A New Frontier: Support Coordination 2.0

UPDATED ROLES AND RESPONSIBILITIES
NEW PROCESSES AND NEW POLICIES

DIVISION OF DEVELOPMENTAL DISABILITIES
GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

JULY 2016

Support Coordination in the Context of DBHDD's Vision and Mission

VISION:

EASY ACCESS TO HIGH-QUALITY CARE THAT LEADS TO A LIFE OF RECOVERY AND INDEPENDENCE FOR THE PEOPLE WE SERVE.

MISSION:

LEADING AN ACCOUNTABLE AND EFFECTIVE CONTINUUM OF CARE TO SUPPORT GEORGIANS WITH BEHAVIORAL HEALTH CHALLENGES, AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN A DYNAMIC HEALTH CARE ENVIRONMENT.

A Shift in Priorities – Quality Outcomes

- Person centeredness is vital
- Focus on the individual's satisfaction with services, supports, and quality of life
- Focus on minimizing barriers to living a life well lived
- Increase the support coordinator's engagement with the individual
- Focus on empowering the individual

What is a Quality Outcome?

Basic Quality Outcomes:

- Individuals are safe and healthy
- Crises have been averted
- Risks have been mitigated
- Basic needs are met

Intermediate Quality Outcomes:

- Individuals are satisfied with their services
- Individuals are making progress toward their goals
- Natural supports and community supports are engaged

Advanced Quality Outcomes:

- Individuals are happy, thriving, realizing potential, achieving greater independence, and fully integrated into larger community

Recognize, Refer, and Act: New Process for Support Coordination

COLLABORATE WITH PROVIDER FIRST TO RESOLVE CONCERNS, ISSUES, DEFICITS.

IF NO RESOLUTION, THEN REFER OUTWARD FOR ADDITIONAL ACTION.

Recognize, Refer, and Act

- Support coordinators are still the eyes and ears of DBHDD (Recognize)
- Support coordinators focus on linking individuals with community-based supports (Refer & Act)
- Support coordinators help engage current natural supports and build additional community connections (Collaboration)
- Support coordinators have an increased role in providing information and education to encourage implementation of goals (Collaboration)
- If referrals occur, support coordinators oversee efforts to “close the loop”

Support Coordination Policy Review

1. **NOW/COMP PART III – SUPPORT COORDINATION AND INTENSIVE SUPPORT COORDINATION**

   (separate manual since April 2016)

   www.mmis.georgia.gov → Provider Information → Provider Manuals → Go to 2nd page for link

2. **DBHDD POLICYSTAT – OPERATING PRINCIPLES FOR SUPPORT COORDINATION AND INTENSIVE SUPPORT COORDINATION SERVICES**

   http://gadbhdd.policystat.com → SEARCH 02-430

   - 24 new policies
     - Any policies without a hyperlink are in development

Individual Quality Outcome Measures Review

AS OF JULY 1, 2016, THE OUTCOME REVIEW WILL BE THE ONLY SUPPORT COORDINATION DOCUMENTATION FORM USED FOR ALL WAIVER PARTICIPANTS STATEWIDE

- Replaces SC Monitoring Tool
- Replaces Enhanced SC Monitoring Tool

NEW REVIEW IS *HOLISTIC* – NOT SPECIFICALLY ASSOCIATED WITH A SERVICE OR LOCATION

Outcome Review Frequency

- Completed **quarterly**, at minimum, for all waiver participants.
- Completed **monthly** for any participant who:
  - Is identified as ADA as a result of a hospital transition
  - Resides in a crisis respite apartment
  - Resides in a setting operated through the exclusive use of paid community living support staff (no on-site natural supports)
  - Stays overnight in an out-of-home placement, such as an extended overnight respite setting (completed while in that setting)

Individual Quality Outcome Measures Review

25 Questions in 7 Individual Service Plan Focus Areas

1. Environment (6)
2. Appearance/Health (5)
3. Supports and Services (4)
4. Behavioral and Emotional (3)
5. Home/Community Opportunities (5)
6. Financial (1)
7. Satisfaction (1)

