Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

i. Eligibility

The State determines eligibility for Self-Directed Personal Assistance Services:

A. __X__ In the same manner as eligibility is determined for traditional State Plan personal care services, described in Item 26 of the Medicaid State Plan.

B. _____ In the same manner as eligibility is determined for services provided through a 1915(c) Home and Community-Based Services Waiver.

ii. Service Package

The State elects to have the following included as Self-Directed Personal Assistance Services:

A. _X_ State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.

B. _____ Services included in the following section 1915(c) Home and Community-Based Services waiver(s) to be self directed by individuals eligible under the waiver(s). The State assures that all services in the impacted waiver(s) will continue to be provided regardless of service delivery model. Please list waiver names and services to be included.

iii. Payment Methodology

A. __X__ The State will use the same payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services.

B. _____The State will use a different payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services. Amended Attachment 4.19-B page(s) are attached.

iv. Use of Cash

A. __X__ The State elects to disburse cash prospectively to participants self-directing personal assistance services. The State assures that all Internal Revenue Service (IRS) requirements regarding payroll/tax filing functions will be followed, including when participants perform the payroll/tax filing functions themselves.

Only for participants receiving the following options:

- Restaurant Meal Allowance (please see Permissible Purchases, section xv.); and
- Severely impaired recipients who have chosen the Cash Option.
    - California regulation limits the receipt of Advance Pay (Cash Option) to severely impaired recipients.
    - California Department of Social Services (CDSS), Manual of Policies and Procedures (MPP) 30-701(s) (1) Severely Impaired Individual means a recipient with a total assessed need...for 20 hours or more per week of service in one or more of the following areas:
        - (A) Any personal care service listed in Section 30-757.14.
        - (B) Preparation of meals.
        - (C) Meal cleanup when preparation of meals and consumption of food (feeding) are required.
        - (D) Paramedical services.

B. _____ The State elects not to disburse cash prospectively to participants self-directing personal assistance services.

v. Voluntary Disenrollment

The State will provide the following safeguards to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

There will be no break in service for those voluntary disenrolling and transitioning to State Plan Personal Care Services, thus assuring participant health and welfare.

Participants or their authorized/legal representative(s) may initiate disenrollment at any time by contacting the county social services office. If a voluntary disenrollment is received by mail, or is initiated by the participant's authorized/legal representative, the county will contact the participant to ensure the disenrollment request represents the wishes of the participant. The Case Management Information and Payrolling System (CMIPS) updates eligibility status changes immediately upon data entry.

vi. Involuntary Disenrollment

A. The circumstances under which a participant may be involuntarily disenrolled from self-directing personal assistance services, and returned to the traditional service delivery model are noted below.

Circumstances for involuntary disenrollment, which may be initiated by the county, include but are not limited to the following:

- Participant moved out of State;
- Participant no longer resides in a dwelling that meets the Federal requirement under Section 1915(j)(1);
- Participant has lost Medi-Cal eligibility;
- Participant no longer requires personal care services or assistance with Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL);
- Participant is no longer in the population served under the State Plan option;

- Participant is institutionalized;
- Participant cannot comply with the 1915(j) program requirements.

B. The State will provide the following safeguards to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

The State will provide all appropriate safeguards available to ensure continuity of services. For example, if a participant cannot comply with the program requirements due to mental or physical inability to self-direct (e.g. the participant is no longer capable of managing their cash option funds), the county social worker/case manager would first work with the participant to assist them in proper management of their funds in order to prevent involuntary disenrollment. If the participant is still unable to properly manage their funds, and the cash option is their only link to this State Plan Option, then the county social worker/case manager would initiate disenrollment and transition the participant to the traditional service delivery model. Once this transition is initiated, CMIPS updates eligibility status changes immediately upon data entry.

vii. Participant Living Arrangement

Any additional restrictions on participant living arrangements, other than homes or property owned, operated, or controlled by a provider of services, not related by blood or marriage to the participant are noted below.

No additional restrictions on participant living arrangements.

viii. Geographic Limitations and Comparability

A. _X_ The State elects to provide self-directed personal assistance services on a statewide basis.

B. _____ The State elects to provide self-directed personal assistance services on a targeted geographic basis. Please describe:_____

C. __ The State elects to provide self-directed personal assistance services to all eligible populations.

D. __X__ The State elects to provide self-directed personal assistance services to targeted populations. Please describe:

This program option is only for those participants that:

- have chosen Restaurant Meal Allowance; and/or
- are severely impaired and have chosen the Advanced Pay (cash option); and/or
- have chosen a legally liable relative provider.

