

TCM PROVIDER STARTER GUIDELINES

This set of guidelines will be used by you and your Regional Office Support Coordinator to guide you through the process of providing Targeted Case Management (TCM) and assist you in meeting the assurance the Division is expected to provide to Centers for Medicare and Medicaid Services (CMS). Documents that are provided are examples only except where noted, e.g. the nursing review documents. However, in most instances the information on the document is required. You may develop your own forms to suit the system you will need to put in place for the assurance expected by the CMS and the Division. When the information on the document is considered best practices and not a requirement it will be noted. The authority is listed for the required information.

Achieving Quality Services: A Checklist for Evaluating Your Agency

http://www.communityinclusion.org/article.php?article_id=15#checklist

Flow Chart for the Division of Developmental Disabilities Consumer process is a visual of the route of the consumer through the initial process.

<http://www.dmh.mo.gov/opa/pubs/documents/DDFlowChart0909.pdf>

The primary guide for training is the Service Coordination Training Log (**Appendix A**). The primary training for the SC Manual will be through E-Learning and shall be completed within 6 months of hire. The training log indicates which training can be completed through E-Learning. The SC Manual contains links to all documents that are needed. For manuals or other documents (i.e. CSRs, Division Directives) without links in the SC Manual, links will be provided. The local RO Support Coordinator will be your guide for the training process. The RO staff with the specific expertise (e.g. business office) will be the trainer where applicable.

Intake and Eligibility—Authority 9 CSR 45-2.010 <http://sos.mo.gov/adrules/csr/current/9csr/9c45-2.pdf>

- Resource Folders—Intake staff will provide these folders as new referrals are made to your agency. The Resource Folders are for distribution by the service coordinator to new consumers, families/guardian found eligible for Division Services and should be provided at the first visit to the person(s).

Logging for the TCM services that the service coordinator provides to a consumer is of upmost importance and will be reviewed on a regular basis by the supervisor or other staff within the TCM provider agency. The authority is the SB 40 TCM Manual and Division Directive:

<http://www.dmh.mo.gov/mrdd/new/manuals.htm>

<http://www.dmh.mo.gov/mrdd/Directives.htm>

The Person Centered Planning Guidelines is the guide for completing the Person Centered Plan (PCP) for the consumer. The Division has reported in the Medicaid Waiver Application that these guidelines are what the service coordinators will use in developing the PCP for all consumers. PCP Guidelines can be found at: <http://www.dmh.mo.gov/mrdd/new/staff1.htm>

Other recommended documents:

- Missouri Quality Outcomes <http://www.dmh.mo.gov/mrdd/new/manuals.htm>
- Missouri Values Test http://poplarbluff.mo.networkofcare.org/dd/home/dmh_sp_manual.cfm
(Located in Section F – Funding Mechanisms of SC Manual)
- National Core Indicators <http://www.dmh.mo.gov/mrdd/Initiatives.htm>
- Consumer Planning/Risk Gathering Information Model & Definitions **Appendix B**
- Health Inventories <http://www.dmh.mo.gov/mrdd/nurses/qualityhm.htm>
- Level of Care documents - ONEFORM website http://oa.mo.gov/gs/form/fm_indiv.htm#Atop
- Waiver Choice Statement— ONEFORM website
- Waiver Provider Choice Statement—ONEFORM website
- Utilization Review Process—Authority—9 CSR 45.2.015 & 9 CSR 45-2.017
<http://sos.mo.gov/adrules/csr/current/9csr/9c45-2.pdf>
- Signature page letters for guardians and Instructions for SC—**Appendices C(1) C(2) C(3) C(4)**
These documents have been approved by Medicaid as acceptable in obtaining a guardian’s signature when failure to return the PCP by the guardian has occurred. The content is mandatory but may be put on agency letterhead. See instructions.(is there 4 or 5 documents her including the instructions?)
- Waitlist—Support Coordinator will provide consistent follow-up and information related to the waitlist. Waitlist review will be completed through the UR process per the SC Manual.

Monitoring of Supports and Services

- Service Monitoring—DD Directive 3.020 <http://www.dmh.mo.gov/mrdd/directives/3020.pdf>
- Quarterly Reviews— <http://www.dmh.mo.gov/mrdd/new/staff1.htm>
- Altered Levels of Supervision - Service Coordinator Manual Section E on NOC
http://poplarbluff.mo.networkofcare.org/dd/home/dmh_sp_manual.cfm
- Abuse & Neglect 9 CSR 10-5.200 <http://sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf>
- Complaint Process Division Directive 3.050
<http://www.dmh.mo.gov/mrdd/Directives.htm>

Your Support Coordinator will provide direction and assistance for the following:

- Regional Office Behavior Resource Team Referral
- Interdivisional Agreements with Children’s Division
- Systems of Care where applicable
- VPA, 1003, 923 services and support
- Habilitation Centers referrals process for crisis respite
- Forensics
- Appeal Processes (9 CSR 45-2.020) <http://sos.mo.gov/adrules/csr/current/9csr/9c45-2.pdf>
- Consumer Moves and Portability of Funds Policy (formerly Administrative Transfer Policy)
Authority DD Directive 5.010 <http://www.dmh.mo.gov/mrdd/Directives.htm>
- Death of a Consumer and Burial Arrangements
- Psychiatric/Medical Hospital Admissions and Discharges
- DNR’s – DD Directive 3.080 <http://www.dmh.mo.gov/mrdd/Directives.htm>

Records Management for Provider of TCM services— Division Directive 1.060

<http://www.dmh.mo.gov/mrdd/Directives.htm>

SUPERVISOR HELPS

Review Tool—**Appendix D**

Consumer Record/File Review—**Appendix E**

Job Description for Service Coordinator—**Appendix F**

Consumer Satisfaction Survey—**Appendix G** - This is considered best practices for use with Performance Planning and appraisal with service coordinators.

PCP CHECKLIST – Appendix H - The checklist for service coordinators to use to ensure that all processes are completed in a timely manner prior to implementation of the PCP.

