

Frequently Asked Questions Monthly Monitoring

1. What is the proposed implementation schedule?

Training will occur in conjunction with the Personal Agents and Service Coordinator forums during the months of February, March and April. Others invited to the training on monthly monitoring will include providers of 24-hour residential services, foster providers, QA Coordinators and service coordinators.

Feedback regarding the questions, the processes and the guidelines will be gathered from May through October.

Feedback will be evaluated and revisions made during November and December.

January 2005 the revised questions, and changes to practice and policy will be formalized.

2. Do we have to use a checklist every month that we go into a group home or foster home?

No, you do not need to use a checklist each visit.. You will need to make a visit once a month (unless one of the exceptions to a visit applies) to 24-hour residential programs and foster providers serving 3 or more individuals. Within the first six months following an individual's ISP, you need to cover the questions that are posed in the checklists. It is not mandatory that you use the checklists that were developed, however it is mandatory that the questions contained in the checklist are asked. Your findings and the answers to particular questions must be easily retrieved upon request. For example, your QA Coordinator may be interested in a discrete issue that is addressed through the checklist, and you may be asked to produce data regarding that particular question. SPD will also be interested in particular findings through out the year.

3. “Why can't we just make a progress note saying that we were there and did a review...?”

For the months that a visit is made and no checklist is utilized, it is fine to make note in a progress note. The checklists were developed as a tool to help prompt service coordinators and providers to evaluate critical issues on an ongoing basis. The intent was never to use the checklist in place of good casework. If you are out on a visit, and decide to follow up only on previously identified issues , you could certainly indicate your findings in a case note. It would behoove a service coordinator to develop some way of flagging those findings when they relate to information gathered through the checklists.

4. “ Why do we have to use these forms, there is nothing that says use of these forms are mandatory...it is just another layer of paper work on top of 4 and 5 hour ISP's.”

The CDDP rule 411-320-0010 through 411-320-0200 specifies that “visits will review areas of service and support to individuals with specific focus on areas addressing health, safety, behavior support or financial services to individuals. The checklists were designed with questions related to each of those focus areas.

The Guideline accompanying the monitoring checklists states that “at a minimum, all questions on these checklists be asked during the monitoring process.”

As Quality Assurance processes mature at the county and state level, these questions will provide valuable and consistent information for QA Committees to evaluate and respond to.

5. Do we need to do a monthly visit (and ask the questions) in foster homes or 24 hour residential facilities which are licensed by an entity other than DD services – and in which someone with developmental disabilities lives?

No, you are not required to do the monthly visit, however, best practice would certainly suggest that you check in regularly. Again, the checklists were designed as a tool to help you as you go about doing good casework. The checklists focus on service needs of an individual, and attempt to represent the most relevant areas that need to be reviewed to assure the health and safety of the people we serve.

The CDDP rule specifies in section 411-320-0130(2) Service Delivery (a) Case Management only, that: “Every individual enrolled in case management services and not enrolled in any other funded developmental disability service must have at least an annual contact with a services coordinator. Whenever possible this contact will be made in person.” “The services coordinator must document this contact in an annual summary in accordance with OAR 411-320-0120(1)(f).

Remember also, that the ISP for the person is really what drives the supports that need to be provided and monitored, and your service coordination efforts must be tied to that plan. The monitoring checklists might serve as a tool for ISP monitoring.

6. Do we need to conduct monthly visits to foster homes regulated by CAF (part of the Department) when children in DD case management live in those homes?

Please see the answer above. It will be important for a service coordinator to be familiar with the SPD Child Foster Home Contract requirements. Medical record keeping and financial record keeping, ISP participation and OIS expectations are described in the contract. Service coordinators will want to consider these expectations for payment along with the ISP when reviewing and monitoring children receiving a foster care service in a CAF certified foster home.. Many will require that financial and medical reviews occur on a prescribed schedule, for which you will be responsible.

7. Do we have to conduct monthly visits to foster homes that are licensed by DD but which do not have any individuals with DD living in them? (There may be people with mental health issues, or seniors residing in a DD licensed home, or the home may be vacant)?