E. _X_ The State elects to provide self-directed personal assistance services to an unlimited number of participants.

F. _____ The State elects to provide self-directed personal assistance services to _____ (insert number of) participants, at any given time.

ix. Assurances

A. The State assures that there are traditional services, comparable in amount, duration, and scope, to self-directed personal assistance services.

B. The State assures that there are necessary safeguards in place to protect the health and welfare of individuals provided services under this State Plan Option, and to assure financial accountability for funds expended for self-directed personal assistance services.

C. The State assures that an evaluation will be performed of participants' need for personal assistance services for individuals who meet the following requirements:

i. Are entitled to medical assistance for personal care services under the Medicaid State Plan; or

ii. Are entitled to and are receiving home and community-based services under a section 1915(c) waiver; or

iii. May require self-directed personal assistance services; or

iv. May be eligible for self-directed personal assistance services.

D. The State assures that individuals are informed of all options for receiving self-directed and/or traditional State Plan personal care services or personal assistance services provided under a section 1915(c) waiver, including information about self-direction opportunities that is sufficient to inform decision-making about the election of self-direction and provided on a timely basis to individuals or their representatives.

E. The State assures that individuals will be provided with a support system meeting the following criteria:
   i. Appropriately assesses and counsels individuals prior to enrollment;
   ii. Provides appropriate counseling, information, training, and assistance to ensure that participants are able to manage their services and budgets;
   iii. Offers additional counseling, information, training, or assistance, including financial management services:
      1. At the request of the participant for any reason; or
      2. When the State has determined the participant is not effectively managing their services identified in their service plans or budgets.

F. The State assures that an annual report will be provided to CMS on the number of individuals served through this State Plan Option and total expenditures on their behalf, in the aggregate.

G. The State assures that an evaluation will be provided to CMS every 3 years, describing the overall impact of this State Plan Option on the health and welfare of participating individuals, compared to individuals not self-directing their personal assistance services.

H. The State assures that the provisions of section 1902(a)(27) of the Social Security Act, and Federal regulations 42 CFR 431.107, governing provider agreements, are met.

I. The State assures that a service plan and service budget will be developed for each individual receiving self-directed PAS. These are developed based on the assessment of needs.

J. The State assures that the methodology used to establish service budgets will meet the following criteria:

   i. Objective and evidence based, utilizing valid, reliable cost data.
   ii. Applied consistently to participants.
   iii. Open for public inspection.
   iv. Includes a calculation of the expected cost of the self-directed PAS and supports if those services and supports were not self-directed.
   v. Includes a process for any limits placed on self-directed services and supports and the basis/bases for the limits.
   vi. Includes any adjustments that will be allowed and the basis/bases for the adjustments.
   vii. Includes procedures to safeguard participants when the amount of the limit on services is insufficient to meet a participant's needs.
   viii. Includes a method of notifying participants of the amount of any limit that applies to a participant's self-directed PAS and supports.
   ix. Does not restrict access to other medically necessary care and services furnished under the plan and approved by the State but not included in the budget.

x. Service Plan

The State has the following safeguards in place, to permit entities providing other Medicaid State Plan services to be responsible for developing the self-directed personal assistance services service plan, to assure that the service provider's influence on the planning process is fully disclosed to the participant and that procedures are in place to mitigate that influence.

Entities or individuals that have responsibility to develop service plans do not provide other direct services to participants.

xi. Quality Assurance and Improvement Plan

A. The State's quality assurance and improvement plan is described below, including:

i. How it will conduct activities of discovery, remediation, and quality improvement in order to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement; and

ii. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The following describes the system-wide quality assurance and improvement plan CDSS, in conjunction with the 58 counties, has that includes the activities of discovery, remediation and quality improvement. This plan will help to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement to ensure the health and welfare of our self-directed PAS recipients.

County

Each county must maintain an annual Quality Assurance/ Quality Improvement (QA/QI) plan that specifies the procedures for addressing discovery, remediation, and overall system improvement. The procedures must provide for reporting findings to program staff and supervisors for remediation. County QA staff collect data during program monitoring. County staff also review reports generated by the CDSS CMIPS and data provided by outside entities (e.g. State Controller's Office). The staff analysis of compiled data is used for annual plan development, refinement and improvement activities. The procedures outlined in the annual QA/QI plans are designed to assure the timeliness and effectiveness of the county's actions to protect participant health and welfare, and financial accountability.

