

**Appendix D: Participant-Centered Planning and Service Delivery**

**D-1: Service Plan Development (1 of 8)**

**State Participant-Centered Service Plan Title:**

Plan of Treatment (POT)

**a. Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals (*select each that applies*):

- Registered nurse, licensed to practice in the state**
- Licensed practical or vocational nurse, acting within the scope of practice under state law**
- Licensed physician (M.D. or D.O)**
- Case Manager** (qualifications specified in Appendix C-1/C-3)
- Case Manager** (qualifications not specified in Appendix C-1/C-3).

*Specify qualifications:*

- Social Worker**

*Specify qualifications:*

- Other**

*Specify the individuals and their qualifications:*

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**b. Service Plan Development Safeguards.** *Select one:*

- Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.**
- Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.**

The state has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

The CMT, or other case management entity in areas of the State without a Waiver Agency, provides the waiver participant, legal representative/legally responsible adult(s), and/or circle of support (et al.) with information on the purpose of the POT and information on local non-Medi-Cal, Medi-Cal State Plan, and Medi-Cal Waiver services that are available in the community. The CMT/case management entity encourages the participant to include individuals to support them when identifying their goals, needs, preferred services and providers in the development of their home program. Participants are encouraged to select providers best suited to meet their needs, taking into account the providers' experience providing direct care services in the home, their availability, hours of service, and cultural and linguistic competencies. The POT must be signed by the participant's current primary care physician who is attesting to the medical necessity of the waiver services identified in the POT.

Eligible beneficiaries are also provided an Informing Notice when they have been determined to be eligible for enrollment into the Waiver to let them know they have the option to receive services at home or in the community as an alternative to receiving care in an institution. The Informing Notice describes the goal of the Waiver and the roles and responsibilities of the participant, legal representative/legally responsible adult(s), the primary care physician, the CMT and Waiver Agency, and DHCS.

Pursuant to 42 CFR 441.730(b), individuals or entities that evaluate eligibility or conduct the independent evaluation of eligibility for state plan HCBS, who are responsible for the independent assessment of need for HCBS, or who are responsible for the development of the service plan cannot:

- Be related by blood or marriage to the individual or to any paid caregiver of the individual;
- Be financially responsible for the individual;
- Be empowered to make financial or health related decisions for the individual; or
- Have a financial interest in any entity paid to provide care to the individual

Pursuant to 42 CFR 431.301(c)(1)(vi), case management must be separate from service delivery functions. A conflict occurs not just if the case management provider is also a service provider, but when the case management provider has an interest in a provider or is employed by a provider. If a Waiver Agency, or other case management provider, also provides direct services without first obtaining written approval from DHCS, they are in violation of this rule and may be subject to sanctions, including but not limited to the required repayment to DHCS in the amount of all compensation received for providing the waiver services and the comprehensive care management during that time.

If and when the Waiver Agency, or other case management provider, responsible for service plan development seeks approval to provide direct services, they must:

- Demonstrate to DHCS, and provide supporting evidence, that they are the only willing and qualified case management and direct service provider available;
- Provide full disclosure to participants/families, and assure they are supported in exercising their right of free choice in providers; and
- Demonstrate that they have implemented safeguards to separate case management and service provision (different staff).

If DHCS determines that a Waiver Agency or other case management provider that was granted approval to provide waiver services is not complying with the above requirements, or if a conflict of interest issue has arisen, DHCS has the authority to revoke the permission to provide direct services.

If authorized to provide case management and direct care, Waiver Agencies must also:

1. Provide a disclosure form to participants/families to sign that includes:
  - Full disclosure and assurances that participants/families are supported in exercising their right of free choice between providers, when available;
  - Description of the individual dispute resolution process;
  - Full disclosure that only one willing and qualified provider is available to provide case management and direct services in the participant's county of residence;
  - Assurance that the Waiver Agency will separate case management and the provision of direct care (different staff with different lines of supervision);
  - Assurance that the Waiver Agency providing case management and direct services does so only with the approval of the State; and
  - Notice that the State will provide direct oversight and periodic evaluation of the established safeguards.

2. Develop policies and procedures, and set up internal firewalls to restrict access to case notes.
3. Submit to DHCS a formal agreement, to maintain a separation between waiver case management and direct services functions and lines of supervision, signed by the program Administrator.
4. Require employees providing case management and direct services to sign DHCS-approved agreements acknowledging their understanding of, and willingness to, comply with mandated separation of case management and direct service functions.
5. Ensure no direct services are provided to Waiver participants by Waiver Agency staff or affiliates until receiving written approval from DHCS.

DHCS will directly oversee and periodically evaluate the safeguards put in place by the Waiver Agency or other case management entity to verify ongoing compliance.

After receiving approval from DHCS to provide direct care services, Waiver Agencies must continue to search for willing and qualified HCBS providers of direct care service(s). Documentation of ongoing recruitment efforts must be included in the participant's POT and case notes, and must be attached to each direct care TAR submitted to DHCS for approval. Waiver Agencies may not authorize direct care TAR for their own staff or affiliated businesses.

