# HOME AND COMMUNITY BASED MEDICAID WAIVER CERTIFICATION REPORT

# **ABILITIES UNLIMITED**

JANUARY 9 & 10, 2008

SITE REVIEW TEAM:

Dennis Yost – Lead Surveyor Joshua Gartrell, QMRP

Survey Outcome: One-Year Certification Expires 1/30/09

# I. REVIEW OF ORGANIZATIONAL PRACTICES

# A. Provider's Summary and Highlighted Service Areas

Abilities Unlimited received a three-year CARF accreditation in August 2006. This was the organizations first time applying for CARF accreditation. Abilities Unlimited continues to provide volunteer services to the Land of Goshen Ministries Thrift store. Abilities Unlimited has continued to work with the Department of Vocational Rehabilitation to help some participants gain employment. Three participants have had part time employment secured through DVR. DVR services have also been used for two other participants seeking vocational assessments. Abilities Unlimited has a certified Crisis Prevention Intervention (CPI) instructor on staff to provide training and CPI certification to staff at the agency. Abilities Unlimited is also pleased that they will be adding a handicap accessible bus to their transportation fleet in the very near future.

# B. Results of review of policies and procedures:

a. Incident reporting

Surveyors reviewed Abilities Unlimited incident reporting policy and procedure to determine if it includes requirements of the Division's Notification of Incident process. The policy did reference the Division's process, and included a partial listing of the reportable categories. The policy did not include all reportable categories and it was not clear whom these reports need to be reported to. There was no evidence of a clearly developed policy on Abilities Unlimited internal incident report process.

b. Rights of participants

The provider had a policy addressing the rights of the participants, and had a well designed Person Served Handbook that addressed rights in a very user-friendly manner for participants and families.

c. Complaints/grievances

The provider had a complaint and grievance policy, and the policy had been revised to meet CARF standards as per recommendations from the agencies' initial CARF survey.

d. Restraints

The provider did not have a restraint policy as required in the Wyoming Medicaid Rules, Chapter 45, Sect. 28.

e. Positive Behavior Support Plans

Surveyors did review one positive behavior support plan. The behavior support plan did include many of the required components per Wyoming Medicaid Rules, Chapter 45, Sect. 29. The plan appeared to be very person centered and respectful of the person. Concerns were noted with the high number of defined target behaviors mentioned, and surveyors found it difficult to determine staff support/intervention for each of the target behaviors listed.

#### C. Staff Qualifications and Staff Training

Five staff files were reviewed for the requirements being met. One of the staff files reviewed was assembled during the survey process, and did not contain all required components as required by the Wyoming Medicaid Rules (Chapter 45, Sect. 26) and CARF (1.F).

a. Qualifications

All five staff met the qualifications for the services they were providing.

b. Background checks

All five staff met the qualifications for a cleared background check.

#### c. CPR/1st Aid

All five staff met the qualifications for having current CPR and First Aid.

# d. General training

None of the staff had the documentation of the required training completed. However, the Division has not made available all components of this training and will not require this until the training modules are available.

# e. Participant specific training

None of the staff files reviewed had documentation of the required training completed. Staff files reviewed contained partial compliance with participant specific training, but did not include all the required components as per the Wyoming Medicaid Rules, Chapter 45, Sect. 26. Staff interviewed were able to articulate most of the participant's needs and supports.

# **D.** Emergency Drills and Inspections

Two of two sites had completed internal inspections. Site inspections that identified concerns had follow-up noted. The internal inspection form was more of a narrative based form vs. a checklist of items to check during each internal inspection. It is suggested the provider consider developing an internal inspection form checklist outlining the items to specifically check during each inspection.

Two of two sites had completed external inspections. No concerns were noted during these inspections.

In review of emergency drills, it was noted two of two sites had many of the required testing/drills documented. Surveyors could not find evidence of testing of utility failures at either site, and bomb threats at one of the sites. In review of drills/tests that were conducted, concerns and follow-up were documented on the drill form.

