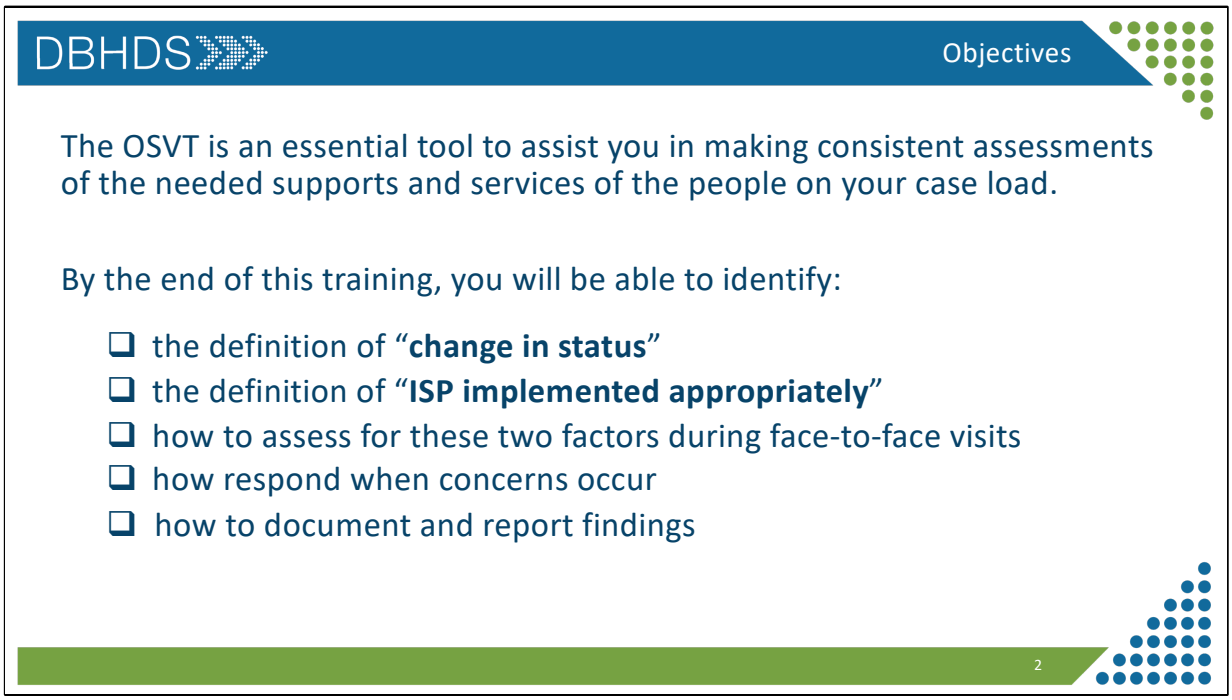
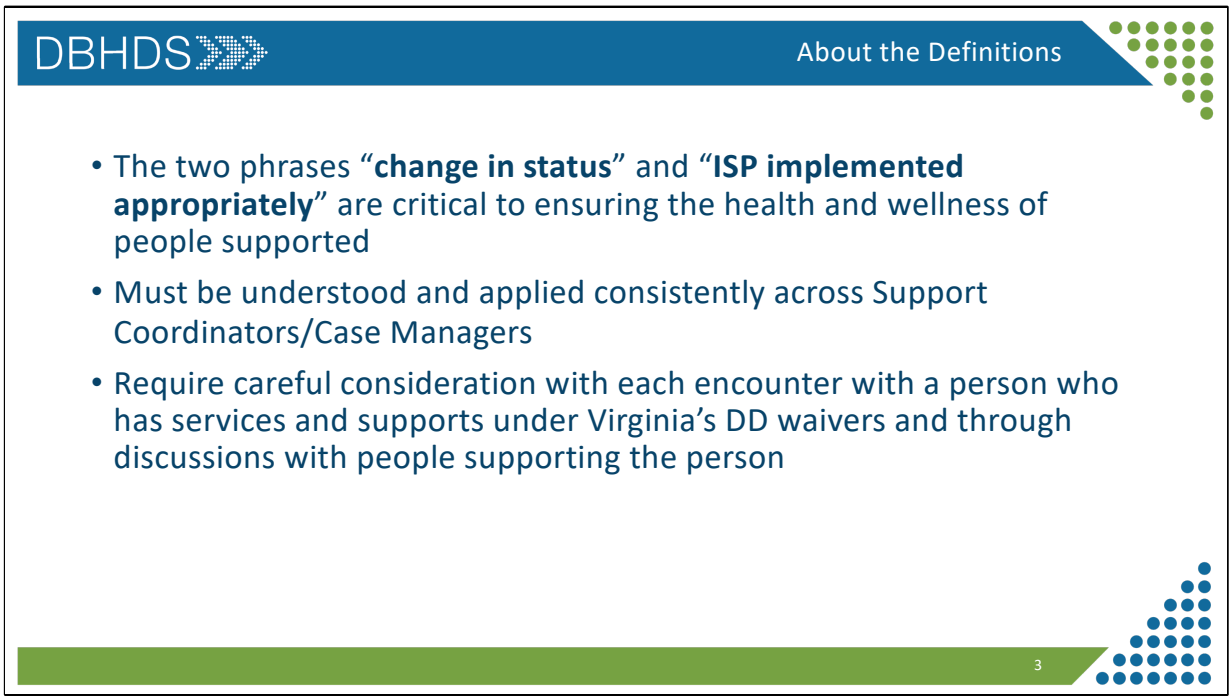
Hello, and thank you for joining us for this OSVT Training for Support Coordinators As you are aware, in accordance with indicators in the Settlement Agreement as well as Licensing and Medicaid regulations, Support Coordinators are required to assess both if a person's ISP is being implemented appropriately and also if the person has had a change in status. This training is designed to help you understand more clearly what those two terms mean and introduce a tool to help you document them.



By the end of this training, you will be able to identify the definitions of "change in status" and "ISP implemented appropriately," how to assess, document and report findings, and what to do if you discover something concerning.

The primary reasons for assessing for change in status and appropriate implementation of services. We want to ensure consistently that people have needed supports, that the services they have are responsive and effective, and that they are healthy, safe and connected to their communities and to people they care about.



The definitions of the two phrases "change in status" and "ISP implemented appropriately" are critical to ensuring people's health and wellness, and require Support Coordinators to understand them, and apply them consistently and with careful consideration and robust discussions

DBHDS

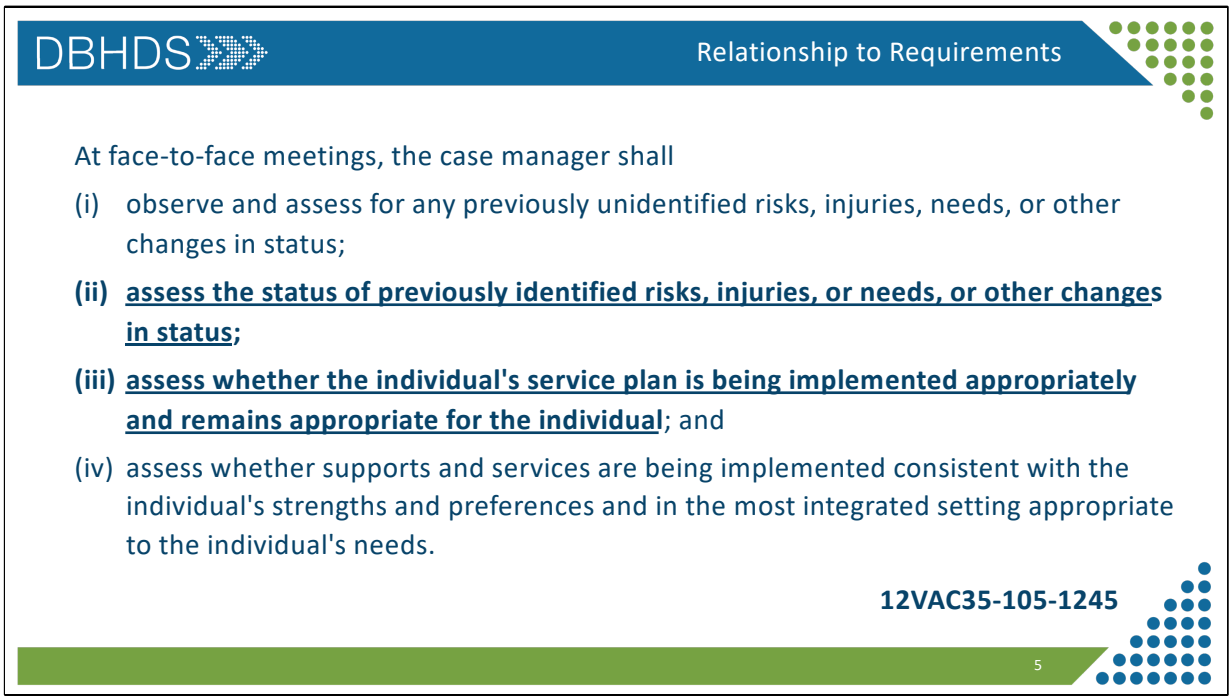
Relationship to Requirements

"Face-to-face visit" in the person's service setting (e.g. residential, employment, or group day) means an in-person meeting between the support coordinator and the individual and family/caregiver, as appropriate, **for the purpose of assessing the individual's status and determining satisfaction with services, including the need for additional services and supports**.

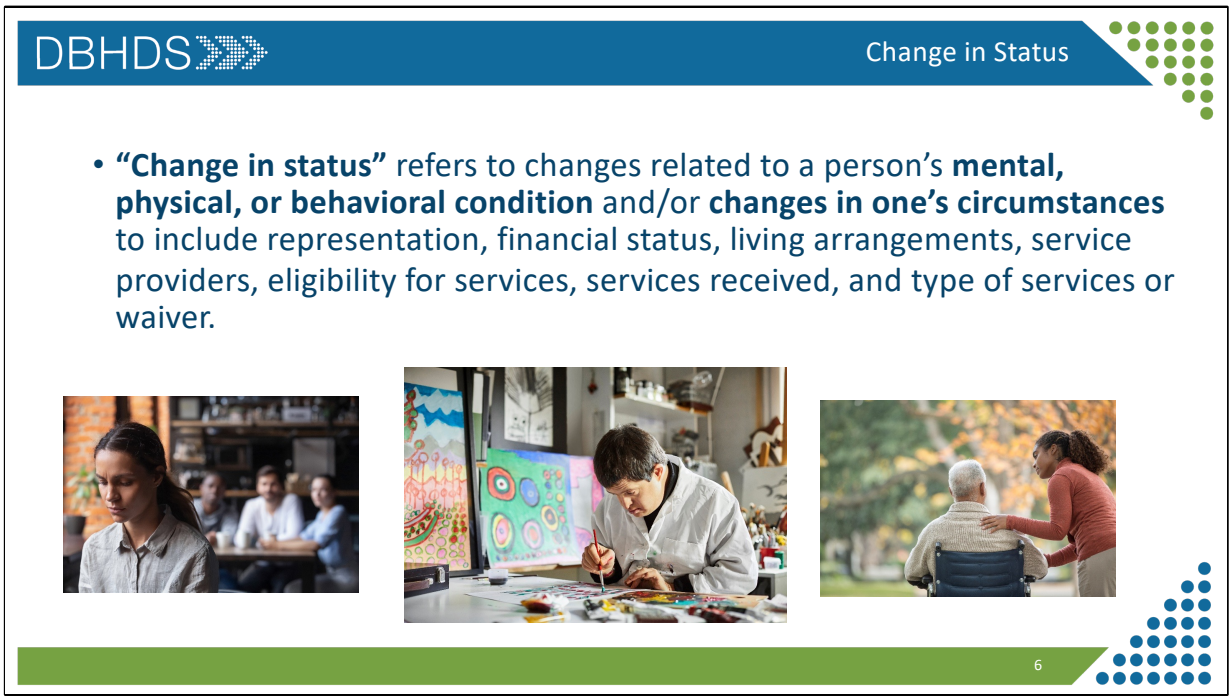
12VAC30-122-20

4

The next several slides highlight some DMAS and Licensing regulations pertaining to the provision of support coordination. Consistent completion of the OSVT will help you as the SC to meet and document the regulatory requirements of your work. 12VAC30-122-20 is the Medicaid DD Waiver regulation that outlines what should happen during a face-to-face visit, including assessing the person's status and determining satisfaction with and need for services.



