

## 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:*

Graduation from an accredited four-year college or university; or the equivalent of four years of full-time technical work experience involving direct contact with people in overcoming their social, economic, psychological, or health problems; or an equivalent combination of education and experience substituting the equivalent of one year of full-time qualifying work experience for one year (thirty semester or equivalent hours) of the required education to a maximum substitution of four years. In addition Social workers may be required to have the following specified experience in the following areas if they are specifically working with these populations:

- Developmental disabilities – a minimum of one year full-time (or equivalent part-time) experience in delivering or coordinating services for persons with developmental disabilities (i.e., severe, chronic mental or physical impairments). Positions that meet the mental retardation background noted above will normally meet this selective area too.
- Experience in providing services and treatment to autistic children or persons with epilepsy or cerebral palsy will also qualify
- Mental retardation – a minimum of one year of full-time (or equivalent part-time) experience in delivering or coordinating services for persons with significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period.

- 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 team consists of the member, Department of Human Services Service Worker, 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 service worker or 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 member is requested to complete a Service Worker Comprehensive Assessment form up the initiation of services and yearly after that. This form gives the member to describe their restrictions and needs for service. This is separate from the level of care form completed by the physician. This form may be used to provide additional information of the level of care needs and acts to assist the member and service worker in determining what type of services are appropriate for the member and the amount to be accessed under the waiver. The member and the service worker are required to sign the form.

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-1: Service Plan Development (4 of 8)

- 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 service plan is developed by the member, the Department of Human Services Service worker and the interdisciplinary team (which consists of people chosen by the member). The service plan must be completed prior to services delivered and annually afterwards or whenever there is a significant change in the person's situation or condition. The service plan is also reevaluated at a minimum annually or when the individual needs change. The service worker receives the assessment and level of care determination from medical services. A summary of the assessment becomes part of the service plan. The service worker uses information gathered from the assessment and then works with the member to identify individual and family strengths, needs, capacities, preferences and desired outcomes and health status and risk factors. This is used to identify the scope of services needed.

The service worker informs the member of all available non-Medicaid and Medicaid services including waiver services. The service worker will also discuss with the member the self-direction option and give the member the option of self-directing services available. The member and the interdisciplinary team choose services and supports that meet the member's needs and preferences. This becomes part of the service plan. The service plan shall include:

- 1) All Medicaid and non-Medicaid services and supports
- 2) The funding source for each service and support
- 3) The name of the service provider responsible for providing the service
- 4) Who is responsible for implementing each goal on the plan. The responsibilities of the member, worker, providers and others involved in the service plan related to specific services, i.e. once the service plan is in place, the service worker 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 for each service
- 6) Health and safety concerns which will include an emergency backup plan

The services worker will be responsible for coordination, monitoring and overseeing the implementation of the service plan including Medicaid and non-Medicaid services.

If a member chooses to self-direct, the member with the help of a service worker needs to identify who will be providing independent support broker services. This will also become part of their service plan. The independent support broker helps the member's plan for their individual budget, which will be separate from the service plan. Please see Appendix C3 for a description of duties performed by the Independent Support Broker.

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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 Health and Disability Functional Assessment Tool. A summary of the assessment becomes part of the service plan and the service worker and the member and the interdisciplinary team addresses any risks as part of the service plan development and the plan to mitigate risk including appropriate service providers available to reduce risk. All service plans must include a plan for emergencies and identification of the supports available to the member in an emergency. Emergencies are those situations for which no approved individual program plan exists and which, if not addressed, may result in injury or harm to the member or other persons or significant amounts of property damage. Emergency plans shall be developed on the following basis:

- 1) Providers must provide for emergency, back-up staff in applicable services
- 2) Interdisciplinary teams must identify in the service plan, as appropriate for the individual member health and safety issues based on information gathered prior to the team meeting, including a risk assessment. This information shall be incorporated into the service plan.
- 3) The team will identify an emergency backup support and crisis response system to address problems or issues arising when support services are interrupted or delayed, or the individual's needs change.

