Provider Network
Quality Assurance Manual

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1. Introduction

1.1 Purpose of Manual

The Provider Network Quality Assurance Manual is designed to provide a description of the standards and practices used by ASAPs to ensure the highest level of service quality as delivered by subcontractors. The Manual has three intended audiences:

1.1.1. ASAPs

The Manual is used both for training and for ongoing reference among ASAPs. ASAPs strive for consistency across the service areas with respect to quality assurance practices.

1.1.2. Providers

The Manual gives the prospective provider agency an introduction to the system and makes clear the expectations and measurement methods for quality assurance. Experienced providers use the Manual as an ongoing reference regarding quality assurance expectations.

1.1.3. ASAP Customers

The Manual gives the prospective purchaser of ASAP products a clear description of the process used by ASAPs to ensure quality and consistency in its subcontracted services.

1.2. Description of Provider Network

There are twenty-seven ASAPs serving distinct geographical regions of Massachusetts. Generally speaking, ASAPs are not themselves providers of direct services. Rather, members purchase services such as homemaking, personal care and chore service from provider agencies. Having no ownership interest in any particular service method or service provider, ASAPs can compare services and service providers as an independent buyer of service. The large volume of service required by ASAPs encourages competitive rates among provider agencies competing for business.

Homemaker agencies pre-qualify through the Massachusetts Executive Office of Elder Affairs (EOEA). ASAPs then contract with pre-qualified homemaking agencies based on the standards and criteria of each individual member agency. Non-Homemaker agencies complete the qualification process directly with ASAPs and are not required to pre-qualify with EOEA.

Providers may be either nonprofit or for profit. Some providers serve limited geographical regions, while others serve large regions.

The service agencies described will be referred to as the *provider(s)* in the remainder of the Manual. Their employees will be referred to as the *provider employee(s)*, their managers as *provider management*. ASAP staff member who are responsible for monitoring the services delivered by providers will be referred to as the *provider monitors.*

1.3. Quality Philosophy

While "quality" can be an elusive concept, the philosophy of this Manual is that measuring a spectrum of outcomes against set standards will elicit the best picture of provider quality. It is the responsibility of provider agencies to maintain the regulatory and contractual standards as outlined in this Manual. ASAPs monitor compliance with these standards to ensure the services purchased are of the highest quality.

2. Glossary of Terms/Definitions of Roles

2.1. Activities of Daily Living (ADLs)

Those self care tasks, including the ability to bathe, dress/undress, eat, transfer in and out of bed or chair, toilet, get around inside the home, and manage incontinence, which are used to measure the Functional Impairment Level (see Functional Impairment Level).

2.2. Aging Services Access Points (ASAPs)

Locally based private, nonprofit corporations which contract with EOEA to purchase community based long term care services for certain consumers, provide Protective Services; Information and Referral Services; Case Management services; coordinate and authorize the delivery of Home Care Program services (including the Respite Care Program, the Choices Program, and the Enhanced Community Options Program); and provide clinical eligibility determinations for: Nursing Facility, Adult and Group Adult Foster Care, Adult Day Health and Enhanced Community Options Program services. Some ASAPs also directly provide nutrition services, Adult Foster Care and Group Adult Foster Care. Each agency is organized to plan, develop, and implement the coordination and delivery of community-based long term care services.

2.3. Critical Unmet Needs

A consumer's unmet needs, which include one or more of the following: any Activity of Daily Living (ADL), meal preparation, food shopping, transportation for medical treatment, and Home Health services.

2.4. Functional Impairment Level (FIL)

The degree of functional impairment experienced by an applicant or consumer. It is determined by an inability to do self care (ADLs) and an inability to do basic environmental tasks (IADLs). Each level of impairment is defined by the number of tasks an individual is unable to perform.

2.5. Home Care Services

Include: Homemaker, Personal Care, Laundry service, Home-delivered Meals, Case Management, Chore services, Home Health Services, Transportation, Supportive Day Program, Adult Day Health, Environmental Accessibility Adaptation, Personal Emergency Response, Grocery Shopping/Delivery services, Companionship services, Alzheimer's Day Program, Alzheimer's/dementia Coaching services, Behavioral Health services, and Emergency Shelter. Complete service definitions are available in EOEA PI-09-13.