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- c. Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

Waiver Services – Plan of Care for the developmentally disabled individual choosing waiver services in an ICF/DD-CN as the residential facility:

### 1. Individual Program Plan (Regional Center)

The Regional Centers use a planning process call an IPP. For children age 0 to 36 months old, this process is called the IFSP. The IPP/IFSP is developed through a process of individualized needs determination, and is prepared jointly by the planning team. The planning team consists of the individual with developmental disabilities or the parents of a minor and, where appropriate, the participant's legal guardian or conservator, or authorized representative, and an authorized Regional Center representative, and anyone the individual invites to participant.

The IPP/IFSP lists goals and the preferred services that will be utilized to reach those goals. It lists who will provide the service and who will pay for it. All services listed in the IPP/IFSP will be provided either by a generic or natural resource, a Regional Center vendor (a business approved by the Regional Center) or by Regional Center staff.

### 2. ISP – ICF/DD-CN

Regulations in Title 22, CCR, §76860, state in part that an ISP is a plan developed for each individual participant by the residence's interdisciplinary professional staff/team, and will include the following information:

- A. Implements the prescriptive requirements of the Regional Center's IPP/IFSP.
- B. Is based on assessment data pursuant to Title 22, CCR, §76859 and is completed within 30 days following admission.
- C. Is developed by the residence's interdisciplinary professional staff/team, and includes participation of the waiver participant, direct care staff, and relevant staff of other agencies involved in serving the participant. Prior to development of the ISP, the participant's parents, if the participant is a minor, or the participant's authorized representative are invited to attend the service plan conference.
- D. Identifies the participant's developmental, social, behavioral, recreational, and physical needs and strengths.
- E. Includes established prioritized objectives, written in behavioral and/or developmental terms that are measureable and time limited, for meeting the participant's identified needs and goals.
- F. Identifies the method and frequency of evaluation.
- G. Includes a daily program schedule that specifies the time and duration of all ADLs; and time, duration, and location of all specified programs.
- H. Specifies the persons and agencies responsible for implementing and coordinating the service plan.
- I. Contains monthly progress notes related to the service plan, goals and objectives.
- J. Includes the anticipated date of discharge, plans for services, and includes the specific agencies or persons responsible for follow-up services in the participant's new environment.

### 3. Individual Plan of Care – Medical and Nursing Staff or Health Care Professional

Regulations in Title 22, CCR, §73311, state in part that nursing services shall include, but not be limited to, the following:

- A. Identification of problems and development of an Individual POT for each participant based upon initial and continuing assessment of the participant's needs by the nursing staff and other health care professionals. The POT shall be reviewed and revised as needed but not less often than quarterly.
- B. Assurance that the attending physician will be notified immediately if/when a participant exhibits unusual signs or behavior.
- C. Ensuring that participants are served the diets as prescribed by attending physicians, and that participants are provided with the necessary and acceptable equipment for eating, and that prompt assistance in eating is given when needed.
- D. Any marked or sudden change in weight shall be reported promptly to the attending physician.

### Plan of Treatment (POT)

Beginning with the application for waiver services and throughout the development of the POT, the CMT or other case management provider makes sure that they participant is provided with the opportunity, and is encouraged, to involve individuals of their choice in the development of the POT. The Informing Notice informs the waiver participant, and/or legal representative/legally responsible adult of the participant's authority determining who can assist them in selecting

and identifying waiver services and providers. The Informing Notice includes a complete description of the roles and responsibilities of the waiver participant, primary caregivers, the participant's current primary care physician, HCBA Waiver service providers, and the Waiver Agency, in the development and implementation of the POT, as applicable.

The CMT provides the waiver participant, legal representative/legally responsible adult(s), and/or circle of support with information on the purpose of the POT and encourages them to participate in identifying the participant's goals, needs, medically necessary Waiver services, and providers to support and maintain the safety through the implementation of the home program. The CMT also provides person-centered comprehensive care management at the request of the waiver participant, legal representative/legally responsible adult(s), and/or circle of support. The information is provided verbally at the initial and ongoing face-to-face home visits, or via telehealth conducted in accordance with DHCS' telehealth policies for Medicaid State Plan services, as well as in writing in the HCBA Informing Notice. During the ongoing home visits or telehealth sessions, the CMT reviews the POT with the waiver participant, legal representative/legally responsible adult(s), and/or circle of support to verify the POT accurately reflects the participant's medically necessary care needs, type and duration of services, and providers of the service. In signing the POT, the participant's current primary care physician is attesting to the medical necessity of the waiver services identified in the POT.

The CMT is available to assist the waiver participant, legal representative/legally responsible adult(s), and/or circle of support with information on local non-Medi-Cal, State Plan, and waiver services that can meet the participant's identified needs. Participants are encouraged to select waiver providers that are best suited to meet their needs, taking into account experience providing direct care services in the home, availability, hours of service, and cultural and linguistic competencies.

In areas of the state without a Waiver Agency, DHCS informs case management providers who assist the waiver participant in the development of the POT, of the requirement to include the waiver participant, legal representative/legally responsible adult(s), and/or circle of support in the development of the POT. The provider receives this information verbally during the waiver participant's initial assessment, in the HCBA Informing Notice that is mailed to the HCBA Waiver provider, and during the annual provider visit.

Participants served under the HCBA Waiver need to have at least one identified back-up caregiver who is trained in the care of the participant in the event the provider of direct care services is not available for the total number of hours approved by the Waiver Agency or DHCS. The CMT will assist the participant and/or legal representative/legally responsible adult in identifying a back-up caregiver. Back-up caregivers may consist of community-based organizations, family members, home health agencies, licensed foster parent(s) or any other individual that is part of the participant's circle of support.

