



Jackson Community Practice Review Reviewer's Guide

Welcome, Bienvidos, Aloha!

As a 2014 Community Practice Review (CPR) Reviewer you are joining a select and specialized team. We are excited to have you as part of this process and hope that this guide will help you understand your roles and responsibilities as a CPR Reviewer. In addition, this guide is intended to summarize some of the tasks and timelines that we collectively know need to happen in order for the 2014 Review to be completed accurately and timely.

Please review this carefully and bring a copy of this guide to training and to each review.

Community Monitor's Contact Information:

Lyn Rucker

rpaltd@aol.com

Office: 785-258-2214 (If she is not in, please leave your information with Paula or David.)

Note: Red = Language added this year

AS SOON AS POSSIBLE

Please review the schedule below and let Camille Jaramillo, DOH Community Practice Review Manager, know what reviews you can do **As Soon As Possible!** You can see by the sample numbers how many reviewers will be needed for each review.

The projected sample numbers for each region are:

Region	Sample Number	Number of Reviewers (based on each Reviewer doing 2 books)
Metro	50	25
Northeast	15	8
Southwest	16	8
Southeast	16	8
Northwest	10	5
Total	107	54

Review Dates for 2014

Reviews are scheduled to take place over a two-week period. The schedule is as follows:

January	15 to 16	Training – Albuquerque
February	3 to 7	Metro #1 Early Bird
February	10 to 14	Metro #1 On-Site Review
March	17 to 21	Southwest Early Bird
March	24 to 28	Southwest On-Site Review
April	12 to 25	Northeast Early Bird
April	28 to May 2	Northeast On-Site Review
June	2 to 6	Northwest Early Bird
June	9 to 13	Northwest On Site
July	14 to 18	Southeast Early Bird
July	21 to 28	Southeast On-Site
August	18 to 22	Metro #2 Early Bird
August	25 to 29	Metro #2 On-Site



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- Reviewer Profile:** In order to match your assigned reviews well, the DOH CPR Manager needs to know:
 - If you have review site preferences, that is, there are cities you like to stay close to and in which you prefer to review. Remember, you can NOT review in your own region if you are a DDSD staff person.
 - If you have review sites or providers you do NOT want to review
 - If you speak a language other than English or communicate using sign language
 - If you are a member *of a pueblo or tribe* please indicate if you are willing or unwilling to review class members selected from your pueblo or tribe

Please let the DOH CPR Manager know the answers to these questions **As Soon As Possible**

EQUIPMENT NEEDED

- You must have a ***laptop and power cord!!*** The Review protocol will be filled out by you on your computer and sent to the Case Judge electronically. The individual write-ups, including individual findings and recommendations, will also be typed and sent to the Case Judge. These write-ups will be printed and ready to be handed out Friday of the on-site review week during the Status Summary meeting with the region.
- It is critical that you be able to receive and transmit files electronically. **Please test to be sure you can receive and transmit files BEFORE you begin a review or come to training. Include your Case Judge in the "test".**

45 DAYS PRIOR TO THE REVIEW

The Community Monitor will send to the Regional Office Director and the DOH CPR Manager the names of the individuals selected to be reviewed.

- DDSD staff will begin to arrange interviews and set schedules for the reviewers.

Assignment of Reviewers and Case Judges:

- The Jackson Compliance CPR Team will get preliminary information regarding each individual on the selected sample list; this information will be sent to the DOH CPR Manager and the Community Monitor.
- Based on the needs of the class members the CPR Manager will assign reviewers
 - If you have submitted Reviewer Profile Information every effort will be made to honor your preferences; the primary goal is to match the reviewer to the needs of the class member and his/her family so the most accurate and complete information can be gathered.
- Once the Reviewers have been assigned the Community Monitor will assign Case Judges.
- Once all assignments have been made the Community Monitor will send the list to the DDSD CPR Manager and Case Judges confirming and documenting the assignments; the CPR Manager will distribute the assignment information to the reviewers.



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DOCUMENT REVIEW

You will access **PERSON-SPECIFIC DOCUMENTS** through a Department shared J drive or receive a **computer disk** via US Postal Service or UPS which will have specific labeled folders. These documents contain confidential information and must be protected.

These documents are in numerical order. You may want to print a few documents such as the **last two** ISPs, CARMP, Behavioral Support Plan, etc., however, **we encourage you to NOT** print the whole file. Documents that you have printed can be written on, stapled, highlighted, etc. You are responsible for shredding any **documents you print or receive during the review that are duplicates** once you have completed the review. **All originals must be given to the DOH CPR Coordinator.**

Note the date you receive **notice that your electronic files are available to you** and notify the DOH CPR Manager and your Case Judge via e-mail that you received the **information**. Notify the CPR Manager if you have not received **access to access to your files** by the time you are to begin Week 1 of your Review Schedule (**this is in advance of the Early Bird week!!!**).

In addition to the file of the individual you are reviewing an **ELECTRONIC PACKET** will be emailed to you. It will contain:

- a blank Document Request Form;
- an electronic protocol;
- contact information for case judges and reviewers;
- previous CPR Findings and Recommendations;
- any additional person-specific information DDSD has provided to the Community Monitor; and
- an electronic review schedule (which may come separately from the regional office).

The following matrix identifies WHERE identified documents can be found. These documents are requested in advance and will be scanned into the J Drive and onto **a flash drive** and sent to the Reviewer and Case Judge. The location of the document is a guide in terms of who is responsible for having a copy of the identified document. **YOU continue to fill out the Document Request Form and send it to the identified Regional Office Staff – if there are documents missing from your files.** However, you SHOULD **also** ask the appropriate provider/therapist for documents missing from them.

YOU MUST note on the Document Request Form WHO you asked, WHEN and FOR WHAT. If the missing information/documents are provided to you in advance of the review, or within 24 hours from when you provided the request on the Document Request Form during the review, treat that information as if it has always been available to you in the file.