No. The intention of monthly visits is to look after the welfare of individuals with DD – not necessarily those in other service systems. And, again, the focus of the questions is really designed to support an individual, not necessarily look at the licensing requisites for a facility.

Remember though, that the county or region will still be responsible for the annual certification or licensing responsibilities, even though there may not be someone with developmental disabilities in the home.

8. Do we have to visit supported living sites monthly if they are part of a larger residential operation that includes 24 hour licensed sites?

No. If the individual is receiving services certified under the supported living rule, then the monthly site visit requirement does not apply. This does not absolve a service coordinator from practicing good casework, however, and supporting the individuals needs according to the ISP. The questions posed through the checklists may be useful in practicing good casework skills.

9. If an individual receives case management and no other DD service, but we know that he or she receives mental health services and has a treatment plan, are we responsible for monitoring the treatment plan? Does the treatment plan need to be included in the annual summary?

Referring again to the CDDP rule, section 411-320-0130(2) Service Delivery (a) Case Management only, the responsibilities of a service coordinator are spelled out regarding the requirement of an annual visit and the completion of an annual summary. The rule goes on to state "If the individual has any identified high-risk medical issue, including but not limited to risk of death due to aspiration, seizures, constipation, dehydration, diabetes or significant behavioral issues the services coordinator will maintain contact in accordance with planned actions described in the annual summary. Any follow-up must be documented in case notes..

The role of a services coordinator in these circumstances is not to necessarily monitor the success or failure of the treatment plan, but rather facilitate the services described in the annual summary. This may include making linkages to other transportation systems that help the person see their therapist and assuring those linkages are working.

It is important that the annual summary include any and all supports that are occurring for an individual, such as physical or occupational therapy, and services purchased through personal care.

10. For homes which are licensed as AFH, and provide short-term respite stays only, does the county need to do monthly site visits?

These scenarios will provide interesting challenges, and will be dealt with on a case by case basis. Variances may be sought, particularly if it is a non-crisis placement, and the county feels as though adequate follow up issues can be addressed through the entry or placement plan. A variance should describe countys plan to assure that health and safety concerns are being addressed and followed.

If the situation is a crisis placement, then the rule requires a specific plan to be developed and followed. The monthly visits may be important to assure that the placement plan is followed.

11. Is a monthly CDDP visit required when the county has been into the foster home to conduct a licensing visit?

No, similar to 24-hour residential programs, if the CDDP or region is conducting a certification or licensing visit, no monthly visit is required by a services coordinator. Documentation reflecting the licensing or certification visit should be noted in a progress note.

12. How are DD crisis beds, located in Adult Foster Homes monitored if the residents are not case managed by the county in which the home resides?

Someone needs to do a monitoring visit. Generally the first three months of a crisis placement results in increased monitoring due to requirements of the placement plan. However, as individuals stay longer in crisis beds, monitoring expectations need to be developed and implemented.

Historically, the county from which the individual originally had residence is responsible for service coordination, and the county in which the crisis bed is located provides the site monitoring through a licensing or certification process.

Courtesy case management is acceptable. The County in which the home sits, and the originating County, **need to agree in writing**, on how the site and service monitoring will take place. The length of stay may determine the amount of monitoring necessary and who will provide that monitoring.

13. Is there an expectation that medical and behavioral would be reviewed similar to funds i.e. every six months, or that the ISP check list is filled out at the 6 months review?

- The questions related to the medical and behavior supports for a person shall be asked within the first six months following the ISP.
- The questions on the ISP checklist shall also be asked during the first six months following the ISP.
- The CDDP rule, 411-320-0130(2)(B)(ii) specifies that "A semi-annual review of the process by which an individual accesses and utilizes funds according to standards specified in OAR 411-325-0380 24 hour residential services or OAR 309-040-0052(4)(c) adult foster care" shall occur. The questions identified on the financial checklist could serve as the tool for the twice-annual review.

Information gained as a result of asking the specified questions, through ISP review, and other informational tools such as incident reports, consultation from specialists, etc., shall be considered in preparation of the next ISP.