The identified back-up caregiver will be included in the POT. The POT must be signed by the participant's current primary care physician, designated physician assistant or nurse practitioner (herein referred to as "participant's current primary care physician"). For purposes of the HCBA Waiver, the participant's current primary care physician is the physician that oversees the participant's home program and determines the medical necessity of the listed waiver services. In order for a back-up caregiver to be paid, they must be enrolled as a waiver provider.

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- d. Service Plan Development Process.** In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

The CMT or other case management provider is responsible for working with the participant, legal representative/legally responsible adult(s), and/or circle of support to develop the POT. DHCS policies and procedures require the CMT or other case management provider to ask the applicant/participant and/or legal representative/legally responsible adult(s), if there is anyone they would like to include when identifying and speaking about their goals, care needs, medically necessary Waiver services, and providers, in the development of the POT; this may include, but is not limited to members of their circle of support.

When the CMT meets face-to-face with the applicant/participant, or by via telehealth conducted in accordance with DHCS' telehealth policies for Medicaid State Plan services, the RN conducts a comprehensive clinical assessment to determine the applicant/participant's functional need(s) and level of care. During the same visit, or telehealth session the social worker, et al. discusses and documents the applicant/participant's strengths, capacities, preferences, and desired outcomes. The CMT also presents the MOHS to the participant, legal representative/legally responsible adult(s), and circle of support when possible, and explains each of the available options. The MOHS is a planning instrument the CMT or other case manager utilizes to help participants make informed choices about the services and providers available to meet their preference(s) and need(s). Note: All references to the participant includes the role of their legal representative, if applicable.

After the CMT has met face-to-face or via telehealth session, with the participant, legal representative/legally responsible adult(s), and circle of support to discuss the participant's preferences, goals, and desired outcomes, the CMT is responsible for developing a comprehensive POT. Once developed, the CMT meets with the participant and circle of support to review the POT, make participant-directed changes (if requested), and provide the participant with a list of resources and service providers from which to choose when they schedule the selected services.

The CMT then sends the POT to the participant's primary care physician for final review and signature. Once signed by the participant's physician, the CMT, participant, and/or the delegated representative(s) contact providers to schedule services included in the approved POT. The CMT continues to support the participant during the provider selection/scheduling process, and continues to update the POT based on the participants preference(s) and need(s).

Some of the services included in the POT are managed by the participant with help from their circle of support and the CMT. For example, eligible participants who choose in-home supportive services (IHSS) hire their own personal care providers. The CMT monitors the timeliness of the WPCS only POT.

The CMT is responsible for completing the initial POT and updating it at least every six months, or more frequently when needed. If after the completion of the initial POT it is determined that the POT does not meet the participant's needs due to significant changes in the participant's condition, the CMT, consulting with the waiver participant's current primary care physician, must update and submit the updated POT to the current primary care physician for signature. "Significant changes" are changes that suggest the need to modify the POT, such as changes in the participant's health status, home setting, or availability of waiver providers.

In areas of the state not covered by a Waiver Agency, if the waiver participant's only service is WPCS then the waiver participant, legal representative/legally responsible adult(s), and circle of support are responsible for developing the POT with the assistance of DHCS. Waiver service providers are required to submit a copy of the waiver participant's current primary care physician-signed POT with each request for authorization of WPCS services.

The CMT or other case management provider must use the Integrated Systems of Care's POT. The POT must include the participant's demographic information; treating and current primary care physician information; medical information and diagnosis; LOC; all required Waiver services, including amount, frequency, duration and Waiver service provider type; Medi-Cal State Plan services; prescribed durable medical equipment; medication plan; nutritional requirements; the treatment plan for the home program; the participant's functional limitations; permitted activities; mental status; medical supplies; ongoing therapies and therapy referrals; treatment goals, including rehabilitation potential; and training needs for the participant and family, and an emergency backup plan. The CMT completes the POT summarizing the health and functional status of the waiver participant during the previous POT period and the effectiveness of the services provided.

The CMT reviews/assesses the provision of services included in the POT during the monthly case management calls, visits, or telehealth session conducted in compliance with DHCS' telehealth policies for Medicaid State Plan services; during the reevaluation of the participant's LOC; at the annual provider visit; and with each request for waiver services. Any necessary or suggested revisions of the POT because of changes in the participant's health status, home setting, or

availability of waiver providers, are discussed with the participant and/or legal representative/legally responsible adult(s) and/or circle of support, the participant's current primary care physician, and waiver service providers. Modifications to the POT are made only with approval of the participant, legal representative/legally responsible adult and the participant's current primary care physician.

