Team Spotlight:
D. Pearl Barnett, MPA

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The Team Member Spotlight for this issue of ADvantage Point shines on D. Pearl Barnett, MPA, programs assistant administrator of the Oklahoma Department of Human Services (DHS) Aging Services Medicaid Services Unit (MSU) Quality Assurance/Improvement Team.

Barnett was raised in Oklahoma City, born the youngest of her parents’ six children. Her parents, Marilyn and Leon Barnett, have been married for 30 years. Barnett attended high school at the Northeast Academy for Health Science and Engineering where she now serves as vice-chair for the school’s Enterprise Board. In this role, she helps provide oversight to the continuing operation and business affairs of the school through development of the school’s strategic plan and oversight of the principal’s evaluation tools. She also serves as chair of the nominating committee, and is a member of the personnel committee and bylaws subcommittee. Barnett also mentors two students, Solana and Vannae, who both attend her alma mater.

Barnett attended the University of Oklahoma (OU) in Norman, Oklahoma, and earned her bachelor’s degree in social sciences

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and organizational studies in 2006. After completing her degree, Barnett moved to Los Angeles and worked in the insurance industry as a claims representative before returning to begin her career with the Oklahoma Department of Human Services.

She started with DHS Child Support Services (CSS) as a child support specialist in 2009. While with CSS, Barnett served on the Strategic Planning, Evaluation, Accountability and Review (SPEAR) committee. During this time, she returned to OU and completed her master’s degree in public administration with an emphasis on public policy.

In the latter part of 2011, Barnett made the transition to DHS Aging Services to serve as a social services inspector with the Quality Assurance Audit team. While in this role, she worked on the development of the ADvantage and Medicaid State Plan Personal Care (SPPC) provider report cards. This tool gives Members, families and caregivers the ability to make an informed decision when selecting an agency for the ADvantage and SPPC program.

In June 2014, Barnett was promoted to programs assistant administrator for the Quality Assurance and Improvement team. Her vision is for the team to improve overall Member outcomes by analyzing and utilizing current data and the data collected from provider audits in the previous 10 years.

Expanding Services: CD-PASS

CD-PASS expansion to Atoka, Bryan, Choctaw, Coal, Latimer, Leflore, McCurtain, Pontotoc, and Pushmataha Counties occurred on Nov. 1, 2014. Consumer Directed Agent Training was offered in October 2014 for case managers and supervisors serving these counties and all other counties where CD-PASS is available.

Including this expansion, CD-PASS is available in a total of 28 counties. Statewide expansion is on track to be achieved within the next two years. The next expansion will occur mid-year in 2015 and will include the remainder DHS Regions 1 and 5, adding 29 additional counties.

The current status of CD-PASS availability, including the color-coded map at right, can be viewed at: http://www.okdhs.org/programsandservices/aging/adw/docs/cdpass.htm.

Oklahoma counties with CD-Pass availability

- Adair
- Atoka
- Bryan
- Canadian
- Cleveland
- Cherokee
- Choctaw
- Coal
- Creek
- Haskell
- Hughes
- Latimer
- Leflore
- McIntosh
- Muskogee
- Okfuskee
- Oklahoma
- Okmulgee
- Osage
- Pittsburg
- Pontotoc
- Pushmataha
- Rogers
- Seminole
- Sequoyah
- Tulsa
- Wagoner
Inside the MSU: Quality Assurance/Improvement Team

The Quality Assurance/Improvement (QAI) team plays a vital role with ensuring quality of care and services provided to ADvantage and State Plan Personal Care (SPPC) Members. The team verifies case management, and home care provider agencies provide the care to our Members, according to the guidelines set by Centers for Medicaid and Medicare Services. The QAI team consists of the quality assurance/improvement manager, annual auditors, a follow-up auditor, a SPPC auditor and a QAI advisor.

When case management and home care provider agencies are certified, QAI works with the ADvantage Administration (AA) to provide a brief overview of processes and tools used to succeed as an ADvantage provider agency. After the initial training, the QAI advisor schedules a time for an in-office advisement with the provider agency to review individual business practices and how to apply to QAI conditions and best practices.

