

2015 Revised Kentucky Focus Tool User Guide

INTRODUCTION

The 2015 Revised Kentucky Focus Tool is designed to be used by SCL case managers as they conduct the monthly face-to-face monitoring visits with the people they work for. Case managers shall use this tool to capture information about SCL services and to monitor progress towards the person's outcomes associated with those services. The KY Focus Tool is designed to capture information about the person's satisfaction with their supports and services in SCL as well as their overall health and well-being. This Focus Tool will help the SCL case manager organize their work.

The KY Focus Tool is never used for retaliation or power plays against other providers, and is never used to control or manipulate people. It should, however, be used to identify barriers and obstacles that have a negative impact on a person achieving their personal and professional outcomes and should be a source of information to encourage communication within the person-centered teams.

Basic Information

There are two versions of the 2015 Revised KY Focus Tool that you may use; a tablet friendly version and a non-tablet friendly version. If you get a pop-up message about "macros" be sure to "enable" the macro functionality.

To begin, open the Kentucky Focus Tool Excel spreadsheet. Click on the yellow "Focus Tool" tab (if not already active) at the bottom of the document to ensure you are on the correct sheet. Enter the person's name, Social Security number, and Medicaid identification number into the appropriate boxes at the top of the page. Then, in the boxes below, enter the Case Manager's name and the month and year in which the Focus Tool was developed.

Review Focus Areas

There are eight (8) focus areas on the KY Focus Tool:

- **Face to Face Visit**
- **People are Healthy and Safe in Their Community**
- **Behavioral Health/Behavior Modification**
- **Person Centered Services and Natural Supports**
- **Daily Choice and Decision Making**
- **Finding and Maintaining Friends and Relationships**
- **Employment First**
- **Participant Directed Services**

In the first focus area of the tool, "Face to Face Visit," select the appropriate monitored support from the drop down menu. Enter the Date and Time of Visit in the boxes below the drop down menu. Next, select the appropriate status of the conditions observed using the traffic light tool on the left of the screen. Once a selection is made, the header of the corresponding text box will populate with instructions on describing the situation. The three status options, represented as a traffic light are as follows:

- **Stop! (Red)** - Select this status if the observed conditions are endangering the health, safety or welfare of the person. When choosing this status, immediate action/attention to the situation is required until the situation has been resolved. The case manager will not leave the location until action to secure the health, safety, and welfare of the person has been taken. If evidence of abuse, neglect, or exploitation exists or is suspected, the environment must be made safe for the person immediately. If services are not fully person centered, and cause or have the potential to cause harm to the person or there are physical, emotional, and safety threats which may put the person in immediate jeopardy, the provider must take immediate action to correct any issues. As necessary, the person centered team will meet within 2 business days to discuss and develop action steps to ensure the conditions do not reoccur.
- **Caution (Yellow)** – Select this status if the situation observed has caused concern for the person’s wellbeing. Obstacles and barriers are evident within any of the identified services or uncorrected issues remaining from a previous monitoring visit exist but do not put the person in immediate jeopardy. This status may include issues related to the person’s personal choice and dignity and to the appropriateness of services. A formal team meeting may be held at the discretion of the case manager. If the obstacles and barriers are addressed through contact with the appropriate agency personnel, and the issues are resolved, the case manager may choose to not convene a formal team meeting. However, if attempts to resolve the issues are not resulting in necessary action taken or resulting in positive change for the person, the case manager must convene the person centered team to determine how the team would like to resolve the concern(s).
- **Proceed (Green)** – Select this status if there were no observable problems and the overall conditions were positive. Services are person centered, there are no health, safety, welfare, or service deficiencies and the person, with individualized support, is a respected citizen living and working in the broader community.

Note: Due to limitations of the Microsoft Excel platform, we are unable to eliminate the possibility of checking more than one option on the “traffic light.” You should take care to ensure that multiple selections are not checked as the corresponding message will default to the first “light” checked from top to bottom.

Once a status selection has been made, use the text box to enter any notes pertaining to the conditions observed during the face to face visit. This may include the overall appearance of the individual, individual satisfaction with services, any concerns, issues or accomplishments noted by the individual, the level and type of community inclusion, the overall quality of life for the individual, and any relevant information from a review of the documentation for the focus area and other areas as needed. Most of the discussion with the individual should be geared toward the monitored service area; however this also may include general information from other areas of the person’s life. Note that this text box is limited to 1000 characters. If additional characters are required, check the “See Additional Information” box below the text field, then select the red “Additional Information” tab at the bottom of the page to access the last sheet of the Focus Tool. In the “Face-to-Face Visit” area enter the remaining notes in the text box fields, using up to an additional 1000 characters. A spell check button is available at the bottom of the sheet.

