

QUALITY ENHANCEMENT OVERVIEW AND SUPPORT COORDINATOR (FORMALLY KNOWN AS SERVICE COORDINATOR) ROLES

The Division's Quality Enhancement philosophy is individual focused with two priorities:

- 1.) Safeguarding people and their person-centered values, and
- 2.) Enhancing each individual's quality of life

Quality Enhancement gauges the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure improved outcomes. This is a mandate when state and federal funds are used to support particular services. The state monitors these outcomes by the following process:

- Discovery- Data and individual interviews are collected in order to assess the ongoing implementation of supports. These are used to identify strengths and opportunities for improvement. Community Event Reporting forms, Licensing & Certification, accreditation surveys, Quality Enhancement, Provider Relations and Individual and Family Supports reviews and Support Coordinator monitoring are processes used for discovery.
- Remediation- Plans are created to remedy specific problems or concerns that arise.
- Continuous Improvement- Studying patterns and trends, finding root causes, selecting and planning strategies for improvement and evaluating the results.

All of these actions require a collaborative effort on the part of all parties involved.

The **Missouri Quality Outcomes** were developed by individuals with disabilities and families, friends, direct care staff, and the Division of DD staff. These outcomes describe what must be present in order to maintain a quality service delivery system. They are used as guiding principles when tailoring support services for individuals and their families. The Federal Centers for Medicaid and Medicare Services (CMS) requires the Division of DD to develop and implement a comprehensive Quality Enhancement Framework.

Quality Enhancement efforts focus on seven broad participant-centered outcomes to assure participant health and welfare.

1. Participant Access to services, having input at all levels, including the QE process.
2. Participant-Centered Service Planning and Delivery is a model that ensures services are designed to meet a person's needs and are delivered in a person-centered fashion.
3. Provider Capacity and Capabilities are reviewed to ensure qualified providers offer person centered services.
4. Participant Safeguards are built into each phase of the service delivery system.
5. Participant Rights and Responsibilities are guaranteed, yet responsibilities of the participant are also honored.

6. Participant Outcomes and Satisfaction are determined based upon meeting the need of the individual. Outcomes achieved must be measured against the need of the individual.
7. System Performance is both proactive and responsive as related to changing needs.

In all activities, in addition to developing policies and procedures, the state must produce evidence that it implements the policies and procedures, and evaluates the outcomes achieved. The activities listed here outline the quality enhancement process submitted in the Medicaid Waiver application.

- The state must demonstrate that it has designed and implemented an adequate quality enhancement system for assuring the health and welfare of waiver participants. The quality enhancement activities that are completed include:
 - **3.090 Health Identification and Planning System Process:** Each individual receiving funded residential services has a health inventory screening completed by the support coordinator. If the screening indicates a high degree of health issues or involvement, then the QE RN completes a health inventory looking at the systems in place around the individual to deliver the health care needs. This is NOT a substitute for medical care and routine medical checkups by a physician.
 - **Quality Framework Health Screening Inventory to Safeguard People** ([3.090 Health Identification and Planning System Process](#))
 - The support coordinator completes the Health Inventory to identify significant health issues. The Nursing Review form is used to document the professional nursing review and evaluate the quality of health supports for the individuals that meet the health inventory criteria. The *Clinical Indicators* tool is a breakdown of best practice for each indicator on the inventory, to assure that all QE RN's are evaluating health supports consistently. The *Educational Guidelines* document is a compliment to the Clinical Indicators. The *Health Support Plan* is developed because of the overall health review process. The support coordinator and RN III work with the provider agency to ensure that the plan is implemented.
 - **3.070 - Consumer Death Notification and Mortality Review Process:** To prescribe procedures to be followed by TCM entities, Regional Offices and Habilitation Centers upon notification of an individual's death. The review is a process, initiated by the QE RN, which looks at the circumstances surrounding the death of an individual receiving services.
 - **3.080 - Non-Hospital Do Not Resuscitate Orders in DD State & Contracted Facilities:** Describes the process for obtaining a Non-Hospital Do Not Resuscitate (DNR) order to be implemented in Division of DD state and contracted facilities.

- **3.060 - Community RN Program:** Is a paid service through the waiver for individuals receiving residential services.
 - Monitor the health and safety of the individuals receiving residential services monthly.
 - Provide appropriate delegation and supervision of Unlicensed Assistive Personnel (UAP) or Licensed Practical Nurse (LPN) who perform such duties as medication administration and other nursing tasks when applicable, and document those activities. (Nursing Practices Act Chapter 335 RSMo).
 - Accountability for Activities.
- [Abuse/neglect - 9 CSR 10-5.200 \(Chapter 5\)](#) Investigations completed by trained staff under the supervision of the Department's General Counsel. See Section K: Abuse and Neglect of the Service Coordination Manual.
- **4.070 - Event Report Processing / Community Event Report Forms / Instructions.** Is the mandate in the Code of State Regulations that any person, providing services to an individual, report incidents to the Regional Office. The event is not only addressed at the time of the report, but is also tracked, analyzed and trended to identify areas of the system which need improvement.
- **3.020 - Service Monitoring.** Outlines the minimum requirements for support coordinators to conduct visits to individuals and also prescribes a process to remediate situations, notify necessary parties and track information for long term systems improvement.
 - **Service Monitoring:** Support coordinators will assure, on at least a quarterly basis, there is implementation of the core principles and quality outcomes in individuals' lives ([3.020 - Service Monitoring](#)). Support coordinators spend time with individuals, observing and asking questions, review information gathered, document their findings and address concerns. A guide may be utilized during Service Monitoring.

