OLTL Service Coordination Monitoring and Updating Service Plans Module

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# Service Coordination Training

Welcome. The Office of Long-Term Living developed this training to support Service Coordinators and their supervisors in developing the skills and knowledge required to provide service coordination services effectively and in compliance with state and federal standards.

This training applies to people performing service coordination in the OBRA Waiver and Act 150.

## Modules Overview

Service Coordination in these programs is a service that assists a participant in gaining access to needed waiver and program services, medical assistance state plan services, and other medical, social, and educational services regardless of funding source. This includes developing plans that include multiple funding sources and varying levels of formal and informal support.

Four online training modules were developed to cover the requirements and best practices required to perform service coordination. These modules are:

* Roles and Responsibilities,
* Funding and Service Delivery Models,
* Developing Service Plans, and
* Monitoring and Updating Service Plans.

Before we move on, let’s take a moment to review some terminology.

## Terminology Updates

A person’s physical and cognitive ability are assessed to determine if they are eligible for the program. This may be referred to as functional or clinical eligibility.

In the enrollment phase, an individual’s clinical eligibility is assessed using two different tools, based on the program.

Let’s start with the Act 150 program. The Functional Eligibility Determination (FED) tool is used to determine clinical eligibility. Along with the Physician’s Certification, the FED determines whether the individual is Nursing Facility Clinically Eligible (NFCE) or Nursing Facility Ineligible (NFI). The FED is updated during the annual reevaluation.

Now, let’s look at OBRA. The FED tool is also used with the Physician’s Certification to determine clinical eligibility. The level of care for OBRA is called Intermediate Care Facility/Other Related Conditions (ICF/ORC).

In addition to determining an individual’s physical and cognitive capabilities, the enrollment process also assess their long-term services and supports needs. The needs assessment tool for both Act 150 and OBRA is the Care Management Instrument (CMI).

A participant’s plan in both Act 150 and OBRA is called the Individual Service Plan (ISP). Service plans document a participant’s goals, services, risks, and mitigation strategies.

# Monitoring and Updating Service Plans

Welcome to Monitoring and Updating Service Plans. In this module, we’ll explore regulations and best practices for monitoring and updating service plans.

Objectives

## Objectives

After completing this module, you will be able to:

* Conduct monitoring sessions.
* Perform an annual reevaluation.
* Describe changes that supervisors may authorize

During emergency situations when the Governor issues a disaster emergency declaration, OLTL may need to make temporary changes to the OBRA waiver through an Appendix K amendment, to allow flexibilities in responding to the emergency.

OLTL may also decide to allow similar flexibilities in the Act 150 Program. If OLTL elects to allow temporary flexibilities to a waiver or Act 150, OLTL will inform providers of the approved changes through a ListServ email.

# Service Plan Monitoring

So, let’s get started. Service plan monitoring is the ongoing process of ensuring that participants get the services they need to reach their goals. Monitoring is a critical function for several reasons.

Monitoring ensures that:

* The waiver participant’s health and welfare. If a caregiver does not provide the amount of care needed or stops providing care altogether, participants may be in danger. Monitoring, by Service Coordinators (SCs) prevents or remediates abuse, neglect, exploitation, and abandonment.
* The individual back-up and emergency plans work.
* Participants' health and safety are maintained.
* Service plans meet the level of care requirements and the participants' needs, goals, and preferences.
* Participants are receiving the services they need to meet their goals.
* Providers are qualified to work with participants to meet their goals.
* There are no duplications of service or services that are no longer needed.
* Pennsylvania is an effective steward of its investment in Home and Community-Based Services.

Please note that in practice, to meet the goals and intent of monitoring, SCs may monitor more often than is required by regulation. Effective monitoring is based on the participant’s goals, needs, environment, preferences, and other factors. Each person’s monitoring plan will be different.

