Appendix D: Participant-Centered Planning and Service Delivery

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

State Participant-Centered Service Plan Title:
Individualized Family Service Plan, or IFSP.

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)**
- [x] **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:

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (2 of 8)

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

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

◉ **Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.**

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

The Family Support Specialist (FSS) providing Waiver funded Children's Case Management (WCCM) may also provide Program Design and Monitoring, based on the choice of the family. The option of choosing a new case management service provider is reviewed initially and annually on the Waiver 5 Freedom of Choice form.

If the family opts to choose agency based FSS services, the agency may provide other autism waiver services to the child or family, at the request of the family. The option of choice of provider is made available to the recipient and family via the Waiver 5 Freedom of Choice form, and in the information provided in the waiver enrollment packet. Families always retain the option of requesting the services of a new case manager when desired, either from the same agency, from a different agency, or from an individual WCCM with a DDP contract. Families may always port their resource allocations to a new service provider. To reduce the potential for conflict of interest when parents choose to have their case management agency provide other waiver funded supports to the child and family, the following protections apply:

1. The parents have the right to approve or deny any of the planning meeting (IFSP) outcomes.
2. The W-5 freedom of choice form is reviewed with the parents annually by the DDP QIS. This form and the W-5 addendum section helps ensure that parents understand their choices related to services, providers and dispute resolution/fair hearing rights. The W-5 form specifies that parents retain the right to request a fair hearing at any time.
3. Annual consumer satisfaction surveys are sent to all families by C&F provider staff. These results are summarized in the DDP QA Review Report. 100% of families in the CAW participate in this survey.
4. 100% of plans of care (IFSP) are reviewed and approved by the DDP QIS.
5. Choice of provider is clearly spelled out in the notification letter from the DDP central office upon an applicant's selection for waiver services. The notification letter will also include contact information for the Developmental Disabilities Program (DDP) Children's Waiver Specialist, if information is needed or desired from a DDP central office staff person.
6. C&F providers have their dispute resolution processes and protocols reviewed annually by the DDP QIS, as part of the DDP annual QA review process of provider policies. Provider policies specify that parents can to go straight to the fair hearing process, if desired.
7. Prior authorization by the DDP Regional Manager will be needed in 100% of all cases when the staff person providing WCCM to a child will also be providing the PDM service to the same child. Prior to approving this arrangement, the RM or designee will contact the child's parent to ensure their service provider options are fully understood. Parental understanding of the right to choose another person to provide their PDM service, and/or to choose another individual or another agency provider to provide their PDM service or WCCM will be ensured.

Appendix D: Participant-Centered Planning and Service Delivery
D-1: Service Plan Development (3 of 8)

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.

Notification of the planning meeting is sent by the case manager to the parents (unless parental contact with the child has been limited by a judge) and representatives of other agencies involved in, or providing services to, the child and family. Family members and/or primary caregivers are actively involved in the selection of the assessments to be completed by the FSS, based on the needs and desires of the family and child. Meeting attendees include any persons requested or approved by the family. Written input and recommendations from persons who cannot attend is reviewed on or before the meeting. The parents have the authority to approve or deny any of the planning meeting outcomes.

Participation in the Children's Autism Waiver will require a general willingness on the part of the parent(s) to support the goals and objectives specific to the child's disability-related training needs. The training needs of the child may involve the education of the parents and others in terms of the specific training and interaction protocols likely to be the most beneficial to the child. The parent has the authority to veto the plan of care in terms of any or all of the document content. Ultimately, positive outcomes for the family and the child are contingent upon the cooperation of all planning team members in working together toward mutually agreed upon goals.

Appendix D: Participant-Centered Planning and Service Delivery
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 Family Support Specialist (FSS)providing case management schedules an annual meeting with persons who play a role in the lives of the recipient and family. The parents determine who will be invited to the meeting by the FSS. School personnel may be invited at the request of the parents. Although meetings must be scheduled annually, and a review meeting is held once each year between the annual meetings, a planning meeting may be called at any time for any reason by any person who plays a role in the life of the child.