Waiver Services – Plan of Care for the developmentally disabled individual choosing waiver services in an ICF/DD-CN residential facility:

For purposes of the developmentally disabled individual choosing to receive waiver services in an ICF/DD-CN residential facility, statutory requirements are met using the IPP developed by the Regional Center, or for children under 36 months, the IFSP; the ISP developed by the ICF/DD-CN if services are to be rendered at the residential facility; and the medical POT developed by the participant's case manager. This process will be referred to as the "plan of care." The plan of care is the fundamental tool by which the State will maintain the health and welfare of developmentally disabled participants receiving waiver services. As such, the plan of care will be subject to periodic review by DHCS. DHCS reviews the plans of care during their onsite monitoring reviews at least every 12 months, or more often if unannounced visits or extra onsite visits are needed. DDS Regional Centers review the IPPs every three months or when there is a significant change. These reviews will determine the appropriateness and adequacy of the waiver services and will confirm that the services are consistent with the nature and severity of the participant's disability, as well as medical and nursing needs. FFP will not be claimed for State Plan services that are not included in the plan of care.

DD/CNC residents have 3 separate service plans:

1. The Individual Program Plan (IPP-Regional Center)
2. The Individual Service Plan (ISP-ICF/DD/CN), and
3. Individual Plan of Care (Medical and Nursing Staff or Health Care Professional)

All are described in D-1-c: and are completed and utilized to provide the appropriate services to the DD/CNC waiver participant.

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- e. Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

The POT documents the CMT's nursing evaluation and proposed interventions enabling the participant to live safely at home in the community. The CMT reviews the POT, taking into account the participant's medical condition and medically necessary care need(s), and signs and verifies the POT is signed by the service provider(s) and the participant's current primary care physician. The participant's current primary care physician's signature is evidence that they have reviewed the POT, agree that it addresses all of the participant's medically necessary health care needs so that they can live safely at home or in the community.

The POT is developed based on information obtained from the nursing evaluation and the home safety evaluation. The latter demonstrates that the participant's home environment is safe and conducive to the successful implementation of a home and community-based services program. It includes an evaluation of risk factors affecting the participant's health and safety (e.g. sufficient care providers trained in the participant's care needs, effective backup plan, and evaluation regarding the potential for abuse, neglect and exploitation). Identified conditions that may affect the participant's health, welfare, and/or safety require the CMT to develop a plan of correction and provide evidence that the conditions are corrected.

An approved POT will include the following information:

- Assurance that the area where the participant will be cared for can accommodate the use, maintenance, and cleaning of all medical devices, equipment, and storage supplies necessary to maintain the participant in the home in comfort and safety, and to facilitate the nursing care required;
- Assurance that primary and backup utility, communication, and fire safety systems and devices are available, installed, and in working order, including grounded electrical outlets, smoke detectors, fire extinguisher, and telephone services;
- Evidence that local emergency and rescue services and utility services have been notified that a person with special needs resides in the home;
- Assurance that all medical equipment, supplies, primary and backup systems, and other services and supports, are in place and available in working order, or have been ordered and will be in place at the time the participant is placed in the home;
- Documentation that the participant is not subjected to abuse, neglect, or exploitation and is knowledgeable of their rights and who to contact if incidents occur; and
- Documentation that the caregivers are knowledgeable of the care needs of the participant.

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- f. Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.



Participants receiving services through the HCBA Waiver can select any provider who is enrolled as a Medi-Cal provider and willing to provide State Plan or Waiver services. In areas where there is a Waiver Agency, qualified and willing providers must sign an HCBA Waiver provider agreement that is submitted to the Waiver Agency, they do not, however, have to enter into a contract with the Waiver Agency. In areas where there is no Waiver Agency, DHCS will enroll all willing and qualified providers. Payment for all qualified and willing providers will be made through the FI. The CMT provides the participant, legal representative/legally responsible adult(s), and/or members of his/her circle of support with a list of current HCBA Waiver providers and information on how a non-HCBA Waiver provider can become a Waiver provider.

Waiver participants are encouraged to identify providers of waiver services who can best meet their medically necessary needs. Factors considered should include a provider's experience, abilities, and availability to provide services in a home and community-based setting, as well as the ability to work with the CMT, the participant's other caregivers, and the participant's current primary care physician. When requested by the participant and/or legal representative/legally responsible adults, the CMT can assist the participant and/or legal representative/legally responsible adults in identifying and waiver service providers.

For potentially eligible Waiver applicants living in a long-term care facility, the initial contact with the potential participant (and representatives) includes a discussion of the options for settings in which they can reside. The participant is presented with the options available with a discussion of the similarities and distinctions between the setting types. CMTs are required to provide information, both oral and written, to provide participants with the information they require to make an informed choice.

Licensed providers must demonstrate they meet applicable state licensure requirements. Non-licensed providers must demonstrate they have the necessary skills to provide services as described on the POT. Information on how interested providers can become an HCBA's Waiver provider is available online at the Medi-Cal website, "Providers & Partners" page.

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- g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

The DHCS MC is responsible for approving the initial POT, which must be signed and submitted to DHCS by the CMT in areas of the state covered by a Waiver Agency, at the time of requested waiver enrollment. POTs not meeting the HCBA Waiver standards shall be adjudicated by a second level review before they are returned to the CMT with instructions regarding needed revisions or additional information. In these instances, the CMT meets with the participant, legal representative/legally responsible adult(s), and members of the circle of support to make the required revisions to the POT. The revised POT must be sent back to the participant's current primary care physician for review and signature prior to resubmission to the DHCS MC. The revised POT should accurately reflect the participant's medically necessary health care needs, goals, preferred services, and providers prior to enrollment in the HCBA Waiver, or approval for requested waiver services. After DHCS approval of initial waiver enrollment, the CMT continues to review and update the POT with the participant, legal representative/legally responsible adult(s), and/or circle of support, during each home visit, or via telehealth session conducted in accordance with DHCS' telehealth policies for Medicaid State Plan services, and with the HCBA Waiver providers during the annual visit, or live video conferencing meeting.

