



PARTNERS FOR CHILDREN

Federal Assurances and Performance Measures

As is the standard for participation in any federal Medicaid waiver, there are required assurances. They are:

- The state Medicaid Agency (Medi-Cal) retains **administrative authority** over the Waiver program.
- **Level of Care** need determinations are consistent with the need for institutional care.
- Only qualified providers may serve Waiver participants.
- Plans of care (**service plans**) are responsive to Waiver participant's needs.
- Safeguards are taken to protect the **health and welfare** of persons receiving services under the HCBS Waiver.
- The state provides **financial accountability** for the Waiver.

In order to demonstrate compliance with the assurances, Children's Medical Services (CMS) was required to develop performance measures in these six categories: Administrative Authority, Level of Care, Qualified Providers, Service Plans, Health & Welfare, and Financial Accountability. For each performance measure, CMS designated various data sources and the responsible parties for data collection. Each performance measure addresses how CMS will discover problems and seek to remediate these problems in each category.

The local County CCS program (referred to in the waiver as the sub-state entity) will be responsible for collecting some data for performance measures from waiver Appendices A, B, C, D, G and I and reporting the findings to the state. Following is a summary of the performance measures within each waiver appendix. Included with each appendix summary is a section titled "Methods for Remediation/Fixing Individual Problems." This section identifies how the state will monitor and remediate the performance measures and the role the local CCS program will have in this function.

Summary of Waiver Appendices

1. Appendix A: Administrative Authority Performance Measures

- Oversight meetings: CMS will conduct oversight meetings with local CCS programs and waiver providers to review policy compliance.

- Remediation actions: State and local programs will be responsible for reporting the number of remediation actions that occurred and the number that occurred within the timeframe specified by the state.
- County oversight: CMS will review waiver services authorized and reported by the local CCS program to ensure they are appropriate to the type, amount, frequency and duration specified in the participant's F-CAP.
- LOC evaluation: CMS will review LOC evaluations performed by the CCSNL to ensure they were completed using the state form.

Methods for Remediation/Fixing Individual Problems

The CMS Branch will provide ongoing monitoring of waiver utilization management and service authorization activities of participating County CCS programs specifically to review waiver assurances.

Upon discovery, CMS Branch will, within 15 working days, contact the participating county(s) to:

1. Review the data
2. Determine the reason for non-compliance
3. If appropriate, develop a corrective action plan with a timeline that will achieve remediation within 15 working days from the date the county was notified by the CMS Branch, where possible

If remediation is not achievable within 15 working days, a note from the CCS County or the CMS Branch will document the reason for the delay, the manager's approval, and the timeframe for remediation.

Documentation (using case notes in CMSNet) of the steps noted above will also include any suggestions for preventing similar failures in the future, i.e. suggested system or process changes. The CMS Branch will follow-up with the CCS County to ensure that the corrective action plan was completed within the specified timeframe.

2. Appendix B: Level of Care (LOC) Performance Measures

- Initial LOC determination: CMS will review new waiver participant cases to ensure that an initial LOC determination was performed, by the local CCS program, prior to delivery of waiver services.
- Annual LOC determination: CMS will review cases to identify participants that received an annual LOC re-determination by the CCSNL within 12 months of their initial or last LOC determination.
- LOC process: CMS will review a specified number of cases to ensure the LOC determination was made on the state's approved form and that LOC criteria was accurately applied.

Methods for Remediation/Fixing Individual Problems

The State CMS Branch will provide ongoing monitoring of Level of Care activities, including if:

- An LOC evaluation for a potential applicant was not performed
- An annual reevaluation of a participant was not conducted
- The appropriate instruments and criteria, as described in the waiver, were not utilized to conduct the LOC determination

Upon discovery of failure to meet assurance, the CMS Branch will, within 15 working days, contact the participating county(s) to:

1. Review the data
2. Determine the reason for non-compliance
3. If appropriate, develop a corrective action plan with a timeline that will achieve remediation within 15 working days from the date the county was notified by the CMS Branch, where possible

If remediation is not achievable within 15 working days, a note from the CCS County, or the CMS Branch, will document the reason for the delay, the manager's approval, and the timeframe for remediation.