✓when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Res. Program File	DOH Will Provide
	1.	Waiver Review form (MAD 046)—Budget(s)	X			
	2.	Copy of Individual's birth certificate	X			
	3.	Copy of Individual's Social Security card	X			
	4.	Last 2 ISPs (most current Annual and previous year's ISP). Please verify completeness (we need the entire document for both) and that we have the most current one.	X			



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✓ when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Res. Program File	DOH Will Provide
	5.	Outcomes (to be included with both ISPs noted above)	X			
	6.	Personal Definition of a Meaningful Day (should be in ISP)	X			
	7.	Teaching and Support Strategies and Action Plans (to be included with both of the ISPs noted above)		X	X	
	8.	ISP Signature Page (to be included with both ISPs noted above)	X			
	9.	Individual Specific Training Requirements (part of the ISP; to be included with both ISPs noted above)	X			
	10.	ISP Assessment Checklist (to be included with both ISPs noted above)	X			
	11.	Pre-ISP Direct Care Staff questionnaire forms (optional if agencies choose to use)		X	X	
	12.	IDT Meeting Minutes for the past year	X			
	13.	Individual Transition Plan for any change in service and/or provider in the past year	X			
	14.	Progress notes/Data Collection/Data Tracking (i.e. outcomes/objectives/ action steps) for the past three months.		X	X	
	15.	Provider Quarterly Reports for past year		X	X	
	16.	Provider Annual Assessment(s)		X	X	
	17.	Other relevant specialists assessments, progress reports and plans (i.e., SAFE, TEASC, Swallow Study, sleep study).		X		
	18.	Supported Employment Vocational Assessment/Profile as applicable (may be within ISP Narrative & Action Plan)	X			
	19.	Career Development Plan (may be contained within the Work/Learn Action Plan of the ISP rather than a separate document)	X			
	20.	Supported Employment Quarterly Progress Reports for the past year		X		
	21.	Signed Primary Freedom of Choice	X			
	22.	Signed Secondary Freedom of Choice (new Secondary FOCs within the past 12 months)	X			
	23.	Case Manager's Contact Notes from the past year	X			
	24.	Case Manager's Monthly Face-to-Face Site Visit forms from the past year	X			
	25.	Case Manager's correspondence, including emails , from the past year	X			
	26.	Guardianship/Power of Attorney Paperwork	X			



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✓ when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Res. Program File	DOH Will Provide
		(type of guardianship, expiration date, etc.)				
	27.	Aspiration Risk Screen Tool				X
	28.	CARMP documentation (To include, at least, MTP, HCP, PT Positioning, SLP information , Oral Care, nutrition information)	X			
	29.	Psychological Evaluation	X			
	30.	Positive Behavior Supports Annual Assessment	X			
	31.	Positive Behavior Supports Plan	X			
	32.	Behavior Crisis Plan (must have if physical restraint is being used)	X			
	33.	Behavior Support Consultant Quarterly Progress Report	X			
	34.	Human Rights Committee Minutes			X	
	35.	Speech Therapy Annual Assessment	X			
	36.	Speech Therapy Annual Treatment Plan, Communication Dictionary	X			
	37.	Speech Therapy Semi-Annual Progress Report	X			
	38.	Occupational Therapy Annual Assessment	X			
	39.	OT Annual Treatment Plan	X			
	40.	OT Semi-Annual Progress Report	X			
	41.	Physical Therapy Annual Assessment	X			
	42.	PT Annual Treatment Plan	X			
	43.	PT Semi-Annual Progress Report	X			
	44.	Other relevant Specialists assessments, progress reports and plans (i.e. SAFE, TEASC, Sleep Study)	X	X	X	
	45.	Therapy Closing Reports	X			
	46.	Psychiatric Evaluation	X			
	47.	Psychiatric Visit Reports			X	
	48.	Annual History and Physical	X			
	49.	Doctor's orders and correspondence			X	
	50.	Auditory/Hearing Exam (most recent)			X	
	51.	Dental Exams from the past year			X	
	52.	Vision Exam (most recent)			X	
	53.	All medical information and documents from the past year (including evidence of the RESULTS of all appointment & urgent care visits)			X	
	54.	Quarterly Nursing Reports (on individuals with high or moderate acuity) from the past year.			X	
	55.	MAR (Medication Administration Record)--most recent completed and signed		X	X	



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✓when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Res. Program File	DOH Will Provide
	56.	Health Assessment Tool (HAT) or Electronic Comprehensive Health Assessment (e-CHAT)				X
	57.	Medication Administration Assessment Tool (MAAT) or Therap equivalent				X
	58.	Nutritional Evaluations/Reports/Plans from the past year			X	
	59.	Lab Work results from the past year			X	
	60.	Neurological Evaluation-- most current			X	
	61.	Seizure Tracking form the past year (need to submit a hard copy of tracking if not in Therap)		X	X	
	62.	Weight tracking from the past year (need to submit a hard copy of tracking if not in Therap)			X	
	63.	TD Screening/AIMS or other TD screening instruments from the past year			X	
	64.	Information regarding a living will, advance directives and DNR orders	X		X	
	65.	Current written consent from individual/guardian/surrogate health decision maker for assistance with medication delivery by staff			X	
	66.	Current written consent from the individual's physician for assistance with medication delivery by staff			X	
	67.	Current Medical Emergency Response Plans (MERP) for Chronic Conditions with potential to exacerbate into a life threatening condition (Quarterly Review indicated in Nurse Quarterly report or initial & date on MERP)		X	X	
	68.	Current Healthcare Plans		X	X	
	69.	Agency internal incident reports completed on the person which have occurred during the past 13 months and Follow up Determinations		X	X	
	70.	DOH-DHI Incident Reports completed on the person which have occurred during the past 13 months and Follow up Determinations.				X
	71.	Post hospitalization documents/information including dates, cause per incident and discharge summaries per incident for the past year			X	



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✓when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Res. Program File	DOH Will Provide
	72.	ER visit documents/information including dates, cause per incident and discharge summaries per incident for the past year	X	X	X	
	73.	Completed Decision Justification Forms/DDSD Health Decision Consultation Form	X			
	74.	Agency Grievance Procedure for consumer &/or guardian		X	X	
	75.	Regional Office Request for Intervention (RORI) forms and follow up information filed for the individual in the past year				X
	76.	Follow up to most recent Community Practice Review indicating what was done on each finding	X			

If you do not have these documents, you must request them using the “Document Request Form”.

INTERVIEWS: OVERVIEW

NOTE: It is important that you identify, verbatim, what people tell you to the extent possible. **Abbreviations are allowed if they are clearly identified at least the first time they are used; i.e., SF (sports fan).**

Case Manager Interview (*This interview will be scheduled by the Regional Office*): You will interview the case manager assigned to the class member(s) you are reviewing. You will conduct this interview via telephone the week prior to you doing the Review. If the case manager is new (30 days or less) the supervisor may sit in but your questions should be directed to and answered by the case manager. The supervisor may NOT answer questions for the case manager; however, the supervisor may offer additional information AFTER the case manager has answered the interview question. You should type the answers of the case manager separately from the answers from the supervisor, with the appropriate name/**initials**, so you know and have documented who said what.

Guardian Interview (*This interview will be scheduled by the Regional Office*): You will conduct an interview with the guardian of the class member the week prior to you doing the Review, if possible. This interview will be conducted via telephone.

Nurse and Therapist Interviews: An interview with the nurse will be scheduled by the Regional Office. You will conduct this interview via telephone the week prior to you doing the Review. “Core” questions have been developed as a guide for the reviewer; HOWEVER, it is more important for the Reviewer and Case Judge to discuss and for the reviewer to ask person-specific questions for the nurse and therapists.

You will be provided contact phone numbers and emails for ancillary providers to clarify information or answer specific concerns regarding therapy issues.

It is not mandatory for nurses or therapists to participate in these interviews.



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Direct Support Staff Interviews (*These interviews will be scheduled by the Regional Office*): You should interview the direct support staff who work with the class member the most for both day and residential services. Be sure to ask the person whom you interview if they are the person ASSIGNED to work with the class member DAILY. PROVIDERS SHOULD HAVE BEEN INFORMED DURING SCHEDULING THAT THE INTERVIEW MUST TAKE PLACE WITH THE DIRECT SUPPORT STAFF ASSIGNED TO AND WHO WORKS MOST CLOSELY WITH THE CLASS MEMBER. If the direct support staff is new (30 days or less) the supervisor may sit in but questions will be directed to the direct support staff. The supervisor may NOT answer questions for the direct support staff; however, they may offer additional information AFTER the direct support staff person has answered the questions. Be sure to note answers from the direct support staff vs. answers from supervisor or others. If the person who works most closely with the class member is not present for the interview **FIND OUT and record WHY in the protocol book.** Conduct the interview with the person the provider has assigned, find out who they are, how often they work with the class member DIRECTLY. Then, let the Community Monitor know that you were unable to interview staff assigned to the class member.

If there are two day services (customized integrated employment and customized community supports, for example) the reviewer will interview two direct support day staff. The reviewer should fill out two separate day interview sections and indicate who was interviewed. The scores for day may also be different depending on what is discovered during the two interviews. PLEASE be sure to send the additional interview and scoring sections to the case judge when the rest of the protocol is sent.

Class Member Interview: You will be scheduled to observe the class member wherever he/she receives day and residential service supports. The class member should be present in BOTH settings... it serves little purpose to observe where the class member works or where the class member lives if he/she is not there.

If the class member receives a combination of day services it would be good to **observe them both.** If the class member attends two different customized community supports services (aka day hab), you should visit them both. If the class member works and if a visit is acceptable to the class member and to his/her employer, you will observe the class member at work. If it is not acceptable to the class member and/or his/her employer then you will not be scheduled to visit the work site.

If the class member is unable or unwilling to respond to your questions NOTE that on the interview section of the protocol document. You can use that section to note your observations.

Information from others: You may find that you need information from others as a result of interviews and/or record reviews. If you need to visit directly with other IDT members in order to clarify questions/issues **PLEASE DO SO.** **Any additional information obtained should be documented in the interview section of the protocol.** Since you are receiving information early there should be more time to pursue information to ensure accuracy. If you believe documents, assessments or recommendations are missing, note it on the Document Request Form and ASK FOR THEM. Ask the case manager, residential or day provider.

CLASS MEMBERS WITH IMMEDIATE AND SPECIAL NEEDS

- Class Members identified as "**needing immediate attention**" are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully addressing in a timely fashion. If you believe that someone you are reviewing may fall into this category **CALL THE COMMUNITY MONITOR AS SOON AS POSSIBLE** but not later than the same day you discover these issues and provide the information and concerns you have. Some issues may require that you NOT LEAVE the situation until it is addressed. For individuals found to have immediate needs where abuse, neglect or exploitation is suspected, you will be asked to complete an incident



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report and file it with DOH in addition to highlighting the class member's circumstances in the individual findings and recommendations.

- “Special Attention Needs”**: Class Members identified as **“needing special attention”** are individuals for whom issues have been identified that, if not effectively addressed, are likely to become an urgent health and safety concern, **in the near future**. If you believe that someone you are reviewing may fall into this category notify the Community Monitor as soon as possible but not later than 24 hours from when you discover these issues and provide the information and concerns you have. The circumstances of individuals with special needs will be highlighted in the individual findings and recommendations for follow up by the appropriate Regional Office staff.

REVIEW SCHEDULES

- Please notify your supervisor and sign up with the DOH/DDSD CPR Manager for the regional reviews as soon as possible so that the appropriate schedules can be made and forwarded to you.
- For each class member you review, the regional office will have a schedule for you.
- Completion of Class Member profile information:** The Class Member profile information in the protocol book should be completed prior to the Review start date.
- If information is missing, you should contact the Regional Office no later than the Wednesday prior to your face-to-face review.
- You should complete the individual work sheets contained in each interview section of your protocol book so that you can check off what you find (e.g., staff are using needed meal time equipment) and identify what is to be present but is not (e.g., has VOCA but batteries are missing and it was not used during the Review).

Review Schedule

NOTE: You will receive your files 10 days in advance of your site review (this is true regardless of what week you conduct your review). YOU MUST review the entire file BEFORE you begin the site Reviews.

