DHCS
TOBY DOUGLAS
*DIRECTOR*

State of California—Health and Human Services Agency
Department of Health Care Services

EDMUND G. BROWN JR.
*GOVERNOR*

December 1, 2011

Gloria Nagle, Ph.D., M.P.A
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services, Region IX
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Ms. Nagle:

The California Department of Health Care Services is pleased to submit the enclosed proposed State Plan Amendment (SPA) which, under authority of the Community First Choice Option (42 U.S.C. § 1396n(k) ), will allow a six percent increase in Federal Medical Assistance Percentage for provision of community-based attendant services and supports to eligible Medi-Cal beneficiaries.

The State's new Development and Implementation Council convened on November 17, 2011, and recommended moving forward in several phases: Phase One includes transitioning eligible participants in the Personal Care Services and In-Home Supportive Services Plus Option programs into the Community First Choice Option, as detailed in the enclosed proposed SPA. Future phases will broaden the assessment process to ensure a "No Wrong Door" approach to provision of home and community-based long-term services and supports and will establish and/or expand permissible services for better health outcomes.

We appreciate the time the CMS Regional and Central Office teams spent in early November providing technical assistance to our State team. It strengthened our conviction to move forward quickly. If you have any questions, please contact John Shen, Chief, Long-Term Care Division, at (916) 440-7534, or john.shen@dhcs.ca.gov.

Sincerely,

Toby Douglas
Director

Enclosures

Director's Office
1501 Capitol Avenue, MS 0000, P.O. Box 997413, Sacramento, CA 95899-7413
(916) 440-7400 (916) 440-7404 Fax
Internet Address: **http://www.DHCS.ca.gov**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

| 1. TRANSMITTAL NUMBER: | 2. STATE |
|---|---|
| SPA 11-034 | California |

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 1, 2011

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR Part 441 / [CMS-2337-P]

7. FEDERAL BUDGET IMPACT:
a. FFY 11/12 $222 million
b. FFY 12/13 $279 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 3.1, page s19f, 19g
Attachment 3.1-A, page 14
Attachment 3.1-B, page 12
Supplement 6 to Attachment 3.1-A, pages 1-23
Supplement 6 to Attachment 3.1-B, pages 1-23

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
None

10. SUBJECT OF AMENDMENT:
Community First Choice Option

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
**Toby Douglas**

14. TITLE:
**Director**

15. DATE SUBMITTED: 12/1/11

16. RETURN TO:

**Department of Health Care Services**
**Attn: State Plan Coordinator**
**1501 Capitol Avenue, Suite 71.326**
**P.O. Box 997417**
**Sacramento, CA 95899-7417**

**FOR REGIONAL OFFICE USE ONLY**

| 17. DATE RECEIVED: | 18. DATE APPROVED: |
|---|---|

PLAN APPROVED – ONE COPY ATTACHED

| 19. EFFECTIVE DATE OF APPROVED MATERIAL: | 20. SIGNATURE OF REGIONAL OFFICIAL: |
|---|---|
| 21. TYPED NAME: | 22. TITLE: |

23. REMARKS:

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

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**Citation** **3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)**

1915(k) __X__ (xiv) Community First Choice Option (CFCO) services, as described and limited in Supplement _6_ to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the home and community-based attendant services and supports provided to the categorically needy.

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**Citation** **3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)**

1915(k) __X__ (xiv) CFCO services, as described and limited in Supplement _6_ to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies home and community-based attendant services and supports provided to each covered group of the medically needy.

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AMOUNT, DURATION, AND SCOPE OF HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS PROVIDED TO THE CATEGORICALLY NEEDY

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29. _X_ CFCO services, as described in Supplement _6_ to Attachment 3.1-A.

_X_ Election of CFCO services: By virtue of this submittal, the State elects CFCO as a State Plan service delivery option.

____ No election of CFCO services: By virtue of this submittal, the State elects not to add CFCO services as a State Plan service delivery option.

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AMOUNT, DURATION, AND SCOPE OF HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS PROVIDED TO THE MEDICALLY NEEDY

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28. _X_ CFCO services, as described in Supplement _6_ to Attachment 3.1-B.

_X_ Election of CFCO services: By virtue of this submittal, the State elects CFCO as a State Plan service delivery option.

____ No election of CFCO services: By virtue of this submittal, the State elects not to add CFCO services as a State Plan service delivery option.

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**i. Eligibility**

The State determines eligibility for CFCO services in the manner as prescribed in Social Security Act §1915(k)(1).

