

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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TO: AWARE, Inc
Larry Noonan, CEO
Renaë Jones, Program Director

FROM: Lori Wertz, QIS, DDP

SUBJECT: FY 2010 Children's Waiver Review

Please find the attached Children's Waiver review for FY 2010.

Six Quality Assurance Observation Sheets were written as a result of this evaluation. One requires a response at this time—a simple Board approval for costs that exceed \$4k. A second has to do with incident management policy to be resolved between AWARE and the DDP Central Office. Other observations were written but noted that the corrections have already been made or the observation was in praise of your agency staff and program.

Once again, I would also like to offer my thanks to both Renaë Jones and Melissa Hearn for their help in completing this evaluation as well as their willingness to work with the Regional Office to meet the needs of the families served in both this and the Children's Autism waivers. I am very much looking forward to working with them this next year.

If you have any questions, concerns or comments, please do not hesitate to call.

	A	B	C	D	E	F	G	H	I	J
1	X or Yes, consistently meets standard, No=does not meet expectation/standard.				Notes: AWARE currently provides children's waiver services for two individual's in the Great Falls area. The agency does not provide FES or Part C services at this time. Both of the CWS recipient's are in their teens and living in their natural homes, so for the purpose of this review, no Part C standards were applicable. Additionally, both recipients have been found eligible for services under the Bill Cook Eligibility process (July 1, 2007), with one currently waiting for adult services at this time. This review represents a 100% sample size for 0208 kids services. Agency record keeping was very clear in terms of staff hours, goods and services purchased, records of home visits, assessments and contacts. An obvious strength for the agency includes its ties to the mental health system. This impacts families in the waiver by providing seamless access to mental health services as necessary for any families served under the AWARE umbrella. This can be seen as a double edged sword to families as well in that some feel that if they leave AWARE services, they will lose the complimentary mental health services. There has been some clarification from the Part C folks this past year in terms of the IFSP components and what is expected by Part C definitions. Issues related to duration, intensity, natural environments, etc... have been addressed with the standardization of a statewide IFSP document which will be implemented in the very near future. One file reviewed had a summary page of services, the second did not. This will be resolved however with the standardized IFSP packet. AWARE has done a good job on ensuring the IFSP is reviewed and modified every 6 months. Copies are provided to the Regional Office almost immediately after the review. It is apparent in the file review that families are an integral part of the services provided under the 0208 waiver as evidenced in family visit reports. Notation: while the IFSP document has broad objectives related to 'independence and socialization', it is noted that purchases made that directly relate to those broad actions do not always meet the Medicaid requirements for waiver purchases. Examples of this include the purchase of movie tickets and skating for the family (several hundred dollars), cell phone service, etc...). The use of a generic objective in the absence of a habilitation goal and data is not sufficient to show that the requested item is specific to the child's disability or that it does not have general utility to another person without a disability. Socialization items cannot be strictly diversionary in nature and in the absence of a data outcome, do not appear at first glance to meet a habilitative goal.					
2	Family Education & Support pg 1									
3	Provider Name:									
4	Comprehensive Evaluation - 12/8/06 Sample >	IFES-1	IFES-2	QAOS #						
5	FSS >	MH	MH							
6	STANDARD FILE NAME >									
7	RECORD MAINTENANCE (all services)									
8	1. Complete CF records (Eligibility, IFSP, contact logs, HV records, assessments) for each child in services?	X	X							
9										
10	2. Documented contact with or on behalf of eligible child/family describing the service provided?	X	X	1						
11										
12	ELIGIBILITY									
13	1. Screening & eligibility process consistent with Dept policy?	X	X							
14	2. Children not served concurrently in FES, PART C & IFES?	X	X							
15	3. Confirmed DD diagnosis at age 6?	NA	NA							
16	SERVICE COORDINATION									
17	1. Evidenced coordination of services for eligible children/families?	X	X							
18	2. Evidenced coordination w/ other community agencies to meet child/family needs?	X	X	2						
19	IFSP									
20	1. IFSP/service agreement written, signed & implemented for each eligible child/family?	X	X							
21	2. IFSP's consistently contain:									
22	demographics for child & family.	X	X							
23	identify the support coordinator?	X	X							
24	include child development information?	x	x							
25	include service list which gives each service provided?	x	No							
26	frequency & intensity of service?	x	No							
27	location/natural environment of services (Part C only)?	x	No							
28	method of service delivery?	x	No							
29	date of service initiation?	X	X							
30	duration of service?	*	No							
31	funding sources for each service?	x	x							
32	3. All items on cost plan directly related to IFSP objective?	x	NO	3						
33	4. Outcomes & objectives modified as child/family needs change?	X	X							
34	5. Documentation of written notice of IFSP meetings?	X	X							
35	FAMILY CENTERED: (file review or visits)									
36	1. Are the families the primary decision makers:									
37	to determine family needs & resources?	X	X							
38	to determine their role in child evaluation?	X	X							
39	in identifying members of the IFSP?	X	X							
40	to determine desired outcomes?	X	X							
41	in identifying their role in service coordination?	X	X							
42	to decide how often/when home visits will occur?	X	X							
43	to choose which resources or service options to pursue?	X	X							
44	to evaluate the progress of the IFSP?	X	X							
45	2. Do families assist in choice of ancillary service providers (respite, OT/PT/SP, etc.)	x	x							
46	3. Do families assist in hiring/training hab aides & respite providers for their child?	x	x							
47	Comments:									
48										
49										