General Schedule and Deliverables are as follows:

Week 1: Review Preparation; during this week you will:

- Review the entire file
- Receive your interview/observation schedule
- Send your Document Request Form to the Regional Office
- Contact and Consult with your Case Judge
 - Set a time to send your protocol/findings and recommendations & Case Judge the protocol.
 - Consult on documents to be requested, questions to asked, what observations need to be included, equipment to observe and whether or not you want a nursing consultation;
 - if you request a nursing consultation, you and your Case Judge will send
 - documents/questions to the Nurse Consultant, let the Nurse Consultant know the time frame to get the feedback you need
- You will conduct phone interviews with: Case Manager; Guardian; and Agency Nurse

Week 2: You will conduct your onsite review which will include

- Interviews/observations with the person being reviewed
- Interviews with Day and Residential Staff



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- Completing and sending your Protocol, Findings and Recommendations to the assigned Case Judge
- Case Judging your Protocol, Findings and Recommendations
- Summarizing your findings with the Community Monitor

Status Summary: You will be available by phone or in person on the day that the Regional Office Status Summary Meeting is scheduled. (*Typically it will be the Friday of the last regional review week.*)

Detailed Review Schedule

Week 1: File Review; Protocol Preparation & Telephone Interview Schedule

Monday: You should receive your Review interview/observation schedule from the DDSD Regional Office
Review the file (Individual #1)
Identify additional information you need to comprehensively and accurately complete the review
Identify additional documents you wish to request, if any
Identify specific questions you have, based on your file review, for the nurse-to be interviewed.

Tuesday: Review file (Individual #2)
Identify additional information you need to comprehensively and accurately complete the review
Identify additional documents you wish to request, if any
Identify specific questions you have, based on your file review, for the nurse to be interviewed.

Wednesday: Individual #1: Telephone interviews as scheduled
Continue file review and protocol work

Thursday: Individual #2: Telephone interviews as scheduled
Continue file review and protocol work.

By no later than Thursday, speak with your Case Judge and review:

- Documents you identified on the Document Request Form. Submit the completed electronic form to the identified Regional Office lead.
- Any issues or questions you need to clarify with the agency nurses and/or therapists.
- Issues/equipment you need to look for at the site observations, and
- Whether or not you will need a nursing consultation. If you believe you will need to consult with the CPR Nurse Consultant, you and your Case Judge need to identify: documents to be sent to the Nurse Consultant and questions you want the nurse to answer.
 - NOTE: You will need to tell the Nurse Consultant when you have your on site interviews so that the Nurse Consultant can get information back to you in ADVANCE of your on site interviews.

During this conversation, you should also identify when you will e-mail the completed Protocol and Findings and Recommendations to the Case Judge and a specific time when you will have your documents case judged.

Friday: Continue protocol work and complete any follow up with ancillary providers

Week 1 Notes/Tips:



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- You will have received your interview schedule from the Regional Office so you will know what days and times this week you have telephone interviews and with whom.
- During this week you will be conducting telephone interviews with the Case Manager, Guardian, and Agency Nurse.
- You will use the questions in your protocol during your interviews and type in the answers you receive from those you interview directly into your protocol. Your Case Judge must be able to read and make sense of the answers so after the interview go back through and edit as needed.
- If you have requested a nursing consultation, you must receive information from the Nurse Consultant in advance of your onsite review so that if any questions remain there is an opportunity for you to get the needed information.
- If you receive additional documents as a result of your requests, be sure that you scan/fax those additional documents to your Case Judge.
- Once you have completed your interview, be sure to complete sections of your protocol as you can.

Week 2: Review Schedule: Note: Depending on when face-to-face interviews and observations are scheduled the days for travel may change from this outline:

Sunday: Travel, protocol work

Monday: Individual #1: On site interviews and observations with individual, day program and residential, all previously scheduled by DDSD Regional Office.
As soon as a section of your protocol is completed, send it to your Case Judge.

Tuesday: **Remaining sections of the** Protocol, Findings and Recommendations due to Case judge no later than noon. You and your Case Judge will finalize the Protocol and Findings and Recommendations (this may be done electronically, **preferably using WebEx. Please upload any required settings from WebEx and test your connection to WebEx prior to case judging**). You will summarize with the Community Monitor (this may be done over the phone).

Wednesday: Individual #2: On site interviews and observations with individual, day program and residential, all previously scheduled by DDSD Regional Office.
As soon as a section of your protocol is complete, send it to your Case Judge.

Thursday: **Remaining sections of the** Protocol, Findings and Recommendations due to Case Judge no later than noon. You and your Case Judge will finalize the Protocol and Findings and Recommendations (this may be done electronically, **preferably using WebEx. Please upload any required settings from WebEx and test your connection to WebEx prior to case judging**). You will summarize with the Community Monitor (this may be done over the phone).

Friday: When you are done, travel home or Regional Status Summary (on site week)

This schedule and timeline is the same whether you review only during the Early Bird week or only during the On Site week. You will still receive your files 10 days in advance of when you review with these timelines and requirements in place.

SCORE JUSTIFICATION

The Reviewer is responsible for verifying that the all protocol sections are complete, NO BLANKS.

Be sure to integrate the information for any new documentation into Section 1 General Information.



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Score the Protocol. For every score, you MUST provide justification. You MUST use the:
“+” to indicate positive things that you found that are evidence of compliance with the question; and
“-” to indicate things that were missing and represent evidence that does not substantiate compliance with the question.

For questions scored N/A or CND, +/- is not necessary for justifications. The Reviewer only needs to put a comment to support the question not being scored.

The Reviewer is to ensure that there is more than one source of verification for each scored question. There are four (4) types of evidence to consider: physical, testimonial, documentary and analytical (see reviewer expectations). A combination of at least two (2) is required for the justifications for each scored question.

If your score changes, YOU MUST also change the “+” and “-” justifications to match your score change

It is suggested that the Reviewer keep a running list of the questions scored as “1” or “0” with a brief summary. These questions will form the basis for findings and recommendations (there is a score summary page at the end of each section of the protocol, but it will not direct you back to the applicable interview question(s)).