The Office of Licensing's regulations also address what a Support Coordinator's duties are at face-to-face visits, including assessing change in status and whether the ISP is being implemented appropriately.



Change in status is defined as "changes related to a person's mental, physical, or behavioral condition and/or changes in one's circumstances to include representation, financial status, living arrangements, service providers, eligibility for services, services received, and type of services or waiver.

Do they have access to needed supports and services and are they occurring as expected? A lack of what's needed can put a person in a disadvantageous position or even in danger. It is the Support Coordinator's role to monitor how each person is doing in relation to health and wellness, self-direction, community inclusion and other aspects of life. For a person to develop to the fullest extent possible and have the life they want, the right supports need to be offered, considered, and chosen by the person. Once chosen, the SC's role is to monitor the ongoing provision of those supports, assist with any needed changes, and report concerns as needed to ensure health and safety.

DBHDS

Change in Status

A person's status can change for various reas

For example:

It has been six months since the annual meeting and the person…

- is not yet receiving a needed service
- was involuntarily removed from a service and a desired replacement service has not been identified
- has declined a service that is needed
- is not making progress toward his outcomes

7

A person's status or can change for various reasons. If there is a prolonged period with a lack of progress more action is needed.

DBHDS

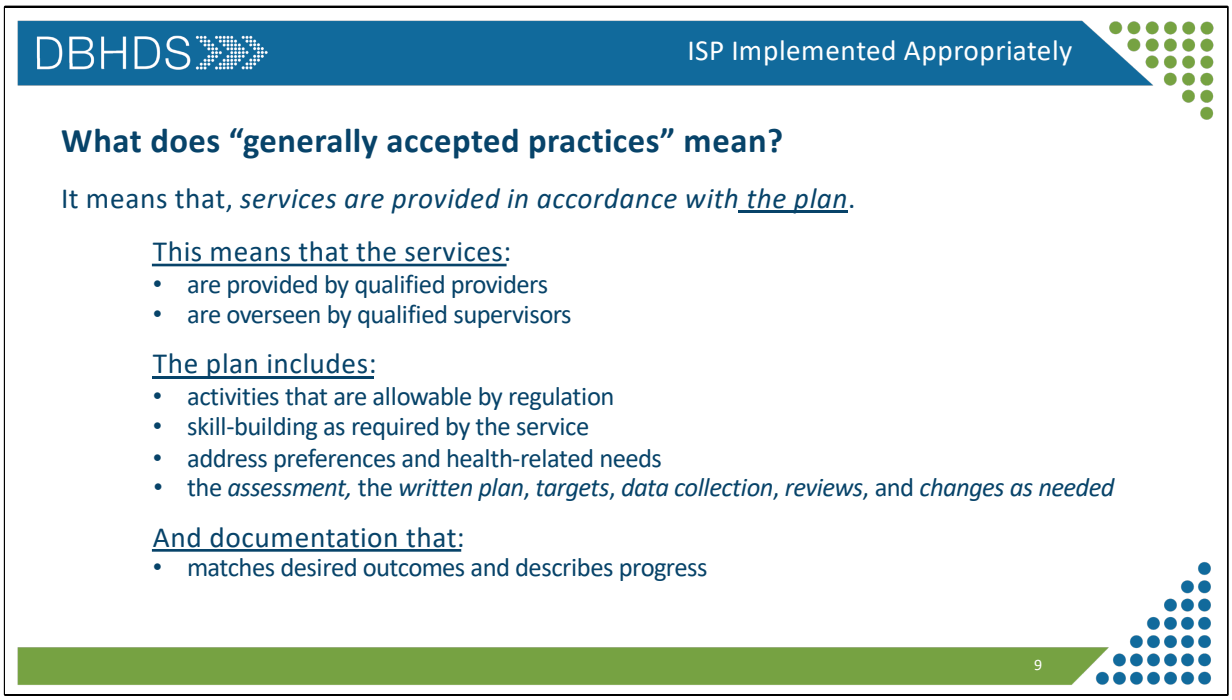
ISP Implemented Appropriately

"ISP implemented appropriately" means that services identified in the ISP are delivered consistent within **generally accepted practices** and have **demonstrated progress toward expected outcomes**, and **if not, have been reviewed and modified**.

Consider <u>all</u> of the following:
the assessment, the written plan, targets, data collection, reviews, and changes as needed

8

The definition of "ISP implemented appropriately" is that "services identified in the ISP are delivered consistent within generally accepted practices and have demonstrated progress toward expected outcomes, and if not, have been reviewed and modified." When determining if a person's ISP is being implemented appropriately, remember to consider the assessment, the written plan, targets, data collection, reviews, and changes as needed.

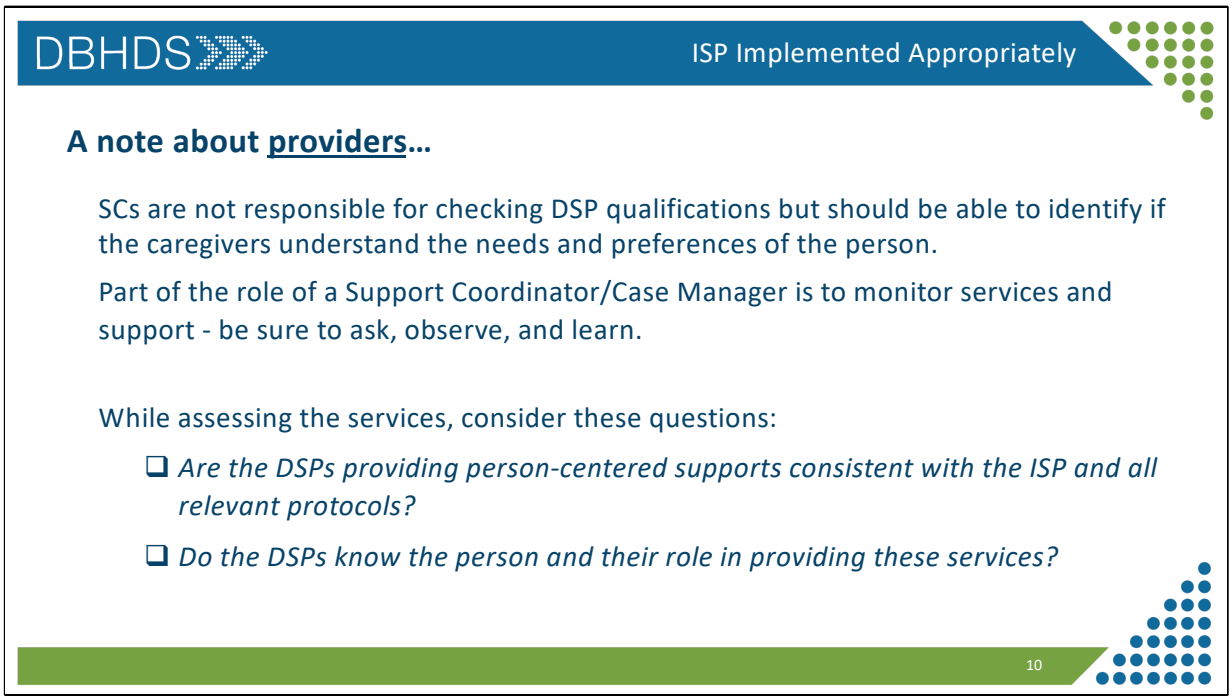


When we say “generally accepted practices,” we mean that services are provided in accordance with the plan.

Services must be delivered by qualified staff and in accordance with the full plan.

the plan has activities that are allowable by regulation, include skill building as required by the service, address preferences as well as health related needs.

There needs to be routine documentation that matches desired outcomes and progress is described.



When a you are doing a face-to-face visit, you should also be monitoring services and supports provided. While SCs are not responsible for checking DSP qualifications, they can confirm that DSP competencies and relevant Advanced Competencies have been completed by providers.

SCs should also talk with DSP supervisors and observe DSPs providing supports to determine if those supports are person centered and consistent with ISP and all relevant protocols.

DSPs should know the plans and their role in providing the services.

A note about progress or lack of progress …

Generally accepted practice also includes the SC's assessment of whether a service is being implemented and how the person is progressing towards their outcomes.

- If no expected progress towards outcomes is being made after six months, the SC should further review the plan.
- It is possible that outcomes, key steps or activities made need to be adjusted or removed, and this warrants further discussion with the team

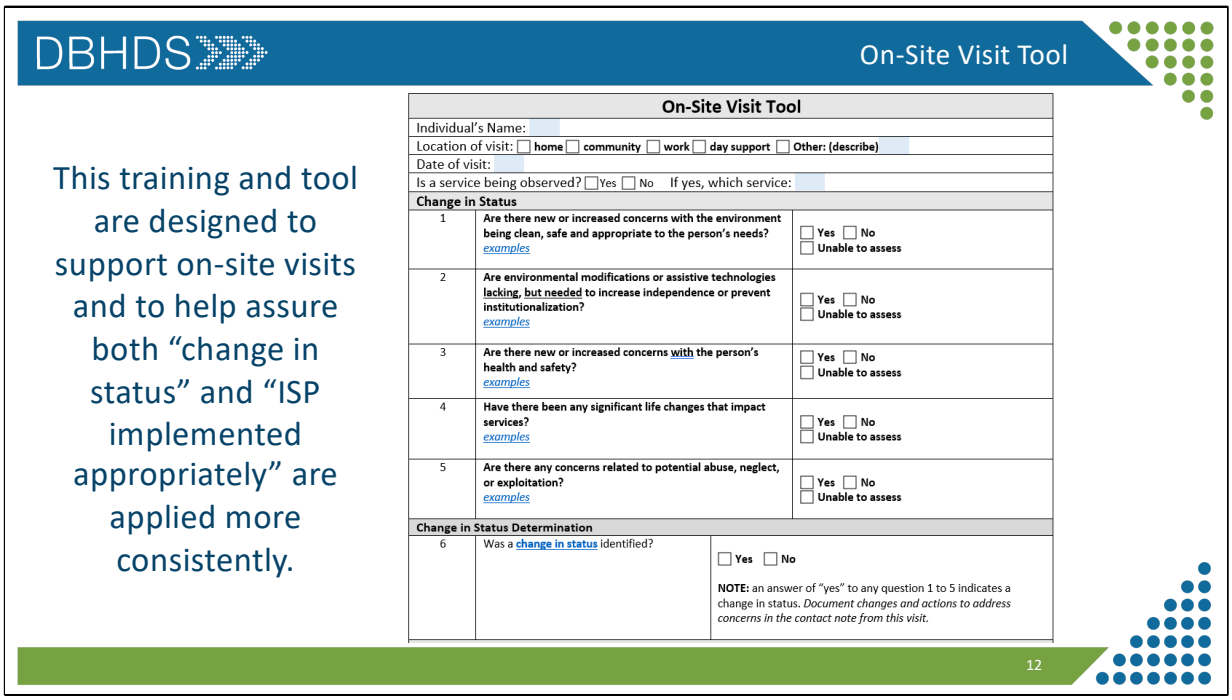
Any progress *or* lack of progress should be documented in an explanatory note in the person's record.