**ii. Service Package**

A. The following are included CFCO services:

1. Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and health-related tasks through hands-on assistance, supervision, or cueing.

The above CFCO Services (A.1.) will be provided in the same amount, duration and scope as State Plan Personal Care and Related Services.

2. Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living, and health related tasks.

3. Back-up systems or mechanisms to ensure continuity of services and supports.

4. Voluntary training on how to select, manage, and dismiss attendants.

B. The State elects to include the following CFCO permissible service(s):

1. _X_ Expenditures relating to a need identified in an individual's person-centered plan of services that substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance.

- This permissible service will be limited to those participants choosing the Restaurant Meal Allowance (RMA). See section xii. Permissible Purchases for details.

2. ____Expenditures for transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for

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an individual to make the transition from a nursing facility, institution for mental diseases, or intermediate care facility for the mentally retarded to a community-based home setting where the individual resides.

**iii. Payment Methodology**

A. _X_ The State will use the same payment methodology for individuals receiving home and community-based attendant services and supports under section 1915(k) as that approved for State plan personal care services.

B. ___ The State will use a different payment methodology for individuals receiving home and community-based attendant services and supports under section 1915(k) 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 Direct Cash Payments**

A. _X_ The State elects to disburse cash prospectively to CFCO participants. 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 xii.); and
- Eligible participants who have chosen Direct Cash.
    - California will limit the receipt of Advance Pay (Direct Cash) to participants with a total assessed need of 20 hours or more per week of service in one or more of the following areas:
        (A) Any assistance with ADLs and IADLs that is considered a personal care service.
        (B) Preparation of meals.
        (C) Meal cleanup when preparation of meals and consumption of food (feeding) are required.
        (D) Paramedical services.

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B. ___ The State elects not to disburse cash prospectively to CFCO participants.

**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 CFCO 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. Assurances**

(A) The State assures that there are traditional services, comparable in amount, duration, and scope, to CFCO home and community-based attendant services and 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 CFCO services.

(C) The State assures the provision of consumer controlled home and community-based attendant services and supports to individuals on a statewide basis, in a manner that provides such services and supports in the most integrated setting appropriate to the individual's needs, and without regard to the individual's age, type or nature of disability, severity of disability, or the form of home and community-based attendant services and supports that the individual requires in order to lead an independent life.

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(D) With respect to expenditures during the first full fiscal year in which the State plan amendment is implemented, the State will maintain or exceed the level of State expenditures for medical assistance that is provided under section 1905(a), section 1915, section 1115, or otherwise to individuals with disabilities or elderly individuals attributable to the preceding fiscal year.

(E) The State assures the establishment and maintenance of a comprehensive, continuous quality assurance system with respect to community-based attendant services and supports – see section viii. Quality Assurance for details.

(F) The State assures the collection and reporting of information, including data regarding how the State provides home and community-based attendant services and supports and other home and community-based services, the cost of such services and supports, and how the State provides individuals with disabilities who otherwise qualify for institutional care under the State plan or under a waiver the choice to instead receive home and community-based services in lieu of institutional care.

(G) The State shall provide the Secretary with the following information regarding the provision of home and community-based attendant services and supports under this subsection for each fiscal year for which such services and supports are provided:

(i) The number of individuals who are estimated to receive home and community-based attendant services and supports under this option during the fiscal year.

(ii) The number of individuals that received such services and supports during the preceding fiscal year.

(iii) The specific number of individuals served by type of disability, age, gender, education level, and employment status.

(iv) Whether the specific individuals have been previously served under any other home and community based services program under the State plan or under a waiver.

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(H) The State assures that home and community-based attendant services and supports are provided in accordance with the requirements of the Fair Labor Standards Act of 1938 and applicable Federal and State laws.

**vii. Service Plan**

The State shall make available home and community-based attendant services and supports to eligible individuals, as needed, to assist in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks through hands-on assistance, supervision, or cueing**:**

(i) under a person-centered plan of services and supports that is based on an assessment of functional need and that is fully disclosed in writing and agreed to by the participant, or as appropriate, their representative;

(ii) in a home or community setting, which does not include a nursing facility, institution for mental diseases, or an intermediate care facility for the mentally retarded;

(iii) under an agency-provider model or other model; and

(iv) the furnishing of which:

(I) is provided by a provider who is selected, managed, and dismissed by the individual, or, as appropriate, with assistance from the individual's representative;

(II) is controlled, to the maximum extent possible, by the individual or where appropriate, the individual's representative, regardless of who may act as the employer of record; and

(III) is provided by an individual who is qualified to provide such services, including family members.