Discovery

The focus of discovery is to monitor the participants' quality of services and supports through the collection of data. The data gathered is used to assess the ongoing implementation of the program and identify strengths as well as opportunities for improvement.

County QA activities include:

- Home visits;
- Routine case file reviews;
- Targeted case review studies;
- Scheduled reviews of supportive services;
- Identification of potential sources of third-party liability; and
- Monitoring of supportive service delivery to detect and prevent fraud.

Routine case file reviews conducted by county QA staff are the primary monitoring component of data collection. Counties are required to review a certain number of cases and conduct home visits based on the number of employees they have allocated for QA activities. Each full-time county QA staff must complete case file reviews and conduct home visits annually. The case reviews are designed to confirm that participant needs are correctly assessed and that case files contain appropriate documentation. Moreover, critical incident information discovered during a case file review is analyzed to ensure that proper resolution took place and that the relevant information was reported. Critical incident information is documented on the Quarterly Report form, SOC 824. The SOC 824 form is submitted to CDSS QA Bureau.

A standardized county-specific questionnaire is used for all QA home visits. It is designed to elicit each participant's personal preferences and experiences with the IHSS programs. Counties have flexibility in developing the home visit monitoring criteria and forms; however the core QA components must include:

- Identifying the participant;
- Discussion of the participant's health issues/physical limitations;
- Inquiry on changes in the participant's condition or functional abilities;
- Verify the participant's understanding of services and hours as authorized;
- Note whether participant's housing needs have an impact on the assessment;

- Discussion on whether the supportive services provided meet the participant's needs;
- Inquiry as to the quality of supportive services rendered by the provider and the county;
- Discussion if additional services and medical appointments are needed;
- Confirmation that the participant's understanding of the Emergency Back-Up Form;
- Discuss the availability of alternative resources;
- Inquiry on potential abuse, neglect and exploitation or need for protective services;
- Note whether there have been critical incident(s) identified/observed;
- Confirm that all individual participant service needs identified are addressed in the individual plan of care;
- Confirm that the participant understands the right to request a fair hearing including the provision for continuation of disputed services until a fair hearing decision is rendered in response to the participant request for a Fair Hearing, if appropriate; and
- Assess participant satisfaction with services received, provider respect for participant rights, and overall quality of care and quality of life.

The county staff home visits are used to validate case file information, affirm assessments and ensure that authorized services are consistent with the participant's needs. It is the combination of these efforts that allows a participant to remain safely and independently at home. The expected outcomes of this process include statewide uniformity of services and a program of high quality and integrity.

Each county monitors the results of their QA efforts by evaluating data available from a variety of sources including:

- Appeals data;
- Public Authorities;
- Quarterly Reports;
- CMIPS ad hoc reports;

- CMIPS monthly reports; and
- Consumer satisfaction surveys.

The data gleaned during the discovery process are documented in the county Quarterly Reports. The goal of continuous monitoring is to identify areas requiring remediation and make provisions for continuous system improvement

Remediation

The information collected during the discovery process may reveal a specific problem and/or a program weakness. County QA staff must act to correct the problem, identify the weakness and address the cause to prevent recurrence. The county QA staff must:

- Take action to resolve the issue;
- Ensure each issue discovered is resolved;
- Document that the resolution and action taken is noted in the case file; and
- Provide training to county social service staff specific to the issue discovered.

System Improvement

County QA staff are required to take action to resolve issues that are systemic in nature. Staff identify opportunities for systemic improvement by analyzing program data. The findings provide insight for determining whether issues are program deficiencies/county-wide trends. Staff seek effective remediation measures and develop continuous improvement processes.

Corrective actions designed to eliminate systemic problems may include written program directives, modified procedures, and/or targeted case reviews. In all cases involving a systemic issue, county QA staff perform follow-up activities including training and technical assistance. QA staff document that remedial actions have been taken according to their county protocols.

Each county submits a completed Quarterly Report form (SOC 824) by e-mail or fax to the CDSS QA Bureau covering the QA/QI activities conducted during the reporting quarter. The report includes the number of, and information gathered from, routine scheduled reviews, home visits, and fraud detection and prevention

activities. It also includes critical events/incidents identified, actions taken on critical events/incidents, targeted reviews, and any system improvement efforts made as a result of issues identified during the quarter.

System improvement includes the annual QA/QI plan that is to be submitted no later than June 1st to CDSS. The plan must include detailed information regarding how the county will accomplish discovery, remediation and system improvement activities.

CDSS

The CDSS has two roles in the QA/QI Plan, as reviewer of county discovery, remediation and system improvement plans and activities, and as conductor of its own discovery, remediation and system improvement activities. These two functions are separate but often overlap, and together provide an additional layer of validation of quality assurance and program integrity.

