

Appendix D: Participant-Centered Planning and Service Delivery

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

State Participant-Centered Service Plan Title:
Individual Service Plan

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

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

Specify qualifications:

- Social Worker

Specify qualifications:

- Other

Specify the individuals and their qualifications:

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

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

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

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

The service plan development is conducted with the member and the interdisciplinary team of the member's choosing. Often this teams consists of the member, Integrated Health Home Care Coordinator, service providers, and other supporting persons the member chooses. Information related to waiver services and general waiver descriptions are available to the member in the information packet they receive when they apply for the

waiver. During the service plan development, the member (or member representative) is strongly encouraged to engage in an informed choice of services, with the support of their interdisciplinary team, and must be offered choice of providers by the care coordinator. In addition, if the member chooses the self-direction option, they will also work with an Independent Support Broker to assist with development of the independent budget.

The IME Member Services Unit remains available at all times, during normal business hours, to answer questions and offer support to all Medicaid members. Further, the Member Services Unit distributes a quarterly newsletter in effort to continually educate members about services and supports that are available but may not have been identified during the service plan development process.

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

The Case Management Comprehensive Assessment (CMCA) tool, form #470-4694, is used to determine the Level of Care (LOC) of the member. The CMCA is initially completed by the member's Integrated Health Home Care Coordinator and sent into IME Medical service for a LOC determination. Annually thereafter the CMCA is completed by the member's Integrated Health Home Care Coordinator and sent to IME Medical Services for the continued stay review.

The Integrated Health Home Care Coordinator receives the level of care determination from IME Medical Services. The Integrated Health Home Care Coordinator uses information gathered from the assessment and then works with the member and family/guardian to identify individual and family strengths, needs, capacities, preferences and desired outcomes and health status and risk factors. This information is used to identify the scope of services needed through both community and waiver supports. The individual service plan is reevaluated at a minimum annually or when the member's individual needs change.

The Integrated Health Home Care Coordinator informs the member and family/guardian of all available non-Medicaid and Medicaid services including waiver services. The member and the interdisciplinary team choose services and supports that meet the members needs and preferences (based upon assessed needs and least costly alternative). All available community and family resources must be maximized before waiver services are accessed. The member and IDT have a choice of waiver services (based upon assessed needs) and waiver providers. These choices become part of the service plan. The service plan must be completed prior to service provision from a waiver provider.

The service plan shall include:

1. All Medicaid and non-Medicaid services and supports, including units, duration, and scope.
2. The funding source for each service and support.
3. The name of the service provider responsible for providing each service.
4. A goal for each service included in the plan. The plan should outline the responsibilities of the member, worker, providers and others involved in the service plan related to these goals, i.e. once the service plan is in place, the case manager shall assist with coordination of services, and follow along in the progress of the member to ensure that services continue to be appropriate and accessible.
5. Time frames and frequencies for each services.
6. Health and safety concerns which will include an emergency back up plan.

When a Integrated Health Home Care Coordinator, through monthly monitoring or otherwise made aware, learns that a member's needs have changed they coordinate with the member and IDT to arrange a meeting at a location and time that is most convenient to the member. Often this effort is made telephonically but, when that is not practical, the Integrated Health Home Care Coordinator will meet the member face-to-face to discuss a potential change in

needs and benefit of team meeting to arrange services to best suit the current status of the member.

The case manager will be responsible for coordination, monitoring, and overseeing the implementation of the service plan including Medicaid and non-Medicaid services. The IME Medical Services Unit monthly performs QA desk reviews on a statistically significant sample of CMH service plans.

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

During the evaluation/reevaluation of level of care, risks are assessed using the Case Management Comprehensive Assessment form. The assessment becomes part of the service plan. The Integrated Health Home Care Coordinator, the member, and the interdisciplinary team address any risks that are identified and develop a risk plan to mitigate risks, including the designation of appropriate service providers and natural supports available to reduce risk.

All individual service plans are required to address risks and identify emergency back up plans. Risk management and emergency backup plans are individualize to the member's assessed needs and risks. CMH waiver services are provided to support the member and their family within the member's home and community. As such, much of the risk management and emergency back up plans involve notification of the family of situations that occur involving the identified risk or emergencies. Examples include notifying the family if staff does not show up at scheduled times; injury to the member; or notifying the family of a personal crisis situation during services delivery.