**viii. Quality Assurance and Improvement Plan**

A. The State's quality assurance and improvement plan is described below. It includes components for the 58 counties and for the California Department of Social Services (CDSS)

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in consultation with the Department of Health Care Services (DHCS). Both components must address:

i. Activities of discovery, remediation, and quality improvement, 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 CFCO participants.

***County***

Each of the 58 counties must submit to CDSS an annual Quality Assurance/Quality Improvement (QA/QI) plan that identifies annual goals and objectives, and specifies the processes for addressing discovery, remediation, and overall system improvement. The procedures must provide for reporting findings to program staff and supervisors for remediation. The staff analysis of data compiled from program monitoring, system reports, and outside entities 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 program integrity**.**

***Discovery***

The focus of discovery is on monitoring activities and analysis. The goal is to ensure the appropriateness and quality of the services and supports provided to recipients.

Discovery is achieved through county QA activities, which include:

- Routine case file reviews;
- Home visits;
- Data review and analysis from multiple sources;
- Targeted case reviews;

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- Verification of receipt of supportive services to detect and prevent fraud.

**Routine case file reviews** conducted by county QA staff are the primary monitoring component and a source of data collection. Counties are required to review a percentage of cases based on the number of full-time equivalent staff allocated for QA activities. The case reviews are designed to confirm that participant needs are correctly assessed and that case files contain required documentation which is appropriately completed. Case errors, omissions, and issues with service authorizations are flagged and forwarded for remediation (see "*Remediation*" section). 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 to the appropriate entity. Critical incidents are reported on the Quarterly Report form, SOC 824 to CDSS QA Bureau.

**Home visits** conducted by county staff 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.

Counties are required to develop a standardized questionnaire for all QA home visits. It is designed to elicit each participant's personal preferences and experiences with the IHSS programs. The core QA components must include:

- Verification of the participant's identity;
- Discussion with the participant about his or her health issues/functional limitations;
- Inquiry on changes in the participant's condition or functional abilities;
- Verification of the participant's understanding of authorized services and hours;
- Written notation as to whether the participant's specific circumstances impact the assessment;
- Discussion with the participant on whether the authorized supportive services meet the participant's needs;
- Observation and inquiry as to the quality of supportive services rendered by the provider;
- Confirmation that the participant understands the Emergency Back-Up Form and how to use the information;

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- Discussion with the participant on the availability of alternative resources;
- Inquiry on the participant's understanding of potential abuse, neglect and exploitation or need for adult or child protective services;
- Confirmation that all individual participant service needs identified are addressed in the service plan;
- Confirmation that the participant understands the right to request a State Hearing including the provision for continuation of disputed services until a State Hearing decision is rendered in response to the participant request for a State Hearing, if appropriate; and
- Assessment of participant satisfaction with services received and their provider(s).

**Data review and analysis** is conducted on data from a variety of sources including:

- Appeals data;
- Public Authorities;
- Quarterly Reports;
- CMIPS ad hoc reports;
- CMIPS monthly reports; and
- Consumer satisfaction surveys.

Counties report to CDSS quarterly, but the primary goal of the ongoing review and analysis is to identify areas requiring remediation and make provisions for continuous system improvement.

**Targeted case reviews** are required annually from all counties, and may be selected based on indications from any other stage of discovery. The goal of targeted reviews is to provide opportunity for more detailed analysis in areas that appear to be outside the expected norms, and provide for remediation as appropriate. Common targeted review areas currently in use include:

- Providers who claim working in excess of 300+ hours in a month
- Review of Protective Supervision cases
- Review of children's cases
- Hospital stay error rate study
- Provider is also recipient
- Review of denied applications

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- 60 days without timesheet activity
- Warrants mailed out of state

**Verification of receipt of services** is accomplished through several means. QA home visits provide primary insight into the level and quality of services being provided, while unannounced home visits by trained county staff are conducted specifically to verify "the receipt of services, the quality of services, and consumer wellbeing." Recipient signatures on all timesheets serve as tertiary means of verifying receipt of services. Issues around insufficient or sub-par services must be documented and sent for priority remediation.

***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 the resolution and action taken 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 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 targeted reviews. It also includes critical events/incidents identified, actions taken on critical

events/incidents, and any system improvement efforts made as a result of issues identified during the quarter.

