ISP to expenditure records • Review plan revisions and supporting documentation

Attachment #2 Field Review Brokerage Staff Qualifications Checklist

Brokerage: _____ Date: _____

Staff Name: _____ Position: _____

- Personnel files and qualifications records. Brokerages and Provider Organizations must maintain **up-to-date written position descriptions** for all staff as well as a file available to the Department or CDDP for inspection that includes written documentation of the following for each staff person:
 - Reference checks** and confirmation of qualifications prior to hire;
 - Written documentation of a **criminal record clearance** by the Department;
 - Satisfactory completion of **basic orientation**, including instructions for mandatory abuse reporting and training specific to developmental disabilities and skills required to carry out assigned work if the employee is to provide direct assistance to individuals;
 - Written documentation of employee notification of **mandatory abuse reporter** status;
 - Written documentation of any substantiated **abuse allegations**;
 - Written documentation of any **grievances** filed against the staff person and the results of the grievance process, including, if any, disciplinary action; and
 - Legal U.S. worker status.**
- General staff qualifications.** Any employee providing direct assistance to individuals:
 - must be at least **18 years of age** and
 - capable of performing the duties of the job as described in a current job description **signed and dated** by the employee.

Personal Agent

- An undergraduate degree in a human services field and at least one year experience in the area of developmental disabilities;
- or** (b) Five years of equivalent training and work experience related to developmental disabilities.
- (c) Knowledge of the public service system for developmental disability services in Oregon.

Personal Agent training. The Brokerage must provide or arrange for Personal Agents to receive training needed to provide or arrange for Brokerage services, including, but not limited to

- principles of self- determination,
- person-centered planning processes,
- identification and use of alternative support resources,
- fiscal intermediary functions,
- basic employer/employee roles and responsibilities,
- developing new resources,
- major public health and welfare benefits,
- constructing and adjusting individualized support budgets,
- assisting individuals to judge and improve quality of personal supports

Attachment #3
Field Review Provider File Checklist

Date: _____
Customer: _____
Name: _____

- Provider Organization**
- Independent Contractor**
- 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 Contractor:

- 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:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application <input type="checkbox"/> DHS Criminal Hx. Final Approval <input type="checkbox"/> I-9 (supporting documents listed below) <ul style="list-style-type: none"> <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ <input type="checkbox"/> W-4 | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Social Security Card <input type="checkbox"/> Current Driver License
(mandatory if driving customer) <input type="checkbox"/> Current Auto Insurance
(mandatory if driving customer) <input type="checkbox"/> 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**