The next step for the “Face-to-Face Visit” focus area is to select the person’s progress the person is making toward their outcomes identified for this monitored support. Using the drop down menu below the text box, choose the appropriate progress selection, ranging from “Significant Progress” to “Significant Regression.” Of the eight focus areas there are four areas of need identified from the SCL

Listening Tour and National Core Indicators. For these four areas, progress toward outcomes is requested.

Once the “Face to Face Visit” focus area has been completed, move onto the next focus area. Subsequent focus areas may differ slightly with the information requested, but the information entry methods remain the same. For example, in the next focus area, “People are Healthy and Safe in their Community,” two drop down menus have been added after the text box. As with all drop down menus, choose the appropriate selection based on the corresponding statement or question. Refer to the attachment for “Things to Consider” for each focus area, if you need suggestions about what questions to ask.

After completing the entries for the eight focus areas, a spell check button is available for use at the bottom of the sheet (not tablet friendly version only). The information from the focus tool will automatically create the Case Management Face to Face note (green tab) which is uploaded to MWMA. Be sure to include all signatures of the case manager and the case manager supervisor in the blanks provided at the bottom of this page, as well as any other appropriate signatures as needed. At this point in time we are unable to provide uniform support for the use of third-party digital signatures. If you have developed your own third party or custom electronic signature and wish to use it on the form, we will make every effort to assist you. Please contact Jeff White at jeff.white@ky.gov for details.

Monthly Summary Note

Once the Focus Tool has been completed, select the blue “Monthly Summary Note” tab at the bottom of the page. Note that the “Year-To-Date Snapshot” at the top of the page provides a visual representation of the person’s progress toward outcomes. The last text entry box, entitled “Detailed Summary Note,” is used to describe other contacts or pertinent information regarding the person for that month. There are 6000 characters available to use, as well as a spell check feature. This entry would include an overall summary of the person’s life during the review month. It includes accomplishments and an analysis of progress toward all of the person’s formal and informal outcomes and targeted areas that the focus tool monitored. This would also include identification of barriers to achievement of outcomes or personal dreams/visions and a projected plan to address barriers and obstacles. This “Detailed Summary Note” includes any person centered team meetings that were held during this month, medical issues that occurred during this time period, incidents that had an impact on the person’s life, and any other major life changes or resolutions to issues identified in the past that occurred during this month. It also includes the appropriateness and adequacy of services as well as individual satisfaction with services.

Be sure to include all signatures of the case manager and the case manager supervisor on the bottom of this page, as well as any other appropriate signatures as needed. At this point in time we are unable to provide uniform support for the use of third-party digital signatures. If you have developed your own third party or custom electronic signature and wish to use it on the form, we will make every effort to assist you. Please contact Jeff White at jeff.white@ky.gov for details.

ATTACHMENT FOR THE 2015 REVISED KY FOCUS TOOL

The information in this attachment is for you to use as you make decisions, together with the person, about each focus area. They are only suggestions. You may have other questions that you would like to “consider” as well. These are provided as additional guidance to help you seek information about the person’s satisfaction with services, and whether or not the services and supports are meeting the person’s needs.

Things to Consider

People Are Healthy and Safe in Their Community

How does the person feel?

How does the person’s appearance compare to the last visit with this person?

Does a person have choices about the foods they eat?

Do direct service providers have information about healthy food choices and the person’s individual dietary needs?

How is the person being supported in medication management?

- Review of medication administration records
- Medication storage
- Medication changes
- PRN medication management

How is the person’s health needs being supported?

- Blood sugar tracking
- Repositioning
- Blood Pressure
- Weight
- Diet Restrictions
- Healthy Eating Habits and Choices
- Opportunities for Exercise

Are there incident reports that reflect any trends or patterns?

Has there been a significant change that affects the person’s health?

Behavioral Health and Behavior Modification

Is there documentation that the person is receiving appropriate behavioral health services?

Are psychotropic medications appropriate for diagnosis and have the risks of behavior been deemed more harmful than the risks associated with or the side effects of the medication?

Are appropriate supports in place to insure compliance with behavioral health treatment including routine evaluation by the prescribing physician if medications are being used?

Are Consultative Clinical and Therapeutic Services being utilized in a collaborative manner by the person-centered team?

Are plan of care services and the person's environment appropriately structured to prevent and support behavioral concerns?

Is the Behavior Analyst working in conjunction with other service providers to provide the most appropriate interventions and to include interventions from other service areas (i.e.

Occupational Therapy, Speech Therapy, Medical, etc.)?

Is the Positive Behavior Support Plan (PBSP) based on the Functional Analysis that includes?

