

**Choices for Care  
Interim Quality Plan  
On-Site Review Protocol:  
*A Guide for Agencies and Reviewers*  
March 29, 2006**

Updated May 8, 2006

**Vermont Agency of Human Services  
Department of Disabilities Aging and Independent Living  
Division of Disability and Aging Services  
Quality Management Unit**

## Table of Contents

Table of Contents .....	2
Introduction .....	3
Step 1: Sample Selection .....	3
Step 2: Notification and Scheduling .....	3
Step 3: Participant Experience Survey .....	3
Step 4: Record Review.....	4
Step 5: Focus Groups with Direct Service Staff .....	4
Step 6: Focus Group with Key Agency Staff .....	4
Step 7: Quality Services Reporting and Corrective Action Plans .....	5
Step 8: Technical Assistance .....	5
Areas of Inquiry .....	5
Participant Experience Survey.....	6
Consumer Record Review .....	9
Provider Record Review .....	12
Consumer-Targeted Focus Groups .....	14
Provider-Targeted Focus Groups .....	17
Appendix A: Choices for Care Interim Quality Plan Outcomes and Indicators .....	20
Appendix B: Participant Experience Survey (PES) Questions .....	29
Appendix C: Centers for Medicare and Medicaid Services Quality Framework .....	32

## Choices for Care Interim Quality Plan On-Site Review Protocol

### Introduction

Every Home Health Care Agency, Area Agency on Aging and Adult Day Service Provider will participate in an On-Site Review. The Division of Licensing and Protection conducts reviews for Enhanced Residential Care and Nursing Home facilities. For these reasons, this document applies only to Home Health Care Agencies, Area Agencies on Aging, and Adult Day Service Providers. These reviews are conducted by the Division of Disability and Aging Services (DDAS), Quality Management Unit (QMU). Please refer to the Choices for Care Interim Quality Plan (available from the Division of Disability and Aging Services) for more information.

### Step 1: Sample Selection

The Quality Management Unit (QMU) of the Division of Disability and Aging Services (DDAS) selects a sample of Choices for Care (CFC) consumers served by the provider. The lead Quality Management Reviewer (QMR) coordinates with the DDAS Information and Data Unit (IDU) to get a report of the consumers served by the provider with the following data: Consumer Name, Case Manager Name, Diagnoses, Service Plan, Billed Hours, and the other agencies that may provide CFC services. The QMR selects a preliminary sample of no less than 10% of the provider's CFC caseload based on this data as well as input from the DDAS Individual Supports Unit. Once established, the lead QMR contacts the provider to confirm the feasibility of the sample, (i.e., Is the

consumer still being served? Are there any reasons the sample should or should not include certain individuals?).

### Step 2: Notification and Scheduling

The lead Quality Management Reviewer (QMR) informs the provider's Executive Director of the review at least one month in advance. An initial meeting is scheduled to discuss details of the review. The Executive Director may choose an agency contact person to serve as liaison in the coordination of the review process. The agency contact person is expected to facilitate, schedule, coordinate, and generally be present during the on-site review process. Scheduling review activities (consumer survey administration, record reviews, focus groups with staff) begins at the initial meeting. To accommodate staff schedules, focus groups with direct service staff can have more than one consumer as the topic, provided the direct service staff involved is the same. At the initial meeting, the sample selection is reviewed for feasibility and possibly negotiated. Within one week of the initial meeting, the agency contact person informs the sample of consumers that the QMU will be conducting the Participant Experience Survey (PES) and schedules a time for the QMR to meet with the consumer.

### Step 3: Participant Experience Survey

Within one week of agency notification of review, the agency contact informs the sample of consumers that the QMR will administer the Participant Experience Survey (PES). When a proxy is necessary for the consumer to participate in the PES, the agency contact person will

make these arrangements in collaboration with the consumer. Proxies should not be direct service staff except when a proxy is needed and there is no reasonable alternative. Scheduling QMR visits to consumers' homes for these purposes is negotiated during the initial meeting. The QMRs administer the PES to consumers before the on-site review, preferably at their homes. Consumers' responses to PES questions will inform the on-site review inquiry. QMRs are mandated reporters and are required to report any suspicion of abuse, neglect, or exploitation to Adult Protective Services. If appropriate, the provider may also be notified as well. A copy of the Participant Experience Survey is available by contacting the Quality Management Unit. Appendix B provides a list of the PES questions. See the section below entitled "Areas of Inquiry" for information with regard to the indicators and examples of questions associated with this data collection method.

### **Step 4: Record Review**

The agency contact person arranges for QMR access to consumer files, provider policies and procedures documents, certification and license documents, and other relevant program information and materials. A checklist of these items is provided to the agency contact person at the initial meeting. QMRs shall review these records on-site in a private room or office to ensure confidentiality. See the section below entitled "Areas of Inquiry" for information with regard to the indicators associated with this data collection method.

### **Step 5: Focus Groups with Direct Service Staff**

Each focus group with direct service staff (the topic of the discussion is one consumer) includes the consumer's Case Manager and other direct service staff, (but not the consumer). Each will be about ½ hour in duration. This Focus Group shall be facilitated by the QMR in a comfortable and quiet area on site. Where staff overlap in providing services to numerous consumers, these focus groups can have more than one consumer as the topic, provided direct service staff involved are the same for those consumers in the sample. See the section below entitled "Areas of Inquiry" for information with regard to the indicators and examples of questions associated with this data collection method.

### **Step 6: Focus Group with Key Agency Staff**

A focus group is facilitated by the QMR and includes the Director of the agency, agency Training Coordinator, and agency staff responsible for quality assurance/quality improvement. This focus group with key agency staff is the last component of data collection during the on-site review, and will be about one hour in duration. See the section below entitled "Areas of Inquiry" for information with regard to the indicators and examples of questions associated with this data collection method.

### Step 7: Quality Services Reporting and Corrective Action Plans

A Quality Services Report (QSR) is developed and forwarded to the agency Executive Director and agency contact person within 45 days of data collection. If findings indicate a consumer's health or safety is compromised during the review process, the agency contact person will be notified at that time. Defined within each QSR are exhibits of provider areas for improvement, each with a Priority Level assignment. Highlighted in each report are also Agency strengths. The Priority Levels are assigned by DDAS Staff and consist of the following three Levels:

- ◆ Priority Level 1: This item needs immediate attention due to a consumer in immediate jeopardy. Priority Level 1 items are included in the QSR for documentation; however, they are reported to the service provider for immediate action as soon as they are found. Documentation of follow-up by the service provider shall be furnished to the State within one week of the finding.
- ◆ Priority Level 2: This item needs considerable or moderate attention. The service provider must develop a Corrective Action Plan. Each Corrective Action Plan must address specific objective(s), a timeline, and the contact information for the person(s)

responsible for developing and implementing the plan. The State will approve the plan and re-negotiate timelines if needed.