Issues Not Resolved With Contracted Providers:

Referral to Quality Enhancement Team:

- While monitoring services, if issues are identified that cannot be resolved by the support coordinator and the planning team, the support coordinator may need to refer these issues to the Quality Enhancement (QE) team at the Regional Office.
- The support coordinator must keep the QE and Provider Relations (PR) team at the Regional Office informed of any potential service issues, especially those relating to health, safety, and rights.

- The support coordinator participates in the provider plan meetings facilitated by a PR team member.
- The support coordinator may, on a routine basis, complete the structured monitoring tool to track progress.
- The support coordinator must follow through on any recommendations generated from abuse/neglect investigations.

Referral to Quality Enhancement Nurse:

- The support coordinator works with the QE RN III to resolve any unmet health needs for individuals on his or her caseload.
 - For individuals who receive DMH funded residential placement, the support coordinator must complete a **Health Inventory** annually, upon initial community placement and/or when there are any significant health changes. Exceptions are those who reside in a *non-funded* Residential Care Facility (RCF), Skilled Nursing Facility (SNF) or Assisted Living Facility.
 - The support coordinator notifies the Regional Office RN III of any initial community placements.
 - The support coordinator works with the individual's planning team and RN III to make sure that all identified health issues are addressed and resolved.
- **3.050 - Complaints Response Process | Form.** The avenue for individuals and other involved citizens to report directly to the Department their issues and concerns. Complaints received by this office are circulated to the responsible Regional Office, and the issue is investigated, either locally by the Inquiry Coordinator or by the Department of Mental Health Centralized Investigations Unit depending upon the severity of the complaint.
 - **3.100 Quality Enhancement Review - Basic Health and Safety.** Prescribes a standardized procedure for Quality Enhancement review of contracted residential and day habilitation providers in the areas of individual health, safety and rights.
- The state must demonstrate that it has designed and implemented an adequate system for reviewing the adequacy of plans of care for waiver participants.
- **4.060 - Service Plan Guidelines, Training and Reviews.** Looks at the individual support plan development and implementation. This process monitors the development of the Level of Care (LOC) determination, the systemic requirements imposed by CMS for the components of an Individual Service Plan, and finally the outcomes achieved.
 - **3.020 - Service Monitoring.** The support coordinator monitors the delivery of services by qualified providers and continues to assess the need for service.

- The state must demonstrate that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified contract providers.
 - **5.060 - Enrollment of New Providers.** Prescribes activities the Regional Office must take when recruiting and developing new community providers of service.
 - **Licensure and Certification** is the Department's process to ensure compliance with certification standards (the basic enhancements Division of DD makes to CMS).

- The state must demonstrate that it implements the processes and instrument(s) specified in its waiver for evaluating/reevaluating an applicant or participant's Level of Care need for waived services.
 - **4.060 - Service Plan Guidelines, Training and Reviews.**
 - **3.020 - Service Monitoring**

- The state must demonstrate that it has designed and implemented an adequate system for assuring financial accountability of the waiver program.
 - **5.070 - Fiscal Review.** Outlines how Regional Offices monitor community providers' billing practices and management of individual funds.
 - The Fiscal Review process was developed to ensure individual funds and funds appropriated for services are expended in an appropriate manner. Each Regional Office has designated staff that performs the reviews. All information relating to the reviews is input into the Billing Review database. Regional Offices may put the information into the APTS issue tracking system to be integrated with information from other Quality Management functions.
 - The role of the support coordinator: Once a review is complete, a written report is prepared by the staff performing the review. The report will list any issues or concerns that need to be addressed as well as any positive comments to share with the provider. Depending on the nature of issues discovered, the support coordinator may be asked to assist in the resolution process and/or ongoing monitoring.

For more information on quality integrated functions please see **4.080 - Integrating Quality Functions**. This Directive prescribes the systematic process for integrating and synthesizing information from all Quality Functions. The information is used to evaluate the performance of the service delivery system, remediate identified issues, and develop system improvements in partnership with contracted providers.