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

The member is informed of their choices of providers when the services plan is developed. All available qualified providers are identified to the member and their interdisciplinary team. Members are encouraged to meet with the available providers before choosing a provider. Members are not restricted to choosing providers within their own community. Information about qualified and accessible providers is available to members through their Integrated Health Home Care Coordinator. In addition, a list of providers by geographic location is maintained on the IME website.

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

The Iowa Department of Human Services has developed a electronic system, named the Individualized Services Information System (ISIS), to support all waiver programs including the CMH waiver. The ISIS system assists the Medicaid Department and the Integrated Health Home Care Coordinator by tracking information, monitoring services, assuring services were provided, and authorizing payments on behalf of the member. The ISIS system requires the Integrated Health Home Care Coordinator to authorize the service plan in order to allow payment for services on behalf of the member. The Integrated Health Home Care Coordinator is responsible for the development of the service plan and the service plan is authorized through ISIS. (Refer to appendix A and H for ISIS system process.)

The ISIS system functions as a prior authorization system for HCBS services. Once approved in ISIS, the service plan is communicated to MMIS for payment authorization.

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- h. **Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

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

Specify the other schedule:

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

- Medicaid agency
- Operating agency
- Case manager
- Other

Specify:

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D-2: Service Plan Implementation and Monitoring

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

The Children's Mental Health waiver Integrated Health Home Care Coordinator are responsible for monitoring the member's health and welfare. They are also responsible for the following:

1. Monitoring service utilization
2. Making a face-to-face visit to the member at least quarterly and a collateral contact concerning the member at least monthly. In addition, Integrated Health Home Care Coordinators must make at least one contact per month with the member, member's representative, member's family, or service provider. IAC 90.5 states the following: The Integrated Health Home Care Coordinator shall perform activities and make contacts that are necessary to ensure the health, safety, and welfare of the member and to ensure that the service plan is effectively implemented and adequately addresses the needs of the member.
3. Developing, approving and revising the service plan in coordination with the interdisciplinary team at least annually or as member's needs change. If services have not meet the member's needs, the plan is changed to meet those needs. The effectiveness of the emergency back up plan is also addressed as the service plan is developed and revised.

The member, or their legally responsible parent or guardian, is encouraged during the time of the service plan development to call the Integrated Health Home Care Coordinator if there are any problems with either Medicaid or non-Medicaid services. The Integrated Health Home Care Coordinator will then follow up to address any service related issues.

Monitoring service utilization includes verifying:

1. That the member used a waiver service, at a minimum of once a calendar quarter
2. That the services were provided in accordance with the individual service plan

3. That the member is receiving the level of service needed.

The Iowa Department of Human Services has developed a computer program, the Individualized Services Information System (ISIS), to support waiver programs. This system assists the Medicaid Department and the Integrated Health Home Care Coordinator by tracking information, monitoring services, assuring services were provided, and authorizing payments on behalf of the member. The Integrated Health Home Care Coordinator has access to a variety of tools in ISIS to assist with monitoring, including report functionality and claims queries. Many of these tools can be used for a quick review or to regenerate a report spanning a time frame. ISIS can be accessed as frequently as desired by the Integrated Health Home Care Coordinator. ISIS allows Integrated Health Home Care Coordinators to view service plans both current and past, and paid claims history as related to accessed services. If the member is not receiving the services according to the plan of care or the services are not addressing the assessed needs, the Integrated Health Home Care Coordinator will contact the member and IDT in order to address the situation.

The IME Medical Services Unit and the HCBS specialists monitor service plans during the home and community based services quality assurance review process. During interviews, members are asked about their choice of providers and whether or not the services meet their needs. Emergency back up plans are reviewed for effectiveness.

Monitoring results are compiled by the quality assurance manager. This information is used to make recommendations for improvements and training.