For example, if a participant has difficulty communicating due to a physical or cognitive impairment, the SC will monitor the individual more often and use different approaches than are needed to monitor an individual who can clearly, quickly, proactively, and effectively communicate needs and issues.

To monitor an individual with communication challenges, the SC will likely need to schedule face-to-face meetings and allow for additional time in meetings. In addition, the SC may need to include interpreter services.

Now let’s take a look at Pennsylvania requirements for monitoring.

## Requirements for Plan Monitoring

The requirements for plan monitoring are included in 55 Pa. Code, Section 52.26. The website link to 55 Pa. Code is in the Resources Document.

The SC is responsible for monitoring the participant’s service plan and providing documentation at least a quarterly in the Service Notes section of HCSIS. This is the minimum amount of contact needed to meet regulatory requirements.

### Pennsylvania Code Regulations

The Pennsylvania Code includes requirements for service plan monitoring. All the items must be addressed and documented as part of plan monitoring.

#### Services

* The participant is receiving the amount of support necessary to ensure health and safety.
* The participant is receiving the type, scope, amount, duration, and frequency of services that are authorized in the approved service plan.
* The participant’s needs, goals, and outcomes are being met by the services provided.
* There is no duplication of services, including waiver and non-waiver services.
* The participant is not exceeding authorized hours or budgets in the Employer Authority model.

#### Health Status

The participant has reported:

* Any changes in health status.
* Other events, such as a hospitalization and scheduled surgery.
* Changes that might impact his or her ability to perform Activities of Daily Living (ADLs) and result in a need for temporary or permanent changes to service delivery.

Follow-up regarding what discharge services are and are not being provided through the participant’s health insurance must also be included.

#### Participant Contact

* At least one telephone call or face-to-face visit per calendar quarter is required.
* At least two face-to-face visits per calendar year are required.

If an SC determines that a participant requires more frequent contacts to ensure health and safety, that information must be included in the service plan and documented as required in HCSIS.

#### Back-up & Emergency Plans

The individual back-up and emergency plans are effective.

## Service Plan Monitoring in Practice

Now that we’ve reviewed the minimum regulatory requirements, let’s review how monitoring best practices are fulfilled in the field.

Monitoring has two core functions: to ensure the health and welfare of waiver participants and to ensure that the service plan is meeting the participants’ needs, goals, preferences, and intended outcomes.

Let’s start with health and welfare. Providing for the health and welfare of waiver participants is a primary responsibility of SCs. It is critical that the warning signs of abuse, neglect, exploitation, and abandonment be recognized and that mitigation strategies are developed to avoid those warning signs from turning into life-threatening situations. The first step is to address risks in the service plan. The follow-up is to monitor participants as frequently as needed to ensure health and safety.

That raises the question, how do SCs know how much monitoring is best?

If the participant has selected an agency model, agency staff can look for warning signs of potential health and safety issues, proactively address issues, and contact the SC. In this case, fewer on-site monitoring visits may work. Both agency staff and SCs will regularly look for signs of physical abuse or neglect and signs of environmental concerns.

Please take a moment to read these lists of warning signs.

### Signs of Physical Abuse or Neglect

* Bruising
* Physical appearance
* Wounds
* Sores
* Malnourishment
* Dementia
* Uncooperative family members
* Depression
* Listlessness
* Signs of financial distress or fraud

### Signs of Environmental Concerns

* Lack of food
* Uncleanliness
* Utility/phone shutoffs
* Lack of heat/air conditioning
* Trash accumulation
* Hoarding
* Unsafe food handling/storage
* Pet issues
* Accessibility barriers
* Insect/rodent infestations
* Pending evictions/foreclosures
* Poor adaptive equipment condition/ proficiency using equipment

If the participant has chosen to receive services in the Employer Authority model, there may be no licensed professionals in the home on a regular basis. That means there are no licensed professionals with the training to recognize risks to a participant's health and safety. When a participant chooses the Employer Authority model, the SC will likely need to schedule more frequent monitoring visits.