Documentation (using case notes in CMSNet) of the steps noted above will also include any suggestions for preventing similar failures in the future, i.e.

suggested system or process changes. The CMS Branch will follow-up with the CCS county to ensure that the corrective action plan was completed within the specified timeframe.

Should a participating CCS county discover non-compliance as it relates to LOC performance measures, it will be the responsibility of the CCSNL to begin the remediation process within 15 working days, including all steps noted above, as appropriate to the performance measure in question and to notify the CMS Branch.

3. Appendix C: Qualified Providers Performance Measures

- Provider licensure/certification: State will ensure waiver providers have current and appropriate licensure/certification in accordance with state law and waiver provider qualifications.
- Non-licensed/non-certified provider: State will ensure non-licensed/non-certified waiver providers will meet provider qualifications.
- Provider training: State will ensure waiver providers meet provider training requirements.

Methods for Remediation/Fixing Individual Problems

Upon discovery of a provider not meeting waiver standards for participation (including licensure/certification, qualification requirements for non-certified/non-licensed providers and training), the State CMS Branch, within 5 working days, will notify the CCSNL who will, if appropriate:

- Discontinue the service authorization to the provider/agency
- Contact the Care Coordinator to meet with the family to choose another qualified provider
- Ensure that any non-compliant provider will not provide services until remediation is completed

Upon discovery of failure to meet standards, the State CMS Branch will, within 15 working days, contact the participating county(s) to:

1. Review the data
2. Determine the reason for non-compliance
3. If appropriate, develop a corrective action plan with a timeline that will achieve remediation within 15 working days from the date the county was notified by the CMS Branch, where possible

If remediation is not achievable within 15 working days, a note from the CCS county, or the CMS Branch, will document the reason for the delay, the manager's approval, and the timeframe for remediation.

Documentation (using case notes in CMSNet) of the steps noted above will also include any suggestions for preventing similar failures in the future, i.e. suggested system or process changes. The CMS Branch will follow-up with the CCS County to ensure that the corrective action plan was completed within the specified timeframe.

Should a participating CCS county discover non-compliance, as it relates to provider qualification performance measures, it will be the responsibility of the CCSNL to begin the remediation process within 5 working days, including all steps noted above, as appropriate to the performance measure in question.

4. Appendix D: Service Plan Performance Measures

- Participant needs and goals: CMS will review participant F-CAPs to ensure adequacy and appropriateness based on the needs and goals indicated in the plan.
- Plan development: CMS will review participant F-CAPs to ensure plan development complies with state procedures.
- Plan updates and revisions: CMS will review participant F-CAPs to ensure they were reviewed and revised at least annually and more frequently, as needed, to address participants changing needs.
- Service delivery: State will ensure services delivered are in accordance with the type, amount,

frequency and duration specified in the F-CAP.

- Participant choice (1): State will review participant cases to ensure local CCS programs had participants/families sign a freedom of choice form indicating choice was offered between institutional care and enrollment in the waiver.

- Participant choice (2): State will review participant cases to ensure local CCS programs had participants/families sign a freedom of choice form indicating a choice of waiver services and providers were offered.

Methods for Remediation/Fixing Individual Problems

The State CMS Branch will provide ongoing monitoring of Care Plan activities if:

- An F-CAP does not address a participant's assessed needs (including health and safety risks and personal goals)
- An F-CAP has not been updated/revised annually or as warranted by changes
- Services were not delivered in accordance with the F-CAP
- State policies and procedures related to plan development were not followed
- A participant was not afforded choice between waiver services, providers or both

Upon discovery of failure to meet standards, the State CMS Branch will, within 15 working days, contact the participating county(s) to:

1. Review the data
2. Determine the reason for non-compliance
3. If appropriate, develop a corrective action plan with a timeline that will achieve remediation within 15 working days from the date the county was notified by the CMS Branch, where possible

If remediation is not achievable within 15 working days, a note from the CCS County, or the State CMS Branch, will document the reason for the delay, the manager's approval, and the timeframe for remediation.