- ◆ Priority Level 3: This item is a recommendation for best practice and requires no Corrective Action Plan.

### Step 8: Technical Assistance

Technical assistance is provided to service providers (as needed) with regard to developing and implementing Corrective Action Plans as well as in systems changes geared toward best practices and quality improvement. Priority Level 1 items will be allocated the most resources from the Division of Disability and Aging Services in terms of provision of technical assistance. Implementation of Corrective Action Plans is monitored by DDAS Quality Management Unit and Choices for Care staff.

### Areas of Inquiry

Desired outcomes, indicators, data sources, and data collection methods are defined in Appendix A. The following is a summary of these items, organized by data collection method:

***Participant Experience Survey***

<b>Participant Experience Survey</b>		
<b>Indicator</b>	<b>Data Source</b>	<b>Example Inquiry</b>
Service Provider has made concerted efforts to make intake and eligibility processes understandable.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 42-44
Consumer preferences, personal goals, needs, and abilities were gathered and used in developing the service plan.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 59-61
The assessment is updated at least annually, or at anytime there is a significant change in the individual's condition or circumstance.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 1-32
Individual indicates that services comprehensively addresses his/her needs, preferences, and goals.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 1-32
Services are provided in accordance with written service plan.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 1-32
Service providers involved with an individual consumer have regular contact to coordinate services.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 42-44
Consumers have a choice in the staff that serves them.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 36-38
Consumers are satisfied with the services they receive.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	State developed question
Services meet the Consumer's needs.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 1-32

## Choices for Care Interim Quality Plan On-Site Review Protocol

Participant Experience Survey		
Indicator	Data Source	Example Inquiry
Consumers are treated with dignity and respect.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 45-58
Individuals report satisfaction with the achievement of goals outlined in their plan.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	State developed question
Consumer needs for assistive devices or home modifications are met.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 33-35
Consumer is provided consumer-friendly information about their Medicaid due process rights on an annual basis.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Question 41
Consumer is knowledgeable of their rights to change and direct staff	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 36-38
Service Provider distributes information about the Ombudsman Program on an annual basis and Consumers understand that the Ombudsman is available to assist with complaints and appeals.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Question 41
Consumers generally express satisfaction with their services and supports.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	State developed question
Consumer, if employed, likes their job.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 62-66
Services will support individual's self-determination and independence.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 1-32
Services facilitate consumer achievement of goals as outlined in the case management plan.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	State developed question

## Choices for Care Interim Quality Plan On-Site Review Protocol

Participant Experience Survey		
Indicator	Data Source	Example Inquiry
Consumer's needs are met with regard to employment or other community involvement.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 59-66
Consumer's needs are met with regard to transportation.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	Questions 56-58

## Choices for Care Interim Quality Plan On-Site Review Protocol

### ***Consumer Record Review***

<b>Consumer Record Review</b>		
<b>Indicator</b>	<b>Data Source</b>	<b>Example Inquiry</b>
There exists a formal process for dissemination of accessible/Consumer-friendly program materials and information.	<ul style="list-style-type: none"> <li>• Provider Policies and Procedures</li> </ul>	Review of relevant policies and procedures
Service Provider has made concerted efforts to make intake and eligibility processes understandable.	<ul style="list-style-type: none"> <li>• Documentation of Assistance to Applicants.</li> </ul>	Review of Provider Case Notes
Case Manager completes ILA within 14 days of LTCCC referral.	<ul style="list-style-type: none"> <li>• ILA Date of Completion</li> </ul>	Review of ILA
Service Provider provides information about a wide variety of services available within the community.	<ul style="list-style-type: none"> <li>• Provider Case Notes</li> </ul>	Review of Provider Case Notes
Services are delivered within 7 days of receiving the LTCCC authorized service plan	<ul style="list-style-type: none"> <li>• Provider Case Notes</li> <li>• Service Plan</li> </ul>	Review of Provider Case Notes Review of ILA
Consumer preferences, personal goals, needs, and abilities were gathered and used in developing the service plan.	<ul style="list-style-type: none"> <li>• Documentation of Person-Centered Processes</li> </ul>	Review of Provider Case Notes
Case manager, together with individual, has completed a full Independent Living Assessment within 14 calendar days of receipt of clinical certification from the LTCCC. (For Moderate Needs Group, the Intake Section of the ILA is completed by the service provider, e.g., Adult Day Provider.)	<ul style="list-style-type: none"> <li>• ILA Document</li> <li>• Clinical Certification Date</li> </ul>	Review of ILA

## Choices for Care Interim Quality Plan On-Site Review Protocol

Consumer Record Review		
Indicator	Data Source	Example Inquiry
The assessment is updated at least annually, or at anytime there is a significant change in the individual's condition or circumstance.	<ul style="list-style-type: none"> <li>• ILA Document</li> <li>• Re-assessment Dates</li> <li>• Provider Case Notes</li> </ul>	Review of ILA Review of Provider Case Notes
The case management action plan addresses (a) issues and goals identified in the assessment, (b) the person(s) responsible for each task, and (c) the target date for the completion of each issue or goal.	<ul style="list-style-type: none"> <li>• ILA Document</li> <li>• Case Management Action Plans</li> <li>• Provider Case Notes</li> </ul>	Review of Case Management Action Plans Review of Provider Case Notes
The service plan is updated at the annual reassessment or more frequently if there is a significant change in the individual's condition or circumstance.	<ul style="list-style-type: none"> <li>• Service Plans</li> <li>• Provider Case Notes</li> </ul>	Review of service plans Review of Provider Case Notes
Service provider planning uses person centered practices and responds holistically to individual needs.	<ul style="list-style-type: none"> <li>• Service Plans</li> <li>• Documentation of Person-Centered Processes</li> <li>• Provider Case Notes</li> </ul>	Review of service plans Review of consumer file
Face-to-face visits are made to the participant once per month and every other month at the participant's home to monitor efficacy of the service plan.	<ul style="list-style-type: none"> <li>• Provider Case Notes</li> </ul>	Review of Provider Case Notes
Case manager regularly collaborates among all service providers to monitor progress, problems, or change of participant status.	<ul style="list-style-type: none"> <li>• Provider Case Notes</li> </ul>	Review of Provider Case Notes
Service Plan reflects Consumer needs for safety and welfare.	<ul style="list-style-type: none"> <li>• Service Plan</li> </ul>	Review of Service Plan

