

Quality of Services Focus Review Supplemental Guide

The Quality of Services Focus Review Companion Guide is used by the regional and state QE staff to conduct the Quality of Services Focus Review. This is intended to be a guide to ensure that **SYSTEMS** are in place in the areas of health, safety and rights and to evaluate person centered practices for individuals served.

The companion guide is offered as a menu of potential questions, observations, and information from documents to aide in the focus review process. The Quality of Services Focus Review is in accordance with Health, Safety and Rights assurances set forth by the Centers for Medicaid Services (CMS) for 1915c waivers operated by the Division of Developmental Disabilities.

Upon notification of the request for the focus review, the lead regional QE staff will initiate setting up the review within three business days. In preparation for the review, the QE staff will summarize health, safety and rights data from the DD Integrated Quality Functions. The results of the summary will help to develop focus questions for discussion during the review and/or identify if a specific service site needs to be included in the review. The QE staff will also look at any existing DD Provider Improvement Plans(PIP), DD Critical Status Plans(CSP), Accreditation Concerns or DMH Licensure & Certification Plan of Correction in preparation for the review.

If at any time during the process significant issues are identified, the QE reviewer will work with the contracted provider to expand the review.

If the identified provider of service in need of review is located in more than one region, the QE lead or designee for the region requesting the review will communicate and coordinate with other QE leads or designee(s) from applicable regions. The designated QE staff in the region requesting the review is responsible for coordinating the review and communicating among the related regions. The designated QE staff in any identified additional regions are responsible for organizing, scheduling and completing the reviews for their region and communicating results to the primary region point of contact.

The results of the review are shared with the service provider and applicable support coordination entity as prescribed below:

- Designated QE staff will arrange a team meeting, notify participants and distribute a blank copy of the Quality of Services Focus Review Provider Report (Appendix B) prior to the meeting.
 - The team at minimum will include a representative from the Provider of Service(s), Support Coordination Entity, DD Provider Relations Unit and DD Targeted Case Management Technical Assistance Unit
 - The meeting may be in person or by conference call.
 - Designated QE staff will facilitate the discussion, share concerns and observations, as well as complete the Quality of Services Focus Review Provider Report (Appendix B). Concerns 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.
- Within 10 business days of the team meeting the completed Quality of Services Focus Review Provider Report (Appendix B) is sent to the provider of service and other meeting participants. Upon request, the report will be submitted to the regional director and/or assistant director.
 - An electronic version of the summary report will be maintained by the regional office.
- The QE reviewer *may* refer concerns to other Regional Office personnel for follow up when identified as a need by the team (Due Process, QE RN, etc.).

APPENDIX A DRAFT 10-15-2015

- The designated QE reviewer and any designated Support Coordinator(s) will continue to monitor the issue(s). Once it is verified the agreed upon Action Steps have been completed, designated QE staff will note this on the Quality of Services Focus Review Provider Report (Appendix B).
 - 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 database will be updated with resolution information.
 - Issues involving individuals placed by DSS Children's Division will be communicated to the DSS Children's Division by a designated Regional Office staff.

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

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.

There are three sections to this tool;

Section I: "Preparing for the Review" is to be completed by the reviewer. The information obtained in this section is important to the process as it assists in identifying focus areas of the review.

Section II: "Outcomes" are broken down into two sections and each section outlines a specific Missouri Quality Outcome. "Outcomes" are to be completed by the reviewer through discussion and observation. Both sections also include the related corresponding certification principle and authorities.

In each section there is a *Summary of Outcome/Evidence to Support Conclusion* to document positive areas, information found in the review, clarifications as well as any issues/concerns identified. Issues will be referred to the appropriate entities. The reviewer will follow-up on the *Concerns Requiring Immediate Action* and *Concerns Which the Team Must Respond* to ensure each one has been addressed. **If immediate concerns are noted related to individual health or safety, the Service Coordinator and applicable Regional Office should be immediately notified by the reviewer.**

Note: All questions may not be applicable toward all services provided.

Section III: "General Comments" may include an overall assessment of the review.

