

SELF-DIRECTED CARE FIDELITY ASSESSMENT

To complete a Fidelity Assessment for the Self-Directed Care Program, the rater obtains objective information from a variety of sources. These sources include: documents describing program policies and procedures; SDC staffing information; a review of a random sample of case files; interviews with program management, staff and participants; interviews with providers; and analysis of management information systems data regarding service delivery and budgetary expenditures. Individual meetings are recommended to collect this information when necessary.

The Fidelity Assessment outlines the key criteria for self-directed care programs. Raters are instructed to obtain accurate information and avoid leading respondents to answers that may not be reflective of the actual perspectives or activities of staff, participants, or providers. The format for interviewing is conversational and the items listed here are not meant to be used as a structured interview. The rater does not need to obtain ratings information or data in the order listed in this measure.

Data sources:

PP = policies and procedures (the SDC Program's written policies and procedures)

DOC = document review (review of participants' files, contact logs, minutes from meetings, memoranda, etc.)

INT = interviews (interviews with the Program Director, staff, participants, and program partners)

OBS = observation (Fidelity Rater makes direct observations)

MIS = management information system (data obtained from the SDC Program's data systems)

Name of Fidelity Raters:	Date:	Total Score:

After reviewing the relevant data sources, circle one correct answer for each item.

Fidelity Area #1: Staffing

CRITERION

1.1 Peer Brokers

The team of brokers is comprised of behavioral health peers and non-peers.

DATA SOURCE

PP, DOC, INT

ASSESSMENT

1= 20% or less peers
2= 21%-29% peers
3= 31%-39% peers
4= 41%-49% peers
5= 50% or more peers

SCORE OVERVIEW

Observations:

1.2 Broker Diversity

The team of brokers represents the community, and is diverse in terms of race/ethnicity/culture, gender, age, etc.

PP, DOC, INT, OBS

1= <25% representative of clients or community served
2= 25-49% representative of clients or community served
3= 50-74% representative of clients or community served
4= 75-89% representative of clients or community served
5= 90-100% representative of clients or community served

SCORE OVERVIEW

Observations:

1.3 Role of Program Supervisor

The Program Supervisor carries out oversight including representing the program to upper management; liaising with the FI and resolving payment issues; assisting with identifying participant providers and resources; monitoring budgets to ensure the program's fiscal integrity; and overseeing the smooth transition of participants back to usual care following early exit or completion of time in SDC.

PP, MIS, DOC, INT

1= represents the SDC program to upper management
2= plus liaisons and resolves issues with the FI
3= plus helps identify new providers and resources
4= plus performs regular budgetary reviews to determine the amount of money spent/remaining for each participant
5= plus develops and oversee policies and procedures for creating and executing a transition plan back to usual care for each participant

SCORE OVERVIEW

Observations:

1.4 Role of Support Broker

Each broker carries out all phases of SDC, including engagement, goal planning, budgeting, budget reconciliation, resource identification, linkage to services/goods, quarterly reviews, follow-along, and monitoring of service utilization and recovery progress.

PP, DOC, INT, MIS

- 1= evidence of client engagement
- 2= plus evidence of offering goal & budget creation/support
- 3= plus evidence of services/goods identification and linkages
- 4= plus evidence of quarterly reviews & ongoing engagement
- 5= plus evidence of budget reconciliation, service utilization and recovery progress monitoring

SCORE OVERVIEW

Observations:

TOTAL SCORE, FIDELITY AREA #1: /20

Fidelity Area #2: Organization and Management

2.1 Purchasing Policy

The purchasing policy details allowable and non-allowable expenditures; consequences of exceeding allowable spending; allowable service substitutions; allowable durable goods expenditures; and a suggested upper limit on non-traditional expenditures.

PP

1= no purchasing policy
3= incomplete purchasing policy
5= purchasing policy includes all stated elements

SCORE OVERVIEW

Observations:

2.2 Use of Purchasing Policy

The Program Supervisor and brokers are aware of and consistently apply the strictures of the purchasing policy. They also monitor participant spending to ensure that it is within desired parameters for fiscal integrity.

MIS, DOC, INT, OBS

1= Evidence that purchasing policy is applied <=20% of the time
2= Evidence that policy is applied 40% of the time
3= Evidence that policy is applied 60% of the time
4= Evidence that policy is applied 80% of the time
5= Evidence that policy is applied 100% of the time

SCORE OVERVIEW

Observations:

2.3 Fiscal Intermediary

The Fiscal Intermediary supports use of credit cards, provides the SDC program with timely accounting of payments, and is responsive to payment problems encountered by the SDC staff and participants.