Recognize, Refer, and Act: New Model of Outcome Evaluation

GOAL:

ENCOURAGE A COLLABORATIVE RELATIONSHIP BETWEEN THE SUPPORT COORDINATOR, PROVIDER AGENCY STAFF, NATURAL SUPPORTS, AND DBHDD STAFF

Recognize, Refer, and Act

Recognizing concerns, unmet needs, or risks, and responding by:

- Directly advocating for or creating linkages to obtain needed resources
- Providing coaching and working directly with providers/natural supports to develop strategies to resolve issues
- Making referrals to an appropriate party

Recognize, Refer, and Act

Dependent upon support coordinators' ability to:

- Make effective observations
- Gather pertinent information
- Conduct interviews appropriately
- Solve complex problems
- Access community resources

***If deficits exist in any of these areas, support coordinators should seek assistance from their supervisor.

Step 1: Gather Information

- Observe and interact with the individual
- Observe the setting for evidence
- Review documentation
- Engage in discussion with staff members or natural supports
- Observe staff/natural supports' interaction with the individual

Step 2: Evaluate Options

1. Acceptable
2. Coaching: *Acceptable with Non-Critical Deficiencies*
3. Non-Clinical Referral: *Unacceptable with Critical Deficiencies*
4. Non-Clinical Referral: *Unacceptable with Immediate Interventions*
5. Clinical Referral: *Unacceptable with Critical Deficiencies*
6. Clinical Referral: *Unacceptable with Immediate Interventions*

Acceptable

- All *essential elements* of the item have been met, and services/supports are being provided in an adequate manner
- Support coordinators to describe in the "comments" section how their review led them to assess the item as "acceptable"
- If successes or positive outcomes are identified in any area of the review, details are entered within the "comments" section

Acceptable, but is it a Quality Outcome?

- Analyze the level of quality of the outcome
  - Basic, Intermediate, Advanced
- "Acceptable" does not mean the work is done!
- Is the person happy? Ask probing questions to determine changes that would improve his or her quality of life
- There are small things that support coordinators, providers, and natural supports can do that can have a major effect on a person's life satisfaction.
- Ask: What can I do to help this person achieve the best possible outcomes?

If a Concern/Issue/Deficit is Identified

- Describe it in detail in the "comments" section, and determine if it should result in coaching, a non-clinical referral, or a clinical referral.
- Describe steps already taken by the provider/natural support/ individual for resolution
- Describe any barriers to addressing the concern/issue/deficit
- Determine if the provider/natural support/individual already has a plan is in place to correct the issue
- Encourage the individual to participate in problem-solving as much as possible

If a Concern/Issue/Deficit is Identified

PLEASE NOTE:

Opening a Coaching or Referral is NOT necessarily a NEGATIVE THING!!!

Provides opportunity to document collaboration efforts!

AND

An opportunity to improve outcomes for the waiver participant!

Coaching

Coaching is selected as the appropriate option for outcome evaluation if a concern/issue/deficit is discovered, and the support coordinator determines it can be resolved in collaboration with staff members and/or natural supports, without intervention by DBHDD

Coaching: Determine the Cause of the Deficit

Common Causes:

- Misunderstanding about staff responsibilities
- Lack of awareness of the participant's support needs
- Misinterpretation of the participant's ISP, clinical assessments, health care plans, doctor's orders, or behavior support plan (BSP)
- Training needs
- Staff were adequately trained, but nonetheless neglected their responsibility to prevent the deficit.

How to Offer Coaching

- Assist staff with understanding individual's needs
- Help interpret Individual Service Plan goals
- Discuss the individual's interests/preferences and incorporate in planning
- Remind staff of the person's human rights
- Prompt providers to complete recommendations/ trainings in supporting documentation

How to Offer Coaching

- Remind providers that documentation must remain on-site
- Remind providers that its their responsibility if a HRST, BSP, or other piece of documentation is expired or requires updating
- Provide constructive criticism and reinforcement
- Inquire about plan to address issues; assist with developing solutions and removing barriers
- Work to solve problems when participant expresses dissatisfaction


Integrates Teams
Supportive Environment
Collaborative Relationship
Cooperative Supports
System Cohesion
Improves Communication
Successful, Stable Home and Community Environment

Non-Clinical Referral – Unacceptable, Critical

- A SC identified deficits/emerging risks
- SC coached the provider on pathways to resolve the deficits/risks
- Timeframe for completion has passed and deficits/risks remain

Non-Clinical Referral: Unacceptable, Critical

Examples include:

- Unresolved environmental concerns
- Lack of services provided
- Deficits in person-centeredness
- Deficits in documentation responsibilities
- Deficits in ISP implementation
- Need for non-emergency additional support
- Observed violations of participant's rights

Non-Clinical Referral: Immediate Interventions

- Support coordinator identifies an urgent non-clinical risk
- The plan to correct the deficit is insufficient compared to the urgency or severity of the risk

Non-Clinical Referral: Immediate Interventions

Examples include:

- The furnace or air-conditioner is not working, and the inside temperature is very cold or very hot
- The residence does not have working plumbing or electricity
- Fire, flood, natural disaster occurs – no plan for alternate residence
- There is evidence of financial exploitation or theft of monies in the person's name – AGAINST THE LAW

Clinical Referral: Unacceptable, Critical

- Support coordinator identifies critical health and/or safety risks
- Risks are required to be addressed immediately by a provider/natural support

Clinical Referral: Unacceptable, Critical

Warranted for the following, at minimum:

1) A critical health/safety risk has not yet been addressed by the provider/natural support, but as a result of the support coordinator identifying the risk, the provider/natural support addresses it immediately with proper actions. The support coordinator is expected to submit a clinical referral (no action needed) indicating identified risks and actions taken to trigger later follow-up.

2) Emerging health and/or safety risks that the support coordinator identified during the previous visit were not resolved, despite coaching efforts. Risk(s) now more imminent.

3) Support coordinator identifies a health/safety risk that the provider was unaware of or not in the process of actively addressing to mitigate the risk. Open referral to track progress toward completion.

Clinical Referral: Unacceptable, Critical

Note:

- If a clinical referral was made during the last visit and the referral has exceeded target closure date without being resolved, referral follow-up notes in CIS are used to document. Consider elevating to incident management.

- Another referral should not be opened for the same unresolved issue. Document everything in one place to completion.

Clinical Referral: Unacceptable, Critical

Note:

The time frame for completion of a clinical referral is typically shorter than that of a non-clinical referral.

All matters involving health/safety risk should be resolved as soon as possible!

Clinical Referral: Unacceptable, Critical

Options:

- Lower Risk Deficit – Coach first when it can be resolved quickly and the deficit **did not** affect the individual (ex. documentation error that did not effect support provided to the individual)
- Moderate Risk Deficit – Open clinical referral; indicate "no action needed" if it is being promptly addressed (opportunity for data collection on clinical deficit trends for providers)
- Higher Risk Deficit – Open clinical referral; enter short time frame for completion prior to CIS notifying DBHDD's Office of Health and Wellness

Clinical Referral: Immediate Interventions

Occurs when a participant is at immediate health and/or safety risk.