Provider agencies certified for at least one year have an annual audit for each program for which they provide services (ADvantage case management, ADvantage home care, and SPPC). Providers are currently given 10- to 14-day advance notice of when the auditors plan to arrive, how many auditors will be present, what timeframe will be audited, and any general information that they may need to provide. On the day of the audit, the QAI lead auditor makes introductions, explains the audit process, and gives the provider agency representative a list of the Members and personal care assistants (PCA) whose charts will be reviewed. This is called the entrance interview.

After the entrance interview, the provider agency provides the charts and the on-site chart read begins. Once the auditors finish the on-site chart read, they contact Members via telephone or through home visits to gain additional information about the care and services. Once all of the information is gathered, the lead auditor creates a preliminary report and presents it to the provider agency. During

Members of the MSU Quality Assurance/Improvement Team: Terry Perkins, RN; Teri Curtis, RN; Pearl Barnett, MPA; Brenda Sanders, RN; Monta Setzer; Carmen Ross, LMSW; Mary Curtis, RN; Fleet Thompson; Laura Murray; Della Carter, RN; and Donna Hailey, RN.

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the presentation, the provider agency is allowed to review the preliminary report and determine if something may have been misinterpreted or overlooked, and provide that information to the auditor within a specified window of time.

The provider agency must score 70 percent or greater on the overall system score on the annual audit to remain on the certified agency report. If a provider agency performance level is determined to be a “level one” or “level two,” the provider agency is required to submit a Plan of Correction for approval, complete two progress reports and undergo a follow-up audit. Performance levels are determined by severity of deficiency or how the deficiency relates to an established Waiver Performance Measure. A follow-up audit is conducted to ensure that the agency has improved on the condition that was deficient at the time of the annual audit. The agency may also request a QAI advisor for additional information, clarification of the audit process, or to answer any other questions that the provider may have.

The QAI staff is a group of people dedicated and committed to the success of the ADvantage and SPPC programs. D. Pearl Barnett, MPA, is the new QAI manager. Other QAI members include:

**Teri Curtis, RN, Health Care Management Nurse III**

Teri Curtis has been a registered nurse since 1983. Her career has taken her from the neonatal intensive care unit, to endoscopy, radiation oncology, and the operating room. In March 2000, Curtis began working for DHS Aging Services as a long-term care nurse, determining medical eligibility for the ADvantage and SPPC programs. Curtis advanced to the Quality Assurance/Improvement Team in July 2004, where she conducted monitoring activities in Medicaid agencies. She currently supervises several members of the QAI team, and completes the annual and follow-up audit reports and letters. Curtis lives in Laverne, Oklahoma, which is located at the eastern end of the panhandle in far northwest Oklahoma.

**Brenda Sanders, RN, Health Care Management Nurse III**

Brenda Sanders has been an audit nurse for nine years and currently audits the SPPC agencies. She started with DHS Aging Services in 2000, working as a long-term care nurse until 2004, when she was promoted to area nurse in the Tulsa area. She transitioned to the QAI team in 2005.

She lives with her husband, Steve, and is the primary caregiver for her 85-year-old father and 83-year-old mother. She has three grown children, two grown step-children and seven grandchildren. She is active in her church and enjoys attending the many activities of her grandchildren including football, basketball, dance recitals, gymnastic competitions, horseback riding, soccer and piano recitals. Her grandchildren range in age from 7 to 21 years old.

While Tulsa has always been her home, Sanders started her nursing career in Waco, Texas, where she worked for the Veterans Administration, Hillcrest Hospital and Valley Mills Care Center as part of the federal piloting program for the MDS. She moved back to Tulsa in 1998 and worked as a director of nursing for two years before coming to DHS. She is looking forward to retiring next year.

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**Terry L. Perkins, RN, Health Care Management Nurse III**

Terry Perkins is the follow-up audit nurse for the QAI team. She is responsible for conducting all follow-up audits for ADvantage and SPPC programs for the entire state. Perkins has been with DHS since 2003, and joined the QAI Team in 2007.