Surveyors inspected two vehicles. One of the vehicles inspected had a warning hazard light out, and this vehicle is going to be replaced with a new handicap accessible bus that Abilities Unlimited is going to receive very soon. No other concerns with vehicles were noted.

#### E. Progress Made On DDD's Recommendations From the Previous Survey

Abilities Unlimited has made progress on several of the DDD recommendations from the last site review including ensuring all staff have current CPR documented in the staff HR files and addressing concerns of the Day Hab physical properties. However progress on addressing some recommendations was not evident to surveyors that included ensuring all releases of information are up to date and time limited, providing and documenting follow-up on internal incidents, and a clearly defined policy on the DDD Notice of Incident process that includes reportable categories, and whom and how to contact all agencies required.

# F. Progress Made On CARF's Recommendations From the Previous Survey

Abilities Unlimited has made progress on several of the CARF recommendations that include adding specific components to the Complaint/grievance policy, including level of review and timeframes. The provider also had evidence of two internal inspections for both service sites. However surveyors continued to find concerns with testing of required emergency drills, as some of the required testing/drills were not documented.

#### **Commendations:**

• The provider is to be commended for the development of a user friendly Person Served Handbook for participants and family members.

# **Suggestions:**

- It is suggested the provider continue to work closely with Waiver Specialists when developing
  positive behavior support plans to ensure all required components are included in future behavior
  plans.
- It is suggested the provider develop an inspection checklist versus narrative form to address internal inspections required twice annually.

It is recommended that Abilities Unlimited submit a Quality Improvement Plan by January 30<sup>th</sup>, 2008 for the following areas of non-compliance that relate to health, safety, welfare, or rights of participants:

• The provider must have documentation of tests of all emergency drills, concerns noted, and follow-up from concerns of all drills. (CARF 1.E.13)

It is recommended that Abilities Unlimited submit a Quality Improvement Plan by February 8<sup>th</sup>, 2008 for the following areas of non-compliance:

- The provider must update the required participant specific training for all staff, including documentation of training. (Wyoming Medicaid Rules, Chapter 45, Sect. 26)
- The provider must address non-compliance with the Division's Notification of Incident process, including the requirements to have incident reporting policies and procedures addressing all reportable categories and whom to report to. This includes a policy on internal incident reports and follow-up. This is the second consecutive year that this was a recommendation. (Wyoming Medicaid Rules, Chapter 45, Sect. 30 and CARF 1.E.6)
- The provider must develop a restraint policy in accordance with Wyoming Medicaid Rules, Chapter 45, Sect.28.
- The provider must comply with documentation standards. *See participant specific section of this report for evidence of non-compliance.* (Wyoming Medicaid Rules Chapter 45, Sect. 27)
- The provider must maintain HR files for all staff in accordance with Wyoming Medicaid Rules (Chapter 45, Sect. 26) and CARF (1.F.).
- The provider needs to use all releases of information in accordance with their designed use and CARF standards, including releases are fully completed at the time of their use, authorized by the person served and/or legal representative, are limited to the specific information identified, and have a time limitation. (CARF 2.B)

# II. RESULTS OF PARTICIPANT SPECIFIC REVIEWS

A. Results of review of random sample

Surveyors did three participant reviews receiving services from Abilities Unlimited.

 $\ \square$  Implementation of IPC

Participant #1 – The plan of care was well written by the case manager. The file had a release of information that was not time limited. The case manager also noted that the emergency face sheet/contact information page needed to be updated. Surveyors also talked to the case manager about meeting the requirements of a participant's schedule.

(Including locations identified in the plan of care and an average length of service as required, knowing there needs to be room for flexibility.)