Generally accepted practice also includes the SC's assessment of whether a service is being implemented and how the person is progressing towards their outcomes.

If no expected progress towards outcomes is being made after six months, the SC should further review the plan.

It is possible that outcomes, key steps or activities made need to be adjusted or removed, and this warrants further discussion with the team.

Progress, or lack thereof, should be documented in the contact note, which will be discussed later in this training.



This training and tool are designed to support On-Site Visits.
In order to assist Support Coordinators with meeting requirements consistently, we have developed the the On-Site Visit Tool.
The On-Site Visit Tool is a means to support an SC's face-to-face visits to improve monitoring, quality assurance, and meaningful implementation of the SC's oversight.

DBHDS

When to complete the OSVT

At a minimum, the OSVT should be completed at the ECM or TCM Face to Face visit

ECM = F2F visit at least once per calendar month

TCM = F2F visit at least once every 90 days

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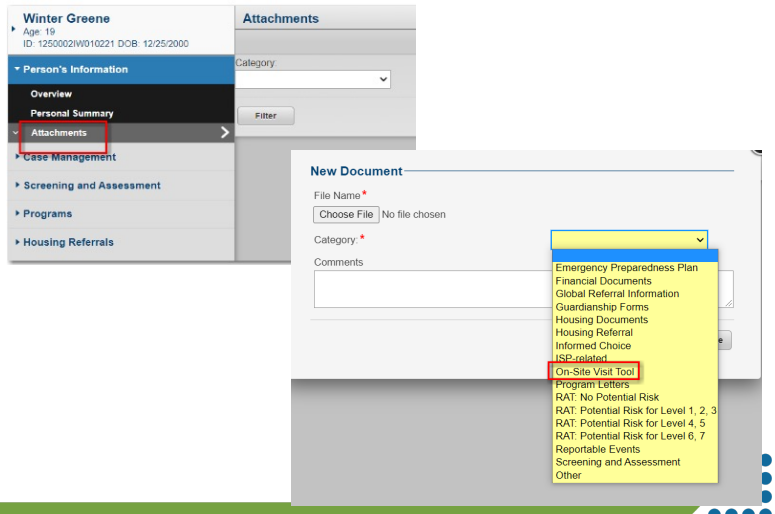
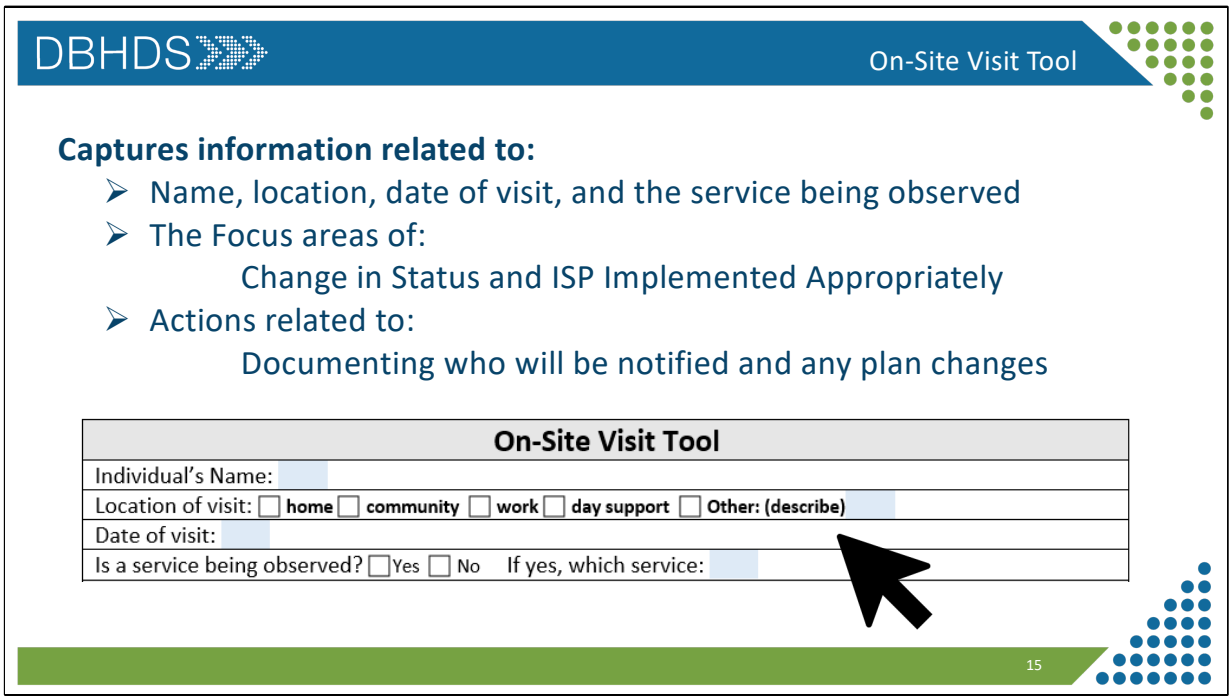
The On-Site Visit Tool must be completed for each person receiving supports once each month when visits occur, but no less than one time per quarter, and uploaded to WaMS under the attachments under Person's information.
This equates to once per calendar month for people w/ Enhanced Case Management (ECM) and at least once every 90 days for people w/ Targeted Case Management (TCM).

If you see a person with TCM more than once every 90 days, the standard would be once per month during the months when visits occur.

Make sure to follow the expected paperwork policy of your Board as most require that an OSVT be completed at every visit.

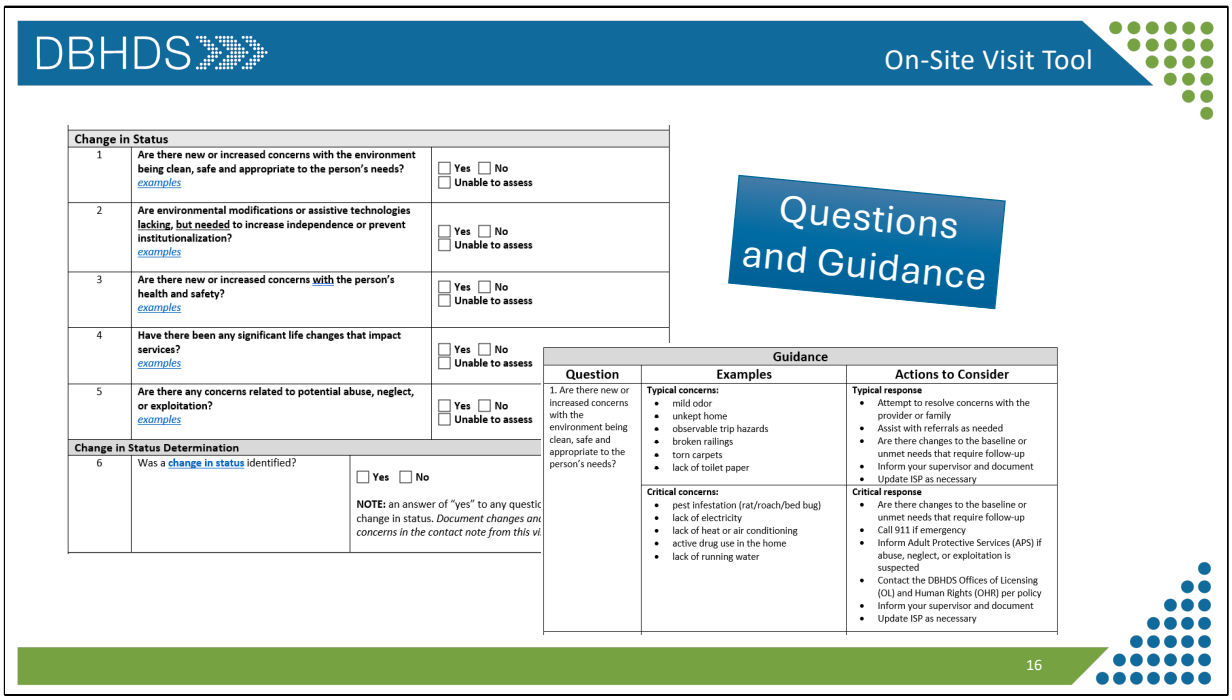
Upload the checklist to WaMS under attachments in the Person's Information section outside of the ISP (select On-Site Visit Tool drop down)





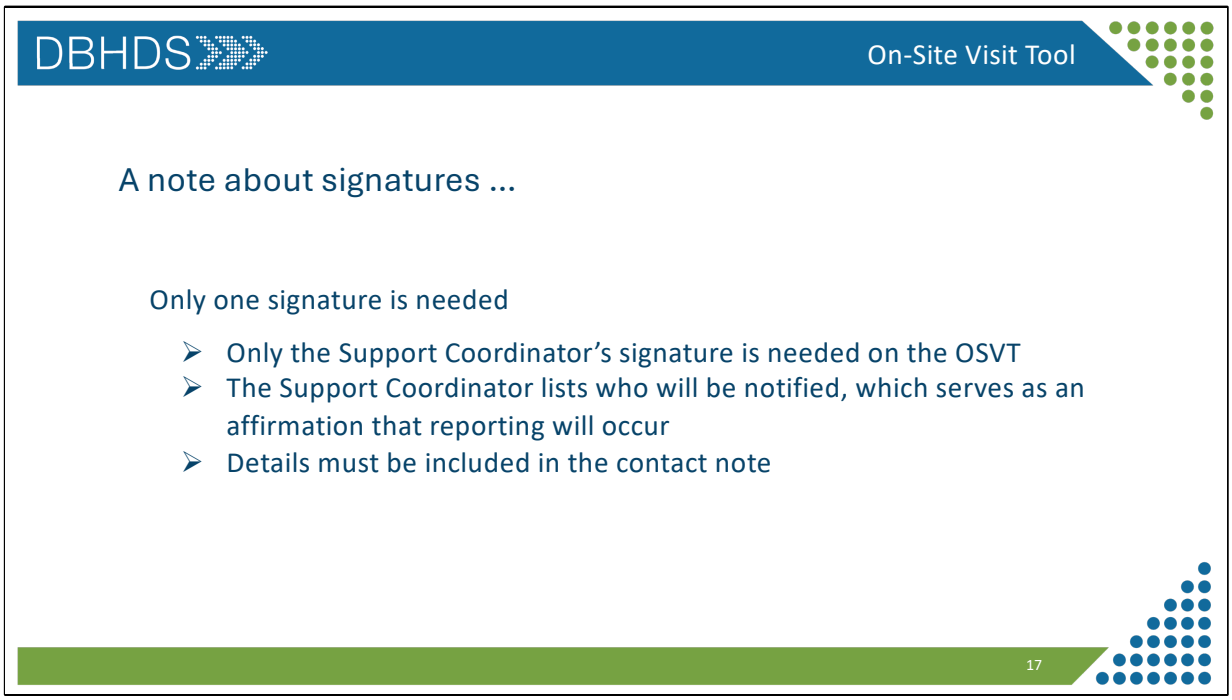
The On-Site Visit Tool captures basic information. The focus areas are in relation to change in status and ISP implemented appropriately. There is space to document who will be notified of any plan changes or necessary reporting.