PCP authority-- 9 CSR 45-3.010 <http://sos.mo.gov/adrules/csr/current/9csr/9c45-3.pdf>

It is recommended that service coordinators turn a complete plan packet with the PCP Checklist into a supervisor for review and tracking to assure that all Medicaid Waiver Assurance for CMS have been met. In the event a TCM provider is starting with one or two service coordinator and has not reached the level of need for a supervisor (suggested ratio is 1 supervisor for 10 service coordinators) discuss with your RO Support Coordinator how they can assist with this part of the QE process.

ADMINISTRATIVE

On-Call System—It is expected that each TCM Provider will have a system which allows providers of service, consumer and families to reach a person within the TCM agency 24/7 for the purpose of reporting and response to emergency situations.

Conflict of Interest—per the addendum to the TCM Agreement (example addendum below), each agency that provides case management services and also provides direct services to consumers shall establish a policy showing how conflict of interest will be mitigated. The policy shall be available for review by the support coordinator. In addition, the PCP will contain a statement that ensures that all employees will act in the best interest of the consumer and that conflict of interest has been addressed with the consumer/guardian/family at the time of the annual planning meeting.

Conflict of Interest

As the Department of Mental Health/Division of Developmental Disabilities (DDD) transitions case management services from the Regional Offices to SB40 Boards/Affiliated Community Service Providers and not-for-profit agencies, DDD must continue to assure that the systems meet the requirements for consumer choice and mitigate any actual or potential conflicts of interest. A conflict may be recognized when a person or agency involved in operating any part of the service delivery system has an interest in or the potential benefit from a particular decision, outcome or expenditure. Such a conflict is likely to occur, for example, when the SB40 Board/Affiliated Community Service Provider or not-for-profit agency provides case management, develops the consumer's plan and provides direct services to those consumers. The Service Coordinator will act in the interest of the consumer and/or family. The following steps are required in order to address actual or potential conflicts of interest:

1. DDD will review eligibility for Medicaid Home and Community-Based Waiver Services.
2. The County SB40 Boards/Affiliated Community Service Providers and the not-for-profit agency will develop a conflict of interest plan specific to the individual county and its circumstances. This plan must include:
 - a. Information identifying potential conflict of interest situations;
 - b. Planned or ongoing agency initiatives intended to eliminate or mitigate the occurrence;
 - c. Agency actions intended to manage those ongoing situations that cannot be eliminated and may include but are not limited to: an open door policy, non-retribution and whistle-blowers' policies, rights committee review, and grievance policy. The grievance policy includes review and decisions of the _____ SB40 Boards/Affiliated Community Service Providers/not-for-profit agency; and
 - d. Methods of communication required to inform the individual consumer and/or guardian, if applicable, about the potential conflict.
3. During the annual Person Centered Plan (PCP) meeting, conflict of interest and choice of provider will be discussed and documented in the plan. The PCP will contain the following statement to address conflict of interest: _____, as provider of Service Coordination and other services will ensure that all employees will act in the best interest of the consumer and that no conflict of interest occurs.
4. The DDD Quality Assurance review of the SB40 Boards/Affiliated Community Service Providers/not-for-profit agency includes:
 - a. Verification that the conflict of interest statement is included in the Person Centered Plan; and
 - b. Interaction with a sample of consumers and/or their guardians to verify effectiveness of the procedures.

Grievance Resolution

Besides Medicaid's grievance procedures, consumers may also use the SB40 Board/Affiliated Community Service Provider's grievance procedure and DDD's grievance procedure. The SB40 Board/Affiliated Community Service Provider/not-for-profit agency will develop a process for resolving disputes between providers when the TCM provider has a contract separate from the DMH contract for service. Any disputes between service providers will be resolved thru the Regional Office Provider Relations with the SB40 Board/Affiliated Community Service Provider/not-for-profit agency participation as appropriate. Whereas, the SB40 Board/TCM not-for-profit agency and RO will jointly resolve disputes between themselves as stated in the Targeted Case Management Agreement.

SERVICE COORDINATION TRAINING LOG

APPENDIX A

SC Name _____

Date of Hire _____

MANUALS	TRAINERS INITIALS	DATE
1. Chapter 13 of Medicaid Waiver Manual		
2. Service Coordinator Manual		
3. New Provider Training		
4. TCM Manual		

TCM PROCESS (initially and an annual review)	TRAINERS INITIALS	DATE
1. TCM Overview*		
2. Definition of Billable/Non-Billable Activities		
3. TCM Monitoring Process*		
4. Making Proper Progress/Case Notes*		
5. TCM Directive		

SERVICE MONITORING*	TRAINERS INITIALS	DATE
1. Service Monitoring Directive		
2. Service Monitoring Visits		
3. Service Monitoring Log Note		
4. Quarterly Reports		
5. Inquiries, CATS		
6. Risk Assessment		

PERSON-CENTERED PLANNING *	TRAINERS INITIALS	DATE
1. Self Determination		
2. Person Centeredness		
3. Person First Language		
4. Overview of PCP process		
5. Main Components of all plans		
6. Information needed in Personal Profile		
7. Information needed in Action Plan		
8. Information needed in Legal Section		
9. Special Components of Medicaid Waiver Plans		
10. Quarterly Reports		
11. Plan Amendments		
12. How To Write Plan Outcomes/Action Steps		
13. Timelines for Plans		
14. Observe Plan Meetings		
15. Written Plan Reviewed		
16. Attend/Lead Plan Meeting		

FINANCIAL (In Service Coordinator Manual and eLearning)	TRAINERS INITIALS	DATE
1. Standard Means*		
2. Medicare/SSI/SSDI *		
3. NAFS Account/Request for Expenditures*		
4. Division of DD Funding – (POS, Choices, Waiver, Private Pay)*		
5. Medicaid Redeterminations		
6. Targeted Case Management Directive		
7. Fiscal Reviews		
9. Consumer Absences		

WAIVER*	TRAINERS INITIALS	DATE
1. Requirements		
2. How to access		
3. Comprehensive Waiver		
4. Community Support Waiver		
5. Lopez Waiver		
6. Autism Waiver		
7. Required Forms (LOC, Choice, etc)		
8. Eligibility		
9. Process to obtain slot		
10. Process to release slot		
11. Appeals Process		

