



Division Directive Number
4.290
Effective: 08.08.13
Revised: 10.01.13

Bernard Simons
Bernard Simons, Director

Title: Self Directed Services Review Policy (Provider Relations)

Applies to: Regional Offices, Senate Bill 40 Boards, and other Not-for-Profit Targeted Case Management (TCM) Entities.

Purpose: Prescribes the functions of Provider Relations as relates to the review of Self Directed Services to ensure consistent application across the state.

Definitions:

Action Plan Tracking System (APTS): A database utilized by the Division designed to track issues requiring resolution as well as positive practices identified through Integrated Quality Functions. Issues tracked are identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.

Contact Form: Standardized form used to document Self-Directed Services review results.

Customer Information Management, Outcomes, and Reporting Event Management Tracking (CIMOR EMT) System: A Department database which contains information from event reports as required by 9 CSR 10-5.206. This database is also used to collect information on incidents meeting pre-specified severity criteria or investigations of abuse, neglect, and/or misuse of individual funds.

Designated Representative: An individual receiving SDS services who is 18-years of age or older has the right to identify a Designated Representative for the purpose of self-directing supports. The designated representative is responsible for managing employee(s) and acting in the best interest of the individual. The designated representative are is the responsible party, the equivalent of the provider of services. If a guardian has been designated by a court, the legal guardian may also identify a designated representative.

Employer of Record: When an individual chooses to self-direct their supports they become the employer of record. The employer of record and or designated representative becomes the equivalent of a provider of services. If the individual is a minor then the parent/guardian is the Employer of Record and becomes the equivalent of a provider of services.

Individual and Family Supports: The Regional Office Unit responsible for development, implementation, and enhancement of the infrastructure of supports and services for individuals with developmental disabilities and their families. Individual and Family Supports will have staff comprised of support coordination, intake/eligibility, transition (school to post-secondary education life) and meaningful

day/employment; transition (habilitation centers), community living coordinators, family support coordinators, and in home support team.

Issue: A point, matter, concern or question in regards to the health, safety and/or rights of an individual. A critical issue is when the health, safety and /or rights of an individual are in jeopardy.

Outcome: The result of action to be taken as outlined in a plan that resolves issues, prevents reoccurrence, and increases opportunities for improvement in the TCM delivery system and implementation of the Missouri Quality Outcomes.

Provider Relations: The Regional Office unit responsible for provider development to enhance the capacity for the provision of supports and services. In addition, the staff provide technical assistance and monitoring; allocate resources, and management of the contracts with providers of supports and services. The Provider Relations Unit is comprised of Vendor Service Coordinators, Community Living Coordinators and Self Directed Supports Coordinators.

Regional Quality Enhancement Team: Staff designated at each Regional Office to review, track, trend and report data from the quality enhancement functions as well as respond to special requests for data based upon current standards, outcomes and promising practices.

Self-Directed Services: Self-Directed Supports (SDS) is an option for service delivery for persons with developmental disabilities and/or their designated representative who wish to exercise more choice, control and authority over your supports. SDS is founded on the principles of Self-Determination. Under this option individual/designated representative have employment and budget authority. The following services may be self-directed: Personal Assistant, Community Specialist and Support Broker.

Self-Directed Supports Coordinator: The Regional Office Self-Directed Supports Coordinator (SDSC) Provides training and technical support to individual/designated representative interested or enrolled in self-directed services, support coordinators and other stakeholders on the implementation process for Self-Directed Supports (SDS), understanding and implementing individualized supports and self-determination.

Self-Directed Services Improvement Plan: If there are multiple issues being identified, patterns of issues repeatedly occurring, or serious situations that must be corrected, the SC and/or Regional Office staff will discuss this with the individual/designated representative. A Self-Directed Supports Improvement Plan will be jointly developed for addressing those issues. Issues may be identified on monitoring visits, event reports, reviews or reported by the FMS (Missouri Consumer Direct). Improvement plan information needs to be specific to the identified issue and identify specific strategies and time frames for improvement. The goal of a corrective action plan is to focus on needed supports to ensure the individual/designated representative succeeds in using the SDS option. Not being able to meet employer/designated representative responsibilities can result in termination of the SDS option.

