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The Presurvey Phone Call

Once your organization's on-site survey has been scheduled, you will receive a notification from CARF of the dates of the survey. This will be followed by a scheduling letter from CARF that includes the survey dates and the names of the surveyors assigned to conduct your survey. The scheduling letter is also posted to Customer Connect for the ease of having all relevant information about your upcoming survey accessible in one location. You know the dates and surveyors. You are preparing for the on-site survey. So, what is the next milestone in the survey process? That would be the presurvey call with the survey team coordinator.

The presurvey phone call is the first contact the survey team has with the organization. This call is used to establish a positive climate for the survey, exchange information, and facilitate the on-site survey. The presurvey phone call, which takes place approximately three to four weeks prior to the survey, is made by the survey team coordinator, usually the administrative surveyor listed on the scheduling letter. The team coordinator will contact the key contact or CARF liaison at the organization as identified on the Intent to Survey submitted to CARF.

The surveyor may review and address any of the following information during the initial or subsequent phone calls prior to the survey:

- Verify the programs to be surveyed.
- Verify the standards manual used to prepare for the survey.
- Verify the standards manual year under which the survey will be conducted.
- Verify the sites where the programs are provided. Visits are made to all locations where services or programs for which the organization is seeking accreditation operate, unless specific criteria for site sampling apply. If the survey involves sampling, the sites where services are provided may be verified, but the actual sites to be visited will not be revealed at this time. The organization will be informed of the sites selected to be visited at the time of the orientation conference.
- Discuss the number and types of records of persons served the surveyors would like available to review. Records from current persons served are pulled at random by the surveyors

during the survey. If closed records are stored away from the organization, you may need to discuss the desired criteria to use for selection of closed records for review so that these can be selected prior to the survey and brought to the site. Remember, however, that the surveyors may request additional records when on site.

- Request information regarding how your organization prepared for the survey. The surveyor may ask if the Medical Rehabilitation Survey Preparation Guide or the Standards Manager™ software program was used, and, if so, he or she may ask if you are willing to share this information with the team. Although CARF does not require that this information be shared with the surveyor(s), it may be helpful in demonstrating the organization's conformance to the standards and could improve the efficiency of the on-site survey, allowing for more time to be spent in consultation.
- Request that nonconfidential items be made available at the hotel for the survey team to review the night before the survey. Examples of nonconfidential items could include policies, procedures, and plans; minutes of meetings; program descriptions and marketing materials; safety inspections/emergency plans and tests; performance analyses; model case records; orientation packets, if any, for persons served or personnel; client handbook and activity schedules, if any; and directions to the organization. Again, it is up to the organization whether or not you are comfortable providing materials to the survey team for review at the hotel prior to the on-site survey. However, doing so may assist the team to efficiently plan activities and time on site at the organization to allow more opportunities for consultation.
- In consultation with the organization, identify the estimated number and types of persons who may be interviewed, including staff members, persons served, family members, or other stakeholders, and coordinate a tentative interview schedule, allowing approximately fifteen to twenty minutes per interview. The accreditation process is significantly enhanced by the personal involvement of as many persons served, staff members, and other stakeholders as time permits.
- Identify where records and documents are maintained, particularly if the survey involves multiple sites. Logistics for access to records and documents may be addressed.
- Request that the organization designate a private space for the survey team to use for document review and teamwork. If documents are maintained electronically, how and where these documents will be accessed should be addressed.
- Determine the time the survey team will arrive on the first day and identify, in general, who will be attending the orientation conference.
- Provide an estimated time when the exit conference will be conducted on the last day of the survey. Please remember that this is only an estimated time and may change depending upon the needs that occur during the survey.
- Address any transportation arrangements for getting to the

facility and for visitation of sites, if appropriate. In some cases, the surveyors may have a rental car and need only directions to locations; in other cases, the surveyors may request that transportation be provided by the organization, if appropriate.

The presurvey phone call allows for a mutual sharing of information. The presurvey call provides an opportunity for the organization to have any questions or concerns about the upcoming survey addressed. It is also a time to identify and address any specific time constraints or scheduling conflicts to be considered in scheduling interviews or survey activities. To facilitate consultation, the call would also be an appropriate time to identify any specific areas about which you would like the surveyors to provide consultation.