UTILIZATION REVIEW/AUTHORIZATION*	TRAINERS INITIALS	DATE
1. Emergency Criteria		
2. Checklist For Turning In Plans		
3. Overview of UR CSR		
4. Prioritization of need		
5. UR checklist		
6. UR recommendations page		
7. Plan routing process		
8. Wait List		
9. Want vs. need		
10. Plan Outcomes/Authorizations		
11. ISL Budgets		

QUALITY ENHANCEMENT*	TRAINERS INITIALS	DATE
1. MO Quality Outcomes		
2. Positive Behavioral Supports		
3. CMS Assurances/Overview of authorities		
6. Human Rights/Due Process/Restraints		
7. Event Reports		
8. APTS		
9. Abuse/Neglect		
10. SAFE		
11. Survey Instrument		
12. National Core Indicators		
13. Integrating Quality Management Functions to Ensure Consumer Safeguards		
14. Inquiry Follow-up		

NURSING*	TRAINERS INITIALS	DATE
1. HIPS		
2. Community RN Training		
3. RN Role		
4. Mortality Review		
5. NHR (Nursing Home Reform)		
6. Accessing Cyber Access		
7. DNR (Do Not Resuscitate) Directive		

LEGAL ISSUES*	TRAINERS INITIALS	DATE
1. Guardianship/Conservatorship		
2. Public Administrator		
3. Payee		
4. Protective Oversight		
5. Olmstead/MO Protection and Advocacy/Americans with Dis./IDEA		
6 Forensics		

CLIENT ELIGIBILITY*	TRAINERS INITIALS	DATE
1. Division of DD Eligibility Definition		
2. Intake/Eligibility Determination Process		
3. DSM IV Diagnosis Codes		
4. New Consumer Process		
5. Formal Assessment Tools		
6. Administrative Transfers		
7. Discharging/Reactivating a Consumer		
8. Appeals Process		
9. Redeterminations		
10.Resource Folders		

PROGRAMS/SERVICES *	TRAINERS INITIALS	DATE
1. Self Directed Services		
2. Behavior Resource Team		
3. Autism Services		

PROVIDER RELATIONS	TRAINERS INITIALS	DATE
1. ISL Guidelines		
2. Certification Survey Process		
3. Provider Contracts		
4. Service Catalog		
5. Service Coordinator Expectations		
6. Enhancement Plans		
7. QDDP Guidelines		

PLACEMENT COORDINATOR	TRAINERS INITIALS	DATE
1. Money Follows the Person		
2. Hab Center Transition		
3. Consumer Referral Database		
4. Hospital Discharges		

MISCELLANEOUS	TRAINERS INITIALS	DATE
1. Use of CIMOR system		
2. Network of Care		
3. Chain of Communication for County Boards		
4. Critical Events (RO Reporting Guidelines)		
5. MANDT		
6. Client Records		
7. Death Report Checklist		

CASELOAD SPECIFIC TRAINING: (This would be completed according to the type of cases the new sc will be handing)	TRAINERS INITIALS	DATE
1. Caseload Listing		
2. Provider Listing		
3. Intensive Res Hab		
4. Exceptions		

SUPERVISORY TRAINING	TRAINERS INITIALS	DATE
1. How to review personal plan packets		
2. Recording required information for reviewing Levels of Care		
3. Completing Personal Plan Reviews		
4. Review of Logs		
5. Quarterly Reviews Completed Report		
6. Supervisor Review of Event Reports		
7. TCM Reviews		

***Asterisk denotes that information in these sections is available in the Service Coordinator Manual on the Network of Care website.**

http://springfield.mo.networkofcare.org/dd/home/dmh_sp_manual.cfm

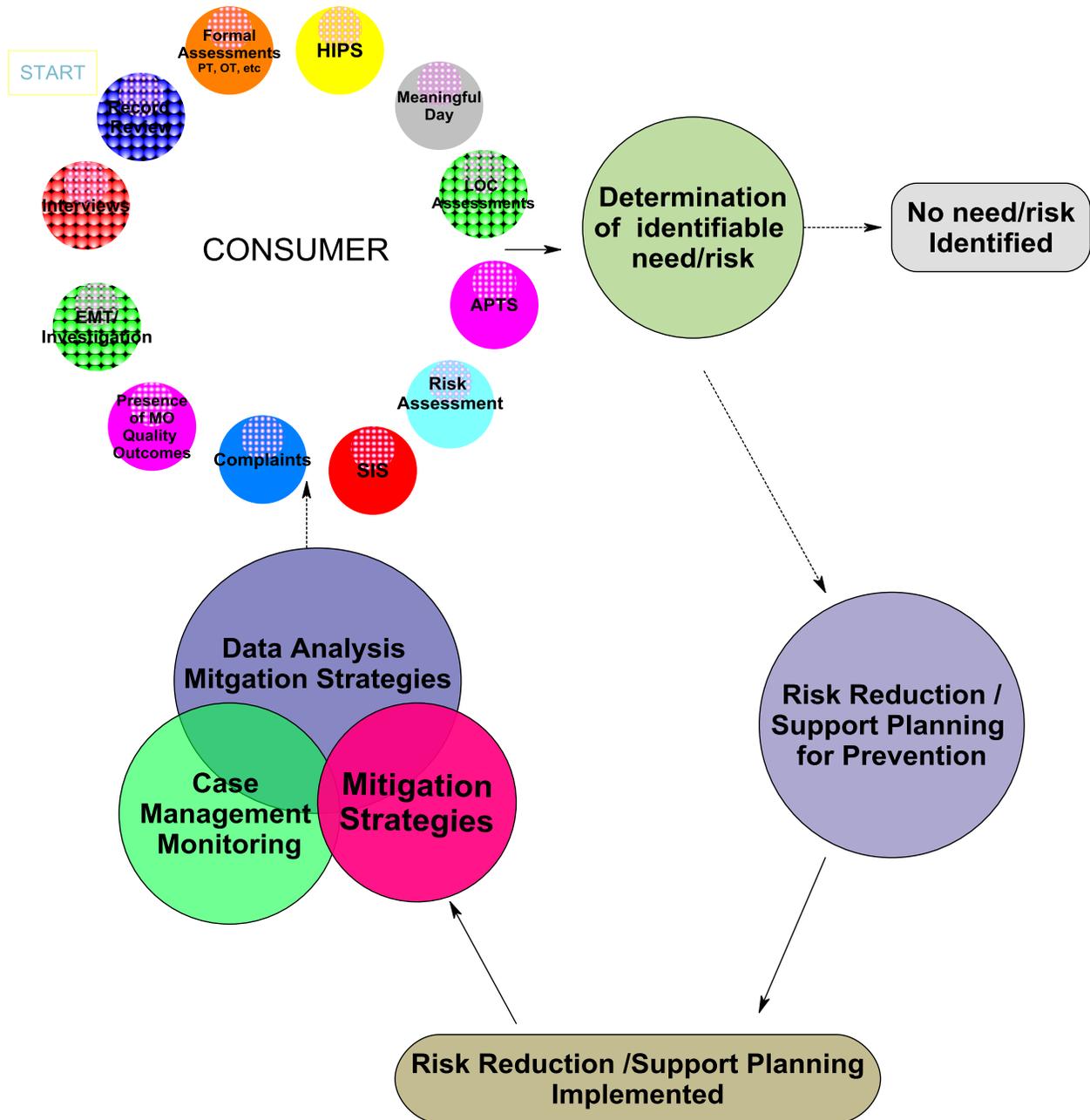
All Trainings have been successfully completed:

Supervisor Signature **Date**

Service Coordinator Signature **Date**

APPENDIX B

Consumer Information Gathering and Risk Planning Model



All of the information gathering processes will lead to a Functional Assessment of the consumer and would include such things as a description of problem behaviors that put the individuals or others at risk of harm, and/or behaviors that prevent the person from being successful in different social environments. Information gathering typically involves indirect and direct methods. Indirect methods include record review, interviews or questionnaires, and tools to assess the broader physical and social environments. Direct observations involve observing and recording the individual's behavior and events in the environment while the event is occurring.

DEFINITIONS

Action Plan Tracking System

A Regional Office database designed to track issues identified through the Quality Management Functions of Service Monitoring, Fiscal Review, Nursing Reviews, Certification, Personal Plan Review, and Complaint Response that require action. Issues tracked will be identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.

Complaint Response Tracking System

A response process that tracks the type, timelines, number of complaints and responses from Regional Offices as it pertains to complaints received through the Office of Consumer Safety for DD services

CIMOR EMT

A database at each Regional Office used to input information from incidents and medication errors reported in community services 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 consumer funds. Also allows for follow-up and analysis of incidents that were unusual in occurrences or led to undesirable outcomes affecting individuals in residential facilities, day programs or specialized services that are licensed, certified or funded by the Department of Mental Health.

Record Review

Includes but is not limited to; General History, Medical Issues / Treatment Drug Interaction/side effects, Educational Programs / Related Services, Psychological Evaluations, Social Histories, Intervention Histories, Other relevant Information.

Support Intensity Scale

The SIS measures support requirements in 57 life activities and 28 behavioral and medical areas. The assessment is a standardized tool specifically designed to measure the pattern and intensity of supports an individual with a developmental disability needs to be successful. Assessments are completed by trained staff through an interview with the consumer, as well as with those who know the person well. The SIS is used for individuals 16 years or older and currently participating in an HCBS waiver.

HIPS

HIPS is a medical audit designed to promote safeguarding people through the identification of persons in DDD community placement (excludes RCF, SNF and ICF/MR) who need significant supports for optimal health; and assure those supports are in place through a professional nursing review for the purpose of discovery and remediation of unmet health needs.

Missouri Quality Outcome

The Missouri Quality Outcomes were developed by individuals with developmental disabilities and their families and friends, direct care staff, provider agencies, and division of MR-DD staff. They identify the essential values that individuals said **must** be present in order to support them in living the lives they want as well as what must be present in order to maintain a quality service delivery system. The Outcomes are used as a foundation for on-going **evaluation** measures in assessing the lives of individuals with developmental disabilities and the services they receive and serve as **guiding principles** to the Division and to provider agencies when developing and enhancing services to individuals with developmental disabilities

LOC (Level of Care): Based on the MOCABI, VABS, or other appropriate instrument, and on observation, interviews, collateral information and assessments, the LOC documents information indicating the person has mental retardation and/or a developmental disability which meets the federal definition of a "related condition". The evaluation also describes limitations the person has that would require active treatment in an ICF/MR facility and must explain why the person is at risk of entering an ICF/MR facility. Based on the outcome of this evaluation, the individual may be admitted into the waiver.

MOCABI: The Missouri Critical Adaptive Behaviors Inventory (MOCABI) is the assessment instrument used for adults and for older children when appropriate.

VINELAND: Vineland Adaptive Behavior Scales (VABS) is an assessment tool that is used for younger children.

Formal Assessment

- Therapists-OT, PT, ST
- Physicals or other medical assessments
- School evaluations
- Vocational evaluations

Risk Assessment

This instrument is utilized to help identify potential individual risks in areas of personal and environmental safety, socialization, medical/health, behavior analysis, and financial. This information can be used with the information gathered from additional sources to help validate the risk for the consumer; and if determined to be an actual risk, identify how this will be addressed in the Person Centered Plan, supports and services

Interviews

Talking to and gathering feedback from other persons involved with supporting the consumer such as family members, spouses, direct care staff, friends, other agencies staff.

Meaningful Day

To support individuals to have valued roles similar to other people in their community and provide individualized access for people with developmental disabilities to support their participating in activities, functions, and roles of community life that are desired and chosen by the general population.

Successful **Meaningful Day** supports are measured by whether or not the individual achieves his/her desired outcomes/roles as identified in the Person Centered Plan. Employment should be the first option of individuals who are of working age.