CDSS Review of Counties Discovery, Remediation and System Improvement

The CDSS QA staff monitor county discovery, remediation and system improvement activities. Monitoring is accomplished by: reviewing Quarterly Reports, annual QA/QI plans and Quality Improvement Action Plans (QIAPs) received from the counties; performing case reviews, including previously reviewed files; and observing county QA home visits.

Based on the findings from these reviews, CDSS helps counties by:

- Collaborating on the creation of county action plans;
- Collaborating on the development of new county practices and policies;
- Providing technical assistance in the development of annual QA/QI plans; and
- Providing training on specific issues to individual counties as well as statewide.

The CDSS review of county discovery, remediation, and system improvement activities ensures that initial assessments and reassessments are conducted in a timely and uniform manner, participant needs are correctly assessed, and the health and welfare of participants are maintained.

Discovery

As part of its discovery activities, CDSS carries out regularly scheduled county visits, during which the QA staff perform case file reviews and observe county QA staff conducting home visits. The CDSS QA monitoring staff conduct a minimum of one annual monitoring visit to each of the State's 58 counties.

A CDSS county site visit includes the following discovery activities:

At the county office, CDSS QA staff review:

- Case files for correct application of federal and State regulations and requirements, proper use of required documents, appropriate and well documented justification for services, and evidence that individualized risk planning has occurred;
- A sample of case files reviewed by county QA staff is evaluated for QA activities, the appropriateness of the forms, and any corrective actions taken;
- Appropriateness of denied and disenrolled cases is conducted to ensure that denial of likely cases and involuntary disenrollments from the program were appropriate;
- County policies and procedures for service registries, background checks, and training available to providers and participants;
- Intake and enrollment procedures, including the participants' assessment/annual reassessment and level of assistance;
- Provider enrollment forms and qualifications; and
- Procedures for identification, remediation, and prevention of abuse.

During a home visit, CDSS QA staff:

- Observe county QA staff during the participant interview conducted to determine consumer satisfaction with program services;
- Review services provided are appropriate to the specific needs of the participant;
- Review coordination of the participant's services;
- Review procedures for ensuring the participant has been provided information regarding available community resources;

- Survey participants regarding quality of care issues;
- Observe the participant's living arrangements, with consideration for the participant's safety in the home;
- Review the individual emergency back-up plan with the participant; and
- Review policies and procedures for addressing reportable events, incidents, complaints, and fair hearings.

During the county office segment of the site visit, CDSS QA staff review the case narratives to identify possible issues. These issues include provider problems, timesheet issues or questions related to the participant's assessment/reassessment needs. CDSS QA staff evaluate the issues raised in the call and the county responses. The reviewer can immediately bring the issues to the attention of county QA staff. Alternatively, CDSS staff may make comments and/or recommendations to the county at the conclusion of the county review. These comments/recommendations are given to the county QA staff to ensure follow up with the participant's social worker.

The CDSS QA staff may question an issue identified during monitoring that triggers an investigation. An investigation may take the form of targeted reviews and, where appropriate, reinforcement of acceptable levels of compliance. For example, counties must maintain a completion rate of 90% for reassessments. Failure to comply results in a CDSS corrective action letter that is sent to the county welfare director. Similarly, if county Quarterly Reports show significant levels of fraud, provider overpayments, or cases with 300+ paid provider hours (283 hours per month is the statutory limit in California), a targeted review is conducted by CDSS QA staff to identify the cause of the problem(s) and determine if corrective action is needed. Areas of focus for targeted reviews can be:

- Cases with 300+ paid provider hours;
- Compliance level for reassessments;
- Cases that may have been underpaid;
- Suspected fraudulent activity;
- Cases identified as overpaid (other than fraud);
- Cases identified with participant neglect or abuse; and
- Cases with Adult Protective Services (APS)/Child Protective Services (CPS) referrals.

For the home visits, CDSS QA staff accompanies county QA staff. The visits are planned to allow observation of a sample designed to validate case file information and to ensure participant needs have been assessed correctly.

The State's annual monitoring visit concludes with a face-to-face discussion among State and county QA staff. The topics covered are best practices, how state requirements were met, and positive findings and/or needed improvements. CDSS QA staff provide any necessary technical assistance at the time of the meeting or at a future date.

