

## **CHAPTER 3**

- 3.1 Service and Support Administration (Case Management)**
- 3.2 Preadmission Screening and Resident Review (PASRR)**
- 3.3 Major Unusual Incidents and Unusual Incidents to Ensure Health, Welfare, and Continuous Quality Improvement**

### **3.1 SERVICE AND SUPPORT ADMINISTRATION**

#### **A. Guiding Principles of Service and Support Administration**

The Board Service and Support Administration (SSA) will support individuals in determining and pursuing life goals, work with families, guardians, and natural supports to access, provide and/or enlist whatever support is needed in any life area, including protective intervention, and maintain the individual as the focus while coordinating services across multiple systems.

#### **B. Eligibility for Service and Support Administration**

1. Eligibility for Service and Support Administration shall be consistent with provision outlined in OAC 5123: 2 – 1- 02. The Board shall provide Service and Support Administration to each individual three years of age or older who is eligible for Service and Support Administration, upon request of the individual/advocate.
2. The Board shall provide Service and Support Administration to each individual receiving home and community-based services, regardless of age.

#### **C. Qualifications for Service and Support Administrators**

Individuals employed by the Board as Service and Support Administrators shall not be assigned responsibilities for implementing other services for individuals and shall not be employed by or serve in a decision-making or policy-making capacity for any other entity that provides programs or services to individuals with developmental disabilities. An individual employed as a conditional status Service and Support Administrator shall perform the duties of Service and Support Administration only under the supervision of a management employee who is a Service and Support Administration supervisor or a professional employee who is a Service and Support Administrator.

Individuals employed as Service and Support Administrators must be able to obtain appropriate certification through the Board.

#### **D. Functions of Service and Support Administration**

1. Establish individual's eligibility for services

Eligibility will be determined in accordance with OAC 5123: 2-1-02. Individuals determined eligible through the C/OEDI will be eligible for Service and Support Administration. In the event of a crisis, intervention may be offered concurrently with eligibility determination. Services will not be denied during a crisis due to an incomplete eligibility determination;

2. Assess individual needs for services through both formal and informal assessments with the individual, as well as friends, family, or other representatives chosen by the individual;
3. Develop individual service plans with the active participation of the individual to be served, other persons selected by the individual, and, when applicable, the provider selected by the individual, and recommend the plans for approval by the Board when services included in the plans are funded through Medicaid;
4. Establish budgets for services based on the individual's assessed needs and preferred ways of meeting those needs;
5. Assist individuals in making selections from among providers they have chosen;
6. Ensure services are effectively coordinated and provided by appropriate providers;
7. Establish and implement an ongoing system of monitoring the implementation of individual service plans to achieve consistent implementation and the desired outcomes for the individual;
8. Incorporate the results of monitoring findings and identified trends and patterns of unusual incidents and major unusual incidents into addendums of an individual's service plan for the purpose of improving and enhancing the quality and appropriateness of services rendered to the individual.
9. The Service and Support Administrator shall give the individual receiving services an opportunity to designate a person to provide daily representation.
10. Ensure crisis intervention is available 24 hours per day;
11. Provide information and referral services, regardless of eligibility;
12. Monitors compliance with court orders for members of DODD class action suits.

E. Criteria used to identify the level and intensity of services to be delivered:

1. Vulnerability of the individual and/or family due to basic life changes/transitions;
2. Instability of supports or risk associated with supports or services, or threatened quality of life;
3. Complex individual or family needs or circumstances which may include multiple or complex health/behavioral needs;
4. Complex legal status of the individual.

## F. Documentation of Services

Each individual's service plan will specify the types of services to be addressed by the Service and Support Administrator. The plan shall be revised, as needed, but no less than annually with the individual, guardian, parent/custodian of a minor, and others as requested by the individual.

Service and Support Administrators will maintain case notes to reflect the services provided to individuals. This documentation shall contain, at a minimum, the following:

1. Date and time of service
2. Name of the person for whom the service is delivered
3. A narrative description of the service and location of service
4. Service and Support Administrator's name (typed or printed), title, signature, and initials to correspond with each entry's identifying or electronic signature.

## G. Minimum Record Requirements

1. Identifying data
2. Date of referral/request for Service and Support Administration
3. Type of services requested and provided
4. Evidence of eligibility
5. Current plan of service
6. Information identifying guardianship, trusteeship, or protectorship
7. Personal financial information, when appropriate
8. Major unusual incident summaries
9. Emergency information
10. Release and consent forms
11. Case notes

Information contained in these records may be released upon consent of the individual/guardian in accordance with Board policy.

## **3.2 PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)**

### **PURPOSE**

To describe the process for-recommending to DODD whether or not an individual's needs should be met in a nursing facility or elsewhere, and if admitted to a nursing facility, should specialized services be needed.

## **INDICATIONS OF DEVELOPMENTAL DISABILITIES AND PREADMISSION SCREENING (PAS)**

The Board PASRR Contact will receive notifications from DODD PASRR office that an individual has indications of a developmental disability and is residing in a nursing facility. The Board shall conduct an eligibility determination. Only those individuals eligible for the Board services shall be evaluated by using OBRA PASRR Evaluation. All other individuals shall be considered a Rule-out. The Board PASRR Contact shall notify DODD within ten days of initial notification.

## **RESIDENT REVIEW**

A Resident Review (RR) shall be conducted by the Board PASRR Contact in the event that the individual is currently residing in a nursing facility as a result of a 7-day emergency placement, a 14 day respite stay, or a 30-day convalescent stay and is intending to stay in the nursing facility indefinitely. A RR shall also be conducted in the event of a Change in Condition (See 3.20.6).

## **NOTIFICATIONS**

The Board shall involve in the PASRR evaluation process the individual, the individual's legal representative, and the individual's family if available and if the individual or the individual's legal representative agrees to said participation.

## **DATA COLLECTION**

The Board shall be responsible for specifying and requesting any information necessary to make a PASRR DD determination. The determination shall not be completed by a nursing facility or an entity that has a direct or indirect affiliation or relationship with a nursing facility. The PASRR evaluation must be adapted to the cultural background, ethnic origin, and means of communication used by the individual being evaluated.

## **NURSING FACILITY NEED ASSESSMENT**

The Board shall recommend whether or not an individual with DD requires nursing facility (NF) services. The following information will be obtained prior to making a recommendation for PAS:

- 1) PASRR ID Screen completed by hospital/facility recommending NF placement
- 2) Level of care completed by a registered nurse
- 3) Social history of individual
- 4) Psychological evaluation
- 5) C/OEDI form for eligibility determination to determine eligibility for DD services

For a Resident Review (RR), The Board will obtain the following information in addition to the above information prior to making a recommendation:

- 1) Medical assessment (admitting history/ physical)
- 2) Current physician's orders
- 3) Nursing care plan
- 4) Current medications and responses
- 5) Minimum data set (MDS+)
- 6) Any other therapy assessments (physical therapy, occupational therapy, speech therapy, etc.)

### **SPECIALIZED SERVICES NEED ASSESSMENT**

The Board shall recommend to DODD whether or not the individual has a specialized services need for DD services. The determination will be based on an evaluation of the written documentation which includes a comprehensive history and physical examination, which will permit the reviewer to assess the individual's situation.

### **CHANGE OF CONDITION**

The Board shall initiate a Resident Review if an individual eligible for DD services residing in a nursing facility experiences a significant change of condition. A change of condition refers to any change in placement because of a change from a skilled level of care and /or because of termination of specialized services as a result of a change of medical status.

### **DETERMINATIONS**

The Board shall make recommendations within ten working days of initial notification to DODD on the form designated by DODD.

### **PLACEMENT OPTIONS**

The Board shall identify placement options and ensure that they are fully explained to the individual and/or legal guardian, if appropriate.

### **MONITORING**

The Board's PASRR Contact and/or the individual's Service and Support Administrator shall make contact at least annually with individuals residing in a nursing facility.

### **APPEAL PROCESS**

Individuals disagreeing with any PASRR determination or other related concerns pertaining to services provided may be addressed utilizing the Medicaid state hearing process. A Board representative shall participate in the appeal process and shall attend all PASRR state hearings.

