

Revisions to DIDD Provider Manual



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PRESENTED BY:
DIDD PROVIDER MANUAL REVISION TEAM

PREPARED BY:
JEANINE C. MILLER, PH.D., SPE-HSP
DIRECTOR, DIVISION OF POLICY
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Acknowledgements

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Revising the DIDD Provider Manual was a tremendous undertaking which required contributions from numerous individuals. The Department wants to express sincere appreciation to everyone who contributed to the success of this project.

Stakeholder Involvement

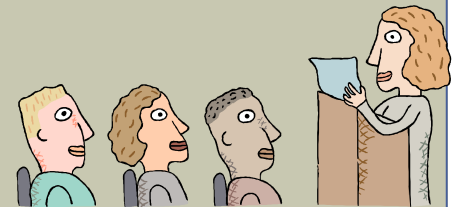
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- **DIDD**
 - Global Review Team (GRT)
 - Subject Matter Experts (SME)
 - East, Middle and West TN Regional Office staff
- **TennCare**
 - Long-Term Services & Supports leadership
- **Providers**
 - Tyler Hampton
 - Heidi Joyce
 - Betty McNeely
 - Randy Moore
 - Don Redden
 - Melissa Richards, PhD, BCBA-D
- **Policy and Planning Councils (PPC)**
 - Regional and Statewide policy and planning councils
- **Public**
 - 400+ comments

Today's Presentation Will

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- Cover Provider Manual revision history briefly
- Cover revisions to terminology briefly
- Cover changes in organization briefly
- Cover clarifications to existing requirements
- Cover new requirements
- Include time for questions and answers



Organization

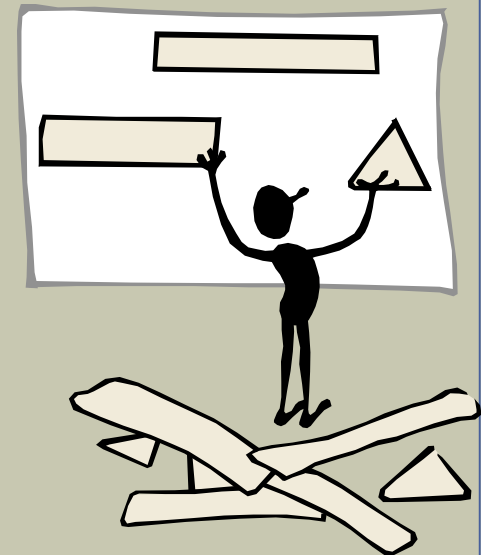
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- 223 pages
- Documents published on DIDD website
 - Behavior Services Appendices.
 - Forms
 - Policies and Procedures
 - Training Resource Guide
 - Waiver Service Definitions
 - ✦ It must be emphasized that providers are still required to comply with the requirements contained within the waiver services definitions.

Substantive Changes to



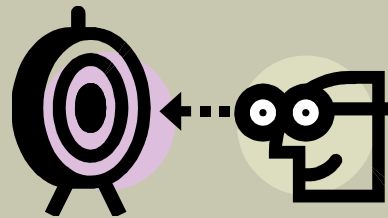
PROVIDER MANUAL



Introduction

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- IN.8.b – new mission statement
 - The Department's mission is to become the nation's most person-centered and cost effective state support system for people with intellectual and developmental disabilities
- Updated the Department's statements of Mission, Vision, and Values



Chapter 1: Eligibility, Enrollment and Disenrollment

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- No new requirements for providers

Chapter 2: Rights Applicable to All Persons with Intellectual Disabilities

- 2.1.a(3) – Individuals have the right to receive services regardless of sexual orientation or ethnicity
- 2.7.b – Providers required to comply with Health Information Technology for Economic and Clinical Health Act (HITECH)
- 2.8.e – Either the Independent Support Coordinator (ISC)/Case Manager (CM) or provider may support the person in filing an appeal

Chapter 2: Rights Applicable to All Persons with Intellectual Disabilities

- 2.9.e – Clarified restrictions are with consent of person supported and or legal representative
- 2.10.b – Clarified that a court order must be obtained in order to allow a fiduciary to be paid for providing direct services
- 2.10.c – Provider Responsibilities Related to Court-Appointed Legal Representatives

Chapter 3: Individual Support Planning and Implementation

- Table 3.6.1 – Independent Support Coordinators (ISCs) and Case Managers (CMs) required to collect information on Third Party Payer Services and Community Supports
 - RIIT is still required by all providers
- 3.10.b – Residential, Day, and Personal Assistance Providers required to complete periodic reviews
- 3.10.b – Removed example of provider responsibility for periodic reviews

Chapter 4: Support Coordination and Case Management

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- 4.2.b – Clarified that ISC agency management staff and board members are prohibited from being on the staff or board of agencies providing waiver services
- 4.6.e – Clarified that ISC agencies may be sanctioned by DIDD for failing to submit documents required for timely authorization of the ISP or ISP amendments
 - The Department has exercised its authority to sanction agencies for this type of oversight, but the language was added due to comments received from providers