Clinical Referral: Immediate Interventions

Examples include:

- Medical appointment is an immediate need, and provider/natural support has been non-responsive
- Participant has visible signs of emerging medical needs or vocally complains of a health issue or pain, and the provider/natural support is not responding immediately to attend to health needs
- Participant is demonstrating erratic or dangerous behavior, and the provider/natural support's response is not adequate to ensure the safety of the participant and others
- Nursing hours are not being delivered, as ordered in ISP
- Participant with exceptional medical or behavioral support needs not receiving one-on-one/enhance staffing, as ordered in the ISP

Clinical Referral: Immediate Interventions

As a result of identifying an immediate health and/or safety risk, the following steps must be taken by the support coordinator:

- Assess whether or not the risk is imminent enough to call 911 or GCAL for emergency response
- Contact field office administrator
- Remain on site until the issue is corrected, a new placement is identified, or the field office indicates that it is okay to leave
- Follow up by phone/email; document resolution upon next visit

If Coaching or a Referral is Indicated…

See IQOMR User's Guide for:

- Examples of concerns/issues/deficits for each focus area question
- Coaching, non-clinical, and clinical referral suggestions
- Suggested target dates for escalation from coaching to a referral and for closure of a referral

- Support coordinators are to **use their judgment** to determine if the risk warrants an earlier closure date or a more immediate action. Consult with supervisor if there are **any** questions relating to risk tolerance.

If Coaching or a Referral is Indicated...

- Support coordinators are expected to provide coaching in addition to any referral opened
- Support coordinators must discuss with a provider why a referral is being made and coach the provider on development of a plan to resolve the issue
- For every open coaching or referral, the support coordinator is responsible for adding a follow-up note in CIS on progress made toward resolving the issue at least once a month until it is closed

If a Concern/Issue/Deficit is Identified

AGAIN PLEASE NOTE:

Opening a Coaching or Referral is NOT necessarily a NEGATIVE THING!!!

Provides opportunity to document collaboration efforts!

AND

An opportunity to improve outcomes for the waiver participant!

What Happens Next with Referrals?

DBHDD Reorganization:

- DBHDD's Division of Accountability & Compliance (DAC)
- DBHDD Office of Incident Management (OIMI)
- DBHDD's Division of Performance Management & Quality Improvement (PMQI) – Includes Office of Provider Network Management (PNM)
- Centralized account managers within PNM now hold provider contracts (no longer held by field offices)
- DBHDD Office of Health & Wellness (OHW)

What Happens Next with Non-Clinical Referrals?

Unacceptable-Critical:

1) PMQI will generate CIS reports and review referrals that have exceeded target close date. Letter sent to provider requesting action to resolve identified issue.

2) OIMI and account managers complete desk review and provide support to providers to prompt resolution.

3) Unresolved compliance issues referred to DAC to triage for needed actions.

Immediate:

- Field office administrators will manage concerns; delegate for needed actions; and notify account managers.

What Happens Next with Clinical Referrals?

OHW will be collecting data on clinical referrals to identify trends and provider training needs

Unacceptable-Critical:

- OHW regional nurse manager will triage and delegate clinicians for follow-up with to promote improved outcomes
- OHW will communicate with OIMI and account managers regarding unresolved concerns. May prompt further action by DAC.

Immediate:

- Field office administrator will work with OHW regional nurse manager to resolve concern and delegate for needed actions

DBHDD's Integrated Clinical Support Services

DBHDD's Office of Health and Wellness oversees a system of clinicians, including but not limited to:

- Community-based clinicians,
- DBHDD field office clinicians, or when indicated,
- The integrated clinical support team (ICST): Contracted clinicians that serves to fill the gaps when community clinical services are unavailable, as the resource of last resort.

DBHDD's Integrated Clinical Support Services

Key Roles and Responsibilities:

- Assessing and identifying clinical needs and appropriate supportive clinical services for individuals on the *active list* for successful transition from institutional settings into the community
- Reviewing and responding to appropriate clinical referrals, in the absence of community clinical availability and involvement
- Identifying, developing, and supporting community clinical resources and providers
- Providing technical assistance to providers addressing individual-specific clinical needs

DBHDD's Integrated Clinical Support Team

Consists of a pool of:

- Registered Nurses
- Advanced Practice Nurses
- Clinical Psychologists
- Licensed Social Workers
- Occupational Therapists
- Physical Therapists
- Psychiatrists
- Specialty Physicians
- Pharmacists
- Respiratory Therapists
- Speech & Language Pathologist
- Others

*Under the direction of DBHDD OHW and a core team, including the ICST director, a registered nurse, positive behavior specialist, and licensed professional counselor

Who can make a referral to ICST?