Self-Directed Supports Service File: A file maintained at the Regional Office specific to each self-directed individual/designated representative containing information including but not limited to: correspondence, contractual information, monitoring information, Got Choice Manual acknowledgement form, fiscal reviews, rate reviews, annual provider plans, and improvement plans.

Self-Directed Services Outcome Based Review Tool: Standardized tool used to review various areas of the Self-Directed Service.

Senate Bill 40 Board (SB 40): Statutorily authorized county board that funds and/or provides services for people with developmental disabilities. As referred to in this directive, those specific SB 40 boards that fund or provide case management for the specified service in partnership with the Division of DD. <http://www.moga.mo.gov/statutes/c205.htm>

Significant Issue: Multiple systems issues of concern and/or patterns of concern that repeatedly occur or that are pervasive throughout the provider's systems or issues where the health, safety and/or rights of an individual are in jeopardy.

Site: Location where individual/designated representative documentation is maintained. The site could be in the individual's residence, site of delivered service, or other area specified by the planning team.

Technical Assistance: Provide information, training, and consultation to entities providing supports and services to persons with developmental disabilities and their families.

Vendor Fiscal/Employer Agent (F/EA) Fiscal Management Service (FMS): Assists the employer with payroll-related functions. These functions include conducting a background screening of potential employee candidates, collecting and processing required human resource related forms and information, collecting and processing employees' time sheets, processing employees' payroll and the associated federal and state income tax withholding and employment taxes and other related payroll activities, and collects provider qualifications and training information

OVERVIEW

Provider Relations is responsible to review and provide guidance on all provider systems, as well as assist the provider in developing their own internal quality assurance systems. Each individual/designated representative enrolled in self-directed services is deemed a provider.

Provider Relations role is to partner with SDS individual/designated representative in order to enhance service development by offering technical assistance and reviewing provider information systems such as employee files and procedures. Provider Relations staff will work with SDS individual/designated representative and the Vendor Fiscal/Employer Agent (F/EA) Fiscal Management Service (FMS) to ensure service delivery is consistent with best practices, State Rules, Medicaid waiver guidelines and DMH policy.

Provider Relations staff will conduct a review of all SDS individual/designated representative with authorization to provide services utilizing a standardized tool and sample size. The amount and frequency of the review is a minimum and the sample size can be expanded if significant system wide issues are identified.

PROCESS

Provider Relations staff will conduct reviews of each SDS individual/designated representative. Review of SDS individual/designated representative will include information received from the Vendor Fiscal/Employer Agent (F/EA) Fiscal Management Service (FMS), the Division APTS and CIMOR EMT systems, as well as at the site of service.

Review of the SDS program shall be conducted using two methods.

Method I addresses Outcome 1:

The Provider Relations staff will utilize a statewide outcome based tool to review employee qualifications and training at the Vendor Fiscal/Employer Agent (F/EA) Fiscal Management Service (FMS) office. All findings shall be summarized utilizing a Self-Directed Services Contact Summary.

Each month a random sample will be drawn identifying 1/36 of the SDS individual/designated representatives enrolled in the SDS program. 100% of employees from each individual/designated representative identified shall be reviewed for qualification and training requirements. The reviewing Regional Office shall enter findings into APTS.

Regional Offices shall rotate the responsibility of the review.

The contact summary shall be completed and processed as follows:

A summary will be completed containing positive information gathered regarding provider achievements, systems and overall best practices. The summary will also outline the information gathered during the review, indicating all follow up issues identified through the sources reviewed.

The Provider Relations reviewer will forward the contact summary to the F/EA FMS, all Regional Office Provider Relations Leads, the Director of Special Community Services and the Provider Relations Statewide Coordinator within 10 working days of the review.

