

Attachment VI: Setting Assessment Process

**MONITORING & OVERSIGHT**

Waiver Name	Site Visit Frequency		Federal Assurance Review	Monitoring Team Staff			Other Compliance				Corrective Action Plan for Non-compliance	CAP Approval Based on Verification of Issue Resolution	Technical Assistance and Training
	Each Year	Each 24 Month		Nurse	Program Analyst	Social Worker	HCBS Setting Compliance	Provider Self-Survey Validation	CA Licensing and Certification Standards	Standard Agreements			
ALW	X		X	X	X		X	X	X		X	X	X
DDS		X	X	X	X		X	X			X	X	X
IHO	X		X	X			X	X	X		X	X	X
MCWP		X	X	X	X	X	X	X			X	X	X
MSSP		X	X	X	X		X	X		X	X	X	X
NF/AH	X		X	X			X	X	X		X	X	X
SFCLSB	X		X	X	X		X	X	X		X	X	X
PPC		X	X	X	X	X	X		X	X	X	X	X
CBAS		X	X	X	X	X	X	X	X	X	X	X	X

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**ON-SITE MONITORING PROTOCOLS**

Waiver Name	Site Visit Notification					Participant Records Requested Prior to Visit	Monitoring Tasks															
	None	One Week Notice	30 Days Notice	6 Weeks Notice	60 Days Notice		Entrance Conference	Participant Record Review	Review of Billing Records	Vendor Record Review	Review of Administrative Records	Review of Peer and Internal Review Process	Member and/or Guardian Interviews	Staff Interviews	Review Special Incident Reports	Review Participant Experience Surveys	Participant Home Visit Conducted	Assessment of Members' Residences that are Provider Owned/Controlled	Review of Findings and Trend Analysis (MOS team)	Technical Assistance	Exit Conference	M&O Report Issues within 60 Days of Exit Conference
ALW		X				X	X	X	X		X		X	X			X	X	X		X	X
DDS					X	X	X	X			X	X	X	X	X			X	X	X	X	
IHO			X			X	X	X	X		X			X			X		X		X	X
MCWP			X			X	X	X	X		X			X				X	X	X	X	X
MSSP				X		X	X	X	X	X		X				X	X	X	X	X	X	X
NF/AH			X			X	X	X	X		X			X			X	X	X		X	X
SFCLSB			X			X	X	X	X		X		X	X		X	X	X	X		X	X
PPC			X			X	X	X	X	X		X	X	X	X	X	X		X	X	X	X
CBAS	X					X	X	X			X	X	X	X	X	X	X	X	X	X	X	X

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Setting		CBAS					
Provider Self-Survey			Member Self-Survey Validation				
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution		
100% of Centers (2016-2018)	6 months prior to certification expiration date	U.S. Mail	CDA to administer to, or obtain from, up to a 10% sample of members at each center. Sample will include members randomly selected for chart review during certification renewal onsite survey by CDA staff. Assessment tool to be made available to all members.	At time of onsite certification renewal survey by CDA staff.  Members have a choice to complete the assessment tool face-to-face with CDA survey staff or to complete the survey independently and provide the completed survey to CDA staff while at the center or return to CDA by mail.	Hand delivered by CDA staff.		

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<b>Setting</b>	<b>CBAS</b>
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On-Site Assessment Validation			Care Management Entity Self-Survey		
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution
100% of Centers (2016-2018)	At time of certification renewal survey	Completed by CDA nursing and analyst staff during onsite surveys. Staff will review center administrative and health records, interview center staff and members / caregivers or representatives, and observe program activities.	N/A	N/A	N/A

Additional Comments
<p>All CBAS centers will be required to complete the Provider Self-Assessment at time of the certification renewal application. All CBAS centers will receive an onsite validation of compliance with corrective action plans required where non-compliance is identified. Initial compliance determination activities will conclude in Fall 2018. Monitoring and onsite validation of compliance will be ongoing. CBAS centers range in daily attendance. The average of all center ADA's is 83.</p> <p>CBAS members will be encouraged to complete the Member Setting Assessment during their CBAS center's onsite survey by CDA staff, and will be provided the opportunity to submit an Assessment at any time via mail.</p>

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Setting	MSSP Care Management Agency					
<b>Provider Self-Survey</b>			<b>Member Self-Survey Validation</b>			
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution	
N/A	N/A	N/A	100% of the MSSP Waiver Members selected each year during CDA's UR process. (See Additional Comments)	At time of CDA UR. Members will return the assessment to CDA by mail.	Mailed by CDA staff.	
<b>On-Site Assessment Validation</b>			<b>Care Management Entity Self-Survey</b>			
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution	
100% of the 38 MSSP Sites (2016-2018)	At time of UR by CDA.	Completed by CDA UR team.	100% of the 38 MSSP Sites (2016-2018)	Fall 2016	Survey Monkey	
<b>Additional Comments</b>						
CDA conducts a two-year UR cycle so that all 38 MSSP Sites are reviewed every two years. CDA uses a sample size of 375 MSSP Waiver Member records each year as required by the MSSP Waiver.						