Chapter 4: Support Coordination and Case Management

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- 4.6.h – Clarified that Independent Support Coordinators (ISCs) and Case Managers (CMs) are responsible for coordinating services with the person's Managed Care Organization
- 4.6.i – Clarified and emphasized that Independent Support Coordinators (ISCs) and Case Managers (CMs) are responsible for coordinating services prior to the person's 21st birthday

Chapter 5: General Provider Requirements

- 5.2.b – Providers required to confirm potential employees are not listed on the Office of Inspector General’s (OIG) List of Excluded Individuals/Entities
 - Must be confirmed on a monthly basis
 - Note this requirement is spelled out in the Provider Agreement Section A.5(d)
- 5.6.4.b – Requirements for unannounced supervisory visits for Family Model Residential
 - A minimum of two (2) visits each calendar month at the home, including weekends and on holidays

Chapter 5: General Provider Requirements

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- 5.6.d – Requirements for unannounced supervisory visits for Personal Assistance providers
 - Clarifies current operating procedures: A minimum of one (1) visit each calendar month at the home, including weekends and holidays (if applicable)
- 5.12 – Providers required to notify DIDD of changes in provider information

Chapter 6: Staff Development

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- 6.1 – Inserted reference and URL for DIDD Staff Development Plan/Training Resource Guide
- 6.3.b.8 If a clinician deems it to be appropriate, he or she can train a designated trainer to train another designated trainer as necessary
- 6.4.a – Clarified that Protection from Harm Training is required of all categories of staff as described in the provider manual

Chapter 6: Staff Development

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- 6.4.b – Clarified that Information and Training Specific to the Person is required for direct support professionals
- 6.5.c – Requirements applicable to provider staff delivering employment supports. Phase III Training for Job Coaches is to be completed within 60 days from date of hire
 - Note that certain courses are required to be completed within 30 days from date of hire. Check the training web site for details. <http://www.tn.gov/didd/training/index.shtml>

Chapter 6: Staff Development

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- 6.4.f.1-3 Federally mandated trainings
 - Universal Precautions
 - Title VI
 - Health Insurance Portability And Accountability Act (HIPAA)
 - ✦ Note that annual training includes clinicians

Chapter 7: Protection From Harm

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- 7.1.c – Added categories of reportable incidents: Manual Restraint, Mechanical Restraint, Protective Equipment
- 7.2 – Incident Reporting. If additional information is needed then DIDD will inform the agency that submitted the report. The agency is required to submit the information with one (1) business day of the request

Chapter 7: Protection From Harm

- 7.3 (1st paragraph) – Removed requirement that Incident Management Coordinator (IMC) is responsible for all safety requirements
- 7.3.4 – Removed requirement that documentation of submission of incident reports is maintained for 10 years

Chapter 7: Protection From Harm

- 7.3 (paragraph after list) – Removed requirement that providers consider including persons supported and or family members on the Incident Review Committee

Chapter 8: Health Care Management

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- 8.3.a – Clarified requirements for informed consent and releases of information
- 8.4 – Providers required to integrate behavioral and therapeutic health supports

Chapter 8: Health Care Management

- 8.5.5 – The provider is required to notify the prescribing physician of each administration of PRN psychotropic medication within one (1) business day. The provider is required to give a summary of all PRN psychotropic medication administration since the previous appointment to the prescribing physician at the time of the person's quarterly appointment.

Chapter 8: Health Care Management

- 8.8 – Primary Provider has requirements related to hospitalizations
- 8.8.6 – Clarified that the provider collaborates with the ISC/CM to ensure the ISP is updated when indicated after discharge. Removed 14 day timeframe
- 8.8.8 – Clarified that the provider collaborates with the ISC/CM regarding arrangement to resume or change previous professional services as appropriate and/or arrangement for providers of any new services and/or supports needed post-discharge

Chapter 8: Health Care Management

- 8.8.9 – Clarified that the provider collaborates with the ISC/CM regarding arrangements for environmental modifications
- 8.9 – ISCs required to address end of life issues with persons supported
- 8.8.10. Informs the Day Service provider of the hospitalization and the results. This communication can occur via email or in-person or telephone

Chapter 9: Quality Management

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- 9.4 – New provider support process. This requirement impacts new providers, not existing providers
- 9.5.h – Removed requirement that the agency Executive Director is responsible for internal QI plan

Chapter 9: Quality Management

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- 9.7.b.9- Revised to read that survey scores and ratings may be affected by immediate jeopardy findings

Chapter 10: Creation and Maintenance of Provider Records

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- 10.3 – Providers required to give person's supported and their legal representative, access to the person's records
- 10.5.c - All staff providing services must sign and date the Staff Communication Note.