### **3.3 Major Unusual Incidents and Unusual Incidents to Ensure Health, Welfare, and Continuous Quality Improvement**

The Board is committed to insuring the health and welfare of individuals with developmental disabilities. This policy establishes the requirements for addressing major unusual incidents and unusual incidents and implements a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals. The Board will insure compliance with Ohio Administrative Code (OAC) Section 5123:2-17-02 as well as all applicable sections of the Ohio Revised Code.

#### **Definitions**

- A. “Administrative Investigation” means the gathering and analysis of information related to a major unusual incident so that appropriate action can be taken to address any harm or risk of harm and prevent recurrence. There are three administrative investigation procedures (category A, category B, and category C) that correspond to the three categories of major unusual incidents.
- B. “Agency provider” means a provider, certified or licensed by DODD or a provider approved by the Ohio Department of Medicaid to provide services under the transitions developmental disabilities waiver, that employs staff to deliver services to individuals and who may subcontract the delivery of services. “Agency provider” includes a the Board while providing specialized services.
- C. “At-risk individual” means an individual whose health or welfare is adversely affected or whose health or welfare may reasonably be considered to be in danger of being adversely affected.
- D. “Incident Report” means documentation that contains details about a major unusual incident or an unusual incident and shall include, but is not limited to:
  - 1) Individual’s name;
  - 2) Individual’s address;
  - 3) Date of incident;
  - 4) Location of incident;
  - 5) Description of incident;
  - 6) Type and location of injuries;
  - 7) Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;
  - 8) Name of primary person involved and his or her relationship to the individual;
  - 9) Names of witnesses;
  - 10) Statements completed by persons who witnessed or have personal knowledge of the incident;
  - 11) Notifications with name, title, and time and date of notice;
  - 12) Further medical follow-up; and
  - 13) Name or signature of person completing the incident report.
- E. “Incident tracking system” means DODD’s web-based system for reporting major unusual incidents.
- F. “Independent provider” means a self-employed person who provides services for which he or she must be certified under rule 5123:2-2-01 of the Administrative Code or a self-

employed person approved by the Ohio Department of Medicaid to provide services under the transitions developmental disabilities waiver and does not employ, either directly or through contract, anyone else to provide the services.

- G. “Investigative agent” means an employee of the Board or a person under contract with the Board who is certified by DODD to conduct administrative investigations of major unusual incidents.
- H. “Major unusual incident” means the alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a likely risk of harm, if such individual is receiving services through the developmental disabilities service delivery system or will be receiving such services as a result of the incident. There are three categories of major unusual incidents:
- 1) Category A
    - i. Accidental or suspicious death means the death of an individual resulting from an accident or suspicious circumstances.
    - ii. Exploitation means the unlawful or improper act of using an individual or an individual’s resources for monetary or personal benefit, profit, or gain.
    - iii. Failure to report means that a person, who is required to report pursuant to section 5123.61 of Ohio Revised Code, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse, misappropriation, or exploitation that results in a risk to health and welfare or neglect of that individual, and such person does not immediately report such information to a law enforcement agency, a the Board, or in the case of an individual living in a developmental center, either to law enforcement or DODD. Pursuant to division (C)(1) of section 5123.61 of Ohio Revised Code, such report shall be made to DODD and the Board when the incident involves an act or omission of an employee of a the Board.
    - iv. Misappropriation means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by Ohio Revised Code.
    - v. Neglect means when there is a duty to do so, failing to provide an individual with any treatment, care, goods, supervision, or services necessary to maintain the health or welfare of the individual.
    - vi. Peer-to-peer act means one of the following incidents involving two individuals served:
      - a) Exploitation which means the unlawful or improper act of using an individual or an individual’s resources for monetary or personal benefit, profit, or gain.
      - b) Theft which means intentionally depriving another individual of real or personal property valued at twenty dollars or more or property of significant personal value to the individual.
      - c) Physical act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a



physician, physician assistant, or nurse practitioner. Allegations of one individual choking another or any head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye, shall be considered major unusual incidents. Minor injuries such as scratches or reddened areas not involving the head or neck shall be considered unusual incidents and shall require immediate action, a review to uncover possible cause/contributing factors, and prevention measures.