Method II addresses Outcome 2-4:

The Provider Relations staff will utilize a statewide outcome based tool and all review activities will be summarized utilizing a Self-Directed Services Contact Summary. The SDS individual/designated representative will receive a copy of the tool and summary documentation and a copy will be placed in the Regional Office SDS File.

Provider Relations staff will request the identified staff training document from the F/EA FMS prior to completing the review.

Provider Relations staff will review the payroll reports available online and select one pay period per month for three months to compare against progress notes at the site. At the site review, Provider Relations will review required on site documentation including but not limited to items indicated on pages six - eight of this document. The contact summary will combine the information from all parties, including information available from the Division APTS and CIMOR EMT system.

The contact summary shall be completed and processed as follows:

A summary will be completed containing positive information gathered regarding provider achievements, systems and overall best practices. The summary will also outline the information gathered during the review, indicating all follow up issues identified through the sources reviewed.

Provider Relations staff will forward the contact summary to the Regional Office Director, SDS individual/designated representative, the Regional Quality Enhancement, Individual and Family Support Unit,

and TCM entity within 10 working days of the review. If the Self Directed Supports Coordinator is not the performer of the review, they will also be forwarded a copy of the contact summary. The Self Directed Supports Coordinator will track all finished reviews in the system.

The Self Directed Supports Coordinator will follow up on issues identified through the review for resolution that are not the responsibility of the Support Coordinator to monitor such as personnel issues. The Support Coordinator will follow up on issues identified through the review for resolution that relate to documentation the Support Coordinator is responsible to monitor such as daily progress notes, monthly reports and ISP.

All achievement, best practices, issues and the results of the resolution will be recorded in the APTS database for trending of information.

APTS and EMT data may lead to further planning and the development of a Self-Directed Services Improvement Plan. Throughout the year, it may be necessary for additional reviews to occur due to information gathered from other monitoring activities.

MINIMUM REVIEW FREQUENCY OVERVIEW FOR INDIVIDUAL/DESIGNATED REPRESENTATIVE SITE REVIEW:

SDS individual/designated representative will be reviewed every three years. The Provider Relations staff will review 1/3 of SDS individual/designated representative each year so that 100% of all SDS individuals/designated representatives participate in a review over the course of three years.

MINIMUM PROVIDER RELATIONS SAMPLE SIZE PER CONTRACTED EMPLOYER

Service Description	Individual Record	Personnel Records	Billing Review
Personal Assistant	100%	2 per individual*	1 pay period per month for 3 months for 2 employees
Support Broker	100%	1 per individual	
Community Specialist	100%	1 per individual	

*If an individual is authorized for all three services, only one Personal Assistant personnel record shall be pulled.

If at any time during the process significant issues are identified, Provider Relations will work with the individual/designated representative to expand the service sample size and offer technical assistance if necessary in looking for the best practice for correction or enhancement of the system.

Authority:
 HCB Medicaid Waiver: <http://dmhonline.dmh.state.mo.us/mrdd/manuals/hcb/sec13draft.pdf>
 Division of DD Services Catalog
 Fiscal Employer Agent Service Agreement
 Designated Representative Authorization Document
 Got Choice Handbook

Missouri Department of Mental Health
 Division of Developmental Disabilities
 Self-Directed Services Review

Outcome 1: A system is in place to ensure that staff are qualified and trained to meet people’s needs.