## Choices for Care Interim Quality Plan On-Site Review Protocol

Consumer Record Review		
Indicator	Data Source	Example Inquiry
Informed Consent and Risk Agreement documents promote Consumer independence and safety.	<ul style="list-style-type: none"> <li>• Informed Consent and Risk Agreements</li> </ul>	Review of Consent and Risk Agreements
During home visits, (no less than every 2 months) the Case Manager discusses and makes appropriate referrals (i.e.: for home repair, cleaning, pest extermination, etc.) when consumer living arrangements indicate significant safety or health issues.	<ul style="list-style-type: none"> <li>• Provider Case Notes</li> <li>• ILA</li> </ul>	Review of Provider Case Notes Review of ILA
Consumer needs for assistive devices or home modifications are met.	<ul style="list-style-type: none"> <li>• ILA</li> <li>• Service Plan</li> </ul>	Review of ILA Review of service plans

## Choices for Care Interim Quality Plan On-Site Review Protocol

### ***Provider Record Review***

<b>Provider Record Review</b>		
<b>Indicator</b>	<b>Data Source</b>	<b>Example Inquiry</b>
Case Managers are certified and have received 20 hours of training each year where applicable.	<ul style="list-style-type: none"> <li>• Case Manager Staff File</li> </ul>	Review of certification and training documentation from Case Manager staff files
Staff training programs are offered and required training is provided.	<ul style="list-style-type: none"> <li>• Training schedules</li> </ul>	Review of training schedules
Individual-specific training is provided to caregivers.	<ul style="list-style-type: none"> <li>• Training schedules</li> </ul>	Review of training schedules
Service provider has CIR policies and implements procedures to collect, report, and respond to critical incidents.	<ul style="list-style-type: none"> <li>• Provider Policies and Procedures</li> <li>• Critical Incident Reports</li> </ul>	Review of relevant policies and procedures Review of critical incident reports
Service provider follows DDAS Background check policy for all Caregivers.	<ul style="list-style-type: none"> <li>• Background Checks</li> </ul>	Review of documentation of background check policy compliance
Staff is trained in ways to reduce and assess Consumer risk.	<ul style="list-style-type: none"> <li>• Provider Policies and Procedures</li> </ul>	Review of relevant policies and procedures
Documentation exists with regard to proactive steps in safeguarding consumers, preventing accidents, and addressing safety issues.	<ul style="list-style-type: none"> <li>• Provider Policies and Procedures</li> </ul>	Review of relevant policies and procedures
Service Provider distributes information about the Ombudsman Program on an annual basis and Consumers understand that the Ombudsman is available to assist with complaints and appeals.	<ul style="list-style-type: none"> <li>• Ombudsman Brochures</li> </ul>	Review of relevant literature and dissemination schedule

## Choices for Care Interim Quality Plan On-Site Review Protocol

Provider Record Review		
Indicator	Data Source	Example Inquiry
Service Providers provide a formal and anonymous feedback mechanism (i.e.: Survey) to assess Consumer satisfaction with services and supports.	<ul style="list-style-type: none"> <li>• Provider's Consumer Satisfaction Survey Report</li> </ul>	Review of the survey report
Agency has a written internal quality assurance and quality improvement plan.	<ul style="list-style-type: none"> <li>• Copy of Agency Plan</li> <li>• Provider Policies and Procedures</li> <li>• Progress Reports on changes made to improve/assure quality</li> </ul>	Review of quality plan Review of relevant policies and procedures Review of relevant reports
The agency accommodates individuals' cultural and ethnic backgrounds when presenting information concerning the CFC program and in the provision of CFC services.	<ul style="list-style-type: none"> <li>• Program Brochures and Materials</li> <li>• Provider Policies and Procedures</li> </ul>	Review of relevant literature and dissemination procedures Review of relevant policies and procedures
Consumers are able to participate in staff performance evaluations, satisfaction surveys, quality improvement activities and in the design of new programs.	<ul style="list-style-type: none"> <li>• Provider Policies and Procedures</li> <li>• Progress Reports on changes made to improve/assure quality</li> </ul>	Review of relevant policies and procedures Review of relevant reports

**Consumer-Targeted Focus Groups**

<b>Consumer-Targeted Focus Groups</b>		
<b>Indicator</b>	<b>Data Source</b>	<b>Example Inquiry</b>
Service provider planning uses person centered practices and responds holistically to individual needs.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	What person centered planning processes has Consumer participated in?
Service providers involved with an individual consumer have regular contact to coordinate services.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	In what ways, and how frequently do direct service staff interact in regard to this consumer?
Face-to-face visits are made to the participant once per month and every other month at the participant's home to monitor efficacy of the service plan.	<ul style="list-style-type: none"> <li>• Case Manager</li> </ul>	How often does the Case Manager visit the consumer? How often in the consumer's home?
Case manager regularly collaborates among all service providers to monitor progress, problems, or change of participant status.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> <li>• Case Manager</li> </ul>	How often does the Case Manager contact service providers in regard to this consumer?
Individual-specific training is provided to caregivers.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	What level of training has direct service staff been given related to this consumer's specific needs?
Staff at all levels receive supervision.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> <li>• Case Manager</li> </ul>	To what extent is your work with this consumer supervised? How often do you receive supervision?
Providers are knowledgeable regarding the intent of services and their ability to perform these services.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	What is the intent of the services this consumer receives? Are direct service workers able to perform these services?
Informed Consent and Risk Agreement documents promote Consumer independence and safety.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	How have Informed Consent and Risk Agreement documents promoted this Consumer's independence and safety?