2.6. Housing Complex

A residential facility or location, which may be public or private, where more than one unrelated elder person dwells. Housing complexes include: congregate housing facilities and designated neighborhoods.

2.7. Information and Referral Services

Activities related to the maintenance of current information with respect to services available to consumers, assessments of the type of assistance needed by an elder requesting information, referral to appropriate services, and follow-up to determine if needed services were received. Information and Referral services may be conducted by mail, telephone, or in person.

2.8. Instrumental Activities of Daily Living (IADLs)

Those basic environmental tasks, including the ability to prepare meals, do housework, do laundry, go shopping, take medicine, get around outside, use transportation, manage money, and use the

telephone which are used to measure the Functional Impairment Level of an applicant or consumer.

2.9. Interdisciplinary Care Management (Care Management)

Care management provided by a registered nurse and care manager working in consultation with other health care professionals such as physicians, physician assistants, therapists, home health professionals, nutritionists and mental health professionals in order to:

- assess the functional, health and income status of a consumer to determine eligibility and appropriateness for community-based long term care services;
- develop, authorize, coordinate, and monitor an appropriate service plan for each consumer utilizing all available informal supports and information from involved providers; and
- conduct periodic reassessments to determine appropriateness of the service plan.

2.10. Plan of Care

A comprehensive plan of care that delineates all services, supports, and benefits to be provided to an individual, developed in conjunction with the consumer and/or the consumer's designated representative.

2.11. Purchased Services

Any home care services directly delivered by a provider under contract with the ASAP or delivered by a provider following a referral from the ASAP.

2.12. Respite Care

The provision of one or more services to temporarily relieve the caregiver of the care of a consumer in emergencies, or in planned circumstances, to relieve the caregiver of the daily stresses and demands of caring for a consumer in efforts to strengthen or support the consumer's informal support system. Respite care provided to the consumer to alleviate the burden on the caregiver includes, but is not limited to: companionship services, homemaker services, supportive day program services, adult day health, nursing services, home health aide services, adult foster care, and short term institutional care.

2.13. Senior Information Management System (SIMS)

The case management information system developed and maintained

by the Executive Office of Elder Affairs for the use of ASAPs for the purpose of conducting Home Care Program activities, including ASAP expenditure and service delivery data.

2.14. Unmet Need(s)

The applicant or consumer's identified care needs which are not being met by other sources available to the consumer or applicant as determined through the assessment process.

3. Outcomes (quality indicators)

This Manual identifies 11 types of "outcomes" as significant in demonstrating provider quality. Each of those outcomes is listed and briefly described below:

3.1. Legal/Regulatory Compliance

Compliance with all applicable laws and regulations.

3.2. Education/Training of Staff

Effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.

3.3. Contract Compliance

Compliance with all terms of the Provider Agreement with the ASAP.

3.4. Compliance with Other Agreements

Compliance with any other written agreements or memoranda of understanding for services. These agreements could be for clustered services, the Group Adult Foster Care Program, or other specialized programs.

3.5. Adherence to Continuous Quality Improvement Practices

Established strategies to improve quality through continuous evaluation and readjustment of the services being provided.

3.6. Compliance with Internal Quality Assurance Practices

Established strategies to prevent, detect and correct problems in the quality of services provided. Commonly these Internal Quality

Assurance Practices will: 1) establish the definition of quality services; 2) assess care provided against this standard; and 3) detail corrective measures to be taken if problems are detected.

3.7. Direct Services Quality and Outcomes

Achieve care plan goals with individual consumers by providing effective and efficient services.

3.8. Consumer Satisfaction

Achieve high level of consumer satisfaction.

3.9. ASAP Staff Satisfaction

Achieve high level of ASAP staff satisfaction.

3.10. Availability

As part of each provider's agreement with each ASAP, providers indicate what services they are able to provide and in which geographic areas they are able to provide services. Providers should be readily available to provide the stated service types in the stated geographic areas.

3.11 Responsiveness

Initiate authorized services with little or no delay.

4. Standards and Practices

This Manual details Standards and Practices to clarify the relationship between the ASAP and the provider and to standardize the expectations for the provider agency.