Perkins has been in the nursing profession for approximately 34 years. She attended Central Texas College, graduating with an associate degree in nursing, and then attended Southern Nazarene University and received a bachelor’s degree in nursing. She has worked in many different fields of nursing: labor and delivery/OB, traumatic brain injury/rehab, pediatrics, home health and medical/surgery.

Perkins served her country in the US Army for six years and was deployed to Iraq. Her battalion was a part of Desert Storm/Desert Shield. Perkins was the legal specialist for her company, preparing all legal paperwork. After leaving the military, Perkins returned to nursing and continued her nursing career. She loves learning new things and being with her family, especially her grandchildren.

**Della Carter, RN, Health Care Management Nurse III**

Della Carter is a registered nurse and a graduate of Seminole State College in Seminole, Oklahoma. She has worked for DHS since 1999, beginning as a long-term care nurse in the county office. Prior to working at DHS, she worked at Valley View Hospital in Ada, Oklahoma, as a labor and delivery nurse. She is married to Allen and they have three children (Vicky, Christina and Mike) and six grandchildren. Her daughter, Vicky, is a teacher and coach in Tahlequah, Oklahoma.

Carter has worked for QAI since 2007 and describes her work as “a very challenging adventure.” With her time as an auditor, she has seen most counties in Oklahoma and has had the privilege to meet many wonderful people in the great state of Oklahoma.

**Fleet Thompson, Social Services Inspector II**

Fleet Thompson is a graduate of Southeastern Oklahoma State University in Durant, Oklahoma. Thompson has worked for DHS for 18 years. He has worked as a social services specialist, adult protective services specialist and a social services inspector with the ADvantage QAI audit team since December 2008.

Before coming to DHS, he worked in radio broadcasting for 18 years. He received broadcasting awards from United Press International and the Oklahoma Association of Broadcasters. He served for six years in the Oklahoma Army National Guard. His son Justin is a graduate of the East Central University School of Nursing and is a registered nurse. And his son John is a graduate of Texas A&M University at College Station, Texas.

**Monta Setzer, Social Services Inspector II**

Monta Setzer has been with DHS for 15 years as of August 2014. She came to the QAI team in November 2010 after having been a social services specialist III with DHS Adult Protective Services. Before coming to work for DHS, she was a...
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loan officer with First Federal Savings and Loan in Shawnee, Oklahoma. She has a bachelor’s degree in sociology from the University of Oklahoma. She lives in Shawnee with her husband, Darell, and has three children (Holly, Hayley and Brad) and five grandchildren (Raven, Micah, Weston, Emma and Clara). Her oldest granddaughter, Raven, is now a freshman at Oklahoma Baptist University. She attends Rock Creek Baptist Church. She and her husband own a motorcycle and love to take road trips.

Mary Curtis, RN, Health Care Management Nurse III
Mary Curtis has worked with the QAI team for two years and DHS for eight years. She brings a wide variety of ADvantage experience to QAI since she has worked for the ADvantage program since 1997 in various roles including case manager, a long-term care nurse for DHS, and as part of the Clinical Review team at the AA. She has been a nurse for 28 years with experience in post coronary care, intensive care unit, emergency room, and medical surgical nursing. Before becoming a nurse, Curtis served in the U.S. Air Force for four and-a-half years.

She lives in Choctaw with her husband, Jerry. They have three children (Melanie, Jason and James), four grandchildren (Mike, Kyla, Katie and Adara), and an eight-month-old great-grandson, Mikey. She enjoys her family, cooking, reading and traveling.

Laura Murray, Social Services Inspector II
Laura Murray has worked for DHS for 14 years. She worked SNAP, Medicaid, and daycare cases for 13 years. She has been with the QAI Team since Sept. 30, 2013. Before coming to DHS, Murray worked at a veterinary clinic where she fostered her love for animals. She graduated from the University of Central Oklahoma in 1993 with a bachelor’s degree in sociology.