Personnel File Review	
Staff Education	Direct staff: Verification of high school diploma/GED or written exception from RO. Support Broker: Verification of high school diploma/GED or written exception from RO. Community Specialist: <ul style="list-style-type: none"> • Bachelor’s degree from an accredited university plus one year experience • Registered Nurse (with an active license in good standing, issued by the Missouri State Board of Nursing) • Associate’s degree from an accredited university or college plus three years of experience.
Background Checks	Documentation available; initiated prior to being approved to work; staff not listed on the DMH, DHSS, or DSS disqualification. If there is an item revealed on the background screening, the Individual/Designated Representative must indicate their choice to hire the potential employee.
Training Checklist	Review of the training checklist to ensure it is on file, complete and indicates exceptions to employee training for the purpose of the remainder of personnel file review.
CPR	Documentation available & current [Red Cross or American Heart Association-every 2 years] unless exempted. Training cannot be exempted for Enhanced Medical Personal Assistant. Not required for SB/CS.
First Aide	Documentation available & current [Red Cross or American Heart Association-every 2 years] unless exempted. Training cannot be exempted for Enhanced Medical Personal Assistant. Not required for SB/CS.
Abuse and Neglect Training	Documentation available and current (within 30 days “ok to work” and every 2 yrs) No Exemption.
Medication Aid training	Documentation available & current (initial and update every 2 yrs) unless exempted. Training cannot be exempted for Enhanced Medical Personal Assistant if passing medications. Not required for SB/CS.
Behavioral Intervention Training	Documentation exists if required. Training cannot be exempted for Enhanced Behavior Personal Assistant. Not required for SB/CS.
Employment Eligibility	Completed I-9 form, Employment Eligibility Verification form, documentation available.
Employment Agreement	This agreement outlines the employee's responsibilities and conditions for employment under the self-directed supports program.

Job Description	This is best practice.
Support Broker Training	Division approved curriculum for Support Broker only.

Outcome 2: A system exists to ensure documentation is in place.

Individual Information Review	
Got Choice Handbook	Individual/Designated Representative Acknowledgement Form is on file at the Regional Office.
Individualized Support Plan	Individual/designated representative has a current signed plan on site. The ISP will be reviewed according to review tool for SDS required components.
Monthly Summary and Budget Tracking Form <ul style="list-style-type: none"> Review to look for last 3 consecutive months. 	Individual/designated representative has Monthly Summary on file. Monthly Summary contains: <ul style="list-style-type: none"> First name, last name, and either middle initial or date of birth of the individual Month and year of service covered by report Monthly review reports describe progress on any identified ISP's goals and the overall status of the individual Budget spending has been reviewed Author has signed, printed name, title and date of report completion
Back Up Plan	Employer has a back-up plan accessible to employees.

Outcome 3: A system is in place to ensure progress notes are completed and match what has been entered on timesheets.

Progress Note and Billing Review	
Progress Notes <ul style="list-style-type: none"> Review to look for 1 pay period per month for three months for 	Progress notes are available on site. Progress notes are complete and contain:

<p>each employee reviewed.</p>	<ul style="list-style-type: none"> • First name, last name, and either middle initial or date of birth of the individual • Date and time of service, including am/pm • Progress notes describe progress on any identified ISP's goals & objectives and the overall status of the individual • Author has signed, printed name and date of report completion <p>Billing Review:</p> <ul style="list-style-type: none"> • There is a corresponding progress note for each time period indicated on the employee's time log. • Did employee work more than 40 hours? Has the RO approved?
--------------------------------	--

Outcome 4: Other Waiver requirements.

Standard	Findings
<p>Individual receiving services lives in their own home or in their family home and does not reside with a paid caregiver who is not a family member.</p>	

Missouri Department of Mental Health
Division of Developmental Disabilities
Self-Directed Services Provider Relations Review Contact Summary

Individual:	Services Reviewed:
Designated Representative:	Support Coordinator:
Date of Last Review:	Date of Review:

Overview

Persons in attendance, Type of files reviewed; Type of systems reviewed

Action Plan Tracking System (APTS) Data/Trends

Enter APTS Data/Trends here. Review and Discussion of APTS reports over the last year. Report may be designed to fit the agency. Goals for upcoming year may be identified if there are consistent areas of concern.

CIMOR Reporting Event Management Tracking System Data/Trends

Enter EMT Data/Trends here. Review and Discussion of EMT reports over the last year.

Findings

Summary of review findings – best practices, achievements, # of files reviewed with no issues/issues, etc.

Recommendations

Summary of recommendations for enhancement.

Nothing to report that requires follow up action.

Need for Specific Resolution Identified

Description of Issue:	
Action Taken:	
Person Responsible:	Timeline:

Provider Relations Representative:	Agency Representative:
------------------------------------	------------------------

Cc: