

## **Participant Review Tool Training Program Navigating in Question Pro**

Required Training  
for  
Service Coordinators and Service Coordinator Supervisors  
Presented by the Office of Long-Term Living  
August, 2016

Please enter questions  
in  
the chat box function

## Purpose of the Participant Review Tool



The Participant Review Tool (Tool) was designed to elicit information from the participant in order to help the SC and SC supervisor determine whether the participant needs additional, different and / or varied services, including additional community activities.

- Is the participant receiving adequate, person-centered services?
- Is the participant satisfied with his service(s)?
- Would the participant like to take part in community activities to optimize independent living?

The Participant Review Tool (Tool) is also intended to assist the SC and SC supervisor to identify signs of actual or potential abuse, neglect, and exploitation and determine the Next Steps they need to take in order to protect the health and welfare of the participant.

The Tool allows the Office of Long-Term Living (OLTL) to collect, record, view and analyze the answers in real time.

While some service coordinators had been using their own review tools, OLTL's goal was to have one, consistent participant review tool for statewide use. OLTL reached out to providers :

- Organized a Pilot Program
- Reviewed various review tools
- Developed a comprehensive Tool using Question Pro web-based software with provider recommendations
- Evaluated, tested and re-evaluated the Tool over a three month pilot period with provider recommendations
- Prepared for statewide roll out

# With Grateful Thanks To . . .



## **The Pilot Program Team**

**Blair Senior Services** – Pamela Hazenstab, Lisa Moyer, Chelsey Rhodes, Melissa Weakland, Steve Williamson

**Lancaster County Office of Aging** – Lynn Smith

**Liberty Community Connections** – Erin Healy, Barry Musselman, Missy Oscavich

**Service Coordination Resources** – Kristy Dovichow

**Service Coordination Unlimited** – Dick Collet, Ken Feda, Rosemary Losser, Matt Perkins, Katherine Reim, Nicole Shuber

**UCP Connections to Independence** – Molly Gerasimoff

# What is Question Pro?



OLTL chose to use Question Pro for creating and distributing the Tool.

Question Pro is a web-based software that provides:

- A user friendly interface for creating survey questions
- Flexibility to customize surveys
- Features for distributing the survey *via* the web
- Reporting features such as real-time summaries, pivot tables, segmentation tools, trend analysis and text analytics
- The ability for OLTL to validate compliance with the CMS Home and Community-Based Services (HCBS) Final Rule
- The ability to print survey results

Question Pro supports all main-stream browsers. Question Pro works independent of operating systems and has been tested using the following browsers.

| <b>Browser/Operating System</b> | <b>Version</b>               |
|---------------------------------|------------------------------|
| <b>Microsoft Windows</b>        |                              |
| <b>Internet Explorer</b>        | <b>Version 9 and higher</b>  |
| <b>Mozilla/Firefox</b>          | <b>Version 15 and higher</b> |
| <b>Google Chrome</b>            | <b>All Versions</b>          |
| <b>Opera</b>                    | <b>All Versions</b>          |
| <b>Apple</b>                    |                              |
| <b>Safari</b>                   | <b>Version 3 and higher</b>  |
| <b>Unix/Linux</b>               |                              |
| <b>Firefox</b>                  | <b>Version 15 and higher</b> |

# Browser Requirements or Settings



Question Pro software works optimally on default browser settings. Please check that the following settings are set for your browser.

For Survey Administration/Development the browser must:

- Accept Cookies
- Disable Popup Blockers
- Enable JavaScript

For Survey Respondents (Users completing the survey):

- Enable Cookies
- NOTE: It is not recommended that multiple windows/browsers sessions be open at the same time.

SCs are to complete the Tool during a face-to-face visit at least once per calendar year. To clarify “calendar year” it is intended to be the individual service plan year for the participant from the beginning of the service plan and the following 12 month period.

- The questions on the Tool can be used at other times during the year to assist in ensuring participant health and welfare and appropriate service planning.
- Ask additional follow up questions as needed.
- Prior to face-to-face visits, the SC should check for any Critical Incident Reports since the last visit or contact.

# The Person-Centered Approach



The answers gathered from the Tool will enable OLTL and SCs to better understand each participant's needs and appropriateness of the individual service plan (ISP) addressing those needs.

When filling out the interview sheet of the Tool with the participant:

- ✓ The participant must be present
- ✓ The interview should focus on the participant's needs
- ✓ The Direct Care Worker (DCW) should ***not*** be present during the interview with the participant
- ✓ Ask additional follow-up questions as needed

SCs must ask participants all questions consistent with their service model and living arrangement:

- ✓ The participants' responses must be documented for each question
- ✓ Ideally, the participant will be answering the question, but if the participant is unable to respond, please ask the participant's representative to do so



For best results  
and ease of use,  
review the Tool  
prior to use!

The Tool is to be completed electronically using Question Pro *via* the web.

1. First, the SC must submit his or her name and e-mail address to OLTL through the RA Account ([RA-PWOLTLPMTREG@pa.gov](mailto:RA-PWOLTLPMTREG@pa.gov)). (See OLTL Bulletin # 59-16-08 dated August 15, 2016 for additional information).
2. The SC will receive an invitation from OLTL that includes an SC specific link to Question Pro.
3. SCs are to use their unique link each time they complete the Tool.
4. SCs are to make sure that they type their Provider Identification Number correctly and consistently for data collection purposes.

**No Laptop in Field:** Complete the Paper Form of the Tool; have the participant sign the one-page attestation form; return to office and enter information into Question Pro and submit.

**Laptop in Field/No Internet Access:** Complete the Paper Form of the Tool or Electronic Form; have the participant sign the one-page attestation form; return to the office and enter information into Question Pro and submit.

**Laptop in Field/Internet Access:** Enter information directly into Question Pro while in the field and submit. Have the participant sign the one-page attestation form.

All methods of completion will require a hard copy attestation form to be signed by the participant.

## Navigating in Question Pro: Printing the Completed Tool for the Participant's File



1. Once the Tool is submitted in Question Pro, the SC will receive an email with a copy of the completed Tool. The SC-specific link that is used to complete the Tool determines the email address that receives a copy of the completed Tool. Make sure the HTML email format is selected in order to view the completed survey.
2. Other options for printing and saving an electronic copy while on the last page of the Tool:
  - Print a copy of the completed Tool by clicking the “print” icon in the upper right hand corner.
  - Save an electronic copy that can be printed later: File>Save As>HTML, then print the HTML version.
3. The participant's file must contain a completed copy of the Tool that was entered into Question Pro and a one-page attestation form signed by the participant. The completed, hand-written paper version of the Tool does not meet this requirement.
4. OLTL will monitor to ensure SCs are completing the tool.

The Tool consists of five sections:

**Section 1.** General Information to be Completed by all Service Coordinators

**Section 2.** To be Completed for All Participants

**Section 3.** To be Completed for Participants in the Participant-Directed Model or  
for Participants in Both Agency and Participant-Directed Models

**Section 4.** To be Completed for Participants Residing in Provider Owned and Operated Settings

**Section 5.** Service Coordinator Observations to be Completed by all Service Coordinators

**Required Questions:** There are required questions marked with a **red asterisk \*** in each section that must be answered. You will **not** be able to continue unless required questions are answered.

**Skip Patterns:** There are questions that may not be consistent with the participant's service model or living arrangement. The Tool has the ability to skip certain questions based on previous answers.



**No “Back” Button:** You cannot move back to previous screens.

**90 Minutes:** Accessibility to the Tool will last for 90 minutes of inactivity. You cannot save information and come back another day to complete the Tool.

**Actual Interview Time:** In order to capture the actual interview time, the SC enters the time the face-to-face interview with the participant begins, and the time the interview ends.

