

Attachment 2: Guidance to Service Coordinators Regarding Compliance with ISPs and Health and Safety

The Developmental Disabilities Administration (DDA) ensures that residents with intellectual disabilities receive the services and supports they need to lead self-determined and valued lives in the community.

REPORT AN ISSUE WHEN IT NEGATIVELY IMPACTS HEALTH AND SAFETY

When a service coordinator identifies a concern regarding the services and supports the person is provided, the service coordinator works to address the concern. The service coordinator evaluates the concern to determine how it impacts the person's life. When that concern negatively impacts or has the potential to negatively impact the health, safety and well-being of the person, the service coordinator should take action with the urgency required to promote the person's health, safety and well-being. When the person is at risk of physical or emotional harm, the service coordinator will immediately enter the concern into MCIS as an issue.

If there is a suspicion of abuse, neglect or exploitation, the service coordinator will always submit an Incident Report.

REPORT AN ISSUE THAT REFLECTS AN UNMET NEED

A need is directly related to a service, support, or durable medical equipment that is necessary for a person to meet their basic requirements for health, safety and well-being. When a need is identified by a person and their team, it is included in the person centered plan.

Once a need is identified the team will develop and implement a plan to address the need within a reasonable time and/or to provide emergency services and supports to meet the need until a permanent or long-term solution is developed.

A need will be unmet when

- a. The service, support or durable medical equipment has not been provided in a reasonable length of time (generally within 60 to 90 days), or
- b. The lack of service, support or durable medical equipment has an identifiable negative impact on the person's health, safety and well-being; or
- c. Emergency services were not put in place or there was no action on the part of the team to put in place the supports; or
- d. There are barriers or things that interfere with meeting the person's need so that the need is not met after a reasonable period of time (usually 30 days), the need becomes an unmet need; or
- e. Any support or service recommended for an individual in the ISP however the service/support remains outstanding due to lack of resources for over 30 days; or
- f. Someone is receiving services and/or has supports but something changes and they need additional or enhanced service or support.

ADAPTIVE EQUIPMENT

To effectively track the number of days required to resolve repairs and acquisition of adaptive equipment, ALL identified needed repairs and acquisitions of adaptive equipment MUST be entered into the Issue system upon identification of the need. The IRC must enter a due date of 60 days to permit tracking of the targeted deadline. It is critical that the service coordinator and any other designated DDA staff person document in the individual case notes ALL activities engaged in by the provider and DDA staff to obtain the repair or acquisition of necessary equipment to thoroughly document efforts to resolve the issue and identify systemic barriers to this critical service delivery area.

It may be necessary to enter two (2) separate issues—one related to the repair or acquisition of needed adaptive equipment and one related to the plan to immediately address the health and safety concerns of the person. If someone's health and safety are negatively impacted because they do not have safe equipment that is an immediate issue which must be addressed and resolved within one to five days.

MONITOR CONCERN IN SERVICE COORDINATION NOTES

When the service coordinator determines that the concern is not likely to have an immediate impact on the person's health, safety and well-being or does not meet the definition of unmet need but does require action, the service coordinator will determine if the concern is within their immediate purview or if it requires a response by another DDA division. If the service coordinator determines the concern is within their immediate purview, they are not required to enter an issue into MCIS. They are expected to include the concern in their service coordination notes as tracking of their efforts to work with the person and other parties to address the concern. Some examples of concerns that are within the service coordinator's responsibility and do not present an immediate risk, include but are not limited to:

- Required documentation was not available for review either in the person's home or day/vocational program location (may be paper or electronic format)
- There was no evidence the provider responded to recommendations made by therapists, i.e. include the person in activities of daily living such as vacuuming or dusting.
- There was something out of the ordinary, for example, the person had only a few clean clothes or food which would last only a few days and in conversation with the person and staff, there was a reasonable explanation and plan to remedy the unusual situation OR when staff became aware, they immediately said what they would do to ensure the person had clean clothes and food.
- There was no evidence the provider had documented efforts to address a person's need/request as identified in the person's ISP. For example, the person's ISP describes preferences for recreation/leisure including shopping, going to movies, and eating out but the person has not participated in these types of activities since the last monitoring.

CONCERN IS OUTSIDE SERVICE COORDINATION PURVIEW

If the service coordinator determines that the concern is not in their purview and requires a response from a different DDA division, the service coordinator should enter the issue into MCIS. **All** health and wellness issues are the purview of QMD's Health and Wellness Unit and should be immediately entered into MCIS as an issue for Health and Wellness to follow. By providing as much information as possible, the service coordinator facilitates that the issue is assigned to the most appropriate division and the responsible entity has a clear picture of the issue, what has already been done, and how the entity will know the issue is satisfactorily resolved. For example, if the person has a seizure disorder but the provider is not tracking seizures, health and wellness falls into the purview of the Health and Wellness staff so the issue would be assigned and followed by the appropriate entity.

Some examples of other issues that might be addressed by other divisions of DDA include but are not limited to:

- **All** health and wellness issues are the purview of QMD's Health and Wellness Unit or DCHRP and should be immediately entered into MCIS as an issue for Health and Wellness/DCHRP to follow.
- Maintenance issues such as soiled carpets, inadequate numbers of chairs to sit in, uncovered electrical outlets, etc are typically the purview of PRMU.
- There are systemic concerns such, i.e. all six people who live in the home do not have opportunities to participate in activities in their community. This might be an issue that is addressed by QMD's Quality Enhancement/Quality Improvement Unit.

ELEVATE A CONCERN TO AN ISSUE

Although, the service coordinator is typically responsible for individual concerns, a concern may be elevated to an issue at any point that the service coordinator determines that the provider is not responsive and/or a concern is not readily resolved. Although there are no rules about when the concern would be elevated to an issue, the service coordinator should expect that once a concern is shared with a provider, the provider takes action so that if the provider does not take action or the concern is not adequately addressed over time, the service coordinator should elevate the concern to an issue in MCIS. In entering this type of issue in MCIS, it is helpful if the service coordinator clearly describes what the service coordinator has done and the provider's failure to adequately address the concern and sufficient detail that the entity charged with follow-up clearly knows the issue and the expected resolution.

Historically, in order to be a systemic issue, DDA has held the view that to be a provider issue, the issue has to impact more than one person. However, a provider issue might also be an issue that is not resolved over time. A general guideline is if the service coordinator has worked for one week to resolve an individual concern that is not a safety or health and wellness issue and it is not resolved, or if the provider fixes an issue once identified but then the same concern arises after a short period of time (approximately

one month). These are indications of provider issues which might be measured by resolution of individual issues but generally require a more systems/global resolution.

TEAM

It is important to remember that when an issue is assigned to a specific person, that person is responsible for following the issue to resolution. They could involve other people in the actions to be taken. For example, during monitoring, a service coordinator discovers that the provider has not reported all incidents in accordance with DDA policies and procedures. It is an individual concern so the service coordinator is assigned. However, in following up, the service coordinator consults with the IMEU staff assigned to that provider to learn what the provider's policies and procedures are and the provider's effectiveness in adhering to those policies and procedures. This conversation may be documented in the follow up notes for the issues. The IMEU staff also might help to measure the provider's success at resolving the issue.

Attachment 3: Decision Making Chart for Determining when a concern is an issue