Participant #2 – The plan of care was very well written, with good participant specific information and history. The participant had moved a number of months prior. The face sheet that was handwritten was correct, however, the typed form was incorrect and contradictory. The provider did not have a clearly articulated internal incident report policy and therefore was difficult to measure the standard in which this participant should have had incident reports written. Due to the nature of health intensive concerns, there appeared to be a lack of documentation since the provider had a separate IR for medical/health. The medication monitoring sheet was being improperly documented on the days there were multiple scheduled medications and multiple staff administering. This sheet should be updated for this client's needs and routine. The case management notes were more thorough when hand written. The provider needs to ensure these notes meet the documentation standards.

Participant #3 – The plan of care was well written, and included specific participant preferences, needs, and history. The provider has a very long and extensive history with this participant. The provider used a behavior tracking forms versus internal incident reports that appeared to track the frequency of various behaviors. There was no evidence of the purpose of this behavior tracking and how this data is being analyzed to help support the participant when exhibiting these behaviors.

# □ Billing and Documentation

Participant #1 – Two months of documentation of respite (October and November of 2007) had instances of no ending time logged on the service documentation. This will be forwarded to the Office of Healthcare Financing for possible recovery. The case management documentation when utilizing the computer form was at times minimal. Participant #2 – The provider was inappropriately billing under this provider number for services in Casper for personal care. The provider was only approved for case management services provided in Casper to this participant. There were times the provider billed under their provider number and other times the independent provider (also an employee of this organization) would bill under their independent provider number, all on the same schedule and the documentation was intermingled. This documentation will be referred to the Office of Healthcare Financing for possible recovery. The case manager needs to work with the appropriate Waiver Specialist on modifying the plan of care for the appropriate services matching service delivery, and with appropriate Waiver providers in the Casper area.

Participant #3 – Billing and documentation was reviewed for in home support services. No concerns were noted.

# □ Guardian or family follow-up

Participant #1 – One of the family members was interviewed during the survey. This family member was satisfied with Abilities Unlimited and the service delivery. The family felt the case manager made herself available at times and locations appropriate to the family. No concerns were noted.

Participant #2 – No guardian or family interview was conducted.

Participant #3 – The guardian chose not to be interviewed.

- B. Incident Report follow-up findings
  No critical incidents filed with the Division were reviewed during the site survey.
- C. Complaint follow-up FindingsNo complaints were filed during the past year.
- D. Health or Safety Concerns with participant Participant #2 – The provider is encouraged to continue to work with the appropriate providers ensuring the participant is receiving all of the services and health care as outlined in the plan of care.

#### **Commendations:**

• The provider is to be commended for the very well written and designed plans of care for participants reviewed. These plans were very individualized, including participant likes, preferences, and histories that were very helpful in providing important background information for the participants reviewed.

# **Suggestions:**

• It is suggested the provider analyze behavior tracking data for participant #3 in a useful manner that can assist in developing supports and interventions for the participant when exhibiting behavioral episodes.

# It is recommended that Abilities Unlimited submit a Quality Improvement Plan by February 8<sup>th</sup>, 2008 for the following areas of non-compliance.

- Program Integrity will refer six months of documentation for personal care for Participant #1 and two months of documentation for respite care for Participant #2 to the Office of Health Care Financing for possible recovery of funds.
- The provider must work with the Adult Waiver Specialist for Participant #1 on modification to the plan of care to include appropriate services being delivered and appropriate providers on the plan of care in the Casper area.

# III. REVIEW OF SERVICES

#### A. Residential habilitation services

The provider is not certified for this service at this time.

# B. Day habilitation/employment services

a. Service observation

The provider was not certified for any employment service at the time of the survey. Some participants are competitively employed, others have used services through DVR. The provider has two service sites utilized for day habilitation. Goal training and task-oriented activities are done at the main site, and at the second site, there is a more relaxed environment where the participants work on crafts and other "free time" activities. Lunch is also offered at this site. Participants appeared to be satisfied with services and enjoyed the interaction between peers and staff. A total of five participants were utilizing day habilitation services during observations. The team approach used by staff appeared to be working very well. A male staff member was able to articulate the importance of male

direct support staff working with a certain participant and the evidenced improvement with maladaptive behaviors.

