



State of Rhode Island

Executive Office of Health and Human Services

Practice Standards

Providers of Personal Assistance Services and Supports

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SECTION #1	SECTION and Subsection	Page
	PERSONAL ASSISTANCE SERVICES AND SUPPORTS INFORMATION AND BACKGROUND	4
I.	PASS SCOPE OF SERVICES	5
	Ability to Accomplish & Perform Essential Activities of Daily Life	6
	Ability to Make Self Preserving Decisions	6
	Ability to Participate in Social Roles and Social Settings	6
II.	TARGET POPULATION & LOCATION WITHIN A CONTINUUM OF CARE	6
	Eligibility	6
	Verification of Eligibility	7
	Mainstreaming	7
III.	PRIOR APPROVAL PROCESS	7
IV.	LEVEL OF CARE	7
	Clinical Criteria	8
	Clinical Criteria for Continuing Care	8
V.	COMMITMENT TO FAMILY CENTERED CARE	8
VI.	ASSESSMENT AND SERVICE PLAN DEVELOPMENT	9
	PASS Service Plan Authorization, Reauthorization and Renewal	9
	Service Plan Implementation – Direct Services	10
	Units for Direct Services and Service Components	10
	Treatment Intensity	12
	Family Role and Responsibilities in Service Plan Implementation – Direct Services	12
	Clinical Consultant Role and Responsibilities in Service Plan Implementation – Direct Services	12
	Direct Service Workers Role and Responsibilities in Service Plan Implementation – Direct Services	13
	Pass Agency Responsibilities in Service Plan Implementation - Direct Services	13
	Clinical Consultation	14
	Family Role in Clinical Consultation	14
	PASS Coordinators Role in Clinical Consultation	14
	Direct Service Worker Role in Clinical Consultation	14
	Intended Outcomes of Practice Standards and Services	14
	Discontinuing Services	15
	Discharge Criteria	15
VII.	POTENTIAL OF SERVICE AND LIMITATIONS OF SERVICE	15
	Potential of Service	15
	Limitations of Service	15
Appendix 1	Definition of Medical Necessity	16

Appendix 2	Professional Licensure	17
Appendix 3	Provider Qualifications	18
Appendix 4	Requirements for Organizations for Delivery of Service	26
Appendix 5	Provider Approval Process	32
Appendix 6	Performance and Quality Measures	35

PERSONAL ASSISTANCE SERVICES AND SUPPORTS INFORMATION AND BACKGROUND

The development of PASS was influenced by Self-Direct Personal Assistant Services offered under the Medicaid State plan and/or section 1915(c) waivers whereby participants set their own provider qualifications, train staff, determine how much to pay for a service/support, and develop a service plan. PASS is intended for children and adolescents with special health care needs (e.g., physical, developmental, and behavioral health conditions). PASS includes a range of assistant services to enable individuals to accomplish tasks they would normally perform for themselves if they did not have a disability. PASS is funded under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) requirements of Medicaid. EPSDT is a mandatory set of services and benefits for all individuals under age 21 who are enrolled in Medicaid.

This is the second revision of the Rhode Island Executive Office of Health and Human Services (EOHHS) Certification Standards for Providers of Personal Assistance Services and Supports (PASS). PASS Certification Standards were first issued in February of 2004. This edition of PASS Practice Standards replaces all previous guidelines, verbal and written, as issued by the EOHHS.

These Practice Standards represent requirements for providers of PASS and potential PASS applicants. The Standards serve to provide families, potential PASS applicants, and service providers with a full description of PASS. EOHHS is responsible for the development, implementation, monitoring, and enforcement of these PASS Standards.

Changes to PASS Practice Standards since the last revision in 2004 include:

1. It is the PASS Agency's responsibility to assess the current clinical needs of the child and their family in order to determine the intensity of treatment.
2. Any PASS request for a child younger than 6 requires EOHHS/third party payer authorization 30 days prior to the initiation or continuation of services.
3. PASS can be provided up to a maximum of 6 hours per day unless otherwise clinically justified.
4. A weekly schedule with clinical goals and objectives assigned to PASS activities must be included in each Service Plan.
5. Data must be kept for each PASS treatment session demonstrating the child's response to specific interventions worked on during treatment. It is the responsibility of the PASS Agency to oversee that data is correctly gathered, maintained and reviewed.
6. PASS Service Plans are approved for 12 months with required 6 month progress reports.
7. Extended family members (e.g., siblings, grandparents, aunts, uncles and cousins) may be considered as Direct Service Workers after being interviewed and assessed by the PASS Agency staff to determine their ability to consistently and effectively administer a PASS Service Plan.
8. Family members must ensure a clean, safe environment for PASS to be provided in the home (i.e., no smoking during PASS shifts; no use of illegal substances; no weapons in the home that are not locked up).
9. Clinical Consultation (T1027) will increase from 2 hours every 2 months to 2 hours monthly. Additional hours will be determined on a case by case basis.
10. Clinical Consultation can now include the Direct Service Worker during the face-to-face consultation time with the family.
11. Occupational Therapist, Physical Therapist, and Speech and Language licensed therapists may be included as part of the clinical team by PASS Agencies and may bill for Clinical Consultation.
12. The interpretation code (T1013U1) may be used for PASS Clinical Consultations if necessary – up to 2 hours monthly.
13. All efforts must be made for a child to receive both PASS and HBTS from the same PASS Agency to ensure consistency, efficiency and effective treatment.

14. If a child or adolescent is receiving HBTS and PASS, the total number of treatment hours (treatment intensity) per week must be substantiated through the establishment and documentation of medical necessity, measurable goals with frequency and duration of each service to be delivered, and evidence of collaboration between provider-agencies, up to 25 hours. It is preferred that a child/adolescent receive both PASS and HBTS from the same provider-agency to ensure consistency and efficient treatment.
15. PASS treatment hours (treatment intensity) per week must be substantiated through the establishment and documentation of medical necessity, measurable goals with frequency and duration of each service to be delivered, up to 20 hours.
16. If the family and PASS Agency are unable to find suitable Direct Service Workers after a 4 month period of time, the case may be closed and should be referred to another provider unless the family objects. The family may remain enrolled with the PASS Agency however Direct Implementation (H2016) may not be billed until such time that a Direct Service Worker is identified. Written documentation must be sent to the family informing them of this policy if the PASS Agency opts to close the case.
17. If a child is receiving HBTS and there is to be a consideration of adding PASS to the overall plan of care, it is necessary to document why Treatment Support is not clinically indicated.
18. PASS service plans will no longer be required to be reviewed by CEDARR clinicians
19. PASS service plans will no longer be required to be aligned with CEDARR Family Care Plans.
20. Prior authorizations from each PASS Agency using a batch form should be sent once a week, prior to the start date of service, to EOHHS for fee for service enrolled families. Providers shall follow the procedures established by third party payers for managed care enrolled families.
21. Each month, a random sample of Service Plans will be selected from the batches received and PASS providers will be asked to electronically send the Service Plan to EOHHS for a review. Approximately 15% of plans will be reviewed annually.

I. PASS SCOPE OF SERVICES

PASS is designed to enable children and youth with special health care needs to grow, develop and live as independently as possible in their homes and community. These supports and services will maximize opportunities to succeed in the least restrictive and most natural settings. PASS shall promote healthy, pro-social, and adaptive responses to the challenges associated with medical, developmental, or behavioral health conditions. The purpose of PASS is to strengthen functioning, promote inclusion, and empower the child and family to direct their own care. Additionally, PASS serves to strengthen the family unit as it addresses the needs of the child and other family members within the home. As these children and youth mature into adulthood, the skills developed through these services will help them take greater responsibility and control of their own care.

PASS is not intended for the convenience of the beneficiary or service provider. While the recommendation for PASS may come from a parent/caregiver/guardian, physician or other service provider, the final arbiter of the determination of medical necessity rests with the Medical Assistance Program.

PASS is not for individuals exhibiting marked impairments involving: self-control (e.g., aggression or conduct); severe disturbances in thinking, perception, or mood; or learning disabilities. All treatment objectives are individually determined and associated with specified activities and interventions with a schedule of participation, and measureable outcomes. PASS is not intended to replace or supplement school-based services, behavioral health treatment, certified nursing services, or RESPITE.

Ability to Accomplish/Perform Essential Activities of Daily Life

In order for children and adolescents to achieve their physical and psychosocial needs, they must be able to accomplish activities of daily living such as eating, dressing, toileting, and other aspects of personal hygiene. They must also be able to perform the instrumental activities of daily life such as using a telephone and accessing transportation, and successfully participating in community activities. To be able to regulate oneself, a child must be able to respond to changes in emotions and daily demands of the environment and to cooperate with others in taking care of personal needs, health and safety including the ability to identify and regulate feelings, thoughts, urges and intentions.

Ability to Make Self-Preserving Decisions

To care for one's self, a child or adolescent must become increasingly independent in making and following personal decisions. This requires displaying consistent judgment about the consequences of various actions. As the child matures, using and testing personal judgment helps develop confidence and competency to make decisions about health and safety, management of self and possessions, and lifestyle and leisure activities. This includes making decisions that do not endanger themselves and knowing when to ask for help from others.