The CDSS conducts monthly electronic data reviews in the State office. Data review activities include analysis of:

- CMIPS Online Reports including CMIPS ad hoc reporting for targeted data collection and review;
- Error-rate studies (verification of provider payments using CMIPS and MIS/DSS or data provided by the California Department of Health Care Services (DHCS);
- Payments for deceased recipients;
- Out-of-state (provider or participant or either/both) payments;
- In patient hospital stay over 5 days; and
- Death match review using Vital Statistics/Social Security Administration (SSA) data.

Remediation

The complete array of information collected during the discovery process forms the basis for the remediation actions that are taken by CDSS QA staff. Staff use this information to evaluate, improve and refine the quality of the program provided to participants.

The issues discovered during a county visit are addressed by CDSS QA staff during the exit interview with county QA staff. The county is advised that CDSS QA staff are available to work with the county QA staff to remediate the issue(s), as well as to provide technical assistance with developing the annual QA plan, which along with all county-visit documents are included in the county annual visit file.

Upon return to the State office, CDSS QA staff compose a findings letter that documents the site visit findings and the exit interview. Feedback is also provided in the form of a monitoring summary. Both the findings letter and the monitoring summary may contain positive feedback and negative issues. The material is sent to the county welfare director. Copies are sent to the county QA staff, the IHSS program manager and other appropriate staff.

In preparation for subsequent county monitoring visits, CDSS QA staff review any existing monitoring documentation and corrective action plans to ensure the county has initiated the required quality improvement measures in the areas identified during previous visits.

System Improvement

Data analysis is used to determine whether an issue identified during discovery is county specific or statewide. When a systemic issue or a trend is identified, actions are taken by CDSS QA staff to move toward resolution. Measures with the potential to be the most effective and that foster continuous system improvement processes are developed for the program. Based on the determination, an appropriate remediation measure is identified.

The CDSS QA staff use the face-to-face exit interview with the county as the initial opportunity to share information with county staff regarding problems or issues that appear to be systemic. Subsequently, the county is sent a written findings follow-up report. Some issues documented in the report may require technical assistance from CDSS QA staff and corrective action by the county. When CDSS requests a QIAP from a county, the county must include in their QIAP how and when an issue will be resolved. The QIAP is due to CDSS from the county within 30 days of receipt of the request. The QIAPs are reviewed and approved by CDSS staff. County progress toward continuous improvement is monitored via regular communication between the county and CDSS staff. A copy of the QIAP is forwarded to DHCS within 60 days of the end of the quarter in which it was received by CDSS.

When statewide systemic issues and trends are identified, CDSS QA staff initiate an all-county distribution of an ACIN or an All County Letter (ACL) that contains pertinent information regarding problem areas and states the actions needed for

resolution and continuous system improvement statewide. This is accomplished through:

- Updating regulations, as needed;
- QA monitoring visits to all counties;
- Presenting at CWDA regional meetings;
- Attending monthly regional QA meetings;
- Conducting workshops at annual CWDA Conferences;
- Attending monthly Long-Term Care Operations meetings;
- Updating the program material in the IHSS Training Academy; and
- Issuing statewide policy directives that reflect systemic issues and system improvement.

The goal for each activity is to promote remediation and system improvement statewide.

B. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The following are the performance measures set forth for the self-directed PAS State Plan Amendment.

CDSS Statewide Performance Measures

Performance measures are an important element of the CDSS QA/QI plan design. The measures are designed to determine the effectiveness and functionality of the program and to identify areas where attention should be focused to assure improved outcomes. When the measures are applied and the results analyzed, these performance measures provide information used in making recommendations for continuous system improvement. The following are performance measures that focus on the QA/QI plan target areas, participant health and welfare and financial accountability.

Participant Health and Welfare

Performance Measure 1: Face-to-Face Visits

Desired Outcome: A participant and his/her caseworker have a face-to-face visit at least once a year.

1a QA Function: CMIPS data is reviewed by CDSS staff to ensure that this visit is occurring within the 12-month timeframe for participants.

2a CDSS QA Function: CDSS QA staff review case files to confirm that this visit is occurring within the 12-month timeframe for participants.

Performance Measure 1a - County Face-to-Face Visit Calculation
# of statewide cases with face-to-face visits completed within 12 months / # of statewide cases = % of statewide compliance

Performance Measure 1b - CDSS QA Face-to-Face Visit Calculation
# of statewide cases reviewed with face-to-face visits completed within 12 months / # of statewide cases reviewed = % of statewide compliance

Performance Measure 2: Emergency Back-Up Plans

Desired Outcome: An emergency back-up plan is in place for each participant. During the initial and annual face-to-face visits, a participant and his/her case worker collaborate to determine the best plan for the participant. Together, the participant and the case worker complete or update the Emergency Back-Up Plan form (SOC 827) to capture the action elements of the back-up plan. A copy of the completed form is retained by the participant, ideally in a readily accessible location. The case worker places a second copy of the form in the participant's case file.