Eventually, she and her husband, Michael, would like to retire to the mountains of Colorado, but for now she enjoys living in the country, reading, hiking and taking care of their three dogs (Winston, Mia and Gus).

The team ensures quality of care and services provided to ADvantage State Plan Personal Care (SPPC) Members.
Paper Trail:
Helpful Tips to Avoid SPRs — Part III

You have just received an ADv6g, and on it you see the dreaded words: “Not Authorized: See attached SPR.” This means more work for everyone and can lead to service delays. Wouldn’t you love to know the “secret” to receiving a “clean” 6g each and every time? This four-part series, based on the criteria used by the ADvantage Clinical Review team, is designed to help remove the mystery from service plan authorization. In parts one and two, we covered what is expected in service plan goals regarding disease management, personal emergency response systems (PERS), personal care, advanced supportive and restorative assistants and respite care. In part three we look at:

1) T1999 Nutritional Supplements (Oral) – Request for Nutritional Supplements Form Required
   • Fill out the form completely and follow all instruction, it will lead you to all necessary documentation.
   • If the request is based on weight loss, be specific with amount of weight lost and dates of loss, e.g. “Member lost 7 percent of their body weight in the past 30 days, 1/20/14-2/20/14.” Attach corresponding goals specific to the Member that match the Cost Sheet, Nutritional Supplement Form and prescription.
   • Attach current, legible physician’s prescription which includes product, route of administration, frequency and amount.
   Note: Authorization will start the day the nutritional supplement is approved by the AA – no backdating.

2) Safety – The Member’s safety should be supported in the goals by objective documentation based on observations, clinical judgment, nurse’s evaluation, mental status questionnaire (MSQ), and family and/or other informal supports.
   • Be specific and detailed.
   • Address all aspects of Member’s safety, not just fall prevention.
   • If environmental concerns are addressed in the UCAT they must be addressed in goals. Is the residence safe? Do environmental modifications/repairs need to be made?
   • If the Member’s MSQ is 18 or above (12 or above if living alone) is 24-hour care needed? Why or why not?

If you use this series of articles as a checklist before submission of service plans and addendums you will be on your way toward banishing those SPRs!
New 2015 Provider Audit Tool

To meet Center for Medicare and Medicaid Services (CMS) standards, the Quality Assurance/Improvement (QA/I) team audits every branch of every case management and home care agency every year. For FY 2015, the team will knock on 125 agency doors and conduct 201 ADvantage and 96 State Plan Personal Care (SPPC) audits (297 annual audits in all). The Consumer-Focused Quality Care Review tool, affectionately referred to as “the tool,” is the document utilized by the auditor to gather information and report audit findings, ensuring that providers are in compliance with contractual, state and federal requirements, and are achieving the best possible outcomes for the Members they serve.

The QA/I team strives to continually improve the audit process and tools. The tool has been streamlined over the years to become more agency-friendly, while maintaining the importance of Member input. Conditions that fall under the umbrella of other entities have been removed. Conditions that were previously scored as “one time, all or nothing,” are now reviewed on a monthly or weekly basis, giving the provider the opportunity to make a better score.

While similar in some areas, the tools are different for independent case management audits and independent home care audits, which consist of ADvantage home care and SPPC care. The audit tools are divided into two sections: chart read and Member perception.

The chart read section is based on provider documentation found in the Member’s record during the audit at the agency. The case management chart read covers case management, which includes Member protection and recordkeeping. The home care chart read encompasses Member protection, personal care, and recordkeeping, along with skilled nursing and advanced supportive/restorative, if applicable. The Member perception section of the audit is based on verbal information provided to the auditor by the Member or their legal guardian. This information is obtained during a phone call or during a home visit.