- With the exception of direct referrals originating from DBHDD's OHW, the support coordinator is the only party authorized to make referrals to ICST. Support coordinators act as liaisons between the participant and ICST services

- Providers, family members, representatives, or other stakeholders are not able to make direct referrals to ICST. Their role is to inform the support coordinators of circumstances where a referral may be indicated

Support Coordination Referrals to ICST

- Support coordinators may make referrals to ICST, with the consideration that other community resources have been considered and attempted
- In the vetting process of referrals, DBHDD's integrated clinical support services (ICSS) may, at any time, incorporate community based clinicians, those in the field offices, and when indicated, the ICST.
- If clinical need is identified and urgency indicates an need for an immediate referral to ICST, that referral should be made.
- For any referral for which a response not imminent, the support coordinator must first follow a series of steps to determine if a referral to ICST is indicated.

Steps to Determine if ICST Referral is Indicated

Step 1:

Ask providers/natural supports if they have contacted the primary care physician's (PCP) office with information about a newly identified risk; discuss whether a referral to a clinical professional is indicated.

- If no, the support coordinator coaches the provider/natural support to do so on behalf of the participant.
- If yes, but the PCP indicates that an office visit is needed first, the support coordinator coaches the provider/natural support to schedule an appointment on behalf of the participant.

Steps to Determine if ICST Referral is Indicated

Step 2:

If the PCP agrees with the need for a referral to a clinical professional, ask the provider/natural support if the participant has a current relationship with a community-based clinical professional who is able to meet this assessment or treatment need.

- If yes, the support coordinator coaches the provider/natural support to contact that clinical professional to provide information on the emerging need and seek recommendations/treatment from that clinical professional.

- If no, the support coordinator coaches the provider/natural support to inquire with the PCP about possible referral options for the indicated clinical professional(s).

Steps to Determine if ICST Referral is Indicated

Step 2, cont'd:

- If no, and the PCP has no referral recommendations, the support coordinator coaches the provider/natural support to review community directories for clinicians who accept Medicaid with a physician referral. The support coordinator then coaches the provider/natural support to contact those clinicians to schedule an appointment.

- If there are no clinical professionals accessible in the participant's area, it is appropriate to make a referral to ICST.

- If a community clinician is located, but the risk related to the clinical need is of greater urgency than the earliest appointment date offered by the community clinician, it is appropriate to make a referral to an ICST.

Steps to Determine if ICST Referral is Indicated

Step 3:

Support coordinator asks the provider/natural support if there has been a recent assessment completed by a hospital professional for compliance with pre-discharge recommendations and if the provider/natural support has a copy of this assessment.

- If yes, the support coordinator coaches the provider/natural support to review the recommendations. If necessary, contact the named hospital professional for additional support if the recommendations are unclear.

- If no, and a recent hospitalization occurred, the support coordinator coaches the provider/family to contact the hospital to obtain a copy of the discharge recommendations.

ICST Referral Process

- If the referral requirements are met, the support coordinator will complete the ICST referral form and submit it to ICST.Referrals@dbhdd.ga.gov

- DBHDD's OHW monitors the ICST referral inbox and vets all referrals received. OHW communicates with the support coordinator if the referral does not meet the criteria necessary to engage the ICST and directs the support coordinator on the steps necessary to resolve the clinical issue resulting in the generation of the referral.

ICST Referral Process

- The ICST sends an email confirming receipt of the referral and assigns it to the appropriate clinician(s), based on the priority level assigned
- The ICST schedules the assessment with the participant and the provider/family/representative, and informs the support coordinator of the scheduled assessment date(s)
- DBHDD's OHW dispatches ICST for appropriate referrals
- The ICST informs the support coordinator when the assessment report has been completed and uploaded to CIS

THANK YOU

TRAINING DEVELOPERS:

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