Note: QE Post Survey <http://moteam.state.mo.us/dmh/DD/StateQualityEnhancementTeam/Lists/A%20FOCUS%20QE%20REVIEW%20TRACKER/AllItems.aspx>

Section I Preparing for the Review

Provider:	Review Date:	TCM Entity / SC:
1. Reviewers (List the Quality Enhancement staff conducting the review.):		
2. Sites To Be Visited:		
3. Participants (List participants from the agency, any other participants who are not actual reviewers):		
4. Prior to the review the following are examined:		
APTS <input type="checkbox"/> EMTs <input type="checkbox"/> Annual Provider Report <input type="checkbox"/> L&C / Accreditation Reports <input type="checkbox"/> PIP/CSP <input type="checkbox"/>		
a. Trends noted from review of documents and data:		
b. General comments:		

Section II Outcomes

- 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>
 - Nature and Quality of Individuals Experiences
 - Access to benefit from community experiences
 - Informed Consent and Choice
- Missouri Quality Outcomes <http://dmh.mo.gov/docs/dd/QualityoutMan.pdf>
 - People Participate in Meaningful Daily Activities of Their Choice
 - People Live in Communities They Choose, With Whom They Choose and in Homes and Environments Designed to Meet Their Needs
 - People Are Active Members of Their Communities While Determining Valued Roles and Relationships through Self-Determination
 - People Are Able to Choose Health/Mental Health Resources and Are Supported in Making Informed Decisions regarding their Health and Well-Being
 - People are Educated and Knowledgeable of Their Rights and Use Strategies/ Practices to Promote their Safety and Security
 - People Have Opportunities to Advocate for Themselves, Others and Causes they Believe In, including personal goals and dreams
 - Families are provided with knowledge that empowers them to facilitate opportunities for the individual’s self-determination throughout the course of his or her life
- 9 CSR 45-5.010 Certification of Medicaid Agencies Serving Persons with Developmental Disabilities (Chapter 5)
- Division priorities <http://dmh.mo.gov/dd/>
 - fostering self-determination
 - supporting families
 - facilitating individualized services and supports
 - promoting employment first
 - developing accessible housing

 **MO Quality Outcome - Healthy Living:** People are able to access health/mental health resources of their choice and are supported to make informed decisions regarding their health and well-being.

CMS: Service planning process is conducted to ensure the health and welfare of individuals.

Related Certification Principle: Assuring and Promoting Good Health

Authorities:

- 9 CSR 45-5.010 (3) (D) 1. A. Individuals have a primary health care provider to meet health care needs.
- 9 CSR 45-5.010 (3) (D) 1. B. Individuals obtain medical care at intervals recommended for other persons of similar health status.
- 9 CSR 45-5.010 (3) (D) 1. C. Individuals obtain dental examinations at intervals recommended for other persons of similar health status and receive follow-up dental treatment as needed.
- 9 CSR 45-5.010 (3) (D) 1. D. Individuals requiring specialized medical services have access to specialists.
- 9 CSR 45-5.010 (3) (D) 1. E. Individuals are offered support in preparation for medical and dental care.
- 9 CSR 45-5.010 (3) (D) 1. F. Individuals eat well balanced diets appropriate to nutritional needs.
- 9 CSR 45-5.010 (3) (D) 1. G. Individuals who have special dietary needs have those needs reviewed by a dietary consultant.
- 9 CSR 45-5.010 (3) (D) 1. H. Individuals have options to participate in fitness programs.
- 9 CSR 45-5.010 (3) (D) 1. I. Individuals' health is protected through measures typically taken to prevent communicable diseases for persons with similar health status.
- 9 CSR 45-5.010 (3) (D) 1. J. Individuals participate in making decisions about their health care to the maximum extent of their capacities, and their decisions about their health care are recognized and supported.
- 9 CSR 45-5.010 (3) (D) 1. K. Individuals make informed choices about taking prescribed medications.
- 9 CSR 45-5.010 (3) (D) 1. L. Individuals take medications as prescribed.
- 9 CSR 45-5.010 (3) (D) 1. M. Individuals are supported in safely managing their medications.
- 9 CSR 45-5.010 (3) (D) 1. N. Individuals' medications are regularly evaluated to determine their continued effectiveness.
- 9 CSR 45-5.010 (3) (D) 1. O. Individuals who take medications are supported by people who have received information about the individuals' medical conditions, know how the medications should be taken, and are aware of possible side effects.

TCM Contract

3.6.15 The contractor shall comply with the Performance Measure Requirements as listed in Attachment C.

Areas Reviewed Include :

- Individuals obtain medical care at intervals recommended for other persons of similar health status
- Individuals requiring specialized medical services have access to specialists
- Recommendations of health care providers show follow-up
- Individuals who have special dietary needs have those needs reviewed by a dietary consultant
- Individuals' health is protected through measures typically taken to prevent communicable diseases for persons with similar health status
- Individuals take medications as prescribed
- Individuals are supported in safely managing their medications
- Individuals' medications are regularly evaluated to determine their continued effectiveness
- Individuals who take medications are supported by people who are knowledgeable about accepted standards of practice in medication management

Discussion and Observation:

1. Describe how people in different age groups or genders are supported in receiving routine medical care. (How do you identify what medical care is needed for consumer’s health and how often they need this care? What are your systems for knowing when to schedule annual physicals, PSA, dental exams, etc.?) Also describe how those with specialized medical needs, including diets, are supported; how specialty care is obtained. Explain your process for tracking and follow up -- who does, how, how often, where/how recorded, is it trended? How do you know it is working?
2. Describe the actions you take if someone is suspected or diagnosed with a communicable disease. (Protection of ill consumer as well as housemates and staff. Informing staff of measures.) What is your system to ensure that people are immunized? How are staff trained in these measures and what is your system for assuring that training?
3. Describe your medication management system (administration; renewal; doctor’s orders; training; addressing medication errors; reporting/tracking/trending). Explain the process for determining if medications are effective.

