



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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M E M O R A N D U M

To: DDSO Directors, IBR Director
Executive Directors, Voluntary Provider Agencies

From: Thomas A. Maul 
Commissioner

Date: May 24, 2006

Re: Annual Review Items
Hospital Coverage Guidelines

Self-advocates and families have stressed the importance of person centered planning (PCP) processes during decision-making regarding service planning and delivery on behalf of people with developmental disabilities. Attached please find two documents, Annual Review Items and Hospital Coverage Guidelines, to support PCP within your DDSO and agency.

The Annual Review Items were first issued in April 2002, to ensure that the individual planning process is responsive to personal needs and preferences. The Hospital Coverage Guidelines were first issued in February 1997, to ensure that those in your care receive individualized support by staff who are knowledgeable about them in the event that a hospital stay is necessary.

Please ensure that your DDSO and agency utilize a PCP framework so that the people you serve, and their advocates, collaborate to identify, individualize and design comprehensive supports and services. While the Annual Review Items and Health Coverage Guidelines were developed at the recommendation of the Willowbrook Task Force Subcommittee, both are invaluable when planning for all those receiving OMRDD services, and should be included in DDSO or agency policy and procedure manual and shared with all appropriate staff.

Thank you.

Enclosures
cc: Central Office Leadership Team

**Individual Planning Considerations
Annual Review Items**

Notice of Rights [Willowbrook class members only]

Is the Notice of Rights (purple heavy gauge paper stock) prominently displayed in each record for the class member?

Assessments

Have appropriate assessments been completed for the person and is each assessment considered current consistent with individual need?

Individual Plan of Services

Is the individual plan of services (such as the Individual Services Plan [ISP] or Comprehensive Functional Assessment [CFA]) current? Is there sign off from the appropriate interested parties?

Health

Have special health considerations been identified in the plan of care or plan of protective oversight as appropriate to the person?

Ready to Go Packet

Is current legible written information about the health and medical status of the person readily available for use when accessing health care consultants and for emergency care?

Bed Safety

Has there been a review of the person's bed safety, including a consideration of alternatives to the use of side rails (if used on behalf of the person)?

Fire Safety

Does the fire evacuation plan accommodate the person's current strengths, needs, and circumstances?

Hospital Coverage

Is there a plan for hospital coverage for the person in the event that a hospital stay is necessary?

Correspondent/Active Representation

Does the person have someone (not on the staff of the facility) who assists him/her in obtaining necessary services, participates in the person's program planning process as a member of the person's program planning team, and receives notification of certain significant events in the life of that person. For Willowbrook class members, the correspondent would be the parent, involved family member, or the Consumer Advisory Board. The CAB may serve as sole representative for the class member or co-represent the class member along with the family member.

Community Inclusion Strategy

Is there a strategy within the plan of care that encourages community life? Is there a method of documentation that reflects implementation?

Expenditure Planning

Is there evidence of expenditure planning on behalf of the class member for the upcoming year? Has the team considered the person's ability to manage money, and his/her preferences, choices, interests, and involved the person to the extent possible? For people in state operated residences and family care, is there a personal expenditure plan (PEP)?

Informed Consent

Has the team assessed the person's capacity to provide consent for psychotropic medication or medical procedure? Has this assessment been reviewed by a NYS licensed psychologist or psychiatrist who is not a member of the team? Was informed consent obtained for any and all aspects of treatment requiring such consents?

Capability to travel by public transportation to therapeutic services and medical appointments

Has the team reviewed needed supports and services related to all appointments, ability to give and receive adequate information related to an appointment, ability to travel safely by himself/herself, exercising appropriate judgement, and need for training to utilize public transportation independently.

Service Coordination

Is there a current Service Coordination Agreement for the person? Are face-to-face visits being implemented as per the Agreement? Has the service coordinator reviewed DQA reports maintained at the day and residential program? Has the service coordinator attended the core training session? Has the service coordinator participated in the required 15 hours of professional development during the past year?

If the service coordinator serves Willowbrook class members, is he/she a Qualified Mental Retardation Professional (QMRP) and carrying a caseload consistent with the mandated ratio of 1:20; is he/she functionally independent of the operations of the agency providing residential or day services; and has he/she visited the person at the home or day program on a monthly basis?

Consumer Satisfaction

Is the person and/or advocate satisfied with current services, including service coordination?

HOSPITALIZATION COVERAGE GUIDELINES

Hospitalization for members of the general population increases anxiety and can result in a loss of functioning in daily living skills. Chances of such results may be intensified for people with developmental disabilities.

Current staffing levels in some hospitals may, at times, make it difficult for these hospitals to provide hospital staff to feed, bathe, or supervise patients who need individual assistance.

The presence of staff (DDSO, voluntary agency, home health agency, or hospital staff) caring for the individual who are knowledgeable about his/her special needs, likes, and dislikes helps ensure that the patient with developmental disabilities receives appropriate daily care and also facilitates communication with (other) hospital staff related to the patient's needs. The presence and support of knowledgeable staff will help patients with developmental disabilities feel better and recover more quickly.

The following guidelines should be followed to ensure that people residing in OMRDD operated or certified residential facilities receive hospitalization coverage to meet their individual needs by staff who are knowledgeable about them.