QA Function: County and CDSS QA staff review case files to confirm that an emergency back-up plan is in place and a copy of the Emergency Back-Up Plan form is present in each participant's case file. During a home visit, QA staff confirm that the participant possesses an up-to-date copy of their plan.

Performance Measure 2a - County QA Emergency Back-Up Plan Calculation
# of statewide cases reviewed that includes a completed Emergency Back-Up Plan / # of statewide cases reviewed = % of statewide compliance

Performance Measure 2b - CDSS QA Emergency Back-Up Plan Calculation
# of statewide cases reviewed that includes a completed Emergency Back-Up Plan / # of statewide cases reviewed = % of statewide compliance

Performance Measure 3: Critical Incidents

A critical incident is one in which there is an immediate threat to the health and/or safety of a participant. Critical incidents include, but are not limited to: serious injuries caused by accident, medication error/reaction; physical, emotional or financial abuse or neglect.

Desired Outcome: When a critical incident occurs, the county social service staff responds appropriately and notes the incident in the case file, and the resolution, if known.

QA Function: County and CDSS QA staff review case files for evidence of critical incidents and the resolution, if stated.

Performance Measure 3a - County QA Critical Incident Calculation
# of statewide cases reviewed that include a critical incident / # of statewide cases reviewed = % of statewide cases involving critical incidents

Performance Measure 3b - CDSS QA Critical Incident Calculation
# of statewide cases reviewed that include a critical incident / # of statewide cases reviewed = % of statewide cases involving critical incidents

Performance Measure 3c - CDSS QA Resolved Critical Incident Calculation
# of statewide cases reviewed with a resolved critical incident / # of statewide county cases reviewed that include a critical incident = % of statewide resolution

Outcome Measure 1: County Plans

Desired Outcome: Counties are in compliance with their annual County QA/QI Plan.

QA Function: Prior to a county monitoring visit, CDSS QA staff review the county's annual QA/QI plan, quarterly reports, and any other information available. Upon completion of the county visit, CDSS QA staff determine the extent to which the county is in compliance with their annual plan based on data gathered from the case reviews and home visits.

Outcome Measure 1 – CDSS QA County Plan Calculation
# of counties in compliance with their County QA/QI Plan / # of counties that have submitted their QA/QI Plan = % of statewide compliance

Outcome Measure 2: QA Improvement Action Plans (QAIPs)

Desired Outcome: All counties with a QAIP make the indicated corrections and institute the plan recommended by CDSS.

QA Function: Upon completion of the county visit, if there are issues that CDSS discovers, a QAIP may be in order. If so, CDSS will issue a QAIP and request that the county explain how it will improve the issue(s). Upon completion of the next county visit, CDSS QA monitoring staff determines whether the county instituted the QAIP recommended by CDSS.

Outcome Measure 2 – CDSS QA Improvement Action Plan Calculation
# of counties with instituted QAIPs / # of counties with QAIPs = % of county compliance

Satisfaction Measure 1: Customer Service Evaluation

Desired Outcome: Program participants are satisfied their in-home care needs are being met by the program, they are able to contact the appropriate people when needed, and are able to satisfactorily self-direct their services.

QA Function: Appropriate questions will be created and asked to participants regarding their satisfaction of the program, services and self-direction options. Upon completion of each survey, percentages will be calculated and reviewed. QA will then use this data to determine if changes in the program are needed. The survey(s) will be comprehensive and the results will be validated.

Data Collection Methods

Data collected for the performance measures (one through five) are obtained during the county and CDSS case reviews and home visits. County data are reported to CDSS in the County QA Quarterly Reports. CDSS data are collected throughout the year and included in the CDSS QA Monitoring Summary.

Sampling Approach

The methodology for sampling the QA/QI-related data is consistent with the statistically valid sample calculator described at the Raosoft website: www.raosoft.com/samplesize. The Sample Size Calculator was suggested by CMS. A statistically valid sample of the population of 26,000, with a 5% margin of error, is 379 cases. This will be the minimum number of case files reviewed for this population each fiscal year.

Counties have the flexibility to determine a sampling approach, however, each county is required to have at a minimum 250 cases reviewed and 50 home visits conducted, per QA position. The QA staff are to document the sampling approach in the annual county QA/QI plan. During the county plan approval process, CDSS QA staff work with the county QA staff to verify a reasonable sampling approach based on the CDSS QA guidelines.