Make sure to mark the location of the visit in the checkbox. If you chose "Other", please include a description of the location in the comment box.

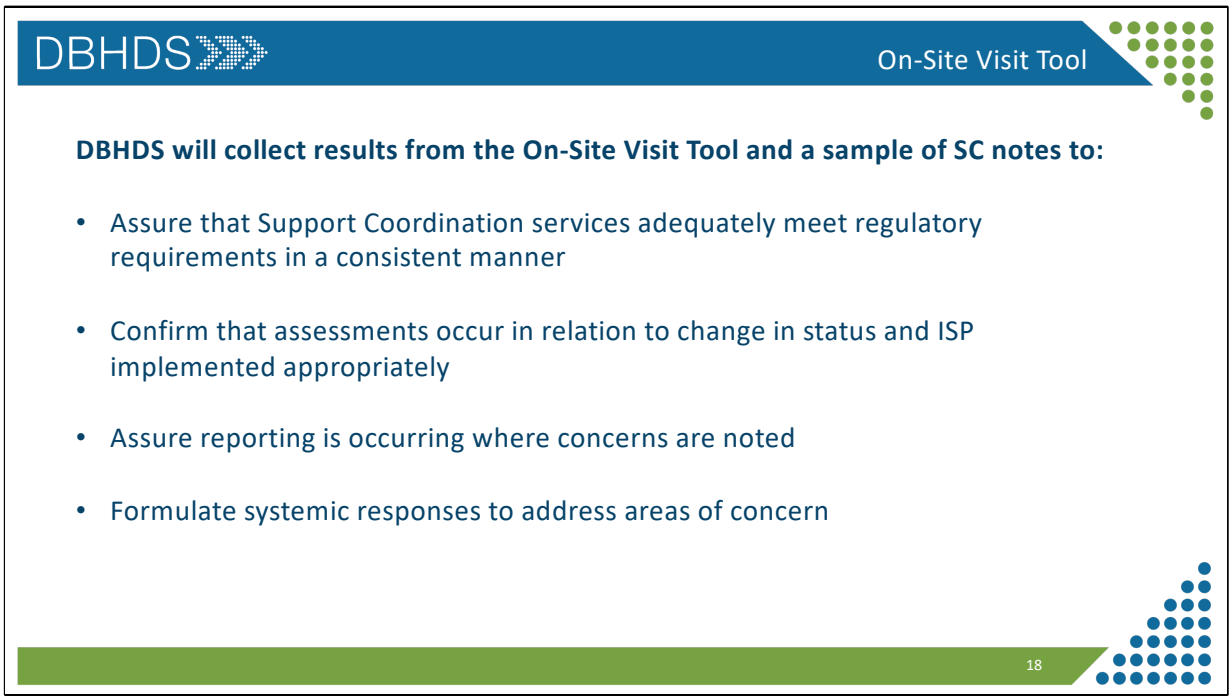


The tool contains a list of questions that guide the assessment.

As well as blue links that provide additional guidance related to the question. You can hover over the link with your cursor or "control+click" to be taken to a crosswalk with instructions, examples, and actions to consider depending on the answer provided.

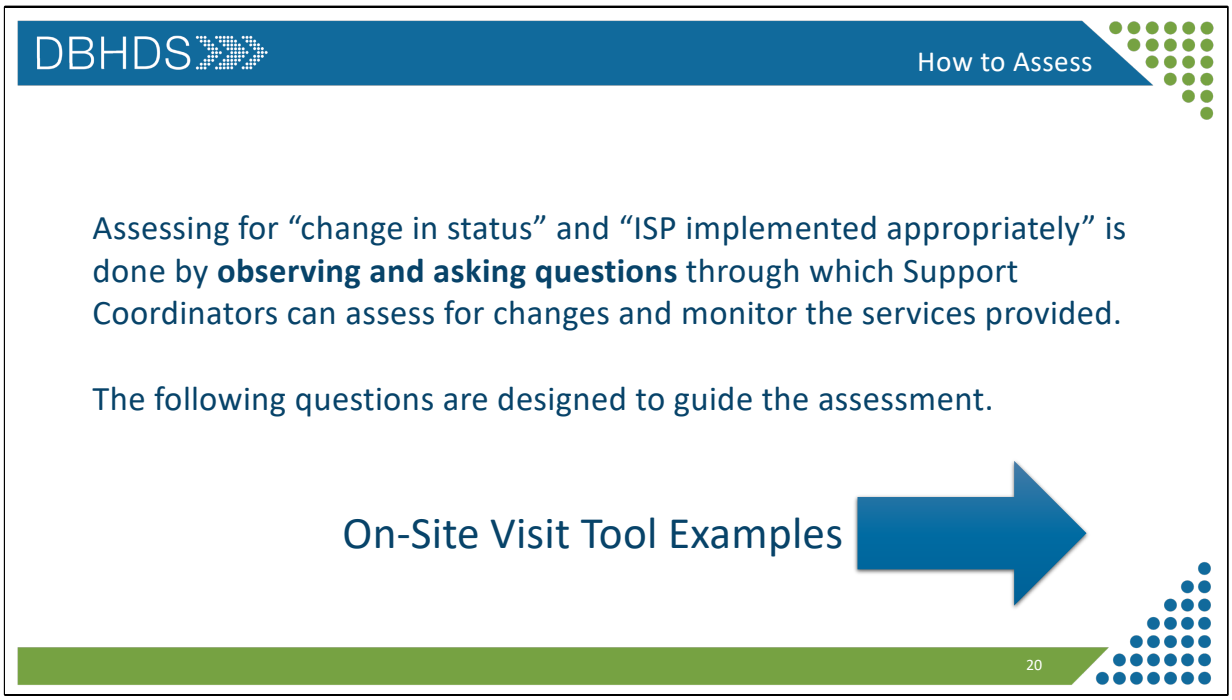


As detailed on this slide, only the SC signature is needed and it is not required for uploading.
The Support Coordinator lists who will be notified, which serves as an affirmation that reporting will occur.
Details must be included in the contact note.



By using the On-Site Visit Tool, DBHDS will be able to collect results to ensure compliance with all regulatory requirements, assure that concerns are being reported, and formulate systemic responses.

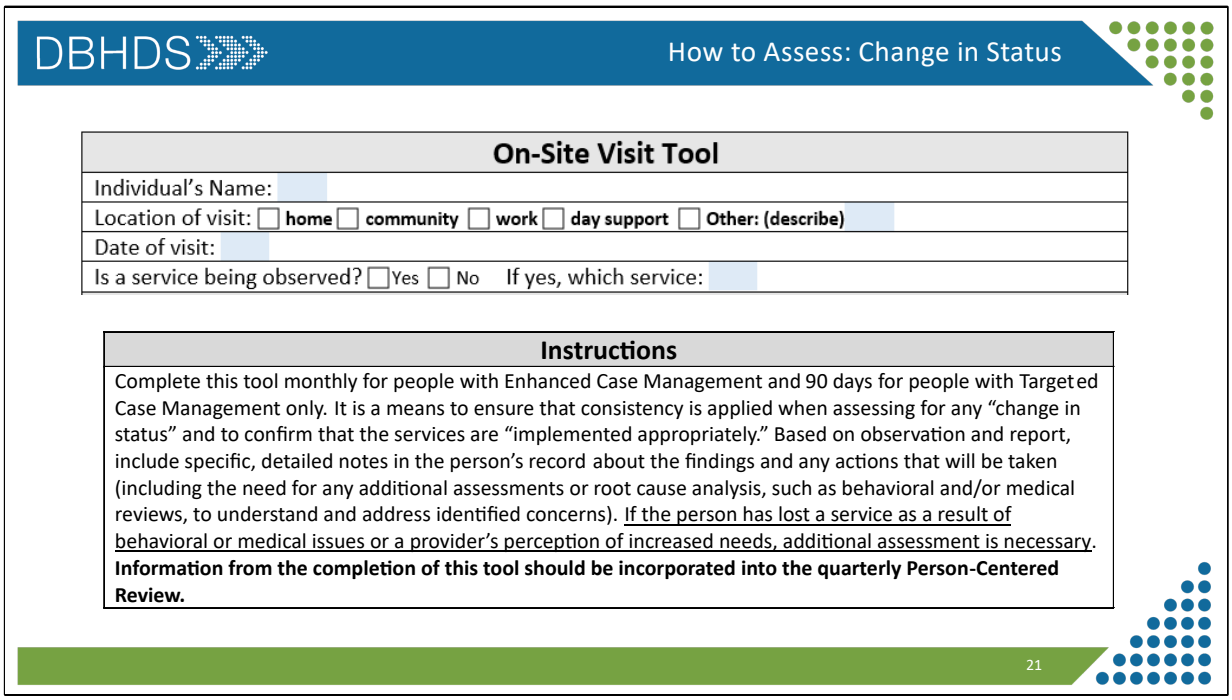
Assessment occurs in a variety of locations, but the process is similar – remember to observe, document, and take actions as needed.



Now that the we have explained what “change in status” and “ISP implemented appropriately” means. Let’s look at how you use the tool to complete your assessment.

During face-to-face visits, you should be observing and asking questions about the supports being provided.