System improvements are included in the annual QA/QI plan submitted to CDSS no later than June 1, and are then forwarded to DHCS for consultation. The plan must include detailed current 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 QA/QI plans and activities, and as conductor of its own QA/QI 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 QA/QI***

The CDSS QA staff monitoring is accomplished by: reviewing, analyzing, aggregating and reporting on county Quarterly Reports, annual QA/QI plans and Quality Improvement Action Plans (QIAPs); performing case reviews, including county QA reviewed files and denied applications; 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 goal of the CDSS review of county QA/QI activities is to ensure that initial assessments and reassessments are conducted in a timely and uniform manner, participant needs are correctly assessed, and the health, welfare, and quality of life of participants is 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 conducts monitoring of the State's 58 counties annually.

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Prior to a site visit, CDSS QA pulls data and analyzes the county as compared to other counties with comparable caseload, and the statewide average. County performance is reviewed in the areas of:

- Timely reassessment compliance rate;
- Proportion of severely impaired recipients to total caseload;
- Average hours assessed per case;
- Average cost per case;
- IHSS staff participation in State-sponsored training; and
- Participation in recent data match and error rate study activities

At the county office, CDSS QA staff begin with an introduction, discussion of the county's comparison data (as described above), and an opportunity for county to discuss any issues that may impact the visit or the result of the review. The CDSS QA staff then review:

- A predetermined sample of case files for correct application of federal and State regulations and requirements, proper use of required documents, appropriate and well documented justification for services, appropriate and clearly documented reasons for exceptions to hourly task guidelines, 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 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 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 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.

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.

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.

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.

A site visit is followed up with a letter from CDSS QA to the director of the county department responsible for administering the supportive services program. The letter details the identified strengths and areas requiring improvement, allowing the county to take appropriate action in remediation.

The CDSS conducts data reviews in consultation with DHCS. Data review activities may include, but are not limited to analysis of:

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- 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;
- Inpatient hospital stay over 5 days;
- Death match review using Vital Statistics/Social Security Administration (SSA) data; and
- Consumer surveys.

***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, and DHCS.

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

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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 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 Quality Improvement Action Plan (QIAP) from a county, the county must include in its 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. .

When statewide systemic issues and trends are identified, CDSS QA staff initiate an all-county distribution of an All-County Information Notice (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;
- Conducting 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 CFCO State Plan Amendment.

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***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 county social worker have a face-to-face visit at least once a year.

1a QA Function: CMIPS data is reviewed by CDSS QA staff to ensure that this visit is occurring within a 12-month, or appropriate, timeframe for participants. Counties that drop below 80 percent compliance with this requirement will be required to develop and submit a QA Improvement Plan detailing how they will improve to at least 80% compliance with timely reassessments.

| 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 2: Individualized Back-Up Plan and Risk Assessment***

Desired Outcome: An Individualized Back-Up Plan and Risk Assessment is in place for each participant.

During the initial and annual face-to-face visits, a participant and his/her county social worker collaborate to determine the best plan for the participant. Together, the participant and the case worker complete or update the Individualized Back-Up Plan and Risk Assessment form (SOC

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864) 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 county social 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 Individualized Back-Up Plan and Risk Assessment is in place and a copy of the 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. Case files found to be out of compliance with this requirement require immediate remediation.

| Performance Measure 2a - County QA Individualized Back-Up Plan and Risk Assessment Calculation |
| --- |
| # of statewide cases reviewed that include a completed Individualize Back-Up Plan and Risk Assessment / # of statewide cases reviewed = % of statewide compliance |

| Performance Measure 2b - CDSS QA Individualized Back-Up Plan and Risk Assessment Calculation |
| --- |
| # of statewide cases reviewed that include a completed Individualized Back-Up Plan and Risk Assessment / # 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 quickly and appropriately and notes the incident in the case file, including the resolution, when known.

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

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| 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 |

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***Outcome Measure 2: QI Action Plans (QIAPs)***

Desired Outcome: All counties with a QIAP make the indicated corrections and institute the plan as approved by CDSS.

QA Function: When CDSS determines that a county is out of compliance in the below named areas, CDSS will issue a QIAP demand. Upon receipt of a QIAP demand, the county will submit a QIAP which explains how it will come into compliance. Upon completion of the next county visit, CDSS QA monitoring staff determines whether the county instituted the QIAP as approved by CDSS. Areas which could result in a QIAP demand include:

- Failure to abide by their approved annual plan;
- Failure to maintain 80% compliance with timely reassessments;
- Failure to submit accurate reporting documents (SOC 824, data match results, error rate studies) in a timely manner;
- Failure to participate in State-sponsored training; and
- Required remedial actions in more than 30% cases reviewed by county QA

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

* This requirement is only in regards to counties who have a QIAP.