Ability to Participate in Social Roles and Social Settings

As children grow and mature, they increase in capacity to initiate and sustain emotional connections with others, develop and use the language of their community, cooperate with others, comply with rules, respond to criticism, and respect the possessions of others. They also become more independent in the ability to make decisions and act autonomously while responding to the day-to-day demands that occur in performing tasks in various social settings. This requires a number of social and interpersonal skills. Children and adolescents must learn how to initiate and respond to exchanges with other people for practical and social purposes. They must also learn how to form intimate relationships with family members and friends their own age, and to sustain them over time. To do this, the child and adolescent must be able to respond accordingly to a variety of emotional and behavioral cues. They must be able to do this at home, school or in the community and in the context of playing, learning, and working cooperatively with other children as well as responding to persons in authority.

II. TARGET POPULATION AND LOCATION WITHIN A CONTINUUM OF CARE

Eligibility

Recipients of PASS must meet the Federal definition of disability. The Federal definition of disability states that a "child must have a physical or mental condition, or a combination of conditions, that results in marked and severe functional limitations. This means that a child's condition(s) seriously limit functioning, or are expected to be disabling for at least 12 months; or the conditions are expected to result in death."¹ Participants eligible to receive PASS must demonstrate that the problem(s) being addressed fall within EOHHS' medical necessity definition (See: Appendix 1). "Medical necessity refers to medical, surgical, or other services required for the prevention, diagnosis, cure, or treatment of a health related condition."²

The population eligible to be served by PASS must meet all of the following criteria:

1. Children who are Medicaid eligible from birth to their 21st birthday, with children ages six to twenty-one being the primary target population.

¹ Section 1902 (e)(3) - Social Security Act

² RI Medical Assistance Program, 300-40-3, September, 1997

2. Children who are eligible for Medical Assistance (through Supplemental Security Income (SSI), Katie Beckett (through age 18), Adoption Subsidy, Rite Care, or Rite Share).
3. Children who meet the Federal Disability definition.
4. Children living at home with consenting legal guardian or is over 18 years of age and consents to treatment services/supports.

Verification of Eligibility

Provider-agencies have the responsibility to verify continuous Medicaid coverage. This can be accessed online at <https://www.riproviderportal.org/hcp/provider/Home/tabid/135/Default.aspx>. Loss of Medicaid coverage can occur for a variety of reasons and result in nonpayment of claims. Providers may request retroactive reimbursement from the EOHHS claims payment vendor once coverage has resumed if:

1. There has been no lapse in Medicaid coverage.
2. The child has an approved PASS Service Plan.

Mainstreaming

PASS Agencies shall not intentionally exhibit preferential enrollment of children and families in any way based on their referral source or third party payer. A violation of these terms may be considered a material breach and any such material breach may be grounds for suspension or termination of certification.

III. PRIOR APPROVAL PROCESS

PASS requires prior approval for Medicaid eligible clients. Provider Agencies shall obtain information from referral sources to conduct initial screening to identify concerns/needs and determine clinical eligibility for PASS. When applicable, parents/caregivers/guardians are then provided with treatment information describing PASS. Parents/caregivers/guardians may choose which PASS Agency to use or shall utilize PASS from their HBTS/PASS Agency.

Parents/caregivers/guardians may seek to have a child's PASS transferred to another PASS Agency. It is the responsibility of the current PASS Agency to assist in an orderly transfer by collaborating and coordinating care with the new PASS Agency, the family, initial referral source and/or third party payer. Written documentation must be maintained in support of ongoing coordination of care for PASS.

IV. LEVEL OF CARE

The PASS program is a consumer-directed program, designed to maximize the control and choice families have over the specifics of service delivery. This model of care is intended to help decrease reliance and dependence upon agency-based systems of care and build on the natural strengths and expertise of the family.

In this consumer-directed approach, the family must be able to take on the primary responsibility of identifying and prioritizing service goals and objectives in any one or more of the three PASS Outcome Domains. PASS Agency clinical consultants should be available to assist the family in defining and describing how those goals and objectives can be best reached and how the attainment of desirable outcomes can be documented. In this family-professional team, the family takes leadership in defining *what* should be done and the PASS Agency staff takes the leadership in describing *how* it should be done.

The specific roles/responsibilities of both the family and the PASS Agency will be clearly delineated and contractually agreed upon by all parties in the Service Plan. As consumer direction is at the heart of

PASS services, families have specific and essential responsibilities in each of the four service components.

Clinical Criteria

These criteria pertain to the initial determination of eligibility. Service Plan approval requires all of the following criteria to be met and documented:

1. A formal Behavioral Health or Medical diagnosis including at a minimum, a clinical diagnostic interview, made within 3 years by a qualified licensed health care professional. Clinical information must demonstrate that the child is disabled with evidence of functional impairment(s). Neuropsychological/Psychological/Educational testing and/or Language Evaluation shall be included as necessary. Provider agencies shall work with families and/or third party payers to obtain, as applicable.
2. The child demonstrates symptoms and behavior consistent with a diagnosis from the current version of the DSM and/or ICD that requires therapeutic intervention.
3. The child and the parent(s)/caregiver(s)/legal guardian(s) are willing to accept and cooperate with PASS, including the degree of parental participation outlined in the PASS Service Plan.

Clinical Criteria for Continuing Care

Reasons for a Service Plan at this level of care to be continued and/or reauthorized involve all of the following criteria:

1. Severity of condition(s) and resulting impairment continue to require a PASS service plan to maintain and/or improve level of adaptive and functional skills. Clinical information must demonstrate that the child is disabled with evidence of functional impairment(s), as reflected by the use of a standardized assessment tool (e.g., Vineland).
2. Progress in relation to goals is clearly evident, measurable and described in observable terms.
3. The family is adhering to requirements set forth in the PASS treatment plan.

V. COMMITMENT TO FAMILY CENTERED CARE

Family-centered care reflects a shift from the traditional focus on the biomedical aspects of a child's condition to a concern with seeing the child in context of their family and recognizing the primacy of family in the child's life. The principles argue in favor of an approach that respects families as integral and coequal parts of the health care team.

Incorporating into policy and practice the recognition that the family is the constant in a child's life, while the service system and support personnel within those systems fluctuate.

1. Providing individualized services in accordance with the unique needs and potential of each child and guided by the child and family specific care plan that recognizes health, emotional, social, and educational strengths, as well as needs.
2. Facilitating family/professional collaboration at all levels of hospital, home and community care.
3. Exchanging complete and unbiased information between families and professionals in a supportive manner at all times.
4. Incorporating into policy and practice the recognition and honoring of cultural diversity, strengths and individuality within and across all families, including ethnic, racial, spiritual, social, economic, educational and geographic diversity.
5. Encouraging and facilitating family-to-family support and networking.
6. Appreciating that families and children possess a wide range of strengths, concerns, emotions, and aspirations beyond their need for specialized health and developmental services and support.
7. Ensuring services that enable smooth transitions among service systems and natural supports, which relate to the developmental stages of the child and family.

8. Full disclosure to families of any anticipated delays in start of services, changes in personnel, and provider-agency policies and procedures in the provision of home-based services.

VI. ASSESSMENT AND SERVICE PLAN DEVELOPMENT

Assessment and Service plan development design the PASS Direct Services for an individual child and family. All goals and objectives in the Service Plan and in the scope of the Direct Service Worker activities must be focused in at least one of the three PASS domains.

During Assessment, a PASS Agency coordinator works with the family to assure families have the requisite information and/or tools to participate in a consumer-directed approach and to manage the services. It is essential that the family's readiness to participate be first assessed, by the PASS Agency, upon receipt of referral, as not all families will be prepared to take on the required responsibilities. Additionally, the PASS Agency coordinator shall review the family's ability to effectively participate in the delivery of PASS services throughout an authorized period of care.

The Service Plan begins with an assessment of the needs and activities of the child and family based upon their daily routines. From the assessment, flows the identification of goals and objectives with details of Service Plan Implementation and monitoring. Service Plans constitute a written agreement for all involved parties and identify roles and responsibilities of each party (i.e. PASS families, direct service worker(s) and PASS Agency).

All Assessment and Service Plan Development must be completed under the supervision of a qualified health care professional licensed by the RI Department of Health.

A minimum of one home visit to assess health and safety issues must occur before submission/authorization of the plan. The PASS Agency's Clinical Consultant must assist in writing the Service Plan as well as its review and sign the Service Plan. Back-up plans in the anticipation of the absence of the Direct Service Worker are to be included in the Service Plan.

The family's role in the Assessment and Service Plan Development sets the framework, including defining goals, tasks and roles for Direct Service Workers. The PASS Agency must work with the family to design the Service Plan.

The Service Plan renewal will include a reassessment of the progress toward the goals from the previous plan. It serves as an evaluation of the child's progress relevant to the goals and objectives of that plan. Revisions or modifications of the goals and objectives may be needed as a result of changes in the child's status or family circumstances and must be agreed upon and approved by all parties.