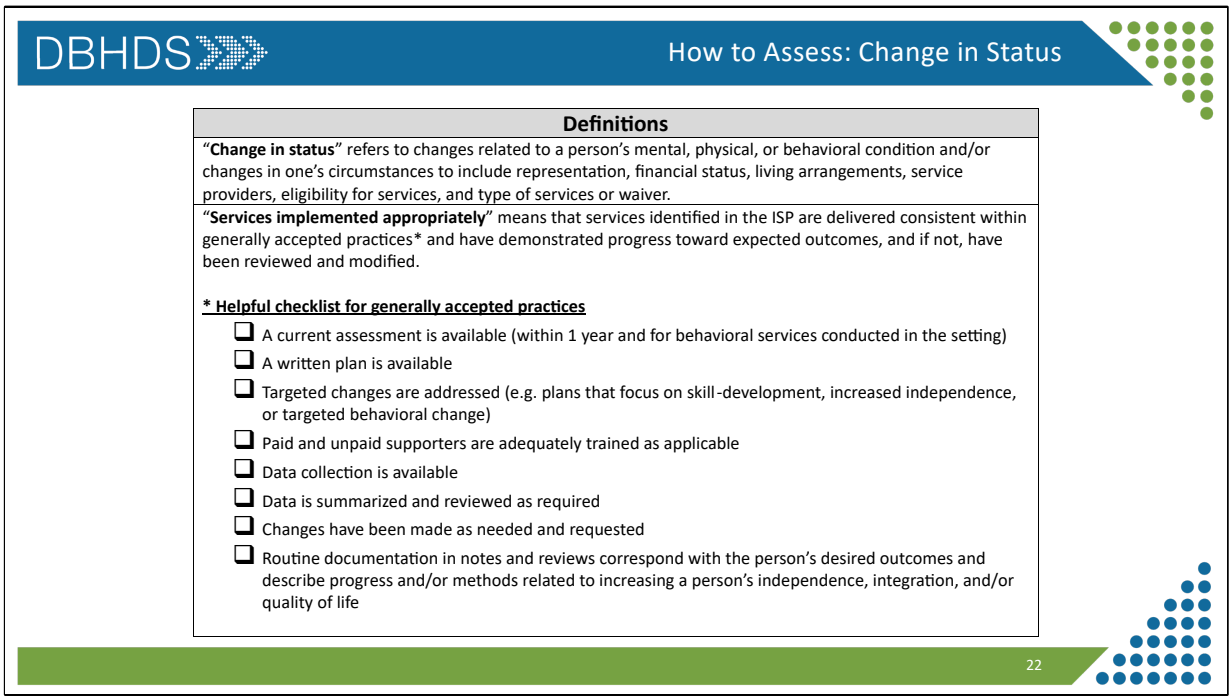
By following the questions on the On-Site Visit Tool, you will capture all the information you need for your assessment.



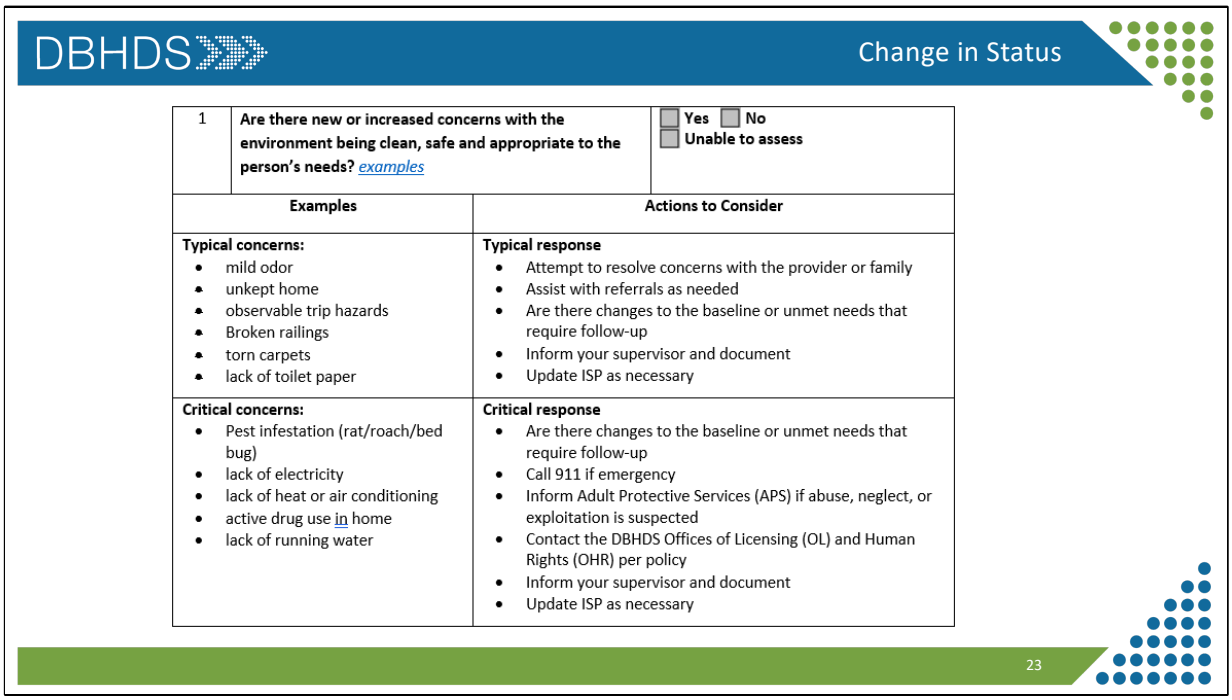
For this section of the training, each slide will show you the Question on the top and the corresponding Guidance below.

The initial question and guidance shown here don't correspond directly but are the opening components that outline what we have already reviewed on previous slides.

All of the questions in the OSVT correspond to the OBSERVED service and should be answered with that in mind.



This slide highlights the top section of the guidance that list the definitions of "Change in Status" and "Services implemented appropriately", as well as a helpful checklist for generally accepted practices.



The lower boxes show the Examples of concerns that might be identified in the assessment and Actions that you might consider as a response.

You'll note that on this slide (and some of the following slides) that the Guidance examples are divided into to Typical concerns and Critical concerns. This is just to help provide you with tiered concern and response categories.

The Actions to Consider with the Typical response and Critical response are not directives, but options to aid you in determining possible actions that may need to be taken.

Support Coordinators should assess if the environment is clean, safe, and appropriate. Things to consider include, but are not limited to, if there is evidence of infestation or unpleasant odor, observable concerns with the environment and the setting is physically is accessible and with no barriers noted. If the SC feels that the environment is not clean, safe, or appropriate, it must be indicated on the On-Site Visit Tool, with a contact note that describes next steps to remediate the concern. Depending on the severity, next steps might include a discussion about recent changes or needs, reporting to the appropriate person and / or agency, or making needed referrals. SCs

should report these concerns to their supervisor and document. The ISP should be updated if appropriate. SCs should also assess if the person needs any environmental modifications or assistive technologies. This includes assessing if there is an appropriate integration of setting and supports available to promote the individual's independence and/or access to the greater community, and if any new supports like a wheelchair, walker, communication device, etc. may be needed. If new items are needed, the SC should first assess if it is an immediate need or risk. The SC should amend the ISP, make the appropriate referrals and convene a team meeting, if necessary.

DBHDS

Change in Status

2	**Are environmental modifications or assistive technologies <u>lacking</u>, <u>but needed</u> to increase independence or prevent institutionalization?** *examples*	☐ **Yes** ☐ **No** ☐ **Unable to assess**

Examples	**Actions to Consider**
• There is an appropriate integration of available settings and supports to promote the person's independence • Appropriate technologies or modifications are being used (wheelchair, walker, communication device, etc.) to ensure access to the broader community	• Assess whether there are any immediate health or safety needs that must be addressed • Convene a team meeting to discuss the need for an AT or EM evaluation • Assist with linking the person to a specialist to receive the evaluation • Support the person to obtain any items recommended by the specialist Update ISP as necessary

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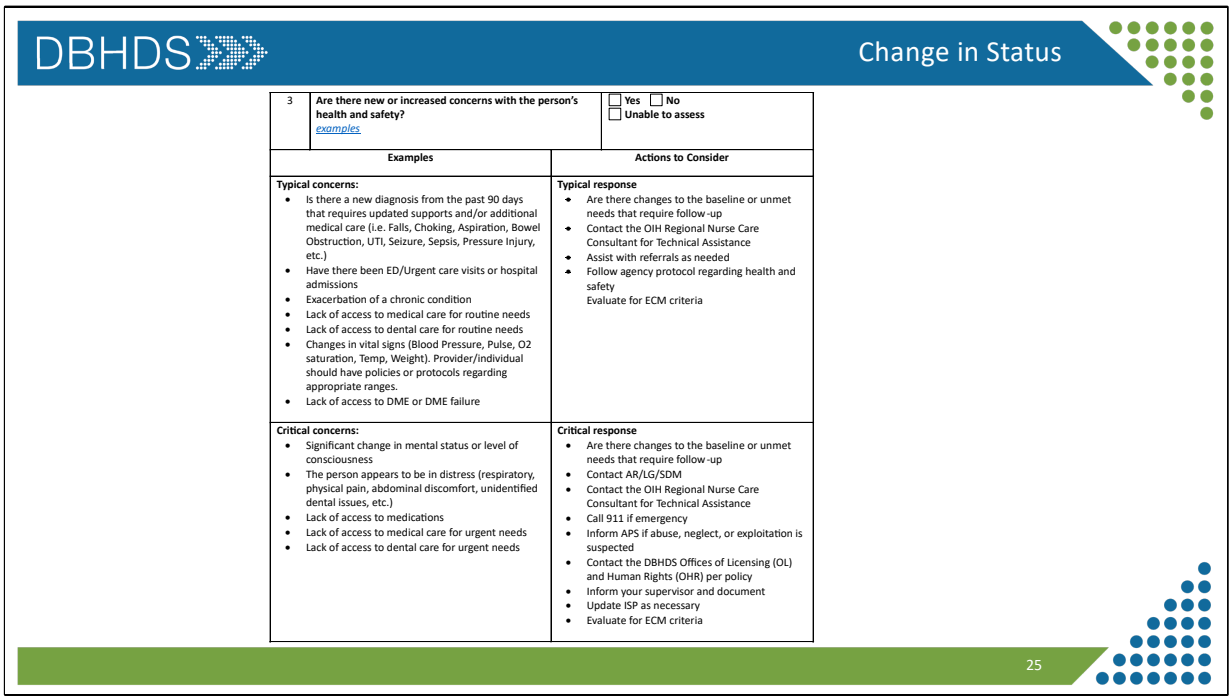
Review question and Guidance Examples/ Actions



Review question and Guidance Examples/ Actions

DBHDS

Change in Status

4	**Have there been any significant life changes that impact services?** *examples*	☐ **Yes** ☐ **No** ☐ **Unable to assess**

Examples	**Actions to Consider**
• The loss of a day, residential, or behavioral service provider • Change in financial status, benefits, eligibility for services, or a change in waiver status, etc.	• If moved to a less integrated setting, ensure informed choice and complete an RST referral • If the person has lost a needed service, determine and initiate the next steps • If guardianship has changed, obtain paperwork • If income has decreased, discuss employment and reconfirm eligibility • Update the ISP as needed

Review question and Guidance Examples/ Actions

DBHDS

Change in Status

5	**Are there any concerns related to potential abuse, neglect, or exploitation?** *examples*	☐ **Yes** ☐ **No** ☐ **Unable to assess**

Examples	Actions to Consider
• Visible bruising or injuries • Unexplained scratches or pain • Evidence of significant untreated health issues such as dental pain, body odor, soiled clothing • Missing funds	• Call 911 if health and safety is at immediate risk • Notify the Department of Social services Adult or Child Protective Services Hotline to file a report • Submit a report to the Quality Assurance department at your CSB • Per Board policy you may need to submit a report to the DBHDS Office of Human Rights • Concerns that involve injury or an allegation of sexual abuse should be reported to the DBHDS Office of Licensing according to Board policy • Report to your supervisor per agency policies • Document the issue • Convene a team meeting if necessary • Ensure any concerns have been addressed and resolved • Confirm corrective actions have been taken to reduce chances of recurrence and offer alternate service options as needed • Make referrals if needed • Update the ISP as needed

Review question and Guidance Examples/ Actions

DBHDS

Change in Status Determination

6	Was a **change in status** identified?	☐ **Yes** ☐ **No** **NOTE:** an answer of "yes" to any question 1 to 5 indicates a change in status. *Document changes and actions to address concerns in the contact note from this visit.*

NOTE: An answer of "yes" to any question 1 to 5 indicates a change in status.