# b. Random interviews with participants

Participant #4 was interviewed, as he communicated through his Dynavox. He said that he was happy with coming to day habilitation at Abilities Unlimited. He also liked his staff. There was clear appreciation being displayed between staff and the participant. He did say that he still wanted to utilize residential habilitation and employment services from a specific provider. The staff and ISC said they were aware of this desire and would continue to work with the other provider to see if this was a possibility.

Participant #5 was interviewed during day habilitation. He was happy with his services, staff, and environment. He did not note any dissatisfaction or concerns. The only reminder for staff is to ensure there is different tones of voice and vocabulary used depending on the participant's specific cognitive and emotional ability.

c. Walk-through of day habilitation settings

Surveyors completed an inspection of both day habilitation sites. Overall, the environment created a friendly and personable atmosphere for participants. There were chemicals and cleaners in the kitchen area not adequately secured. One participant had knives as a restriction in his plan of care, per staff, and a steak knife was in the kitchen area. There was exposed plumbing in one of the day habilitation activity rooms in at the main site.

It is recommended that Abilities Unlimited submit a Quality Improvement Plan by January 30<sup>th</sup>, 2008 for the following areas of non-compliance that relate to health, safety, welfare, or rights of participants:

• The provider must address environmental concerns found during the DDD inspection at 208 Main Street to include: open wall access to plumbing lines in the activity room, unsecured chemicals, cleaners, and knives in the kitchen area. (CARF 1.E.10)

#### C. Other Services

Abilities Unlimited is certified in respite care, personal care, residential habilitation training, in home support, and cognitive retraining.

- a. Service observation
  - Surveyors were able to observe respite care. The interactions observed were appropriate and positive in nature. During the observation, staff noted there are plans in place to begin fading out the respite care to help promote the participant's independence.
- b. Random interviews with participants/family/guardian
  One interview was conducted with a family member who was very pleased with respite
  care services provided by Abilities Unlimited. The provider is offering a valuable service
  in a rural area of Wyoming.
- c. Walk-through of service settings
  Any concerns identified with the main facilities are noted above.

# **D.** Case Management Services (ISC)

Abilities Unlimited currently employees one case manager. This case manager is clearly involved and invested in advocating for the participants and their needs. The provider has shown to be flexible and accommodating to each participant and families' different needs.

- a. Review of monthly/quarterly notes, including identifying and following up on concerns The monthly notes that were hand written had much of the required follow-up on concerns and were more exhaustive than those that were typed. The typed monthly notes had the minimal required information. The case manager indicated she would continue to hand write the required documentation and monthly notes. The provider must ensure if this is the practice that the documentation standards are being met. Also, due to an undefined internal incident reporting protocol, it was difficult to identify if the provider was following the internal standard of practice. There were times that medical concerns were identified in the monthly note, but no internal incident report was documented, nor was it identified during the quarterly review. The provider admitted using the quarterly reviews as a formality. The surveyors encouraged the ISC to use these reviews as an opportunity to truly use them as a tool to identify trends and concerns. It is required by the Division to complete these reviews fully and accurately. The case manager had done significant work on behalf of the participants reviewed, however, there were times that the documentation did not reflect this.
- Review of team meeting minutes
   No concerns were identified during the review.
- c. Interviews
  Abilities Unlimited currently does not have a formalized back-up case management system ensuring that participants and families have access to case management services in cases of emergencies or extended times unavailable.

#### **Suggestions:**

• It is suggested the provider ensure that all future case management documentation meets the documentation standards found in the Wyoming Medicaid Rules, Chapter 45, Sect 27.

It is recommended that Abilities Unlimited submit a Quality Improvement Plan by February  $8^{\rm th}$ , 2008 for the following areas of non-compliance.

• The provider needs to develop and implement a formalized back-up case management system. (DDD Chapter 1 – Rules for Individually-selected Service Coordination. (Sect 10 (k))

Lead Surveyor	Date
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