## Choices for Care Interim Quality Plan On-Site Review Protocol

Consumer-Targeted Focus Groups		
Indicator	Data Source	Example Inquiry
During home visits, (no less than every 2 months) the Case Manager discusses and makes appropriate referrals (i.e.: for home repair, cleaning, pest extermination, etc.) when consumer living arrangements indicate significant safety or health issues.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	To what extent does the Case Manager re-visit Section 3 of the ILA? How often does the Case Manager assess the home environment for safety or health issues?
Consumer is provided consumer-friendly information about their Medicaid due process rights on an annual basis.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	How has this consumer been informed about their Medicaid due process rights? How often does this take place?
Consumer is knowledgeable of their rights to change and direct staff	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	Has this consumer asked for a change in staff? How is the consumer informed of his/her right to change direct staff?
Service Provider distributes information about the Ombudsman Program on an annual basis and Consumers understand that the Ombudsman is available to assist with complaints and appeals.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	Does this consumer have information about the Ombudsman program? Would this consumer know who to call to file a complaint or appeal?
Services facilitate consumer achievement of goals as outlined in the service plan.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	What are this consumer's goals?
Consumers are able to participate in staff performance evaluations, satisfaction surveys, quality improvement activities and in the design of new programs.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	To what extent has this consumer participated in staff performance evaluations, satisfaction surveys, quality improvement activities and in the design of new programs?

**Choices for Care Interim Quality Plan On-Site Review Protocol**

<b>Consumer-Targeted Focus Groups</b>		
<b>Indicator</b>	<b>Data Source</b>	<b>Example Inquiry</b>
Staff are supported, included, and empowered regarding responsibilities of their assignments.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> </ul>	In what ways are direct service staff supported, included, and empowered regarding their responsibilities to consumers?

## Choices for Care Interim Quality Plan On-Site Review Protocol

### ***Provider-Targeted Focus Groups***

<b>Provider-Targeted Focus Group</b>		
<b>Indicator</b>	<b>Data Source</b>	<b>Example Inquiry</b>
There exists a formal process for dissemination of accessible/Consumer-friendly program materials and information.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	In what ways are program materials made accessible and information disseminated?
Service provider is available to answer questions during the application process	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	To what extent is staff available to answer questions during the application process?
Case manager regularly collaborates among all service providers to monitor progress, problems, or change of participant status.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	How do Case Managers collaborate among all service providers to monitor progress, problems, or change of participant status?
All licenses and certifications are current and kept on file.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	If the record review shows that all licenses and certifications are current, no further inquiry is needed. If the record review shows that licenses and certifications are not current, please explain why.
Staff training programs are offered and required training is provided.	<ul style="list-style-type: none"> <li>• Training Coordinator</li> </ul>	What training programs have been offered in the last six months; which were required?
Individual-specific training is provided to caregivers.	<ul style="list-style-type: none"> <li>• Training Coordinator</li> </ul>	How is consumer-specific staff training identified and provided?
Staff at all levels receive supervision.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	How are staff supervised? How often do they receive supervision?
Consumers are satisfied with the services they receive.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	How do you monitor consumer satisfaction? What steps are taken when a consumer is not satisfied?

## Choices for Care Interim Quality Plan On-Site Review Protocol

Provider-Targeted Focus Group		
Indicator	Data Source	Example Inquiry
Providers are knowledgeable regarding the intent of services and their ability to perform these services.	<ul style="list-style-type: none"> <li>Key Program Staff</li> </ul>	What is the intent of the services provided? Describe the capacity of the agency to provide these services?
Service provider has CIR policies and implements procedures to collect, report, and respond to critical incidents.	<ul style="list-style-type: none"> <li>Key Program Staff</li> </ul>	How do you monitor and respond to critical incidents?
Service provider follows DDAS Background check policy for all Caregivers.	<ul style="list-style-type: none"> <li>Key Program Staff</li> </ul>	To what extent has the agency followed the DDAS Background Check policy?
Staff is trained in ways to reduce and assess Consumer risk.	<ul style="list-style-type: none"> <li>Training Coordinator</li> </ul>	What staff training has occurred over the last year to reduce and assess Consumer risk?
Documentation exists with regard to proactive steps in safeguarding consumers, preventing accidents, and addressing safety issues.	<ul style="list-style-type: none"> <li>Key Program Staff</li> </ul>	What steps does the agency take in safeguarding consumers, preventing accidents, and addressing safety issues?
During home visits, (no less than every 2 months) the Case Manager discusses and makes appropriate referrals (i.e.: for home repair, cleaning, pest extermination, etc.) when consumer living arrangements indicate significant safety or health issues.	<ul style="list-style-type: none"> <li>Key Program Staff</li> </ul>	To what extent are Case Managers assessing consumer living arrangements?
Service Providers provide a formal and anonymous feedback mechanism (i.e.: Survey) to assess Consumer satisfaction with services and supports.	<ul style="list-style-type: none"> <li>Key Program Staff</li> </ul>	In what ways do you collect data on consumer satisfaction? Is it anonymous?

## Choices for Care Interim Quality Plan On-Site Review Protocol

Provider-Targeted Focus Group		
Indicator	Data Source	Example Inquiry
Agency has a written internal quality assurance and quality improvement plan.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	Who is responsible for your quality assurance and quality improvement efforts? Is there a comprehensive plan to address the quality of services?
The agency accommodates individuals' cultural and ethnic backgrounds when presenting information concerning the CFC program and in the provision of CFC services.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	How has the agency accommodated individuals' cultural and ethnic backgrounds?
Consumers are able to participate in staff performance evaluations, satisfaction surveys, quality improvement activities and in the design of new programs.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	How are consumers involved in staff performance evaluations, satisfaction surveys, quality improvement activities and in the design of new programs?
Staff are supported, included, and empowered regarding responsibilities of their assignments.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> <li>• Training Coordinator</li> </ul>	In what ways are direct service staff supported, included, and empowered regarding their responsibilities to consumers?

## Appendix A: Choices for Care Interim Quality Plan Outcomes and Indicators

(Please note: The Outcome numbering corresponds with the CMS Quality Framework Focus Areas<sup>1</sup>.)

Outcome	Indicator(s)	Data Source	Data Collection Method
<b>I.A Information/Referral</b> Desired Outcome: Individuals and families can readily obtain information concerning the availability of CFC, how to apply and, if desired, offered a referral.	There exists a formal process for dissemination of accessible/Consumer-friendly program materials and information.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> <li>• Provider Policies and Procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> <li>• Record Review</li> </ul>
	Service provider is available to answer questions during the application process	<ul style="list-style-type: none"> <li>• Key Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> </ul>
<b>I.B.1 User-Friendly Processes</b> Desired Outcome: Intake and eligibility determination processes are understandable and user-friendly to individuals and families and there is assistance available in applying for CFC.	Service Provider has made concerted efforts to make intake and eligibility processes understandable.	<ul style="list-style-type: none"> <li>• Documentation of Assistance to Applicants.</li> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> <li>• Participant Experience Survey</li> </ul>

<sup>1</sup> The Centers for Medicare and Medicaid Services Quality Framework identifies expectations for a state's quality management activities. The Outcome areas in this Onsite Review Protocol are numbered according to the corresponding outcome identified in the CMS Quality Framework (See Appendix C).