## Triggers for Increased Monitoring

The following are examples of triggers that may warrant increased face-to-face monitoring during the plan year.

* Participant is unable to get out of bed by themselves, has no informal supports, no back-up plan, and has accepted this risk in their service plan.
* Participant is transferred via a lift and a complaint has been received from a home health care agency specifying there is an unsafe lift situation; or there is documentation by the SC that the participant does not use a mechanical lift and expects the attendant to physically lift them.
* Participant has dementia or any disease which causes confusion.
* Participant’s care is directed by a representative.
* Participant is unable to communicate via phone.
* Participant has a past history of abuse, neglect, exploitation, or abandonment.
* Participant has open wounds.
* Participant has a history of being non-compliant with care, medications, physician appointments, or physician orders.
* Participant has been hospitalized or has had other critical incident reports two or more times in the past 6 months.
* Participant will not, cannot, or does not communicate without the presence of the care worker or household member.

### Increased Monitoring

If any of these triggers are present, SCs should immediately bring them to their supervisor’s attention. SCs should monitor the individual face-to-face at least monthly, and more frequently if needed.

Changes to the service plan may also be necessary. The frequency and length of time for increased monitoring depends on each situation. SCs must assure that the participant’s health and welfare are no longer at risk before reducing the number of monitoring visits.

If you suspect that a participant of any age is a victim of abuse, neglect, exploitation, or abandonment, you are required by law to make an immediate oral report to the statewide Protective Services Hotline.

## Service Plan Effectiveness

Now, let’s take a look at the second core function—monitoring for service plan effectiveness. In addition to looking for potential health and welfare issues, SCs must also ensure that service plans (and the supports included in the plan) are working well to meet the participant’s needs, goals, and preferences. This type of monitoring requires SCs to engage participants in discussing multiple aspects of their plan, their service providers, and their services.

Let’s read some questions SCs ask to discover the effectiveness of all aspects of the service plan.

* What is a typical day? What activities do your care workers provide assistance with? How satisfied are you with the services provided?
* How well does your service plan meet your needs and goals? Health? Daily living? Employment and community engagement?
* What’s your emergency plan? Did you need to use it? How did it work?
* What’s your individual back-up plan for services? Did you need to use it? How did it work for you?
* Have you been hospitalized since we last talked? Please tell me about it.
* Have you missed any legal, medical, or other appointments? Please tell me about that.
* How helpful have your care workers been with assisting you at appointments and with medications?
* Are you often alone? Has this been your choice? How would you like to change this?
* How much opportunity do you have to participate in community activities? Why/why not? How would you like to see this change? Do you feel as though you have a choice?
* If the participant uses the Employer Authority model, SCs will also ask questions such as:
* How do you verify your care workers’ timesheets are entered accurately and completely in an EVV?
* In what areas do your care workers need additional training?
* How do your care workers assist you with financial matters?

Asking these questions isn’t the end of an SC’s job. Once you have the answers and are working with your supervisor and OLTL, you will need to address any of the concerns you find, especially if they are a threat to a participant’s health and welfare. These examples are the types of questions that SCs will ask in monitoring meetings or phone calls.

For a more comprehensive list and policy updates, refer to OLTL publications and review tools.

## Updating the Service Plan

If plan monitoring uncovers a need to change the service plan, the SC would take the following steps:

* Assess the participant’s situation to identify changes in need.
* Explain to the participant that waiver programs services are specific to individual need and situation.
* Document the justification for the change.
* Complete a Critical Revision to the participant’s plan in HCSIS.

All changes and updates to a participant’s service plan must be documented in HCSIS at the time of the change or update. It is the responsibility of the SC and their supervisor to ensure that all information is up to date and accurate on an ongoing basis.