INDIVIDUAL FINDINGS AND RECOMMENDATIONS

Use the Individual Findings and Recommendations template to guide you.

Remember to incorporate positive Findings and as many ‘Thank You’ notes as appropriate.

Each finding/recommendation must be “cited” with a correlating scored protocol question, or have specific document reference information so that the finding/recommendation can be substantiated.

It is critical that reviewers write with enough clarity and detail so that team members and regional office staff know:

- What was found and where (in what document, what interview, what observation)?
- Why it is a problem?
- What is being recommended to “fix” the problem?

- The Recommendations must be written in measurable terms so that everyone knows when the recommendation is successfully completed.
- If a product needs to be developed or altered indicate when it needs to be done and why
- For example, “*Rewrite the Work/Learn Action Step for the October 2010 ISP to more accurately reflect the person’s preferences and vision in the work/learn area*”. **WHY?** “*Per Lyn’s vision and stated preferences (see OT Assessment dated 9/23/10) Lyn loves to work with horses, which is not mentioned in either the 2010 or current ISP.*”
- If an assessment was recommended but not attained, indicate **WHO** made the recommendation in **WHAT** document so the Team can go back to the source document.
- For example, *Lyn’s mental health assessment completed by Dr. Black on 9/25/10 indicates “she should spend every February in Hawaii to avoid her winter blues”. This recommendation is not addressed in her 11/20/09 or 11/2010 ISP. Interviews with both the residential and day staff indicate that she does not spend any time in Hawaii.*
- If the reviewer notes a problem in day and/or residential services indicate which one so follow up can be done. For example, “day staff were unable to identify Lyn’s preference for salads at lunch.”



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CASE JUDGING

At the time of the initial consultation with your Case Judge, the Reviewer and CJ will set up a reconciliation case judging to be completed after the individual on site interviews. The purpose of the reconciliation is to go over information obtained from the interviews, issues/questions identified during your consultation with your Case Judge and to reconcile the protocol and summary with findings.

Note: Reviewer is to email the completed protocol and summary with findings to the Case Judge after all on-site visits are completed.

Once case judging is completed, the Case Judge will forward the completed Protocol and individual Findings and Recommendations to the Community Monitor.

The Reviewer will schedule a Summary with the Community Monitor. This session should be done after case judging is completed, if possible. Please contact the Community Monitor and tell her when you are scheduled to Case Judge so a summary time can be set.

At the end of the review week the Reviewer will participate in the Regional Status Meeting.

NURSING CONSULTATION

Reviewers have requested that we have nurses available during the review to answer questions or to help review and interpret documents/lab results/assessments/hospitalizations, etc. During each review we will have at least one Nurse Consultant available for such consultations. **The Nurse Consultant is part of the Community Monitor's Team and can be accessed through your Case Judge and/or the Community Monitor.**

If you and your Case Judge identify questions, please send your questions and supporting documentation to the consulting nurse available during the review.

Based on this information, the Nurse Consultant will e-mail you regarding any concerns that need further review and/or follow up questions he/she would like for you to pursue during your interviews and review.

Also, after you have reviewed your file, you may identify issues/information that you question and/or which require nursing expertise to accurately and adequately answer. If so, notify your Case Judge and a consultation will be arranged.

The Nurse Consultant will:

- Review the questions/documents you have provided.
- He/she will let you know what, if any, additional information/documents he/she needs to answer your questions adequately.
- Provide feedback to the reviewer and Case Judge.
- The Nurse Consultant may have more questions that the reviewer will need to ask the agency nurse during that interview.

Please remember, the Nurse Consultant is not allowed to diagnose or give health care treatment advice. He/she is only available to help you understand factual information contained in the file and generally identify possible/potential implications or further questions that need to be asked of the nurse and/or physician who knows the class member personally.



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This is in landscape and will be sent to you separately for your use. DO NOT use this one.

2014 COMMUNITY PRACTICE REVIEW
DOCUMENT REQUEST FORM
ATTACHMENT I
Jackson v. Ft. Stanton

Reviewer: _____

Class Member Initials: _____

Review Region: _____

This form is to be completed, if necessary, during each provider interview. The reviewer should print what document(s) was requested, who was asked for the document (including title) and when the request was made. The person who was asked for the document should initial in column 3 to acknowledge the request was made. IF THE REQUEST WAS MADE BY TELEPHONE, THIS SHOULD BE INDICATED ON THIS FORM.

This document must be turned in at the end of the review week with the completed protocol.

Missing Document Name/Type	Person Requested from (including title)	Init. of requestee	Time and Date request made	Document received? <small>Circle One</small>	Time and Date Document Received	Reviewers Initials	Provider Representative Signature (Electronic Identification)
			: __.m., _/_/_	Yes No	: __.m., _/_/_		
			: __.m., _/_/_	Yes No	: __.m., _/_/_		
			: __.m., _/_/_	Yes No	: __.m., _/_/_		
			: __.m., _/_/_	Yes No	: __.m., _/_/_		
			: __.m., _/_/_	Yes No	: __.m., _/_/_		
			: __.m., _/_/_	Yes No	: __.m., _/_/_		



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2014 COMMUNITY PRACTICE REVIEW

This is in landscape and will be sent to you separately for your use. DO NOT use this one.

INDIVIDUAL SUMMARY AND RECOMMENDATIONS

Attachment II

Jackson v. Ft. Stanton

ID#	Person	Reviewer	Date Reviewed	Region	CM Agency	Day Program Agency	Residential Agency
Initials	Initials	99/99/2010	RE	Full Name	Full Name	Full Name	Full Name

Immediate Need or Special Attention: Class Members identified as “*needing immediate attention*” are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully and actively in the process of addressing in a timely fashion. Class Members identified as “*needing special attention*” are individuals for whom issues have been identified that, if not addressed, are likely to become an urgent health and safety concern.

If you have reviewed someone who has been identified as an Immediate Need or needing Special Attention you must list:

- Which Category (Immediate Need OR Special Attention).
- WHY they are listed in that category (the findings – must match finding #1 in the grid below).
- If you report to DHI state that here, state why you are reporting, and include detail in the narrative which follows.