***Satisfaction Measure 1: Customer Service Evaluation***
Desired Outcome: Program participants are satisfied their in-home service and support 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 are 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. CDSS QA will then use this data to determine if changes in the program are needed.

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The survey(s) will be comprehensive and the results will be validated. CDSS will use the results of the survey to generate a report, which will be disseminated to counties and posted on the CDSS website.

***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 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: http://www.raosoft.com/samplesize.html.

Counties have the flexibility to determine a sampling approach; however, each county is required to comply with the minimum number of case reviews and home visits per the number of full-time equivalents allocated for QA activities. 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 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.

***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

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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.

**ix. 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 county 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 county 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.

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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, and whether 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.

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- **Individualized Back-Up Plan and Risk Assessment Form (SOC 864)** – 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 CFCO services.

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

- **Fingerprint and Criminal Background Checks** – All providers must go through a fingerprint and criminal background check, as well as provider orientation.

**x. Qualifications of Providers of CFCO Services**

A. The State will permit participants to hire legally liable relatives that are qualified to provide such services, as paid providers of the home and community-based attendant services and supports identified in the service plan and budget.

**xi. Participant's Representative**

A. _X_ The State elects to permit participants to appoint a representative to direct the provision of home and community-based attendant services and supports on their behalf.

B. ___ The State elects not to permit participants to appoint a representative to direct the provision of home and community-based attendant services and supports on their behalf.

**xii. 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 permissible purchase 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.

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- 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.

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**Citation** **3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)**

1915(k) __X__ (xiv) Community First Choice Option (CFCO) services, as described and limited in Supplement _6_ to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the home and community-based attendant services and supports provided to the categorically needy.

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**Citation** **3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)**

1915(k) __X__ (xiv) CFCO services, as described and limited in Supplement _6_ to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies home and community-based attendant services and supports provided to each covered group of the medically needy.

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29. _X_ CFCO services, as described in Supplement _6_ to Attachment 3.1-A.

_X_ Election of CFCO services: By virtue of this submittal, the State elects CFCO as a State Plan service delivery option.

____ No election of CFCO services: By virtue of this submittal, the State elects not to add CFCO services as a State Plan service delivery option.

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28. _X_ CFCO services, as described in Supplement _6_ to Attachment 3.1-B.

_X_ Election of CFCO services: By virtue of this submittal, the State elects CFCO as a State Plan service delivery option.

____ No election of CFCO services: By virtue of this submittal, the State elects not to add CFCO services as a State Plan service delivery option.

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**i. Eligibility**

The State determines eligibility for CFCO services in the manner as prescribed in Social Security Act §1915(k)(1).

**ii. Service Package**

A. The following are included CFCO services:

1. Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and health-related tasks through hands-on assistance, supervision, or cueing.

The above CFCO Services (A.1.) will be provided in the same amount, duration and scope as State Plan Personal Care and Related Services.

2. Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living, and health related tasks.

3. Back-up systems or mechanisms to ensure continuity of services and supports.

4. Voluntary training on how to select, manage, and dismiss attendants.

B. The State elects to include the following CFCO permissible service(s):

1. _X_ Expenditures relating to a need identified in an individual's person-centered plan of services that substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance.

- This permissible service will be limited to those participants choosing the Restaurant Meal Allowance (RMA). See section xii. Permissible Purchases for details.

2. ____Expenditures for transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for

an individual to make the transition from a nursing facility, institution for mental diseases, or intermediate care facility for the mentally retarded to a community-based home setting where the individual resides.

**iii. Payment Methodology**

A. _X_ The State will use the same payment methodology for individuals receiving home and community-based attendant services and supports under section 1915(k) as that approved for State plan personal care services.

B. ___ The State will use a different payment methodology for individuals receiving home and community-based attendant services and supports under section 1915(k) 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 Direct Cash Payments**

A. _X_ The State elects to disburse cash prospectively to CFCO participants. 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 xii.); and
- Eligible participants who have chosen Direct Cash.
    - California will limit the receipt of Advance Pay (Direct Cash) to participants with a total assessed need of 20 hours or more per week of service in one or more of the following areas:
        (A) Any assistance with ADLs and IADLs that is considered a personal care service.
        (B) Preparation of meals.
        (C) Meal cleanup when preparation of meals and consumption of food (feeding) are required.
        (D) Paramedical services.