If there has been a change in status, what was the response (actions to be taken)? Document your observations, planned actions, response of the individual, and connect any concerns from a previous visit.

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

7	**Does the person express satisfaction with observed services and the progress being made?** *examples*	☐ **Yes** ☐ **No** ☐ **Unable to assess**

Examples	**Actions to Consider**
Person (SDM if present) communicates: • Is pleased with observed service • Is satisfied with efforts to locate new services, if needed • Is pleased with the progress of personal goals • Is satisfied with access to opportunities in the community • Is satisfied with their level of independence • Including any observation that indicate satisfaction, for example – person smiling, laughing, etc.	If unsatisfied: • Document the response of the individual, including your observations that indicate dissatisfaction • Review choice of providers • Convene a team meeting to discuss improving or exploring new opportunities and/or considering alternate service options • Make referrals if needed • Update the ISP as needed

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

8	**Are the paid supporters knowledgeable about the person and understand their role in providing support?** *examples*	☐ **Yes** ☐ **No** ☐ **Unable to assess**

Examples	**Actions to Consider**
• Do the DSPs know the individual's needs and understand their role in providing support? • Are meal plans followed to include special equipment, preparation, and preferences? • Do the staff know what is Important To the person and assisting to achieve Outcomes?	• Attempt to resolve concerns with the DSP supervisor • Convene a team meeting to discuss improving current services and/or considering alternate service options • Refer the provider to the Provider Team CRC

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

9	**Does the person need professional behavioral services (e.g. Therapeutic Consultation, ABA)?** **Provider listing available online at:** https://dbhds.virginia.gov/developmental-services/behavioral-services/	☐ **Yes, already provided** ☐ **Yes, but not being provided** ☐ **No, not needed** *If answered "yes, already provided" proceed to 9a* *If answered "yes, but not being provided" due to no service or being on a waitlist, offer choice and make desired referral, ensure authorization within 30 days. Proceed to question 10.* *If answered "no, not needed" skip to Q 10*

Examples	**Actions to Consider**
Yes, already provided = There is an authorization in WaMS for therapeutic behavioral consultation OR the person has an authorization for behavioral services through a funding stream other than waiver **Yes, but not being provided =** There has been an increase in challenging behavior OR challenging behavior cannot be addressed by natural supports. **No, not needed =** The person does not need, or does not want, professional behavior services.	• If "**Yes, already provided**" - proceed to 9a • If answered "**Yes, but not being provided**" offer and if desired, refer and ensure authorization within 30 days. Proceed to question 10. • If "**No, not needed**"- skip to question 10 • Document all findings and actions taken • Update the ISP as necessary **Providers can be located at** https://dbhds.virginia.gov/developmental-services/behavioral-services/

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

9a	**Are the professional behavioral services being implemented in this setting?**	☐ **Yes** ☐ **No, services <u>not</u> needed here** ☐ **No, but services <u>are needed</u> here** *If answered "yes" proceed to 9b* *If answered "No, services <u>not</u> needed here", proceed to question 10* *If "No, but services <u>are needed</u> here", discuss services in this setting with the person and their team.*

Examples	Actions to Consider
Yes = The professional behavioral services are being implemented in the setting where the OSVT is currently being completed. **No, services not needed here =** The professional behavioral services are not needed in the setting where the OSVT is currently being completed. **No, but services <u>are needed</u> here =** The person needs/wants professional behavior services in the setting where the OSVT is currently being completed.	• If "Yes" - proceed to 9b • If "No, services not needed here," proceed to question 10. • If "No, but services are needed here," discuss services in this setting with the person and their team and skip to question 10. • Document all findings and actions taken • Update the ISP as necessary • • Providers can be located at https://dbhds.virginia.gov/developmental-services/behavioral-services/

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Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

9b	**If answered "yes" or "already provided" to 9 or "yes" to 9b, confirm the following:**	
	Has an onsite assessment been completed, or is one currently in progress?	☐ Yes ☐ No
	Is a behavior plan in place, or is one being developed?	☐ Yes ☐ No
	Are caregivers trained to implement the behavior plan, or is there a plan for training if the behavior plan is still being developed?	☐ Yes ☐ No
	Are behavioral data being collected?	☐ Yes ☐ No
	Have changes been made to the behavior plan when needed? * ***If no changes were needed, select yes***	☐ Yes ☐ No

Examples	**Actions to Consider**
Confirm the following with **yes** or **no** responses: • An onsite assessment was completed, or is in progress • A behavior plan is in place, or being developed • That caregivers are trained to implement the behavior plan, or there is a plan for training if the behavior plan is still being developed. • That the caregiver and/or behaviorist is collecting data. • That changes are made to the behavior plan when needed. If changes have not been needed, answer **yes**.	If any of the items are marked "**No**": • Inquire about barriers to the implementation of the needed supports • Document all findings and actions taken to ensure barriers are addressed • If barriers are not being adequately addressed by the current behaviorist, inquire whether the person would like to explore services with other behavioral consult providers • Consult with your supervisor as needed • Follow your agency policies and procedures regarding internal and external reporting requirements (i.e., DSS/DBHDS/DMAS) • Update the ISP as necessary

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

10	**Are nursing services needed with or without DD waiver? (i.e. Skilled or Private Duty Nursing).** *examples*	☐ **Yes** ☐ **Already Provided** ☐ **No** *If answered "yes" or "already provided" proceed to 10a* *If answered "no" skip to question 11*

Examples	**Actions to Consider**

Examples of a need for nursing services:
• There is a doctor's order for nursing, but no referral has occurred.
• Requires IV access and IV medications
• Ostomy care (colostomy, gastrostomy)
• A critical need was identified in #3 and emergency care is being requested or required
• There is an identified or potential risk that indicates a referral to nursing service may be needed, such as
  ○ recurring aspiration events
  ○ recurring bowel obstructions
  ○ recurring UTI's
  ○ Pressure Injuries and/or recurring wound care
	If answered "yes" and they are not already provided:
	• Offer nursing services, and if the services are desired, make a referral and ensure authorization within 30 days.
	• Refer the provider to their Primary Care Physician to obtain order if deemed necessary
	• Coordinate identifying nursing providers and referral once order obtained.
	• Convene a team meeting to discuss improving current services and/or considering alternate service options to help reduce or address any risk
	• Contact the OIH Regional Nurse Care Consultant for Technical Assistance
	• Document all findings and actions taken
	• Update the ISP as necessary

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

10a	**Are nursing services authorized?**	☐ **Yes** ☐ **No** *If answered "yes" proceed to 10b* *If answered "no" offer, and if desired, refer and ensure authorization within 30 days. Proceed to question 11.*
Examples		**Actions to Consider**
• Is there an authorization in WaMS for nursing • OR are other nursing services being provided?		If answered "yes" proceed to 10b. If answered "no": • Offer nursing services, and if the services are desired, make a referral and ensure authorization within 30 days. • Follow additional steps in Q10 guidance

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

10b	**Are DD Waiver nursing services authorized and in place for this person in this setting?**	☐ **Yes** ☐ **No** *If answered "yes" proceed to 10c* *If answered "no" skip to question 11*
Examples		**Actions to Consider**
Confirm that the DD Waiver services are authorized and in place.		If answered "yes" proceed to 10c. If answered "no": • Identify, document, and address any barriers to the completion of nursing services being authorized and implemented.

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

10c	**If answered "yes" to question 10b confirm the following:** • Have services been consistently provided over the past 90 days? ☐Yes ☐ No • Are the hours of service sufficient to ensure health and safety? ☐Yes ☐ No • Do the services meet the person's identified needs? ☐Yes ☐ No

Examples	Actions to Consider
Evaluate and confirm the following: • Have services been consistently provided over the past 90 days? • Are the hours of service sufficient to ensure health and safety? • Do the services meet the person's identified needs? These are examples of insufficient services that need to be addressed: • The person's order requires 15 hours a week of skilled nursing, but the person/SDM reports that only 5 hours a week is being staffed a week • The person/SDM expresses that the nursing services are insufficient • The person/SDM/provider reports that it is difficult to find staff for nursing services	If any of the items are marked "no": • Identify why the service(s) have been inconsistent, insufficient, or are not meeting the person's identified needs. • Coordinate with nursing providers to address concerns • Convene a team meeting to discuss improving current services and/or consider alternative service options to help reduce or address any risk • Document all findings and actions taken. • Contact the OIH Regional Nurse Care Consultant for Technical Assistance • Document all findings and actions taken • Update the ISP as necessary

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

11	**Has the service observed during this visit been occurring as authorized in the plan?** *examples*	☐ **Yes** ☐ **No** ☐ **N/A** **NOTE:** N/A only utilized if not receiving a service at the time of the visit.
Examples		**Actions to Consider**
Evaluate the following: • Number of days and hours authorized • Are preferred activities being sup ported • Did the provider move the person without SC offering choice • Did the service change without SC offering choice (ie, bed size change, not following approved CR staffing ratio, wrong ratio with any service – Group Day, CE/CC) Only mark N/A if the person was not receiving a service at the time of the visit		If "no": • Attempt to resolve concerns with the provider or provider supervisor • Convene a team meeting to discuss improving current services and/or considering alternate service options • Make referrals as necessary • If needed, request an updated plan from the provider • Follow your agency policies and procedures regarding internal and external reporting requirements (i.e., DSS/DBHDS/DMAS)

Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

12	**Does the service observed during this visit include skill-building if required?** *examples*	☐ **Yes** ☐ **No** ☐ **N/A**
Examples		**Actions to Consider**
Evaluate the following: • Is progress occurring as expected • Is Data being collected and reviewed by the provider – (this is a required element in certain services to focus on increasing independence based on the ISP) • Only mark N/A if the service being provided at the time of the visit does not require skill-building		If "no": • Convene a team meeting to discuss improving current services and/or considering alternate service options • Refer the provider to their Provider Team CRC • Make referrals if necessary Request an updated plan from the provider

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Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately

13	**Does community involvement occur as described in the ISP?** *examples*	☐ **Yes** ☐ **No** ☐ **Unable to assess**

Examples	**Actions to Consider**
Evaluate the following: • Is the person connected to natural supports, if identified in the plan • Do individual activity schedules and reports confirm going out to places they choose and like as indicated in the ISP • Has access to reliable transportation • Are modifications being supported according to the ISP	If "no": • Convene a team meeting to discuss improving current services and/or considering alternate service options • Make referrals if necessary • Request an updated plan from the provider

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Review question and Guidance Examples/ Actions

DBHDS

Services Implemented Appropriately Determination

14	Are **services implemented appropriately**?	☐ **Yes** ☐ **No** **NOTE:** an answer of "no" to any question 7 to 13 (*excluding 9, 9a, 9b, 10, 10a, 10b*) indicates services are not appropriately implemented. *Document changes and actions to address concerns in the contact note from this visit.*

NOTE: An answer of "no" to any question 7 to 13 (excluding 9, 9a, 9b, 10, 10a, 10b) indicates services are not appropriately implemented. Document changes and actions to address concerns in the contact note from this visit.

Provide a note to support observations/discussions regardless of services being implemented appropriately.