If you do NOT have someone in this category, delete this section and proceed to “Description of the person”.

Description of the person: This summary MUST include...

- Age, gender and ethnicity
- General/Family History if known
- All diagnoses (In Matrix Form, see below)
- All medications (In Matrix Form, see below)
- Strengths, preferences, abilities, special relationships in the person's life
- Brief overview of the adequacy of the ISP.
- Health and behavioral status including progress and/or regression. List frequency of hospitalizations and ER visits including reason for visits and follow up taken.
- Incidents (internal and external) that have been identified for the person during the review period in chronological order. If there have been hospitalizations/ER/Urgent Care visits list the reason and results, if there have been allegations of abuse/neglect list the allegation and result.
- Current living and day/work programs and how these programs meet his/her needs;
- Number of living and day/work placements within the last year, if an issue.
- Issues that you are going to address in the “findings and recommendations” should be highlighted here. Give particular attention to the effect of the findings on the person's life or the potential effect.
- Any assistive technology needs the person has and the availability and effectiveness of needed assistive technology. List all of the devices the person is to have and whether or not they are available, being used and functional.
- If the person's health and safety is currently in jeopardy, report details here.



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If you are going to report to APS give details here of the issue.

Review Recommendations

Each finding/recommendation must be “cited” with a correlating scored protocol question, or have specific document reference information so that the finding/recommendation can be substantiated.

NOTE: If you do not have findings and recommendations in a specific section, delete that section or put “none”.

#	Findings	Recommendations
Immediate Need/Special Attention (if None, Delete this category of findings)		
	<p><i>This information should also be BEFORE the Description of the Person.</i></p> <p>For example, if you have reviewed someone the Community Monitor has designated as needing Immediate or Special Attention you must list:</p> <ul style="list-style-type: none"> ▪ Which Category (Immediate OR Special Attention). ▪ WHAT you found that led to that finding; <ul style="list-style-type: none"> ○ If you observed something describe it; ○ If you identified something missing in the records list specifically what is missing; ○ If recommendations were not followed, list specifically what recommendations, made by whom and when. <p>BE SPECIFIC so what you found is very clear.</p> <p>If the Community Monitor designated someone as having Immediate Needs you may be asked to file an incident report with DHI. If so, please note that you did so and the date here.</p>	<p>What, in measurable terms, has to happen to resolve the finding.</p> <p>BE SPECIFIC so the Case Manager, provider and regional office know how to follow up.</p>
Good News		
	<p>If appropriate, this is the place to recognize self-determination efforts, exciting and fun things that are happening in the person's life, natural supports, and over all quality of life issues that people should be recognized and thanked for.</p>	<p>You may have no recommendations... but be sure to thank the appropriate people for all of their hard work (including the person, family/guardian, team members, etc.). DO NOT number findings that are “Thank You”.</p>



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#	Findings	Recommendations
Personal Safeguards: Guardian/Case Management		
Direct Care Services		
	<ul style="list-style-type: none"> • Specify Day/Employment findings when writing your findings so Teams know where assistance is needed. 	
	<ul style="list-style-type: none"> • Specify Residential findings when writing you findings so Teams know where assistance is needed. 	
Health & Wellness		
	<ul style="list-style-type: none"> • Health • Medications • Assessments • Therapies 	
Adequacy of Planning and Adequacy of Services, Team Process, ISP		
	Implementation of the ISP... if the ISP was not consistently implemented begin with, " ISP Not Consistently Implemented ".	
Expectations for Growth, Quality of Life & Satisfaction		
Behavior		
Adaptive Equipment/Augmentative Communication		



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#	Findings	Recommendations
Other		
	If other issues are identified that do not fall within the previous categories, list them here.	

Expectations of Reviewers and Case Judges Also pages 3 to 8 of the Protocol

You are joining a team of qualified and experienced professionals with the responsibility of evaluating services to persons who have developmental disabilities. The protocols you will be using have been designed specifically for the purpose of this review. As a Reviewer or Case Judge, you will be trained on the use of the protocols and expected to seek clarification, as needed, when you are conducting fieldwork. It is your responsibility to read and become familiar with the following expectations and details of how those expectations translate into your practice. If you agree to be a Reviewer or Case Judge you are agreeing to these expectations and practice guidelines.

NOTE: DURING YOUR FIELDWORK, YOU WILL BE GOING INTO PEOPLE'S HOMES. IN AN ATTEMPT TO REMAIN SENSITIVE TO THE VARIOUS CONDITIONS OF THOSE WITH WHOM YOU WILL COME IN CONTACT, PLEASE DO NOT WEAR SCENTS, PERFUMES, ETC.

Expectations	Practice Details
1. Review individuals as assigned.	<p>Each Reviewer will be scheduled to review an identified number of people. If you review two people during the Early Bird week, the expectation is that you will review one person on Tuesday and pass your completed protocol to your Case Judge by noon on Wednesday. Case Judging for Class Member #1 will be done Wednesday afternoon. The second class member will be reviewed on Thursday. You will pass your completed Protocol to your Case Judge by noon on Friday with Case Judging being done Friday afternoon. If you are reviewing only one person during the Early Bird week, you need to review on Tuesday.</p> <p>If you are reviewing during the on-site week, the expectation is that you will complete your review and protocol book on Monday for Class member #1 and pass your protocol book to your Case Judge by noon on Tuesday. Class Member #2 will be reviewed on Wednesday and your completed protocol book passed to your Case Judge by no later than Thursday at noon.</p> <p>Reviewers, be sure to schedule a time to summarize your findings with the Community Monitor as soon as you can. Once you have a time set with your Case Judge, schedule your summation time with the Community Monitor, the earlier the better.</p> <p>Case Judges may be scheduled to review at from one to 4 Class Members. If you Case Judge during the Early Bird week, please try to complete all Case Judging by Friday night so reviewers can summarize with the Community Monitor by Friday of Early Bird week if at all possible.</p> <p>Case Judges usually need from 2 to 3 hours to review a completed protocol book and Case Judge the afternoon of the day the protocol is received. Other arrangements should be made directly with your reviewer. Any "late" Case Judging (not Case Judging the afternoon you receive the completed protocol) should be reported to the Community Monitor so her summary schedule with reviewers can be adjusted.</p>