Family Education & Support		pg 2				
Provider Name: AWARE						
Comprehensive Evaluation - 03/22/2010		Sample >		IFES-1	IFES-2	QAOS #
FSS >		MH	MH			
STANDARD		FILE NAME >				
RESOURCES & SUPPORTS						
1. Resources/supports identified in IFSP & provided to eligible child/family?		X	X			
2. Gaps in planned vs actual services or planned vs actual delivery date?		X	X			
PROCEDURAL SAFEGUARDS						
1. Proof of liability insurance for transportation providers?		NA	?			
2. Families provided with agency internal complaint and/or appeal procedures?		x	X			
3. Families informed of specific complaint/appeal process for issues of eligibility, screening and IFSP's???		X	X			
4. Evidence of confidentiality in the collection, storage, disclosure & destruction of personally identifying information?		X	X			
5. Do parents have access to child & family records?		X	X			
6. Families receive all information on services, (including families rights & safeguards) jargon free and in their native language or typical means of communication?		X	X			
7. Agency policy requires all services are non-discriminatory?		X	X			
8. Documentation of consent before evaluations are conducted, before services begin, & before information is gathered or released from/to other sources?		X	X			
9. Families are informed that participation is voluntary?		X	X			
10. Family Support Specialists carry Primary or Comprehensive certification?		X	X			
11. When a family is exited or voluntarily leaves services, was DPHHS policy followed?		NA	NA			
TIMELINES						
1. IFSPs are evaluated, revised or rewritten in compliance with state and federal regs? (6 mo. review for Part C, annually for FES and IFES)		X	X			
OTHER CONTRACT PROVISIONS						
1. Does the agency submit a waiting list to the Regional Office each month?		NO	NO			
2. ICAPs are completed & submitted for each child on the waiting list, & each child served? (initial ICAP for FES & follow along upon entrance to services)		NA	NA			
3. The agency maintains staff to individual served ratios according to Appendix I?		X	X			
4. Waiting list families contacted at least every 6 months to determine ongoing need & to provide information & referral resources?		X	NA			
5. Notification to Regional Office regarding changes to service on Client Status form?		NA	NA			
6. DPHHS programs are payer of last resort for IFSP services?		*	*			3
7. Contractor meets other Appendix I provisions regarding CFS service requirements?		No	No			
INFORMATION & REFERRAL FOR INELIGIBLE PERSONS						
1. Is information about other potential services available to families not currently served?						
2. Are children/families who are not eligible, referred to other appropriate agencies?						
NOTATIONS OR OTHER COMMENTS						

Notes:

The provision of service was clear in both home visit notes, expenditure reports and family sign off on goods and services received.

Only one of the two persons receiving services is getting a transportation reimbursement. Notation is made in the IFSP that proof of insurance (in this case, family insurance) is documented. The documentation was not copied to the file but was available upon request.

Procedural safeguards are reviewed at the IFSP (annual and 6 month), the agency notes that families sign off on them at those junctures.

Agency policy was comprehensive and did include consideration of services not provided at this time (e.g.: Part C). Agency policy was well developed but it is noted that incident management policy differed from state policy on key components. Eligibility panels were just recently established in Region II. At the time of review, there was just one child on the CWS waiting list, and eligibility had been established prior. ERPS cannot meet weekly in Great Falls without a more fluent waiting list and because AWARE provides only the CWS (and CAW) waiver services, it is suggested that eligibility will be reviewed as referrals are submitted to the Regional Office. Likewise, it is suggested that the agency only submit a waiting list to the Regional Office as changes to it occur.

