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Welcome to the Florida Statewide Quality Assurance Program Residential Habilitation and Adult Day Training Observations Presentation presented by Robyn Turlakis, Regional Manager with Delmarva Foundation. This presentation is not available for use for in-service or continuing education hours. The overview is for the Observation Review Checklist dated 1/1/2015. The presentation will last approximately 30 minutes and contains a voice-over, as well as a written narrative guide.

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The purpose of this presentation is to review the observation process, to review the components of an observation, and to review the role of staff in an observation. At the end of this presentation, we hope to have provided the information regarding the Delmarva Discovery observation process for 2016.

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The current observation review tool checklist has been in effect since 2015. Revisions had been made in 2015 to link to the federal CMS setting rules. CMS stands for the Centers for Medicare and Medicaid Services. These settings rules focus on residential and day settings, which in Florida we often refer to as Residential Habilitation or group homes and Adult Day Training (ADT) settings. Those agencies evaluating settings are looking for a focus on community integration, choice, rights, and independence. Evaluation looks to see people are not just residing in their community, but are a part of their community and have the same access and rights as other community members. The settings went into effect 3/17/2014 and states have been working on their transition plans to assure all settings are reviewed. This role is completed by the Agency for Persons with Disabilities (APD) for the Developmental Disabilities waiver in Florida and you can find additional information on their website at apdcares.org.

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Delmarva Foundation is one of the entities who evaluates components of the CMS setting rules in Florida. APD and Agency for Healthcare Administration (AHCA) also have formats for evaluation of the CMS setting rules and they make the formal designations for the settings. For Delmarva, observations are conducted for providers on the Medicaid Waiver program who are eligible for a Provider Discovery Review, also known by the abbreviation PDR. These would be providers who render and bill residential habilitation services and Life Skills Development 3 (ADT) services. For providers with residential habilitation services, reviewers would visit up to 10 locations. If a provider has more than 10 locations, 10 would be visited in one year and the balance would be visited the subsequent year with a sample being done in both years to meet the 10 site visits. Annually, reviewers visit all ADT locations. These visits can be announced or unannounced. For providers with multiple locations, there can be a mixture of announced and unannounced observations. Annually, AHCA and APD can request certain locations to be conducted as unannounced observations. Reviewers will take a tour of the house or ADT setting looking at the physical plant, but also talking with staff and individuals receiving services. They will also sit back and observe the flow of the setting.

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The first type of observation we will discuss is the announced observation. For these observations, the reviewers will schedule the observations when the call to schedule the PDR is made. When the reviewer calls, they will ask for the number of locations and the addresses of the locations. Please include all homes and day settings. If there are more than 10, the reviewer will plan the schedule and let you know the observations that will be announced. The reviewer will also ask what designation the homes have. These could include adult family care home, residential habilitation standard, residential habilitation behavior focus, residential habilitation intensive behavioral, assisted living facility, or a residential treatment facility. Observations at residential homes are conducted when the residents are home and can occur in the mornings, afternoon or early evening, or on a weekend. Observations at day settings are conducted when individuals receiving services are present. This is usually Monday-Friday between 9 and 2 pm.

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Unannounced observations are without warning. The reviewer will not call prior to these observations. They can be held at any time during the year and may not be at the same time as the PDR. All unannounced and announced observations are held prior to the closing of the PDR. These unannounced observations assist the reviewer in seeing a typical day for the setting. With both types of observations, we ask staff to interact as they would if we were not present.

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For the Delmarva Discovery PDR observation, there are 8 focus areas being observed. The 8 focus areas include autonomy and independence, community opportunity, privacy, dignity and respect, physical environment, medication management, restrictive interventions, and ANE (abuse, neglect, and exploitation). Each focus area has multiple findings. Some findings in a focus area will not apply to certain settings. The upcoming slides will go into each focus area and some of the findings. The observation review checklist can be found on the Delmarva website. It includes details for each focus area including suggested questions and probes and findings. The list is not all inclusive, but is a guide. In thinking about your organization, it can be a tool used in your own evaluation of your practices, policies, and procedures.

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The first focus area we will discuss is autonomy and independence. When you think about autonomy, you are thinking about freedom. Regardless of disability or behaviors, individuals receiving services should have autonomy and independence. This will vary per person as it is defined by the person. Some findings in this focus area are related to a residential setting. For an ADT setting, some of these findings would be not applicable. Individuals should still have freedom and support in decision making areas and findings related to those areas.

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Findings for autonomy and independence will focus on discussions with the individuals in the home and observation during the visit. When you are thinking about the setting there are various questions you can ask yourself for autonomy and independence. Do individuals have freedom and support to control their daily schedule, routine, and activities? This includes decision making from the person. If they feel like remaining home instead of going to ADT, are they able to make this choice? Can they choose whether they shower in the morning or at night? What are their personal preferences and how do they make decisions to execute those decisions? Are staff listening to those choices and preferences and offering choices and preferences? For many this is a skill to be learned. Making choices and preferences can be daunting if no one has listened to your preferences in the past. If there are house rules, how were these developed? Are they ever reviewed and updated? Can individuals access food or is it locked away? Or is it not locked, but they have to request permission to open the fridge? Do individuals have a key to their home if they want one? This is an area we hear about often. A key does not always mean a physical key. In this age of technology, there are many ways to set up entry into a home through key pads, fingerprint scans, etc. Asking once about a key and never revisiting is not assisting someone to make ongoing choices and learn their preferences.