DHCS reviews all initial POTs upon receipt of a completed application and request to enroll into the Waiver. If DHCS does not agree with the POT, a second level review will be performed by DHCS. DHCS reviews a statistically valid sample size of all redeterminations received. DHCS also reviews a statistically valid sample size of both initial and redeterminations during the annual QAR.

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- h. Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the

appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- Every three months or more frequently when necessary
- Every six months or more frequently when necessary
- Every twelve months or more frequently when necessary
- Other schedule

*Specify the other schedule:*

**i. Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following (*check each that applies*):

- Medicaid agency
- Operating agency
- Case manager
- Other

*Specify:*

Waiver Agency - DHCS requires the Waiver Agencies and all other HCBA Waiver providers to maintain waiver participant case documentation and records that support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

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### D-2: Service Plan Implementation and Monitoring

**a. Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

In areas of the state covered by a Waiver Agency, the CMT is responsible for coordinating, implementing, and updating the implementation of the POT to verify that it accurately reflects the participant's care needs and that the participant is receiving the authorized waiver services. The CMT monitors to determine if waiver services are furnished in accordance with the POT by maintaining regular contact with the participant, legal representative/legally responsible adult(s), and circle of support, and takes action as necessary, to resolve any issues. Contact includes home visits and telephone calls. The CMT is responsible for apprising DHCS and the MC of the participant's status and reporting any unforeseen issues or problems that could negatively affect the participant.

The Waiver Agency is responsible for Service Plan monitoring and maintaining participant case notes documenting the participant's health status and identified problems and issues. The Waiver Agency is responsible for documenting plans of correction and resolution of identified issues regarding implementation of the participant's POT or their health and welfare. The Waiver Agency's program manager/case management supervisor frequently reviews the CMT's case notes and documentation to verify that any plan of correction was completed with appropriate follow-up. During regularly scheduled meetings with the participant and/or their legal representative/legally responsible adult(s) and/or circle of support, the CMT asks if the participant is satisfied with the plan of correction and resolution.

At the home visit, or telehealth session conducted in accordance with DHCS' telehealth policies for Medicaid State Plan services, the CMT reviews the POT with the participant and/or legal representative/legally responsible adult(s), and members of their circle of support to:

- Verify the participant's POT is current and signed by the participant, legal representative/legally responsible adult(s), and the participant's current primary care physician. Copies of the current and past POTs are filed in the participant's case record.
- Verify the participant is receiving the services described in the POT, review the POT with the participant, legal representative/legally responsible adult(s), and members of their circle of support and discuss the recommendations for waiver and non-waiver services and providers of services.
- Adjust the POT to meet the participant's medically necessary health care needs and personal goals. During the on-site home visit the CMT assesses if the participant is receiving all the services identified in the POT, whether the participant is satisfied with the care being delivered, and if the participant is receiving the services needed to remain safely at home.
- Prepare a complete and accurate written medical record, including diagnoses, complete evaluation, treatment plan, and prognosis that is available when determining the medical necessity for the waiver services described in the POT.
- Review and update the backup plan to be followed in the event a provider is not available. The CMT will assist the participant, legal representative/legally responsible adult(s), and members of their circle of support in identifying providers and community resources as part of their backup plan.
  - o If a participant does not have friends, family, or a circle of support able and willing to provide unpaid back up care in the event a paid provider does not arrive to provide care, the CMT must work with the participant to identify two back up plans to maintain the participant's safety.
- Document that the participant and legal representative/legally responsible adult(s) are instructed and understand how to recognize and report abuse, neglect and exploitation. The POT must also identify any risk for abuse, neglect and exploitation and how incidents will be prevented.
- Prepare the written home safety evaluation is complete and addresses all identified issues in the POT. The CMT must assess the safety of the participant's community-based home by evaluating participant accessibility, structural barriers, utilities, evacuation plans, and communication and fire safety systems and devices.
- Help the participant, legal representative/legally responsible adult(s) address issues identified during the home safety evaluation; and once remediated, document the participant's home is safe.

The CMT will discuss each of the problems or deficiencies identified in the POT with the participant, her legal representative/legally responsible adult(s), and members of the circle of support. All safety issues must be resolved and documented in the POT, and then reviewed and approved by the participant's current primary care physician, before additional waiver services and/or continued enrollment in the HCBA Waiver will be authorized. Health and safety issues are documented using the Event/Issue Report, documented in the POT, and included in the participant's case record.

Upon enrollment into the HCBA Waiver, the CMT reviews the initial POT with the participant, legal representative/legally responsible adult(s), and circle of support a second time. Ninety (90) days after DHCS approval for participant enrollment and the participant begins receiving waiver services, the CMT conducts a home visit, or via telehealth conducted in accordance with DHCS' telehealth policies for Medicaid State Plan services, to assess how the participant is coping. The CMT reviews the POT with the participant, legal representative/legally responsible adult(s), and circle of support to verify that services are provided as described. Subsequent scheduled LOC reevaluation visits

include a review of the POT with the participant, legal representative/legally responsible adult(s), and circle of support to determine if the POT continues to meet the participant's medically necessary health care needs.