Data:

1. APTS data under health procedures, staff training, and medications. This data may direct additional questions during the review. For example if data showed numerous issues around preventative care and examinations, may want to pursue this with your questions.
2. EMT data including incident types medical emergency, hospitalization medication errors.

Summary of Outcome 1/ Evidence to Support Conclusion (How was it determined the outcome is or is not present?):

Positive Areas:

Concerns requiring immediate notification (please number each finding):

Concerns to which the team must respond (please number each finding):

Additional comments/enhancements for consideration (please number each finding):

 **MO Quality Outcome - Safety & Security:** People are educated and knowledgeable of their rights and exercise practices to promote and ensure their safety and security.

- **CMS: The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.**
 - The individual has a lease or other legally enforceable agreement providing similar protections.
 - The individual has privacy in his/her unit.
 - Individuals have the freedom to furnish and decorate their sleeping or living units within their lease or other agreements

Related Certification Principle: Assuring Individual Safety

Authorities:

- 9 CSR 45-5.010 (3) (D) 2. A. Individuals receive the degree of supervision consistent with personal ability and the nature of the environment.
- 9 CSR 45-5.010 (3) (D) 2. B. Individuals’ homes and other environments are clean, safe, and well maintained.
- 9 CSR 45-5.010 (3) (D) 2. C. Individuals’ homes and other environments have modifications or adaptations to ensure safety.
- 9 CSR 45-5.010 (3) (D) 2. D. Individuals’ homes and other environments have passed externally conducted health, safety, and mechanical inspections.
- 9 CSR 45-5.010 (3) (D) 2. E. Individuals’ safety is assured through preventive maintenance of vehicles, equipment, and buildings.
- 9 CSR 45-5.010 (3) (D) 2. F. Individuals are transported safely.
- 9 CSR 45-5.010 (3) (D) 2. G. Individuals have the option to participate in home repair and maintenance training.
- 9 CSR 45-5.010 (3) (D) 2. H. The temperature of individuals’ homes is within an accepted comfort range of sixty-eight (68°) to seventy-eight (78°) degrees Fahrenheit.

APPENDIX A DRAFT 10-15-2015

- 9 CSR 45-5.010 (3) (D) 2. I. Individuals are supported in responding to emergencies in a safe manner.
- 9 CSR 45-5.010 (3) (D) 2. J. Individuals participate in emergency drills occurring during daytime, evening, and nighttime hours at least four (4) times annually.
- 9 CSR 45-5.010 (3) (D) 2. K. Individuals are supported or served by staff who are knowledgeable about emergency procedures.
- 9 CSR 45-5.010 (3) (D) 2. L. Individuals have access to adequate evacuation exits.
- 9 CSR 45-5.010 (3) (D) 2. M. Individuals have properly marked and easily accessible firefighting equipment in their homes.
- 9 CSR 45-5.010 (3) (D) 2. N. Individuals' homes have operating smoke detectors.
- 9 CSR 45-5.010 (3) (D) 2. O. Individuals have adaptive emergency alarm systems based upon need.
- 9 CSR 45-5.010 (3) (D) 2. P. Individuals have options to take first aid, have access to basic first-aid supplies, or are provided first aid by knowledgeable staff.
- 9 CSR 45-5.010 (3) (D) 2. Q. Individuals are provided cardio pulmonary resuscitation by knowledgeable staff.
- 9 CSR 45-5.010 (3) (D) 2. R. Individuals incurring injuries or experiencing unusual incidents have the injuries or incidents documented in their files.
- 9 CSR 45-5.010 (3) (D) 2. S. Individuals are supported or served by staff who have pertinent information to facilitate ordinary or emergency notification of family, guardians, or other interested parties.
- 9 CSR 45-5.010 (3) (D) 2. T. Individuals' safety is assured by secure storage of materials and equipment necessary for household maintenance.
- 9 CSR 45-5.010 (3) (D) 2. U. Individuals and staff use safe and sanitary practices in all phases of food preparation and clean up.
- 9 CSR 45-5.010 (3) (D) 2. V. Individuals who need assistance to eat in an upright position are provided needed supports and adaptations.
- 9 CSR 45-5.010 (3) (D) 2. W. Individuals use mechanical supports only as prescribed.
- 9 CSR 45-5.010 (3) (D) 2. X. Individuals use adaptive, corrective, mobility, orthotic and prosthetic equipment that is in good repair.