PASS Service Plan Authorization, Reauthorization and Renewal

1. Parents are prime contributors to the development and approval of initial and any renewal PASS Service Plans and must sign the Service Plan.
2. There will be no retroactive approval of plans.
3. The PASS Agency Coordinator and the Clinical Consultant will schedule sufficient time with the family for:
 - a. Reviewing if the child meets clinical criteria; review of the existing Service Plan; and sign it in a timely manner
 - b. Identification of any changes in circumstances
 - c. Assessment of the status of goals and objectives relating to the three PASS domains
 - d. Necessary revisions to the Service Plan
 - e. Failure of a family to participate in a renewal process may result in the suspension of services

Service Plan Implementation - Direct Services

Direct Services are one-to-one personal assistance services provided by a Direct Service Worker under the direction of the parent/caregiver/guardian in accordance with an individualized approved Service Plan. These are activities to support the quality and continuity of the individualized PASS Service Plan. The activities promote the provision of reliable, high quality care and long-term retention of Direct Service Workers. Procedures protecting family and personal rights and safety will be outlined in agency policy and will serve as a resource in the event of issues/challenges for families in their roles as managing employers of Direct Service Workers. Initially, it is expected families may require more assistance and direction in Service Plan Implementation. Concentrated communication and assistance from the PASS Agency will serve to build the necessary capacity and thus enable families to navigate consumer-directed PASS services, help to eliminate long-term challenges, and assure progression toward Service Plan goals and objectives.

To ensure quality and continuity of care within Service Plan Implementation, ongoing mutual collaboration/technical assistance from the PASS Agency to the family is fundamental to improvements in Service Plan goals and objectives within the three PASS domains. The family’s ability to train and supervise the Direct Service Worker and their capacity to effectively manage various roles as PASS participants is yet another crucial layer to successful consumer-directed services.

Under Direct Services, designated family supervisor(s) will direct the scope, content and schedule of worker activities and evaluate their performance. The PASS Agency will support the employment of the Direct Service Worker through payroll administration.

The administration of medication, as prescribed by a physician (or other comparable licensed health professional), cannot be given by PASS staff to a child during a course of care. While a parent/caregiver/guardian has discretion to give medication, the Direct Service Worker cannot assume this responsibility. Under the RI Nurse Practice Act (5-34-1.1) medication administration cannot be assigned to unlicensed personnel which includes Direct Service Workers. Should a child require medication during service delivery, the family must make arrangements for another adult to administer the medication if the family is unavailable.

Units for Direct Services and Service Components

For PASS Direct Services, a unit is a session of service representing a sustained period of activity with the direct service worker and child. A unit is 15 minutes in duration. Direct Services are reimbursed at three levels dependent upon the worker’s experience and/or educational level, and opportunities for future incentives/increases.

All claims must be submitted within 12-months of the date of service for reimbursement.

The following table provides a summary of the four reimbursable service components, required personnel qualifications, range of approved units and hours for each service component outlined in the previous sections.

PASS SERVICE COMPONENT	REQUIRED PERSONNEL	QUALIFICATIONS	APPROVED UNITS
<p>Assessment and Service Plan Development</p> <p>CODE: T1023-U1</p> <p>Service Plans authorized for 12 months and are renewable annually</p>	<ul style="list-style-type: none"> • Agency Coordinator • Family Supervisor(s) or designated supervisor • Agency Clinical Consultant 	<p>Minimum of high school diploma or equivalent and 2 years of college education in human services or related field and experience working with Children with Special Health Care Needs</p> <p>BCI and CANTS</p> <p>Licensed: Clinical Social Worker, Independent Clinical Social Worker, Psychologist, Marriage and Family Therapist, Mental Health Counselor, BCBA, OT, PT, SPL, or Registered Nurse with a Masters Degree. Two years experience working with Children with Special Health Care Needs.</p>	<p>Flat rate for completed Assessment and Service Plan Development</p>
<p>Direct Services</p> <p>CODES: T1019</p> <p>T1019 TF</p> <p>T1019 TG</p> <p>Three codes for different rates of reimbursement, determined by direct service worker's level of education and experience.</p>	<ul style="list-style-type: none"> • Direct Service Worker 	<p>At least 18 years of age, high school diploma or equivalent, BCI check and CANTS</p>	<p>1 unit = 15 minutes</p>
<p>Service Plan Implementation</p> <p>Direct Implementation</p> <p>CODE: H2016</p> <p>Direct Coordination</p> <p>CODE: T1016U1</p>	<ul style="list-style-type: none"> • Agency Coordinator 	<p>Minimum of high school diploma or equivalent and 2 years of college education in human services or related field and experience working with Children with Special Health Care Needs</p> <p>BCI and CANTS</p>	<p>More intense needs or special circumstances may be individually approved by DHS.</p> <p>Direct Coordination per diem</p> <p>2 hours = per week per PASS family</p>
<p>Clinical Consultation</p> <p>CODE: T1027</p>	<ul style="list-style-type: none"> • Clinical Consultant 	<p>Licensed: Clinical Social Worker, Independent Clinical Social Worker, Psychologist, Marriage and Family Therapist, Mental Health Counselor, BCBA, OT, PT, SPL or Registered Nurse with a Masters Degree. Two years experience working with Children with Special Health Care Needs.</p>	<p>Up to 2 hours per month</p> <p>Additional hours are determined on a case by case basis</p>
<p>Interpretation</p> <p>CODE: T1013U1</p>	<ul style="list-style-type: none"> • Certified Interpreter 		<p>Up to 2 hours per month</p>

Treatment Intensity

Treatment intensity refers to the number of direct service hours in an approved Service Plan. It is the PASS Agency's responsibility to determine the level of treatment intensity necessary to promote the achievement of treatment objectives. PASS treatment hours (treatment intensity) per week must be substantiated through the establishment and documentation of medical necessity, measurable goals with frequency and duration of each service to be delivered, up to 20 hours.

EOHHS requires recommendations for treatment intensity to be based on the individual needs of a child. Collaboration with the child's family and all relevant parties involved in developing an individualized plan of care for the child is required and shall be maintained throughout a period of treatment (e.g., HBTS, behavioral health, physician, school personnel, or other agencies). Arriving at a level of treatment intensity must take into account the following factors:

1. The child's age.
2. Ability to engage in sustained treatment (e.g., span of attention, stamina, developmental level, etc.) and expectations for progress.
3. Type, nature, and course of presenting condition and diagnosis.
4. Severity of presenting behaviors.
5. Other treatment or educational services being received.
6. Impact on family functioning.
7. Presence of co-existing conditions.
8. Presence of biological or neurological abnormalities.
9. Current functional capacities of the child.
10. Family factors (e.g., parenting skills, living environment, and psycho-social problems).
11. Interaction with other agencies or providers.

Family Role and Responsibilities in Service Plan Implementation - Direct Services

1. Define and determine scope of work in accordance with Service Plan and job description
2. Primary role in the recruitment of the Direct Service Worker
3. Provide training to the Direct Service Worker on child's disability and specific goals and objectives outlined in Service Plan
4. Maintain a professional relationship with the Direct Service Worker
5. Evaluate and provide ongoing guidance and supervision to the Direct Service Worker
6. Monitor and document progress of child toward Service Plan goals and objectives
7. Implement back up plan in the event Direct Service Worker is absent and unable to provide direct services
8. Maintain a safe and stable working environment within the home
9. Follow proper reporting procedures (i.e. incidence reports, safety procedures) as well as inform PASS Agency of any significant event that impacts the ability of the Direct Service Worker to render treatment within 48 hours.
10. Manage budgeted service hours and sign timesheets for Direct Service Worker
11. Assure proper reporting of hours on timesheets
12. Notify PASS Agency of changes in circumstances of the child or family as soon as possible
13. Direct complaints or satisfaction issues to direct worker first and then to PASS Agency in cases of non-resolution

Clinical Consultant Role and Responsibilities in Service Plan Implementation - Direct Services

1. Assist the family in the training of the Direct Service Worker
2. Offer technical assistance/guidance in the management of Direct Service Worker activities in accordance with Service Plan

Direct Service Workers Role and Responsibilities in Service Plan Implementation - Direct Services

1. Participate and attest to completion of PASS Agency provided training on employee responsibilities
2. Carry out direct services in accordance with job description and Service Plan
3. Keep progress notes and data on child's progress toward Service Plan goals and objectives and provide feedback to designated family supervisor(s)
4. Cooperate and communicate with family members/supervisor on a weekly basis or more frequently as needed
5. Obtain approval from family supervisor(s) prior to any preplanned absence
6. Notify family supervisor(s) immediately in the event she/he is unable to provide direct services
7. Attend on-going training sponsored by PASS Agency
8. Protect health and safety of self, child and family
9. Document hours worked and file necessary tax documents
10. Refrain from tasks not delineated in Service Plan (i.e. housekeeping, cooking for other household members)
11. Assure proper incidence reporting
12. Direct complaints or satisfaction issues to family supervisor(s) and to PASS Agency in cases of non-resolution
13. Agree to maintain confidentiality for all EOHHS beneficiaries or clients in accordance with all State and Federal laws.