Personal Emergency Response is an available service under the waiver and it is encouraged that this service be used as part of emergency backup plan when a scheduled support worker does not appear. Other providers may be listed on the service plan as source of back up as well. All members choosing the self-direction option will sign an individual risk agreement that permits the participant to acknowledge and accept certain responsibilities for addressing risks.

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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.

This is part of the interdisciplinary team process when the service 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 community. Information about qualified and accessible providers is available to members through their service workers and the Iowa Medicaid Enterprise (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 computer program named the Individualized Services Information System (ISIS) to support HCBS programs. This system assists the Medicaid Department with tracking information, and monitoring and approving the service plan. This system requires the services worker or case manager to give the authority to make payments on behalf of the member. There are certain points in ISIS process that require contacting the designated Iowa Department of Human Services central office personnel. The service worker is responsible for the development of the service plan and the the service plan authorized through ISIS, which is the Medicaid agency. (Refer to appendix A and H for ISIS system processes.)

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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:*

Iowa Department of Human Service service worker

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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 Iowa Department of Human Services Service Workers are responsible for the monitoring of the implementation of the service plan and the health and welfare of the member. They are responsible for the following:

- 1) Monitoring service utilization
- 2) Making a face to face visit to the member at least annually
- 3) Participating in the development and approval of the service plan in coordination with the interdisciplinary team at least annually or as needs change. If services have not been meeting member's needs the plan is changed to meet

those needs. The effectiveness of the emergency backup plan is also addressed as the service plan is developed.

The member is encouraged during the time of the service plan development to call the service worker if there are any problems with either Medicaid or non-Medicaid services. The service worker will then follow up to solve any problems. Monitoring service utilization includes:

- 1) Verifying that the member used the waiver service at least once a calendar quarter
- 2) That the services were provided in accordance with the plan
- 3) That the member is receiving the level of service needed.

The Iowa Department of Human Services has developed a computer program named the Individualized Services Information System (ISIS) to support waiver programs. This system assists the Medicaid Department and the service worker with tracking information, monitoring services, assuring services were provided and authorizing payments on behalf of the member. If the member is not receiving the services according to the plan or not receiving the services needed the service worker will contact the member and as necessary other interdisciplinary team members and providers immediately.

HCBS specialists monitor the health and welfare, service plan implementation, and service worker involvement during the home and community quality assurance review process. Members are asked about their choice of provider, whether or not the services are meeting their needs, whether staff and care coordinators are respecting their choice and dignity, if they are satisfied with their services and providers, or whether they feel safe where they receive services and live. HCBS specialists also review the effectiveness of emergency back-up and crisis plans. These components are monitored through quality oversight reviews of providers, member satisfaction surveys, complaint investigation, and critical incident report follow-up. All providers are reviewed at least once over a five year cycle and members are surveyed at a 95% confidence level. Information about monitoring results are compiled by the HCBS Quality Oversight Unit on a quarterly basis. This information is used to make recommendations for improvements and training.

The Medical Services Unit also conducts quality assurance reviews of member service plans at a 95% confidence level. These reviews focus on the plan development, implementation, monitoring, and documentation that is completed by the service worker or care coordinator. All service plans reviewed are assessed for member participation, whether the member needs are accurately identified and addressed, the effectiveness of risk assessments and crisis plans, participant access to waiver and non-waiver services, as well as coordination across providers to best serve the member's needs. Information about monitoring results are compiled by the Medical Services Unit on a quarterly basis. 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 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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity  | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |
|   | <input type="checkbox"/> Continuously and Ongoing                  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    |
|   | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/> |   |

**Data Aggregation and Analysis:**

|                                   |  |
|-----------------------------------|--|
| <b>Responsible Party for data</b> | <b>Frequency of data aggregation and</b> |
|-----------------------------------|--|

|  |  |
|--|--|
| <b>aggregation and analysis (check each that applies):</b>         | <b>analysis(check each that applies):</b>                          |
| <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<br>Specify:<br><input type="text"/> | <input type="checkbox"/> Annually                                  |
|  | <input type="checkbox"/> Continuously and Ongoing                  |
|  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/> |