14. Is there still the expectation that every person would be reviewed every 6 months? Is that in addition to the ISP review (411-320-0130-(2) (B) or should we be reviewing everything on one person 2x a year?

- The series of questions identified in each of the checklists shall be asked with regard to each person residing in DD licensed or certified 24-hour program or foster home **within six months** of the ISP.
- The ISP shall dictate any particular issues where enhanced monitoring or supports are required, and the ISP team decisions and CDDP policy shall prescribe the level of review necessary.
- Information gained as a result of asking the specified questions, through ISP review, and other informational tools such as incident reports, consultation from specialists, etc., shall be considered in preparation of the next ISP.

15. What is the expectation of the monthly monitoring visit? To check the site? Review client records? Fill out the monthly monitoring checklists?

The monitoring visits were designed for the purpose of service review as opposed to a site review. The focus is on the individual, and the intent is that the visits not feel like a

licensing onsite. However, an individual focused visit and a site visit may not be mutually exclusive. You may find site issues that raise health and safety concerns, which you will want to follow up on with the provider. There is an expectation that the questions on the facility review checklist are asked once per year, and filed in a location where other facility related information is kept.

The monitoring visit may look different each time. Client records may be the most appropriate way to answer some of the questions related to the financial and medical questions. Spending some time with the individual, talking with staff regarding an individual's supports, attending a house meeting (if invited) are all possible activities of a monthly visit.

16. Can a case manager go into a home and just do a progress note that they were there and reviewed a file? (and not do a form?)

Please see the answer to Question #3.

17. How long will we need to keep these in the files? How long will the providers need to keep them?

Your County Council should have record retention policies in place that will dictate how long records shall be kept. The State of Oregon has record retention requirements that may be helpful in setting local policy, if the county has none. They can be found on line at <http://arcweb.sos.state.or.us/banners/recmgmt.htm>. Providers are given a courtesy copy of the report by the service coordinator, but they are not required to keep a copy of the checklist.

18. For billing purposes, would you expect to see a progress note about completing a monthly checklist?

A case note reflecting any action taken as a result of the monthly visit can be a billable contact. A case note indicating that monitoring of particular elements of person's supports can be considered billable. However, a case note reflecting that a checklist was completed is not considered billable service. Acceptable billable services are those activities that assist individuals to gain access to needed care and services that are appropriate to the individual. The case note must reflect that the contact or written communication was a means of delivering service.

19. On Monthly visits (411-320-0130 (1)) Monthly visits.... Will review areas.... With specific focus on areas addressing health, safety, behavior, and financial. If we are reviewing these, then would you expect to see some type of checklist –either the one developed by SPD or a counties own form?

The questions identified on each of the checklists must be asked within the first six months following an individual's ISP. The format is not mandated. The CDDP may use other formats for the checklist and/or incorporate additional questions to each of the monitoring checklists, after discussion with local stakeholders and in conjunction with the local quality assurance process. Upon request, the committee developed three different formats, which are available for use.

20. Would it be possible to visit children from the foster home at school instead of trying to get out to the foster home?

Yes, the monitoring visit for children can follow the same expectations as identified for adults, i.e. the visit is not required during a month in which:

- A department licensing or certification team conducts a survey or mid-cycle review
- A school visit may be an alternative to the residential site, as long as only one school visit takes the place of the residential visit
- Consecutive school visits cannot exempt a visit to the residential site

21. In what situation would it not be the responsibility of the Department's children's residential services coordinator to monitor a Department contracted and licensed 24-hour residential program for children?

The Department's Residential Services Coordinator is responsible at all times for monitoring the site for compliance to contract and rules, and for completing the annual **site review**.

The Residential Services Coordinator carries the primary responsibility for the **service review**. However, in many cases, the local CDDP Services Coordinator may better know the child receiving services. In cases where it makes sense to do so, the County and the Department may negotiate the provision of service monitoring. The negotiated agreement should be in writing and clearly articulate the expectations regarding the monthly visit and service monitoring. A sample "SERVICE MONITORING NOTIFICATION" has been developed by the Department, and can be used in these situations. The sample is attached to this FAQ. Courtesy copies of the service review should be provided to either the CDDP or SPD following a monitoring visit.