Documentation (using case notes in CMSNet) of the steps noted above will also include any suggestions for preventing similar failures in the future, i.e. suggested

system or process changes. The CMS Branch will follow-up with the CCS County to ensure that the corrective action plan was completed within the specified timeframe.

Should a participating CCS county discover non-compliance, as it relates to Care Plan activities performance measures, it will be the responsibility of the CCSNL to begin the remediation process within 15 working days, including all steps noted above, as appropriate to the performance measure in question.

5. Appendix G: Health and Welfare (H&W) Performance Measures

- H&W Reporting: State will review the number of critical incidents, specifically related to abuse, neglect and exploitation, reported within the required timeframe.
- H&W remediation action: State will review the number of critical incidents for which necessary corrective actions were taken.
- H&W provider training: State will review records to ensure waiver providers have completed provider training including discussion of health and safety requirements.
- H&W monitoring and prevention: State will review participant's F-CAP for documentation of monitoring of environmental assessments, family social evaluations, and information provided regarding abuse, neglect and exploitation.

Methods for Remediation/Fixing Individual Problems

The CMS Branch will provide ongoing monitoring of participant health and welfare related activities, including if:

- An F-CAP does not meet requirements for continuous monitoring of environmental assessments, family social evaluations or information regarding abuse, neglect and exploitation
- Inappropriate or untimely action occurs in response to a report (abuse, neglect, exploitation, critical incident or event, etc.)

Upon discovery, the CMS Branch will, within 15 working days, contact the participating county(s) to:

1. Review the data
2. Determine the reason for non-compliance
3. If appropriate, develop a corrective action plan with a timeline that will achieve remediation within 15 working days from the date the county was notified by the CMS Branch, where possible

If remediation is not achievable within 15 working days, a note from the CCS County, or the State CMS Branch, will document the reason for the delay, the manager's approval, and the timeframe for remediation.

Documentation (using case notes in CMSNet) of the steps noted above will also include any suggestions for preventing similar failures in the future, e.g. suggested system or process changes. The CMS Branch will follow-up with the CCS County to ensure that the corrective action plan was completed within the specified timeframe.

Should a participating CCS county discover non-compliance as it relates to health and welfare performance measures, it will be the responsibility of the CCSNL to begin the remediation process within 2-5 working days (or sooner, to the extent mandated by California law), including all steps noted above, as appropriate to the performance measure in question. [Child Abuse and Neglect Reporting Act, California Penal Code (PC) § 11164 through 11174.3 P.C. states that a mandated reporter shall report to the licensing agency immediately or as soon as possible and provide a written report within 36 hours of receiving information concerning the incident.]

6. Appendix I: Financial Accountability Performance Measure

- Claims: State will review claims paid in accordance with a participant's authorized waiver services.

Methods for Remediation/Fixing Individual Problems

The CMS Branch will provide ongoing monitoring of participant financial accountability related activities, including if:

- Claims were not CODED in accordance with the methodology defined in the waiver and the individual SAR
- Claims were not PAID in accordance with the methodology defined in the waiver and the individual SAR

Upon discovery, the CMS Branch will, within 15 working days, contact the participating county(s) to:

1. Review the data
2. Determine the reason for non-compliance
3. If appropriate, develop a corrective action plan with a timeline that will achieve remediation within 15 working days from the date the county was notified by the CMS Branch, where possible

If remediation is not achievable within 15 working days, a note from the CCS County, or the State CMS Branch, will document the reason for the delay, the manager's approval, and the timeframe for remediation.

Documentation (using case notes in CMSNet) of the steps noted above will also include any suggestions for preventing similar failures in the future, i.e. suggested system or process changes. The CMS branch will follow-up with the CCS County to ensure that the corrective action plan was completed within the specified timeframe.

Should a participating CCS county discover non-compliance, as it relates to financial accountability performance measures, it will be the responsibility of the CCSNL to begin the remediation process within 15 working days, including all steps noted above, as appropriate to the performance measure in question.