- d) Sexual act which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.
  - e) Verbal act which means the use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.
  - vii. Physical abuse means the use of physical force that can reasonably be expected to result in physical harm or serious physical harm as those terms are defined in section 2901.01 of Ohio Revised Code. Such force may include, but is not limited to hitting, slapping, pushing, or throwing objects at an individual.
  - viii. Prohibited sexual relations means a developmental disabilities employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee's spouse, and for whom the developmental disabilities employee was employed or under contract to provide care or supervise the provision of care at the time of the incident.
  - ix. Rights code violation means any violation of the rights enumerated in section 5123.62 of Ohio Revised Code that creates a likely risk of harm to the health or welfare of an individual.
  - x. Sexual abuse means unlawful sexual conduct or sexual contact as those terms are defined in section 2907.01 of Ohio Revised Code and the commission of any act prohibited by Chapter 2907 of Ohio Revised Code (e.g., public indecency, importuning, and voyeurism).
  - xi. Verbal abuse means the use of words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate an individual.
- 2) Category B
- i. Attempted suicide means a physical attempt by an individual that results in emergency room treatment, in-patient observation, or hospital admission.
  - ii. Death other than accidental or suspicious death means the death of an individual by natural cause without suspicious circumstances.
  - iii. Medical emergency means an incident where emergency medical intervention is required to save an individual's life (e.g. choking relief techniques such as back blows or cardiopulmonary resuscitation, epinephrine auto injector usage, or intravenous for dehydration).

- iv. Missing individual means an incident that is not considered neglect and an individual's whereabouts, after immediate measures taken, are unknown and the individual is believed to be at or pose an imminent risk of harm to self or others. An incident when an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident.
- v. Significant injury means an injury of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.

3) Category C

- i. Law enforcement means any incident that results in the individual served being arrested, charged, or incarcerated.
  - ii. Unapproved behavior support means the use of an aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of Ohio Administrative Code or an aversive strategy implemented without approval by the human rights committee or behavior support committee or without informed consent, that results in a likely risk to the individual's health and welfare. An aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of Ohio Administrative Code that does not pose a likely risk to health and welfare shall be investigated as an unusual incident.
  - iii. Unscheduled hospitalization means any hospital admission that is not scheduled unless the hospital admission is due to a pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization.
- I. "Primary person involved" means the person alleged to have committed or to have been responsible for the accidental or suspicious death, exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation, sexual abuse, or verbal abuse.
- J. "Provider" means an agency provider or independent provider that provides specialized services.
- K. "Specialized services" means any program or service designed and operated to serve primarily individuals, including a program or service provided by an entity licensed or certified by DODD.
- L. "Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. Unusual incident includes, but is not limited to, dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to health and welfare; overnight relocation of an individual due to a fire, natural disaster, or mechanical failure; an incident involving two individuals served that is not a peer-to-peer act major unusual incident; and rights code violations or unapproved behavior supports without a likely risk to health and welfare.

- M. "Working day" means Monday, Tuesday, Wednesday, Thursday, or Friday except when that day is a holiday as defined in section 1.14 of Ohio Revised Code.

### **Reporting Requirements for Major Unusual Incidents**

- A. Reports regarding all major unusual incidents involving an individual who resides in an intermediate care facility or who receives round-the-clock waiver services shall be filed and the requirements of this policy followed regardless of where the incident occurred.
- B. Reports regarding the following major unusual incidents shall be filed and the requirements of this policy followed regardless of where the incident occurred:
- 1) Accidental or suspicious death;
  - 2) Attempted suicide;
  - 3) Death other than accidental or suspicious death;
  - 4) Exploitation;
  - 5) Failure to report;
  - 6) Law enforcement;
  - 7) Misappropriation;
  - 8) Missing individual;
  - 9) Neglect;
  - 10) Peer-to-peer act;
  - 11) Physical abuse;
  - 12) Prohibited sexual relations;
  - 13) Sexual abuse; and
  - 14) Verbal abuse.
- C. Reports regarding the following major unusual incidents shall be filed and the requirements of this rule followed only when the incident occurs in a program operated by the Board or when the individual is being served by a licensed or certified provider;
- 1) Medical emergency;
  - 2) Rights code violation;
  - 3) Significant injury;
  - 4) Unapproved behavior support; and
  - 5) Unscheduled hospitalization.
- D. Immediately upon identification or notification of a major unusual incident, the provider shall take all reasonable measures to ensure the health and welfare of at-risk individuals. The provider and the Board shall discuss any disagreements regarding reasonable measures in order to resolve them. If the provider and the Board are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, DODD shall make the determination. Such measures will include:
- 1) Immediate and ongoing medical attention, as appropriate;
  - 2) Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary; and
  - 3) Other necessary measures to protect the health and welfare of at-risk individuals.
- E. Immediately upon receipt of a report or notification of an allegation, the Board shall:

- 1) Ensure that all reasonable measures necessary to protect the health and welfare of at-risk individuals have been taken;
  - 2) Determine if additional measures are needed; and
  - 3) Notify DODD if a department-directed administrative investigation is required. Such notification shall take place on the first working day the Board becomes aware of the incident.
- F. The provider shall immediately, but no later than four hours after discovery of the incident, notify the Board through means identified by the Board of the following incidents or allegations:
- 1) Accidental or suspicious death;
  - 2) Exploitation;
  - 3) Misappropriation;
  - 4) Neglect;
  - 5) Peer-to-peer act;
  - 6) Physical abuse;
  - 7) Sexual abuse;
  - 8) Verbal abuse; and
  - 9) When the provider has received an inquiry from the media regarding a major unusual incident.
- G. For all major unusual incidents, all providers shall submit a written incident report to the Board contact no later than three p.m. the next working day following initial knowledge of a potential or determined major unusual incident. The report shall be submitted in a format prescribed by DODD.
- H. The Board shall enter preliminary information regarding the incident in the incident tracking system and in the manner prescribed by DODD by three p.m. on the working day following notification by the provider or of becoming aware of the major unusual incident.
- I. When a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, the Board or department, as applicable, shall keep the provider apprised of the status of the administrative investigation so that the provider can resume normal operations as soon as possible consistent with the health and welfare of at-risk individuals. The provider shall notify the Board or department, as applicable, of any changes regarding the protective action.
- J. The Board shall have a system that is available twenty-four hours a day, seven days a week, to receive and respond to all reports required by this rule. The Board shall communicate this system in writing to all providers in the county and to DODD.

### **Reporting of Alleged Criminal Acts**

- A. Nothing in this policy relieves mandatory reporters of the responsibility to immediately report to the intermediate care facility administrator or administrator designee, allegations of mistreatment, neglect, or abuse and injuries of unknown source when the source of the injury was not witnessed by any person and the source of the injury could not be explained by the individuals and the injury raises suspicions of possible abuse or neglect because of the extent of the injury or the location of the injury or the number of injuries

observed at one particular point in time or the incidences of injuries over time pursuant to 42 C.F.R. 483.420 (October 1, 2012).

- B. The provider shall immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, any allegation of exploitation, failure to report, misappropriation, neglect, peer-to-peer act, physical abuse, or verbal abuse which may constitute a criminal act. The provider shall document the time, date, and name of person notified of the alleged criminal act. The Board shall ensure that the notification has been made.

### **Abused or Neglected Children**

All allegations of abuse or neglect as defined in sections 2151.03 and 2151.031 of Ohio Revised Code of an individual under the age of twenty-one years shall be immediately reported to the local public children's services agency. The notification may be made by the provider or the Board. The Board shall ensure that the notification has been made.

### **Notification Requirements for Major Unusual Incidents**

- A. When the Board is the provider, it shall make the following notifications, as applicable, when the major unusual incident or discovery of the major unusual incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the major unusual incident or discovery of the major unusual incident occurs and include immediate actions taken.
  - 1) Guardian or other person whom the individual has identified.
  - 2) Service and support administrator serving the individual.
  - 3) Licensed or certified residential provider.
  - 4) Staff or family living at the individual's residence who have responsibility for the individual's care.
  - 5) Support broker for an individual enrolled in the self-empowered life funding waiver.
- B. All notifications or efforts to notify shall be documented. The Board shall ensure that all required notifications have been made.
- C. Notification shall not be made if the person to be notified is the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved.
- D. Notification shall be made to the individuals, individuals' guardians, and other persons whom the individuals have identified in a peer-to-peer act unless such notification could jeopardize the health and welfare of an individual involved.

**Approved: 12/12/13, Board Action #13-76**