22. If the Department staff does not provide the results of the monitoring to the local service coordinator, what responsibility is it of the local services coordinator to obtain the information? Would a memo requesting the information from the Department's residential services coordinator be enough if it is not received?

A call to the Department to advise of problems would help to bring the problem to resolution. However, a written memo requesting the information would be evidence of a good faith attempt to receive the information, and would be adequate documentation of those efforts. Under circumstances in which a CDDP Service Coordinator opts to complete a monthly monitoring visit using a checklist, the CDDP is to supply both the provider and the SPD Residential Coordinator with a copy.

23. What if the County does not have a child in one of the homes in our county such as Straight Ahead?

The Department's Residential Coordinator is responsible for providing the monthly visit and monitoring efforts, unless otherwise negotiated. In some cases, it may make sense for a mutually agreed upon plan addressing courtesy case management to be developed. Hypothetically the written agreement could be between the sending county, the county of placement and the Residential Coordinator and could cover responsibilities for the visits and monitoring according to specified circumstances.

24. What if a County has a child in a home in another County?

Historically, the county of initial residence, or home county, is the responsible party for monitoring the child's services. The home county remains the responsible county unless the case is transferred and opened for case management in the county of residence.

However, due to time and distance, it is not uncommon for a courtesy case management plan to be negotiated between the home county and the county of residence. The plan should be in writing, addressing the expectations of both counties for providing service monitoring.

25. From the perspective of a regional program, there are eight certified children's homes, supporting children from all over the eastern part of the state. Mid-Columbia Region would prefer that the regional staff assume the responsibility of monitoring these homes as they already re-certify them. There is concern that providers will be frustrated with the number of service coordinators coming into a home each month. There is additional concern that confusion will increase on who to call when a crisis occurs.

It does make geographic sense for the region, since they certify the home, to provide the **site monitoring**. However, **service monitoring** – or the individual specific monthly visits would fall to the responsibility of the sending or home county. Because the region provides administrative support and is paid accordingly, it is not appropriate for the regional staff to also assume the case management responsibilities. This is an example where courtesy case management and a written negotiated agreement which addresses monitoring and billing for targeted case management would apply.

26. Will the department entertain variances to the monthly visits? Possible scenarios include:

- **Monthly visits to the foster homes during winter months when roads typically are treacherous and impassible?**
- **Unique circumstances such as the residents of one foster home are in the brokerages;**
- **A licensed adult foster home serves people in respite situations only;**
- **Sites having fewer than 10 visits a year due to emergencies such as snow storms, illnesses, consumer emergencies, etc.**

Can some alternate plan be developed and a variance written to accommodate such circumstances?

The Department will continue the practice of entertaining variances on a case by case basis. It will be important that the CDDP address alternative plans that help to mitigate any health and safety concerns that may arise as a result of the variance request.

SERVICE MONITORING NOTIFICATION

SUBJECT: CDDP Monitoring in SPD Children's Residential Services

TO: SPD Children's Residential Services Unit

**FROM: CDDP _____
Service Coordinator County**

CHILD: _____

SPD Residential or Proctor Provider: _____

As the CDDP Service Coordinator following this child, I am choosing to conduct service monitoring visits during the following months in 200_.

If I am unable to review services in the months listed above, I will notify the SPD Children's Residential Services Coordinator so alternate arrangements can be made by SPD. I will provide SPD a copy of the applicable monitoring checklist or case note addressing service review topics. Monitoring documents will be shared with the residential or proctor providers and placed in the child's SPD service record.

The SPD Children's Residential Services Coordinator will conduct service monitoring during the time periods not addressed by the CDDP and will provide copies of monitoring checklists to the CDDP and the residential or proctor agency. The SPD Residential Services Coordinator will also conduct site monitoring and participate in licensing reviews as part of monitoring the SPD direct contract.

Please send Service Monitoring notification and monitoring checklists to Janette Williams, Children's Residential Service Manager.

Fax: (503) 947-4245 Address: Department of Human Services, Seniors & People with Disabilities, Office of Home and Community Supports, 500 Summer Street NE, E10, Salem, OR 97301.