Frequency of Data Collection

Data collection takes place annually and on an ongoing basis within each aspect of the program. Performance measure data will be finalized at the end of each State fiscal year and available upon request. Counties work throughout the year to meet their individual targets and goals to assure maximum review. CDSS QA monitoring staff visit all 58 counties each year.

Roles and Responsibilities for Data Collection

County QA staff are responsible for gathering data in keeping with the criteria set forth in the annual county QA plan. QA staff are also responsible for maintaining this data.

Process for Tracking and Analyzing Collected Data

Roles and Responsibilities for Tracking and Analyzing Collected Data

Counties are responsible for tracking and analyzing data gathered during QA activities. Moreover, QA staff review online CMIPS data to identify program issues specific to that county. The methodology for tracking and analyzing these data can allow for ease in reporting on the SOC 824 form. County QA staff are responsible for assuring that the data are analyzed for trends and/or program shortfalls.

The CDSS QA staff are responsible for tracking and analyzing data reported quarterly by the counties and gathered during CDSS QA county monitoring visits. CDSS staff analyze online CMIPS data and data reported on the quarterly SOC 824 forms to identify program issues specific to a particular county or statewide.

xii. Risk Management

A. The risk assessment methods used to identify potential risks to participants are described below.

During the intake and reassessment process:

1. The social worker assesses participant's functional abilities in all activities of daily living utilizing the following process:

- County social service staff determines the participant's level of ability and dependence upon verbal or physical assistance by another for each of the program functions.
- This assessment process evaluates the effect of the participant's physical, cognitive and emotional impairment on functioning.
- The social service staff observes the participant in their own environment.
- Staff quantify the recipient's level of functioning using the following hierarchical five-point scale:

  Rank 1: Independent: able to perform function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his/her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

  Rank 2: Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.

  Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

  Rank 4: Can perform a function but only with substantial human assistance.

  Rank 5: Cannot perform the function, with or without human assistance.

2. A discussion of participant's living arrangements, during the face-to-face visit, in the participant's home, the county social service staff evaluates the home for any potential hazards; how the participant deals with ambulation issues, whether they use assistive devices, what their shared living arrangement is, whether there are other individuals (non-providers) to help, etc.

3. A discussion of the participant's support system, during the face-to-face visit a discussion occurs with the participant regarding who they would like to have involved in their care. Do they want a representative, a supports broker/consultant, or any other individual such as a neighbor or friend included in all discussions.

4. The social worker/case manager reviews all documents pertaining to the participants physical or mental condition to identify potential risks to participants , and

5. Designated coding of CMIPS to indicate the participants' special needs during an emergency.

   - The participants' special needs are coded in CMIPS to allow county social service staff, in the event of an emergency or natural disaster, to inform first responders which participants need to be checked on first, and their special needs, e.g. insulin.

B. The tools or instruments used to mitigate identified risks are described below.

- **Program Uniform Assessment Tool** – The process described in A. 1., above helps the social worker and participant identify and mitigate risks that may be present. If risks cannot be or are not chosen to be mitigated, risk may be assumed by the participant during this process.

- **Emergency Back-Up Plan** – This tool is completed during the assessment process with input from the participant and their chosen representative. This tool identifies the participants' support system, addresses back-up plan to mitigate risks, and allows the participant to understand their roles and responsibilities in obtaining self-directed PAS.

- **Recipient/Employer Responsibility Check-List** – This tool ensures that the recipient understands their responsibilities as the employer of their service provider.

- **Criminal & Worker Background Checks** – Counties perform background and references checks for all providers wishing to be listed on the Provider Registry.

C. The State's process for ensuring that each service plan reflects the risks that an individual is willing and able to assume, and the plan for how identified risks will be mitigated, is described below.

The process used for ensuring that each service plan reflects the risks that an individuals' willing and able to assume is as follows:

- All tools and instruments used to identify, mitigate and assume risks become part of the participants' case file.
- The service plan is developed utilizing all documents contained in the case file.

The plan for how identified risks will be mitigated is as follows:

- The social worker discusses with each individual the risks identified and how they may be mitigated. For example, the following are potential ways a social worker and participant may work together to mitigate potential risks:
  1) If there is an extension cord lying across a walk path, the social worker and participant (and/or their representative) will discuss what to do to mitigate the risk. Options may be to move the cord to a different place, purchase a newer, longer cord to allow the cord to be placed out of the way or move the item plugged into the cord to a different place, and thereby mitigating the risk.
  2) A participant is having slipping troubles in the shower needs some sort of help. The social worker and participant (and/or their representative) will discuss what to do to mitigate the risk. Options may be, putting in slip guards, and/or handrails, and thereby mitigating the risk.