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Setting	MSSP Service Settings for Congregate Meals and Adult Day Care (ADC)					
<b>Provider Self-Survey</b>			<b>Member Self-Survey Validation</b>			
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution	
100% of MSSP Service Vendors for Congregate Meals and ADC (2016-2018).	At time of UR by CDA.	U.S. Mail	100% of the Waiver Members who receive either Congregate Meals or ADC or both annually.	At time of UR by CDA.	U.S. Mail	
<b>On-Site Assessment Validation</b>			<b>Care Management Entity Self-Survey</b>			
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution	
100% of the Waiver Members who receive either Congregate Meals or ADC annually.	At time of UR by CDA.	Completed by CDA UR team.	N/A	N/A	N/A	
<b>Additional Comments</b>						
CDA conducts a two-year UR cycle so that all 38 MSSP Sites are reviewed every two years.						

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Setting	AIDS MCWP				
<b>Provider Self-Survey</b>			<b>Member Self-Survey Validation</b>		
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution
N/A	N/A	N/A	% TBD MCWP staff will directly survey randomly selected Members during bi-annual site visits.	At time of onsite program review by MCWP staff. Members may choose face to face or mail-in within 30 days.	Direct survey by MCWP staff or by U.S. mail.
<b>On-Site Assessment Validation</b>			<b>Care Management Entity Self-Survey</b>		
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution
100% of MCWP agencies (CYs 2016-2017)	During bi-annual site visits performed by MCWP staff.	MCWP staff will survey agency staff during onsite review	100% of MCWP agencies	Self-Assessment tool will be sent to MCWP Agencies when tool is finalized in early Spring 2016. The self-assessment tool will be based on the State onsite validation tool currently under development.	Self-Assessment will be emailed to MCWP Agencies after a teleconference explaining the purpose of the tool.
<b>Additional Comments</b>					
All MCWP agencies will be required to provide MCWP staff with responses to the Onsite Assessment Tool questions during the scheduled bi-annual site visits - 50% in 2016 and 50% in 2017. The questions will be integrated into the overall onsite review process.					

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<b>Setting</b>	<b>As listed in STP Appendix B for HCBS DD Waiver &amp; 1915(i)</b>					
<b>Provider Self-Survey</b>			<b>Member Self-Survey Validation</b>			
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution	
Statistically valid sample by provider type. # = Residential - 365; Child Day Care - 50; Day-Type - 320; Work Activity Program - 86	Q4 2016 and ongoing	U.S. Mail, website download, email.	With every onsite review	Once every two years.	Either direct survey or hand-delivered by DDS staff.	
<b>On-Site Assessment Validation</b>			<b>Care Management Entity Self-Survey</b>			
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution	
For initial onsite validation, the state will assess a statistically valid sample of settings. For ongoing monitoring, the state will assess a random sample of settings.	Ongoing monitoring will occur during biennial site visits conducted by monitoring teams.	As identified in Statewide Transition Plan	N/A	N/A	N/A	
<b>Additional Comments</b>						
Onsite assessments, complaint investigations, existing monitoring and oversight processes will include consumer interviews.						



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Setting	Pediatric Palliative Care Waiver				
Provider Self-Survey			Beneficiary Self-Survey Validation		
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution
N/A	N/A	N/A	100% of cases in each county	One time per year on enrollment date during one of the monthly County calls to the family.	County (care management entity overseeing the providers' care of each client) will survey each family using the non-residential in-home care survey to identify compliance and potential issues to forward to the State.