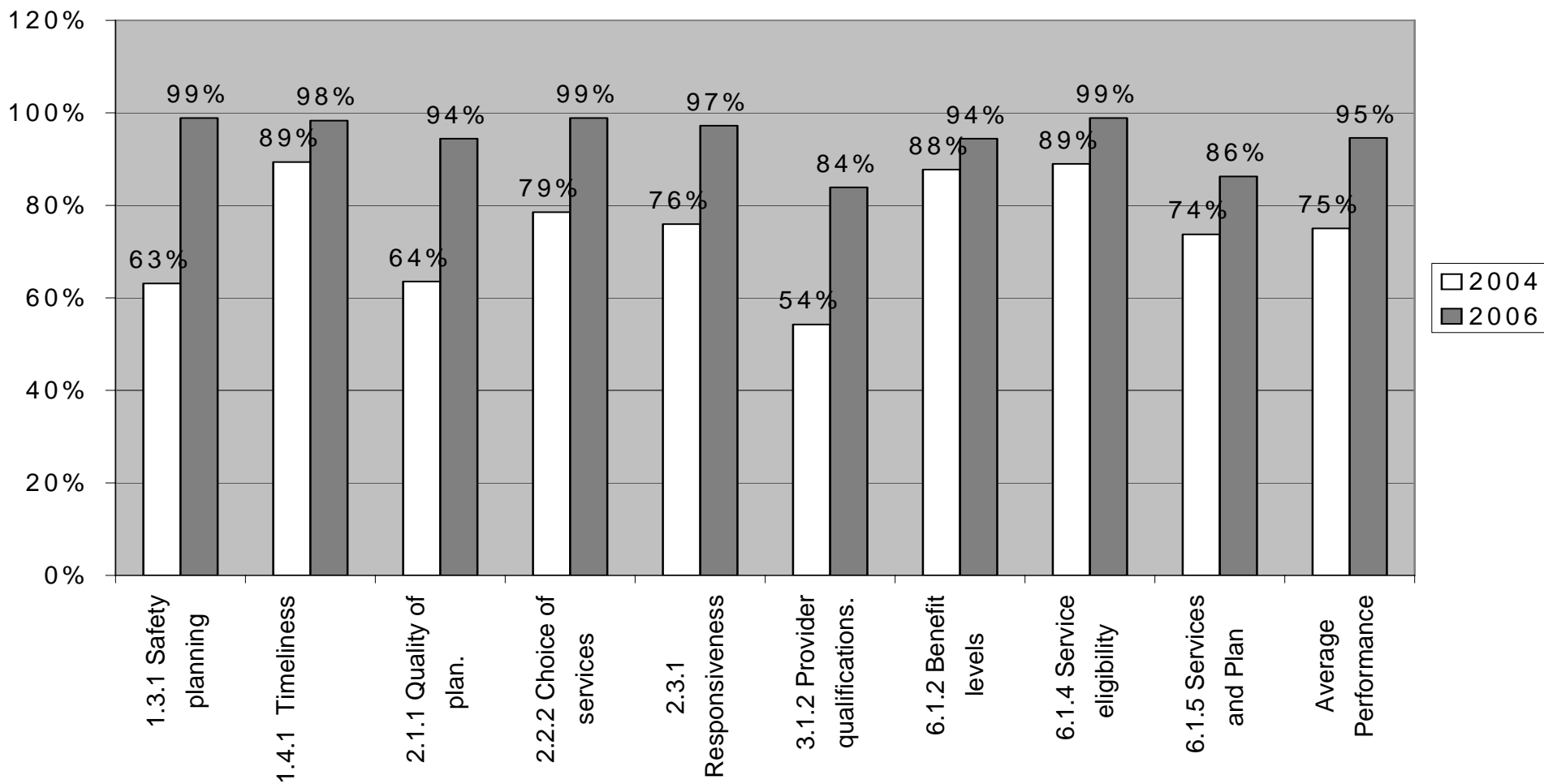
Attachment #4 Performance vs. Benchmarks

QA Component					
<i>Individual Support Plan</i>	2004 Average Performance (Baseline)	2005 Statewide Benchmark	2006 Average Performance	2006 Statewide Benchmark	2007 Statewide Benchmark
1.3.1 Review ISPs for assessment of risk and individual safety planning	63%	80%	99%	85%	90%
1.4.1 Review ISPs for Timeliness of plan development and implementation.	89%	95%	98%	95%	95%
2.1.1 Review ISPs for quality of assessment and corresponding plan development.	64%	80%	94%	85%	90%
2.2.2 Review individual files regarding choice of services	79%	90%	99%	95%	95%
2.3.1 Review Individual files for responsiveness to need.	76%	80%	97%	85%	90%
3.1.2 Review files for documentation of provider qualifications.	54%	80%	84%	90%	95%
6.1.2 Review individual files for benefit levels and exceptions to existing rules and guidelines	88%	95%	94%	95%	95%
6.1.4 Compare dates of services provided to dates of individual eligibility for services	89%	95%	99%	95%	95%
6.1.5 Compare services provided to the amount, duration and scope of services authorized by approved plan of care.	74%	85%	86%	90%	95%
Average Performance	75%	87%	95%	91%	93%

<i>Administrative</i>	2005 No Admin Review	2005 Average Performance (Baseline)	2006 Average Performance	2006 Statewide Benchmark	2007 Statewide Benchmark
1.1.2 Incident Report Follow Up		88%	95%	100%	100%
1.4.2 Timeliness of Plans		80%	92%	90%	95%
2.4.1 Customer Satisfaction		85%	77%	85%	90%
3.2.2 Staff Qualifications		67%	83%	85%	95%
3.2.1 Personal Agent Training		88%	79%	90%	95%
Average Performance		82%	85%	90%	95%
Average Performance without 2.4.1*		81%	87%	91%	96%

*Included because factors other than Brokerage performance, such as the scope of program and allowable waiver expenditures, may effect Customer Satisfaction.

Individual Support Plan



Administrative

