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## Protocol for Use of Home Visit Tool

### Purpose:

The Home Visit Tool has been developed through a collaborative effort between the Office of Quality Improvement (QI) and representatives from the Office of Adult with Cognitive and Physical Disabilities (Developmental Services) including the Quality Assurance Team. The tool has been designed to collect information from case managers during home visits made with consumers living in non-licensed homes. As we continue to assess current practices in efforts to establish standards, the Home Visit Tool enables case managers to report findings through documentation review, consumer input, and observations in areas regarded as factors of good practice and effective service delivery.

It is the practice of Developmental Services Case Management as well as requirement under Mainecare to assure that the services provided to Mainecare recipients of home supports meet the requirements outlined in the person centered plan. Home visits are one avenue to meet this case management requirement. It is also intended as a tool to generally improve the assessment capability of case managers as well as serves to aid supervisory contacts specific to home visits.

### Samples:

This tool is being added to a variety of existing quality assurance activities within the system including monthly case management contacts, home visits, and annual person centered planning. This tool will be completed for consumers meeting any of the following criteria:

1. Beginning in January of 2009 all people living in non-licensed 24 hour support homes will be reviewed within a 3 year period using the Home Visit Tool. Sample selections will be provided by the Office of Quality Improvement on a quarterly basis. Names will be received by Team Leaders for distribution. Prior to the close of the quarter, case managers are responsible for completing the tool, reviewing this with supervisors and providing a copy to a representative of Developmental Services for tracking purposes.
2. Also, it is the expectation that case managers will visit the new home any person changing residency and complete a Home Visit Tool within third and sixth months of the person moving into a new home regardless of whether it is licensed or unlicensed. Case managers will review completed tools timely with assigned supervisors and will also submit copies of forms to Central Office.
3. Additionally, the Home Visit Review Tool can be utilized by the Case Management System when there are concerns regarding residential supports including consumer health and safety and quality of services (e.g. staffing allocation, unmet needs, good practice etc). The decision to use the tool should occur between the case manager and Supervisor. If the concerns rise to a level where a review and documentation are deemed necessary then the use of this tool is recommended. Home Visit tools do not substitute for the necessary documentation (i.e. action notes, reportable events, etc) in such cases. Completed forms are reviewed with Supervisors and submitted to Central Office staff for tracking.

### Home Visit Review Process

The Home Visit Review process should be viewed as a collaborative effort between staff working within the case management system at various levels (including the case manager, supervisors, team leaders and other Developmental Service central office staff).

The following processes will occur:

- a. QI will provide the names of people living in non-licensed homes with 24 hour support who need a review using the Home visit Tool. These names will be sent to the Team Leader in each region for distribution. However, for consumers who are changing residency and/or in cases where there is concern(s) around health, safety or service delivery, it is the responsibility of the case manager and supervisor to identify these individuals and complete Home Visit Tools. All Home Visit Tools are to be reviewed between the case manager and supervisor and submitted to the designated Developmental Services staff in central office.
- b. The Team Leader shares in the responsibility of assuring the assignment of review and completion of the tool. The process of monitoring may differ regionally; Team Leaders may determine the most efficient manner to track reviews. QI will inform Team Leaders of delinquent submissions quarterly.
- c. Case Management Supervisors, in working with the case manager, will determine the response to any concerns and identify actions to address the concerns. For example, a reasonable response may include:
  - i. The case manager addressing issue with the home
  - ii. The Supervisor addressing issues with the home or administration
  - iii. The Supervisor requesting review and assistance from quality assurance.
  - iv. The Supervisor bringing concerns to the Team Leader and Management Team.Progress of these resolutions is to be documented in Action Notes.
- d. A copy of the review will be maintained by the Case Manager, Supervisor, and the original copy will be forwarded to the designated staff within Developmental Services.

### Instructions:

The Home Visit Tool Does Not replace or substitute for an Action Note. The action note should include all necessary elements for billings and include a statement around the consumer status and a summary of the visit. Case managers are to use EIS action notes to document any resolutions or follow-up to this home visit.

- Page (1) asks for key information about the consumer and relevant materials the case manager may review in preparation of the visit. Fill in information about the consumer as well as the date of the review and answer questions 1-6. It is suggested that case managers periodically review information to assure that other data systems (EIS) reflect accurate up to date information. Indicate policies that have been reviewed either through evidence of the providers' policy manual or discussion with provider staff that such policies exist and there is an understanding of the policy and it is implemented.
- Pages 2-4 identify areas to consider during the home visit. This includes a consumer status and interview portion of the tool and sections to document around the physical site and provider record.
  - Case managers are instructed to check the appropriate column if they, in fact, assessed for the specific item using, but not limiting their assessment to, guidelines included on the form. Do Not write 'yes' or 'no', or 'not applicable'. A mark in the column indicates the case manager assessed the specific area. If an area was not considered at the time of the home visit, leave the column BLANK.

## Home Visit Tool Protocol

- Guidelines do not denote set standards; however, these provide points to consider when assessing for consumer health, safety, and good practice while looking over conditions at the home and reviewing the written record. While assessing around health, safety and good practice case managers should also take into account the requirements outlined in MaineCare standards and under the Waiver.
- Case managers are to document any concern or issue identified in the home or record or through the interview by checking the 'Additional Follow-Up' column and including a note in the comment section specific to the concern that will be reviewed with the supervisor.
- Similarly, the section identified 'Consumer Status' on page (3) of the tool assists case managers in assessing areas of the consumer's life through talking with the consumer directly. This section provides the case manager with prompts to explore 'domain areas', checking off as these areas have been assessed or discussed, if the consumer expressed overall satisfaction or dissatisfaction and areas warranting follow-up. A space is provided for documenting comments for each domain.
- The final page outlines a supervisory review of the tool, its findings and any planned follow-up for identified concerns or deficiencies. All Home Visit Tools are to be reviewed with the case management supervisor.
  - The supervisory review should be completed within reasonable timeframe with consideration given to the level of concern or deficiencies at the home. The time lapse between the visit and supervision should not exceed 14 days, regardless of issues or concerns identified.
  - Any concerns documented in previous pages are to be outlined in this section and include steps/actions to address concerns. Case managers are to track progress of resolutions through action notes.

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