B.6 Consumer Supports

a. Educational Materials

Each *Going Home Plus* participant receives a participant "home" notebook upon admission to the waiver program. The notebook provides the participants with information about their supports and services and how they can access the assistance they need. Some of the items in the notebook are:

- Information Sheet: Contact information for the Case Managers, Home Care Agencies and the State Program Specialist for the Program
- Vital Information Sheet
- Participant Emergency Protocol
- Participant Back-up plan
- Participant/Caregiver Rights and Responsibilities
- Grievance Procedure Instructions
- Participant Service Plan (includes the contact names and phone numbers for all medical, HCBS/non-HCBS providers)
- Going Home Plus Informed Consent for Participation Form
- Going Home Plus Frequently Asked Questions
- Going Home Plus Brochure
- A brochure from the Adult Protective Services and Child Protective Services
- A brochure from the Hawai`i Disability Rights Center (State's Protection and Advocacy Agency)
- DHS1680 Service Authorization (Choice) Form with Appeal Rights instructions

b. Back-Up Systems

24-hour Emergency Back-Up Systems. All *Going Home Plus* participants (and all participants in Hawai'i 1915c waivers) are required to have an emergency plan and an individual backup systems plan which is based upon the health and safety risks determined by the transition coordinator and waiver/HCBS case manager after conducting the health and social assessments. The individual's support system (family, friends, neighbors, religious, non-waiver service providers) is documented in a social assessment and identifies the type of help and the available days and hours for each individual.

When the service plan is signed, each participant is given the names and contact information of all service and supply providers listed on the service plan. A written copy of the emergency plan (medical, fire, abuse), individualized back-up plan, weekly waiver services schedule, program complaint and fair hearing process and Participant Rights and Responsibilities form is also provided and explained to each participant.

For medical emergencies, participants are instructed to use a Personal Emergency Response System (PERS), Physicians' Exchange (after hours phone service), Urgent Care Centers, Hospital Emergency Rooms, and 911/Ambulance Services.

Case managers are on call 24/7 by cell phone. Rotating after-hours coverage among the case management agency's professional (Registered Nurse and Social Work) staff is permissible.

PERS services will be provided to those individuals who live alone, or who are alone for significant parts of the day, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. PERS, an electronic device worn by the participant, enables participants at high risk of institutionalization to secure help in an emergency. PERS services are not provided to participants residing in licensed settings

Direct Service Providers: Most participants will receive their personal assistance and/or nursing services (PANS) from a contracted agency. Participants are instructed to call the PANS agency when their scheduled worker fails to show up, and then report all no-shows to the case manager. The assigned PANS agency is required under contract to provide a backup worker or coordinate a temporary backup provider from another agency accessing first, the agencies chosen by the participant if any. All PANS agencies are required to maintain an after hours on call service. During the first home visit, PANS agencies provide each participant with written information about their agency and explain how to contact the agency during and after regular business hours. The majority of the after hours calls are handled by the PANS agencies.

Every effort will be made to maintain a minimum of two back-up caregivers on each participant's back-up plan *Going Home Plus* participants who elect to receive consumer directed services will primarily rely on their individualized back up plan. As often as possible, the case manager will encourage the participant to accept a portion of their PANS services from an agency in order to expand their back-up services options.

Transportation: Each individual will have a transportation plan for medical and non-medical activities.

Equipment Repair: Equipment failure is reported directly to the supplier then to the case manager. In the event of a life threatening equipment failure, the participant is instructed to call 911 and/or use the PERS. The transition coordinator/ case manager will monitor the procurement of loaner equipment, maintenance agreements and timely repairs or replacements.

A toll free 24/7 nurse information line will be available to provide access to health care information and advice until the Quest Expanded Access (QExA) 1115 managed care program begins. Each QExA health plan is required to maintain a nurse information line that will be available for all MFP participants.

Residential Homes: Many MFP participants will be living in licensed or certified residences that are required to be staffed on a 24/7 basis. Licensed "residential" care providers are responsible to ensure provision of all back up caregiver services, transportation and appropriate response to emergencies including natural disasters. Repair of equipment will be coordinated with the case manager.

Updates to the individualized back up plan will be done as they occur and reviewed during monitoring visits. Participants will be instructed to report all emergencies, hospitalizations and activation of their Back up System plan to the Transition Coordinator /Case Manager. This

information will be entered in a database and reviewed by MFP and Quality Assurance staff to determine the effectiveness of the individual's service plan, their back-up plan and the need to revise either one.

c. Complaints

Going Home Plus demonstration participants receive written information prior to transition about how to file a complaint. To file a complaint, participants or their representatives are instructed to call the Project Director or the Social Services Division Quality Assurance Section on Oahu - 586-5566, Neighbor Island (toll free): 1(800) 316-8005; Persons with a hearing impairment can call the V/TT on Oahu-692-7182, Neighbor Islands-(toll free)1-800-603-1201. Contracted waiver agencies are also required to do the following.

- Maintain a complaint, grievance and appeals policy and procedure that allows waiver participants or representative to present grievances to the contract service provider about the agency's services, personnel and service delivery.
- Provide each waiver participant or representative written information about the contractor's grievance policy and procedure and the right to appeal an adverse resolution that includes
  a. A statement delineating each participant's right to file a complaint, as desired;
  b. The name, title and phone number of the person(s) to contact in order to file a complaint;
  c. The process to submit a complaint to the contract service provider;
  d. The right to complain to waiver case manager or its designee; and
  e. A statement that the contract service provider will in no way retaliate because of the complaint.
- Maintain written documentation of compliance with the DHS requirement and the resolution provided for any complaints and grievances received.

Contracted agencies submit quarterly reports to the SSD/Waiver Quality Assurance Section that are tracked in a database and reviewed to determine the types and frequency of complaints registered, effectiveness of the resolutions implemented and the need to revise policies and procedures.

For complaints that are submitted directly to *Going Home Plus* the following will be done.

1. Each complaint is documented on the Grievance *and Complaint Form and logged in* the complaints database.
3. A written response is sent to the complainant to acknowledge receipt of the complaint, and provide assurance that a review of the complaint will be carried out.
4. No promises are made that cannot be kept. i.e. The Quality Assurance Section does not do investigations.
   DHS reviews situations and if there is a contractual standard, which has not been conformed with, or a violation of a participant right, then correction will be made with the provider.
5. A letter is written to the object of the complaint (provider under contract) to notify the provider of the complaint, listing specifically what the complainant has reported, (i.e. Mr. J. fell asleep during a shift of skilled nursing services, on this day, at this time, for this client) without naming the complainant or violating confidentiality requirements. Ask for a response to the allegations.

a. If there are several allegations, or the allegations are clearly fraud issues, a referral is made to AG/MFCU (Medicaid Fraud Control Unit).
b. A copy of all documents sent to AG/MFCU is filed at the QA work station.
c. Once a decision is made to forward the complaint to AG/MFCU, the agency is verbally informed that DHS received serious complaints against their agency and that we forwarded the information to AG/MFCU. The agency is informed that the DHS QA reviewer will contact them in the future, (as issues are not life or death and there is no need for an immediate site visit).
d. If the allegation in the complaint indicates potential safety concern, a site visit must be made as soon as possible. Professional judgment, common sense, is used to determine whether one or two staff should go on the site visit, whether a social worker and an RPN is best suited to make observation, interview clients. It may require both professional staff make a joint visit.
e. Confirmed complaint information is included in the annual QA review of the agency involved.

6. If the situation warrants it, the object of the complaint is asked for documentation, which will either support or negate the complaint.