The level of case management acuity system is used to determine the frequency of CMT home visits based upon the participant's risk factors and the complexity of the home program. The system identifies four levels of case management of increasing acuity. The level of acuity is reevaluated at each home visit and upon changes to the participant's medical care needs, support system, and provider types. The level of case management acuity system is described in detail in Appendix B, at item B-6(g).

Between the scheduled home visits, the CMT maintains regular contact with the participant. A record of the interim contact is documented in the case notes section of the participant's case file. Based on interim contact reports and/or information received from the participant, the CMT must update the POT to reflect changes in the participant's medically necessary health care needs, waiver providers, and/or the delivery of waiver services.

Waiver Agencies shall take all reasonable steps to locate a sufficient number of service providers to furnish participant choice of providers for each service, when possible. Waiver participants may choose any qualified provider who agrees to furnish waiver services. The Waiver Agencies must offer to subcontract with qualified Waiver providers, but a qualified Waiver provider is not required to subcontract with the Waiver Agency in order to provide HCBA Waiver services. DHCS monitors whether the Waiver Agency is taking all reasonable steps to locate a sufficient number of service providers through the annual QAR's, and random case file audits within DHCS' MedCompass case file management system, to which Waiver Agencies are responsible for uploading all of their provider and subcontracted providers information for verification and tracking purposes.

DHCS monitors the number of providers a Waiver Agency has within their network and requires that they continue to take all reasonable steps to continually locate new willing and qualified Medi-Cal providers to expand their provider network. The Waiver Agency shall maintain documentation received from all providers requesting to become a service provider for DHCS' review during the annual QAR. The Waiver Agency shall provide participants with a directory of available providers within their network (i.e., of those from whom they have received an HCBA Waiver provider agreement), and inform participants that they may choose a provider that is not in the Waiver Agency's network to provide Waiver services, as long as the provider is enrolled with Medi-Cal. The Waiver Agency shall maintain a record in the case file showing that they have informed the participant of their options, and DHCS will review the case files during the annual audit.

DHCS will monitor the Waiver Agency's performance through annual QAR. When corrective action is required, the Waiver Agency shall provide DHCS with a formal CAP to address any deficiencies, and modify the CAP as necessary to comply with the identified requirements until the CAP is determined to be acceptable by DHCS. DHCS may, at its discretion, conduct follow-up visits and/or electronic records review to evaluate the effectiveness of the Waiver Agency's CAP implementation. DHCS provides ongoing technical assistance to Waiver Agencies and requires quarterly reports from each Waiver Agency that includes updates on quality assurance activities, incident reports, etc.

DHCS analyzes case records, progress notes, care management activities, assessment/reassessments, the Waiver Participant's plan of care, individual service plans, service authorization, special incidents and/or critical events, complaints lodged by Waiver participants, their family/legal representatives or others against providers, provider qualifications, subcontracts, financial statements or audits and any other pertinent documentation, as determined necessary. During DHCS' review of the above listed items, DHCS determines a level of compliance with program policies and requirements. Should DHCS discover that a Waiver Agency has not satisfied or complied with its obligations under the HCBA Waiver, Medi-Cal, or other legal authority, DHCS may require the Waiver Agency to develop and submit to DHCS, a written CAP specific to correcting the issue(s). The Waiver Agency shall provide the required CAP to DHCS within 30 calendar days with a formal written plan of action to cover any identified issues. The CAP shall be specific about the actions to be taken, the personnel who will take the actions, and the completion date of the corrective action. DHCS will monitor the Waiver Agency's implementation of the CAP. When DHCS determines that the Waiver Agency has successfully remediated the issues identified in the CAP, DHCS will approve the CAP implementation. DHCS will provide the Waiver Agency technical assistance during the QAR and throughout the entire issue resolution process.

**b. Monitoring Safeguards. *Select one:***

- Entities and/or individuals that have responsibility to monitor service plan implementation and**

**participant health and welfare may not provide other direct waiver services to the participant.**

- Ⓒ **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.**

The state has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. *Specify:*

Pursuant to 42 CFR 441.730(b), individuals or entities that evaluate eligibility or conduct the independent evaluation of eligibility for State plan HCBS, who are responsible for the independent assessment of need for HCBS, or who are responsible for the development of the service plan cannot:

- Be related by blood or marriage to the individual or to any paid caregiver of the individual;
- Be financially responsible for the individual;
- Be empowered to make financial or health related decisions for the individual; or
- Have a financial interest in any entity paid to provide care to the individual

Pursuant to 42 CFR 431.301(c)(1)(vi), case management (person-centered service plan development) must be separate from service delivery functions. A conflict occurs not just if the case management provider is also a service provider, but also if the case management provider has an interest in a provider or if they are employed by a provider. Any Waiver Agency, or other case management provider, that provides both case management and waiver services in violation of this rule without first obtaining written approval from DHCS, may be subject to sanctions, including but not limited to the required repayment to DHCS in the amount of all compensation received for providing the waiver services and the comprehensive care management during that time period.