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Expectations	Practice Details
<p>2. Initial record review is conducted and General Information Section of the protocol book is completed, to the extent possible, prior to review start date. Comprehensive completion of the Review Protocol Book is required.</p>	<p>For each assigned Class Member, the Reviewer will begin the process with a record review that focuses on the documentation for the past one to two years. If a more extensive review is required, reviewers should request materials needed to be sure your conclusions are as accurate as possible.</p> <p>Each Reviewer should expect to receive copies of the last two Annual ISPs and related documents and assessments the week preceding their scheduled Review start date. <u>You are expected to read this material in advance of the review start date.</u> You are also expected to complete as much of the General Information Section of the protocol as possible prior to starting your review. You should also complete the work sheets made available for you in the Case Management, Day and Residential interview sections of your protocol. You should have notified the appropriate Regional Staff Manager of any missing information the Wednesday prior to your scheduled Review Start Date. <u>BE SURE that you complete the Document Request Form on ALL missing materials for which you ask.</u> If you continue to have missing information please make that known so it can be obtained as quickly as possible. Case Judges who are reviewing have the same responsibilities as Reviewers. In addition, Case Judges will be responsible for reviewing the protocol sections of Reviewers. All Reviewers have the responsibility to accurately and completely fill out the Review Protocol in line with directions provided in this document. Case Judges have the responsibility to discuss the information gathered with the Reviewer thoroughly in an effort to fairly, accurately and completely judge the Reviewer's findings.</p>
<p>3. Additional records reviews are conducted as needed.</p>	<p>If Reviewers/Case Judges have reason to believe that additional information is required in order to render an informed rating, it is your responsibility to ask the Case Manager or relevant provider for the information you are missing, complete the Document Request Form and acquire needed signatures. If you are requesting materials over the phone, complete the Document Request Form and note the method of inquiry.</p>
<p>4. Interviews are conducted with the class member, available guardians, case manager and appropriate providers.</p>	<p>The Reviewer will conduct an interview with the class member, the class member's direct support staff, available guardians, the class member's case manager, and, if the class member receives services, those service providers. If the class member has special sensory and/or physical needs you may also need to interview other specialty providers (e.g., therapists) or have an interpreter present. Requests to use the team's clinical advisors (i.e., nurse, PT, OT, SLP, BSC) should be made to your case judge.</p> <p>Case Judges are expected to request information from Reviewers to ensure all appropriate interviews have taken place. If information used to make scoring decisions is unclear, Case Judges are expected to ask Reviewers to seek additional information.</p>
<p>5. Informed by your file review and interviews, you observe the class member in day and residential services.</p>	<p>The Reviewer will observe the class member in his/her day service site(s) and in his/her home. During these observations the Reviewer will also interview available direct support staff. Observations offer an opportunity to get to know more about the individual's life, perspective and needs. It allows you to seek out missing information, perspectives, outcomes, barriers and day-to-day practice information. It enables the reviewer to observe whether or not: needed equipment is present and used as recommended; staff follow meal time plans or behavioral plans as intended; and whether or not interventions strategies are effective. It also enables the individual and staff the opportunity to share what is working and what remains challenging. The interviews provide an opportunity to request copies of the class member's actual daily schedule, or, if that is not available, seek a verbal time sequenced outline of what a typical weekday and weekend is like for the class member.</p>
<p>6. All provided evidence is considered prior to rating and conclusions are</p>	<p>Reviewers and Case Judges are selected because of their ability to render professional opinions in regard to the quality and adequacy of community programs for persons who have developmental disabilities. The Reviewer and the Case Judge are responsible for gathering enough information to render an opinion that is based on sufficient, competent, relevant information or evidence. The</p>



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Expectations	Practice Details
<p>documented clearly.</p>	<p>Reviewer and the Case Judge will make judgments as professionals qualified to participate and render opinions in the interdisciplinary process. If there is reason to doubt, the Reviewer and the Case Judge should take measures to authenticate the evidence or to report possible limitations of the evidence.</p> <p>The individual review method requires the use of evidence to support each rating. Sufficient, relevant information is to be obtained and recorded as a basis for the Reviewer's and Case Judge's findings, conclusions, and opinions. The Reviewer is responsible for accumulating and using evidence to provide a factual basis for reporting.</p> <p>Evidence to support a Reviewer's findings may be of four types:</p> <ol style="list-style-type: none"> 1. Physical evidence obtained through direct observation, such as the Class member's having needed equipment; 2. Testimonial evidence obtained through interview. For example, asking someone to explain how a person's preferences were determined; 3. Documentary evidence which consists of assessments, ISP's, schedules, records, physician's orders, etc.; 4. Analytical evidence secured by comparative or deductive analysis from several pieces of evidence the Reviewer has obtained. An example would be comparing or contrasting the same data secured from different sources. <p>The Reviewer's working protocols must reflect the details of the evidence relied upon and must show how it was obtained or derived. Use the following guide as a part of your "test" to determine the adequacy of the evidence you have gathered/reviewed.</p> <p>Sufficiency. Sufficiency is the presence of enough factual, adequate, and convincing evidence to lead a prudent person to the same conclusion as the Reviewer. Determining sufficiency requires good judgment. There is no need for elaborate documentation to support non-controversial matters; however, the Reviewer should provide sufficient evidence to support his/her conclusions.</p> <p>Relevance. Relevance refers to the relationship of evidence to its use. Facts or opinions used to prove or disprove an issue should have a logical, sensible relationship to that issue. Information that does not have this relationship is irrelevant and should not be used to prove or disprove a point.</p> <p>Conciseness. A report should be no longer than necessary to communicate the information the Reviewer is reporting. Too much detail may conceal the primary message or discourage readers.</p> <p>Objectivity. Findings should be presented in an objective and unbiased manner and should include sufficient information to provide readers with a proper perspective. The aim is to produce a report that is fair, not misleading, and which places primary emphasis on matters needing attention.</p> <p>Adequate Support. All ratings in the Reviewer's report should be supported by enough objective evidence in the working protocols to demonstrate their accuracy and reasonableness. <u>Reviewer's</u></p>