**Choices for Care Interim Quality Plan On-Site Review Protocol**

<b>Outcome</b>	<b>Indicator(s)</b>	<b>Data Source</b>	<b>Data Collection Method</b>
<b>I.B.4 Individual Choice of HCBS</b> Desired Outcome: Each individual is given timely information about available services to exercise his or her choice in selecting between home-based, ERC and institutional services.	Case Manager completes ILA within 14 days of LTCCC referral.	<ul style="list-style-type: none"> <li>• ILA Date of Completion</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> </ul>
	Service Provider provides information about a wide variety of services available within the community.	<ul style="list-style-type: none"> <li>• Provider Case Notes</li> <li>• Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> <li>• Focus Group With Direct Service Staff</li> </ul>
<b>I.B.5 Prompt Initiation</b> Desired Outcome: Services are initiated promptly when the individual is determined eligible and selects CFC.	Services are delivered within 7 days of receiving the LTCCC authorized service plan	<ul style="list-style-type: none"> <li>• Provider Case Notes</li> <li>• Service Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> </ul>
<b>II.A.1 Assessment</b> Desired Outcome: Comprehensive information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized service plan.	Consumer preferences, personal goals, needs, and abilities were gathered and used in developing the service plan.	<ul style="list-style-type: none"> <li>• Documentation of Person-Centered Processes</li> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> <li>• Participant Experience Survey</li> </ul>
	Case manager, together with individual, has completed a full Independent Living Assessment within 14 calendar days of receipt of clinical certification from the	<ul style="list-style-type: none"> <li>• ILA Document</li> <li>• Clinical Certification Date</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> </ul>

Choices for Care Interim Quality Plan On-Site Review Protocol

Outcome	Indicator(s)	Data Source	Data Collection Method
	LTCCC. (For Moderate Needs Group, the Intake Section of the ILA is completed by the service provider, e.g., Adult Day Provider.)		
	The assessment is updated at least annually, or at anytime there is a significant change in the individual's condition or circumstance.	<ul style="list-style-type: none"> <li>• ILA Document</li> <li>• Re-assessment Dates</li> <li>• Provider Case Notes</li> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> <li>• Participant Experience Survey</li> </ul>
<b>II.A.4 Service Plan</b> Desired Outcome: Each participant's plan comprehensively addresses his or her identified need for CFC, health care and other services in accordance with his other expressed personal preferences and goals.	The Case management plan addresses (a) issues and goals identified in the assessment, (b) the person(s) responsible for each task, and (c) the target date for the completion of each issue or goal.	<ul style="list-style-type: none"> <li>• ILA Document</li> <li>• Case Management Plans</li> <li>• Provider Case Notes</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> </ul>
	The service plan is updated at the annual reassessment or more frequently if there is a significant change in the individual's condition or circumstance.	<ul style="list-style-type: none"> <li>• Service Plans</li> <li>• Provider Case Notes</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> </ul>
	Individual indicates that services comprehensively addresses his/her needs, preferences, and goals.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> </ul>
	Service provider planning uses person centered practices and responds	<ul style="list-style-type: none"> <li>• Service Plans</li> <li>• Documentation of Person-Centered</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> <li>• Focus Group With Direct Service Staff</li> </ul>

**Choices for Care Interim Quality Plan On-Site Review Protocol**

<b>Outcome</b>	<b>Indicator(s)</b>	<b>Data Source</b>	<b>Data Collection Method</b>
	holistically to individual needs.	Processes	
<b>II.B.2 Service Provision</b> Desired Outcome: Services are furnished in accordance with the participant’s plan.	Services are provided in accordance with written service plan.	<ul style="list-style-type: none"> <li>• Consumer</li> <li>• Claims Data</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> <li>• DDAS Data Query</li> </ul>
	Service providers involved with an individual consumer have regular contact to coordinate services.	<ul style="list-style-type: none"> <li>• Consumer</li> <li>• Direct Service Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> <li>• Focus Group With Direct Service Staff</li> </ul>
	Consumers have a choice in the staff that serves them.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> </ul>
<b>II.B.3 Ongoing Monitoring</b> Desired Outcome: Regular, systematic and objective methods – including obtaining the participant’s feedback – are used to monitor the individual’s well being, health status, and the effectiveness of CFC in enabling the individual to achieve his other personal goals.	Face-to-face visits are made to the participant once per month and every other month at the participant’s home to monitor efficacy of the service plan.	<ul style="list-style-type: none"> <li>• Provider Case Notes</li> <li>• Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> <li>• Focus Group With Direct Service Staff</li> </ul>
	Case manager regularly collaborates among all service providers to monitor progress, problems, or change of participant status.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> <li>• Direct Service Staff</li> <li>• Provider Case Notes</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> <li>• Focus Group With Direct Service Staff</li> <li>• Record Review</li> </ul>
<b>III.B Provider Qualifications</b>	All licenses and certifications are current and kept on file.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> <li>• Provider Records</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> <li>• Record Review</li> </ul>

## Choices for Care Interim Quality Plan On-Site Review Protocol

Outcome	Indicator(s)	Data Source	Data Collection Method
Desired Outcome: All CFC agency and individual providers possess the requisite skills, competencies and qualifications to support participants effectively.	Case Managers are certified and have received 20 hours of training each year where applicable.	<ul style="list-style-type: none"> <li>Case Manager Staff File</li> </ul>	<ul style="list-style-type: none"> <li>Record Review</li> </ul>
	Staff training programs are offered and required training is provided.	<ul style="list-style-type: none"> <li>Training Coordinator</li> <li>Training schedules</li> </ul>	<ul style="list-style-type: none"> <li>Focus Group With Key Staff</li> <li>Record Review</li> </ul>
	Individual-specific training is provided to caregivers.	<ul style="list-style-type: none"> <li>Training Coordinator</li> <li>Training schedules</li> </ul>	<ul style="list-style-type: none"> <li>Focus Group With Key Staff</li> <li>Focus Group With Direct Service Staff</li> <li>Record Review</li> </ul>
	Staff at all levels receive supervision.	<ul style="list-style-type: none"> <li>Key Program Staff</li> <li>Direct Service Staff</li> </ul>	<ul style="list-style-type: none"> <li>Focus Group With Key Staff</li> <li>Focus Group With Direct Service Staff</li> </ul>
	Consumers are satisfied with the services they receive.	<ul style="list-style-type: none"> <li>Consumer</li> <li>Provider's Report of Consumer Satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>Participant Experience Survey</li> <li>Focus Group With Key Staff</li> <li>Provider Satisfaction Survey Data</li> </ul>
<b>III.C Provider Performance</b> Desired Outcome: CFC providers demonstrate the ability to provide services and supports in an effective and efficient manner consistent with the individual's plan.	Services meet the Consumer's needs.	<ul style="list-style-type: none"> <li>Consumer</li> </ul>	<ul style="list-style-type: none"> <li>Participant Experience Survey</li> </ul>
	Consumers are treated with dignity and respect.	<ul style="list-style-type: none"> <li>Consumer</li> </ul>	<ul style="list-style-type: none"> <li>Participant Experience Survey</li> </ul>
	Providers are knowledgeable regarding the intent of services and their ability to perform these	<ul style="list-style-type: none"> <li>Key Program Staff</li> <li>Direct Service Staff</li> </ul>	<ul style="list-style-type: none"> <li>Focus Group With Key Staff</li> <li>Focus Group With Direct Service Staff</li> </ul>