The coordination and communication with the survey team that begin with the presurvey call can assist in decreasing presurvey anxiety, help in the preparation process, and potentially increase the efficiency and effectiveness of the on-site survey.

The timing of the presurvey call is flexible, as surveyors are peers in the field and have full-time responsibilities outside of conducting CARF surveys. However, if you have not heard from the team coordinator of your survey team two weeks before the start date of your survey, please feel free to contact your resource specialist at CARF, who can help to facilitate a call. Contact information and regional assignments for Medical Rehabilitation resource specialists are:

Carol Imler cimler@carf.org 1-888-281-6531 ext. 102

- Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee

Cathy Rebella crebella@carf.org 1-888-281-6531 ext. 132

- Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin
- Canada, Europe, South America

Karen Kloter kkloter@carf.org 1-888-281-6531 ext. 190

- Connecticut, District of Columbia, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, New Jersey, New York, Pennsylvania, Ohio, Rhode Island, Vermont, Virginia, West Virginia

Additional resources on the CARF survey process can be found in the *Medical Rehabilitation Standards Manual Accreditation Policies and Procedures* section and through Customer Connect, <http://customerconnect.carf.org>, without need to log in. Click on the "Help" link and select "Survey and Accreditation Process." A comprehensive overview of the accreditation process can also be found in the CARF publication *Accreditation Sourcebook*, which can

Highlighted Standard:

Individualized Disclosure Statement for the Person Served

The provision of an individualized written disclosure statement to each person served is not a new concept in the CARF standards. However, for many years, the disclosure statement standard was located in the program standards section of the standards manual and applied only to selected programs. Effective July 1, 2008, with relocation of the standard to the rehabilitation process section of the standards manual, applicability was expanded to all programs. Many organizations have found it challenging to demonstrate full conformance to the disclosure statement standard. Below are some areas for consideration in implementation.

The disclosure statement of the person served is addressed in the following standard from the 2009 Medical Rehabilitation Standards Manual located in Section 2: The Rehabilitation Process for the Persons Served.

8. The program provides an individualized written disclosure statement to each person served that includes sufficient information to address:

- a. The scope of services that will be provided.**
- b. The intensity of services that will be provided.**
- c. Estimated length of stay.**
- d. Insurance coverage.**
- e. Alternative resources to address additional identified needs.**

This standard requires that each person served be provided with individualized written information that is specific to his or her situation. The information provided is intended to allow the individual the ability to make informed decisions regarding the rehabilitation program.

Information should be individualized and presented in such a way that the person served can clearly understand the services that will be provided and for how long they will be provided; what will not be provided; and what, if anything, the program will cost the individual. The information does not have to be contained in one document, but should be provided in writing. For individuals whose literacy level or visual impairments would impact their ability to comprehend or access written information, alternative means of presenting the information should be provided to ensure that it is understood by the person served.

The process for providing this information may vary by organization and program. Some organizations and programs provide it after the completion of the initial assessment and creation of the plan of care. Others provide the information after the initial team conference. In all cases, the information should be provided as early as possible. The person served may be given a notebook where the individualized written disclosure information is kept, which could facilitate the use of the disclosure statement as a tool to assist in communicating

updates and changes in plans to the person served and members of the family/support system.

Some organizations use the approach of providing the information on a two-part form; the person served is provided one copy with the original becoming a part of the individual medical record. Some organizations use the disclosure statement to also provide contact information to facilitate ongoing communication; the employee responsible for providing the individualized information enters his or her name and contact telephone number on the form so the person served has a specific name to contact if he or she has further questions or concerns.

The scope and intensity of services that will be provided to the individual and the estimated length of stay are the areas that are most frequently cited as components not in conformance to this standard.

The extent or range of the services that will be provided should be specific to meet the needs of the individual. If an organization provides, or an individual progresses through, a continuum of services, the services available and provided may vary with the program setting such as inpatient and outpatient programs. Some organizations choose to have separate documents that address inpatient and outpatient programs, while others group the information applicable to both programs at the beginning of a disclosure statement and then clearly identify those services and the intensity specific to each program.