## Supervisor Authorizations

OLTL does not need to authorize all service plan changes ahead of time. Some guidelines and circumstances in which an SC Supervisor may authorize changes to the service plan are:

* When there is a necessary, temporary change in services.
* A temporary change is a time-specific (up to 120 days) increase or addition in a service that has a specific begin and end date.
* A temporary change may or may not be a planned event.
* When there is an emergency or unplanned event.
* An emergency or unplanned event is an unexpected, sudden event that results in an immediate need for a change or increase in the existing service plan that is necessary for the health and welfare of the participant.
* It is generally due to an event occurring with the identified caregiver.

All changes to the service plan must be documented in HCSIS.

## Annual Reevaluations

Now, let’s look at the annual reevaluations. Annual reevaluations require additional steps beyond monitoring. They are conducted in person and require documentation beyond what is required for monitoring.

SCs and participants revisit goals and outcomes, as well as progress on those goals. Goals include intended outcomes related to physical health, mental health, employment, and community engagement. The annual reevaluation provides a structured approach to engaging the participant in meaningful conversations and in measuring the success of the service plan in meeting the goals. When listening to the participant, the SC looks for indicators about underlying issues of social engagement and satisfaction with their quality of life.

SCs have the opportunity for a more in-depth review of health, safety, and welfare, as well as another look at the participant’s environment. This discussion includes an in-depth review of the barriers and risks associated with the service plan, as well as an assessment of how well back-up plans worked for the participant. SCs also look for signs of abuse, neglect, exploitation, and abandonment. Examples include the amount of food in the house, infestations, hoarding, and other environmental conditions that affect the participant’s health, safety, and welfare.

If the SC has been monitoring the individual effectively, many of these issues will already be identified. The reevaluation is an opportunity to revisit, develop, and document effective long-term plans and strategies to meet existing goals, identify new goals, and maintain health and welfare.

### Annual Reevaluation Responsibilities

SCs have specific responsibilities when completing annual reevaluations.

### Conducting Reevaluations

To conduct the annual reevaluation, the SC must schedule a face-to-face meeting with the participant prior to the participant’s anniversary date.

At the time of the reevaluation visit, the SC explains to the participant that all services are based on the individual assessed needs of the participant. The SC also provides and reviews the standard packet of informational materials developed by OLTL.

As part of the reevaluation, SCs must complete the following required forms:

* Freedom of Choice,
* Provider Choice,
* The needs assessment,
* The service plan (MA 546), including the signature page,
* Service Authorization Form (MA 560.) Please note that the Service Authorization Form must be completed even if there are no changes to service. This updated Service Authorization Form is required for the new plan year.
* Participant Information Packet,
* MA 561 when there is a denial, reduction, or termination of services,
* Act 150 Fee Determination/Redetermination (for Act 150 Program participants only.)

These forms are OLTL-approved forms and are the only forms that will satisfy OLTL monitoring standards for annual reevaluations. A reevaluation of functional eligibility is required as part of the annual reevaluation process. The FED evaluation is completed by the IAE.

It is the responsibility of the SC and SC Supervisor to ensure that all participant and service plan information is up to date and accurate on an ongoing basis.

All service plans are subject to the OLTL retrospective review process. If at any time during a retrospective review, it is discovered that the service plan has missing information, or that an annual reevaluation was not completed in a timely manner, the Service Coordination Entity may be cited by OLTL for non-compliance.

### Annual Reevaluations – No Changes

If there are no changes to the participant’s goals (including those related to employment and community engagement), health status, environment, informal supports, caregivers, back-up plan, or non-waiver supports, there may not be a change in need. However, the SC must still review the information with the participant and update the service plan.

Take a moment to read about what is included for an update to a plan with no changes. This is not a comprehensive list.

Included in plan with no changes:

* The new service plan date period.
* The participant’s signature on page 5 of the OLTL ISP form indicating that the participant was part of the reevaluation process.
* An updated electronic record indicating that an annual reevaluation was completed.
* The SC must document that there is no change in need in the Service Notes in HCSIS.
* An unchanged plan does not need to be submitted to OLTL.