**Choices for Care Interim Quality Plan On-Site Review Protocol**

<b>Outcome</b>	<b>Indicator(s)</b>	<b>Data Source</b>	<b>Data Collection Method</b>
	services.		
	Individuals report satisfaction with the achievement of goals outlined in their plan.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> </ul>
<b>IV.A Risk and Safety Planning</b> Desired Outcome: Participant risk and safety considerations are identified and potential interventions considered that promote independence and safety with the informed involvement of the participant.	Service Plan reflects Consumer needs for safety and welfare.	<ul style="list-style-type: none"> <li>• Service Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> </ul>
	Informed Consent and Risk Agreement documents promote Consumer independence and safety.	<ul style="list-style-type: none"> <li>• Direct Service Staff</li> <li>• Informed Consent and Risk Agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Direct Service Staff</li> <li>• Review of Informed Consent and Risk Agreements</li> </ul>
<b>IV.B Critical Incident Management</b> Desired Outcome: There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.	Service provider has CIR policies and implements procedures to collect, report, and respond to critical incidents.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> <li>• Provider Policies and Procedures</li> <li>• Critical Incident Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> <li>• Record Review</li> </ul>
	Service provider follows DDAS Background check policy for all Caregivers.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> <li>• Background Checks</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> <li>• Record Review</li> </ul>
	Staff is trained in ways to reduce and assess Consumer risk.	<ul style="list-style-type: none"> <li>• Training Coordinator</li> <li>• Provider Policies and Procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> <li>• Record Review</li> </ul>
	Documentation exists with regard to proactive steps in	<ul style="list-style-type: none"> <li>• Key Program Staff</li> <li>• Provider Policies and</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> </ul>

Choices for Care Interim Quality Plan On-Site Review Protocol

Outcome	Indicator(s)	Data Source	Data Collection Method
	safeguarding consumers, preventing accidents, and addressing safety issues.	Procedures	<ul style="list-style-type: none"> <li>Record Review</li> </ul>
<p><b>IV.C Housing and Environment</b>            Desired Outcome: The safety and security of the participant’s living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home.</p>	During home visits, (no less than every 2 months) the Case Manager discusses and makes appropriate referrals (i.e.: for home repair, cleaning, pest extermination, etc.) when consumer living arrangements indicate significant safety or health issues.	<ul style="list-style-type: none"> <li>Provider Case Notes</li> <li>Case Manager</li> <li>ILA</li> <li>Key Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Record review</li> <li>Focus Group With Key Staff</li> <li>Focus Group With Direct Service Staff</li> </ul>
	Consumer needs for assistive devices or home modifications are met.	<ul style="list-style-type: none"> <li>Consumer</li> <li>ILA</li> <li>Service Plan</li> </ul>	<ul style="list-style-type: none"> <li>Participant Experience Survey</li> <li>Record review</li> </ul>
<p><b>V.D Due Process</b>            Desired Outcome: Participants are informed of and supported to freely exercise their Medicaid due process rights.</p>	Consumer is provided consumer-friendly information about their Medicaid due process rights on an annual basis.	<ul style="list-style-type: none"> <li>Consumer</li> <li>Direct Service Staff</li> </ul>	<ul style="list-style-type: none"> <li>Participant Experience Survey</li> <li>Focus Group With Direct Service Staff</li> </ul>
	Consumer is knowledgeable of their rights to change and direct staff	<ul style="list-style-type: none"> <li>Consumer</li> <li>Direct Service Staff</li> </ul>	<ul style="list-style-type: none"> <li>Participant Experience Survey</li> <li>Focus Group With Direct Service Staff</li> </ul>

**Choices for Care Interim Quality Plan On-Site Review Protocol**

<b>Outcome</b>	<b>Indicator(s)</b>	<b>Data Source</b>	<b>Data Collection Method</b>
<p><b>V.E Grievances</b> Desired Outcome: Participants are informed of how to register grievances and complaints and supported in seeking their resolution. Grievances and complaints are resolved in a timely fashion.</p>	Service Provider distributes information about the Ombudsman Program on an annual basis and Consumers understand that the Ombudsman is available to assist with complaints and appeals.	<ul style="list-style-type: none"> <li>• Consumer</li> <li>• Direct Service Staff</li> <li>• Ombudsman Brochures</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> <li>• Focus Group With Direct Service Staff</li> <li>• Brochures at Provider agency</li> </ul>
<p><b>VI.A Participant Satisfaction</b> Desired Outcome: Participants and family members, as appropriate, express satisfaction with their services and supports.</p>	Service Providers provide a formal and anonymous feedback mechanism (i.e.: Survey) to assess Consumer satisfaction with services and supports.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> <li>• Provider’s Consumer Satisfaction Survey Report</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> <li>• Record Review</li> </ul>
	Consumers generally express satisfaction with their services and supports.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> </ul>
	Consumer, if employed, likes their job.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> </ul>
<p><b>VI.B Participant Outcomes</b> Desired Outcome: Services and supports lead to positive outcomes for each participant.</p>	Services will support individual’s self-determination and independence.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> </ul>
	Services facilitate consumer achievement of goals as outlined in the Case Management plan.	<ul style="list-style-type: none"> <li>• Consumer</li> <li>• Direct Service Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> <li>• Focus Group With Direct Service Staff</li> </ul>
	Consumer’s needs are met with regard to employment or other community	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> </ul>