3) A participant, with a mental impairment, plays with the knobs on the stove. The social worker and participant (and/or their representative) will discuss what to do to mitigate the risk. Options may be to take the knobs off the stove, make the stove inaccessible to the participant, and thereby mitigating the risk.

4) A participant needs oxygen treatments and there is a power outage. The social worker and participant can discuss what to do to mitigate this risk. Options, Social Worker codes the special need in CMIPS to ensure first response notification, identify neighbors or friends who can check up on participant in case of an emergency or natural disaster, etc.

If a risk cannot be mitigated, such as a person has troubles with stairs due to their impairment, but chooses not to move to a one-level home with no stairs, they can assume this risk during the discussion.

D. The State's process for ensuring that the risk management plan is the result of discussion and negotiation among the persons designated by the State to develop the service plan, the participant, the participant's representative, if any, and others from whom the participant may seek guidance, is described below.

- Others that participants may include in the discussions and negotiations include family, friends and professionals (as desired or required).

County social services staff have been trained to provide support to participants. Examples of the variety of support they offer are:

- During the intake and screening process, the county social services staff assists participants (and/or their representative) with access to services and provides information about other community programs available (e.g. a participant needs a walker, the social worker would refer them to the appropriate entity);

- Face-to-face assessments and reassessments take place in the participant's residence. This enables county social services staff to visit with the participants (and/or their representative) and observe them in a setting where they are comfortable. They will also discuss concerns and safety issues. The resulting assessments are more reflective of the participants' needs;

- County social services staff visit participants who are in hospitals and nursing facilities to develop a transition plan to allow the participant to safely return home;
- County social services staff explain the rights and responsibilities of the employer/employee relationships;
- Act as a point of contact for participants (and/or their representative) who need to contact the county office with questions or problems;
- Refer participants (and/or their representative) to other community resources when participant's care needs exceed the scope of services or hours permitted under the program; and
- Work with the participant (and/or their representative) and provider to resolve emergency payroll situations.
- Participants and providers handbooks are available to inform individuals of their roles, responsibility and program details, including:
  - Participant – roles as employer, supervising provider, communicating with provider, timesheet responsibilities, etc.
  - Provider – Goals of the program, hiring process, understanding their responsibilities, etc.
- If a risk is identified, such as the following, a discussion takes place to identify ways to mitigate the issues.
  - A throw rug is on a slippery surface.
  - An extension cord is lying across a walk path.
  - A participant is having slipping troubles in the shower.
  - A participant, with a mental impairment, plays with the knobs on the stove.

xiii. Qualifications of Providers of Personal Assistance

A. __X_ The State elects to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

B. _____ The State elects not to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

xiv. Use of a Representative

A. __X__ The State elects to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

i. _____ The State elects to include, as a type of representative, a State-mandated representative. Please indicate the criteria to be applied.

B. _____ The State elects not to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

xv. Permissible Purchases

A. __X_ The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

This will be limited to those participants choosing the Restaurant Meal Allowance (RMA).

- RMA allows the participant to use their service budget for meal preparation, meal clean-up, and shopping for food, to purchase restaurant meals.
- Individuals who do not have assessed needs for the above services would not be eligible for RMA.
- RMA is a self-directed option for participants that increases their independence and is a substitute for their dependence on human assistance.
- RMA fits within the self-directed principles and provides participants greater choice.

B. ____ The State elects not to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

xvi. Financial Management Services

A. ____ The State elects to employ a Financial Management Entity to provide financial management services to participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves;

i. ____ The State elects to provide financial management services through a reporting or subagent through its fiscal intermediary in accordance with section 3504 of the IRS Code and Revenue Procedure 80-4 and Notice 2003-70; or

ii. ____ The State elects to provide financial management services through vendor organizations that have the capabilities to perform the required tasks in accordance with section 3504 of the IRS Code and Revenue Procedure 70-6. (When private entities furnish financial management services, the procurement method must meet the requirements set forth Federal regulations in 45 CFR section 74.40 – section 74.48.)

iii. ____ The State elects to provide financial management services using "agency with choice" organizations that have the capabilities to perform the required tasks in accordance with the principles of self-direction and with Federal and State Medicaid rules.

B. __X__ The State elects to directly perform financial management services on behalf of participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.