

FINAL Technical Assistance Plan

Area(s) of Concern	RP Actions	Due Date	SP Actions	Due Date	Responsible party
<b>Complaint Handling</b>					
Effective complaint handling compliant with ombudsman rules	1. RP will designate each identified topic from the DSR as the focus area for case presentations at 3 staff meetings per month. As needed, the topics will be repeated during the year. The case presentation – rotation established among all OS – which follows a specific format. Part of the review by the team is to conduct a QA process which will identify lessons learned (errors/omissions) and best practices. Policies will be developed for some of the best practices identified to ensure consistent practice.			Initiated 6/7/11 – Discharge & transfer	SMG / NK
	2. The RP will dedicate necessary resources to provide sufficient training, supervision, and quality assurance to ensure efficient and effective complaint handling compliant with ombudsman rules as evidenced by consistent quality intake identifying underlying issues, measurable goals, and initial action planning, case notes that consistently end with next steps and timeline, properly obtained and documented consent, objective and complete documentation of ombudsman activity, and all other issues identified in the summary.	By 7/15/11 and ongoing	SO will conduct an interim review of cases.	By 1/1/12	SMG/All OS
HOME Choice	1. RP will initiate planning meeting at the start of the HC cases including RP staff and staff from facility, Care Star when applicable, and/or other agencies	7/15/11			KM, LA, OS as assigned
	2. The RP will utilize the successful practices distributed by the SO including facilitating a planning meeting at the start of HOME Choice cases to determine who will do what and when. The RP will ensure they have adequate resources for core services before accepting HOME Choice cases.	By 7/15/11 and ongoing	SO will ensure the RP has HOME Choice practice guidelines previously distributed.  The SO will conduct an interim review of HOME Choice cases.	By 6/30/11  By 9/1/11	KM, LA, OS as assigned / SMG
Technical Assistance	1. ED/PD will reinforce RP Staff may contact STLCO, peers, management as necessary for TA			In place and ongoing	SMG / NK
	2. The RP will ensure that staff feel comfortable, encouraged, and empowered to request technical assistance from peers, RP management, and the SO as they determine necessary.	By 7/15/11	The SO will conduct an interim case and AGI review to see that TA is being provided by the RP and SO and requested.	By 1/1/12	SMG / NK
<b>Advocacy &amp; General Information</b>					

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Under-reporting	1. The RP will monitor reporting, assist staff in understanding and complying with reporting requirements, and will hold staff accountable to report all reportable activity as required.	By 8/31/11 and ongoing	The SO will conduct an interim review of AGI activity.	By 1/1/12	NK / SMG
	2. RP will review AGI activities and reporting during staff meeting (see Complaint Handling #1) & monitor reporting as part of QA			8/31 & ongoing	NK / SMG
Provider relationships	1. The RP will ensure stable staff assignments to the extent possible with the addition of new OS, and staff will work to develop relationships that will assist in effective advocacy.	9/30/11	The SO will conduct an interim review of AGI activity.	By 1/1/12	SMG/NK
	2. OS will assume responsibility for development of positive relationships within their assigned facilities, and ensure providers are aware of opportunity for provider consultations and training.			30-Sep	All OS
Documentation	1. The RP will ensure that AGI activity is accurately documented including an objective description of observations, interactions, and ombudsman actions.	By 7/15/11	The SO will conduct an interim review of AGI activity.	By 1/1/12	NK, all OS, all Volunteers
<b>Quality Measures</b>					
Regular presence	1. The RP will develop a plan to ensure a regular presence in all facilities and particularly in ACFs that meets the minimum standard of at least 2 visits per FFY.	By 8/31/11	The SO will review the RP regular presence plan and will provide TA as determined necessary.	By 9/30/11	
	2. RP is utilizing the part-time Ombudsman Associate II (Nelson Bruce) to visit ACFs according to a prescribed plan. The OA will initially focus on facilities that have not been visited in the SFY, then he will focus on facilities with identified concerns.			31-Aug	SMG, NK, LS (supv for OA)
	3. OS and volunteers will be assigned to other ACFs according to geography.				All OS
	4. RP will work with SACH to develop opportunities for the OA and OS and to meet with ACF owners.				SMG, LS, NB
Volunteer Utilization	1. RP will review Volunteer certification list to ensure only volunteers that can be active in facilities and/or community education will remain on the list.			31-Aug	LS, SMG
	1. The RP will meet their volunteer utilization targets by implementing strategies discussed during the DSR.	9/30/11	The SO will continue routine review of OQM data.	Ongoing	LS, SMG
<b>Volunteer Management &amp; Utilization</b>					
Recruitment	1. The RP will be prepared for newly recruited volunteers with a training plan. RP will provide SO with schedule of volunteer training sessions set for August 2011 and those scheduled to meet the AARP recruitment need.	10/1/11	SO will forward a volunteer welcome packet example	By 7/15/11	LS / All OS