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The next focus area is community opportunity. This will vary per person as it is defined by the person what community means to them. It is also an on-going process, not a one-time event.

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For community opportunity during the observation, reviewers are going to be talking with the residents and seeing what their interests are and how they find out about items in the community that are of interest to them. We will ask how are these activities made known to residents on an on-going basis? One area we often see, is that if one person in the home wants to go to an activity, all the residents have to go whether it is something they would like to do or not. We recognize there are challenges here, but many providers have found ways to make desired community opportunities available to everyone in the home. Reviewers will look at the vehicles the home or ADT use for transport and assess if they are accessible for the residents of the home or ADT. The reviewer will ask about local community/public transportation options and education occurring to assist individuals to access their local transportation options. This could include buses, taxis, or options such as ride sharing. Community opportunity is more than accessing the community, but includes making social roles and connections to others in your community. There are many resources available to providers to develop community connections. One resource people can access is a Friends: Connecting people with disabilities and community members workbook by Dr. Angela Amado.

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The next focus area is privacy. For many, privacy is very important to them. For some, it is not as important. However, there are basic requirements in place to assure the right to privacy is respected in residential and ADT settings.

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Privacy is important in all settings- work, residential, day program, and community. For the purpose of the Discovery observation, reviewers would be addressing it in the context of the residential or day setting.

In both setting types, reviewers would be checking if the individual has a place to go when they desire to be left alone. People have varied emotions throughout a day and sometimes there is a need to decompress. This could be a different place for different people and this will be watched for during the observation, as well as asked of individuals during the observation. Reviewers in both settings will check that personal information, including health information, is not visible to all who pass by it. This could include medications, program binders, appointments, or other protected health information. The provider should have a process where information is shared on a need to know basis. In both settings, bathrooms would be visited to see if individuals have privacy and the ability to lock the door when they are using the facility.

Other observations the reviewer will make involved visitors and communication. Are individuals able to have visitors? Are there restrictions on visitors? Do people have a place to make a private phone call or is the only phone in the kitchen or other common area at the ADT where everyone congregates? For homes or day settings with video or audio monitoring in the common areas- has consent been explained, educated about, and given for each person being recorded? How is ongoing education provided to those being monitored so they understand they are being recorded?

In a residential setting, reviewers often hear roommate selection was done based on bed availability. With the CMS settings, there are requirements for individuals to have options for private rooms if the home can offer them and the individuals should be able to have determined who their roommate would be. Rooming preferences can also change over time, so it is a topic which should be revisited. Bedroom doors are checked to see if the residents have the ability to lock their bedroom door. Reviewers ask residents if they open their own mail or does the group home staff open it without permission. There have been instances of exploitation occurring from personal mail being opened and acted upon by someone other than the addressee.

Based on observations and information from the observation, the focus area for privacy is one which is subject to a potential alert. We will discuss alerts later in the presentation.

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The 4th focus area is dignity and respect. Take a minute and think about your role. Think about what dignity and respect mean to you in your life. It is easy to slip into a protective role when you are rendering services, but there is a dignity to risk and to decision making. Listening is an important trait in dignity and respect.

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For dignity and respect, the reviewer will be observing the interactions in the setting. The reviewer will observe the interactions between the staff, between the staff and individuals, and between the individuals. Dignity and respect includes decision making. One area of this is personalization of sleeping, living, or working space. Reviewers also observe if the home is decorated in the interests and preferences of the individuals, not the preferences of the staff.

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The next focus area is the physical environment. This focus area looks more at the physical plant, layout, and accessibility of the home. In this focus area, Delmarva will not look at all the items APD licensure looks at during their monthly monitoring activities. Providers will need to assure they are aware of all the requirements for licensure for those monitoring activities with APD.

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The observation will include accessing all areas of the setting to determine they appear safe and are clean. Reviewers will observe if exits are marked and are accessible to the residents. For exits, if there are additional locks or other items to impair exit, the reviewer will ask to see the behavior plans approving this restriction. Reviewers will look to see access to secondary exits are accessible in the event of an emergency, such as sliding glass doors, rear doors, and bedroom windows. Reviewers will observe if air quality, ventilation, and temperature are suitable and that there are no exposed wires. Reviewers will observe the accessibility of the home for the individuals who reside or attend the setting. If there are individuals who utilize adaptive equipment or have hearing or sight limitations, are they able to access all areas of the setting? Reviewers will see if environmental modifications have been made as warranted.