**Performance Measure:**

**SP-2a: Number and percent of service plans 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.**

| <b>Responsible Party for data collection/generation (check each that applies):</b> | <b>Frequency of data collection/generation (check each that applies):</b> | <b>Sampling Approach (check each that applies):</b>                                   |
|--|---|---|
| <input 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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity         | <input type="checkbox"/> Annually   | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |
|  | <input type="checkbox"/> Continuously and Ongoing                         | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    |
|  | <input type="checkbox"/> Other  |   |

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

**Performance Measure:**

**SP-3a: Number and percent of service plans 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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity  | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified Describe Group:                                   |

|  |   |  |
|--|---|--|
|  |   |  |
|  | <input type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other<br>Specify: |
|  | <input type="checkbox"/> Other<br>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<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <input type="checkbox"/> Annually  |
|  | <input type="checkbox"/> Continuously and Ongoing  |
|  | <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

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

**Performance Measures**

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

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

**Performance Measure:**

**SP-1b: Number and percent of service plans 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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity  | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |
|   | <input type="checkbox"/> Continuously and Ongoing                  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    |
|   | <input type="checkbox"/> Other<br>Specify:<br><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<br>Specify:<br><input type="text"/>             | <input type="checkbox"/> Annually                                     |
|  | <input type="checkbox"/> Continuously and Ongoing                     |
|  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>    |

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**Performance Measure:**

**SP-2b: Number and percent of service plans 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                             |
| <input type="checkbox"/> Sub-State Entity                                   | <input type="checkbox"/> Quarterly                                 | <input checked="" type="checkbox"/> Representative Sample<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity  | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |
|   | <input type="checkbox"/> Continuously and Ongoing                  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    |
|   | <input type="checkbox"/> Other<br>Specify:<br><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                                     |

|  |  |
|--|--|
| Specify:<br><input style="width: 95%; height: 20px;" type="text"/> |  |
|  | <input type="checkbox"/> Continuously and Ongoing  |
|  | <input type="checkbox"/> Other<br>Specify:<br><input style="width: 95%; height: 20px;" type="text"/> |

**Performance Measure:**

**SP-3b: Number and percent of service plans 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<br><i>(check each that applies):</i> | Frequency of data collection/generation<br><i>(check each that applies):</i>                         | Sampling Approach<br><i>(check each that applies):</i>   |
|---|--|--|
| <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<br>Confidence Interval = 5%                            |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity            | <input type="checkbox"/> Annually  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input style="width: 95%; height: 20px;" type="text"/> |
|   | <input type="checkbox"/> Continuously and Ongoing  | <input type="checkbox"/> Other<br>Specify:<br><input style="width: 95%; height: 20px;" type="text"/>             |
|   | <input type="checkbox"/> Other<br>Specify:<br><input style="width: 95%; height: 20px;" type="text"/> |  |

**Data Aggregation and Analysis:**

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

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

**Performance Measure:**

**SP-4b: Number and percent of service plans 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.**

| <b>Responsible Party for data collection/generation (check each that applies):</b> | <b>Frequency of data collection/generation (check each that applies):</b> | <b>Sampling Approach (check each that applies):</b>                                   |
|--|---|---|
| <input 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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity         | <input type="checkbox"/> Annually   | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |
|  | <input type="checkbox"/> Continuously and Ongoing                         | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    |
|  | <input type="checkbox"/> Other<br>Specify:                                |   |

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

**Performance Measure:**

**SP-5b: Number and percent of service plans 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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity  | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |

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

**Performance Measure:**

**SP-6b: Number and percent of service plans 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 = 5%   |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/> |
|  | <input type="checkbox"/> Continuously and Ongoing                  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>             |
|  | <input type="checkbox"/> Other<br>Specify:<br><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<br>Specify:<br><input type="text"/>             | <input type="checkbox"/> Annually                                     |
|  | <input type="checkbox"/> Continuously and Ongoing                     |
|  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>    |