GATHERING OF PLANNING INFORMATION BY SERVICE COORDINATOR:

The following information is either submitted to the Service Coordinator or should already be in the consumer file that SC has access to:

- **LOC Assessments:** MOCABI or VINELAND.
- **Formal assessments: including but not limited to:**, Therapists reports such as OT, PT or ST, physicals or other medical assessments, school evaluations, vocational evaluations, functional behavior assessment, Psychological, etc
- **HIPS:** Completed by provider and SC and submitted to RO nurse for scoring.
- **Meaningful Day:** Info should be covered in consumer PCP and reviewed annually with employment being the primary focus for individuals of working age.
- **Functional Behavioral Assessment: An assessment beyond the information gathering that may have been** completed by RO Behavior Support Team or a contracted Behavior Analyst.
- **Risk Assessment:** Completed by consumer planning team including but not limited to: SC, provider, community RN and other provider staff.
- **Support Intensity Scale:** SC receives a copy of SIS results when survey is completed by the SIS Interviewer for use in determining outcomes and supports to be included in the PCP.
- **Complaints/CATS:** SC follows up to ensure Plan of Action is completed if applicable and addresses further support needs of the consumer as appropriate.
- **Missouri Quality Outcomes: These guiding principles are to be reflected** in the consumer PCP.
- **Interviews:** completed by SC for all individuals who know and support the person.
- **Record review:** completed by SC of current consumer record.

The following information would be provided to the SC by the following means:

APTS: SC submits issues discovered during service monitoring. SC then monitors to ensure issue is resolved and submits issue resolution date to Quality Enhancement (QE). QE tracks and trends info entered into the database and provides quarterly reports to both provider and SC.

EMT/Investigations: SC will review information using annual QE reports of entries into the EMT system as relevant a specific consumer.

APPENDIX C1

Instructions for Person Centered Plan Cover Letter #1 To be sent with PCP already signed by guardian

(Do not send instructions with letter)

When the guardian attends the Person Centered Planning meeting and there are MINIMAL changes to the Person Centered Plan, the guardian may approve the PCP and sign the authorization page for the PCP at the meeting.

This letter should be used as the cover letter when the final version of the signed PCP is sent to the guardian.

JEREMIAH W. (JAY) NIXON

GOVERNOR

KEITH SCHAFER, Ed.D.

DIRECTOR



BERNARD SIMONS

DIRECTOR

DIVISION OF DEVELOPMENTAL DISABILITIES

(573) 751-4054

(573) 751-9207 FAX

**STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH**

(Date)

~

Re: ~

Dear ~:

Enclosed please find your copy of the new Person Centered Plan for ~ which you approved and signed during our recent meeting. If you have any questions after you review the plan, please do not hesitate to call me at (local number) or (toll free number).

Thank you for your participation in the person centered planning process.

Sincerely,

~

Case Manager II

Enclosures

cc: ~

APPENDIX C2

Instructions for

Person Centered Plan/Amendment Signature Letter #2 To be used when guardian has not signed PCP/amendment

(Do not send instructions with letter.)

This letter is to be sent with the unsigned PCP/amendment where the guardian was involved in the planning process and is familiar with the plan/amendment, but has not yet reviewed and signed the written PCP/amendment. (The PCP may have needed significant changes so that guardian was unable to sign the authorization at the planning meeting.)

This letter offers the guardian the option of returning the signed document by fax. Such faxed document, if preserved with the fax cover sheet and any other material contained in the fax transmission, is equivalent to a formal written signature on the PCP or amendment.

Please remember that EVERY ATTEMPT should be made to include the guardian in the person centered planning process and to obtain a written signature approving the PCP or amendment. These attempts should be documented in the case notes.

However, if the guardian does not return the signed PCP authorization or amendment, the PCP/amendment may be implemented as stated in the letter.

JEREMIAH W. (JAY) NIXON
GOVERNOR

KEITH SCHAFER, Ed.D.
DIRECTOR



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

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(573) 751-9207 FAX

MARCY VOLNER
DIRECTOR
ROLLA REGIONAL OFFICE
DIVISION OF DEVELOPMENTAL DISABILITIES

(Date)

~

Re: ~

Dear ~:

Enclosed please find the new (Person Centered Plan/Amendment) for ~. **State and federal regulations require us to obtain your signed approval prior to the start date for the plan/amendment in order to implement the plan/amendment and fund any services for ~.**

If you agree with the information in the plan/amendment and give your consent for treatment as outlined, **please sign all documents where indicated and return the signed page(s) to the Regional Office via mail or fax by (*15 days from date this letter is mailed).** Please keep a copy of the plan/amendment for your records.

If you do not agree with the plan/amendment as written, please contact me at (local number) or (toll free number) to discuss any necessary changes.

If we do not hear from you and do not receive your signed consent by (same *date as above), **we will consider this plan/amendment approved as written.**

Sincerely,

Case Manager II

Enclosures

cc: ~

**Instructions for
Person Centered Plan/Amendment Signature Letter #3
To be used following receipt of verbal approval of guardian**

(Do not send instructions with letter.)

This letter is to be sent with the unsigned PCP/amendment when the guardian was involved in the Person Centered Planning process so is familiar with the PCP/amendment, and has given verbal approval to implement the PCP/amendment by phone.

A witness is not required when verbal approval is obtained by phone. Since the letter does mention the verbal approval, the guardian has the opportunity to refute that he/she gave verbal approval at the time the letter is received. Even when verbal approval has been given, **a faxed or written signature is still preferable to meet CMS regulations.**

This letter offers the guardian the option of returning the signed document by fax. Such faxed document, if preserved with the fax cover sheet and any other material contained in the fax transmission, is equivalent to a formal written signature on the PCP or amendment.

Please remember that EVERY ATTEMPT should be made to include the guardian in the person centered planning process and to obtain a written signature approving the PCP or amendment. These attempts should be documented in the case notes.

However, if the guardian does not return the signed PCP authorization or amendment, the PCP/amendment may be implemented as stated in the letter.