Child and family service providers review a variety of assessments depending on the identified needs of the child and family. OT, PT, speech and other therapy assessments based on the needs of the child are completed by licensed professionals who accept Medicaid reimbursement. Access to, and the use of multiple assessments helps ensure that plans of care meet the individualized needs of the child. Children with sensory impairments (e.g., vision or hearing impaired), behavior problems, specific medical conditions (e.g., spastic quadriplegia) and other specific disabilities are assessed with instruments specific to and appropriate for children with these and other disabilities.

Health and medical information is reviewed, based on dental, vision, auditory, health, nutritional and other medically-related assessments and the recommendations from medical professionals. School assessments and recommendations may be requested and incorporated in the plan. Social/behavioral, motor, cognitive learning and self-help assessments are generally completed by an agency staff person and are often assigned to the FSS working directly with the primary care giver. Comprehensive evaluation and diagnostic (E&D) assessments and/or evaluations will be required for all children entering the Children's Autism Waiver, since initial eligibility is the responsibility of the E&D team. The E&D evaluations and and assessments specific to referred children at risk of

ASD is available on a statewide basis via a DDP State General Fund contract with three statewide E&D contractors.

Evaluation results from the E&D contractor are critically important in generating prescriptive recommendations for the child's planning team. E&D evaluations may include recommendations based on assessments and evaluations completed by licensed speech therapists, occupational therapists, physical therapists, pediatric physicians, clinical psychologists and other professionals, as needed. Children in this waiver may also require prescriptive training recommendations based on inappropriate behavior.

The assessment tools used by child and family (C&F) service providers in preparation for the plan of care meeting (the individualized family services plan, or IFSP) are selected based on the needs of the child. Copies of various assessments and the IFSP planning documents used by C&F providers are available upon request. The written training protocols most likely to help the child achieve goals set by the planning team guide the activity of the staff person providing the Program Design and Monitoring (PDM) service.

The family is asked by the case manager how the service system can best help them. In addition, the family needs to understand and fully cooperate with the formal training effort to help the child maximize his/her developmental growth during the three waiver enrollment span. This approach- how best to help the child and the family- forms the basis of the assessments completed or coordinated by the case manager and the staff person providing Program Design and Monitoring, if different than the case manager. In addition to various assessments, the outcome of medical appointments are reviewed and the need for new medical appointments are discussed to help ensure the provision of necessary generic and specialized health services. Again, all goals and objectives in the planning document are subject to the approval of the family.

Many of the resource objectives coordinated by the FSS are not waiver-funded. Specifically, many of these resources are funded under the State Plan, through Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT), through private health insurance, through the public education system, the Office of Public Asssistance (OPA) or through other resource agencies potentially available to the family. Often, the family is unaware of all the resources they may be eligible to receive prior to entering waiver services. The level of training and experience necessary for the FSSs to provide a competent level of case management to the family is best understood by reviewing the FSS certification requirements, as outlined in The Certification Handbook, A Guide for Montana's Family Support Specialists. The certification process is outcome-based and helps ensure a very high quality of service in the agency delivery of services to children served in this waiver.

The Individualized Family Service Plan (IFSP) forms used by C&F agencies have commonality in listing the desired outcomes, person(s) responsible, the start dates and the expected completion dates. These objectives are generally split into the categories of child focused, family focused and resource/support coordination. The parent may not consent to all the recommendations, and retains the authority to approve or reject any of the recommendations and meeting outcomes. The outcomes specifically approved by the parent/guardian/surrogate are documented, signed and dated on a parent consent form. The planning document is the basis of services to the family and child for the year.

All families with a child in the Children's Autism Waiver meet with their planning teams every six months after the initial IFSP (one initial and one review meeting is held annually). Outcomes and progress on the previously assigned objectives is documented at the review meetings. Frequently, additional meetings or face-to-face visits are held in response to family request. The planning document is modified, as needed, and remains a "working document" until the next scheduled IFSP. The need for special meetings may also be called by the case manager or other persons acting on behalf of the child if changes are needed in the formal training effort. The need for these meetings could be based on routine reviews of the progress data, or at the request of a parent based on his or her concerns.