TCM Contract

3.6.15 The contractor shall comply with the Performance Measure Requirements as listed in Attachment C.

Areas Reviewed Include:

- Individuals receive the degree of supervision consistent with personal ability and the nature of the environment
- Individuals' homes and other environments are clean, safe, and well maintained
- The temperature of individuals' homes is comfortable, usually within an accepted comfort range of 68 to 78 degrees, unless otherwise indicated per person's preference
- Individuals' homes and other environments have modifications or adaptations to ensure safety
- Individuals' safety is assured through preventive maintenance of vehicles, equipment, and buildings
- Individuals are transported safely.
- Individuals use adaptive, corrective, mobility, orthotic, and prosthetic equipment which is in good repair.
- Individuals' homes and other environments have passed externally conducted health, safety, and mechanical inspections as required.
- Individuals are supported in responding to emergencies in a safe manner.
- Individuals participate in emergency drills occurring during daytime, evening, and nighttime hours
- Individuals are supported or served by staff who are knowledgeable about emergency procedures.
- Individuals have access to adequate evacuation exits.
- Individuals have properly marked and easily accessible firefighting equipment in their homes.
- Individuals are supported or served by staff who have pertinent information to facilitate ordinary or emergency notification of family, guardians, and other interested parties.
- Individuals incurring injuries or experiencing unusual incidents have this documented in their files.
- Individuals and staff use safe and sanitary practices in all phases of food preparation and clean up.

APPENDIX A DRAFT 10-15-2015

- Reporting of complaints of abuse, neglect or misuse of funds or property is done as required by 9 CSR 10-5.200. <http://www.sos.mo.gov/adrules/csr/current/9csr/9csr.asp#9-10>
- Event reporting is done as required by 9 CSR 10-5.206 <http://www.sos.mo.gov/adrules/csr/current/9csr/9csr.asp#9-10>

Discussion and Observation:

1. How do you support individuals who require altered levels of supervision? Everyone has different support needs – how do you ensure that you are meeting each individual need? What is your process for advocating for someone who, due to changes in health/behavior may require a higher level of support/supervision?
2. Describe your system(s) to assure that homes, buildings and vehicles are clean, safe and well-maintained. Describe how individual's preferences are taken into consideration in maintaining a safe comfortable environment, including air and water temperatures. What is your process if there are issues discovered in these areas? Discuss some of the adaptations/modifications that have been made to ensure safety. Have you had to use the tenant's rights process and what was the resolution?
3. What environmental inspections are required and conducted to ensure the health and safety of consumers? If recommendations are included, what do you do?
4. Describe how you ensure that your staff knows what to do and support people in emergency situations. Where are the written procedures/directions kept? How are they updated? What is your process for assuring adequate working emergency equipment, such as fire extinguishers, smoke detectors, etc.?
5. How do you ensure that notification information for consumers is current and available? Who contacts family/guardian or interested parties in an emergency?
6. When a consumer has incurred an injury or experiences an unusual incident how is this recorded?
7. What are the expectations in regards to safe and sanitary practices of food preparation and clean up? What training does staff receive?
8. What is the process for reporting of complaints of abuse, neglect or misuse of funds or property – both staff and consumers? What training does staff, consumers and family receive on this? How often?
9. What is the process for event reporting? What training does staff, consumers and family receive on this? How often? What trends have been discovered and action taken as a result of those trends?
10. How do you assure that an individual has due process is certain rights are being limited? Have you made any referrals to the Due Process Committee, if so what were the outcomes? How do you facilitate the use of external advocates? What policies and procedures do you have in place to ensure the rights of individuals?

Data:

1. EMT – supervision level not followed; evidence of injuries due to environmental factors, such as burns, falls, etc., vehicular accidents (may have to read some descriptions).
 - a. CIMOR reports
 - b. Report Manager EMT reports
2. APTS – Services and staff/personal plan implementation and staff empowerment; Environment and safety (if concerns arise, look at a sample of EMT data for notifications).
3. Investigation reports in Report Manager.
4. Quarterly data, bi-annual trend reports and provider annual report.

Summary of Outcome 2/ Evidence to Support Conclusion (How was it determined the outcome is or is not present?):

Positive Areas:

Concerns requiring immediate notification (please number each finding):

Concerns to which the team must respond (please number each finding):

Additional comments/enhancements for consideration (please number each finding):

Section III: General Comments