**Performance Measure:**

SP-7b: Number and percent of service plans 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 collection/generation | Frequency of data collection/generation (check each that applies): | Sampling Approach (check each that applies): |
|--|--|--|
|  |  |  |

|  |  |   |
|--|--|---|
| <i>(check each that applies):</i>  |  |   |
| <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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |
|  | <input type="checkbox"/> Continuously and Ongoing                  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    |
|  | <input type="checkbox"/> Other<br>Specify:<br><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<br>Specify:<br><input type="text"/>                    | <input type="checkbox"/> Annually  |
|   | <input type="checkbox"/> Continuously and Ongoing                            |
|   | <input type="checkbox"/> Other<br>Specify:<br><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 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<br>Confidence Interval =<br><input type="text"/> |
| <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>          | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>                  |
|   | <input type="checkbox"/> Continuously and Ongoing                  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                              |
|   | <input type="checkbox"/> Other<br>Specify:<br><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 type="checkbox"/>   | <input type="checkbox"/>  |

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

**Performance Measure:**  
**SP-2c: Number and percent of service plans 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.**

| <b>Responsible Party for data collection/generation (check each that applies):</b> | <b>Frequency of data collection/generation (check each that applies):</b> | <b>Sampling Approach (check each that applies):</b>                                   |
|--|---|---|
| <input 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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity         | <input type="checkbox"/> Annually   | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |
|  | <input type="checkbox"/> Continuously and Ongoing                         | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    |
|  | <input type="checkbox"/> Other<br>Specify:                                |   |

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**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<br>Specify:<br><div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <input type="checkbox"/> Annually   |
|   | <input type="checkbox"/> Continuously and Ongoing   |
|   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

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

**Performance Measures**

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

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

**Performance Measure:**

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

**Performance Measure:**

SP-2d: Number and percent of service plan reviews 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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity  | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |
|   | <input type="checkbox"/> Continuously and Ongoing                  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    |
|   | <input type="checkbox"/> Other<br>Specify:<br><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<br>Specify:<br><input type="text"/>             | <input type="checkbox"/> Annually                                     |
|  | <input type="checkbox"/> Continuously and Ongoing                     |
|  | <input type="checkbox"/> Other<br>Specify:<br><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<br>(check each that applies): | Frequency of data collection/generation<br>(check each that applies): | Sampling Approach<br>(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<br>Confidence Interval =<br><input type="text"/> |
| <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>             | <input type="checkbox"/> Annually                                     | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>                  |
|  | <input type="checkbox"/> Continuously and Ongoing                     | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                              |
|  | <input type="checkbox"/> Other<br>Specify:<br><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<br>Specify:<br><input type="text"/>             | <input type="checkbox"/> Annually                                     |
|  | <input type="checkbox"/> Continuously and Ongoing                     |
|  | <input type="checkbox"/> Other<br>Specify:<br><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<br>Confidence Interval = 5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity  | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>        |
|   | <input type="checkbox"/> Continuously and Ongoing                  | <input type="checkbox"/> Other<br>Specify:  |

|  |  |  |
|--|--|--|
|  |  |  |
|  | <input type="checkbox"/> <b>Other</b><br>Specify:<br><input style="width: 100%;" 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"/> <b>State Medicaid Agency</b>                               | <input type="checkbox"/> <b>Weekly</b>   |
| <input type="checkbox"/> <b>Operating Agency</b>   | <input type="checkbox"/> <b>Monthly</b>  |
| <input type="checkbox"/> <b>Sub-State Entity</b>   | <input checked="" type="checkbox"/> <b>Quarterly</b>   |
| <input type="checkbox"/> <b>Other</b><br>Specify:<br><input style="width: 100%;" type="text"/> | <input type="checkbox"/> <b>Annually</b>   |
|  | <input type="checkbox"/> <b>Continuously and Ongoing</b>                                       |
|  | <input type="checkbox"/> <b>Other</b><br>Specify:<br><input style="width: 100%;" 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 utilizes 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 Quality Oversight 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 training, collaboration with stakeholders and changes in policy.

**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 services 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 Quality Oversight 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 training, collaboration with stakeholders and changes in policy.

ii. **Remediation Data Aggregation**

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

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