C&F providers have various policies governing the internal review and monitoring of the performance of the FSS serving to ensure successful child and family outcomes. Often, a sample of IFSPs and FSS case notes are reviewed by the agency lead person designated for this activity. In addition, a supervisor may schedule a home visit with a family to review how things are working out with the assigned FSS. Finally, annual consumer evaluations are sent to every family served by the agency and a very high percentage of these evaluation forms are returned. All of these steps help ensure a high level of customer satisfaction. The DDP's formal QA review process used by the DDP QIS in verifying compliance with DDP requirements is available upon request.

Requirements related to the delivery of DD waiver-funded children's service are detailed in code, rule and DDP and provider policies, and Appendix B of the DDP contract. The relevant codes and rules may be viewed via the State of Montana home page via internet web links to legal resources. Policies are maintained by service provider agencies

and the DDP policies are maintained in the DDP satellite, regional and central offices and are available upon request. Some of the codes, rules and policies governing this section developed for children served in Montana's Comprehensive Services DD Waiver, and that apply to the Children's Autism Waiver, include:

1. Policies and Procedures For Intensive Family Education and Support Services.
2. Montana's Comprehensive Evaluation Process for Child and Family Services
3. ARM 37.34.201, 37.34.208, 37.34.266, 37.34.602, 37.34.604, 37.34.609, 37.34.609, 37.34.612, 37.34.613, 37.34.616, 37.34.901 and 37.34.2106
4. MCA 53-20-201 through 53-20-205 and 53-20-209
5. The FSS Certification Handbook.

The DDP waiver 5 Freedom of Choice Form is used to ensure that all waiver recipients understand their right to choose services, providers of those services, and fair hearing rights. This form, and the accompanying waiver 5 addendum form are available upon request from the Developmental disabilities Program.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (5 of 8)

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.

Assessments of risk are related to two broad areas:

1. Identification of risk factors linked to the increased potential for the abuse, neglect or exploitation of the child.
2. Identification of risk factors, which, if not addressed, could interfere with the child's emotional, cognitive, social and physical development.

Risk Mitigation in Children's Autism Waiver Services:

The FSS or assigned agency staff person maintains evaluation and diagnostic information, for all children found eligible to receive Children's Autism Waiver services. When there is a service opportunity available for the waiver, the selection of a particular child is based on an electronic drawing as described in Appendix B. Once a child is enrolled in the waiver, this information is shared with the child's family and family services provider selected by the family to provide Waiver services. These evaluation and diagnostic materials will help guide the decision making of team members in the setting of formal goals and objectives.

Ongoing Child and Family (C&F) Services are based on planning meeting assessments previously mentioned. All C&F agency staff are mandatory reporters of suspected abuse, neglect or exploitation; families are informed of this prior to the initiation of service.

Back up support to families is available via on call systems linking them to the assigned agency staff person (s). The details regarding back up strategies represent a significant portion of the qualified provider application process. Provider success in ensuring that back up staff are available is reviewed in the consumer statisfaction surveys completed by the DDP QIS.

It should be noted that the primary thrust of the Children's Autism Waiver is not to supplement the supervision and support provided to a child by parents and other family members. Rather, the waiver is designed to optimize the child's social, communication and behavioral development. Seamless access to back up training staff will be necessary to ensure the child's training plan is maintained in the absence of staff responsible for the ongoing training effort.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

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.

Initial Notification of Choice of Qualified Providers

After a child has been found eligible, placed on the waiting list, and selected via a random drawing for a service opportunity, the family will be informed of their service options via a formal notification protocol from the DDP Central Office Liaison. Notification will include a telephone call, an e-mail letter (if the family has an e-mail address) and a hard copy letter to the child's parents.

The e-mail letter and the hard copy letter will be based on generic statewide language, applicable to all families. Content of the letter will include:

1. A Montana state map split into the 56 counties. Providers authorized to provide services in these counties will be listed within the county borders. Contact information for all autism waiver service providers will be included in the notification letter. The family will be encouraged to contact all available autism waiver service providers for information and/or to schedule a visit with provider representatives.

2. Application for Medicaid via the Montana's expedited Social Security Administration's expedited review process (MEDS) if the child is not currently eligible. Please review Appendix B:6.b. language regarding assistance provided to the parents regarding the expedited MEDS review process designed to ensure timely Medicaid eligibility determinations.