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

- Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.**
- Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.**

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

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Quality Improvement: Service Plan

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

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

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

i. **Sub-Assurances:**

- a. *Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.*

Performance Measures

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

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

Performance Measure:

SP-1a: Number and percent of service plans reviewed which address the member's assessed health risks. Numerator = # of reviewed service plans addressing assessed health risks Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

Data Aggregation and Analysis:

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

| | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Responsible Party for data aggregation and analysis <i>(check each that applies):</i> | Frequency of data aggregation and analysis <i>(check each that applies):</i> |
| Specify: <input type="text"/> | |
| | <input type="checkbox"/> Continuously and Ongoing |
| | <input type="checkbox"/> Other Specify: <input type="text"/> |

Performance Measure:

SP-2a: Number and percent of service plans reviewed which address the member's assessed safety risks. Numerator = # of reviewed service plans addressing assessed safety risks Denominator = # of reviewed service plans

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

| | | |
|-----------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------|
| Responsible Party for data | Frequency of data collection/generation <i>(check each that applies):</i> | Sampling Approach <i>(check each that applies):</i> |
|-----------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------|

| collection/generation (check each that applies): | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> State Medicaid Agency | <input type="checkbox"/> Weekly | <input type="checkbox"/> 100% Review |
| <input type="checkbox"/> Operating Agency | <input checked="" type="checkbox"/> Monthly | <input checked="" type="checkbox"/> Less than 100% Review |
| <input type="checkbox"/> Sub-State Entity | <input type="checkbox"/> Quarterly | <input checked="" type="checkbox"/> Representative Sample Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other Specify: Contracted Entity | <input type="checkbox"/> Annually | <input type="checkbox"/> Stratified Describe Group: <input type="text"/> |
| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

Performance Measure:

SP-3a: Number and percent of service plans reviewed which reflect the member's assessed personal goals. Numerator = # of reviewed service plans reflecting assessed personal goals Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

Data Aggregation and Analysis:

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

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| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis (check each that applies): |
| <input type="checkbox"/> | <input type="checkbox"/> Continuously and Ongoing |
| | <input type="checkbox"/> Other Specify: |
| | <input type="checkbox"/> |

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

Performance Measures

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

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

Performance Measure:

SP-1b: Number and percent of service plans reviewed which include signature of member on the service plan. Numerator = # of reviewed service plans with member signature Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

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| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

Performance Measure:

SP-2b: Number and percent of service plans reviewed which list all services received by the member. Numerator = # of reviewed service plans listing all services Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

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|----------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Sub-State Entity | <input type="checkbox"/> Quarterly | <input checked="" type="checkbox"/> Representative Sample Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other Specify: Contracted Entity | <input type="checkbox"/> Annually | <input type="checkbox"/> Stratified Describe Group: <input type="text"/> |
| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

Performance Measure:

SP-3b: Number and percent of service plans reviewed which list all of the member's providers. Numerator = # of reviewed service plans listing all providers
Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

Data Aggregation and Analysis:

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

| | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis (check each that applies): |
| | |

Performance Measure:

SP-4b: Number and percent of service plans reviewed in which all funding sources are listed. Numerator = # of reviewed service plans listing all funding sources Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

Data Aggregation and Analysis:

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

Performance Measure:
SP-5b: Number and percent of service plans reviewed which list the amount of services to be received by the member. Numerator = # of reviewed service plans listing amounts of all services Denominator = # of reviewed service plans.

Data Source (Select one):
Record reviews, off-site
 If 'Other' is selected, specify:
Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

| | | |
|--|--------------------------------------------|--|
| | | |
| | <input type="checkbox"/> Other Specify: | |

Data Aggregation and Analysis:

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

Performance Measure:

SP-6b: Number and percent of service plans reviewed with a plan for supports available to the member in the event of an emergency. Numerator = # of reviewed service plans listing all supports available in event of emergency Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

| Responsible Party for data collection/generation (check each that applies): | Frequency of data collection/generation (check each that applies): | Sampling Approach (check each that applies): |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> State Medicaid Agency | <input type="checkbox"/> Weekly | <input type="checkbox"/> 100% Review |
| <input type="checkbox"/> Operating Agency | <input checked="" type="checkbox"/> Monthly | <input checked="" type="checkbox"/> Less than 100% Review |
| <input type="checkbox"/> Sub-State Entity | <input type="checkbox"/> Quarterly | <input checked="" type="checkbox"/> Representative Sample Confidence Interval = |

| | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Other Specify: Contracted Entity | <input type="checkbox"/> Annually | 5% <input type="checkbox"/> Stratified Describe Group: <input type="text"/> |
| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