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B. ___ The State elects not to disburse cash prospectively to CFCO participants.

**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 CFCO 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. Assurances**

(A) The State assures that there are traditional services, comparable in amount, duration, and scope, to CFCO home and community-based attendant services and 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 CFCO services.

(C) The State assures the provision of consumer controlled home and community-based attendant services and supports to individuals on a statewide basis, in a manner that provides such services and supports in the most integrated setting appropriate to the individual's needs, and without regard to the individual's age, type or nature of disability, severity of disability, or the form of home and community-based attendant services and supports that the individual requires in order to lead an independent life.

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(D) With respect to expenditures during the first full fiscal year in which the State plan amendment is implemented, the State will maintain or exceed the level of State expenditures for medical assistance that is provided under section 1905(a), section 1915, section 1115, or otherwise to individuals with disabilities or elderly individuals attributable to the preceding fiscal year.

(E) The State assures the establishment and maintenance of a comprehensive, continuous quality assurance system with respect to community-based attendant services and supports – see section viii. Quality Assurance for details.

(F) The State assures the collection and reporting of information, including data regarding how the State provides home and community-based attendant services and supports and other home and community-based services, the cost of such services and supports, and how the State provides individuals with disabilities who otherwise qualify for institutional care under the State plan or under a waiver the choice to instead receive home and community-based services in lieu of institutional care.

(G) The State shall provide the Secretary with the following information regarding the provision of home and community-based attendant services and supports under this subsection for each fiscal year for which such services and supports are provided:

(i) The number of individuals who are estimated to receive home and community-based attendant services and supports under this option during the fiscal year.

(ii) The number of individuals that received such services and supports during the preceding fiscal year.

(iii) The specific number of individuals served by type of disability, age, gender, education level, and employment status.

(iv) Whether the specific individuals have been previously served under any other home and community based services program under the State plan or under a waiver.

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(H) The State assures that home and community-based attendant services and supports are provided in accordance with the requirements of the Fair Labor Standards Act of 1938 and applicable Federal and State laws.

**vii. Service Plan**

The State shall make available home and community-based attendant services and supports to eligible individuals, as needed, to assist in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks through hands-on assistance, supervision, or cueing**:**

(i) under a person-centered plan of services and supports that is based on an assessment of functional need and that is fully disclosed in writing and agreed to by the participant, or as appropriate, their representative;

(ii) in a home or community setting, which does not include a nursing facility, institution for mental diseases, or an intermediate care facility for the mentally retarded;

(iii) under an agency-provider model or other model; and

(iv) the furnishing of which:

(I) is provided by a provider who is selected, managed, and dismissed by the individual, or, as appropriate, with assistance from the individual's representative;

(II) is controlled, to the maximum extent possible, by the individual or where appropriate, the individual's representative, regardless of who may act as the employer of record; and

(III) is provided by an individual who is qualified to provide such services, including family members.

**viii. Quality Assurance and Improvement Plan**

A. The State's quality assurance and improvement plan is described below. It includes components for the 58 counties and for the California Department of Social Services (CDSS)

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in consultation with the Department of Health Care Services (DHCS). Both components must address:

i. Activities of discovery, remediation, and quality improvement, 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 CFCO participants.

***County***

Each of the 58 counties must submit to CDSS an annual Quality Assurance/Quality Improvement (QA/QI) plan that identifies annual goals and objectives, and specifies the processes for addressing discovery, remediation, and overall system improvement. The procedures must provide for reporting findings to program staff and supervisors for remediation. The staff analysis of data compiled from program monitoring, system reports, and outside entities 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 program integrity**.**

***Discovery***

The focus of discovery is on monitoring activities and analysis. The goal is to ensure the appropriateness and quality of the services and supports provided to recipients.

Discovery is achieved through county QA activities, which include:

- Routine case file reviews;
- Home visits;
- Data review and analysis from multiple sources;
- Targeted case reviews;

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- Verification of receipt of supportive services to detect and prevent fraud.

**Routine case file reviews** conducted by county QA staff are the primary monitoring component and a source of data collection. Counties are required to review a percentage of cases based on the number of full-time equivalent staff allocated for QA activities. The case reviews are designed to confirm that participant needs are correctly assessed and that case files contain required documentation which is appropriately completed. Case errors, omissions, and issues with service authorizations are flagged and forwarded for remediation (see "*Remediation*" section). 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 to the appropriate entity. Critical incidents are reported on the Quarterly Report form, SOC 824 to CDSS QA Bureau.