While the audit tool is detailed and refers to specific requirements, it is important for all providers to realize that this audit process is only one small part of what they are contracted to do. As stated in the Conditions of Provider Participation:

“All Providers shall adhere to the following legal source documents, which do not contradict, but support and further define each other: the Federal Medicaid Statutes and Regulations, the Oklahoma Health Care Authority Medicaid Contract, Oklahoma Administrative Code, State Statutes, and rules governing practice of provider’s service profession, Conditions of Provider Participation in the ADvantage Program, ADvantage Program Service Standards, and the ADvantage Program Consumer Assurances.”
Since 2001, DHS Aging Services’ Quality Assurance/Improvement (QAI) has conducted annual provider audits for agencies providing services for ADvantagé and Medicaid State Plan Personal Care (SPPC) programs. The QAI staff collects data through provider audits, by reviewing Member files on-site in provider offices, and by interviewing Members by telephone or home visit.

The Challenge
After 10 years of data collection, the idea was posed that publishing audit results would empower the Members to make informed decisions when selecting a provider agency. During medical eligibility assessments, applicants choose a home care and case management provider agency, or request to have the provider agency selected for them in a “round robin” process. The Members often asked the DHS nurse who performs medical eligibility assessments, “Which agency should I choose?” To eliminate the perception of bias, DHS nurses are not allowed to provide their opinions or make recommendations of specific agencies. Word-of-mouth was the only form of research that was available to Members to help select a provider agency.

A committee consisting of staff from DHS Aging Services state office, the ADvantagé Administration, the QAI team, and the Oklahoma Health Care Authority was established to develop an online audit report card that would allow Members and the public to view provider agency audit scores. This allows applicants and Members to make decisions based upon data collected by the QAI team, not relying solely on word-of-mouth.

The committee researched successful Web-based report cards to gather ideas of how to present data and information to the public, such as the Reaching for the Stars day care report card and the Medicare Nursing Home Compare. The committee then searched for available websites to link the report card webpage that would ensure easy access for program applicants, participants and families.

The Solutions
The development of the QAI team created reliable and consistent data through expansion of staff, construction of an audit tool, and shaping of procedures and processes. The past 10 years was used to establish knowledge, familiarity, and consistency of the provider audit processes and scores. With this awareness and understanding, the QAI team was prepared to make information available to the public.

The stakeholders met to discuss what information would be displayed to the public, how often reports (Continued on page 10)
would be published, possible website locations, marketing, and ensuring compliance with federal and state regulations and policies. All information provided during the meetings was considered when developing the action plan. Criteria used in the selection involved feasibility, accessibility to Members and stakeholders, risks, costs, continuity and technical information needed to accomplish the goal.

The Journey
Provider report card templates were created by QAI staff and attached to the existing audit tools to automatically capture audit scores and provide easy upload and readability for data entry. The team determined that the FY 2013 audit results would be published first, then determined future provider report card publishing schedules and the provider report card publishing process. Next, the committee developed the content for the ADvantage and MSPPC provider report card webpages. A DHS communication manager from the DHS Web Content Unit created a provider report card website template. QAI staff and the communication manager developed a system for sending the provider report card data to ensure accuracy.

The Results
The Provider Report Card webpage empowers Members to select the provider agencies that best fit their needs. The Member’s right to choose is important and this new tool gives them the resources and information necessary to make an educated decision. Providers and DHS have the ability to track provider changes over the course of each waiver period and this information will prove the effectiveness of the program. Quality assurance and monitoring reports are most useful when the results are made available to those who will benefit most. This provider report card has placed this information in the hands of those who can utilize the information to its maximum capacity.

Update: ADvantage and SPPC provider report cards have been updated with FY 2014 data. You can find the provider report card links by going to http://www.okdhs.org/programsandservices/aging/arc/default.htm.

Report Card Links
http://www.okdhs.org/programsandservices/aging/arc/default.htm
Regional Provider Training Recap

This spring, the Medicaid Services Unit hosted a series of regional provider trainings across the state. The trainings featured clarification on common issues related to service plan authorizations and offered an overview on State Plan Personal Care (SPPC) guidelines. Presenters for ADvantage information were Marla Martin, RN and health care management nurse III, and Amanda McCaslin, programs supervisor. Area nurse Wanda Furney, RN, presented on SPPC. Topics covered throughout the day included:

- The methods ADvantage Administration uses to review service plans after receipt
- A review of standard conditions applied to the 6g by the Service Plan Authorization department
- A review of authorization standards required for nutritional supplements, personal emergency response systems (PERS), respite and hospice
- The SPPC unit processes

ADvantage Program Transfer Process

A highlight of the training was a presentation dedicated to completing the ADvantage program transfer process. The following step-by-step process for navigating the transfer process received excellent feedback from those in attendance:

**Step 1**
The Member chooses to transfer to another agency for case management services, home care services, or both.

**Step 2**
The case manager educates the Member on the options for provider agencies in the Member’s area.

**Step 3**
The Member selects a new provider agency (or agencies) from the choices available.

**Step 4**
The case manager obtains the Member’s choice of provider(s) and signature on page one of the Change of Provider form (02CB010E/ADv10).

The case manager signs at the bottom of page one of the Change of Provider form.

**Step 5**
The case manager contacts the Member’s chosen provider agency(ies) to schedule the transfer IDT with all parties and the Member.

**Step 6**
The transfer IDT is held, the transfer addendum is signed, and the Member is formally transferred to the new provider(s).

**Step 7**
After the IDT, the active case manager calls the agency(ies) with services ending to inform of the formal end date for services.

**Step 8**
The active case manager then completes page two of the Change of Provider form.

**Step 9**
Upon completion of page two of the Change of Provider form, the active case manager faxes the entire document to the provider agency(ies) whose services have ended.
New Provider Orientation Recap

Each year DHS Aging Services offers an opportunity for new providers to obtain a contract through Oklahoma Health Care Authority in order to become an ADvantage Medicaid waiver program-certified provider to serve ADvantage program Members. The final step of this contracting process requires the owners, administrators and/or managers of these new providers to attend the two-day ADvantage New Provider Orientation training.

In 2014, the New Provider Orientation training was held at the OSU – Tulsa campus on June 30 and July 1. The agenda for the orientation highlighted a full array of ADvantage program processes, procedures and policy. Specialized breakout sessions included a complete review of the program’s service standards, conditions of provider participation, and quality assurance/improvement audits. There were also specialized breakout sessions to specifically address the home-delivered meal providers, assisted living providers, as well as adult day health and hospice providers.

There were a total of 45 participants representing 23 new provider agencies in attendance. Please join us in welcoming these new provider agencies to the ADvantage program:

**Hospice**
- Family Care Hospice
- First Choice Hospice
- Miller Hospice
- ONHL Hospice

**Home-Delivered Meals**
- Mom’s Meals
- Home Style Direct

**Case Management**
- Access to Counseling
- Cornerstone Health Care Agency
- Helping Hands Home Care
- Home Care of Elkview
- Integrity Pathways
- Morton Comprehensive Health Services
- ResCare Home Care Oklahoma
- Shanadoa Home Health

**Assisted Living**
- North County Assisted Living
- Canoe Brook

**Adult Day Health**
- A Place Close to Home
- Mercy Love County Adult Day Center
- A Life of Service
Home-Delivered Meals Now Available Through Drop Shipment

Effective July 1, 2014, ADvantage Members living in any Oklahoma county may now choose home-delivered meals (HDM), service S5170, from providers who have menus tailored to fit specialized diets and provide multiple menu options. HDMs may be delivered in quantities which provide Members with meals to cover periods of up to two weeks. The traditional method of meal delivery is still available for Members as well. For Members who choose the new HDM option, the current process for service authorization will remain the same.

Once the HDM service is authorized on the ADvantage Member’s Service Plan by the Service Plan Authorization department, the ADv6g form will be faxed to all ADvantage providers. Meals will be delivered via FedEx drop shipment to the Member’s home in the amount authorized on the Member’s service plan. The ADvantage Member must sign to acknowledge delivery of the HDM. HDM will continue to be billed at the reimbursement rate of $4.88 per meal. The name and contact information for all HDM providers may be found on the Provider Agencies Report at http://advantage.ok.gov/bycnty.aspx.

Contact HDM providers:
http://advantage.ok.gov/bycnty.aspx