**Start Time\***



Enter the start time you began interviewing the participant for this survey. \*

Hrs. Mins. AM/PM

-- ▾ -- ▾ AM ▾

**End Time\***



Enter the end time you finished interviewing the participant for this survey. \*

Hrs. Mins. AM/PM

-- ▾ -- ▾ AM ▾

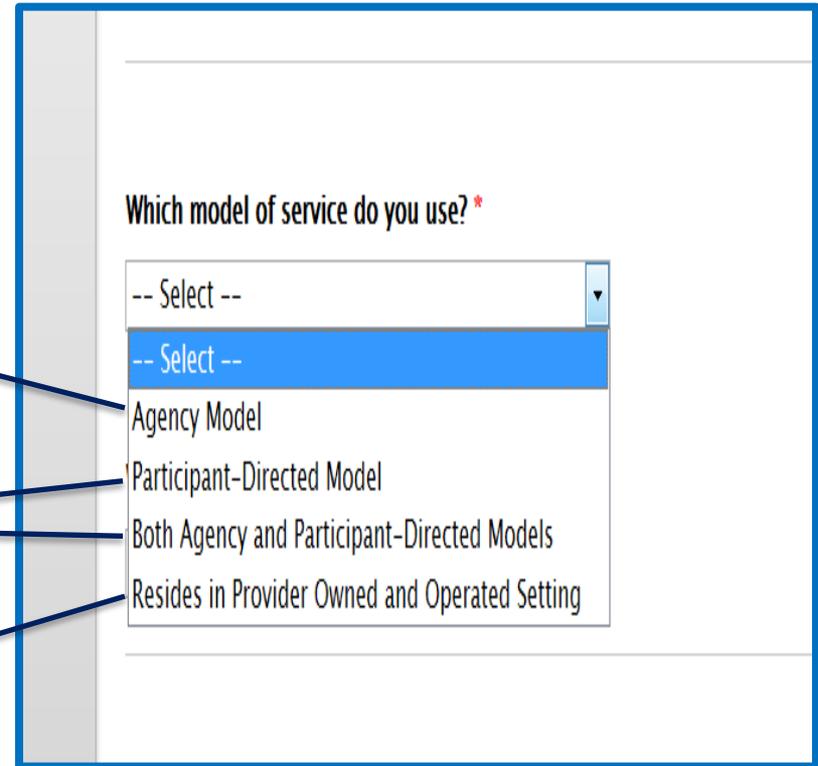
## Section 2. To be Completed for All Participants

### Select Model of Service\*

If the SC selects the Agency Model, then Section 3 Participant-Directed Model and Section 4 Provider Owned and Operated Settings Model questions are skipped.

If the SC selects the Participant-Directed Model or Both Agency and Participant-Directed Models, then Section 4 questions are skipped.

If the SC selects the Resides in Provider Owned and Operated Settings Model, then Section 3 questions are skipped.



Which model of service do you use? \*

- Select --
- Agency Model
- Participant-Directed Model
- Both Agency and Participant-Directed Models
- Resides in Provider Owned and Operated Setting

## Section 2. To be Completed for All Participants

Describe a Typical Day.  
What activities do your  
direct care workers  
help you with? \*



Describe a typical day. What activities do your direct care workers help you with? \*

## Section 2. To be Completed for All Participants

Do you always feel safe?\*



Do you always feel safe?\*

- Yes
- No

## Section 2. To be Completed for All Participants

How many times did you remain in bed for more than 1 day in the last 6 months (do not include hospitalization)?\*

Was it your decision to remain in bed?\*

- Yes
- No
- N/A

If No, please describe the circumstances.

Please describe if/how this has affected your health.

# Employment Questions



To ensure that the Commonwealth's "Employment First" policy is being implemented as designed by OLTL, employment questions have been added.

These will be asked of all participants.

They include:

If you would like to work, do you have the opportunity to work?

- Yes
- No - I am unable to work
- No - I do not want to work
- No - but I DO want to work

Follow up questions for participants who are working:

How many hours do you work in a typical work week?

- 10 or less
- More than 10 but less than 20
- More than 20 but less than 30
- More than 30 but less than 40
- 40 hours or more

# Employment Questions (contd)



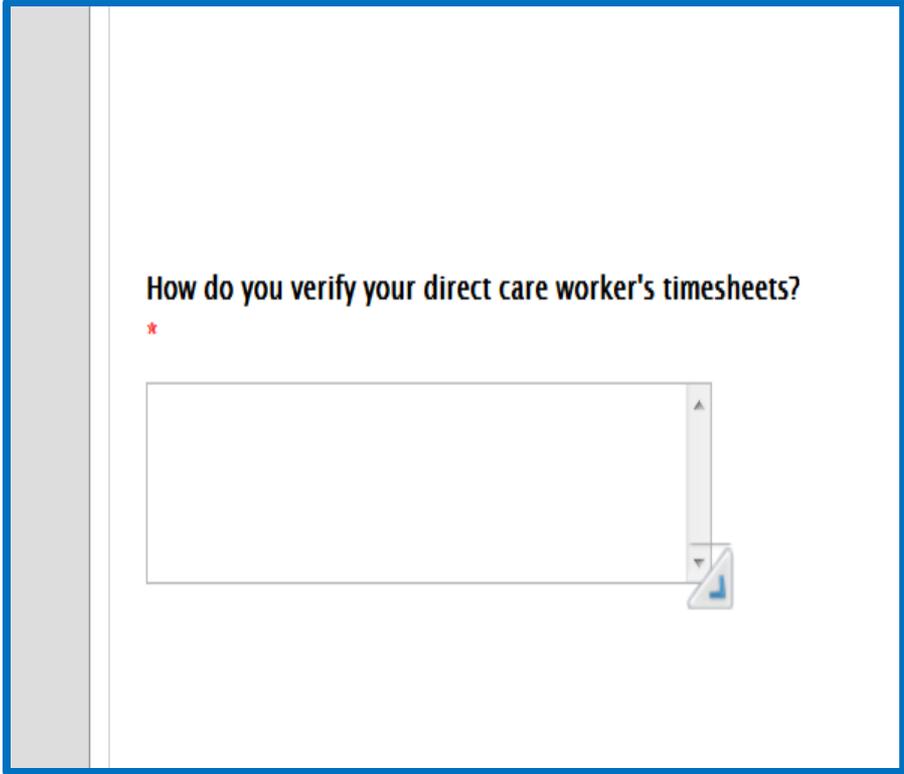
**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