MIS, DOC, INT

1= FI facilitates provider payments
2= plus provides funds to SDC Program for credit cards
3= plus is responsive to resolving payment problems
4= plus provides timely accounting of payments
5= plus provides ongoing reports of payments for tracking

SCORE OVERVIEW

Observations:

2.4 SDC Provider Network

The SDC provider network includes public providers, private providers, community resources in addition to social and mental health service providers, peer providers, and natural supports.

PP, DOC

- 1= no network
- 2= public providers only
- 3= public and private providers
- 4= public, private, and community partners
- 5= public, private, community partners, and peers

SCORE OVERVIEW

Observations:

2.5 SDC Program Supervision/Management

The SDC Program Supervisor holds weekly staff meetings at which problems and accomplishments brought forth during staff supervision are discussed/resolved. On a weekly basis, the Program Supervisor reviews participant milestones and budgets for corrective action. The Program Supervisor uses participant data to manage program outcomes.

PP, DOC, INT, OBS

- 1= Program Supervisor leads weekly staff meeting
- 2= Plus discusses/resolves problems/crises in a timely way
- 3= Plus addresses issues from staff supervision and proactively plans for problem management
- 4= Plus reviews weekly participants' milestones & budgets
- 5= Plus evidence that Supervisor uses participant data to manage the program

SCORE OVERVIEW

Observations:

2.6 Broker Training

All brokers receive initial didactic and interactive training, ongoing on-the-job training including observation by the program supervisor, and refresher training on SDC principles and practices in addition to special topics identified by all staff.

PP, DOC, INT

- 1= no training
- 2= initial didactic and interactive training
- 3= plus on-the-job training and observation by the program supervisor
- 4= plus regular refresher training
- 5= plus topic-specific training

SCORE OVERVIEW

Types of training received =

Observations:

2.7 Broker Supervision

Brokers receive weekly clinical and programmatic supervision.

PP, DOC, INT

- 1= no evidence of supervision
- 2= no evidence of regular supervision/supervision schedule is irregular
- 3= evidence of monthly supervision
- 4= evidence of biweekly supervision
- 5= evidence of weekly supervision

SCORE OVERVIEW

Observations:

2.8 SDC Quality Assurance

The SDC Program surveys participants about their program/life satisfaction, makes changes to the program based on quarterly and annual reviews, and fairly applies its grievance procedure to ensure participant rights and satisfaction.

PP, DOC, INT

- 1= no evidence of Q/A
- 2= evidence of one of the Q/A procedures
- 3= evidence of some listed Q/A activities
- 4= evidence of most Q/A activities
- 5= evidence of all listed Q/A activities

SCORE OVERVIEW

Observations:

<u>TOTAL SCORE, FIDELITY AREA #2:</u>	/40
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Fidelity Area #3: Services

CRITERION

3.1 Participant Orientation

Participants are contacted within 48 hours in person or by phone. Initial contact is followed by a Day 1 visit which includes an orientation to the program, overview of the role of the broker, an intake interview, and an initial discussion of SDC goals.

DATA SOURCE

PP, DOC, INT

ASSESSMENT

1= evidence this occurs <50% of the time
2= evidence this occurs 51-69% of the time
3= evidence this occurs 70-79% of the time
4= evidence this occurs 80-89% of the time
5= evidence this occurs 90-100% of the time

SCORE OVERVIEW

Observations:

3.2 SDC Initial Goal Plan Development

An initial SDC goal plan is developed with all participants within 3 weeks of beginning the program. Each participant receives support to develop goals during a Day 2 meeting. This goal planning takes past service use into consideration. The process reflects SMART goal planning, with larger goals divided into manageable action steps that clearly connect to purchases.

PP, MIS, DOC, INT

1= evidence this occurs <50% of the time
2= evidence this occurs 51-69% of the time
3= evidence this occurs 70-79% of the time
4= evidence this occurs 80-89% of the time
5= evidence this occurs 90-100% of the time

SCORE OVERVIEW

Observations:

3.3 SDC Initial Budget Development

The 1st quarter budget is developed within 3 weeks of beginning the program. Each participant receives support to create a budget during the Day 2 meeting. Budgeting takes prior service costs into consideration and follows the recommended 60/40 split unless special circumstances warrant exceptions. Purchases are clearly connected to an SDC goal or action step.

PP, DOC, INT

1= evidence this occurs <50% of the time
2= evidence this occurs 51-69% of the time
3= evidence this occurs 70-79% of the time
4= evidence this occurs 80-89% of the time
5= evidence this occurs 90-100% of the time

SCORE OVERVIEW

Observations:

3.4 Plan and Budget Approval Process

The initial plan and budget are sent to the Program Supervisor and UIC within 48 hours of completion for review and approval. Approved plans and budgets are shared with participants. Across all quarters, reasons for any denied expenditures are documented in the progress notes. Alternatives to denied purchases are discussed with participants by the broker, and documented in the progress notes. Goals and budgets are amended upon request by participants and as approved by the program/study leadership.