Performance Measure:

SP-7b: Number and percent of service plans reviewed which indicate that the member was presented choice regarding the consumer choices option. Numerator = # of reviewed service plans indicating choice regarding CCO Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

| Responsible Party for data | Frequency of data collection/generation (check each that applies): | Sampling Approach (check each that applies): |
|----------------------------|--------------------------------------------------------------------|----------------------------------------------|
| | | |

| collection/generation (check each that applies): | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> State Medicaid Agency | <input type="checkbox"/> Weekly | <input type="checkbox"/> 100% Review |
| <input type="checkbox"/> Operating Agency | <input checked="" type="checkbox"/> Monthly | <input checked="" type="checkbox"/> Less than 100% Review |
| <input type="checkbox"/> Sub-State Entity | <input type="checkbox"/> Quarterly | <input checked="" type="checkbox"/> Representative Sample Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other Specify: Contracted Entity | <input type="checkbox"/> Annually | <input type="checkbox"/> Stratified Describe Group: <input type="text"/> |
| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

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

Performance Measures

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

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

Performance Measure:

SP-1c: Number and percent of service plans which are revised on or before waiver member's annual due date. Numerator = # of service plans revised prior to due date Denominator = # of service plans revisions due.

Data Source (Select one):

Program logs

IF 'Other' is selected, specify:

Reports are pulled from ISIS to illustrate the number of service plans that were revised prior to the due date. Data is inductively analyzed at a 100% level.

| | | |
|-----------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Responsible Party for data | Frequency of data collection/generation <i>(check each that applies):</i> | Sampling Approach <i>(check each that applies):</i> |
|-----------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|

| | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| collection/generation <i>(check each that applies):</i> | | |
| <input checked="" type="checkbox"/> State Medicaid Agency | <input type="checkbox"/> Weekly | <input checked="" type="checkbox"/> 100% Review |
| <input type="checkbox"/> Operating Agency | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than 100% Review |
| <input type="checkbox"/> Sub-State Entity | <input checked="" type="checkbox"/> Quarterly | <input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/> |
| <input type="checkbox"/> Other Specify: <input type="text"/> | <input type="checkbox"/> Annually | <input type="checkbox"/> Stratified Describe Group: <input type="text"/> |
| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

Performance Measure:

SP-2c: Number and percent of service plans reviewed which were revised when warranted by a change in the member's needs. Numerator = # of reviewed service plans revised when warranted by change in need Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

Data Aggregation and Analysis:

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

| | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis (check each that applies): |
| <input type="checkbox"/> Other Specify: <input type="text"/> | <input type="checkbox"/> Annually |
| | <input type="checkbox"/> Continuously and Ongoing |
| | <input type="checkbox"/> Other Specify: <input type="text"/> |

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

Performance Measures

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

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

Performance Measure:

SP-1d: Number and percent of member surveys reporting the receipt of all services identified in the plan. Numerator = # of survey respondents reporting receipt of all services in service plan Denominator = # of survey respondents

Data Source (Select one):

Analyzed collected data (including surveys, focus group, interviews, etc)

If 'Other' is selected, specify:

The IPES survey is conducted at a 95% confidence level and responses recorded in a database. Data is pulled and inductively analyzed.

| Responsible Party for data collection/generation (check each that applies): | Frequency of data collection/generation (check each that applies): | Sampling Approach (check each that applies): |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> State Medicaid Agency | <input type="checkbox"/> Weekly | <input type="checkbox"/> 100% Review |
| <input type="checkbox"/> Operating Agency | <input checked="" type="checkbox"/> Monthly | <input checked="" type="checkbox"/> Less than 100% Review |
| <input type="checkbox"/> Sub-State Entity | <input type="checkbox"/> Quarterly | <input checked="" type="checkbox"/> Representative Sample Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other | <input type="checkbox"/> Annually | |

| | | |
|-------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Specify: Contracted Entity | | <input type="checkbox"/> Stratified Describe Group: <input type="text"/> |
| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

Performance Measure:

SP-2d: Number and percent of service plan reviewed reporting the receipt of all services identified in the plan. Numerator = # of reviewed service plans reporting receipt of all services Denominator = # of reviewed service plans.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

| | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Operating Agency | <input checked="" type="checkbox"/> Monthly | <input checked="" type="checkbox"/> Less than 100% Review |
| <input type="checkbox"/> Sub-State Entity | <input type="checkbox"/> Quarterly | <input checked="" type="checkbox"/> Representative Sample Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other Specify: Contracted Entity | <input type="checkbox"/> Annually | <input type="checkbox"/> Stratified Describe Group: <input type="text"/> |
| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

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

Performance Measures

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

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

Performance Measure:

SP-1e: Number and percent of members whose enrollment indicates that a choice was offered between waiver services and institutional care. Numerator = # of member enrollments indicating choice between waiver services and institutional care Denominator = # of member enrollments.

Data Source (Select one):

Program logs

If 'Other' is selected, specify:

Data is pulled from ISIS reports to indicate that the milestone was affirmed by the case manager that choice was offered between waiver/institutional care. Data inductively analyzed.

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

Data Aggregation and Analysis:

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

Performance Measure:

SP-2e: Number and percent of experience/satisfaction survey respondents who indicate that they received a choice of waiver providers. Numerator = # of survey respondents indicating choice of provider Denominator = # of survey respondents

Data Source (Select one):

Analyzed collected data (including surveys, focus group, interviews, etc)

If 'Other' is selected, specify:

The IPES survey is conducted at a 95% confidence level and responses recorded in a database. Data is pulled and inductively analyzed.

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

| | | |
|--|--------------------------------------------------------------------|--------------------------------------------------------------------|
| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

Performance Measure:

SP-3e: Number and percent of case manager attestations found in service plan that provider choice was offered to the member during service plan development.
 Numerator = # of reviewed service plans with case manager attestations indicating choice of provider was offered to the member
 Denominator = # of reviewed service plans

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

| | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| | | <input checked="" type="checkbox"/> Representative Sample Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other Specify: Contracted Entity | <input type="checkbox"/> Annually | <input type="checkbox"/> Stratified Describe Group: <input type="text"/> |
| | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other Specify: <input type="text"/> |
| | <input type="checkbox"/> Other Specify: <input type="text"/> | |

Data Aggregation and Analysis:

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

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

The Medical Services Unit is responsible for performing quality assurance reviews of service plans for a significant sample of all waivers. These reviews look at multiple components and are graded based on the criteria applied by the reviewer. The grades are analyzed on a pass/fail scale, such that any component deficiency is indicated with a failing grade.

The HCBS Unit is responsible for conducting interviews for a significant sample of all waivers. These interviews are based on the national Participant Experience Survey but expanded to fit the diverse needs of

Iowa's waiver population. Interviews are conducted at the preference of the member, via telephone or face-to-face. At any time, the member can choose to not answer a specific question, terminate the interview process, or not participate at all. The State has programmed ISIS to capture the service worker's affirmation of member's choice between waiver and institutional services prior to service plan development.

b. Methods for Remediation/Fixing Individual Problems

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

The Medical Services Unit utilized criteria to grade each reviewed service plan component. If it is determined that the service plan does not meet the standards for component(s), the service worker is notified of deficiency and expectations for remediation. Development of a mechanism to collect service worker remediation request response is in development.

The HCBS Unit has identified questions and answers that demand additional attention. These questions are considered urgent in nature and are flagged for follow-up. Based on the responses to these flagged questions, the HCBS interviewer performs education to the member at the time of the interview and requests additional information and remediation from the service worker.

General methods for problem correction at a systemic level include informational letters, provider trainings, collaboration with stakeholders and changes in policy.

ii. Remediation Data Aggregation

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

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

c. Timelines

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

No

Yes

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

The Quality Assurance Manager has been working with the Medical Services Unit in establishing a baseline of remediation needs. Based on this, development of an access database has begun and the Quality Assurance Manager anticipates Case Managers who have had member service plans reviewed by Medical Services and require remediation and improvement will be loaded into the database and assigned to staff in the HCBS Quality Assurance Oversight Unit on a monthly basis. Remediation and improvement data elements will be captured in the database and evaluated quarterly by the Quality Assurance Manager. The database will be developed by the HCBS Quality Assurance Oversight Unit and the Quality Assurance Manager with assistance from the IME Data Warehouse. Database is anticipated to be in production January, 2014.