I. DETERMINATION

A. The interdisciplinary treatment team (ITT) or, if no ITT, the service coordinator or nurse, in conjunction with appropriate staff:

1. Makes a determination of the person's need for hospitalization coverage at the time of the following events:

- (a) prior to any planned admission; and/or
- (b) upon any emergency admission.

2. Documents the determination or any subsequent modification, including:

- (a) the person's NEEDS related to hospitalization coverage;
- (b) the TYPE of coverage needed by the person; and
- (c) the AMOUNT of coverage needed.

(See attached chart for examples of NEEDS, TYPE, and AMOUNT of coverage currently provided by DDSOs.)

3. Provides a copy of the determination or any subsequent modification of the determination to the person and/or to the person's family, correspondent, or advocate along with the notification of the right to appeal and the procedure by which to do so.

B. During hospitalization, coverage may be increased beyond the determined need, but coverage may not decrease in amount or type below the determined need without contacting the person or his/her family, correspondent, or advocate.

- C. The person or the person's family, correspondent, or advocate shall have the right to appeal the ITT's determination of the need for hospitalization coverage at any time. The process for such an appeal shall adhere to OMRDD's Policy and Procedure "When There are Objections to an Individual Program Plan (IPP), Proposed Changes Thereto, or Facility Initiated Discharge."
- D. The person or the person's family, correspondent, or advocate or any ITT member may appeal the determination by following OMRDD's Policy and Procedure.

II. COVERAGE AND REASSESSMENT OF NEED DURING HOSPITALIZATION

- A. The staff providing hospitalization coverage shall provide the type of assistance specified by the determination and shall assist with all tasks, as appropriate, with which the hospitalized person needs help.
- B. When a health aide agency is used for hospitalization coverage, staff identified in the determination process should ensure that the health aides are knowledgeable about the patient's special needs, likes, and dislikes, which may require face-to-face training and guidance, and observation and evaluation of the services of the health aide agency.
- C. Staff identified in the determination process should also ensure, through training and guidance, that all hospital staff caring for the patient are knowledgeable about his/her needs, likes and dislikes.
- D. The service coordinator, nurse, and other DDSO/voluntary agency staff members shall jointly and continually review the person's need for coverage.
- E. If protective restraints are used, a nurse or psychologist or other staff of the OMRDD operated or certified residential facility shall communicate frequently with the hospital physician to discuss the removal of the restraints such that the restraints are used judiciously and not beyond the time needed.
- F. The nurse, where available, or other staff/providers of the OMRDD operated or certified home shall visit the person to advocate for and monitor medical services, discharge planning, and follow up.

III. MONITORING AND EVALUATION

The DDSO/voluntary provider agency should establish a protocol to monitor the implementation and evaluate the effectiveness of the implementation of these guidelines. This protocol should address reviewing policies and procedures for hospitalization coverage, receiving and reviewing information related to hospitalizations, conducting selected case studies and, if possible, consumer satisfaction surveys and revising policies and procedures accordingly.

HOSPITAL COVERAGE GUIDELINES

CONSIDERATION OF NEEDS	TYPES/AMOUNTS OF COVERAGE	POSSIBLE RESOURCES/FUNDING
<ul style="list-style-type: none"> • Psychiatric considerations • Communication needs • Person's need for advocacy • Additional care for daily skills • Functional skills • Level of self-care skills • ADL dependent • Severe behavior problems • Aggressive/self-injurious behaviors • Person's acute or chronic care needs • Emotional or behavioral needs require 1:1 • Nutritional needs • Special feeding needs • Medical needs • Presence of IV or catheter tubing • Special observational needs (e.g., monitor input/output, prevent someone from touching eyes following cataract surgery) • Seriousness of illness • Manageability in hospital setting • Level of comfort in hospital setting, if not severely disabled • Complexity and intensity of needs for care and supervision • Purpose of hospitalization • Attitude of particular hospital as to whether they need assistance • Needs and emotional supports of individual • Natural family supports available to provide or supplement coverage • Whether hospitalized able to meet person's needs 	<ul style="list-style-type: none"> • Daily social visits • Daily visits to provide support and to ensure appropriate care and treatment • Visits to assist with meals or to feed individual • Visits to assist with ADL activities • Stay through admission process • 24-hour continuous coverage • Single overnight stays • Staff who know the person serve as an on-site resource to hospital staff • Staff knowledgeable about consumers are present and available to assist the individuals in adjusting to the hospital stay, explaining procedures, giving assurances, providing comfort and TLC, etc. • "Waking hour" coverage • Daily visits minimum for all persons hospitalized 	<ul style="list-style-type: none"> • Voluntary staffing • Family care providers • Home Health Aides • State staff • Companion services/personal service voucher account • Overtime and extra time utilized by house staff in voluntary and state programs • Staff visits during staff member's regular shift (no overtime or extra time expenses) • Homemaker contract dollars • Provider agency • Several agencies on contract to provide sitter services (using personal service voucher account • Visits by members of clinical team and house staff • Aides through DDSO contracts with several agencies • Combination of house staff for first few days and then companion services • Visiting nurse services (but staff knowledgeable about consumers preferred) • House staff through overtime and through temporary reassignment (rate appeals pursued when stay is prolonged) • Voluntary agencies may submit rate appeals to recover costs for sitter services • Primary nurse serves as contact with hospital • Hospital sitter services • Certified home health agency (under contract) • Combination of house staff and sitter services every day • House staff on "off" hours from house paid by home health agency or hospital aide service