**Home visits** conducted by county staff 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.

Counties are required to develop a standardized questionnaire for all QA home visits. It is designed to elicit each participant's personal preferences and experiences with the IHSS programs. The core QA components must include:

- Verification of the participant's identity;
- Discussion with the participant about his or her health issues/functional limitations;
- Inquiry on changes in the participant's condition or functional abilities;
- Verification of the participant's understanding of authorized services and hours;
- Written notation as to whether the participant's specific circumstances impact the assessment;
- Discussion with the participant on whether the authorized supportive services meet the participant's needs;
- Observation and inquiry as to the quality of supportive services rendered by the provider;
- Confirmation that the participant understands the Emergency Back-Up Form and how to use the information;

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- Discussion with the participant on the availability of alternative resources;
- Inquiry on the participant's understanding of potential abuse, neglect and exploitation or need for adult or child protective services;
- Confirmation that all individual participant service needs identified are addressed in the service plan;
- Confirmation that the participant understands the right to request a State Hearing including the provision for continuation of disputed services until a State Hearing decision is rendered in response to the participant request for a State Hearing, if appropriate; and
- Assessment of participant satisfaction with services received and their provider(s).

**Data review and analysis** is conducted on data from a variety of sources including:

- Appeals data;
- Public Authorities;
- Quarterly Reports;
- CMIPS ad hoc reports;
- CMIPS monthly reports; and
- Consumer satisfaction surveys.

Counties report to CDSS quarterly, but the primary goal of the ongoing review and analysis is to identify areas requiring remediation and make provisions for continuous system improvement.

**Targeted case reviews** are required annually from all counties, and may be selected based on indications from any other stage of discovery. The goal of targeted reviews is to provide opportunity for more detailed analysis in areas that appear to be outside the expected norms, and provide for remediation as appropriate. Common targeted review areas currently in use include:

- Providers who claim working in excess of 300+ hours in a month
- Review of Protective Supervision cases
- Review of children's cases
- Hospital stay error rate study
- Provider is also recipient
- Review of denied applications

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- 60 days without timesheet activity
- Warrants mailed out of state

**Verification of receipt of services** is accomplished through several means. QA home visits provide primary insight into the level and quality of services being provided, while unannounced home visits by trained county staff are conducted specifically to verify "the receipt of services, the quality of services, and consumer wellbeing." Recipient signatures on all timesheets serve as tertiary means of verifying receipt of services. Issues around insufficient or sub-par services must be documented and sent for priority remediation.

***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 the resolution and action taken 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 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 targeted reviews. It also includes critical events/incidents identified, actions taken on critical

events/incidents, and any system improvement efforts made as a result of issues identified during the quarter.

System improvements are included in the annual QA/QI plan submitted to CDSS no later than June 1, and are then forwarded to DHCS for consultation. The plan must include detailed current 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 QA/QI plans and activities, and as conductor of its own QA/QI 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 QA/QI***

The CDSS QA staff monitoring is accomplished by: reviewing, analyzing, aggregating and reporting on county Quarterly Reports, annual QA/QI plans and Quality Improvement Action Plans (QIAPs); performing case reviews, including county QA reviewed files and denied applications; 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 goal of the CDSS review of county QA/QI activities is to ensure that initial assessments and reassessments are conducted in a timely and uniform manner, participant needs are correctly assessed, and the health, welfare, and quality of life of participants is 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 conducts monitoring of the State's 58 counties annually.

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Prior to a site visit, CDSS QA pulls data and analyzes the county as compared to other counties with comparable caseload, and the statewide average. County performance is reviewed in the areas of:

- Timely reassessment compliance rate;
- Proportion of severely impaired recipients to total caseload;
- Average hours assessed per case;
- Average cost per case;
- IHSS staff participation in State-sponsored training; and
- Participation in recent data match and error rate study activities

At the county office, CDSS QA staff begin with an introduction, discussion of the county's comparison data (as described above), and an opportunity for county to discuss any issues that may impact the visit or the result of the review. The CDSS QA staff then review:

- A predetermined sample of case files for correct application of federal and State regulations and requirements, proper use of required documents, appropriate and well documented justification for services, appropriate and clearly documented reasons for exceptions to hourly task guidelines, 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 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 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 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

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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.

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.

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.

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.

A site visit is followed up with a letter from CDSS QA to the director of the county department responsible for administering the supportive services program. The letter details the identified strengths and areas requiring improvement, allowing the county to take appropriate action in remediation.