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Training	1. Volunteer training to continue quarterly at LTCO office (3 CEUs) and at least 3 x per year in regions (at least 1 CEU); OS will coordinate regional training and topics with VC			15-Sep	LS, NK
Utilization	1. Volunteer Coordinator will become full-time in September 2011 after her caseload has been transitioned to a new OS			31-Aug	LS
	2. The RP will increase volunteer utilization in cases by encouraging communication between staff and volunteers, maintaining staff stability in the assigned facilities and increasing volunteer skills and confidence. The RP will ensure that case and AGI documentation supports this effort.	7/15/11 and ongoing	SO will conduct an interim review of data, cases, and AGIs to confirm increased utilization of volunteers.	By 1/01/12	LS, SMG
	3. The RP will continue the review and training process with OS regarding utilization of volunteers as needed			7/14/2011; 7/28/11; ongoing	LS
	4. VC will monitor OS utilization of volunteers and provide support to both OS and volunteers to increase volunteer usage and skill development			ongoing	LS
<b>Program Management, Supervision, QA, Fiscal Management</b>		7/1/2011			
Effective Supervision & QA with accountability	1. The RP will dedicate necessary resources to provide sufficient training, supervision, and quality assurance to ensure efficient, effective, and timely consumer services. (See QA below for plan details).	By 7/15/11	The SO will review RP plan and provide feedback as determined necessary. The SO will conduct an interim review.	By 1/1/12	
	2. The Clinical Manager will be decreasing her work days to 4 at the end of July, and 3 at the end of August, continuing 3 days until her retirement 12/31/11. The next CM will be designated by 11/1/11 to begin learning CM responsibilities (if an outside hire, that individual must be a certified OS).			7/31/11 -12/31/11	SMG
	3. The RP PD will provide supervision to OS as needed on an on-going basis.			ongoing	SMG
	4. A revised QA process has already begun (see Effective Complaint handling 1 & 2) and will be expanded starting in mid-July to include a peer-review process. All OS will rotate through a 3-person committee (3 month cycle) to review randomly selected cases (including open, closed, intake, selection and probable harm). The outcomes of the review will be shared with all OS. Training topics may be identified from the peer review process.			7/22/2011	SMG / NK

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Hiring practices	1. The Business/HR Manager and RP will review the rules to ensure compliance in hiring practices.			Immediately & ongoing	LA, SMG
Communication	1. The RP will provide at least bi-monthly updates to the SO related to TAP activity			7/31 & ongoing	SMG
ADRN	1. The RP will ensure ODIS reporting requirements are met, regardless of whether or not they agree to voluntarily report activity in the ADRN system.	By 7/15/11 and ongoing	The SO will explore options for helping RP reduce or eliminate duplicate reporting, if possible.	9/30/11	SMG
	2. The RP will work with the ADRN and SLTCO to investigate options for data transfer from the ADRN software to ODIS to reduce/eliminate double entry			7/15 and ongoing as needed	SMG, NC, KM
Budget			The SO will review the RP budget and narrative and will provide feedback or request additional information as determined necessary.	By 8/15/11	
Policy Review			The SO will review RP policies and procedures and provide feedback as determined appropriate.	By 9/30/11	
Training	1. RP will continue to support staff participation on OCEs and local training events as possible within budget and time limitations; all OS are expected to attend at least 2 OCEs and encouraged to attend 3 per year.	7/15 & ongoing	The SO will implement new schedule for PD to complete first 40 hours of training in first month of PD.	By 7/30/11	
	2. The RP will provide regular inservice programs and/or opportunities for staff intended to improve and enhance practice.			ongoing	SMG, NK
Quality Assurance	1. (See Effective Supervision/QA #4 above)				NK, SMG
	2. The RP's Peer QA Committee will meet monthly and will review a minimum percentage of cases (Revised QA Policy attached with detail)			7/31/11 and ongoing	NK, SMG
	3. The RP will perform QA of sufficient volume and frequency to ensure quality practices and documentation without reliance on the DSR process.	By 8/31/11	The RP will conduct an interim case and AGI review.	By 1/1/12	NK, SMG
	4. The RP will revise or eliminate the review form currently utilized for staff review of cases at closing. The RP will submit the revised form or process to the SO.	By 7/15/11	The SO will review the revised form or process and will provide feedback as determined appropriate.	By 8/15/11	NK, SMG