**Choices for Care Interim Quality Plan On-Site Review Protocol**

<b>Outcome</b>	<b>Indicator(s)</b>	<b>Data Source</b>	<b>Data Collection Method</b>
	involvement.		
	Consumer's needs are met with regard to transportation.	<ul style="list-style-type: none"> <li>• Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Experience Survey</li> </ul>
<b>VII.B Quality Improvement</b> Desired Outcome: There is a systemic approach to the continuous improvement of quality in the provision of CFC.	Agency has a written internal quality assurance and quality improvement plan.	<ul style="list-style-type: none"> <li>• Copy of Agency Plan</li> <li>• Provider Policies and Procedures</li> <li>• Progress Reports on changes made to improve/assure quality</li> <li>• Key Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> <li>• Focus Group With Key Staff</li> </ul>
<b>VII.C Cultural Competency</b> Desired Outcome: The CFC provider effectively supports participants of diverse cultural and ethnic backgrounds.	The agency accommodates individuals' cultural and ethnic backgrounds when presenting information concerning the CFC program and in the provision of CFC services.	<ul style="list-style-type: none"> <li>• Program Brochures and Materials</li> <li>• Provider Policies and Procedures</li> <li>• Key Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Record Review</li> <li>• Focus Group With Key Staff</li> </ul>
<b>VII.D Participant and Stakeholder Involvement</b> Desired Outcome: Participants and other stakeholders have an active role in program design, performance appraisal, and quality improvement activities.	Consumers are able to participate in staff performance evaluations, satisfaction surveys, quality improvement activities and in the design of new programs.	<ul style="list-style-type: none"> <li>• Provider Policies and Procedures</li> <li>• Progress Reports on changes made to improve/assure quality</li> <li>• Key Program Staff</li> <li>• Direct Service Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Record review</li> <li>• Focus Group With Key Staff</li> <li>• Focus Group With Direct Service Staff</li> </ul>
	Staff are supported, included, and empowered regarding responsibilities of their assignments.	<ul style="list-style-type: none"> <li>• Key Program Staff</li> <li>• Training Coordinator</li> <li>• Direct Service Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group With Key Staff</li> <li>• Focus Group With Direct Service Staff</li> </ul>

## Appendix B: Participant Experience Survey (PES) Questions

### A. Access to Care

1. Is there any special help that you need to take a bath or shower?
2. Do you ever go without a bath or shower when you need one?
3. Is this because there is no one there to help you?
4. Is there any special help that you need to get dressed? (SPECIFY)
5. Do you ever go without getting dressed when you need to?
6. Is this because there is no one there to help you?
7. Is there any special help that you need to get out of bed?
8. Do you ever go without getting out of bed when you need to?
9. Is this because there is no one there to help you?
10. Is there any special help that you need to eat?
11. Do you ever go without eating when you need to?
12. Is this because there is no one there to help you?
13. Is there any special help that you need to make your meals?
14. Do you ever go without a meal when you need one?
15. Is this because there is no one there to help you?
16. Is there any special help that you need to get groceries?
17. Are you sometimes unable to get groceries when you need them?
18. Is this because there is no one there to help you?
19. Is there any special help that you need to do housework – things like straightening up or doing dishes?
20. Does the housework not get done sometimes?
21. Is this because there is no one there to help you?
22. Is there any special help that you need to do laundry?
23. Does the laundry not get done sometimes?
24. Is this because there is no one there to help you?
25. Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house?
  
26. Is there any special help that you need to take medicine, such as someone to pour it or set up your pills?
27. Do you ever go without taking your medicine when you need it?

## Choices for Care Interim Quality Plan On-Site Review Protocol

28. Is this because there is no one there to help you?
29. Is there any special help that you need to get to or use the bathroom?
30. Are you ever unable to get to or use the bathroom when you need to?
31. Is this because there is no one there to help you?
32. Think about the people who are paid to help you with the everyday activities we have been discussing. Do they spend all the time with you that they are supposed to?
33. Have you ever talked with your case manager or support coordinator about any special equipment, or changes to your home, that might make your life easier?
34. What equipment or changes did you talk about? (SPECIFY)
35. Did you get the equipment or make the changes you needed?

### **B. Choice and Control**

36. Do you help pick the people who are paid to help you?
37. Would you like to help pick the people who are paid to help you?
38. Did you know you can change the people who are paid to help you if you want to?
39. Thinking again about the people who are paid to help you, do you tell them what to help you with?
40. Would you like to tell them the things you want help with?
41. If there is something wrong with the help you are getting, who do you talk with to get the problem fixed?
42. Who is your case manager or support coordinator?
43. Can you talk to your case manager or support coordinator when you need to?
44. Does your case manager or support coordinator help you when you ask for something?

### **C. Respect/Dignity**

45. Do the people paid to help you treat you respectfully in your home?
46. Do the people paid to help you listen carefully to what you ask them to do in your home?
47. Have you ever been injured by any of the people paid to help you now?
48. What happened? When? Would you like any help with this problem?
49. Are any of the people paid to help you now mean to you, or do they yell at you?
50. What happens? Would you like any help with this problem?
51. Have any of the people paid to help you now ever taken your things without asking?
52. What happened? When? Would you like any help with this problem?

## Choices for Care Interim Quality Plan On-Site Review Protocol

- 53. Do you go to a day program outside your home?
- 54. Do the people paid to help you at a day program outside your home treat you respectfully?
- 55. Do the people paid to help you at a day program outside your home listen carefully to what you ask them to do?
- 56. Do you ride a van or use other transportation services?
- 57. Do the people paid to help you on the van or with other transportation treat you respectfully?
- 58. Do the people paid to help you on the van or with other transportation listen carefully to what you ask them to do?

### **D. Community Integration/Inclusion**

- 59. Is there anything you want to do outside your home that you don't do now?
- 60. What would you like to do? What do you need to make this happen? (SPECIFY)
- 61. Is there anything else you want to talk to me about?
- 62. Are you working right now?
- 63. What kind of work do you do? (SPECIFY)
- 64. Did you help pick the job you have now?
- 65. Do you like your job?
- 66. Do you want to work?

### **E. Interviewer Comments and Observations**

What amount of the questions did the program participant answer by him/herself?

Who else provided responses? (If applicable)

### **F. State Developed Questions**

Generally thinking about all your services, how satisfied are you with them on a scale from one to five, five being very satisfied, and one being not satisfied at all? Tell me about why you provided that rating.

Thinking generally about your goals- goals that are supported through your services- to what extent to do you feel you have achieved those goals?