4.1. Contract Awards

Competitive Requests for Proposals for all non-homemaker services are solicited every three years. When considering a contract, the ASAP reviews the proposal and reference information, and for existing providers, reviews relevant testimony from staff and also reviews Provider Monitoring Reports, Complaint/Incident Reports, Merit Citations and the Provider Log (see Section 7.4.)

For homemaker/personal care homemaker services, the ASAP conducts an annual evaluation process. This allows the ASAP to evaluate present contracts and review expressions of interest submitted by pre-qualified organizations. The ASAP reviews the RFA

(Request for Application) addenda along with references from consumers and staff from other ASAPs that can attest to past performance of the applicant agency. Unit rate is also considered.

After a contract is established, the ASAP makes referrals based on the following:

- Consumer care needs and specialized consumer support
- Staff reliability
- Rate
- Geographic availability and location
- Quality practices
- Cluster considerations where applicable

4.2. Reportable Incidents

In the case of alleged Protective Services cases (i.e. abuse, neglect or financial exploitation) the mandated report must be made according to state regulations and regulatory timelines.

In the case of incidents of accidental damage or damage to consumer property by provider employer, or theft or consumer and/or employee injury, the provider must report incident to ASAP prior to beginning any internal investigation.

Depending upon the severity of the allegation, the provider agency employee(s) may be temporarily reassigned from all ASAP consumers until the investigation is completed.

All provider employees should be oriented to the fact that they may be temporarily reassigned. Orientations should also include limitations of involvement in consumer's personal or financial affairs and emphasis on keeping a professional distance between the consumer and employee's personal or financial matters.

Initial reports can be verbal, but they should be documented in the provider's log book. Provider agencies must make an immediate oral report followed by a written report.

When a consumer is absent from the home for any reason, providers shall inform the appropriate care manager. In cases where a care manager first learns of absences from the home, he/she will inform the appropriate providers.

In cases of medical absence from the home, the care manager will also call the hospital or nursing home to request that the consumer's social

worker or discharge planner share information about the consumer's discharge plan with the ASAP care manager. Home Care services may then be reassessed.

Reports Required of Provider

Report immediately, day or night:

- Abuse
- Neglect
- Financial Exploitation
- Emotional Intimidation

Report on same business day:

- Any hospitalization
- Addition or loss of household member
- Absences from home
- Alleged theft
- Alleged breakage of consumer's possessions
- Injury to employee or consumer
- Consumer complaint

Report by next business day:

- New address, name, telephone number
- New M.D.
- New diagnosis
- Relevant Employee complaint

4.3. Service Coordinator Guidelines

Telephone Communication, Routine Service Coordination

- Is professional and courteous
- Is candid about service availability
- Is flexible regarding special requests
- Accepts or rejects cases by end of next business day (with the exception of cluster arrangements, where referrals are always accepted)
- Initiates service promptly

- Returns telephone calls as soon as possible – in no more than 1 business day
- Returns written correspondence within designated time period to ASAP
- Calls consumer each time employee cancels
- Encourages consumers to accept substitutes
- Notifies ASAP of variations in service from written authorization

4.4. Consumer Not at Home

The provider agency should have policies and adhere to those policies regarding "consumer not at home." Consumer not at home policies minimally should contain the following elements:

In the case that the provider employee arrives at a consumer's home and cannot gain access, the expectation is that the following steps will occur, in the order given:

1. The employee will use his/her best efforts to gain access to the house. This includes loud knocking, calling out the consumer's name and looking into all accessible windows to determine if the consumer is on the floor and unable to help themselves. (Employees must not take risks in this endeavor; an injury will compound the problem.)
2. The employee will then use the nearest available telephone to call the supervisor at his/her agency. This may be the telephone of a neighbor. The supervisor will then try to reach the consumer by telephone.
3. If unsuccessful, the supervisor will call the emergency contact(s) to ascertain the consumer's location. If the consumer lives in a congregate or elder housing location, the supervisor or on-site employee will check with the office or the consumer's neighbor.
4. The provider supervisor then calls the care manager, care manager on duty, or care manager supervisor. (A system is in place so that there is continuous coverage during business hours by the above mentioned staff.) The provider coordinator will request to speak to a home care staff member in the order indicated and will make all efforts to relay information in person and not via voice mail.
5. The responsibility for reconciling the consumer's absence will at this point lie with the ASAP's staff member.