PASS Agency Responsibilities in Service Plan Implementation - Direct Services

1. PASS Coordinator assists the family in recruiting the Direct Service Worker
2. PASS Coordinator provides program training for new families, as needed.
3. Hire the direct service worker
4. Maintain policy and procedure manuals in accessible area for personnel
5. Conduct Background Checks and maintain personnel files
6. Work with family to review case records and progress notes of Direct Service Workers for sufficiency and advancement of Service Plan goals and objectives
7. Develop a family/Direct Service Worker complaint tracking system that addresses level of severity and frequency of complaints and corrective actions taken by families, PASS Agency, and Direct Service Workers
8. Works with family to demonstrate a corrective action plan for worker misconduct or failure to perform specified duties
9. Manage payroll activities; state and federal taxes, unemployment, worker's compensation
10. Provide family with records of authorized, utilized hours/sessions requested
11. Demonstrate an effective plan and policies for detecting and reporting abuse, neglect or exploitation
12. Monitor Medicaid compliance for mismanagement of funds and/or services
13. Maintain agency liability insurance
14. Maintain Worker's Compensation Coverage for Direct Service Workers
15. Provide or arrange training to PASS families in ongoing management skills and responsibilities which include but are not limited to: time sheets, interpersonal communication, conflict resolution, and evaluating Direct Service Worker performance and reporting requirements
16. Train and/or support PASS families in defining and controlling scope of work in accordance with Service Plan; recruiting, interviewing, and orientation
17. Document and store records from these sessions in family files
18. Provide ongoing assistance in promoting and maintaining positive relationships between families and Direct Service Workers
19. Communicate monthly with PASS families around satisfaction with quality and continuity of care issues

20. Provide or arrange training to Direct Service Workers on employee responsibilities: keeping time sheets, progress notes, interpersonal communication, conflict resolution, employment law and reporting requirements

Clinical Consultation

The purpose of Clinical Consultation is to provide direct support and assessment, as well as approaches and techniques to enhance PASS family skills and abilities to meet the child's needs, train and supervise Direct Service Workers. Clinical consultation provides family supervisor(s), the Direct Service Worker, and the child with expert guidance through at least a bimonthly review of goals and objectives, observation of child's progress, assisting the family in the appraisal of direct worker's performance, and providing recommendations for techniques and approaches. Clinical Consultation can take place within the PASS Agency setting, in the PASS family home, community, or by phone.

Clinical Consultants assist in writing, review and approval of Service Plans. The Clinical Consultant must document and summarize the child and family's response to PASS services at the conclusion of the 12-month timetable for a PASS Service Plan. The Clinical Consultant, in conjunction with the family and the PASS Agency staff will address renewal, transition planning, or discharge needs.

Family Role in Clinical Consultation

1. Review child's progress notes and Direct Service Worker performance with Clinical Consultant on a monthly basis
2. Include child as participant in clinical consultation sessions, as applicable
3. Meet with Clinical Consultant as scheduled
4. Incorporate Clinical Consultant's technical assistance/expertise in child-specific training for Direct Service Workers

PASS Coordinators Role in Clinical Consultation

1. Assist the family in recruiting the Direct Service Worker
2. PASS Agency Coordinator to report as needed to supervising Clinical Consultant
3. Collaborate with Clinical Consultant and family during Service Plan reviews
4. Document and store records from meetings in family files
5. Utilize technical assistance/expertise offered by Clinical Consultant

Direct Service Worker Role in Clinical Consultation

1. Submit child progress notes to Clinical Consultant on a monthly basis
2. Participate in family-provided trainings on modifications to Service Plan
3. Utilize technical assistance/expertise offered by Clinical Consultant
4. Participate in Clinical Consultation with family

Intended Outcomes of Practice Standards and Services

The provision of PASS is intended to:

1. Enable parents/caregivers/guardians of children with special health care needs to have the responsibility, control, and flexibility in choosing how to best meet their child's needs within at least one of the core PASS domains (i.e., accomplishment of activities of daily living, making self-preserving decisions, and participating in social/community settings).
2. PASS shall complement existing therapeutic services or serve as a step down or alternative to other forms of clinical care, when indicated.
3. PASS shall enhance a child's independence, social integration skills, and participation in the community.
4. PASS shall facilitate transition, when applicable, to the adult system of care.

Discontinuing Services

Reasons for a Service Plan to be terminated or suspended can involve any of the following criteria:

1. Loss of Medicaid eligibility.
2. The child is at risk of harm to self or others, or sufficient impairment exists requiring a more intensive level of service.
3. The child's home environment presents safety risks to the staff making home visits. These include, but are not limited to: sexual harassment, threats of violence or assault, alcohol or illegal drug use, and fire arms and health risks (e.g., contagious illnesses).
4. The child, family, or guardian is not successfully following the PASS Agency's program rules and regulations, despite multiple documented attempts and are therefore no longer capable or willing to participate to the extent required by a consumer directed program.
5. The child has been admitted to a residential program or hospital.

All instances and circumstances that effect temporary suspension of services or termination shall require the PASS Agency to notify the family in writing. The family will have the right to appeal any discontinuation/termination/suspension of services to EOHHS.

Discharge Criteria

Reasons to end PASS can include any of the following criteria:

1. The child's documented Service Plan goals and objectives have been successfully met.
2. The child meets criteria for a less/more intensive level of care.
3. The recipient (age 18), or his/her parent(s)/legal guardian(s), has withdrawn consent for treatment.
4. Loss of Medicaid eligibility.

VII. POTENTIAL OF SERVICE AND LIMITATIONS OF SERVICE

Potential of Service

PASS is intended to maximize a child's self-determination and independence in order to thrive in the most natural and least restrictive environment.

Limitations of Service

EOHHS reserves the right to determine that PASS is being used properly to reach target populations. The following guidelines shall be followed:

1. PASS will not be used for Respite or childcare.
2. PASS will not exist in isolation when other supports are indicated (e.g., family or individual psychotherapy, medical treatment, or school services and Early Intervention). PASS is expected, when applicable, to complement other services already in place for the individual. PASS is not a substitute for mental health services provided by licensed professional clinicians.
3. PASS will not take the place of services provided by Private Duty Nursing, or the roles and responsibilities assigned to Certified Nursing Assistants). However, it is recognized that some children may require both PASS and nursing care, including CNA services however, these services should not be provided concurrently
4. Medicaid does not reimburse experimental and investigational treatments.

APPENDIX 1: DEFINITION OF MEDICAL NECESSITY

As defined and applied to all State Medicaid programs (See: RI EOHHS Medical Assistance Program, 300-40-3, September 1997), *Medical Necessity refers to medical, surgical, or other services required for the prevention, diagnosis, cure or treatment of a health related condition.* It includes services necessary to prevent a regression in either medical or mental health status. Services must be provided in the most cost effective, efficient and appropriate manner. Services are not to be provided solely for the convenience of the beneficiary or service provider.

The prescription or recommendation of a physician or other service provider of medical services is required for a determination of medical necessity to be made, but such prescription or recommendation does not mean that the Medical Assistance Program will determine the provider's recommendation to be medically necessary. The Medical Assistance Program is the final arbiter of determination of medical necessity (See RI EOHHS Medical Assistance Program, 300-40-4, September, 1997).

APPENDIX 2: PROFESSIONAL LICENSURE

Relevant Department of Health policies are:

- 1) Clinical Social Worker: R5-39.1 CSW/ICSW
- 2) Mental Health Counselor and Marriage and Family Therapist: R5-63.2 MHC/MFT
- 3) Psychologist: RS-44-PSY
- 4) Occupational Therapist: R5-40.1-OCC
- 5) Physical Therapist: R5-40-PT/PTA
- 6) Speech Pathologists and Audiologists: R5-48-SPA
- 7) Nurse: R5-34-NUR/ED
- 8) Board Certified Behavior Analyst: BCBA

APPENDIX 3: PROVIDER QUALIFICATIONS

A certified PASS Agency must be able to demonstrate compliance with core State requirements as to organizational structure and process. These requirements pertain to areas such as incorporation, management of administrative and financial systems, human resource management, information management, quality assurance/performance measures and others. State requirements in these areas are consistent with the types of expectations or standards which would be set forth and surveyed by health care accrediting bodies and which are generally held to be critical to effective, consistent, high quality organizational performance and care provision.

Applicants are not required to systematically address in detail each of these areas in their provider applications. Rather, these are set forth as fundamental requirements for certified entities. In many areas applicants will be asked to provide assurances that their agency systematically addresses each of the standards identified. In certain areas, more specific description regarding the manner in which the agency meets the standard is required. The Application Guide provides guidance as to how the application should be structured and the areas which need to be addressed.

In not requiring applicants to explicitly address the elements in Section 7, the State is seeking to simplify the effort needed to develop an application; these standards remain in place. The State reserves the right to review certified entities for compliance with these standard requirements.

Incorporation and Accountable Entity

The applicant to become a PASS Agency must be legally incorporated. The certified entity shall serve as the liable entity responsible for meeting all of the terms and conditions for providing PASS. Applicants must clearly present the overall structure by which services, requirements and programmatic goals will be met. The corporate structure of the entity must be clearly delineated.

Partnership or Collaboration

Satisfactory performance as a certified PASS Agency calls for significant organizational capacity. In some cases this capacity may be present within a single organization and application for approval will be made based on the strengths of that single organization. In other cases the application may represent the joint effort of several parties, which have the combined capabilities to meet the approval requirements. This could come, for example, through a joint venture, a formal partnership or an integrated series of executed contractual arrangements. Regardless of form, a single legal entity will be certified with overall responsibility for performance.

The certified PASS Agency is to be the single billing agent for all PASS activities.

Governance and Mission

The governance of the entity must be clearly delineated. Composition of the Board of Directors and any conditions for membership must be clear. The overall performance of an organization flows from the philosophy and oversight of the leadership. Leadership and stakeholders “build” the mission, vision and goals; this in turn shapes the business behavior and is reflected in the tone that leadership sets for the operation of the organization. The leadership strives to recruit members who reflect the cultures and ethnic backgrounds of clients, and to provide a mix of competencies that address organizational needs. Specific standards regarding governance and mission are as follows:

1. The agency has a clearly stated mission and publicly stated values and goals.
2. The agency is operated/overseen by some type of legally or officially established governing body, with a set of governing documents or by laws. This governing body has full authority and responsibility for the operation of the organization.