JEREMIAH W. (JAY) NIXON
GOVERNOR

KEITH SCHAFER, Ed.D.
DIRECTOR



**STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH**

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MARCY VOLNER
DIRECTOR
ROLLA REGIONAL OFFICE
DIVISION OF DEVELOPMENTAL DISABILITIES

(Date)

~

Re: ~

Dear ~:

Enclosed please find the new (Person Centered Plan/Amendment) for ~. This is the plan/amendment for which you have already given your verbal approval as per our phone conversation on (date).

Although you have given verbal approval of the plan/amendment, **state and federal regulations require us to obtain your signed approval prior to the start date for the plan/amendment in order to implement the plan/amendment and fund any services for ~.**

If you agree with the information in the plan/amendment and give your consent for treatment as outlined, **please sign all documents where indicated and return the signed page(s) to the Regional Office via mail or fax by (*15 days from date this letter is mailed).** Please keep a copy of the plan/amendment for your records.

If you do not agree with the plan/amendment as written, please contact me at (local number) or (toll free number) to discuss any necessary changes. Thank you.

Sincerely,

~

Case Manager II

Enclosures

cc: ~

**Instructions for
Person Centered Plan/Amendment Signature Letter #4
To be sent with unsigned PCP/amendment when guardian is not
familiar with the plan/amendment**

(Do not send instructions with letter)

This letter is to be used when the guardian did not attend the Person Centered Planning meeting and is unfamiliar with the plan/amendment. The service coordinator is expected to CALL THE GUARDIAN PRIOR TO SENDING THE PCP/AMENDMENT to discuss the plan/amendment with the guardian and possibly make revisions as per the guardian's wishes before sending out the PCP/amendment.

The service coordinator will also advise the guardian during this initial call that the plan/amendment will be mailed to the guardian shortly and that the guardian should review the plan/amendment carefully and contact the service coordinator with any questions or concerns which the guardian may have regarding the plan/amendment. This letter will then go out with the unsigned PCP/amendment, requesting the guardian return the signed authorization page.

This letter offers the guardian the option of returning the signed document by fax. Such faxed document, if preserved with the fax cover sheet and any other material contained in the fax transmission, is equivalent to a formal written signature on the PCP or amendment.

Please remember that EVERY ATTEMPT should be made to include the guardian in the person centered planning process and to obtain a written signature approving the PCP or amendment. These attempts should be documented in the case notes.

However, if the guardian does not return the signed PCP authorization or amendment, the PCP/amendment may be implemented as stated in the letter.

JEREMIAH W. (JAY) NIXON
GOVERNOR

KEITH SCHAFER, Ed.D.
DIRECTOR



**STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH**

ROLLA REGIONAL OFFICE

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BERNARD SIMONS

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WENDY DILLENDER

DISTRICT ADMINISTRATOR
DIVISION OF DEVELOPMENTAL DISABILITIES
CENTRAL DISTRICT
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(573) 751-9207 FAX

MARCY VOLNER

DIRECTOR
ROLLA REGIONAL OFFICE
DIVISION OF DEVELOPMENTAL DISABILITIES

(Date)

~

Re: ~

Dear ~:

Enclosed please find the new (Person Centered Plan/Amendment) for ~, which I discussed with you in our phone conversation of (date).

State and federal regulations require us to obtain your signed approval prior to the start date for the plan/amendment in order to implement the plan/amendment and fund any services for ~.

If you agree with the information in the plan/amendment and give your consent for treatment as outlined, **please sign all documents where indicated and return the signed page(s) to the Regional Office via mail or fax by (*15 days from date this letter is mailed)**, keeping a copy of the plan/amendment for your records.

If you do not agree with the plan/amendment as written, I will be happy to discuss any concerns or issues you might have. Please feel free to call me at your convenience and you may reach me at (local number) or (toll-free number).

If we do not hear from you and do not receive your signed consent by (same *date as above), **we will consider this plan/amendment approved as written.** Thank you.

Sincerely,

~

Case Manager II

Enclosures

cc: ~

REVIEW TOOL FOR SUPERVISORS and SERVICE COORDINATORS

- PERSONAL PROFILE
 - Who is important to the person? (Family, friends, neighbors, staff, community members, employer, other employees)
 - What people admire about this person
 - What is important to the person? (Hopes, dreams, likes/dislikes, cultural preferences, rituals/traditions, interests, hobbies, routines, vocational interests, special skills)
 - Level of Supervision: Altered levels of support (follow the Altered Levels of Supervision guidelines for required information). How long can they be left alone at home, community, day activity? What time of day can they be left alone? What support do they need in an emergency?

- WAYS FOR SUPPORTS TO BE SUCCESSFUL
 - What does the staff need to know to support the person?
 - What type of staff do they prefer?
 - How do they learn best?
 - What is the staff's roles and responsibilities?

- HEALTH (What are the support needs? Need to be addressed as required:
 - Medical Ancillaries
 - Specific issues from Health Inventory
 - Dietary/menu needs (diabetes, high cholesterol, high blood pressure, soft diet, etc)
 - Choking precautions
 - Seizure protocol
 - Level of independence, i.e., can they use household chemicals, appliances, carry a key, carry money, adjust water temperature, etc.
 - Information/issues from most recent dental, physical, vision exams
 - Allergies
 - Mental health needs/issues
 - Names of doctors, dentists, psychologist, counselor, hospital, pharmacy
 - Assistive technology needs
 - Medical equipment needs
 - Medications (name, use, side effects); can they take their own meds or, if not, what part of the regimen can they complete on their own

- SAFETY: Planning for risk; When the person is going to learn or do something that involves an increased level of risk, what planning or supports are in place?