3. General timeframes associated with the parent's selection of a case manager, waiver enrollment, the initial plan of care, initiation of services, the development of a formal treatment program and the initial onsite level of care review attended by the DDP QIS, Foundation nurse and the assigned case manager.

4. A brief generic description of the Children's Autism Waiver, services available, the plan of care process, treatment plan and training options, and other general information helpful in establishing the parents' orientation to the events that will take place in the first year of service.

5. Contact information for the E&D intake worker if the family has any questions. The intake worker will follow up with the family in 5 business days after the initial notification telephone call to the family to ensure the family is getting the help they need.

Following the Selection of a Provider:

The DDP QIS meets with the parent(s) as part of the initial LOC home visit and reviews the Waiver 5 Freedom of Choice form with the family. This form and the addendum to the W-5 form ensure that families understand their right to choose services based on assessed needs and the providers of those services. Choice of service and choice of provider are ongoing options available to all children and families served in the waiver.

The initial Individualized Family Services Plan (IFSP) meeting is held within 30 days of the waiver start date, as specified on the DDP 55 form and entered on the waiver TEAMS screen maintained by Public Assistance Bureau staff.

The Community Services Provider Directory with contact information for all DD providers and DDP staff is maintained on the DDP website, and is updated annually. DDP also maintains current e-copies of the DD Waivers at the DDP website. If families have a question regarding available services and providers, the information is readily available. The Waiver 5 Freedom of Choice form is the principle document to ensure that families with children served in the Children's Autism Waiver understand their rights as recipients of 1915C waiver service recipients.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (7 of 8)

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):.

In children's services, the Individualized Family Service Plan (IFSP) is made available to the DDP QIS assigned to the child and family (C&F) service provider agency following the planning meeting. The DDP QIS reviews 100% of the IFSP plans, and either approves the plan by signing off on it, or follows up with the case manager if there are problems. The C&F provider will implement the plan unless the DDP QIS contacts the assigned case manager. The following ARM applies:

37.34.917 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: INDIVIDUAL PLANS OF CARE (1) Individual plans of care for recipients of medicaid home and community services must:
(a) conform with ARM 46.8.105 or alternative procedures approved by the department;
(b) include a description of each service to be provided, the frequency of those services, and the type of provider; and
(c) include the projected annualized costs of each service.
(2) The individual plan of care must be reviewed and approved by the department. (History: Sec. 53-2-201, 53 6 113, 53-6-402 and 53-20-204, MCA; IMP, Sec. 53-2-201, 53 6-101, 53-6-402 and 53-20-205, MCA; NEW, 1992 MAR p. 1490, Eff. 7/17/92; TRANS, from SRS, 1998 MAR p. 3124.)

Appendix D: Participant-Centered Planning and Service Delivery

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

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):*

- [x] **Medicaid agency**
- [ ] **Operating agency**
- [x] **Case manager**
- [ ] **Other**

Specify:

Appendix D: Participant-Centered Planning and Service Delivery

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.

Children's Autism Waiver Services:

The Family Support Specialist is responsible for developing, implementing and monitoring the annual Individual Family Service Plan (IFSP), and the monitoring of the participant's health and welfare, in accordance with the definition of waiver-funded children's case management (WCCM). Review and follow up with the IFSP occurs at the six month IFSP review meeting.

The autism training plan is separate and distinct from the IFSP plan of care. The training plan consists of the specific written training strategies and protocols developed by the Family Support Specialist with an Autism Endorsement, or a Board Certified Behavior Analyst. The training plan is based on the training goals and objectives specified in the IFSP. The IFSP references the need for specific training outcomes and objectives based on the child's assessed needs, and does not provide the detailed training protocols of the training plan . The training plan is the document serving to guide the behavior of the child's direct training staff (the Children's Autism Trainer) and others who interact with the child, for the purpose of achieving the specified training outcomes. Outcomes could include increased performance in the areas of receptive and expressive communication, increased skills in activities of daily living or decreased rates of inappropriate behaviors. The treatment plan is modified as needed, based on the review of program data and the program modification/graduation/termination criteria.

In general, the monitoring of the IFSP objectives is as follows:

The child's case manager is required to conduct a face to face visit with the child and parent (or guardian, if different) in the child's residential setting on a monthly basis. This requirement is specified in Surveillance and Utilization Review (SURS) review language. The case manager is required to schedule the IFSP Review approximately six months following the annual planning meeting. This review is conducted for all children served in the waiver.