LICENSING & CERTIFICATION AND ACCREDITATION

The Licensure and Certification Unit provides quality oversight to Department of Mental Health agencies, both public and private, in the State of Missouri. This oversight is carried out in order to license or certify these facilities or programs that offer services to individuals of the Divisions of Comprehensive Psychiatric Services (CPS), Alcohol and Drug Abuse (ADA) and Developmental Disabilities (DD). That monitoring ensures that providers maintain compliance with applicable state standards and remain consistent with the Department of Mental Health's vision, principles of practice, and values.

A Department of Mental Health (DMH) license is required when one or more individuals served by the facility or program are diagnosed with mental retardation, or more than half of the individuals have a diagnosis of mental illness. Licensure is not dependent upon a contractual relationship with the Department. The categories of licensure for the DMH include Residential Care Facilities also licensed by the Department of Health and Senior Services (DHSS), group homes, family living arrangements, semi-independent living arrangements, and day programs licensed solely by DMH. A facility or program accredited by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO), Commission for Accreditation of Rehabilitation Facilities (CARF) or Commission on Accreditation for Children and Family Services (COA) is not required to be licensed.

When the facility is **licensed as a Residential Care Facility by DHSS**, the statutes delineate for which areas of licensing requirements each of the Departments is responsible (630.715 RSMo). This **statute authorizes DHSS** to inspect general medical and health; adequate physical plant facilities, including fire safety, housekeeping and maintenance standards; food service facilities; safety precautions; drugs and medications; uniform system of recordkeeping; and resident and individual rights and grievance procedures. **DMH is authorized** to review the requirements in the areas of admission criteria, and care, treatment, habilitation, and rehabilitation needs of individuals with a mental health diagnosis. Within these parameters, **DMH issues a program license** to the dually licensed facility and DHSS issues the primary operating license. In order for an agency to receive a DMH program license, the agency must keep the DHSS license current.

Licensure surveys are conducted on an annual basis by the Licensure and Certification Unit (L&C) staff using regulations for each of the categories of licensure which are located in 9 CSR 40. Licenses are effective for a period of one year. If any items are out of compliance, the facility must complete a Plan of Correction for each issue. Dependent upon the scope and severity of the non-compliance, a license may be granted based on approval of the Plan of Correction, or may not be issued until documentation of correction has been received or an on-

site follow-up review is conducted. On-site follow-up reviews may be unannounced. If a facility is unable to come into compliance, DMH may issue a probationary license contingent upon a consent agreement and/or may revoke or deny the license.

Certification is specific to the DD Home and Community Based Medicaid Waiver. It is required in order to participate and receive funding through this program. Participating providers in this program do not require licensure in addition to certification. Certification is for a two-year period and regulations are located in 9 CSR 45. Provisional certification is granted to a new provider or an existing provider adding a waived service, and after a review of policy and procedure, facility, personnel and staffing. On-site survey for renewal of certification is conducted every other year. If any items are out of compliance, the agency must complete a Plan of Correction for each issue. Dependent upon the scope and severity of the findings, certification may be granted when documentation of correction has been received, an on-site follow-up review is conducted, or the agency may be placed on conditional status. Follow-up reviews may be unannounced.

If a provider is accredited through Commission on Accreditation and Rehabilitation Facilities (CARF <http://www.carf.org/>) or the Council for Quality and Leadership (CQL <http://www.thecouncil.org/>), the provider is deemed to have met the requirements for certification. Accreditation is the act of granting credit or recognition for meeting clearly defined and nationally accepted standards set by these accrediting bodies.

The Department may conduct a scheduled or unscheduled site survey of a provider at any time to monitor ongoing compliance with the certification standards. Focused reviews are based on complaints, individual rights concerns, and requests from Division regional and/or central offices. If any survey finds conditions that are not in compliance with applicable certification standards, the Department may require corrective action steps and may change the provider's certification status consistent with procedures set out in 9 CSR 455.060.

MO Department of Mental Health – Division of Developmental Disabilities Certification Survey Instrument (<http://dmh.mo.gov/docs/dd/forms/QA/certificationsurvey.pdf>).

Support coordinator Role: Attending the entrance and exit surveys as well as following up on any plans of correction.

COMPUTER DATABASES ASSOCIATED WITH QUALITY ENHANCEMENT

Action Plan Tracking System (APTS): A database utilized by the Regional Offices designed to track issues requiring resolution as well as positive practices that are identified through Provider Relations and/or Quality Enhancement Functions. Issues tracked will be identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes. Issues are discovered through monthly Service Monitoring, Fiscal Review, Health Identification and Planning System, Mortality Reviews, and complaints received by the

Office of Consumer Affairs. Certification Surveys and accreditation recommendations are tracked in the APTS database. Regional and State Quality Enhancement teams are responsible for managing and tracking the data in this system.

Customer Information Management, Outcomes and Reporting (CIMOR): Department of Mental Health database system.

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.

Individual Service Plan Review Data Base: Division of DD database designed to collect data and analyze trends around CMS assurances related to service planning and level of care in addition to quality enhancement.