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Review question and Guidance Examples/ Actions

15	**All settings must meet basic HCBS standards. Consider the items to the right and confirm all that apply during the visit.** *examples*	• Setting was chosen by the person or SDM ☐ Yes ☐ No • Setting is accessible ☐ Yes ☐ No • Setting supports community integration ☐ Yes ☐ No • Setting allows freedom of movement and choice ☐ Yes ☐ No • Staff and environment show respect and dignity ☐ Yes ☐ No **If a no** is indicated for any item listed above, determine and list planned actions below (e.g. referrals for assistive technology and/or environmental modifications), include any reporting, if needed, and proceed as required by mandated reporting requirements, state requirements, and agency policies and procedures.

Examples	Actions to Consider
Examples of basic standards being met: • The person makes choices freely • The person/SDM chose the setting • The person chooses activities, food, when to get up, what to wear etc. • The staff knock before entering their rooms • The person can come and go as desired • The person can receive visitors as desired • The person feels free to speak without staff intervention • The person is supported to engage the larger community as desired	If any of the items are marked "no": • Explore options to improve accessibility and options for the person (e.g. AT/EM) • Attempt to resolve concerns with the provider, if this is not possible consult with HCBS CRC. • Consult with SC Supervisor as needed. If mandated reporting issues exist make appropriate reports to APS, OHR, OL according to agency policy.

Review question and Guidance Examples/ Actions

16	**Is the visit occurring in one of the following <u>provider-controlled or owned</u> settings: Group Home Residential, Sponsored Home, or Supported Living?**	☐ **Yes** ☐ **No** If answered "yes", proceed to question 16a If answered "no", proceed to question 17
Examples		**Actions to Consider**
The visit is occurring in one of these provider-controlled or owned residential settings: • Group Home • Sponsored Home • Supported Living		A "yes" to this question confirms that you need to answer 16a. **This question does not apply to In-Home Supports and when Supported Living is provided in the individual's own home.**

Review question and Guidance Examples/ Actions

16a	**Provider-controlled or owned HCBS residential settings must meet additional standards. Consider the items to the right and confirm all that apply during the visit.** *examples*	**The person:** • has been provided a key to their home? ☐Yes ☐ No • has been provided a key to their bedroom? ☐Yes ☐ No • can have visitors? ☐Yes ☐ No • can have overnight guests? ☐Yes ☐ No • can decorate his room? ☐Yes ☐ No • can access food at any time? ☐Yes ☐ No • can choose own schedule and activities? ☐Yes ☐ No **If a no** is indicated for any item listed above and a modification is **not** in place, list reporting below and proceed as required by mandated reporting requirements, state requirements, and agency policies and procedures.

Examples	Actions to Consider
• The person has been provided with keys to their home and bedroom • The person can have visitors and overnight guests • The person is free to decorate their room to their preference • The person can access food whenever they want The person chooses their own schedule and activities	If any of the items are marked "no": • Attempt to resolve concerns with the provider, if this is not possible consult with HCBS CRC • Consult with SC Supervisor as needed. • If mandated reporting issues exist make appropriate reports to APS, OHR, OL, and according to agency policy

Review question and Guidance Examples/ Actions

17	**Are any restrictions observed related to HCBS rights that are not documented in a Safety Restrictions Form?**	☐ **Yes** ☐ **No** **If yes** is indicated, describe actions planned or taken in the progress note for this visit.
Examples		**Actions to Consider**
Evaluate for any restrictions are being implemented in the setting without a Safety Restriction form. Examples of possible restrictions: • Food is inaccessible due to cabinets or refrigerator being locked • Person is restricted from having alone time or leaving setting as desired • Communication with visitors or preferred social interaction is restricted. e.g. - mail, phone, internet, or other means • Television or preferred activities are restricted for non-compliance		If answered "yes": • Confirm if the restriction has been agreed to by the person, and that there is a Safety Restriction form signed by the person; • Or if there is a corresponding LHRC approved restriction that is documented and being properly implemented • Attempt to resolve concerns with the provider or provider supervisor • If this is not possible consult with HCBS CRC • Convene a team meeting to discuss improving current services and/or considering alternate service options • Request an updated plan with the agreed upon Safety Restriction from the provider • Make referrals as necessary • Document all findings and actions taken • Update the ISP as necessary

Review question and Guidance Examples/ Actions

Crisis Risk Assessment Tool (CRAT)

In an effort to streamline Support Coordinators paperwork, the Crisis Risk Assessment Tool (CRAT) has been built into this updated version of the OSVT.

Questions 18, 18a, and 18b in the OSVT take the place of the CRAT form. As such, SCs no longer need to complete a separate CRAT.

Regarding the use of the CRAT for CSB Intakes/internal assessments. Boards may choose to create their own form using Q18, Q18a, Q18b of the OSVT for Intakes/other documentation purposes separate from DD Waiver Support Coordination.

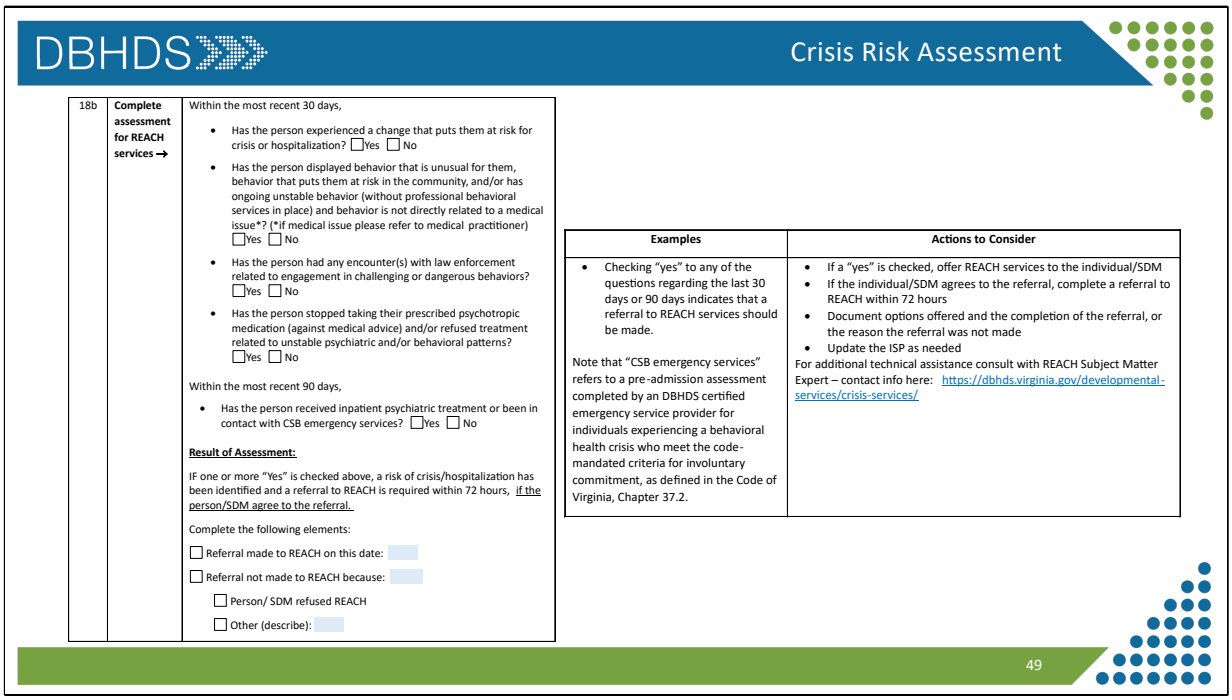
Read slide

18	**Is the person currently receiving services from REACH?**	☐ Yes ☐ No If yes, go to 18a. If no, go to 18b.
Examples		**Actions to Consider**
Evaluate the following: • Is the individual currently engaged with REACH services? • Does the individual have a REACH staff member assigned to them?		A "yes" to this question confirms that you need to answer 18a If "no", go to 1 8b and consider if a referral is needed.

Review question and Guidance Examples/ Actions

18a	**Are there any concerns with crisis services currently being provided.**	☐ Yes ☐ No If no, go to 19. If yes, describe the plan to address (then go to 19):
Examples		**Actions to Consider**
Evaluate the following: • Are services/supports occurring as expected		A "no" to this question confirms that current supports are appropriate and effective, and additional action is **not** needed at this time. Go onto question 19. If "yes": • Attempt to resolve concerns with REACH/family/SDM • Consult with SC Supervisor as needed • Convene a team meeting to discuss improving current services and/or considering alternate service options • If needed, request an updated plan from the provider • Follow your agency policies and procedures regarding internal and external reporting requirements (i.e., DSS/DBHDS/DMAS) • Document plan to resolve • Update the ISP as needed

Review question and Guidance Examples/ Actions



Review question and Guidance Examples/ Actions

DBHDS

Reporting and Plan Changes

19	**Do any concerns observed or reported require reporting to the family or any providers?**	☐ Yes ☐ No	**If yes, list who will be informed below. Provide details in the contact note from this visit.**

NOTE: Some observations/reports require informing the family or one or more waiver providers. For this question, list who will be contacted and describe what will be shared in the contact note from this visit. Consult as needed with SC Supervisor

Review question and Guidance NOTE

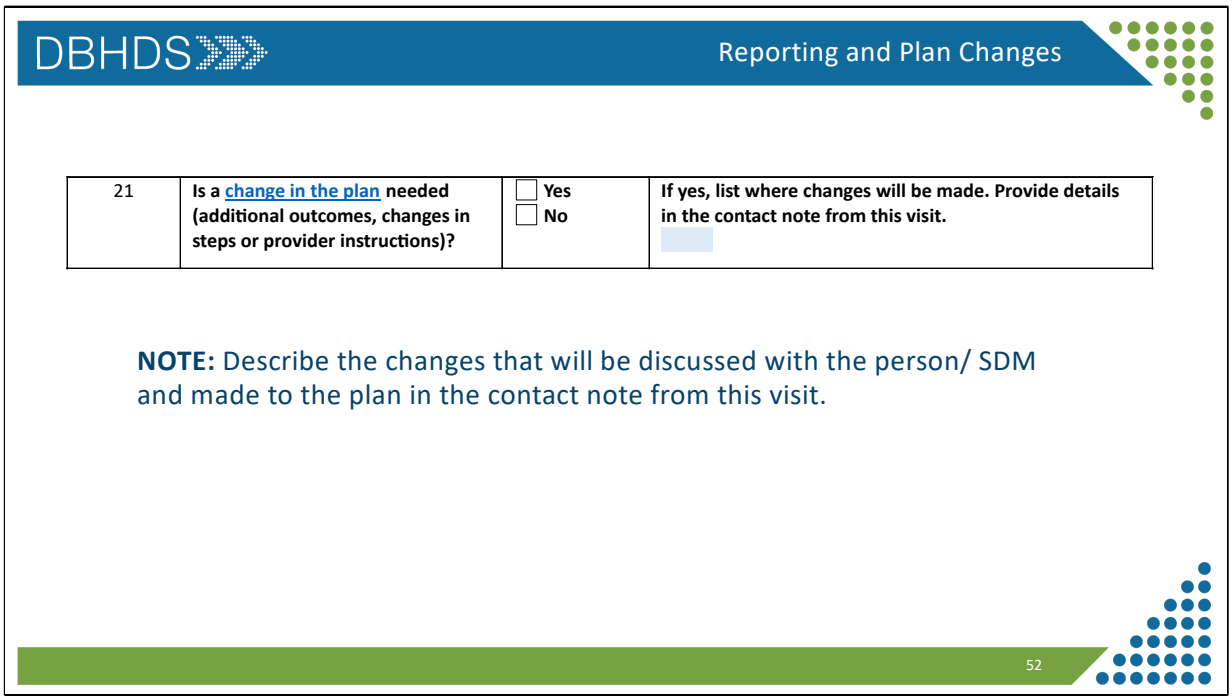
DBHDS

Reporting and Plan Changes

20	**Do any concerns observed or reported require reporting to DBHDS or other state agency or your supervisor?**	☐ **Yes** ☐ **No**	**If yes, list who will be informed. Provide details in the contact note from this visit.**

NOTE: Consult as needed with SC Supervisor; Some observations/reports require reporting to the DSS (APS or CPS Hotline to file a report) and DBHDS/DMAS; Submit a report to the Quality Assurance Department at your CSB; Report and Document that the critical incident reporting occurred according to agency policy.