The Family Support Specialist with an Autism Endorsement or the Board Certified Behavior Analyst providing the Program Design and Monitoring service will visit with the Children's Autism Trainer, the child's parent or guardian for the purpose of conducting data reviews and evaluating training progress at no less than monthly (30 day) intervals.

Data reviews and home visits may be more frequent for a variety of reasons, including the request for additional visits by the child's parents or legal guardian.

The DDP QIS approves the plans of care as part of the IFSP approval protocol, in accordance with the review requirements outlined in Montana's Comprehensive Evaluation Process for Child and Family Services. The DDP IFSP review checklist establishes if the IFSP is conducted in accordance with policy and Administrative Rules, and if assigned activities were implemented and/or completed. Problems noted in either area could result in a Quality Assurance Observation Sheet. In this case, the problem would be identified and hopefully resolved in accordance with mutually agreed upon remediation activities to be completed within specified timeframes.

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:*

Children's Waiver Services Conflict of Interest Safeguards.

The Family Support Specialists (FSS) providing case management may be individuals with a DDP contract and paid directly by the SMA, or may employed by child and family service provider agencies. These Child and Family agencies may provide (directly or via subcontracts) all the waiver-reimbursed services to children served in the Children's Autism Waiver. As previously noted, the FSS is primarily responsible for the development, implentation and the monitoring the progress of the IFSP and many of the IFSP service objectives are assigned to the FSS. The parents may choose to have the Program Design and Monitoring (PDM) service (the development, implementation and monitoring of the written training protocols used by the Children's Autism Trainer) provided by the same staff person who is providing case management services to the family. The following safeguards help ensure that families understand their options and choices in the provision of waiver services:

1. The parents have the right to approve or deny any of the planning meeting (IFSP) outcomes.
2. The W-5 freedom of choice form is reviewed with the parents annually by the DDP QIS. This form and the W-5 addendum section helps ensure that parents understand their choices related to services, providers and dispute resolution/fair hearing rights. The W-5 form specifies that parents retain the right to request a fair hearing at any time.
3. Annual consumer satisfaction surveys are sent to all families by C&F provider staff. These results are summarized in the DDP QA Review Report. 100% of families in the CAW participate in this survey.
4. 100% of plans of care (IFSP) are reviewed and approved by the DDP QIS.
5. Choice of provider is clearly spelled out in the notification letter from the DDP central office upon an applicant's selection for waiver services. The notification letter will also include contact information for the Developmental Disabilities Program (DDP) Children's Waiver Specialist, if information is needed or desired from a DDP central office staff person.
6. C&F providers have their dispute resolution processes and protocols reviewed annually by the DDP QIS, as part of the DDP annual QA review process of provider policies. Provider policies specify that parents can to go straight to the fair hearing process, if desired.
7. Prior authorization by the DDP Regional Manager will be needed in 100% of all cases when the staff person providing WCCM to a child will also be providing the PDM service to the same child. Prior to approving this arrangement, the RM or designee will contact the child's parent to ensure their service provider options are fully understood. Parental understanding of the right to choose another person to provide their PDM service, and/or to choose another individual or another agency provider to provide their PDM service or WCCM will be ensured.

Appendix D: Participant-Centered Planning and Service Delivery

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**
   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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:
Service plans address participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. The numerator is the number of annualized plans of care in which all service and training objectives are based on documented assessed needs. The denominator is the number of annual plan of care meetings held.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Onsite and offsite record reviews.

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):*
☑ State Medicaid Agency	☐ Weekly	☑ 100% Review
☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample Confidence Interval =
☐ Other Specify:	☑ Annually	☐ Stratified Describe Group:
	☐ Continuously and Ongoing	☐ Other Specify:
	☐ 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):*
☑ State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	☑ Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

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

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:
The State monitors annual service plans in accordance with policies and rules governing required plan of care components. The DDP review and approval of C&F IFSPs involves the use of a checklist to verify compliance with required IFSP components. The numerator is the number of annual POC checklist items marked with a "+". The denominator is the total number of IFSP checklist items.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **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):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:
Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs. The numerator is the number of IFSPs that have been modified within the previous 365 days (modified annually), based on a documented (in the plan of care) change in the child's needs. The denominator is the total number of annual service plans.

