

## Service Plan Assurance Webinar FAQ

1. Does Aging Waiver now reassesses every six months, is that now changed to annually?

This change is in draft form now for all waivers. Continue to reassess as you have been, and, in the future, reassessments may be changed to annually. You will be notified when changes occur.

2. How will AAAs receive the results of their satisfaction surveys?

The results of the confidential surveys will be compiled into regional and statewide summaries. The summaries will be posted on the internet and discussed at internal OLTL meetings. Issues are immediately addressed on an individual basis as well as after tracking and trending of aggregate data.

3. Which of the Service Plan performance measures would be provider responsibility for verification, as opposed to the supports coordinator?

As we consider a Service Coordinator a provider, the Service Coordinator will be responsible for ensuring the completion of the provider choice form. Additionally, Performance Measure # 4a (# and % of waiver participants who received services in the type, amount, and frequency specified in the ISP) would be the responsibility of the provider to ensure participants are receiving. During OLTL monitoring and service plan review processes, these performance measures will be verified.

4. Who is BIS?

Bureau of Individual Support.

5. What percentage of return do you expect from the satisfaction surveys?

We are hoping for a high return. With the first pilot survey, we were pleasantly surprised to have 37% returned.

6. Where can we find the waiver assurances and sub-assurances in writing?

On the DPW, OLTL web sites, the waiver assurances and sub-assurances are part of the waiver applications.

<http://www.dpw.state.pa.us/Resources/Documents/Pdf/Publications/AttendantCareWaiver2008-2013.pdf>

7. Regarding roles/responsibilities: our agency has a directive to service providers that in the case of missed service the provider is expected to provide immediate information concerning the hosp admission, the hospital discharge date, notification to the family of the CN's hospitalization; what is the care managers role?

The care manager should be notified and "stop" current services, make adjustments and do a complete re-assessment of the consumers needs post-hospitalization.

8. Will you be using CN satisfaction as part of the determination of whether service delivery is acceptable?

We will be using the Satisfaction Survey as only one measure of the determination of whether participant's needs were met or unmet and if the participant is receiving all the services in the ISP.

9. Who will be responsible for updating the provider choice form and directory?

There will be a new policy directive on provider choice and a new standardized form is being developed.

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10. Will the provider choice forms and directory be posted on HCSIS?

We are exploring options for a provider directory that would be available to the public and would be online (possibly interfacing through COMPASS and our main website, rather than through HCSIS directly). This is a split project between the 08-09 and 09-10 fiscal years. Currently, there is no posting or link of hard copy forms within HCSIS.

11. Are the standards the same as the Waiver application?

The standards are part of the waiver application and are listed throughout the application.

12. On several occasions the attendant was unable to provide care, placing the CN at increased risk. However, the CN declined a substitute worker. This service exception would be (and was) cause for concern but since we are consumer choice, how will you reconcile this type of issue where the CN choice clearly is not in the best interest of care continuity and risk management when reviewing providers' performance? Again--thanks.

Strategies to mitigate risk are to be developed. Service Plans should include a back-up plan to address such contingencies. A good back-up plan will address what the CN would do if no one showed up to provide care. The back-up plan could use informal supports such as family, neighbors, organizations, volunteers, churches, etc.

13. Will there be a standard way to document that consumers participated in the development of the service plan?

With the standardization of the service plan, documentation of consumer participation will be addressed, and this may become part of a new standardized choice form. A note should be placed in the service/journal notes indicating who participated in the development of the service plan.

14. The power point says the SP should be reviewed prior to the consumer's annual review date. Is the Annual review the same as the Recertification in the Independence, OBRA, Comm Care waivers?

Yes. The annual review date is one year from the beginning of their service.

15. Can the service coordinator along with a request from a consumer now enter extra hours on an SP for community activities, and if so is there any official documentation needed to support the request?

No. There is no policy change. Continue to follow current policies.

16. Please clarify the difference between the service coordinator vs care managers

OLTL is standardizing terms and service definitions and the generic term of service coordinator has been determined. This means that there is no difference between these 2 terms.

17. How will the service plan review relate to care plan review

Under OLTL standardization of terms Care Plan Review will be called Service Plan Review and will be completed in a different way in the future. The review process is under development at this time.

18. Will the Service Plan form for Attendant Care be changed now to incorporate all Waiver services, assurance language and requirements, QA hotline number, etc.

OLTL is working on a standardized service plans for all OLTL waivers.

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19. Can you clarify the difference between 3 work days and 5 business days as referenced on page 18?

The waiver gives 3 days to address the identified issue (the “each). When the QMET goes out and does a review, if a provider is not in compliance with a waiver standard involving the Service Plan, then it appears on the Statement of Findings and the provider currently has 5 days to develop a StIP (Standard Implementation Plan) in response.

20. What if there is no back-up plan? What if there is no informal support?

CMS expects back up plans to be listed in the service plan. If informal supports exist, they need to be identified. Informal supports are not always available; however in these cases community resources may be able to meet the need.

21. Are Options re-assessments also being changed to one year?

The intent is to eventually align the OPTIONS re-assessments with the Waiver Service Plan review requirements. This will take some time for this strategy to be implemented, possibly a year.

22. Please clarify the annual date as the enrollment date or the date services begin?

Enrollment Date.

23. In regards to the QMET remediation are the dates actual days or business days?

Business days.

24. The current PDA Waiver has a "PDA Waiver Consumer Contact Plan" determining RN and care manager visits. HV's are currently required at least every 3 months. Will those time frames change with a change to yearly care plans and reassessments?

Yes, BIS will be reviewing and possibly changing the contact plan for all waivers as part of OLTL standardization.

25. Can't an alert and oriented person take risks?

Absolutely. Through discussions regarding risks, all participants can make informed decisions and be involved in mitigating the risk.

26. Is the HCSIS platform to be revised for ISP, QMET, Service Coordination, Outcome, Measurements, Plan of Correction, Changes?

Changes can be made as necessary/desired for HCSIS revisions—the level of effort will determine when those changes could go through.

27. Is there development in SAMS that would enable the ability to attach and store consumer documents and forms in SAMS?

SAMS has the functionality now to attach and store documents and forms related to specific consumers. We have not yet activated this functionality in PA. When we elect to do so, we will have to pay an expanded licensing fee to Harmony.

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28. What is the difference between the current OLTL hotline number and the Quality Assurance Helpline? How do we differentiate these for the consumer?

The Long Term Living in PA Helpline is for information and referral/assistance calls. The OLTL Quality Assurance Helpline is for currently **enrolled** participants who have concerns or questions regarding their services that they have been unable to resolve locally.

29. ISP is the consumer's complete record which includes the hard file and HCSIS, correct?

Yes.

30. Will the actual service plans also be standardized? Do you know how many versions are floating around?

In the future Service Plans will also be standardized and training will be provided. There are quite a few versions of Service Plans currently being used. Some of the information is similar but in different format, word usage, etc.