4.5. Consumer Emergencies in the Home

Each provider must have a written plan in place for consumer emergencies. Such a plan will include:

- accessing emergency services
- contacting provider supervisor
- assisting elder in event of fall
- assisting an elder in fire, carbon monoxide or smoke emergencies
- orienting staff members to emergency procedures

5. Quality Measurement Methods

5.1. On-Site Reviews

On-Site Reviews consist of visits to the provider's place of business for the purpose of gathering information to measure:

- Legal/Regulatory Compliance
- Compliance with other agreements, such as Memoranda of Understanding and Standards and Practices
- Education and training of staff members
- Adherence to Continuous Quality Improvement Practices
- Compliance with Internal Quality Assurance Practices
- Compliance with contract

Frequency

ASAPs will conduct reviews at the provider's administrative offices or place of business:

- at least once during the first six months (after the first services are provided) for a provider new to the ASAP;
- at least once every two years for homemaker/personal care, supportive home care aide, home health providers, and supportive day program providers and at least once every three years for all other types of providers.

ASAPs will participate in collaborative On-Site Reviews with other ASAPs where feasible and appropriate.

Disposition of Results

Results of On-Site Reviews will be reported to:

- Appropriate committee of ASAP board of directors
- Appropriate ASAP management staff members and executive director
- Provider management within 30 days of On-Site Review. The ASAP will request a Corrective Action Plan to be returned within 30 days for any deficiencies cited.

5.2 Consumer Satisfaction Survey

Consumer Satisfaction Surveys consist of gathering information on consumer perspective of service quality for the purpose of measuring:

- Direct service quality and outcomes
- Consumer satisfaction

Frequency

ASAPs will conduct a survey of a statistically significant sampling of consumers:

- on an annual basis

Disposition of Results

Data will be in aggregate form and not attributable to any specific consumer. Results of Consumer Satisfaction Surveys will be reported to:

- Appropriate committee of ASAP board of directors
- Appropriate ASAP management staff members and executive director
- Provider management to the extent that data gathered is relevant to any specific provider.

5.3 Statistical Review

Statistical Reviews consist of analyzing care management data for the purpose of measuring:

- Provider availability
- Provider responsiveness

To the extent that record keeping systems provide the appropriate data, ASAP staff will analyze such data as the lag time between the

service authorizations and the actual commencement of services.

Frequency

ASAP member agencies will analyze such data:

- at least on a quarterly basis

Disposition of Results

Results of the Statistical Review will be reported to:

- Appropriate committee of ASAP board of directors
- Appropriate ASAP management staff members and executive director
- Provider management to the extent that data gathered is relevant to any specific provider. Corrective action may be required of any provider falling below the standards established by the ASAP.

5.4. Staff/Consumer Complaint/Compliment Log

Staff/Consumer Complaint/Compliment Log consists of logging unsolicited input by consumers and ASAP staff members on service quality for the purpose of measuring:

- Consumer satisfaction
- ASAP staff satisfaction
- Adherence to Continuous Quality Improvement practices
- Compliance with Internal Quality Assurance Practices
- Contract compliance

Frequency

ASAPs will maintain a Staff/Consumer Complaint/Compliment Log:

- on an ongoing basis

Disposition of Results

If a complaint or compliment regarding provider performance is not of a minor nature (easily resolved by reporter with a conversation with the provider), the reporter will document it on the provider Report Form, or bring it to the designated ASAP staff member for documentation. (The designated staff member will return the form to the reporter for sign off and forward the form to the ASAP provider monitor.) The provider

monitor will record the complaint or compliment on the Internal Service Evaluation Log form.

The provider monitor determines the degree of concern and proceeds as follows:

- calls the provider to discuss the situation, and documents the action taken on the Internal Service Evaluation Log;

OR

- forwards the concern to the provider for a documented response within a timely fashion and records the information onto the Internal Service Evaluation Log.

Upon receipt of the provider response, a determination will be made by the provider Monitor as to whether or not a satisfactory resolution has taken place. If so, the resolution is documented on the Internal Service Evaluation Log. If not, the provider Monitor again contacts the provider and requests specific action.

Completed and resolved Provider Report forms will be returned to the care manager to file in consumer record and to review with consumer if appropriate.