## Appendix C: Centers for Medicare and Medicaid Services Quality Framework

### HCBS QUALITY FRAMEWORK FOCUS AREAS

#### Focus I: Participant Access

**Desired Outcome: Individuals have ready access to home and community-based services and supports in their communities.**

##### I.A Information/Referral

Desired Outcome: Individuals and families can readily obtain information concerning the availability of HCBS, how to apply and, if desired, offered a referral.

##### I.B. Intake and Eligibility

###### I.B.1 User-Friendly Processes

Desired Outcome: Intake and eligibility determination processes are understandable and user-friendly to individuals and families and there is assistance available in applying for HCBS.

###### I.B.2 Eligibility Determination

Desired Outcome: Each individual's need and eligibility for HCBS are assessed and determined promptly.

###### I.B.3 Referral to Community Resources

Desired outcome: Individuals who need services but are not eligible for HCBS are linked to their community resources.

###### I.B.4 Individual Choice of HCBS

Desired Outcome: Each individual is given timely information about available services to exercise his or her choice in selecting between HCBS and institutional services.

###### I.B.5 Prompt Initiation

Desired Outcome: Services are initiated promptly when the individual is determined eligible and selects HCBS.

#### Focus II: Participant-Centered Service Planning and Delivery

**Desired Outcome: Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community**

##### II.A Participant-Centered Service Planning

###### II.A.1 Assessment

Desired Outcome: Comprehensive information concerning each participant's preferences and personal goals, needs

## Choices for Care Interim Quality Plan On-Site Review Protocol

and abilities, health status and other available supports is gathered and used in developing a personalized service plan.

### II.A.2 Participant Decision Making

Desired Outcome: Information and support is available to help participants make informed selections among service options.

### II.A.3 Free Choice of Providers

Desired Outcome: Information and support is available to assist participants to freely choose among qualified providers.

### II.A.4 Service Plan

Desired Outcome: Each participant's plan comprehensively addresses his or her identified need for HCBS, health care and other services in accordance with his other expressed personal preferences and goals.

### II.A.5 Participant Direction

Desired Outcome: Participants have the authority and are supported to direct and manage their own services to the extent they wish.

## II.B Service Delivery

### II.B.1 Ongoing Service and Support Coordination

Desired Outcome: Participants have continuous access to assistance as needed to obtain and coordinate services and promptly address issues encountered in community living.

### II.B.2 Service Provision

Desired Outcome: Services are furnished in accordance with the participant's plan.

### II.B.3 Ongoing Monitoring

Desired Outcome: Regular, systematic and objective methods – including obtaining the participant's feedback – are used to monitor the individual's well being, health status, and the effectiveness of HCBS in enabling the individual to achieve his other personal goals.

### II.B.4 Responsiveness to Changing Needs

Desired Outcome: Significant changes in the participant's needs or circumstances promptly trigger consideration of modifications in his other plan.

## Focus III: Provider Capacity and Capabilities

**Desired Outcome: There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.**

### III.A Provider Networks and Availability

## Choices for Care Interim Quality Plan On-Site Review Protocol

Desired Outcome: There are sufficient qualified agency and individual providers to meet the needs of participants in their communities.

### III.B Provider Qualifications

Desired Outcome: All HCBS agency and individual providers possess the requisite skills, competencies and qualifications to support participants effectively.

### III.C Provider Performance

Desired Outcome: All HCBS providers demonstrate the ability to provide services and supports in an effective and efficient manner consistent with the individual's plan.

## Focus IV: Participant Safeguards

**Desired Outcome: Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.**

### IV.A Risk and Safety Planning

Desired Outcome: Participant risk and safety considerations are identified and potential interventions considered that promote independence and safety with the informed involvement of the participant.

### IV.B Critical Incident Management

Desired Outcome: There are systematic safeguards in place to protect participants from

critical incidents and other life-endangering situations.

### IV.C Housing and Environment

Desired Outcome: The safety and security of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home.

### IV.D Behavior Interventions

Desired Outcome: Behavior interventions—including chemical and physical restraints—are only used as a last resort and subject to rigorous oversight.

### IV.E. Medication Management Desired Outcome:

Medications are managed effectively and appropriately.

### IV.F Natural Disasters and Other Public Emergencies

Desired Outcome: There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies.

## Focus V: Participant Rights and Responsibilities

**Desired Outcome: Participants receive support to exercise their rights and in accepting personal responsibilities.**

## Choices for Care Interim Quality Plan On-Site Review Protocol

### V.A Civic and Human Rights

Desired Outcome: Participants are informed of and supported to freely exercise their fundamental constitutional and federal or state statutory rights.

### V.B Participant Decision Making Authority

Desired Outcome: Participants receive training and support to exercise and maintain their own decision-making authority.

### V.C Alternate Decision Making

Desired Outcome: Decisions to seek guardianship, surrogates or other mechanisms that take authority away from participants are considered only after a determination is made that no less intrusive measures are or could be available to meet the participant's needs.

### V.D Due Process

Desired Outcome: Participants are informed of and supported to freely exercise their Medicaid due process rights.

### V.E Grievances

Desired Outcome: Participants are informed of how to register grievances and complaints and supported in seeking their resolution. Grievances and complaints are resolved in a timely fashion.

## Focus VI: Participant Outcomes and Satisfaction

**Desired Outcome: Participants are satisfied with their services and achieve desired outcomes.**

### VI.A Participant Satisfaction

Desired Outcome: Participants and family members, as appropriate, express satisfaction with their services and supports.

### VI.B Participant Outcomes

Desired Outcome: Services and supports lead to positive outcomes for each participant.

## Focus VII: System Performance

**Desired Outcome: The system supports participants efficiently and effectively and constantly strives to improve quality.**

### VII.A System Performance Appraisal

Desired Outcome: The service system promotes the effective and efficient provision of services and supports by engaging in systematic data collection and analysis of program performance and impact.

### VII.B Quality Improvement

## Choices for Care Interim Quality Plan On-Site Review Protocol

Desired Outcome: There is a systemic approach to the continuous improvement of quality in the provision of HCBS.

### VII.C Cultural Competency

Desired Outcome: The HCBS system effectively supports participants of diverse cultural and ethnic backgrounds.

### VII.D Participant and Stakeholder Involvement

Desired Outcome: Participants and other stakeholders have an active role in program design, performance appraisal, and quality improvement activities.

### VII. E Financial Integrity

Desired Outcome: Payments are made promptly in accordance with program requirements.