



PARTNERS FOR CHILDREN CMS Assurances



The following pages describe the assurances made by the Medi-Cal program, specifically Children's Medical Services, to the federal Center for Medicare and Medicaid Services about oversight of the pediatric palliative care waiver program. The assurances are divided into five content areas. Within each area, there are multiple sub-assurances. For each sub-assurance, there is at least one performance measure that is a specific indicator that will be examined by Children's Medical Services staff when conducting periodic audits.

Level of Care: (Apx B)

- Waiver applicants for whom there is reasonable indication that services may be needed in the future are provided an individual LOC evaluation.
 - **Number and percent of new enrollees that received an initial LOC determination prior to receiving Waiver services**
- The LOC of enrolled participants is reevaluated at least annually or as specified in the approved waiver.
 - **Number & percent of participants who received an annual redetermination within 12 months of their initial or last LOC**
- The processes and instruments described in the approved waiver are applied to LOC determinations.
 - **Number & percent of participants whose LOC determination was made on the state's approved form**
 - **Number & percent of participants whose LOC determination was made with LOC criteria accurately applied**

Service Plan: (Apx D)

- Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
 - **Number & percent of waiver participants who have F-CAPs that are adequate and appropriate to their needs and personal goals, as indicated in the assessment**
- The state monitors service plan development in accordance with its policies and procedures.
 - **Number & percent of participants with F-CAPs and related plan activities that comply with the state's procedures related to plan development**
- Service plans are updated/revised at least annually or when warranted by changes in waiver participant needs.
 - **Number & percent of participants whose F-CAPs were reviewed and revised at least annually**
 - **Number & percent of waiver participants whose F-CAPs were revised, as needed, to address changing needs**
- Services are delivered in accordance with the service plan, including in the type, scope, amount, duration, and frequency specified in the service plan.
 - **Number and percent of waiver participants who received services in the type, amount, frequency and duration specified in their F-CAP**
 - **Number and percent of waiver participants/families who signed a freedom of choice form that specifies choice was offered between institutional care and enrollment in the waiver**
- Participants are afforded choice between waiver services and institutional care and between/among waiver services and providers.
 - **Number and percent of waiver participants/families who signed a freedom of choice form that specifies choice was offered between institutional care and enrollment in the waiver**
 - **Number and percent of waiver participants/families who signed a freedom of choice form that specifies choice of waiver services and providers were offered**

Qualified Providers: (Apx C)

- The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
 - **Number & percent of waiver providers, by provider type, who have current appropriate licensure/certification in accordance with state law and waiver provider qualifications**
- The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
 - **Number & percent of non-licensed/non-certified providers, by provider type, who meet state/waiver provider qualifications**
- The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and the approved waiver.
 - **Number and percent of providers, by provider type, meeting provider training requirements**

Health and Welfare: (Apx G)

- On an ongoing basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.
 - **Number and percent of critical incidents, specifically occurrences of abuse, neglect and exploitation, reported within required timeframe**
 - **Number and percent of critical incidents, specifically occurrences of abuse, neglect and exploitation, for which necessary corrective actions were taken**
 - **Number and percent of waiver providers who have completed waiver provider training in which health and safety requirements, including prevention, are discussed**
 - **Number and percent of participants with F-CAPs that show documentation of monitoring of environmental assessments, family social evaluations, and information provided regarding abuse, neglect and exploitation**

Administrative Authority: (Apx A)

- The Medicaid agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other State and local/regional non-State agencies (if appropriate) and contracted entities
 - **Dates, topic(s), and attendees of Medicaid oversight meetings with State DHCS staff, local/regional non-state agencies, and waiver providers to measure active participation by all necessary attendees during the review of policy compliance**
 - **Number and percent of remediation actions that occurred as specified by the Medicaid Agency**
 - **Number and percent of waiver participants who were authorized to receive services in the type, amount, frequency and duration specified in the F-CAP.**
 - **Number and percent of waiver participants whose LOC evaluations were completed according to policy by the CCSNL.**

Financial Accountability: (Apx I)

- State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.
 - **Number and percent of claims paid in accordance with the participant's authorized services**