In order for the Waiver Agency or other case management provider to deliver a service, they, must do the following:

- Demonstrate to DHCS that the only willing and qualified case manager is also, or affiliated with, a direct service provider.
- Work with DHCS to provide full disclosure to participants and assure that participants are supported in exercising their right of free choice in providers.
- Assure that the Waiver Agency or other case manager separates case management and service provision (different staff).
- Waiver Agencies, and any other entity that provides case management, are only permitted to provide both case management and services if they obtain the express written approval of DHCS. DHCS will directly oversee and periodically evaluate the safeguards put in place by the Waiver Agency or other case management entity to prevent any conflict of interest issues from occurring.
- The Waiver Agency or other case manager responsible for service plan development that seeks approval to provide waiver services must demonstrate to DHCS with supporting evidence all of the above listed requirements in order to seek approval to provide waiver services. This situation may arise in rural counties with limited providers, or when the Waiver Agency is the only culturally competent provider and the only culturally competent service plan developer available. If DHCS determines that the Waiver Agency or other case management provider that has been granted approval to provide waiver services is not complying with the above requirements, or if a conflict of interest issue has arisen, then DHCS has the authority to revoke that permission to provide waiver services.

DHCS will require Waiver Agencies to develop internal Policies and Procedures that describe the specific responsibilities of the CMT, and the distinct responsibilities of the direct care provider. The Waiver Agency will develop a full disclosure form for participants/families to sign prior to enrollment in the waiver in areas where the Waiver Agency is the only willing and qualified provider. The form will convey the following:

- Providing full disclosure and assurances that participants/families are supported in exercising their right of free choice in providers;
- Describing the individual dispute resolution process;
- Providing full disclosure that only one willing and qualified provider is available to provide case management and direct services in the participant's/family's county of residence;
- Providing assurance that the provider entity will separate case management and service provision (different staff with different lines of supervision);
- Providing assurance that the entity that provides case management and direct services does so only with the approval of the State; and
- That the State will provide direct oversight and periodic evaluation of effectiveness and appropriateness of established safeguards.

In cases where the Waiver Agency or other case management provider is also the only willing and qualified provider of direct services, the Waiver Agency or other case management provider must set up internal firewalls to restrict access for the case manager to view the service provider's case notes, and vice versa. Additionally, the Waiver Agency administrator or other case management provider will sign a formal agreement with the State verifying the willingness of the Waiver Agency or other case management provider to maintain a separation between waiver case management and direct services functions and lines of supervision. Lastly, the Waiver Agency or other case

management provider will require case management and direct services staff to sign agreements acknowledging their understanding of and willingness to comply with mandated separation of case management and direct service functions. This signed agreement will be submitted to the State and must meet the State’s approval prior to that staff member being allowed to have any contact with any newly enrolled waiver participants or their families. DHCS shall periodically confirm that the signed agreement is implemented as described through ongoing monitoring and oversight consisting of, but not limited to of annual QARs and ad hoc/as needed onsite visits, quarterly progress report submission/review, and ongoing desk review of case documentation and billing.

## Appendix D: Participant-Centered Planning and Service Delivery

### Quality Improvement: Service Plan

*As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.*

**a. Methods for Discovery: Service Plan Assurance/Sub-assurances**

*The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.*

**i. Sub-Assurances:**

**a. Sub-assurance: 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.**

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

**# and % of case records that document that the participant, et al. were involved in the identification, development and management of services and supports for meeting the participant's assessed medically necessary care needs. Numerator: Number of case records showing involvement by the participant, et al. in development/management of services / Denominator: Number of case records reviewed.**

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review

<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>	<input checked="" type="checkbox"/> <b>Representative Sample</b> Confidence Interval = <input type="text" value="95% +/-5%"/>
<input checked="" type="checkbox"/> <b>Other</b> Specify: <input type="text" value="Waiver Agency"/>	<input checked="" type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Stratified</b> Describe Group: <input type="text"/>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>
	<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>	<input checked="" type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>



**Performance Measure:**

# and % of case records documenting that the participant's medically necessary care needs (including health and safety risk factors) and personal goals are being met by the provision of waiver services, or through other means. Numerator: Number of case files documenting medically necessary care needs and personal goals are met / Denominator: Number of files reviewed.

**Data Source** (Select one):

**Record reviews, on-site**

If 'Other' is selected, specify:

<b>Responsible Party for data collection/generation</b> <i>(check each that applies):</i>	<b>Frequency of data collection/generation</b> <i>(check each that applies):</i>	<b>Sampling Approach</b> <i>(check each that applies):</i>
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>	<input type="checkbox"/> <b>100% Review</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>	<input checked="" type="checkbox"/> <b>Less than 100% Review</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>	<input checked="" type="checkbox"/> <b>Representative Sample</b> Confidence Interval = <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">95% +/- 5%</div>
<input checked="" type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Waiver Agency</div>	<input checked="" type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Stratified</b> Describe Group: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

**b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.**

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**c. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participants needs.**

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

**# and % of case files with documentation indicating service plans are updated/revised**

at least annually or when warranted by changes. Numerator: Number of case files with documentation indicating services plans are updated/revised at least annually / Denominator: Number of records reviewed.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = <input type="text" value="95% +/-5%"/>
<input checked="" type="checkbox"/> Other Specify: <input type="text" value="Waiver Agency"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

**d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.**

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

**# and % of case files with documentation indicating that services are being delivered in accordance with the POT. Numerator: Number of case records with documentation indicating that services are being delivered in accordance with the POT / Denominator: Number of records reviewed.**