3. The governing body is self-perpetuating and has a recruitment and periodic replacement process for members to assure continuity and accountability.
4. The governing body hires, supervises, and collaborates with a chief executive officer or director. Together the executive and governing bodies provide organizational leadership.
5. The governing body has final accountability for all programs. Through a collaborative relationship with the executive and the management team, the governing body is responsible for developing the program goals and mission and ensuring compliance with legal and regulatory requirements.

Well Integrated and Organized Management and Operating Structure

The PASS Agency will be able to function in an efficient and effective manner, assuring consistency and quality in performance and responsiveness to the needs of families. The applicant shall provide clear identification of who is accountable for the performance of PASS. This includes administration, program quality, and management of service delivery and overall financial management.

Administration

Specific standards regarding administration are as follows:

1. The Executive, under supervision of the governing body, is responsible for financial management, achieving program outcomes, meeting client needs, and implementing the governing body's strategic goals.
2. A current chart of organization, which clearly defines lines of authority within the organization, must be maintained and provided as part of the provider application.
3. The management of the organization is involved in the planning process for performance improvement and is involved in planning for priorities and setting goals and objectives for the written Quality Assurance/Performance Improvement plan.
4. There is a written corporate compliance plan in place that is adopted by the governing body.

Financial Systems

The organization must have strong fiscal management that makes it possible to provide the highest level of service to clients. Fiscal management is conducted in a way that supports the organization's mission, values, goals and objectives in accordance with responsible business practices and regulatory requirements. Financial management requires a set of sophisticated financial planning and management capabilities if the organization is to remain viable. The organization must be able to obtain relevant data, process and report on it in meaningful ways, and analyze and draw meaningful conclusions from it. Managers must use financial data to design budgets that match the constraints of the organization's resources, and provide ongoing information to aid the governing body in managing and improving services. Therefore, the financial managers must have the ability to integrate data from all of the client and financial accounting systems (e.g., general ledger, billing and appointment scheduling). Data must also be utilized to make projections for planning and budgeting purposes.

Specific standards regarding financial systems are as follows:

1. Financial Management is provided by a Chief Financial Officer, Fiscal Director, or Manager with demonstrated experience and expertise in managing the finances of a human services organization with third party reimbursement. In larger organizations (e.g. with revenues in excess of \$1 million) this might be an MBA with demonstrated finance experience or a CPA; in smaller organizations a comptroller with a degree or experience in accounting might be sufficient. This individual must possess expertise in financial and client/patient accounting, financial planning and management.
2. The organization's financial practices are consistent with the most up to date accounting methods and comply with all regulatory requirements.

3. The organization's financial planning process includes annual budgeting, revenue projections, regular utilization and revenue/expense reports, billing audits, annual financial audits by an independent CPA, and planning to ensure financial solvency.
4. The organization has written policies and procedures that guide the financial management activities (including written policies for and procedures for expenditures, billing, cash control; general ledger, billing system; registration/intake system; payroll system; accounts payable; charge and encounter reporting system and accounting administration).
5. The organization has evidence of internal fiscal control activities, including, but not limited to cash-flow analysis, review of billing and coding activities.
6. The system must track utilization of service units separately for each individual client and aggregate this information by payer, performing provider and diagnosis/problem.
7. The organization has a billing office/function that bills for services rendered and collects fees for service and reimbursement.
8. The organization assesses potential and actual risks, identifies exposures, and responds to these with preventive measures.
9. The organization carries adequate general liability insurance, and ensures that professional liability policies are maintained for program personnel.
10. Where the organization contracts with outside entities and/or providers, policies and procedures mandate contract language to detail the entity's or provider's accountability to the Governing Body and its' By-laws.
11. The organization has systems that facilitate timely and accurate billing of fee-for-service, capitated, and case-rated insurance plans, clients and other funding sources. Once bills are forwarded to payers, the system properly manages payments, follow-up billing, collection efforts and write-offs.
12. The organization has a written credit and collections manual with policies and procedures that describes the rules governing client and third-party billing. Specifically, the organization has in place and adheres to policies and procedures ensuring compliance with Medicaid regulations pertaining to coordination of benefits and third party liability. Medicaid by statute and regulation is secondary payer to all other insurance coverage.
13. Clinical, billing and reception/intake staff receives ongoing training and updates regarding new and changed billing and collection rules and regulations.

Human Resources, Staffing

Human Resource activities within the organization are conducted to ensure that proper staffing for optimum service delivery to clients occurs through hiring, training, and oversight of staff activities. The activities are organized to serve the governing principles of the organization and compliance with these Practice Standards. The organization provides clear information to staff about job requirements and performance expectations, and supports continuing education, both internal and external, that is relevant to the job requirements of the individual. In addition, all staff receive training about major new organizational initiatives and about key issues that may affect the organization overall.

Specific standards regarding Human Resources and Staffing are as follows:

1. The organization's personnel practices contribute to the effective performance of staff by hiring sufficient and qualified individuals who are culturally and linguistically competent to perform clearly defined jobs.
2. Staff personnel records are kept that contain a checklist tickler system to track training, credentialing and other activities. A copy of each staff's active license will be kept on file.
3. The PASS Agency must perform annual written performance appraisals of staff based on input from families and supervisors. These must be available in the personnel files for review by EOHHS upon request.

4. Policies and procedures contain staff requirements for cultural competency that are reflected in the job descriptions.
5. Staff are hired that match the requirements set forth in both a particular job description and in the policies and procedures.
6. Each staff's record contains a job title and description reflecting approved education, experience and other requirements, caseload expectations, supervisory and reporting relationships, and annual continuing education and training requirements. Supervisory job descriptions establish expectations for both contributing to the organization's goal attainment and for communicating the goals and values of the organization. All job descriptions include standards of expected performance.
7. The organization provides a clear supervisory structure that includes plainly delineated spans of control and caseloads. The roles of team members are defined with a clear scope of practice for each. Supervisors receive specialized training and coaching to develop their capacities to function as managers and experts in their clinical and/or technical fields. The organization holds supervisors accountable for communicating organizational goals, as well as for clinical and technical supervision. This includes:
 - a. Protocols for communication and coordination with all interested parties (e.g., special education, primary care physician, or other specialists).
 - b. Clear procedures for addressing unmet education or licensure requirements will be stated. Credentialing records will be maintained annually to document compliance.
8. Credentials of staff established by the management team and approved by the Governing Body are contained in the job descriptions. An individual hired into a position has his or her credentials verified through primary source verification and records maintained in the staff's record.
9. A record of primary source verification is maintained in the individual staff record. This includes, at a minimum, verification of licensure, review of insurance coverage/ liability claims history, verification of board certification for physicians, verification of education and training required by law, and professional references and performance evaluations about applicant's ability to perform requested duties. The individual staff record for behavioral health practitioners should also contain a signed statement from the practitioner that addresses if any Medicare or Medicaid sanctions have been imposed in the most recent three-year period.
10. Staff has applicable credentials and meets qualifying standards of the organization. These are updated and checked regularly.
11. The organization provides training and training opportunities for all levels of staff.
12. Staff is required to participate in training activities on an ongoing basis, as specified by the organization and position and job descriptions.

Staff Qualifications

It is the responsibility of a PASS Agency to conform to EOHHS PASS Practice Standards regarding staff credentials, training, personnel management and guidelines. The PASS Agency shall demonstrate that it meets the specific staffing requirements for the PASS Agency Coordinators, and Clinical Consultants. The applicant must therefore give written assurances that these standards will be provided and maintained as a requirement for receiving and maintaining approval.

With respect to ensuring staff competency, the PASS Agency shall have policies and procedures in place for all employees consistent with EOHHS approval. This requires:

1. Licensed professionals providing supervision conform to Department of Health (DOH) continuing education requirements according to respective disciplines
2. Educational backgrounds align with position qualifications
3. Relevant training and/or orientation sessions are completed
4. Recent employment experience is relevant for target population

5. Employment background checks, Background Criminal Investigations (BCIs) and CANTS are performed for all potential employees.

Additionally, the following requirements must be met for PASS employees:

PASS Agency Coordinator

1. Minimum of high school diploma or equivalent and 2 years of college education in human services or related field and experience working with Children with Special Health Care Needs; and
2. Demonstrated competency working with families of Children with Special Health Care Needs; and
3. Minimum one-year experience working with a similar population.

Clinical Consultant

Must be a licensed health care professional in Rhode Island:

1. Licensed Independent Clinical Social Worker (LICSW)
2. Licensed Clinical Social Worker (LCSW)
3. Registered Nurse with a Masters Degree
4. Licensed Psychologist
5. Licensed Physical Therapist
6. Licensed Occupational Therapist
7. Licensed Speech and Language Pathologist
8. Licensed Mental Health Counselor
9. Licensed Marriage and Family Therapist
10. Board Certified Behavior Analyst (BCBA)

Relevant experience and training:

1. Minimum two years of experience working with children with special health care needs;
2. Demonstrated ability to provide PASS Services supervision to the PASS Agency Coordinator and/or consultation to PASS families and direct workers.