### Annual Reevaluations - Change in Services

Let’s review what an SC must do when there is a change in need that requires a change in the type, scope, amount, duration, or frequency of services

* Assess the participant’s needs in order to identify changes including but not limited to goals (including employment and community engagement), health status, environment, informal supports, caregivers, back-up plans, and non-waiver supports.
* Document the justification for a change in the type, scope, amount, duration, or frequency of services on the OLTL ISP Form.
* Update the OLTL ISP Form for any service changes. For example, if there is an increase or decrease in Personal Assistance Services (PAS) hours, then the section that details that specific service must be updated to reflect the new.
* Obtain the participant’s signature on page 5 of the OLTL ISP Form indicating that they agree with the service plan.
* Update the electronic record and complete the required documentation justifying.
* Submit the plan per the standard service plan review procedures.

Reevaluations are a time to review goals and outcomes, as well as review how well the plan has worked for the participant.

# Monitoring and Updating Service Plans Knowledge Check

Now check your understanding by answering these review questions.

1. True or False? Mrs. S dislocated her shoulder in a fall. She needs additional assistance with Activities of Daily Living (ADLs) for 6 weeks until the shoulder heals. Your supervisor can authorize this.

Please pause

The correct answer is True. Your supervisor is able to authorize this. It is a justified temporary increase in services.

2. True or False? Mr. G typically receives medication administration and cueing assistance from his wife. She also helps him bathe and groom in the morning. She fell and broke her hip yesterday. You must submit a change to OLTL and wait for approval before assigning ACME Homecare to assist Mr. G in her absence.

Please pause

The correct answer is False. Supervisors may authorize changes or increases when there is an emergency or unplanned event that results in an immediate need.

3. True or False? Mrs. J sees her doctor quarterly. Due to her mobility and range of motion challenges, she needs to have an aide with her on the appointments. The supervisor can add this to the plan.

Please pause

The correct answer is True. Supervisors may authorize services that are needed or are anticipated to be needed at varying frequencies during each service plan period.

4. True or False? Mr. L uses ACME Homecare for his Personal Assistance Services. His granddaughter has moved nearby and does not work outside the home. He would like to hire her as his care worker. The supervisor can authorize this change.

Please pause

The correct answer is False. Moving to the Employer Authority model adds Financial Management Services, so it is not considered to be a change of equal hours. In addition, this would be a permanent change to the plan.

5. True or False? If the supervisor authorizes changes, there is no need to enter data into HCSIS.

Please pause

The correct answer is False. SCs must update HCSIS for all changes regardless of who authorizes the change. Updates must include justifications about the change. It is the SC’s and supervisor's responsibility to ensure that all information is accurate and up to date.

6. Which forms must the SC complete at each annual reevaluation for Act 150 and OBRA? (Select all that apply.)

Freedom of Choice Form

Provider Choice Form

Service Authorization Form

Needs Assessment

Functional Eligibility Determination

Individual Service Plan Form

Participant Information Packet

Please pause.

The Freedom of Choice Form, Provider Choice Form, Service Authorization Form, Needs Assessment, Individual Service Plan Form, and Participant Information Packet are all required at each annual reevaluation for Act 150 and OBRA. The SAF may not be necessary if there are no changes in providers. The FED is completed by an Independent Assessment Entity.

# Monitoring and Updating Service Plans Summary

In this module, we reviewed plan monitoring and updating, as well as the changes that supervisors can authorize. Documentation is a key aspect. Everything you learned is essential to ensuring that participants are safe and remain healthy as they work with us toward their long-term living goals. Please review the Resources Document for additional information.

# Congratulations!

Congratulations. You’ve completed the OLTL Service Coordination Monitoring and Updating Service Plans training. Click the button on your screen to register completion of this module.

If you have read the contents of the entire module, register your completion of this module by going to this [webpage](https://oltl.deringconsulting.com/service-coordination-monitoring-and-updating-service-plans-training-completion/).