PP, DOC, INT

1= evidence this occurs <50% of the time
2= evidence this occurs 51-69% of the time
3= evidence this occurs 70-79% of the time
4= evidence this occurs 80-89% of the time
5= evidence this occurs 90-100% of the time

SCORE OVERVIEW

Observations:

3.5 Quarterly Reviews of Goal Plans

Brokers meet with participants within 2 weeks of the beginning of quarters 2 through 4 to assess and discuss progress. The quarterly review form is completed, with new services, goals, or purchases documented on the form, as relevant. New goals and action steps reflect what is documented in the quarterly reviews. New goals and action steps continue to be based on the SMART goal planning process. Quarterly review forms and goal plans are sent to the Program Supervisor and UIC within 48 hours of completion for review and approval.

PP, MIS, DOC, INT

- 1= evidence this occurs <50% of the time
- 2= evidence this occurs 51-69% of the time
- 3= evidence this occurs 70-79% of the time
- 4= evidence this occurs 80-89% of the time
- 5= evidence this occurs 90-100% of the time

SCORE OVERVIEW

Observations:

3.6 Quarterly Review of Budgets

Brokers meet with participants within 2 weeks of the beginning of quarters 2 through 4 to create new budgets. New budgets reflect what’s documented in the quarterly reviews and SDC goal plans. New budgets are sent to the Program Supervisor and UIC within 48 hours of completion for approval. Budgets are amended each quarter as needed, based on progress toward goals and with approval from program/study leadership.

PP, MIS, DOC, INT

- 1= evidence this occurs <50% of the time
- 2= evidence this occurs 51-69% of the time
- 3= evidence this occurs 70-79% of the time
- 4= evidence this occurs 80-89% of the time
- 5= evidence this occurs 90-100% of the time

SCORE OVERVIEW

Observations:

3.7 Expenditure Monitoring.

Expenditures are tracked by the brokers with oversight from the Program Supervisor to avoid over- or under-spending. Expenditures are in compliance with approved budgets. They are reconciled against service records or receipts/invoices on a monthly basis.

PP, MIS, DOC, INT

- 1= evidence this occurs <50% of the time
- 2= evidence this occurs 51-69% of the time
- 3= evidence this occurs 70-79% of the time
- 4= evidence this occurs 80-89% of the time
- 5= evidence this occurs 90-100% of the time

SCORE OVERVIEW

Observations:

3.8 SDC Values and Process

Participants are empowered to prioritize their own goals in the SDC program. Discussions use motivational interviewing and a strengths-based approach. Participants receive help setting goals and manageable action steps based on their choices. They are free to make choices within program guidelines. They receive individualized help to identify & understand costs of purchases.

PP, DOC, INT, OBS

- 1= evidence this occurs <50% of the time
- 2= evidence this occurs 51-69% of the time
- 3= evidence this occurs 70-79% of the time
- 4= evidence this occurs 80-89% of the time
- 5= evidence this occurs 90-100% of the time

SCORE OVERVIEW

Observations:

3.9 Participant Access to Services

Through handouts and ongoing discussions, participants are made aware that there are many SDC services, supports, and goods from which to choose. They are helped to access a range of mental health, social, and community resources.

PP, DOC, INT, OBS

1= evidence this is true for <50% of participants
2= evidence this is true for 51-69% of participants
3= evidence this is true for 70-80% of participants
4= evidence this is true for 81-89% of participants
5= evidence this is true for 90-100% of participants

SCORE OVERVIEW

Observations:

3.10 Transition back to regular mental health services

A transition planning process is in place for the post-program period that specifies: 1) when to begin talking with participants about the transition back to usual care; 2) when to assess how services, supports, and goods will continue post-program; 3) when brokers and leadership will perform various administrative functions to avoid gaps in treatment/care; and 4) how follow-up will be conducted to ensure that usual care was accessed as planned in the first post-program quarter.

PP, DOC, INT, OBS

1= no process is in place
3= a partial process has been developed
5= a complete transition planning process is in place

SCORE OVERVIEW

Observations:

TEXAS SELF-DIRECTED CARE FIDELITY ASSESSMENT

<u>TOTAL SCORE:</u> /110
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Scoring

22 questions, each can be scored from 1-5

Minimum possible score = 22

Maximum possible score = 110

100-110 = exemplary fidelity

109-95 = good fidelity

94-65 = fair fidelity

<65 = not SDC (defined as < 60% of 110)