Chapter 10: Creation and Maintenance of Provider Records

- 10.8.b.6 – Behavior Service provider’s requirements applicable to behavior service records. Contact Notes are validated by a co-signature line for staff at the service location that includes time in and out, or by the behaviorist’s signature in the service location’s visitor log that includes time in and out

Chapter 11: Residential and Day Services

- **11.1.b. Requirements Applicable to Family Model Residential Support Providers**
 - Following placement of a person, the provider is required to perform a supervisory visit to the home a minimum of twice a month and complete the DIDD Family Model Residential Supports Monitoring Tool on an annual basis.
 - The provider may serve as the representative payee for the person supported. Individuals residing in the home may not serve as the representative payee. Individuals residing in the home may not serve as the conservator unless a court order was obtained prior to this provider manual becoming effective that expressly allowed them to do so. **See Chapter 2, Section 2.10.b**

Chapter 11: Residential and Day Services

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- 11.1.e – Requirements applicable to Semi-Independent Living Services
- 11.1.f – Requirements applicable to Intensive Behavior Residential Services

Chapter 11: Residential and Day Services

- 11.1.g.1 – Requirements described in the following documents:
 - Level Descriptions for Day Services
 - Level Descriptions for Family Model Residential Services
 - Level Descriptions for Residential Habilitation and Supported Living
 - Level Descriptions for Residential Habilitation, Supported Living, Medical Residential and Special Needs Adjustment
 - Level Descriptions for Respite Services
 - Staffing Standards for Residential and Day Services

Chapter 12: Behavior Services

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- Chapter 12 was completely reorganized.
- 12.2.3. – Staff Instructions in a Consultative Behavior Services Model
 - Authorizes the Behavior Analyst to provide staff instructions when a Behavior Support Plan is not required.
- 12.4 – Provider work product must meet standards described in Behavior Services Work Product Review
- 12.6.4 – Requirements applicable to Behavior Safety Interventions

Chapter 12: Behavior Services

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- 12.6.6 – Requirements applicable to manual restraint, mechanical restraint, and protective equipment
- 12.7 – Residential, Day, and Personal Assistance Agency Responsibilities in Behavioral Health Interventions
 - Crisis Intervention Policy
- 12.7.3 – Requirements applicable to Cross Systems Crisis Plans

Chapter 12: Behavior Services

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- 12.8 – Behavioral Respite Services
 - Now requires the involvement of a clinician on a weekly basis including involvement in discharge planning.
- 12.9 – Requirements applicable to Self-Assessment and Internal QI
- 12.10 – Required provider policies

Chapter 13: Therapeutic and Therapy-Related Services

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- 13.3 - Providers are responsible for assuring staff coverage for authorized services and must have a back-up plan for extended clinician illnesses, leave, or vacations
- 13.7 – Provider requirements for Self-Assessment and Internal QI
- 13.8- Therapeutic services are to be provided in accordance with the therapeutic services Plan of Care and the authorized amount frequency and duration in the person's ISP. Therapy goals must relate to support needs and issues identified in the ISP

Chapter 13: Therapeutic and Therapy-Related Services

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- 13.9- When utilizing physical and occupational therapy assistants, the supervising therapist must inspect the actual act of therapy services being provided by the therapy assistant a minimum of every 60 days per individual on the caseload
- 13.17.c. - There are new required forms to be used when requesting and providing environmental accessibility modifications for a person. These forms are on the DIDD website

Chapter 14: Nursing, Vision and Dental Services

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- No new requirements for providers

Chapter 15: Other Waiver Services

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- No new requirements for providers

Questions and Answers

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For Assistance Contact

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- Chapter 1: Eligibility, Enrollment and Disenrollment
 - Jordan.Allen@tn.gov , Julie.Ferrara@tn.gov
- Chapter 2: Rights Applicable to all People with Intellectual Disabilities
 - Brenda.Clark@tn.gov , Laura.Doutre@tn.gov
- Chapter 3: Individual Support Planning and Implementation
 - Laura.Doutre@tn.gov , Courtney.Kelly@tn.gov
- Chapter 4: Support Coordination and Case Management
 - Laura.Doutre@tn.gov , Courtney.Kelly@tn.gov
- Chapter 5: General Provider Requirements
 - Jordan.Allen@tn.gov , Julie.Ferrara@tn.gov
- Chapter 6: Staff Development
 - Tori.Lindsey@tn.gov , Joyce.Munda@tn.gov , Amy.Gonzalez@tn.gov

For Assistance Contact

42

- Chapter 7: Protection from Harm
 - Theresa.C.Sloan@tn.gov , Frederick.Zimmermann@tn.gov
- Chapter 8: Health Services
 - Thomas.Cheetham@tn.gov
- Chapter 9: Quality Management
 - Pat.Nichols@tn.gov
- Chapter 10: Records
 - Julie.Ferrara@tn.gov
- Chapter 11: Residential and Day Services
 - Barbara.DeBerry@tn.gov

For Assistance Contact

43

- Chapter 12: Behavior Services
 - Bruce.Davis@tn.gov
- Chapter 13: Therapeutic and Therapy Related Services
 - Karen.Wills@tn.gov
- Chapter 14: Nursing, Vision and Dental Services
 - Bill.Fieldhaus@tn.gov, Thomas.Cheetham@tn.gov
- Chapter 15: Other Waiver Services
 - Bill.Fieldhaus@tn.gov, Thomas.Cheetham@tn.gov