

PMM Look Behind Process

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The purpose of the look behind process is to validate the reliability of the Post Move Monitoring process - and identify gaps in care. The process will proactively address any gaps to reduce the risk of readmission, crises or other negative outcomes. Aggregate findings will be documented and made available to the Quality Improvement Committee and Regional Quality Councils upon request. All system level issues will be reported to the appropriate members of the Executive Team by the Community Integration Manager (CIM).

Focus of review

- Identify inconsistencies, if any, between Training Center, Office of Human Rights, and Community Service Board reviews
- Determine probable cause(s) for identified inconsistencies
- Determine what, if any, action needs to be taken to address identified inconsistencies
- Determine if current plan and supports were verified by the PMM process to be adequate to address the person's essential support needs.
- In the event that supports were not adequate, did the PMM process determine the reason
- Did the PMM process determine what would likely resolve the issue

When individual issues are identified, they will be addressed according to the PMM Look Behind committee recommendations. An action plan is developed and tracked on the PMM Look Behind Checklist.

Review Process

Participants:

The team shall consist of three mandatory core participants: Representative from the Office of Human Rights (OHR), Member of the Community Integration Project Team, and a medical professional; each from the Department of Behavioral Health and Developmental Services.

Meetings, Reviews and Reporting:

- Reviews will be completed monthly
- Sample size will be 25% of the transition pool or at least four, whichever is greater
 - Sample selection process:
 - Review team will randomly select individuals from previous month's 90 - 120 day post discharge population.
 - Specific individual cases may be reviewed as selected by the CIM.
 - Names of individuals chosen for review will be distributed to team members two weeks prior to scheduled review.
 - Materials to be reviewed include:
 - Current Community ISP
 - All post move monitoring checklists/reports completed by DBHDS
 - All post move monitoring documentation completed by the CSB Support Coordinator
 - Incident Report Follow-Up and Updates
- Individual specific and systemic issues identified by the committee are documented on the PMM Look Behind Checklist. The committee will recommend an action plan, and record updated outcomes on the

PMM Look Behind Process

checklist. A summary of findings for each individual reviewed is documented using the Look Behind Minutes template

- The PMM Look Behind Chart will be completed quarterly using the information reported in the monthly Look Behind Minutes and made available for the Independent Reviewer.

Definitions:

- **Individual/Person Specific Issues** are defined as those issues or concerns that can be resolved by working with the provider, Substitute Decision Maker (SDM), Community Integration Manager (CIM), Community Services Board Support Coordinator (CSB SC) or other support partners. They are particular to the individual and support partners specifically involved with the case.
- **Systemic Issues** are defined as those issues that require changes within the system of care on a macro level and cannot be easily resolved, i.e., lack of community capacity for services or supports, pervasive issues regarding compliance from agencies other than DBHDS, etc. It is a recurring issue impacting multiple individuals and requiring far-reaching intervention to achieve long term resolution.

PMM Look Behind Process

Post Move Monitoring Look Behind Checklist

Date:

Time:

Participants:

Individual being reviewed:

Date Moved from Training center:

Documents reviewed:

Dates post move visits completed and by whom:

Date	Time Frame	Monitor/Agency	Pending Essential Supports and Concerns

Description of Agreements/Disagreements in findings:

Total # of Essential Supports:

Discrepancies between DBHDS Monitors:

Discrepancies between DBHDS and CSB Monitors:

Community ISP Review:

Are essential supports included in community ISP?

Are there measurable outcomes that promote integrated day activities and/or employment?

Person specific issues identified:

Person specific issue identified:

Essential Supports not in place:

Domains Impacted:

Plan to resolve:

Action	Responsible person	By Date	Outcome

10.5.22

PMM Look Behind Process

System specific issues identified:

Potential solutions:

Action	Responsible person	By Date	Outcome

*Guidance for Eight Domain Determination:

1. **Safety and freedom from harm** (e.g., neglect and abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions, licensing violations)
2. **Physical, mental, and behavioral health and wellbeing** (e.g., access to medical care (including preventative care), timeliness and adequacy of interventions (particularly in response to changes in status)).
3. **Avoiding crises** (e.g., use of crisis services, admissions to emergency rooms or hospitals, admissions to Training Centers or other congregate settings, contact with criminal justice system)
4. **Stability** (e.g. maintenance of chosen living arrangement, change in providers, work/other day program stability)
5. **Choice and self-determination** (e.g. service plans developed through person centered planning process, choice of services and providers, individualized goals, self-direction of services)
6. **Community inclusion** (e.g. community activities, integrated work opportunities, integrated living options, educational opportunities, and relationships with non-paid individuals).
7. **Access to Services** (e.g. waitlists, outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, availability of services geographically, cultural and linguistic competency)
8. **Provider capacity** (caseloads, training, staff turnover, provider competency)