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review

<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>	<input checked="" type="checkbox"/> <b>Representative Sample</b> Confidence Interval = <input type="text" value="95% +/-5%"/>
<input checked="" type="checkbox"/> <b>Other</b> Specify: <input type="text" value="Waiver Agency"/>	<input checked="" type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Stratified</b> Describe Group: <input type="text"/>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>
	<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>	<input checked="" type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>

**e. Sub-assurance: Participants are afforded choice: Between/among waiver services and providers.**

**Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**# and % of Waiver participants and/or legal representative, as appropriate, who indicated they were afforded choice between/among waiver services and providers as verified by Waiver participant attestation in the CMR. Numerator: Number of case files that document that the participant was afforded choice between/among waiver services and providers / Denominator: Total number of case files reviewed.**

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = <input type="text" value="95% +/-5%"/>
<input checked="" type="checkbox"/> Other Specify: <input type="text" value="Waiver Agency"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify:	

	<input style="width: 80%; height: 20px;" type="text"/>	
--	--	--

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other</b> Specify: <input style="width: 100%; height: 20px;" type="text"/>	<input checked="" type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b> Specify: <input style="width: 100%; height: 20px;" type="text"/>

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

**b. Methods for Remediation/Fixing Individual Problems**

i. Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

DHCS assures that:

- The Waiver participant and/or their circle of support are involved in identifying and managing the waiver services that meet the participant's medically necessary care needs;
- The current primary care physician is in agreement that the participant is receiving the medically necessary waiver services to remain safely at home;
- The waiver service providers deliver those services as described on the participant's POT;
- The participant has been informed they have a choice to receive care in their home in lieu of facility care; and,
- The participant, the current primary care physician, and waiver providers have been informed of their rights and responsibilities under the waiver.

Waiver Agencies are responsible for discovery activities as well as analyzing the data collected during those activities. The Waiver Agencies will evaluate the findings discovered during monitoring and oversight activities and implement any remediation actions necessary to enhance, correct, and/or improve compliance with waiver assurances.

DHCS and the Waiver Agencies utilize the following tools for discovery:

- Internet-based MedCompass case file management system;
- Care management onsite review visits, or telehealth sessions conducted in accordance with DHCS' telehealth policies for Medicaid State Plan services;
- Annual QARs;
- Case Record Review;
- Provider onsite visit and/or or live video conferencing meetings;
- Quarterly utilization reports (to be integrated in to MedCompass);
- Event/Issue Database (to be integrated in to MedCompass);
- California Department of Social Services Case Management Information Payrolling System (CMIPS); and,
- Management Information and Decision Support System (MIS/DSS)

MedCompass is a database that was implemented in December 2017. DHCS uses information from MedCompass to collect data on quality indicators to determine if changes need to be made to the waiver enrollment criteria, care management functions, services, providers, or any other aspect of waiver administration.

MedCompass stores data on how potential participants are referred to the waiver, how many referrals are received, and documents the timeliness of the referral, evaluation, and enrollment process.

MedCompass also enables DHCS and Waiver Agencies to store data on applicants who are placed on the waitlist, reasons active waiver cases are closed; utilization and cost of WPCS; Notices of Actions (NOA); and requests for State Fair Hearings along with the outcomes of those Fair Hearings.

DHCS is responsible for conducting annual onsite and/or electronic Waiver Agency QARs and, in areas of the State not covered by a Waiver Agency, DHCS conducts Case Record Reviews on active HCBA Waiver cases. The selected sample size for the number of case records to be reviewed is determined by using the sample size calculator located at: [www.surveysystem.com/sscalc.htm](http://www.surveysystem.com/sscalc.htm). DHCS randomly selects a sample of case records with a 95% level of confidence with a 5% interval for the entire waiver population. The waiver population includes all waiver participants that were open to the waiver anytime during the selected waiver year. Using the identified sample size indicated by the Sample Size Calculator, DHCS selects the cases for review based upon the corresponding percentage of participants at each LOC by the CMT.

During the QAR, the case record review uses a tool designed to document the following:

- Evidence of the LOC evaluation;
- Evidence that the participant, legal representative/legally responsible adult(s), and circle of support, which includes individuals identified by the participant, are involved in the development of the POT;
- Evidence that the POT addresses all of the participant's identified medically necessary care needs, personal goals, and the status of the participant's health and welfare;
- Evidence that the participant, legal representative/legally responsible adult(s), and circle of support have received instructional information in recognizing abuse, neglect, and exploitation and are knowledgeable about how to report them;



- Evidence that the POT reflects that all of the participant’s medically necessary services are planned and implemented in accordance with their unique medically necessary care needs, expressed preferences, personal goals and abilities, while maintaining the participant’s health and safety;
- Evidence that information and support is available to help the participant, legal representative/legally responsible adult(s), and circle of support to make selections among service options and providers; and
- Evidence that the CMT is completing and maintaining the waiver participant’s case report in compliance with DHCS' policies and procedures.

DHCS maintains an Event/Issue log, to track the type and number of reported events and issues that affect or can affect the health and safety of the waiver participant. The log also tracks the timeliness of reports and if law enforcement, Adult Protective Services, and/or the participant's current primary care physician, were notified.

**ii. Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:  <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:  <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.