Review question and Guidance NOTE



Review question and Guidance NOTE

22.	**Following a review of the last OSVT progress note, are there any unmet needs that require action?**	☐ **Yes** ☐ **No**	**If yes, provide a list of actions in process in the comment box below.**
List the follow-up actions in process:			
Support Coordinator (printed name): Support Coordinator Signature: _____ Date: _____			

NOTE: If yes, provide a list of actions in process in the comment box below.

For example:

- Referral for swallow test
- Convened a team meeting to review action steps
- Referral to DARS

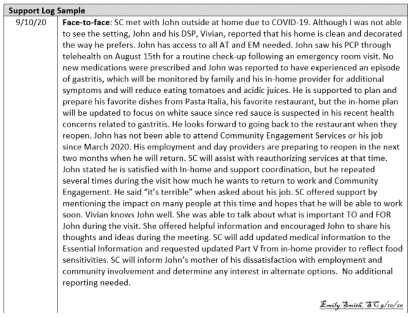
Review question and Guidance NOTE

DBHDS

Completing the note

Notes should include:

- Full date of contact
- Name and titles of person contacted
- Place of contact
- Type of contact
- Summary of contact to include findings with changes in status and service implementation
- Follow-up to include who will be contacted and what will be shared
- How plans will change if needed
- Satisfaction with services
- Signature/electronic signature and date



Support Log Sample	
9/10/20	**Face-to-face**: SC met with John outside at home due to COVID-19. Although I was not able to see the setting, John and his DSP, Vivian, reported that his home is clean and decorated the way he prefers. John has access to all AT and EM needed. John saw his PCP through telehealth on August 15th for a routine check-up following an emergency room visit. No new medications were prescribed and John was reported to have experienced an episode of gastritis, which will be monitored by family and his in-home provider for additional symptoms and will reduce eating tomatoes and acidic juices. He is supported to plan and prepare his favorite dishes from Pasta Italia, his favorite restaurant, but the in-home plan will be updated to focus on white sauce since red sauce is suspected in his recent health concerns related to gastritis. He looks forward to going back to the restaurant when they reopen. John has not been able to attend Community Engagement Services or his job since March 2020. His employment and day providers are preparing to reopen in the next two months when he will return. SC will assist with reauthorizing services at that time. John stated he is satisfied with In-home and support coordination, but he repeated several times during the visit how much he wants to return to work and Community Engagement. He said "it's terrible" when asked about his job. SC offered support by mentioning the impact on many people at this time and hopes that he will be able to work soon. Vivian knows John well. She was able to talk about what is important TO and FOR John during the visit. She offered helpful information and encouraged John to share his thoughts and ideas during the meeting. SC will add updated medical information to the Essential Information and requested updated Part V from in-home provider to reflect food sensitivities. SC will inform John's mother of his dissatisfaction with employment and community involvement and determine any interest in alternate options. No additional reporting needed.

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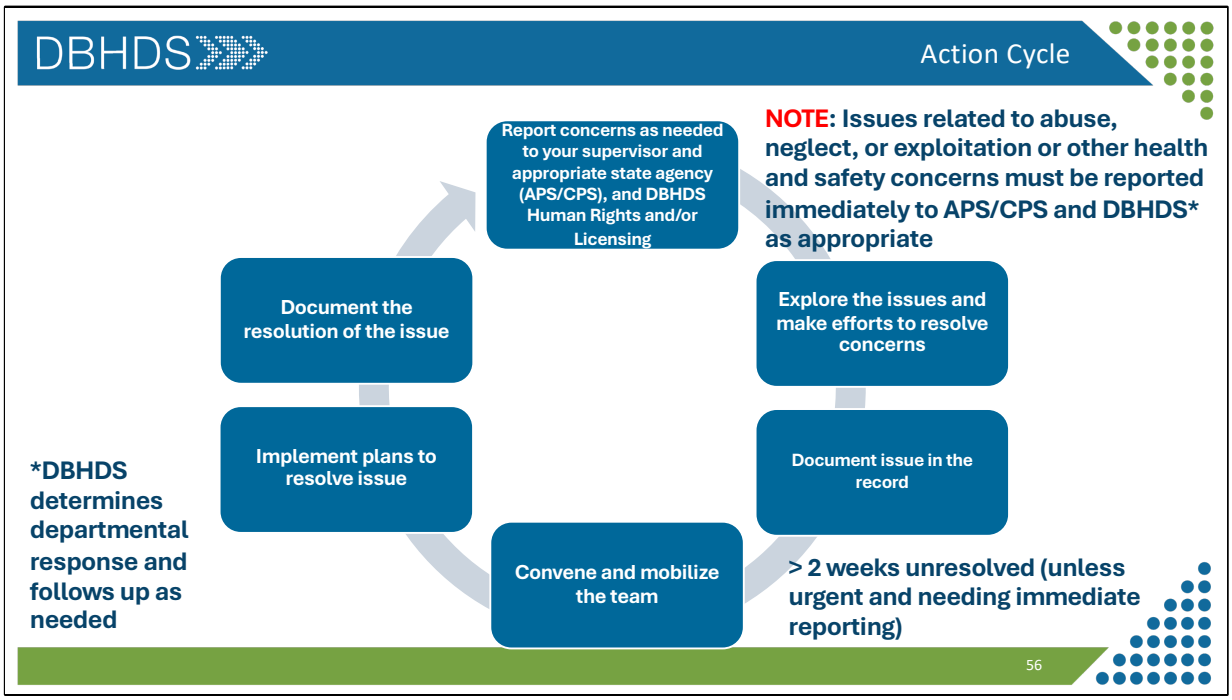
Details regarding the assessment are captured in the contact note from the visit, which is stored in the electronic health record at the CSB.

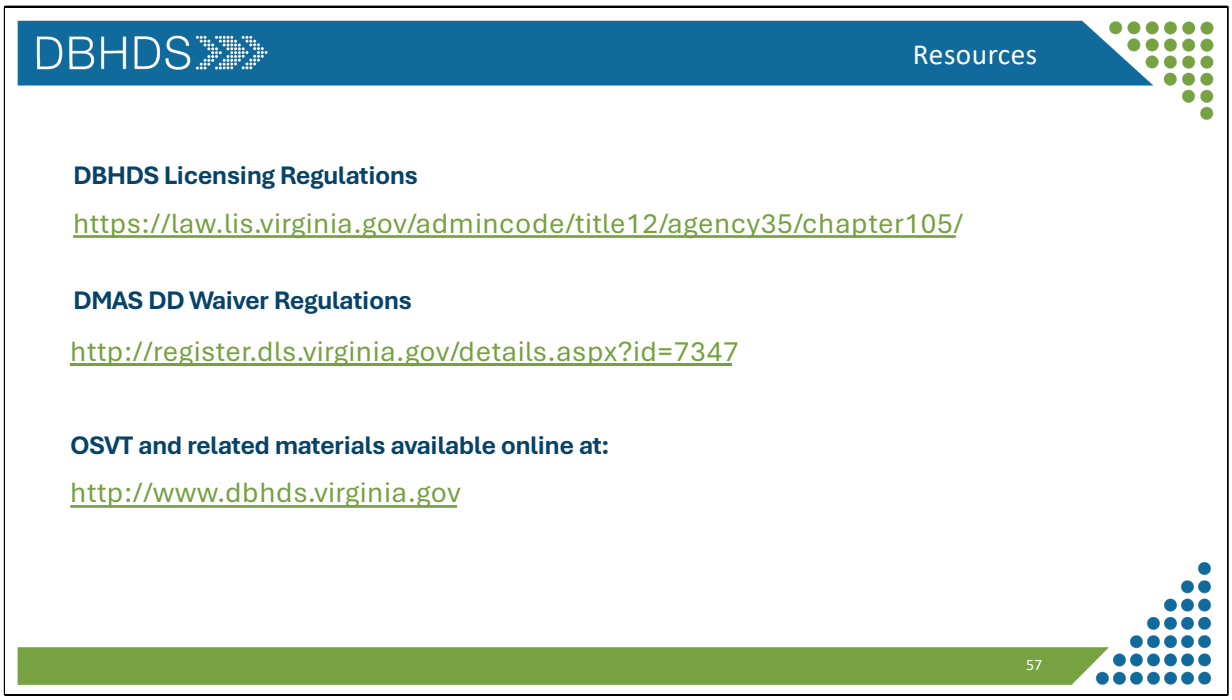
Success with the OSVT process is dependent on writing a quality note that summarizes the results of the visit and any actions that will be taken. Be certain to include these elements when preparing the note from your visit. DBHDS will be collecting notes to match back with the On-site Visit Tools (OSVTs) that are uploaded in WaMS. It is critical that the contents of the note match the results contained in the OSVT.

The OSVT and the progress notes are companion documents – utilizing a checklist in the OSVT makes the progress notes especially important. The note holds the detail and will be looked and when considering the information in the OSVT.

Support Coordinators should work to resolve concerns and involve their supervisor if needed. If the SC is unable to resolve the concern, a team meeting should be called. The meeting should include the SC, the person and their substitute decision maker (if applicable), relevant providers, and anyone else the person chooses to be at their meeting. Meetings can be in person but can also be by phone or conference call.



Considering that a person's status can change at any time and for many reasons, the Support Coordinator's actions are likely to occur in a cycle. When concerns are noted, SCs should explore the issue and discuss with the individual, SDM if applicable, and the provider. Efforts to resolve concerns might be easily address through this discussion. If issues are not resolved in a fairly quick manner (e.g. less than two weeks), report the concerns to the SC supervisor and the appropriate agency. Remember that issues of abuse, neglect and exploitation must be reported to Licensing, Human Rights, and APS or CPS as appropriate immediately. DBHDS will determine if a departmental response is needed and follow up as appropriate. SCs should explore and attempt to resolve the concerns, and document activities in the record. If a concern has not been resolved in two weeks, the Support Coordinator should convene the team for a meeting to discuss the concern and possible resolutions. Plans should be implemented as soon as possible and documented in the record.



Here are links to other important resources. Thank you for participating in this training.

In case you do not already have it, here is contact information for the APS and CPS 24-hour hotlines as well as DBHDS Offices of Licensing and Human Rights.