Direct Service Worker

1. Demonstrated competency to work with Children with Special Health Care Needs and
2. Demonstrated ability to carry out specific tasks outlined in the Service Plan and
3. At least 18 years of age and have a high-school diploma or equivalent and
4. No legal obligation to support the child and does not live in the same household as child

Agency Orientation and Training

All staff, including Direct Service Workers, shall be provided with a general orientation to the PASS Agency with respect to its mission, policies and procedures, administrative structure, training, family centered care, consumer-directed care and rights and responsibilities of all parties. Staff members are required to participate in these activities, as specified by the individual's position and job description and adhere to procedures

Personnel files shall contain documentation of completed agency orientation programs. PASS Agencies must provide and/or arrange for all newly hired staff to receive this general training. Additionally, PAs shall annually determine staff training needs and develop a written plan and schedule for the provision and/or arrangement of on-going staff training for Clinical Consultants, PASS Agency Coordinators and other PASS Agency staff members.

Preparation of Staff

The PASS Agency must have policies and/or access to programs for orientation, continuing education and professional development within the four applicable service components that fully meet the Practice Standards. PASS Agency staff members are required to participate in these activities, as specified by the individual's position and job description, roles and responsibilities.

PASS families will be required to participate in trainings provided and/or arranged by the PASS Agency regarding employer-employee relations and requirements. It is the primarily the family's responsibility to prepare and instruct the Direct Service Worker in child-specific tasks outlined in the Service Plan and subsequently determine the readiness of the Direct Service Worker for plan implementation. Basic training for all Direct Service Workers provided and/or arranged for by the PA, shall include, but not be limited to the following:

1. A valid certification in CPR and First Aid for children and young adults
2. Client rights
3. Ethics and confidentiality
4. Reporting procedures and documentation requirements
5. Payroll requirements and tax documentation

Agency and child specific training for Direct Service Workers must be completed prior to initiation of Direct Services. Training is completed when the family certifies their comfort with the skills of the Direct Service Worker by signing off on the Job Description and Contractual Agreement. Upon completion of the Assessment and Service Plan and approval of the Prior Authorization, Direct Services begin and a PASS Agency can be reimbursed for Service Plan Implementation.

Mandated Reporter

The PASS Agency has the legal responsibility to report suspected child abuse or neglect. All persons in Rhode Island are required by law to report known or suspected cases of child abuse and/or neglect to the Department of Children, Youth, and Families within 24 hours of becoming aware of such abuse/neglect.

Transportation

The Direct Service Worker may provide transportation during the course of PASS. However, the State will not assume any liability or responsibility for these activities. Any transportation provided to an outside program, facility or activity must be related to an activity in the Service Plan. PASS Agencies are required to inform families of this policy and obtain documented consent from the parent/guardian prior to providing any transportation. A specific waiver of liability will be needed if transportation is to be provided by the Direct Service Worker. The family, the direct worker, and the PASS Agency must sign this waiver.

The PASS Agency and the PASS family must demonstrate that it has procedures in place to protect the safety of the child being transported under the Service Plan. This means addressing certain minimum criteria for all Direct Service Workers and vehicles engaged in transportation:

1. Current vehicle insurance that allows for work related transportation (ie. transporting children)
2. Current vehicle registration and valid State inspection
3. The Direct Service Worker's driving history must be free of accidents for the past year, with no history of DWI
4. Family Supervisor(s) have signed a waiver for each Direct Service Worker releasing EOHHS of any liability and responsibility for anything that occurs during transportation

The use of public transportation is an important skill for enhancing independence at certain developmental levels. Consequently, wherever or whenever possible, its use should be addressed in the PASS service plan.

Quality Assurance and Performance Improvement

The organization is required to have policies and procedures and demonstrable activities for quality review and improvement (e.g. formal Quality Assurance or Performance Improvement plan). The organization ensures that information is collected and used to improve the **overall** quality of service and performance of the program. The Quality Assurance/Performance Improvement (QA/PI) program that the organization develops strives to: improve the systems related to the delivery of service to the clients; include the preferences of clients in the provision of services; and measure the process and outcomes of the program services. The QA/PI program is an ongoing process of planning, monitoring, evaluating, and improving the system in order to improve the outcomes of service provided to clients.

Standards regarding Quality Assurance/Performance Improvement are as follows:

1. The organization has a Quality Assurance/Performance Improvement (QA/PI) program that includes a written performance improvement plan with annual review of goals and objectives, data analysis, outcomes management, records review and operational/systems improvement. Written records are maintained for PI program activities.
2. The QA/PI program contains specific timetables for activities and measurable goals and objectives, which consider client concerns and input.
3. Effective data analysis is conducted that includes an assessment of client or organizational needs, identification of service gaps, and integration of that data into organizational decision-making processes.

Information Management and Record Keeping

The organization must use data to affect the performance, stability, and quality of the services it provides to clients; in its governance; and other systems and processes.

Standards regarding information management, medical and billing record keeping are as follows:

1. The organization obtains, manages, and uses information to enhance and improve its performance. Information it maintains is timely, accurate, and easily accessible, whether maintained in electronic or other format. Evidence exists that information gathered and maintained is used in decision-making for the organization.
2. The organization maintains a written plan for information management which includes: client record-keeping policies and procedures; confidentiality policies and procedures; and record security policies and procedures. The plan provides for the timely and accurate collection of data and sets forth a reporting schedule.
3. The organization shall ensure that its information management systems are protected from unauthorized outside access and shall meet all applicable HIPAA regulatory requirements.
4. The information management plan specifies standard forms and types of data collected for client intake, admission, assessment, referral, services, and discharge.
5. The information management plan has an incident reporting and client grievance-reporting component.
6. Information management processes are planned and designed to meet the organization's internal and external reporting and tracking needs, related to its size and complexity. Mechanisms exist to share and disseminate information both internally and externally.
 - a. The organization maintains signed releases for sharing of information.
 - b. Where necessary, signed affiliation agreements exist.

- c. Reports are available on an established schedule (weekly, bi-weekly, monthly, quarterly, etc.) for use by service providers, case managers, supervisors, managers, CEO, and the Governing Body for assessing client and organizational progress.
 - d. Reports to authorities (state, federal, and other funding and regulatory entities) for review are submitted accurately, in the required formats and on a timely basis.
7. The organization has written policies and procedures regarding confidentiality, security, and integrity of information, and has mechanisms to safeguard records and information against loss, destruction and unauthorized access or disclosure.
 - a. The organization has policies and procedures in place to safeguard administrative records, clinical records, and electronic records.
 - b. Electronic records are backed up, transmitted data is encrypted and secure, and access is password protected.
 - c. The PASS Agency shall have a procedure to have all direct service workers sign an acknowledgement of confidentiality of EOHHS records.
 8. Client information is accessible and is maintained in a consistent and timely manner, with enough information to support the consumer's needs or diagnosis, to justify services delivered, and to document a course of treatment and service outcomes.
 - a. Every client will have a record that contains: an initial assessment of client strengths and needs, goals as part of the PASS plan, documentation of care/services provided, documentation of change in client's status, and where necessary, discharge summary.
 - b. All records must include evidence of informed consent, where required.
 9. The client record documents services provided and results from the interventions. All entries into the client records are dated and authenticated, and follow established policies and procedures.
 - a. Changes in client's condition or lack of change following service provision are recorded in the client record at the time of service provision and signed by the family and Direct Service Worker.
 - b. Achievement of a client objective or milestone toward an objective is noted in the client record. Achievement of an objective or milestone results in a revised assessment.
 - c. Lack of progress in achieving a client objective or milestone toward objective results in a reassessment of the client.
 10. The client record will be the basis for billing. All service billings must be substantiated in the client record.

Health and Safety, Risk Management

The organization supports an environment that promotes optimal safety and reduces un-necessary risk for clients, family members and staff. The consumer-directed and family centered nature of PASS calls for specific policies and procedures to assure that services are provided in a safe and effective manner for both the child and the staff.

Standards regarding Health, Safety, and Risk Management are as follows:

1. The organization's policies and procedures designate managers who monitor implementation of Health and Safety policies and report to the Quality Assurance Performance Improvement program committee and the Governing Body.
2. The organization will have protocols for identification and monitoring of safety risks, family crises, medical emergencies and difficult situations.
3. Health and safety policies and procedures are clearly communicated to agency staff, visitors, and clients.
4. Programs will have an effective incident review process.
5. OSHA guidelines
6. All Federal and State mandates

APPENDIX 4: REQUIREMENTS FOR ORGANIZATIONS FOR DELIVERY OF SERVICE

The following sections identify the requirements that must be addressed in an approval application. Applicants are to demonstrate their approach to meeting these requirements in writing.

Requirements for Organization of Delivery of Service

An applicant must demonstrate that it brings to this program a sound combination of management skills, experience, and the capability to reliably support the provision of PASS. As part of the commitment to consumer-directed services, an applicant must demonstrate its capacity to effectively provide each of the PASS service components: (1) Assessment and Service Plan Development (2) Direct Services (3) Service Plan Implementation, and (4) Clinical Consultation.

Agreement to Accept Referrals

Certified PASS Agencies will be expected to accept all referrals of Medicaid enrolled children and determine eligibility for PASS and subsequently provide services on a timely basis. PASS Agencies may decline to write a Service Plan when they determine that:

1. PASS is not a suitable service for the child, due to health and safety concerns, and/or
2. The family is not willing or capable of taking on the risks and responsibilities inherent in PASS
3. The clinician has assessed and documented that the child does not require the level of care of PASS

Documentation of the specific reasons for declining to provide a Service Plan shall be maintained by the PASS Agency. Consistent refusal of referrals will result in comprehensive review of the agency's approval status.