- What type of work do you do?
- Administrative/Clerical
- Customer Service
- Telemarketing
- Professional
- Financial
- Government
- Health Care
- Information Technology
- Hospitality
- Other \_\_\_\_\_

- If you would like to work but feel you don't have the opportunity, what are the reasons?

## Section 3. To be Completed for Participants in the Participant-Directed Model or Both Participant-Directed and Agency Model

How do you verify your direct care worker's timesheets?\*



How do you verify your direct care worker's timesheets?\*

## Section 4. To be Completed for Participants in the Provider Owned and Operated Settings

Opportunity to participate in community activities? 

Do you have the opportunity to participate in community activities of your choice such as religious services, movies and dining out?

- Yes
- No

If not, why not? \* 

If you feel you cannot participate in community activities, what are the activities and why do you feel you cannot participate? \*

## Section 5. Service Coordinator Observations to be Completed by All Service Coordinators.

Concerns



Are any of the following concerns present  
(Check all that apply)?\*

- Bruising
- Poor physical appearance
- Wounds / pressure sores
- Signs of abuse
- Malnourishment

## Section 5. SC Observations to be Completed by All SCs

### Next Steps\*



Observed concerns to address (Select all that apply):\*

- Explore additional resources
- Increase SC monitoring
- Alter type of waiver
- Change in service
- Change in model of service
- File incident report
- File APS/PS report
- File report to BPI
- Change in waiver service provider
- Change in quantity of service
- None

### **Do Some Preparation before Interviewing the Participant**

Review of the Level of Care Determination (LCD) and the Case Management Instrument (CMI) to ensure that the Individual Service Plan (ISP), including the individualized and emergency back-up plans, address the needs and strengths identified in the LCD and CMI.

Review the available services under the HCBS Program in which the participant has enrolled, including the availability of emergency, temporary or one-time services.

Remember, the Tool is designed to help SCs and SC supervisors work with each participant in order to develop the person-centered Next Steps needed to protect that participant's health and welfare.

- The Next Steps are to be developed from the perspective of the participant as a whole person and not the sum of his or her services.
- The Next Steps are to be developed from the perspective of the participant living a real life in the community rather than in participating in a community-like life within the service system.

### Brush up on Your Interviewing Skills

The monitoring should be more of a conversation rather than an interview with the participant:

- When you use your laptop, make it a tool, not a barrier
- Show the participant the monitoring form
- Speak clearly and with compassion

Recognize the participant's personality and consider how this affects questions and answers.

Pay attention to what you see and smell as well as what you are hearing from the participant.

- Look for signs and symptoms of physical and emotional abuse
- Look for signs of self-neglect
- Watch body language
- Pick up on both blatant and subtle cues
- Follow-up with probing question in order to get the full picture of what the participant is experiencing

### Brush up on Your Interviewing Skills

Understand the participant's needs pertaining to:

- Education
- Culture
- Life-changing events

Engage the participant in every aspect of the person-centered conversation:

- Ask the participant to demonstrate what he is capable of doing
- Discuss satisfaction or dissatisfaction with services
- Ask if services are adequate, person-centered services
- Ask additional follow up questions as needed.
- If needed, talk about any Next Steps
- Keep the lines of communication open
- Encourage the participant to contact you with any questions or concerns

RA Account: [RA-PWOLTLPMTREG@pa.gov](mailto:RA-PWOLTLPMTREG@pa.gov)

- To request SCs be registered in Question Pro
  - To ask questions about the Participant Review Tool
- 
- <http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn>

Questions?

# Thank You!



This webcast has been written and produced  
by the Office of Long-Term Living.

Thank you for participating.