

Mike McCormick

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Number: APD-AR-15-061
Issue date: 10/19/2015
Topic: Long Term Care

Due date:
Subject: Quality Assurance Reviews

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Action required: Supervisors or Quality Assurance staff in APD or AAA offices will receive a random sampling of newly opened Long-Term Care cases on the 3rd Monday of each month. Supervisors or Quality Assurance staff will review cases assigned to them on a monthly basis within 14 calendar days and answer the attached survey concerning the quality and accuracy of the assessment and eligibility determination. Central Office staff will also do a sampling of new Long-Term Care cases and perform a similar review of random cases on a monthly basis.

A monthly file with case information will be sent out securely on the APD and AAA Supervisor distribution lists. This file will have the survey link and cases for each branch to review. There will be approximately 40 cases randomly pulled from across the State each month to be reviewed in the APD or AAA offices. An additional 20 cases will be randomly pulled to be reviewed by Central Office from the same timeframe. Attached is a copy of the questions included in the survey.

Reason for action: The Department is responsible to ensure a level of quality around the services we provide for the Federal Government. The Department is responsible for a global quality improvement strategy within our waivers and State Plan. This is one of the strategies to be able to ensure compliance and quality for our federal and State partners, the Legislature, and as stewards of State funds.

Field/stakeholder review: Yes No

If yes, reviewed by: Operations and APD Policy

If you have any questions about this action request, contact:

Contact(s):	Nathan Singer		
Phone:	503-269-8913	Fax:	
Email:	nathan.m.singer@state.or.us		

QA Review Demographic

* 1. Branch Office Number where case is currently held:

* 2. Sample Number:

* 3. Case Manager Name (who did the assessment):

* 4. Reviewer's Name:

* 5. Reviewer Location:

* 6. Select Service Provider Types Currently Being Used:

- HCW hourly
- HCW Live-in
- In-Home Care Agency
- Adult Foster Home
- Assisted Living Facility
- Residential Care Facility
- Nursing Facility
- Specialized Living Facility
- Memory Care

* 7. For Nursing Facility individual's, did they fully use their Post Hospital Extended Care Benefit or Skilled Medicare Benefit prior to going on long-term care?

* 8. If no, why did they not fully use their Post Hospital or Skilled Benefit?

* 9. What is the client's SPL?

* 10. Is there assessment narrative to support the assessment answer related to:

	Yes	No	I agree with their assessment selection	I disagree with their assessment selection
Ambulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danger to Self or Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demands on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner/Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live-in Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



* 11. What setting type is the Service Plan set up for?

- CBC
- In-Home
- Nursing Facility

CBC

* 12. Is the 512 set up?

- Yes
- No

* 13. Is there an exception?

- Yes
- No

* 14. Is the exception justified based on this assessment?

- Yes
- No
- NA

* 15. Is the rate correct based on this assessment (number of add-ons, exception, etc)?

- Yes
- No

In-Home

* 16. Do the number of assessed and assigned hours match?

- Yes
- No

In-Home

* 17. If the number of assigned and assessed hours don't match, why don't they?

- Natural Supports
- Declined
- CM Determination

* 18. How many total hours weren't assigned?

In-Home

* 19. Is there an exception?

- Yes
- No

* 20. Are the hours associated with and services assigned to this case correct based on the assessment?

- Yes
- No

Nursing Facility

* 21. Is the POC set up?

- Yes
- No

* 22. Is the liability correct?

- Yes
- No

* 23. Local Office: Check all forms that are on file and signed, if applicable:

Service Plan (001N)

Client Choice (914)

Not Applicable (Central Office Reviewer)