



Division Guideline #54

Date: Created 07/08/2015

Reviewed 07/01/2016

Title: Quality of Services Review effective 08/15/2015

Application: Regional Offices

Purpose: In accordance with the Home and Community Based federal regulation, the Quality of Services Review prescribes a standardized procedure to ensure the individual has full access to benefits of community living and the opportunity to receive services in the most appropriate integrated setting, assess the person-centered planning process and provide feedback to the interdisciplinary team about utilizing key points of self-determination:

- Individuals will live a meaningful life in the community and be empowered in making life decisions.
- Individuals will have support to organize resources in ways that are life enhancing and assist them in reaching their dreams and goals. Individuals have a circle of supports made up of family, friends, and both paid and unpaid supports.
- Individuals assume responsibility for giving back to their community, for seeking employment, and for developing unique gifts and talents.
- Individuals are recognized for who they are and what they can contribute.
- Enhancing identified areas (values, choice, health, safety, inclusion, self-advocacy)

OVERVIEW

QE staff conducts reviews related to quality indicators based on the following:

- HCBS Rule <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Final-Rule-Slides-01292014.pdf>
- Missouri Quality Outcomes <http://dmh.mo.gov/dd/docs/missourqualityoutcomes.pdf>
- National Core Indicators <http://www.nationalcoreindicators.org/indicators/>
- 9 CSR 45-5.010 Certification of Medicaid Agencies Serving Persons with Developmental Disabilities
 - Community Membership
 - Self Determination
 - Rights
 - Meeting Basic Needs

- Division priorities <http://dmh.mo.gov/dd/>
 - fostering self-determination
 - supporting families
 - facilitating individualized services and supports
 - promoting employment first
 - developing accessible housing

The Quality of Services Review is conducted by regional Quality Enhancement (QE) and state Quality Enhancement (QE) staff for randomly selected individuals currently enrolled in the Comprehensive waiver. During the review the Quality of Services Review Supplemental Guide (Appendix A) is used as reference source. In addition, the National Core Indicator (NCI) survey is completed. The intent of the review is to determine the presence of quality of life indicators as defined by the individual and others who know and care about the person. Through the Quality of Services Review, feedback is provided to the interdisciplinary team on those quality of life indicators.

PROCESS OF IDENTIFICATION

Individuals are randomly selected based on a statistically valid sample from individuals currently enrolled in the Comprehensive waiver. The individual names are provided to regional office and state QE.

In preparation for the review, QE staff will assess the following twelve months of information related to the individual: Individual Support Plan and amendments, quarterly summaries, Level of Care and Health Inventories. The following twelve months of information is also examined prior to the review to determine if the individual is included in the data and assess trends: incident and injury summaries (EMT), Integrated Functions (APTS) data, Due Process Committee documents, threshold reports, Behavior Resource Team log notes and Nursing Reviews.

CONDUCTING THE QUALITY OF SERVICES REVIEW

A date and time for the review, which best suits the individual's schedule, will be determined. At the discretion of the individual, the review may be completed in one day or separated into two days. The review primarily includes interviewing the individual and observing his/her daily routine but may also include interviewing members of the interdisciplinary team and reviewing additional information, if necessary to clarify information. As part of the review, the National Core Indicator survey is completed and the Quality of Services Review Supplemental Guide is used as a resource.

Prior to the day of the review, the Support Coordinator and a provider representative will be notified about the review.

COMMUNICATION AND FOLLOW UP

The results of the review are shared with the individual and the individual's interdisciplinary team to assist the individual to have the life most important to him/her.

- In order to review the outcome of the survey QE staff, with the assistance of the individual and/or Support Coordinator, will arrange an interdisciplinary team meeting, notify participants

and distribute a blank copy of the Quality of Services Review Summary form (Appendix B) prior to the meeting.

- The team will include the individual, Support Coordinator and others invited by the individual.
- The meeting may be in person or by conference call.
- QE staff will facilitate the discussion, share findings and observations, as well as complete the Quality of Services Review Summary form (Appendix B). Findings which require follow up will include agreed upon Action Steps, Person(s) Responsible and a Projected Completion Date. Positive outcomes and enhancements for consideration are also recorded on the form.
 - If the interdisciplinary team would like additional time to complete the Action Steps, Person Responsible and Projected Completion Date this is noted on the Quality of Services Review Summary form (Appendix B).
- Within 10 business days of the interdisciplinary team meeting the completed Quality of Services Review Summary form (Appendix B) is sent to the individual, Support Coordinator and other meeting participants. A copy of the form is also sent to the regional QE Lead, and Advocacy Specialist. Upon request, the report will be submitted to the regional director and/or assistant director.
- The QE reviewer *may* refer findings to other Regional Office personnel for follow up (Due Process, Provider Relations, Technical Assistance Coordinator (TAC), QE RN, etc.).
- Any issues identified around the areas of environment/safety, services and staff, rights, money and health or any positive practices are entered into the Integrated Functions Database (APTS) for tracking and trending.
 - The QE reviewer and Support Coordinator will continue to monitor the issue(s) and update the resolution information in the Integrated Functions Database (APTS).
 - An electronic version of the summary report will be maintained by QE.

Annually state QE will evaluate data for statewide trends and provide recommendations to the Division based on these findings.

SPECIAL CIRCUMSTANCES

Issues involving individuals placed by DSS Children's Division will be communicated to the DSS Children's Division by a designated Regional Office staff.

If while completing this process issues are identified that require further in-depth investigation, such as witnessing or learning about abuse, neglect or misuse of funds, DMH staff are required to follow the reporting process and procedures as outlined in DOR 2.210.

If a situation is identified during a visit that DMH staff deems critical, i.e., dangerous or harmful and the person or staff are at immediate risk, DMH staff will remain on site until adequate safeguards are in place and/or the Regional Director approves their leaving.

Authority:

9 CSR 45-5.010 (3)(a-d) ([Chapter 5](#))

DD MO Quality Outcomes <http://dmh.mo.gov/dd/docs/missouriqualityoutcomes.pdf>

DOR 2.210 (<http://dmh.mo.gov/docs/diroffice/dors/dor2-210-abuseandneglectdefinitionsandprocedures-communityproviderfacilities.pdf>)

HCBS Medicaid Waiver: http://207.15.48.5/collections/collection_dmh/Print.pdf

HCBS Rule <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Final-Rule-Slides-01292014.pdf>

This guideline will be reviewed and updated annually, if needed.