Data Source (Select one):
Other
If 'Other' is selected, specify:
record reviews, on site and off site.

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

(check each that applies):		
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **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):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:

Training plans are modified based on program modification criteria for formal training objectives specified in the POC. The numerator is the number of training plans modified at least once in accordance with the specified program modification criterion. The denominator is the number of training plans requiring modification as specified by the program modification criteria.

Data Source (Select one):
Other
If 'Other' is selected, specify:
One skill acquisition or behavior program per child will have: 1. Written program modification criterion. 2. Data to support program progress or lack thereof.

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):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **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):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**

☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:
Services are delivered in accordance with the client's individual cost plan and IFSP. The numerator is the number of annual plans for all clients for which documentation or evidence is available to support the delivery of all services and supports reimbursed in accordance with a sample monthly invoice. The denominator is the sum of all annual plans.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Provider documentation or vidence of service delivery, the ICP, the IFSP and a sample monthly invoice in AWACs.

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):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **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):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
The program design and monitoring staff visits with the children's autism trainer and parents at least monthly to review data and progress on the formal training objectives; changes may be needed. The numerator is the number of clients who received this service for a sample month. The denominator is the number of all children served in the waiver for the sampled month.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Provider documentation supporting the delivery of program design amd monitoring staff face to face contacts with the children's autism trainer and the parents.

Responsible Party for	**Frequency of data**	**Sampling Approach**

data collection/generation *(check each that applies):*	**collection/generation** *(check each that applies):*	*(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **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):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
The case manager meets with family face to face at least monthly to review the need for changes in the IFSP. The numerator is the number of clients who received this service for a sample month. The denominator is the number of all children served in the waiver for the sampled month.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Provider documentation supporting the delivery of case management staff face to face contacts with the child's parents.

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):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **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):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**

☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:
The DDP QIS reviews the Waiver-5 Freedom of Choice form with the parent of an enrolled child initially and on an ongoing basis, annually. The numerator is the number of children enrolled in the waiver with documentation in the DDP QIS LOC client files supporting the annual completion of this activity. The denominator is the number of enrolled children.

Data Source (Select one):
Other
If 'Other' is selected, specify:
The DDP Regional Manager or designee will review 100% of DDP QIS CAW files annually, and submit compliance data to the DDP waiver specialist on an annual basis.

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):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **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):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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 DDP QA review addendum specific to the Children's Autism Waiver services will be available upon request, following CMS approval of the waiver application. The methods by which the State identifies issues are detailed in the previous waiver appendices. The Quality Assurance observation Sheet (QAOS) is used on an ongoing and continuous basis to resolve issues and problems as they are discovered, as explained in previous appendices. Reviews of waiver service providers may be ongoing over the course of a year. The DDP QA Review Report summarizes the results of data gathered over a period time. Annual QA reports are generated for all waiver service providers by the DDP QIS.

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 Department's process for adressing deficits is outlined in the DDP QA Review narrative and these standards apply to the providers of children's services and providers of case management services. The outcomes of deficit findings and remediation efforts may be reviewed in QA Reports, the Quality Assurance Observation Sheets (QAOS sheets) and the program deficiencies section of the CMS 372 Reports. The QAOS sheet remains the principle document used to resolve problems and compliance issues as they arise.

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):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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.
Upon CMS approval of the children's autism waiver, DDP will implement a QA Review Section specific to and inclusive of the Appendix D performance measures. Hard copies of Excel spreadsheets will generate percent compliance data based on the performance measures. Annual DDP QA reviews of providers will also include narratives serving to summarize the numerical data contained in the excel worksheets. The QA narratives for all reviewed providers are posted on the DDP website, to enable potential service recipients and their families to make informed decisions and choices when selecting providers for waiver-funded services. Hard copies of the QA review reports, including hard copies of the worksheets, are maintained in the DDP central office.

The aggregation of statewide data based on the submittal of the worksheets to the DDP central office will begin with the DDP QIS submittal of the first QA Review. This will take place within one year of the day of the first child being enrolled in the waiver.