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Setting		Pediatric Palliative Care Waiver			
<b>On-Site Assessment Validation</b>			<b>Care Management Entity Self-Survey</b>		
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution
Cases identified in FCAP or beneficiary assessment will be audited and trigger an Onsite review to the County Case Management Entity, Beneficiary, and/or the Provider	When the state identifies issues for any client the State will follow-up with the County and Provider. Minimum on-site review of Case Management Entity and Provider County site visit at least once per 2 years.	Onsite review of Provider and/or County to review records and/or Provider. The State may just call a beneficiary if the State needs further determination of the issue and resolution.	100% of participation counties	Once per year for the non-residential in-home care survey.  Individual Care Plans (FCAP) are written by Providers and submitted for each client to the County/State at least every 60 days and reviewed by the State in concurrent Desk Audits. When the State and or County identify issues for any client immediate follow-up with the County and Provider is triggered.	Survey Monkey will distribute the non-residential in-home care survey to each County Pediatric Palliative Care Nurse Liaison. The County will complete the survey annually. The tool will be validated on County site visit at least once per 2 years unless the FCAP indicates issues are present with the Provider or with County oversight.
<b>Additional Comments</b>					
None					

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<b>Setting</b>		<b>Assisted Living Waiver (ALW) - RCFs/ARFs/HHAs</b>					
<b>Provider Self-Survey</b>			<b>Member Self-Survey Validation</b>				
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution		
100%	Q4 2016 and ongoing	U.S. Mail, website download, email.	Statistically valid sample	Durring monthly face-to-face visit by Care Coordination Agency (CCA) Staff	Hand delivered or direct survey by CCA staff.		
<b>On-Site Assessment Validation</b>			<b>Care Management Entity Self-Survey</b>				
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution		
Statistically valid sample	Q4 2016 and ongoing	As identified in Statewide Transition Plan	N/A	N/A	N/A		
<b>Additional Comments</b>							
None							

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<b>Setting</b>	<b>In-Home Operations Waiver (IHO) - Care Management</b>	
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Provider Self-Survey		
% Sampled	Frequency	Method of Distribution
N/A	N/A	N/A

Member Self-Survey Validation		
% Sampled	Frequency	Method of Distribution
N/A	N/A	N/A

On-Site Assessment Validation		
% Sampled	Frequency	Method of Completion
N/A	N/A	N/A

Care Management Entity Self-Survey		
% Sampled	Frequency	Method of Distribution
Statistically valid sample size	Once per year during annual audit.	U.S. Mail

<b>Additional Comments</b>
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All care management services are provided by DHCS. The annual audit conducted verifies that the services are member driven and directed by the member. The current Menu of Health Services (MOHS) and Plan of Treatment (POT) are required to be signed by the member and in each member's file and this is verified during the annual audit conducted by DHCS.

All services are provided in the home and validation that the home is compliant with HCBS rules is done through the home and safety evaluation which is completed prior to waiver enrollment and any time the member changes residence.

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<b>Setting</b>	<b>Nursing Facility / Acute Hospital Waiver (NF/AH) - CLHF and ICF/DD-CNCs</b>					
<b>Provider Self-Survey</b>			<b>Member Self-Survey Validation</b>			
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution	
100%	Q4 2016 and ongoing	U.S. Mail, website download, email.	100% of cases	At time of annual visit by DHCS.	Direct survey delivered by DHCS staff.	
<b>On-Site Assessment Validation</b>			<b>Care Management Entity Self-Survey</b>			
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution	
100%	Q4 2016 and ongoing	Direct survey by DHCS during the annual visit.	N/A	N/A	N/A	
<b>Additional Comments</b>						
None						

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Setting	Nursing Facility/ Acute Hospital Waiver (NF/AH) - Care Management					
<b>Provider Self-Survey</b>			<b>Member Self-Survey Validation</b>			
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution	
N/A	N/A	N/A	N/A	N/A	N/A	
<b>On-Site Assessment Validation</b>			<b>Care Management Entity Self-Survey</b>			
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution	
N/A	N/A	N/A	Statistically valid sample size	Once per year during annual audit.	U.S. Mail	
<b>Additional Comments</b>						
<p>All care management services are provided by DHCS. The annual audit conducted verifies that the services are member driven and directed by the member. The current Menu of Health Services (MOHS) and Plan of Treatment (POT) are required to be signed by the member and in each members file and this is verified during the annual audit conducted by DHCS.</p> <p>All other services are provided in the home and validation that the home is compliant with HCBS rules is done through the home and safety evaluation which is completed prior to waiver enrollment, and any time the member moves residence.</p>						

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<b>Setting</b>	<b>San Francisco Community Living Support Benefit Waiver (SFCLSB)</b>					
<b>Provider Self-Survey</b>			<b>Member Self-Survey Validation</b>			
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution	
100%	Q4 2016 and ongoing	U.S. Mail, website download, email.	100% of cases	At time of monthly visit by SFDPH	Direct survey by SFDPH staff or mail in.	
<b>On-Site Assessment Validation</b>			<b>Care Management Entity Self-Survey</b>			
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution	
100%	Q4 2016 and ongoing	As identified in Statewide Transition Plan	N/A	N/A	N/A	
<b>Additional Comments</b>						
None						