TEXAS SELF-DIRECTED CARE FIDELITY ASSESSMENT

To complete a Fidelity Assessment for the Texas 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)

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Name of Fidelity Rater:	Date:	Total Score:

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

Fidelity Area #1: Staffing

CRITERION	DATA SOURCE	ASSESSMENT
1.1 Advisor Peer Makeup: The team of Advisors is comprised of mental health peers and non-peers.	PP, DOC, INT	1= 20% or less peers 2= 21%-29% peers 3= 31%-39% peers 4= 41%-49% peers 5= 50% or more peers
1.2 Advisor Diversity: The team of Advisors 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
1.3 Caseload size: Advisors have individual caseloads. The maximum caseload is 35 for a full-time Advisor and 20 for a part-time Advisor (working 20 or more hours per week).	PP, MIS, DOC, INT	1= >50 clients (>36 for ½ time) 2= 46-50 clients (31-35 for ½ time) 3= 41-45 clients (26-30 for ½ time) 4= 36-40 clients (21-25 for ½ time) 5=maximum caseload or less (35 for full-time, 20 for ½ time)

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CRITERION	DATA SOURCE	ASSESSMENT
1.4 Role of Advisor: Advisors serve only in the capacity of service broker. They do not directly provide case management, therapy, or mental health or social services.	PP, DOC, INT, OBS	1= provide brokerage services <60% of the time 2= provide brokerage services 60-74% of the time 3= provide brokerage services 75-89% of the time 4= provide brokerage services 90-95% of the time 5= provide brokerage services 96-100% of the time
1.5 Advisor as Support Broker: Each Advisor carries out all phases of SDC, including engagement, person-centered planning, budgeting, budget reconciliation, services/goods identification, services/goods linkage, quarterly reviews, follow-along, service utilization and recovery progress monitoring.	PP, DOC, INT, MIS	1= evidence of client engagement 2= plus evidence of provision of PCP and budget creation support 3= plus evidence of services/goods identification and linkages 4= plus evidence of quarterly reviews and follow-along engagement 5= plus evidence of budget reconciliation, service utilization and recovery progress monitoring.

TOTAL SCORE. FIDELITY AREA #1: / 25

Fidelity Area #2: Organization and Management

CRITERION	DATA SOURCE	ASSESSMENT
2.1 Purchasing Policy: The Purchasing Policy details allowable and non-allowable expenditures; consequences of exceeding allowable spending; consequences for making unauthorized purchases; allowable service substitutions; allowable durable goods expenditures; and states upper limit on non-traditional expenditures.	PP	1= no purchasing policy 3= incomplete purchasing policy 5= purchasing policy includes all stated elements
2.2 Use of Purchasing Policy: The Program Director and each Advisor is aware of and consistently applies the strictures of the Purchasing Policy.	MIS, DOC, INT, OBS	1= There is evidence that the purchasing policy is applied <=20% of the time 2= There is evidence that the purchasing policy is applied 40% of the time 3= There is evidence that the purchasing policy is applied 60% of the time 4= There is evidence that the purchasing policy is applied 80% of the time 5= There is evidence that the purchasing policy is applied 100% of the time

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CRITERION	DATA SOURCE	ASSESSMENT
2.3 Fiscal Intermediary: The Fiscal Intermediary facilitates direct payments to all types of SDC providers, supports use of participant debit cards, provides the SDC program with timely accounting of claims payments, and is responsive to payment problems encountered by the SDC staff and participants.	MIS, DOC, INT	1= FI facilitates direct provider payments and debit cards 3= Also is responsive in resolving problems 5= Provides all stated services plus monthly reports
2.4 SDC Provider Network. The SDC Provider Network is formalized through written agreement, and includes public providers, private providers, community resources (non social or mental health service providers), and peer providers and 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
2.5 SDC Program Advisory Board. The SDC program has an Advisory Board. The Board is comprised of 50%+ consumer members, includes current program participants, and includes relevant community partners (e.g., mental health advocacy, service providers) and experts. It meets at least quarterly.	PP, DOC, INT	1= no board 3= board meets quarterly 5 =board meets quarterly and includes all stated representation
2.6 SDC Program Management: The SDC Program Director facilitates weekly staff meetings, weekly individual supervisory meetings, and weekly reviews of participant milestones and budgets for corrective action. The Program Director uses participant data to manage program outcomes.	PP, DOC, INT, OBS	1= no evidence of activities 3= evidence that stated activities occur 5= evidence that stated activities occur and are used to manage program outcomes
2.7 SDC Program Manager: The Program Manager provides at least bi-monthly clinical and programmatic supervision to Program Director. The Program Manager uses participant and financial data to review program outcomes, and liaisons with the state funders, the FI, and the host organization.	DOC, INT	1= evidence of liaison activities 3= evidence of liaison activities plus bimonthly meetings with PD 5= evidence of the above plus use of participant and financial data to review program outcomes.

