

Home and Community Based Service Provider Spring Conference

Welcome

Bureau of Long Term Care staff members:

Chris Barrott, Alternative Care Coordinator/QA Manager

Tatiane Schmid, Eastern Regions Quality Improvement Specialist

Zach Armstrong, Central Regions Quality Improvement Specialist

Sue Purington, Northern Regions Quality Improvement Specialist

Today's Training Topics

- § Skills Training Matrix
- § Significant Change Process
- § Service Plans
- § Provider Review
- § Guest Speaker – Trinity
- § Provider Web portal
- § Upcoming Enhancements
- § Frequently Asked Questions
- § Questions & Answers

Quality Assurance

When accepting a participant into its Home and Community Based Services (HCBS) program, the state agrees to assure the individuals health and welfare by providing an assessment of needs and a qualified network of providers. The Quality Assurance division of the Bureau of Long Term Care (BLTC) is charged with oversight to ensure that HCBS providers:

- § Provide HCBS services according to Idaho Administrative Procedures Act (IDAPA) statute, and Medicaid Provider contracts
- § Have policies and practices in place to ensure the health and safety and participation of consumers participating in HCBS programs

Monitoring these assurances allow the BLTC to provide the Center for Medicare and Medicaid Services (CMS) with assurance that IDHW is administering the HCBS programs according to state and federal requirements.

QA Oversight



Our Common Thread



Provider Training Matrix

The Provider Training Matrix has been revised

§ General Requirements

§ Attendant Care

§ Homemaker

§ Chore

§ Endorsements

§ Removed the 10% narrative

§ Delegation is up to the agency RN and all delegation questions should be directed to the Idaho Board of Nursing

Provider Training Matrix Checklist

A new standardize checklist has been created to assist providers in tracking completed training as outlined in the IDHW Provider Training Matrix

- § The checklist is to be used beginning July 2, 2017
- § Clearly identifies the type of training required
- § Who validates the competency
- § Signatures by the employee, Agency and Agency RN
- § New form will be available on the Provider Portal

Provider Training Matrix Checklist

Agency Name: _____ I

Caregiver Full Name (Printed): _____

Focus Area	Competency Determined By:	Written Test	Demonstrated Ability	Documentation
GENERAL				
Communication	Agency Personnel			
Infection Control	RN			
Confidentiality	Agency Personnel, IDHW Module			
Documentation	Agency Personnel, IDHW Module			
Participant Rights & Preferences	Agency Personnel, IDHW Module			
PERSONAL CARE AND ATTENDANT CARE				
Documentation	RN			
Eating Meals	RN			
Toileting	RN			
Mobility	RN, PT			
Transferring				
Personal Hygiene	RN			
Dressing	RN, IDHW Module			
Bathing	RN, IDHW Module			
Medications	RN			

Significant Change Form

The Significant Change form is New & Improved and includes:

- § Overview narrative for the Significant Change request
- § Available Supports – indicate if Family, a Neighbor, Friend or anyone else is available to support the Daily Living Activity
- § Larger area for the Detailed narrative for each Daily Living Activity
- § Form is available in Word or as a PDF

Significant Change Forms should be submitted if a participant has a decline in health and requires more service or if a participant has an improvement in health and requires less service.

It is the responsibility of the provider to notify IDHW when there is a change in services required based on the UAI



The form will be available on the Provider Web Page and can be completed online as a Fillable pdf!

AND.....it can be emailed directly to the region from the Web Page

Service Plan





IDAHO DEPARTMENT OF
HEALTH & WELFARE

SERVICE AGREEMENT

Client Information:

Client Name		Home Phone	
Address		Medicaid #	XXXXXX
City		Date Of Birth	
State		Marital Status	
Zip		Assessment Date	
Language		Admission Date	XX/XX/XXXX
Gender		Next Review Date	
Housing Arrangement		Facility Name	
Region		Facility Phone	
Assessment Type			

Primary Physician:

Physician Name		Phone	
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Goals	Outcomes

Participant Strengths:	Participant Preferences:

Service Plan

Two essential areas that should drive the development of the Service Plan are:

Goals & Outcomes – these are developed by the Provider and the participant

Participant Strengths & Preferences – these are developed by the IDHW Nurse Reviewer and the participant

The Service Plan should be written in a clear, concise manner to ensure that all caregivers can provide services safely and effectively

Service Plan

Risks & Interventions

Clearly identify health & safety risks and the intervention needed

Backup Plan

The backup plan must be part of the Service Plan. If it is a separate document it must be signed, dated and updated each year

Health & Safety Risks

Identify health & safety risks such as falling, memory/cognitive impairment, behavioral issues that present a risk to the participant or others, etc.

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Intervention

Identify intervention needed to address each health or safety risk during service delivery

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Backup Plan

I will accept a substitute caregiver if my caregiver is not available	
I will use informal supports if my caregiver is not available	
Name:	Phone:
Name:	Phone:
Name:	Phone:

Communication Plan (include detailed instructions for contacting caregiver(s) and/or informal supports and include the participant's urgent needs and any actions that are required to ensure service delivery):

Service Plan

Delivered Services are based on the Unmet Needs

Assistance Required is determined at the time of the assessment based on the participant's ability to perform each Daily Living Activity outlined on the assessment on the day of the review and over the previous 14 days

Available Support is any supports *paid or unpaid* that the support has agreed to provide. The support can be family, friends, neighbors, volunteers, etc.

Unmet Needs is calculated by the assessment tool based on the Assistance Required and Available Supports

Housework

Assistance Required:	Identify the participant's ability to clean surfaces and furnishings in his/her living quarters, including dishes, floors and bathroom fixtures and disposing of household garbage.	Available Support:	Unmet Needs:
Provider Care Plan Frequency: ___Daily ___Weekly ___Monthly ___As Needed Responsible Party: _____			
Written Care Plan (Comments): 			



Provider Review

The purpose of the biennial review is to ensure that services are being delivered in accordance to IDAPA and the Medicaid Provider Agreement(s)

It's like a 'Wellness Check'



Desk Review

- § Allows the Quality Improvement Specialist the opportunity to conduct a more in depth review
- § Allows for a larger sample size to be reviewed (30% participants and 10% employee)
- § Allows for the provider to conduct a self-assessment prior to uploading all documents to the secure website

Provider Review Findings

The Review Findings provides important feedback on opportunities for improvement

A score will be provided for each area of the review

- § Meets Requirements
- § Improvement Recommended
- § Requirements Not Met

Scoring is based on 85% compliance of the records reviewed

- § An Excel spreadsheet with detailed auditing information will be provided with the Review Findings to assist providers in remediation of any deficiencies

Providers have fifteen (15) business days in which to remediate any areas that Requirements are Not Met

Trinity Home Care
Jackie Smith, Owner

new website coming soon

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- Easier Navigation
 - Site specific to HCBS Providers
 - Interactive Forms pages
 - Interactive Training pages
 - State and External Resources
 - Alerts & Announcements
 - FAQ's and more

Online Caregiver Training Modules

- § Goal is to have consistent training across the state
- § Provider will be able to Print a Certificate of completion

Modules will be for basic training – all additional specialized training is the agency's responsibility

It's coming.

FAQ's

- Who should I direct questions relating to participant care to?
- Who should I ask about an authorization that has been issued?
- Notice of Clearance letter – why are we looking at the date it was printed
- Why does staff have to be trained prior to providing direct care?
- Does everyone that is providing direct care have to complete all training outlined on the skills matrix? (even CNA)
- Does the notarized application have to be completed before providing services?

Q&A