Mainstreaming

PASS Agencies shall not intentionally exhibit preferential enrollment of children and families in any way based on their referral source or third party payer. A violation of these terms may be considered a material breach and any such material breach may be grounds for suspension or termination of certification.

Screening and Intake for PASS Services

Applications for approval must include written policies, procedures and documents addressing intake protocols for:

1. Managing referrals
2. Providing general information regarding PASS to ensure understanding of the services and family roles and responsibilities
3. Determining eligibility and admission criteria, including PASS criteria evaluating:
 - a. Stability of the child's condition
 - b. Safety of the home environment
 - c. Family willingness to assume the risks and responsibilities of
 - d. consumer-directed care
4. Provision of alternative recommendations for families not eligible for PASS services
5. Maintaining confidentiality of all Medical Assistance beneficiaries' records and information
6. Compliance with all State and Federal laws regarding the Health Insurance Portability and Accountability Act (HIPAA)

Provision of Authorized Services

1. PASS Agencies must demonstrate their capacity to function in each of the roles necessary for the provision of PASS service components.

2. It is the responsibility of the PASS Agency to ensure staff is prepared to provide consumer-directed services to PASS families.
3. Consumer-directed orientation should occur for newly hired staff members and be documented in their employment records. The orientation should assure compliance with the goals and objectives set forth in these standards relating to consumer-direction and family-centeredness.

Assessment and Service Plan Development and Renewal Procedures

The Assessment and Service Plan Development forms the foundation for PASS. It must be skillfully developed in order to effectively understand strengths and needs, to establish goals and objectives for the child within the home setting and within the normal daily flow of the household and the child's schedule. It must clearly establish the roles and responsibilities for all parties for each of the service components. For the more individualized aspects of the Service Plan the PASS Agency has developed a systematic approach for working with families to develop the Service Plan.

Applicants must demonstrate written policies and procedures that address all aspects of the Assessment and Plan Development, identifying techniques and tools which are analytic, strength-based and respectful of the consumer-directed core of PASS. This can be established by providing agency documents and standardized techniques used during the process of assessment and plan development.

Service Plan Implementation Procedures

An applicant must describe its approach to addressing the various responsibilities and tasks within Service Plan Implementation. This can be established through written statements demonstrating an understanding of the content and purposes of Service Plan Implementation and through agency protocols, policies, statement of purpose, worker orientation/training materials and/or procedures for Service Plan Implementation.

Clinical Consultation Procedures

Applicants will set forth their protocols for clinical consultation services including:

1. Monthly visits with families and/or Direct Service Workers related to the review of Service Plans, as clinically indicated
2. Documentation procedures of consultation sessions and any resulting modifications to Service Plan
3. Procedures for recommendations identifying Service Plan challenges and advising on opportunities for improvement

Strength of Program Approach: Process of Care and Management of PASS Service Components

In describing its program, the applicant will specifically address *Process of Consumer-Directed Care and Management of PASS Services*, including each subsection. The PASS applicant must demonstrate that it brings a combination of experience, skills, and support of family centered, consumer-directed philosophy to be certified as a PASS Agency.

The PASS Agency will use written standards of care to describe the processes by which the four component PASS services are planned, delivered, monitored and evaluated. There must be evidence of PASS Agency plans for initial and on-going active participation and consumer direction by the family. The applicant will ensure that all staff has relevant competencies, educational preparation, and experience to engage in the Service Planning, delivery and monitoring of PASS services.

Family Centeredness and Consumer-Direction

The PASS program is unique in that it is a consumer-directed service. PASS Agencies must incorporate the key components and philosophy of consumer-directed and family centered care into their service program and operations. Applicants must demonstrate the manner in which their services are conducted in

a consumer-directed fashion. Areas of program policy as well as written procedures shall include, but are not limited to, the following:

1. Established arrangements for active, ongoing participation of the family in the program.
2. Policy setting forth the active involvement of families in Service Plan development, management and oversight of the plan.
3. Policies setting forth emphasis on consumer-directed, culturally sensitive and family-centered service outcomes.
4. Policies outlining how the determination of capabilities of families to take on risks and responsibilities for PASS is made.
5. Demonstrating approaches to assure families are given opportunities to voice concerns and provide input to the PASS Agency activities and roles.

Family Rights and Responsibilities

A clear understanding of the respective roles of both the PASS Agency and the family serves to protect family rights and responsibilities as well as helps to avoid potential future problems. Within PASS, demonstration of compliance is required related to three areas of family rights and responsibilities. These relate to receiving:

2. The rights of a consumer to general information regarding PASS and rights to grievances and appeals.
3. The rights and responsibilities of children and families participating in consumer-directed PASS services.
4. The rights and responsibilities of notice regarding termination of services.
5. Informational materials shall be developed for families outlining PASS services, the process of developing a PASS Service Plan and the respective roles and responsibilities of the PASS Agency, the family, and the Direct Service Worker.
6. The agency shall demonstrate that it has grievance and appeal processes to resolve problems. These materials are to be provided to families at the onset of involvement and annually thereafter. The family's role in resolution should be clearly set forth.
7. For compliance with the Practice Standards, the PASS Agency must demonstrate that the Service Plan includes a clear statement of understanding that is to be signed by the family and in which the family affirms their understanding of rights and responsibilities.
8. A parent or guardian has the right to terminate PASS at any time during an authorized course of service or suspend for an agreed amount of time.

Ethical Standards

Clearly articulated Principles of Ethical Care and Professional Conduct must be publicly posted. Protocols will identify standards of ethical practice for all PASS Agency staff. The latter shall include, but will not be limited to, the following issues:

1. Grievance policies and procedures
2. Discipline Policies
3. Written description of services provided

EOHHS Administrative Fair Hearing Process and Appeal Rights

If a child's parent/caregiver/guardian objects to the decision EOHHS regarding the authorization of a Service Plan, they can request a hearing through EOHHS. At this Administrative Fair Hearing testimony is to be presented from all concerned parties. In turn, the Hearing Officer renders a written decision. Upon completion of this process, the prior authorization necessary for claims to pay may be adjusted based on the hearing decision.

MCO Fair Hearing Process

Managed Care Organizations are required to follow the RI Department of Health regulations regarding utilization review inclusive of appeals.

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/4534.pdf>

PASS Direct Services Procedures

PASS Direct Services are the heart of the PASS program, designed to provide the supports and services to enable the child to enhance social integration skills and meet his/her personal care needs in the most natural and least restrictive environment.

An applicant must demonstrate understanding of how Direct Services carried out by Direct Service Workers in accordance with the Service Plan will achieve improved health and function in each of the three PASS domains and their quality of life indicators:

1. Ability to accomplish/perform essential activities of daily living
 - a. Instrumental Activities of Daily Living (IADLs)
 - b. Activities of Daily Living (ADLs)
2. Ability to make self-preserving decisions
 - a. Health and safety
 - b. Management of self, possessions
 - c. Lifestyle
3. Ability to participate in social roles and social settings including but not limited to:
 - a. Communicating effectively
 - b. Participation in social/leisure activities
 - c. Engaging with others
 - d. Seeking and accepting assistance
 - e. Social participation opportunities

This can be established by providing protocols, standardized techniques and documents used to train and support families in implementing, sustaining, revising and evaluating Direct Services provided to their child. The applicant should also offer training support for families as well as documents to support Direct Service Worker training.

Management of PASS Services

Management of care specifically pertains to the way in which the PASS Agency organizes the provision of PASS. The applicant must demonstrate a sound organizational approach to ensure the provision of effective, timely and high quality personal assistance support services. This is partly represented in the staffing strategy employed to organize and oversee the work. Applicants must provide a clear delineation of staff roles, reporting relationships and supervision. Job titles must be identified. A defined chart of organization must be provided, with focus on the PASS services and demonstrating the relationship to the organization as a whole. The chart of organization must include both the job titles and the specific individuals who fill identified positions.

Roles and Scope of Practice

The work of the Certified PASS Agency staff must be systematically organized with clear delineation of the staff roles, reporting relationships and supervision within the four service components. If the agency is a multi-service organization, an applicant must illustrate how PASS fits into the organization as a whole. Detailed job descriptions must be provided for Clinical Consultants and PASS Agency Coordinators. Protocols must include clear delineation of the role of each staff position and scope of practice, including working in collaboration with other PASS Agency staff in such areas as:

1. Scope of practice and supervision addressing each of the four service components and the nature of the relationship with the family and the Direct Service Worker.

2. Staff evaluation protocols
3. Coordination and communication with family
4. Coordination and communication with other service providers, as necessary

Job descriptions must address the following areas:

1. Reporting relationships
2. Functional tasks and responsibilities
3. Required skills, training, and experience
4. Licensure or certification qualifications, when applicable

The organizational description shall also identify how the Direct Service Workers are shown within the organization chart and identify the role of the family as supervisor of the Direct Service Worker.

Supervision

The PASS Agency and the family assume slightly differing supervision roles. In general terms, the agency assures compliance with State and Federal legal requirements related to employment and payment of Direct Service Workers. The family will be responsible for the day-to-day supervision of Direct Service Worker activities. Additionally, it is understood that the PASS Agency is also responsible for assuring the coordination of PASS services through monitoring of services, as well as tracking and evaluating consumer and Direct Service Worker satisfaction.