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Expectations	Practice Details
	<p><u>must use the + and – system of documenting the justification for their ratings.</u></p> <p>Accuracy, Completeness, Fairness. Procedures should be applied to produce a document that contains no errors in fact or reasoning. The need for accuracy is based on the need to be fair and impartial in reporting to insure readers of report reliability. One inaccuracy can cast doubt on the validity of an entire report and divert attention from the substance of the report.</p> <p>The documentation for each rating should contain sufficient information to promote an adequate understanding of matters reported and to provide a convincing, but fair, presentation in proper perspective. If the Reviewer has conclusions or concerns he/she wants readers to know about, he/she should state them directly rather than leaving them to the inference of the reader.</p>
<p>7. Due professional care and sound professional judgment is used in conducting the review and in documenting the rationale for ratings.</p>	<p>This standard places upon a Reviewer and Case Judge the responsibility for employing high professional standards in performing the review.</p> <p>Exercising due professional care means using good judgment in applying review procedures and in writing the rationales for each rating. The quality of review work is related to: procedures properly applied by competent persons; findings and conclusions based on objective use of pertinent facts; and critical supervisory review at every level of the work done and of the judgment exercised by those participating in the review.</p> <p>Due professional care imposes on the Reviewer the requirement to be alert to and report situations or actions that could be indicative of abuse, neglect, insensitive care, unnecessary restriction, inefficiency, waste, or ineffective or harmful treatment. The Reviewer is not responsible for internal quality assurance.</p> <p><u>Due professional care also requires the Reviewer to be alert to and report any situation observed that poses an immediate threat to the health or safety of a class member. If possible, ensure that actions necessary to secure the safety of the class member have been taken.</u></p> <p>Throughout the record review and interviews, the Reviewer should consider whether culture and cultural competencies have implications in the life of this class member. Any discrepancies found across records, observations, and/or interviews should be documented by noting clearly the sources and information that appears discrepant.</p> <p>Medications should be verified by observing the medication labels at the home and work/day service site and comparing them to the MAR. All records and case specific information are confidential.</p> <p>Denial of access to pertinent records or activities is to be reported immediately to the Community Monitor.</p> <p>All available records should be reviewed prior to the beginning of the interviews to inform your observations and minimize the need to repeat interviews.</p> <p>This standard does not imply unlimited responsibility for discovery and disclosure of any irregularities in treatment nor does it imply infallibility on the part of either the Reviewer or the reviewed organization. This standard does require professional performance of a quality appropriate to the complexity and</p>



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Expectations	Practice Details
	<p>importance of the task.</p> <p>Professional judgment is the standard for evaluating compliance with certain designated components of an individual's services. Not every judgment of a qualified professional meets this standard. The decisions arising from the judgments of a professional are presumptively, but not conclusively, valid. Decisions comply with professional judgment based upon the consideration of the following factors:</p> <ol style="list-style-type: none"> 1. Whether it is rendered in writing with sufficient detail that it can be understood and implemented. 2. Whether it is made by a professional who is licensed, credentialed or otherwise recognized as qualified or who is experienced in the area with respect to the professional's work. 3. Whether it is within the realm of the professional's expertise and not invading the province of the treatment team as a whole. 4. Whether it is unrelated to administrative, placement location, fiscal or other non-clinical considerations. 5. Whether it is based upon documented direct observation of persons served and accurate historical background information, except in emergency situations. 6. Whether it is logically related to the available information about the person served and his or her situation and to the problem, issue, characteristic or condition under discussion. 7. Whether it is explained in sufficient clarity and detail so that the rationale can be understood by a person of reasonable intelligence. 8. Whether it is within the range of acceptable choices or conclusions of professionals in the field in light of contemporary knowledge and practice. 9. It is not in contravention of any applicable provision of any order of the court. <p>Reviewers will evaluate professional decisions based on the above criteria. The IDT should provide guidance to the person served in the area of his/her long-term vision. The Reviewer will exercise his/her professional judgment about the appropriateness of the articulated long-term vision of the persons served. It is understood that the class member's fundamental rights to habilitation and safety will not be violated through the application of professional judgment as to do so would be a violation of the principles of professional judgment. The case manager will insure that the IDT supports the long-term vision of the persons served by assisting him/her in defining practical avenues for achieving that individual's vision and identified outcomes.</p>
<p>8. Ratings are completed in line with protocol rating instructions.</p>	<p>Following this field work, the Reviewer will respond to a series of questions with either "yes", "no", "NA" (Not Applicable), CND (Can Not Determine) or "0", "1", "2", or "NA" (Not Applicable). <u>Blanks are NOT acceptable. All questions must be answered.</u></p> <p>A rating of "2" represents circumstances that support a determination of full compliance with the questioned item.</p>



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Expectations	Practice Details
	<p>A rating of "1" represents partial (less than full) compliance.</p> <p>A rating of "0" indicates non-compliance.</p> <p>A rating of "yes" means that compliance measures have been met.</p> <p>A rating of "no" represents an item is out of compliance.</p> <p>A rating of NA (Not Applicable) represents an item does not apply to the individual being reviewed.</p> <p>In some cases, the Reviewer will simply not have enough information to make an informed decision to appropriately score some questions. The option of "CND" (Can Not Determine) is available as a response in these instances. <u>However, "CND" and N/A (not applicable) can only be selected when it is among the choices provided as answers.</u></p> <p><i>All ratings must be substantiated by recording a + or – indicating the Reviewer's rationale or justification and the relevant evidence in the space provided after each rating.</i> A guide is provided for Reviewers throughout the protocol. The Reviewer should read this guide wherever it appears.</p> <p>The relationship between the person's preferences, needs and services is the primary concern of the individual summary.</p> <p>The relationship between the service and the individual's circumstances is the focus of the overall report.</p>
9. Written Communication	Both Reviewers and Case Judges must have written skills which show his or her ability to effectively communicate in a clear, logical and detailed manner as will be seen in the justification notes and recommendations provided during the CPR.