The agency has not submitted client status forms to date. It has been unnecessary so far in that the kids served have not changed addresses. It is noted however that for new entries, or for kids who move, this form is needed to ensure proper entry into the system.

	A	B	C	D	E	F	G	H	I
1	X or Yes, consistently meets standard, No=does not meet expectation/standard.				<p>Notes:</p> <p>AWARE does not currently provide foster homes for 0208 kids.</p> <p>The waiver 5 needs to be provided with the IFSP each year. One file had the waiver five completed upon entry to the service by the Q, the second file should have the waiver five included with the IFSP. This was remedied prior to completion of the evaluation.</p> <p>In both files reviewed, there were modifications that exceed \$4000 (CW, fence for \$5213.95 and NB for a possible home modification of over \$11,000). In neither case was AWARE board approval readily evident. It is noted that one plan was transferred from another provider (and had that prior agency Board's approval) .</p> <p>There was no distinct transition objective related to NB's file, although it was evident from emails and home visits that the FSS and family were working on transition planning.</p> <p>There have been no openings at this provider in Great Falls this year.</p>				
2	Family Education & Support pg 4								
3	Provider Name: AWARE, Region II, Great Falls								
4	Comprehensive Evaluation - 03/22/2010 Sample >								
5	FSS >	MH	MH	QAOS #					
6	STANDARD FILE NAME >								
7	ELIGIBILITY								
8	1. Eligibility established under the waiver (established condition of developmental								
9	disability, meets intensive level of care for low skill, behavioral or medical needs,								
10	documented jeopardy of ICFMR placement in absence of waiver).	x	x						
11	2. Evidence that there is no concurrent waiver service (IFES, PD Waiver, Target CM)	x	x						
12	3. Parents are informed of feasible alternatives under IFES program, including ICFMRs?	x	x						
13	FAMILY CENTERED SERVICES								
14	1. Do foster families meet with the child prior to placement, as well as the natural parents	NA	NA						
15	where appropriate and possible?								
16	2. Do trial visits with prospective foster families occur prior to a placement decision?	NA	NA						
17	IFSP								
18	1. Are habilitative programs carried out according to the IFSP?								
19	2. Are all services provided under IFES required by the IFSP?								
20	(for children & families to preschool services?)								
21	3. Have parents been notified at the annual IFSP that services are portable?	x	x						
22	TRANSITION PLANNING								
23	1. Is there evidence that families are made aware that services will end if the IFSP team								
24	determines that IFES services are no longer required, or if the IFSP team determines								
25	the needs of the child exceed available resources?	X	X						
26	2. Is there evidence that steps are taken to support the smooth transition of services to								
27	adult services, including adult Case Management, particularly for those persons								
28	transitioning out by age 22? (are objectives written & implemented to support								
29	transition?)	NO	NA	6					
30	PROCEDURAL SAFEGUARDS								
31	1. Are all IFES foster homes licensed in accordance with relevant rules, with copies of								
32	licenses available on request?	NA	NA						
33	2. Is documentation available from DDP and the agency Board of Directors for purchases								
34	\$4000 or more?	No	NO	6					
35	3. Do all adaptive equipment & environmental modifications reviewed meet waiver criteria								
36	(not room & board, no general utility for someone without a disability, relate specifically								
37	to the disability)?	no	no						

	A	B	C	D	E	F	G	H	I
38	4. Is more than one person with severe disabilities placed in any foster home?	NA	NA						
39	5. The agency coordinated foster family recruitment & results with HHS Foster Services?	NA	NA						
40	page four continued				<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #e0f2f7;"></div>				
41	OTHER CONTRACT REQUIREMENTS								
42	1. Documentation of at least one contact per month with or on behalf of each family?	X	X						
43	2. Contacts are for the purpose of providing support coordination, direct services or supervision/consultation to subcontracted personnel?								
44		x	x						
45	3. Are possible or actual moves from natural to foster home (or foster to natural) reported to the Regional Manager as soon as possible?	NA	NA						
46									
47	4. Is there documentation of agreements with families/subcontracted personnel to provide paid habilitation services?	NA	**						
48									
49	5. As openings occur, does the contractor notify the Regional Office within 10 days of the opening, & are complete referrals/updates submitted to the Regional Office in 10 days?	NA	NA						
50									
51	6. Are cost plans for IFES revised at least every 6 months?	X	X						