The intensity of services should include information on how much and at what frequency specific services will be provided to address the individual's assessed needs. Intensity also includes the complement of services provided one to one, concurrently, or in groups.

Dependent upon the type of program being provided, the estimated length of stay may be given in days, weeks, hours of service, or the number of visits. If, for example, a person served would be receiving inpatient services, the intensity of service would include rehabilitation nursing service 24 hours a day, 7 days a week and perhaps physical therapy 2 hours a day, 7 days a week; occupational therapy 1 hour a day, 6 days a week; and speech-language pathology services 1 hour a day, 3 days a week with an estimated length of stay of 2 weeks. Each of these components of the rehabilitation program for this individual should be identified and clearly stated in writing in the individualized disclosure statement. The physical therapy, occupational therapy, and speech-language therapy services in this example should also identify the components that would be provided as one to one, concurrently, or in groups.

An outpatient individualized written disclosure statement, for example, might identify physical therapy 3 times a week for an estimated 4 weeks in the outpatient rehabilitation program. Again, whether the services would be provided one to one, concurrently, or in groups should be included in the individualized written disclosure statement information provided to the person served.

As the individualized written disclosure statement is provided to each person served prior to the initiation of the rehabilitation program and is usually based on the team's initial evaluation, organizations have at times expressed concern about providing in writing information that may change with circumstances. This might be addressed by a statement that the information provided is as of a certain date and may be subject to change. For example, the organization might include a statement that identifies the duration of the rehabilitation program as estimated or predicted. In addition, a statement that the duration of the program may be changed based on the individual's progress in the program and medical issues might be included in the written disclosure. Some organizations update the disclosure statement as the person progresses, especially those that use or complete this information in team conferences. Many organizations use a check-off list that has the choices of services and anticipated hours and whether services are to be provided in individual, group, or concurrent sessions to streamline and simplify the format for providing this information.

Insurance coverage information is required to be specific to the individual and usually includes the name(s) of the insurers, whether there will be a co-pay, the number of days or visits the insurance will cover, if there is a maximum dollar amount the insurer will pay for the rehabilitation program, and any other information specific to a particular payer source for the individual person served. Most organizations include information regarding availability of counseling service for alternative financial resources on the individualized written disclosure statement. In some settings, much of the information about insurance coverage is provided by the business or finance office.

Information on alternative resources to address additional identified needs is an area that is important to include in an individualized written disclosure statement. These resources may be needed not only for the current needs of the person served, but for those that are anticipated in the future. One way in which the organization might address potential dynamic and changing needs of the individual could be to include the responsibility for the provision of this information and identification of resources in the role of the employee who provides the individualized information and who is identified as a contact if the person served has further questions or concerns.

Because alternative resources to address additional identified needs are highly specific to the individual person served, a generic or prepopulated check-off list of resources is not usually found in a disclosure statement form. Options that may be considered could include a topic listing for "alternative resources" with a space in which to document those resources provided specific to the individual or a notation referring to another resource document listing provided to the individual. Remember that the information must be provided in writing to the person served, with alternative forms of providing the information to the individual if appropriate.

Examples of resource information that might be provided could

include referral to another part of the continuum of services or to another provider. Other resource information provided to the person served could include different funding sources such as charitable foundations or Medicaid waivers; veterans' benefits; advocacy and support groups such as the National Spinal Cord Injury Association, Amputee Coalition of America, National Stroke Association, or Brain Injury Association of America and its state affiliates; and community providers of durable medical equipment, drivers education, and transportation. These resources could be either in the area where the current rehabilitation program is being provided, or, if the person served will be returning to an out-of-town location, resources available to the individual in that area could be included along with information on contacts in his or her home location to enable the individual to access a needed resource.

In summary, a written disclosure statement should be provided to each person served and contain information specific to the individual that will permit him or her to make informed decisions about the rehabilitation program that your organization plans to provide. The information provided does not have to be in a single document and is based upon the initial data gathered about the individual and his or her needs. The information provided does have to address all components of the standard. CARF-accredited providers are expected to actively engage the person served as the most important member of the rehabilitation team and seek input from and share information with the person served. The written disclosure statement is an important part of this rehabilitation process.

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