The CDSS conducts data reviews in consultation with DHCS. Data review activities may include, but are not limited to analysis of:

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- 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;
- Inpatient hospital stay over 5 days;
- Death match review using Vital Statistics/Social Security Administration (SSA) data; and
- Consumer surveys.

***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, and DHCS.

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

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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 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 Quality Improvement Action Plan (QIAP) from a county, the county must include in its 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. .

When statewide systemic issues and trends are identified, CDSS QA staff initiate an all-county distribution of an All-County Information Notice (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;
- Conducting 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 CFCO State Plan Amendment.

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***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 county social worker have a face-to-face visit at least once a year.

1a QA Function: CMIPS data is reviewed by CDSS QA staff to ensure that this visit is occurring within a 12-month, or appropriate, timeframe for participants. Counties that drop below 80 percent compliance with this requirement will be required to develop and submit a QA Improvement Plan detailing how they will improve to at least 80% compliance with timely reassessments.

| 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 2: Individualized Back-Up Plan and Risk Assessment***

Desired Outcome: An Individualized Back-Up Plan and Risk Assessment is in place for each participant.

During the initial and annual face-to-face visits, a participant and his/her county social worker collaborate to determine the best plan for the participant. Together, the participant and the case worker complete or update the Individualized Back-Up Plan and Risk Assessment form (SOC

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864) 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 county social 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 Individualized Back-Up Plan and Risk Assessment is in place and a copy of the 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. Case files found to be out of compliance with this requirement require immediate remediation.

| Performance Measure 2a - County QA Individualized Back-Up Plan and Risk Assessment Calculation |
| --- |
| # of statewide cases reviewed that include a completed Individualize Back-Up Plan and Risk Assessment / # of statewide cases reviewed = % of statewide compliance |

| Performance Measure 2b - CDSS QA Individualized Back-Up Plan and Risk Assessment Calculation |
| --- |
| # of statewide cases reviewed that include a completed Individualized Back-Up Plan and Risk Assessment / # 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 quickly and appropriately and notes the incident in the case file, including the resolution, when known.

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

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| 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 |

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***Outcome Measure 2: QI Action Plans (QIAPs)***

Desired Outcome: All counties with a QIAP make the indicated corrections and institute the plan as approved by CDSS.

QA Function: When CDSS determines that a county is out of compliance in the below named areas, CDSS will issue a QIAP demand. Upon receipt of a QIAP demand, the county will submit a QIAP which explains how it will come into compliance. Upon completion of the next county visit, CDSS QA monitoring staff determines whether the county instituted the QIAP as approved by CDSS. Areas which could result in a QIAP demand include:

- Failure to abide by their approved annual plan;
- Failure to maintain 80% compliance with timely reassessments;
- Failure to submit accurate reporting documents (SOC 824, data match results, error rate studies) in a timely manner;
- Failure to participate in State-sponsored training; and
- Required remedial actions in more than 30% cases reviewed by county QA

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

* This requirement is only in regards to counties who have a QIAP.

***Satisfaction Measure 1: Customer Service Evaluation***
Desired Outcome: Program participants are satisfied their in-home service and support 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 are 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. CDSS QA will then use this data to determine if changes in the program are needed.

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The survey(s) will be comprehensive and the results will be validated. CDSS will use the results of the survey to generate a report, which will be disseminated to counties and posted on the CDSS website.

***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 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: http://www.raosoft.com/samplesize.html.

Counties have the flexibility to determine a sampling approach; however, each county is required to comply with the minimum number of case reviews and home visits per the number of full-time equivalents allocated for QA activities. 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 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.

***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

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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.

**ix. 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 county 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 county 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.

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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, and whether 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.

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- **Individualized Back-Up Plan and Risk Assessment Form (SOC 864)** – 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 CFCO services.

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

- **Fingerprint and Criminal Background Checks** – All providers must go through a fingerprint and criminal background check, as well as provider orientation.

**x. Qualifications of Providers of CFCO Services**

A. The State will permit participants to hire legally liable relatives that are qualified to provide such services, as paid providers of the home and community-based attendant services and supports identified in the service plan and budget.

**xi. Participant's Representative**

A. _X_ The State elects to permit participants to appoint a representative to direct the provision of home and community-based attendant services and supports on their behalf.

B. ___ The State elects not to permit participants to appoint a representative to direct the provision of home and community-based attendant services and supports on their behalf.

**xii. 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 permissible purchase 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.

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- 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.