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CRITERION	DATA SOURCE	ASSESSMENT
2.8 Advisor Training. All Advisors receive initial didactic, regular on-the-job, and refresher training on SDC values and practices.	PP, DOC, INT	1= no training 2= initial didactic training 3= plus on the job training and observation by program supervisor 4= plus regular refresher trainings 5= plus topic specific training
2.9 Advisor Supervision: All Advisors 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
2.10 SDC Quality Assurance. The SDC Program surveys participants annually 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 3= evidence of some listed Q/A activities 5= evidence of all listed Q/A activities
2.11 Grievances. There is a written grievance procedure. It is available to participants in their orientation packets and on the program web site. All grievances are addressed in a timely manner and resolved to mutual satisfaction, as possible.	PP, MIS, DOC, INT	1= no evidence of a grievance procedure 2= no evidence that grievances are resolved or documented 3= evidence that half of all grievances are resolved to mutual satisfaction with one month 4= evidence that three-quarters of all grievances are resolved to mutual satisfaction with one month 5= evidence that all grievances are resolved to mutual satisfaction with one month

TOTAL SCORE. FIDELITY AREA #2: / 55

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Fidelity Area #3: Services

CRITERION	DATA SOURCE	ASSESSMENT
3.1 Participant Orientation. Information packet is mailed within 48 hours. New participants are contacted within 1 week in person or by phone. Initial contact is followed by a formal orientation to the program, including an overview of policies, procedures, staff, and services.	PP, DOC, INT	1= evidence this occurs <50% of the time 2= evidence this occurs 50-65% of the time 3= evidence this occurs 66-80% of the time 4= evidence this occurs 81-99% of the time 5= evidence this occurs 100% of the time
3.2 Person-Centered Plan Development. The Plan is developed by all participants within 6-8 weeks of beginning the program, is in the person's own words, and includes at least 60% traditional services and goods. Each participant receives support to develop a PCP as needed. Participants' supporters are included in PCP development as requested. Plan is amended upon request by participants.	PP, MIS, DOC, INT	1= evidence this occurs <50% of the time 2= evidence this occurs 50-65% of the time 3= evidence this occurs 66-80% of the time 4= evidence this occurs 81-99% of the time 5= evidence this occurs 100% of the time
3.3 Budget Approval Process. Budgets are reviewed and approved by Program Director. Reason for denied expenditures is documented in file and shared with the participant in writing, along with a copy of the appeals process (also documented in file). Alternatives to denied purchases are discussed with participant by Advisor.	PP, DOC, INT	1= evidence this occurs <50% of the time 2= evidence this occurs 50-65% of the time 3= evidence this occurs 66-80% of the time 4= evidence this occurs 81-99% of the time 5= evidence this occurs 100% of the time
3.4 Person-Centered Plan Monitoring/Amendments. Participant's PCP is reviewed each quarter with completion of Quarterly Review Form. Plan is amended each quarter as needed, based on progress toward goals.	PP, MIS, DOC, INT	1= evidence this occurs <50% of the time 2= evidence this occurs 50-65% of the time 3= evidence this occurs 66-80% of the time 4= evidence this occurs 81-99% of the time 5= evidence this occurs 100% of the time

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CRITERION	DATA SOURCE	ASSESSMENT
3.5 Individual Budget Development. Budget is developed by participants within 6-8 weeks of beginning the program, and adheres to purchasing policy. Participant receives budget development assistance from staff and personal supporters as desired. Budget is amended upon request by participant.	PP, MIS, DOC, INT	1= evidence this occurs <50% of the time 2= evidence this occurs 50-65% of the time 3= evidence this occurs 66-80% of the time 4= evidence this occurs 81-99% of the time 5= evidence this occurs 100% of the time
3.6 Budget Monitoring/Amendments. Participant's budget is reviewed each quarter with completion of Quarterly Review Form. Budget is amended each quarter as needed, based on progress toward goals.	PP, MIS, DOC, INT	1= evidence this occurs <50% of the time 2= evidence this occurs 50-65% of the time 3= evidence this occurs 66-80% of the time 4= evidence this occurs 81-99% of the time 5= evidence this occurs 100% of the time
3.7 Expenditures Monitoring. Expenditures are tracked by the Advisors with oversight from the Program Director (to avoid over or under spending), are in compliance with approved budgets, and are reconciled against receipts/invoices on a monthly basis.	PP, MIS, DOC, INT	1= evidence this occurs <50% of the time 2= evidence this occurs 50-65% of the time 3= evidence this occurs 66-80% of the time 4= evidence this occurs 81-99% of the time 5= evidence this occurs 100% of the time
3.8 SDC Values and Process. SDC participants set their own goals, make their own decisions, freely make choices within program guidelines, control their own expenditures within guidelines, and receive individualized support to identify and make purchases, as needed.	PP, DOC, INT, OBS	1= evidence this occurs <50% of the time 2= evidence this occurs 50-65% of the time 3= evidence this occurs 66-80% of the time 4= evidence this occurs 81-99% of the time 5= evidence this occurs 100% of the time
3.9 Participant Access to Services: Each participant is aware of the SDC Provider Network, and knows how 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 50-65% of participants 3= evidence this is true for 66-80% of participants 4= evidence this is true for 81-99% of participants 5= evidence this is true for 100% of participants

TOTAL SCORE. FIDELITY AREA #3: / 45

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TOTAL SCORE:	/ 125

Scoring

25 questions, each can be scored from 1-5.
Minimum possible score = 25.
Maximum possible score = 125.

115-125 = exemplary fidelity
100-114 = good fidelity
74-99 = fair fidelity
<74 = not SDC