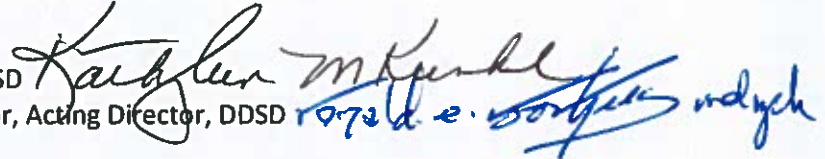


Date: February 8, 2017

To: DDSD Regional Office Nurses

From: Kathy Kunkel, Acting Director, DDSD
Ronald Voorhees, Medical Director, Acting Director, DDSD



Subject: Jackson Health Evaluative Components H1.3a, H1.3b, H1.5a, H1.5b, and H3.5b
"Defendants must monitor the accuracy of each Jackson Class Member's health record including the Jackson Class Member's healthcare plans."

The purpose of this memorandum is to establish a process by which Provider Agency Nurses and Regional Office (RO) Nurses will complete quality assurance reviews of the health record for Jackson Class Members (JCM). The quality assurance reviews will address Jackson Evaluative Components H1.3a, H1.3b, H1.5a, H1.5b, and H3.5b which states in part *"Defendants must monitor the accuracy of each JCM's health record, including the JCM's current healthcare plans."*

Effective, March 1, 2017; DDSD will require that each Provider serving a JCM will complete an internal quality assurance review of the health record for the JCM as identified by the RO Nurse.

The Provider Agency Nurse and RO Nurse will complete quality assurance reviews of the JCM health record monthly, using the attached Therap/Health Record Audit Tool. The attached tool was developed based on mandatory requirements within Therap for health records. The components of the tool include the following:

- Name of Agency/Name of Jackson Class Member
- Date of Quality Assurance review
- Individual Data Form (IDF)
- Aspiration Risk Screening Tool (ARST)
- General Event Reports (GER)
- Electronic Comprehensive Health Assessment Tool (ECHAT)
- Medication Administration Assessment Tool (MAAT)
- Health Tracking-Required
 - Appointments
 - Lab Test(s)
 - Height/Weight
 - Medication/Diagnosis
- Health Tracking-Required when tracking is part of a Health Care plan or Medical Emergency Response Plan
 - Blood Glucose
 - Immunization
 - Infection Tracking
 - Intake/Elimination
 - Menses
 - Respiratory Treatment

- Seizures
- Skin/Wound
- Vital Signs
- Health Passport
- Health Care Plans (HCPs)
- Medical Emergency Response Plans (MERPs)
- Comprehensive Aspiration Risk Management Plan (CARMP)

The outline below details the process by which Provider Agency Nurses and RO Nurses will complete quality assurance reviews of the health record for individual Jackson Class Members.

- Each Provider Agency Nurse and RO Nurses will complete monthly quality assurance reviews of the health record for identified JCMs.
 - Metro Region will complete 5 reviews per month (60 per year or approximately 40% of JCMs)
 - Northwest Region will complete 2 reviews per month (24 per year or 100% of JCMs).
 - Northeast Region will complete 2 reviews per month (24 per year or 100% of JCMs)
 - Southeast Region will complete 2 reviews per month (24 per year or approximately 83% of JCMs).
 - Southwest Region will complete 2 reviews per month (24 per year or approximately 70% of JCMs).
- By the 1st of each month, the respective RO Nurse will identify JCMs for a quality assurance review. Regional Offices Nurses will select the sample for JCMs based on information and data available; such information may include but is not limited to the following:
 - Emergency Services General Event Reporting in Therap.
 - Weekly Out of Home Placement reports.
 - At Risk List for Jackson Class Members.
 - Information obtained through Regional Office follow up by attendance at interdisciplinary team meetings, completing home visits, discussions with Provider Nurses, etc.
- By the 5th of each month, the RO Nurse will notify the Provider Agency Nurse serving the JCM that they need to complete a quality assurance review of the health record for the identified JCM.
- By the 15th of each month, using the Therap/Health Record Audit Tool and accompanying instructions. The Provider Agency Nurse must complete the quality assurance review of the health record and submit the results to the RO Nurse. The Provider Agency Nurse must submit all documents not contained in Therap with the quality assurance review. For example: All HCPs and MERPs not in Therap must be submitted to the RO Nurse. Additionally, if the JCM has a CARMP, this plan must be submitted to the RO Nurse as well.
- By the 25th of each month, the RO Nurse will complete a quality assurance review of the health record, using the Therap/Health Record Audit Tool and accompanying documents submitted by the Provider Nurse. The RO Nurse will review the Therap/Health Record Audit Tool and

documents submitted, such as HCPs, MERPs, and CARMPs (as applicable) against information in Therap for completeness and timeliness.

- By the 30th of each month, the RO Nurse will inform the Provider Nurse, in writing, whether the quality assurance review is complete or if action is needed to make corrections. If corrections are needed within Therap based on the quality assurance review. The RO Nurse will provide a detailed accounting of the corrections needed to the Provider Nurse. The RO Nurse will specify a timeline by which corrections are to be completed within Therap. The RO Nurse will place the actions needed (corrections) timeline in writing to the Provider Nurse, the Director of Nursing, and with a copy to the respective Regional Office Director. The timeline for corrections set by the RO Nurse shall not exceed 14 calendar days from the date of the correspondence.
- No more than two (2) written requests to the Provider Nurse and Director of Nursing shall be made requesting that the corrections be completed.
- If the Provider Nurse fails to submit the quality assurance review or fails to complete the necessary corrections after two (2) written requests from the RO Nurse, the agency may be subject to sanctions as per the Regional Office Contract Management Policy.
- Prior to the imposition of sanctions, as per pages 2-3, section II.A. *“Administrative Actions and Technical Assistance”* of the Regional Office Contract Management Policy, *“the Regions may engage in actions that are less than sanctions but are designed to intervene before the imposition of a sanction. Administrative actions and technical assistance are intended to provide direction or guidance to the agency to remedy the issue or concern resulting in quality services for the person served. Administrative actions and/or technical assistance may be provided on an individual level, provider level, or systemic level depending on the circumstance.”*
- It is not mandated that the Regions engage in *“Administrative Actions and Technical Assistance”* prior to the imposition of sanctions.

cc: Elizabeth Finley, Clinical Services Bureau Chief, DDSD
Scott Doan, Regional Office Bureau Chief, DDSD
Regional Office Directors, DDSD