1. Target behavior that is defined in clear, observable, and measurable terms
2. Baseline of target behavior to include rate, frequency, duration, and intensity
3. Review of pertinent records including incident reports
4. Interviews with the participant and people who often interact with the participant in different settings and activities
5. Observation of the participant in different settings (at least 2)
6. Objective information about events preceding and following target behavior, communicative intent of behavior and ecological and motivational factors affecting the behavior
7. Identification of patterns that include: circumstances in which the behavior is most or least likely to occur and specific functions served for participant by the behavior
8. Identification of other variables affecting the behavior such as activity patterns, sleeping patterns
9. Patterns and/or hypotheses that are clear and based on data collected
10. Recommendations including environmental adaptations, involvement in meaningful and fulfilling activities, practice of coping skills, and other therapeutic behavior supports.

Was the PBSP developed with the person and the person centered team?

Is the PBSP implemented across service settings and by individuals, both paid and natural supports assisting the person in meeting their dreams and outcomes?

Does the PBSP meet the primary purpose of having the person acquire or maintain skills for community living and behavior intervention for the reduction of maladaptive behaviors?

Are other person centered plan of care services designed to maximize learning replacement or alternate behaviors?

Is the PBSP related to outcomes of interventions, such as greater participation in activities, and/or enhanced coping or social skills?

Are the intervention modalities described in PBSP related to the identified behavioral needs of the individual, and are evidenced based and best practices in behavioral techniques, interventions, and methods?

Does the PBSP include all the positive behavior support components specified in the Supports for Community Living Policy Manual?

Are there specific criteria for remediation of the behavior established and specified in the plan?

Is there is a method of measuring effectiveness?

Is the Behavior Analyst evaluating the plan effectiveness regularly and recommending changes and revisions as needed?

Are revisions being made as necessary in a timely manner?

Person Centered Services and Natural Supports

- Is the person actively involved in the broader community they live in?
- Is the person engaged in services and activities in settings that are integrated in and support access to the greater community?
- Is personal choice evident?
- Is the person involved in activities that are important to them?
- Is the person involved in activities that are important for them?
- Is the person's level of support needs as identified in the person-centered plan of care being implemented?
- Does the person have affordable and reliable transportation that is not limited to agency staffing schedules?
- Do the Direct Support Professionals who work with this person have individualized training that is appropriate?
- Does the person express satisfaction with their services?
- Has the person been supported to understand that they have the opportunity to receive services to the same degree of access as a person not engaged in waiver services?
- Is the person receiving services in settings that are primarily or exclusively for people with disabilities?

Daily Choice and Decision Making

- Do the service settings ensure a person's rights of privacy, dignity, respect and freedom from coercion and restraint?
- Do the service settings optimize individual initiative, autonomy, and independence in making life choices?
- Do the service settings facilitate individual choice regarding services and supports and who provides them?
- Is the person making choices and satisfied in everyday life including but not limited to:
 - Housing
 - Recreation
 - Roommates
 - Clothing
 - Daily routines
 - Access to family/friends
 - Job
 - Phone access
 - Providers
 - Privacy
 - Staff
 - Meals
 - Money
 - Transportation

Finding and Maintaining Friends and Relationships

Does the person have friends and caring relationships with people other than support staff and family members?
Does the person have a close friend, someone to talk to about personal things?
Is the person able to see family and friends when they want?
Does the person feel lonely?
Does the person know and talk with neighbors?
Can the person go out on a date if they want?
Is the person afforded enough opportunities to meet people to establish friendships and romantic relationships?
Does the person have affordable and reliable transportation, not limited to agency staffing schedules?
Does the person have opportunities to help others as desired?

Employment First

Discuss the person's interest in integrated employment and what options have been explored. Do the providers of services for this person demonstrate characteristics and qualities that provide opportunities for people to seek employment and work in competitive, integrated settings?
Does the person want to work?
Does the person have a community-integrated job?
Is the person working as much as he or she chooses to?
Does the person earn at or above minimum wage?
Does the person report having enough money to pay for what they want to do?
Does the person receive vacation and sick time benefits?
Is the support provided that is needed to sustain paid work?
Was the person continuously employed during the previous year?
Does the person have affordable and reliable transportation, not limited to agency staffing schedules?
Are adaptations, supervision, and training required by person provided?
Are services and supports that assist in achieving self-employment through operation of a business provided?

Participant Directed Services

As appropriate for the service that is being monitored complete this section if the service is PDS. Check the service that the individual is receiving and enter the total monthly cost for the service.
Document the quarterly contact/meeting with the representative, location, and attendance. Document any additional information in the box provided. This could include any barriers, employee issues, time sheet issues, etc.