Results of Staff/Consumer Complaint/Compliment Log activity will be reported to:

- Appropriate committee of ASAP board of directors
- Appropriate ASAP management staff members and executive director

5.5 Staff Surveys

Staff Surveys consist of a questionnaire completed by ASAP staff members regarding provider performance. The purpose of the Staff Survey is to measure:

- ASAP staff satisfaction
- Provider availability
- Provider responsiveness

ASAP care managers, nurses, fiscal staff, supervisors and all staff members with provider interaction will participate in the survey process. The Provider Monitor will disseminate, collect and analyze

the surveys.

Frequency

ASAPs agencies will administer staff satisfaction surveys:

- at least annually

Disposition of Results

Compiled results of the staff satisfaction surveys will be reported to:

- Appropriate committee of ASAP board of directors
- Appropriate ASAP management staff members and executive director
- ASAP staff members who participated in the survey process
- Provider management. The ASAP will request a Corrective Action Plan to be returned within 30 days for any significant deficiency areas cited.

5.6 Observation at the Point of Service Delivery

Observation at the Point of Service Delivery consists of recording observations regarding service quality at the time of visits by ASAP staff members to the consumer's home or other venue of service delivery. The purpose of the Observation at the Point of Service Delivery is to measure:

- Direct service quality and outcomes
- Consumer satisfaction

ASAP care managers, nurses, and other staff members making routine visits to venues of service delivery will participate in the Observation at the Point of Service Delivery process. Observations are made while the service is actually in the process of being delivered as well as immediately following service delivery. In some cases, reassessment visits will include interviews with consumers regarding consumer perception of the quality of service delivery.

Frequency

ASAPs will record observations at the point of service delivery:

- (recommended) 90% of the time at annual redetermination.

Disposition of Results

Results of the Observation at the Point of Service Delivery will be reported to:

- Appropriate committee of ASAP board of directors
- Appropriate ASAP management staff members
- ASAP staff members who participated in the Observation at the Point of Service Delivery process
- Provider management. The ASAP will request a Corrective Action Plan to be returned immediately for urgent matters or within 30 days for any significant deficiency areas cited.

6. Current EOEA Standards

Below are listed the current year ASAP (Aging Services Access Points) Standards as related to provider monitoring.

6.1 100% of providers receive On-Site Reviews at least once during the first six months after the first services are provided, and at least once every two years for homemaker/personal care, supportive day program, and home health providers and at least once every three years for other providers. Where On-Site Reviews indicate that a provider is significantly not meeting standards in the areas of legal/regulatory compliance; education/training of staff; contract compliance; compliance with other agreements, such as MOUs; and/or adherence to continuous quality improvement practices, the ASAP will require that a corrective action plan be created and implemented by the provider.

6.2 ASAPs will participate in a Consumer Satisfaction Survey process. Where Consumer Satisfaction Surveys indicate that a particular provider is performing in a substandard manner in terms of consumer satisfaction and/or direct service quality, the ASAP will require a corrective action plan be created and implemented by the provider.

6.3 ASAPs will conduct statistical reviews of authorization and service commencement. Where Statistical Reviews show that a particular provider has a wait time between authorization and commencement of services that falls significantly below that norm, the ASAP will investigate the circumstances contributing to this condition and require a corrective action plan be created and implemented by the provider.

6.4 ASAPs will participate in the standardized Staff/Consumer Complaint/Compliment Log process. In each instance where Staff/Consumer Complaint Logs indicate problems with consumer satisfaction, ASAP staff satisfaction, compliance with internal quality assurance practices, adherence to continuous quality improvement practices and/or contract compliance, the ASAP will require that a corrective action plan be created and implemented by the provider.

6.5 ASAPs will be conducting surveys of staff on at least an annual basis. Where staff satisfaction surveys indicate that a particular provider is performing in a substandard manner in terms of staff satisfaction, provider availability and/or provider responsiveness, the ASAP will require that a corrective action plan be created and implemented by the provider.

6.6 ASAPs will participate in the standardized Observation at the Point of Service Delivery process. Where Observation at the Point of Service Delivery data indicate that a particular provider is performing in a substandard manner in terms of consumer satisfaction and/or direct service quality, the ASAP will require that a corrective action plan be created and implemented by the provider.