ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

Goal Engagement Program

I. Service Capacity

A. Describe the staffing network you have developed to provide all three components of the Goal Engagement Program (Occupational Therapist (OT), Registered Nurse (RN) and home repair specialist).

B. Provide the number of regular full- and part-time multidisciplinary team employees.

1) OT:
2) RN:
3) Home repair specialist:

C. Describe your agency's in-house capacity to provide translation for consumers when needed.

Language	# Administrative Staff	# Multidisciplinary Teams

If you have no in-house translation capacity, describe your procedure for serving consumers who have limited English-speaking ability.

II. General Policies and Procedures

A. Describe your policy for notifying the ASAP about circumstances encountered that affect completion of authorized services (such as no answer at the door, etc.).

B. Goal Engagement Program services include up to ten in-home visits by the OT or RN. Describe how you ensure that the services include at least one RN visit.

C. Describe how you ensure that purchases related to home safety, minor home repairs, and related items and services do not exceed $1,800.00 per Consumer, per year.

III. Consumer Goals

Consumers receive a structured set of home visits conducted by a multidisciplinary team consisting of an Occupational Therapist (OT), Registered Nurse (RN) and home repair specialist.

A. Describe the role of the OT in working with the consumer to identify areas of concern using a standardized assessment tool and engaging the consumer to develop meaningful goals and an action plan.

Describe the role of the OT in recommending strategies that can be implemented by the home repair specialist.

B. Describe the focus of the RN visits.

C. Describe how each member of the multidisciplinary team focuses on the consumer's identified goals to customize the service according to the action plan.

Describe coordination among the team members to ensure services are targeted to meet the goals identified by the consumer.

IV. Staff Qualifications

A. Describe how you ensure that members of the multidisciplinary team meet the following qualifications:

- Occupational Therapy elements of the service must be performed by an Occupational Therapist with a valid Massachusetts license or by either a certified Occupational Therapy assistant or an Occupational Therapy student under the direct supervision of a licensed Occupational Therapist.
- Skilled nursing elements of the service must be performed by a Registered Nurse with a valid Massachusetts license.
- If the scope of work involves minor home repairs, agencies and individuals employed by the agencies must possess any licenses/certifications required by the state (e.g., Home Improvement Contractor, Construction Supervisor License, Plumber's license, etc.).

B. Staff providing OT and nursing must be CAPABLE certified through Johns Hopkins University. Describe how you ensure that this qualification is met.

Attach a CAPABLE training Certificate for each of your OT and RN staff providing Goal Engagement services.

V. Training and In-Service Education

A. Describe orientation for multidisciplinary team employees.

B. Describe in-service education for each of the three disciplines (OT, RN and home repair specialist) comprising the team.

VI. Supervision

A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each of the three disciplines (OT, RN and home repair specialist) comprising the team.

VII. Proposed Rate for Goal Engagement Service

Provider employee who completed this form

Name: _____ Date: _____

SERVICE SPECIFIC ON-SITE REVIEW

Goal Engagement Program

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On-Site Evaluation

EMPLOYEE Record Review					
Provider Date Monitor					
Start date and Termination date, if applicable					
Number of reference checks					
CORI Check					
Job Description(s)					
Occupational Therapist- OT with valid Massachusetts license or certified OT assistant or OT student under the direct supervision of a licensed OT *Staff providing OT-CAPABLE certified through Johns Hopkins University Registered Nurse- RN with valid Massachusetts license *RN -CAPABLE certified through Johns Hopkins University Home repair specialist- Licenses/certifications required by the state (e.g., Home Improvement Contractor, Construction Supervisor License, Plumber's license, etc.) Team Member/ Ongoing training: dates					
OIG checks: time of hire/ monthly					
Annual Performance Appraisal: Date					
Comments					

SERVICE SPECIFIC ON-SITE REVIEW

Goal Engagement Program

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On-Site Evaluation

CONSUMER Record Review					
Provider Date Monitor					
Authorization/referral form					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Functional status/limitations Goal Engagement Program Consumer's Goal(s) /Action Plan Status updates/Goal(s) reviewed					
Name of current CM/RN					
Service start date and Termination date, if applicable In-home visits by OT or RN: dates In-home visits by Home repair specialist: dates (if applicable):					
Comments					

Goal Engagement Program
Notes