- COMMUNICATION: How does the person typically communicate? Issues with being understood, communication chart for gestures and/or vocalizations, level of ability to sign

- VISION FOR FUTURE: What would they like to do in the future?
- VISION FOR FUTURE FOR FAMILY/GUARDIAN: What is important to others? What needs to be kept separate or easily identified?
- OTHER SERVICES: Day activities (what are they doing now and how well are they doing?); school IEP, insurance, community services, employment, etc.
- TRANSITION PLANNING: (If applicable) When the person is experiencing ANY kind of transition in their life, what supports are in place to assure the success of this transition?
- LEGAL ISSUES: Current guardian and/or conservator, or need for guardian and/or conservator; any pending legal issues
- BEHAVIORAL SUPPORTS / RIGHTS RESTRICTIONS (If previously approved)
 - List the rights being restricted
 - What are the behaviors that necessitate the restriction
 - Reasons behavior is occurring
 - Antecedents to behavior
 - Interventions previously attempted; did they work
 - How/when will the person's rights be restored
 - Timeline for restorations of rights
 - Consumer/Guardian involvement
 - Documentation requirements for staff
 - Person responsible for implementation
 - Person providing the training on the plan to staff
 - Frequency this plan will be reviewed by the team
 - Proposed supports and objectives related to the restriction
- SEX OFFENDER ISSUES: Need to register; exempt from registering; safety risk; specific criminal issues or where that information can be located
- BURIAL PLANS
- FUNDING ISSUES: If there is an increase in costs, why? Justifications for increase in ISL budget, increase in FDS budget, increase in units of service; Who is paying for what services, who is paying the waiver match; is there an interdivisional agreement or VPA?
- FINANCIAL ISSUES: Personal spending, Medicaid spend down, personal allowance, who pays bills, outstanding debt issues, etc.

- ISSUES REQUIRING FOLLOW UP

- ACTION PLAN: All parts of the Action Plan and Service Plan should relate back to the personal profile portion of the PCP
 - What needs to be maintained, enhanced, or changed?
 - Things that are important to the person but are not currently happening?
 - Outcomes; are they consistent with what the person wants?
 - Rationale for habilitative objectives
 - Habilitative Objectives need responsible party, start/end dates, and strategies for providing support – how the objective will be accomplished.
 - Success criteria – how will we know when the objective/outcome has been met?

- SERVICE PLAN
 - Service Objectives need responsible party, start/end dates

- AUTHORIZATIONS
 - Signatures – consumer, guardian – date, service coordinator-date

- CONTRIBUTORS: Who contributed to the PCP through interviews, reports, letters, or attendance

- CONSUMER PROFILE/DEMOGRAPICS
 - Name
 - State ID#
 - DOB
 - Plan Meeting Date
 - Implementation Date
 - Consumer SS #
 - Medicaid #
 - Waiver Slot #
 - Match paid by who?
 - Service Coordinator, Team
 - Consumer Address/Phone
 - Legally Responsible Party; address/county/phone #
 - Diagnosis, including supports needed for specific diagnoses if required
 - Motor Voter Status

Consumer:		ID#: 017	
SC Name:		Review: Current Plan (plus 6 months of quarterlies)	
Reviewer:		Date:	
		Corrective Action Needed:	Yes No

Personal Plan									
Current Cover Page	Yes	No	N/A	Profile	Yes	No	N/A		
Type of plan indicated: BSP, Med Waiver, Choices Voucher, etc.				Profile content: goals, dreams, concerns, wishes, have corresponding Outcome/AS.					
Full legal name				All Services have a corresponding Outcome.					
Meet date				Action Steps do not all have the same date and timeline. (not present in Maintenance Outcomes)					
Start date 1 st of month				Outcomes indicate how progress is measured.					
Birth date				Action Steps have person who is responsible identified.					
Consumer case number									
Name of Regional Office									

Miscellaneous Forms									
Monthlies/Quarterlies	Yes	NO	N/A	Miscellaneous Forms	Yes	No	N/A		
All monthlies are present (from provider)									
All SC monthlies/quarterlies are present				Medicaid Waiver Choice Statement					
SC's have signed all monthlies				Client Choice of Provider					
QDDP has signed all monthlies				Choices/Voucher Guidelines					
Dates Consumer visited indicated on the monthly or quarterly									
Monthly/Quarterly has Required Content									

APPENDIX E

Section II: Completed and all waived services are indicated in paragraph using appropriate terminology.				Front page is completely filled out.			
Section III: Lists what assessment was used for review, and the person who did the assessment.				Personal Data sheet is X'd if applicant did not fill out.			
Section IV: Filled out completely				There is at least one check mark per horizontal box on each page			
SC signed and dated form				Category box at bottom has one check Mark and applicants name on each page.			
There is a LOC for every year since initial eligibility was determined				Major life Activity box has a check mark in each area, signature of intake worker with date is completed.			
If the consumer is a child – does the initial LOC indicate: what tools were used to find them eligible for the waiver?				Results of functional evaluation section, is marked with applicants name.			

PERFORM PLANNING DOCUMENT Appendix F

SERVICE COORDINATOR

Employee:	Case Manager II
Rater:	Date:
Reviewer:	Date:

	<u>Rating Components</u>	<u>Performance Objectives</u>
1	<p>Knowledge of Work The technical knowledge of job functions and understanding of the policies, procedures and processes as they related to the overall mission of the organization.</p>	<ul style="list-style-type: none"> ▪ Active participation of the family/individual in all aspects of the planning/choosing supports and providers that best meet needs to assist to reach self-determined goals. ▪ Development and distribution of a person-centered individualized plan tailored to the unique wants/needs of the Consumer within 30 days of the Planning Meeting to include a personal budget plan that reflects all DMH paid services and as well as additional paid and generic supports used by the person. ▪ Attainment of Consumer determined service goals. ▪ Secured agreements from Preferred Service Provider to give assistance needed/wanted. ▪ Intervening/advocating with the Provider and/or Consumer to assure the Consumer's successful and satisfactory utilization of the service. ▪ Network of community resources (formal and informal) developed and maintained for Consumer access. ▪ Provides documentation of staff, consumer file, and other significant persons regarding change in consumer status. ▪ Gives correct information to the public. ▪ Review & follow all DORS, PCP Guidelines, TCM Manual, MO Quality Outcomes, Core Certification Guidelines, PBS guidelines, CSRs, Revised MO statutes to carry out the DMH philosophy & guidelines. ▪ Maintain consumer confidentiality in compliance with all HIPAA regulations.
2	<p>Quality of Work The level of accuracy and proficiency with which assigned work is completed.</p>	<ul style="list-style-type: none"> ▪ Complete service monitoring observation and consumer visits on all assigned consumers receiving funded services per Division Directive 3.020. ▪ Maintain paperwork accurately and within timelines to include case notes and other documentation. ▪ Consumer satisfaction with the process of service delivery from service providers. ▪ Complete Monthly and/or Quarterly Summaries which analyze progress of each consumer's Individual Plan. ▪ Completes required paperwork unique to specific caseload.
3	<p>Situational Responsiveness The ability to respond to internal and external stakeholders, develop and maintain effective relationships, respond to inquiries and circumstances as necessary as well as tolerate stressful situations, adapt to changes and remain alert and aware of surroundings. This includes proficiency and accuracy of written and verbal communication as well as the ability to maintain the correct balance between tact and firmness.</p>	<ul style="list-style-type: none"> ▪ Establish clear and courteous lines of communications with persons receiving services, families, service providers and outside agencies to ensure a positive, working relationship with the consumer. ▪ Uses 'People First' language when referring to the Consumer. ▪ Conveys and demonstrates that (s)he values the experience, ideas, and beliefs of the family and/or individual. ▪ Tailors the intensity and focus of the relationship to meet the particular desire of the family/individual. ▪ Developing partnerships with Service Providers. ▪ Work in a professional manner with all agencies, organizations, i.e. DFS, DHSS, DYS, schools, etc. ▪ Maintains professional working relationship with supervisors and co-workers regardless of individual differences. ▪ Displays courteous and helpful behavior toward everyone.
4	<p>Initiative The ability and desire to actively seek out new solutions, tasks, opportunities or development that improve the organization's ability to accomplish its mission in a more effective and efficient manner as well as improve the employee's value to the organization by furthering his or her own professional development.</p>	<ul style="list-style-type: none"> ▪ Exercise independent judgment and initiative in making decisions related to consumer services. ▪ Accepts supervision of work performance. ▪ Displays active and positive participation in training sessions, team meetings and other related activities. ▪ Initiates positive problem solving process in professional interactions with others. ▪ Maintain a positive attitude. ▪ Seeks out new challenges and responsibilities.
	<p>Dependability</p>	<ul style="list-style-type: none"> ▪ Logs are entered within the one week timeline after the day the activity was completed.

5	<p>The ability to complete assignments accurately and on-time as well as the ability to follow required procedures and guidelines. This area may also be used to assess attendance for attendance sensitive functions.</p>	<ul style="list-style-type: none"> ▪ Consistently logged 7.5 hours per 8 hour work day or met the minimum expectation of 106 logged hours per month. ▪ Flexes schedule in response to consumer needs and/or Center activities whenever possible and reasonable. ▪ Attend all trainings and meetings as scheduled and required. ▪ Completes other duties as assigned.
---	--	--

Signatures:

Employee: _____

Date: _____

Rater: _____

Date: _____

Reviewer: _____

Date _____

Participant Satisfaction Survey

In our efforts to provide the highest level of service coordination, we would appreciate you taking the time to complete this survey. Return the survey in the enclosed self addressed stamped envelope provided. Thank you for your time and consideration.

Who is your present Service Coordinator?

Your name (optional): _____

Person (if any) who assisted you in completing this survey: _____

Please circle your answer:

My service coordinator has contact with me and my family as often as needed.

Yes No Comments: _____

My service coordinator provides help in a timely manner.

Yes No Comments: _____

My service coordinator makes recommendations that are helpful.

Yes No Comments: _____

My service coordinator is sensitive to my wants and needs.

Yes No Comments: _____

I feel that my service coordinator treats me with respect.

Yes No Comments: _____

I feel I can talk to my service coordinator when I need to.

Yes No Comments: _____

Regarding service coordinator who works with me, I am:

Satisfied Dissatisfied Comments: _____

Overall, are you satisfied with the service coordination you have received?

Yes No Comments: _____

Comments / Suggestions

Do you have any specific needs that are not currently being met? _____

Do you feel there is anything keeping you from being a part of your community? For example: Transportation, Physical Barriers, Attitudes? _____

Other comments: _____

PCP CHECKLIST

Note: Plans may not exceed 365 days

Consumer: _____ PCP Implementation Date: _____

Service Coordinator: _____

8 Weeks Prior to Implementation Date:

- _____ Review systems data, functional assessments, and profile for incorporation into the plan, including, but not limited to MOCABI, SIS, Vineland, Health Assessments, etc.
- _____ M&M Information
- _____ Complete risk assessment, when warranted
- _____ Complete functional assessments as relative to consumer support needs
- _____ Complete health inventory
- _____ Review prior year service usage
- _____ Update LOC
- _____ Review benefits status (i.e. Medicaid eligibility, Medicare, etc.)
- _____ Review any legal actions and acquire documentation (guardianship, conservatorship, power of attorney, payee status, etc.)

7 Weeks Prior to Implementation Date:

- _____ Schedule PCP via phone or letter; Initial and Annual plans shall be in person with the consumer

5 Weeks Prior to Implementation Date:

- _____ Review current PCP and make notes of needed changes to be discussed at plan meeting
- _____ Hold new PCP meeting
- _____ Ensure PCP is in accordance with the Person Centered Planning Guidelines
- _____ PCP signature page and budget signed by responsible person
- _____ Statement in plan of individual's choice to vote (when eligible)
- _____ Refer to physician's orders for current list of medications and dosages; list side effects and condition(s) being treated
- _____ Satisfaction Surveys

4 Weeks Prior to Implementation Date:

- _____ Complete PCP and budget for signature
- _____ Complete Ancillary, if needed and submit to RO
- _____ Complete PON and UR Checklist, if needed
- _____ Submit budget to supervisor for signature
- _____ Submit entire PCP packet to supervisor for review, including this coversheet. Supervisor will send on any paperwork that needs to go to the RO.
- _____ When PCP is approved and signed, it will be copied and distributed
- _____ Update CIMOR and send profile page to records
- _____ ICF/MR

Notes, Comments, or Service Coordination follow-up needed: _____