Based on observations and information from the observation, the focus area for physical environment is one focus area which is subject to a potential alert.

Slide 20: The next focus area is medication management. This focus area will look at areas of medication administration and storage.

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65G-7 allows for medication administration by unlicensed personnel. It is important for your organization to review and understand the components of 65G-7 including the policies and procedures and training and validation requirements. During the observation, the reviewer will ask about medications for those in the setting and will ask to see where the medications are kept. The reviewer will ask about controlled medications. Controlled medications are required to be double locked in a separate enclosure from non-controlled medications. Non-controlled medications are required to be locked in a secured enclosure. The key to the medication storage should be on the staff member assigned to medication administration. It should not be left hanging next to the storage area or unattended.

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Only staff with current medication training and validation should administer medications. Staff should assure they only administer medications for routes they have been validated on. All of these specifics can be located in 65G-7.

If reviewers observe medication administration, they will look to see the Medication Administration Record (also known as the MAR) is completed accurately and timely. This also includes checking the rights were observed- the right dose of the right medication to the right person at the right time in the right route resulting in the right documentation.

Based on observations and information from the observation, the focus area for medication administration is a focus area which is subject to a potential alert.

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The next focus area is restrictive interventions. This focus area will not be applicable to every setting, but the reviewer will ask a number of questions to determine applicability.

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For this focus area, reviewers may ask to see additional documentation for any restrictions observed of any rights. This would likely include behavior analysis service plans, local review committee reviews and documentation, and proof of proper training in utilized crisis management techniques.

Rights should not be restricted without the proper approvals and documentation. This can include, but not limited to, access to food, access to belongings, and other restrictions to preferences or activities.

Based on observations and information from the observation, the focus area for restrictive interventions is a focus area which is subject to a potential alert.

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The final focus area is abuse, neglect, and exploitation (abbreviated as ANE). Abuse can be physical, emotional, or verbal. Staff should be aware of ANE through their training in the required course of Zero Tolerance and should be aware of their roles as mandated reporters.

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In the setting, individuals should have access to the abuse registry number and education on how to access the registry. This number is 1-800-96-ABUSE or 1-800-962-2873.

Reviewers will observe the setting for any signs of ANE, as well as any signs of illness or distress. This could include dental care and medication side effects or interactions. For individuals with positioning needs, reviewers will review positions and may ask to see documentation of positioning needs. The condition of adaptive equipment may be asked about if it is in disrepair. If someone is observed with open sores or wounds, reviewers will ask follow up questions. Reviewers will look for any nutritional issues for individuals in the setting and ask about follow up for all of these areas.

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In the setting, reviewers will observe how many individuals are present and the staffing available. Reviewers may ask to see staffing ratios and plans. Reviewers will observe for any signs of ANE.

Based on observations and information from the observation, the focus area for ANE is a focus area which is subject to a potential alert. Reviewers can also add a discovery to describe other observations deemed important to the discovery process.

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When people are being observed, there is a natural reaction to be nervous and act differently than how the person would normally act. This is not the intent of the observation. The reviewer will ask a variety of questions of staff and of those in the setting, but will also work to sit back and observe the normal flow of the setting. Staff should complete their duties as they normally would. Often when a setting is staged for a review, it is obvious we are not seeing the norm for the setting. When questions are asked, please answer honestly. If questions are asked of individuals in the setting, please let them respond. Hearing their thoughts on the setting is crucial to the observation and the tenet of dignity and respect.

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Alerts can be discovered during the observation process. As indicated prior, certain focus areas have findings which can be subject to an alert. If an alert is issued, the provider report will show the description of the alert and the overall PDR score will be reduced. For one alert, the score is reduced by 5 percentage points off the overall score. The score can be impacted by up to 15 percentage points. However, more than 3 alerts can be issued. If an alert is issued, the provider will want to contact their Regional APD office to address within 24 hours.

The categories of alerts are medication administration, health, safety, rights, and ANE.

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Observation findings are reported in the PDR report. The report will include all settings where an observation occurred. The observation is calculated into the provider's compliance score. For the observation, each finding is 1 point. When a provider receives their PDR report, the observation findings will be listed. There is a summary of results observation section and a detailed findings section. The detailed findings section lists each of the focus areas. Next to the focus area, there will be a list of the findings if applicable. If there were no findings in a focus area, it will state "no findings noted for this area". If there were multiple observations conducted, each observation will be listed on the detailed findings section in section 2 of the report.

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If you have any questions, concerns, or feedback, please contact our customer service representative, Beth Stratigeas at 1-866-254-2075.

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If you have not signed up for our electronic notifications, you can do so at www.dfmc-florida.org. The website has various resources for providers, family members, and individuals receiving services on the Medicaid Waiver program. The website includes best and shared practices reviewers have seen on reviews and also includes all of the discovery review tools, including the observation review checklist. If you sign up for electronic notifications, you will receive communication when Delmarva is hosting a training opportunity, a quality council meeting, or has released revisions to the Discovery tools.

Thank you for your time.