Clinical Consultants supervise PASS Service Coordination activities, PASS Agency staff and provide consultation to families and Direct Service Workers.

Continuity of Care/Back-up Plan

It is primarily the responsibility of the family to address continuity of care issues and minimize disruptions in care (i.e. holidays, staff vacations, sick time, etc.) during the development of Service Plan. In the application, the PASS Agency must demonstrate a guidance process and procedures for families around this challenge and their management of Direct Service Workers.

Emergency Coverage

Whenever a Direct Service Worker is working with a child, there shall be a plan in effect to cover a crisis or emergency. An emergency or crisis is characterized by sudden onset, rapid deterioration of cognition, judgment, behavior or physical health, is time limited in intensity and duration, and poses serious risk of harm to the individual or others. The applicant shall describe processes for coordinating a crisis plan with the family.

Hours of Service

PASS Agencies must be available to families on a continual basis throughout a period of authorized services. The applicant shall define its hours of operation, which may include day, evening, and weekend coverage. PASS Agencies must provide back-up support during all hours when PASS services are provided. Families must be informed of hours of operation. It is required that the applicant provides care on a year round basis.

Timeliness of Service, Other Access Standards

Fully certified PASS Agencies will be in compliance with the Practice Standards and meet performance standards for the timeliness of services provided. These are performance standards for timeliness of services provided to PASS families.

Timeliness Standards for New Referrals

1. PASS Agency must offer a first meeting with the family within 14 calendar days of referral.

2. PASS Agency must complete an assessment and service plan within 30 calendar days of the first meeting with the family.
3. PASS Agency must initiate direct services within 30 calendar days of signing the Service Plan.
4. PASS Agency must complete for reauthorization all (100%) PASS Service Plans requiring renewal at least fifteen (15) calendar days prior to expiration of an existing approved plan.

Service Monitoring and Reporting

Appendix 3 provides detail information about monitoring and reporting. EOHHS may also request additional reports, documentation, and site visits, as necessary to monitor compliance with these Practice Standards and services provided by the PA.

Record Keeping Requirements

The applicant must describe policies and procedures for record keeping. Systematic recording of PASS direct service hours verified by the appointed supervisor(s) must be provided on a weekly basis. For the Direct Service Worker, time sheets documenting the specific hours of service provided per day must be co-signed weekly by the designated family supervisor(s). Services billed shall correspond to the approved hours requested in a Service Plan and must be supported by written documentation.

Measures of Parent Satisfaction

Parent satisfaction surveys must be conducted at the completion of each authorized Service Plan. It is recommended that surveys include both quantitative and qualitative feedback from parents. Survey results will be analyzed, and reported to EOHHS annually on April 1.

The format and content of the measurement tool is the responsibility of the PASS Agency and must include but are not limited to:

1. Sensitivity to family centeredness, consumer-directed care and cultural competencies;
2. Availability and utilization of Clinical Consultants
3. Progress made during plan implementation
4. Communication and collaboration with family and others
5. Staff availability, promptness and actual delivery of authorized hours

APPENDIX 5: PROVIDER APPROVAL PROCESS

Submission of Application for New Provider-Agencies

There is no limit to the number of entities that may become certified as provider-agencies for PASS. There is no prohibition against a PASS Agency also offering other Medicaid funded services (i.e., HBTS or Kids Connect) subject to satisfactory approval in those areas by EOHHS.

All applicants will be evaluated on the basis of written materials submitted to EOHHS. Applicants should anticipate a minimum of two months for the review process, which may include on-site inspections as well as additional written clarification before issuing its findings. A favorable determination will result in the issuance of a Letter of Approval.

During the period of review, staff from EOHHS may inform a PASS Agency that an unfavorable decision is anticipated. The PASS Agency may withdraw its application without prejudice and resubmit at a later time. There is no limit to the number of times that potential applicant can seek to become a Provider for PASS.

Instructions for Interested Parties

Applicants should contact EOHHS with a letter of intent. Inquiries and completed applications should be directed to:

Brenda Duhamel
Chief, Family Health Systems
Executive Office of Health and Human Services
Center for Child and Family Health
74 West Road – Hazard Building – Lower Level
Cranston, RI 02920

Possible Outcomes of Applicant Review Process

Applications for PASS provider approval will be reviewed and scored based on the degree to which an applicant demonstrates a program that complies with the requirements set forth in these PASS Practice Standards. Three basic outcomes are possible as a result of the application review process, namely:

1. *Approval with No Conditions* – The applicant is deemed in compliance with all requirements.
2. *Approval with Conditions* – The applicant may describe a program that meets most of the Practice Standards, but for one reason or another does not fully comply with requirements at the time of application submission.
3. *Not approved* - The application does not meet the requirements for approval and a provider agreement will not be offered to that agency. Should this occur, the applicant will be provided with specific written feedback and can choose to reapply at a later date.

Period of Approval

The initial period of approval shall last 3 years from receipt of signed letters of agreement stipulating conditions and requirements necessary for Approval as a provider of PASS. Thereafter, EOHHS has the sole responsibility and discretion to extend approval and/or require re-approval based upon its ongoing oversight and monitoring of PASS Agencies. In each instance, EOHHS will inform the PASS Agency in writing with new letters of agreement.

Compliance

Certified PASS Agencies must comply with these PASS Practice Standards throughout the awarded period of approval.

Licensure Requirements for Approved PASS Agencies

All clinical staff (i.e., licensed independent clinical social worker, licensed mental health clinician, licensed marriage and family therapist, licensed occupational therapist, licensed physical therapist, licensed psychologist and licensed speech and language therapist) rendering Clinical Consultation must possess a valid license from the Rhode Island Department of Health and meet competency requirements set forth in these Practice Standards (See: Appendix 2). New applicants must demonstrate that it meets this standard when applying to become a PASS Agency.

EOHHS Oversight and Authorization

1. EOHHS has the authority to monitor and enforce compliance with these standards. Failure of EOHHS to insist on strict compliance with all practice and performance standards shall not constitute a waiver of any of these provisions, and shall not limit the right of EOHHS to demand full compliance. EOHHS reserves the right to amend program requirements with reasonable notice to participating provider-agencies.
2. EOHHS in its capacity to monitor and evaluate PASS Agencies may take any of the following actions and/or issue other sanctions that it deems necessary pursuant to Medicaid or other Federal laws, and Rhode Island laws, namely:
 - a. EOHHS can inspect written records of PASS Agencies including documentation of clinical services and billing for Medicaid services within three days of written notification.
 - b. EOHHS can inspect sites and/or interview staff pursuant to complaints and/or compliance deficiencies with these practice standards.
 - c. EOHHS can require a plan of corrective action with clearly defined measures stipulating objectives, personnel responsible for managing and remedying identified deficiencies, and listing of dates for achieving success for all deficiencies. EOHHS reserves the right to specify the time for achieving part and full remediation of all identified deficiencies.
 - d. EOHHS can require further modification of any plan of corrective action.
 - e. EOHHS can suspend new referrals for up to 6-months as part of any plan of corrective action.
 - f. EOHHS can require recoupment of funds for violations of these Practice Standards and/or violations of Medicaid and/or State laws.
3. EOHHS shall institute Provisional Approval status following formal notice to the PASS Agency on the one hundred twenty first day (121) for continued non-compliance to have cured identified deficiencies. The PASS Agency may seek to suspend such an action by filing notice of appeal to EOHHS no later than thirty days (30) following notification of non-compliance and issuance of Provisional Approval. In the event that a PASS Agency's appeal is not successful, the PASS Agency may seek resolution through the Administrative Procedures Act (APA Appeal) to Superior Court. In the event a PASS Agency takes this action, imposition of Provisional Approval will be stayed pending the outcome of the appeal.

The consequences of Provisional Approval status involve rate reductions and specified requirements regarding the administration and management of PASS with EOHHS ongoing oversight for the next ninety (90) days. Such action may involve on site visits including record documentation reviews, interview of staff, submission of required reports, financial/billing information, and/or other requirements that it deems necessary. EOHHS will set forth a period of time whereby the PASS Agency must come into full compliance or risk the revocation of approval.

4. EOHHS has the responsibility to inform agencies when aware of instances of fraud, suspected fraud, misuse of Medicaid funds, or professional misconduct. This may include referral to legal authorities and/or to the Surveillance Utilization Review (SURS) department on EOHHS.
5. Revocation of approval is the most serious penalty and one that EOHHS reserves for a provider-agencies inability to cure deficiencies and/or violation accordance with Medicaid regulations may place limits on services (i.e., establish amount, duration and scope of services) and exclude any item or service that it determines is no medically necessary, is unsafe, experimental, or is not generally recognized as an accepted method of medical practice or treatment.

APPENDIX 6: PERFORMANCE AND QUALITY MEASURES

1. % of intake appointments for potential PASS families that occur within 14 calendar days of a written referral.
2. % of PASS Service Plans completed within 30 calendar days of the initial intake appointment.
3. % of PASS Service Plans commence within 90 calendar days from intake.
4. # of complaints received and logs of timeliness of complaint resolution
5. Summary of family satisfaction survey methods and results

The State reserves the right to request additional performance and quality measures on an ongoing basis with 30 days' notice.