

## Appendix A, Quality Improvement: Administrative Authority of the Single State Medicaid Agency

*As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.*

### a. Methods for Discovery: Administrative Authority

*The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities..*

### i Performance Measures

*For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:*

- *Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver*
- *Equitable distribution of waiver openings in all geographic areas covered by the waiver*
- *Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014).*

*Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure: AA-1</b>	Number and percent of AAAs that meet waiver obligations regarding initial level of care determinations Numerator: Total number of AAAs who meet contractual obligations regarding initial level of care determinations Denominator: Total number of AAAs reviewed		
<b>Data Source (Select one) Other</b>			
If 'Other' is selected, specify: SAMS Report			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =

	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: AA-2</b>	Number and percent of Service Coordination agencies that meet waiver obligations regarding ongoing level of care determinations Numerator: Number of SCEs reviewed who met waiver obligation regarding ongoing level of care determination Denominator: Total number of SCES reviewed
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**Data Source** (Select one) Other

If 'Other' is selected, specify: SAMS Report

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other	

		<i>Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%</i>	
			<i>X Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%</i>

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<i>X State Medicaid Agency</i>	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other <i>Specify:</i>	<i>X Annually</i>
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other <i>Specify:</i>

<b>Performance Measure: AA-3</b>	Number and percent of contractual obligations met by the Independent Enrollment Broker Numerator: Total number of contractual obligations that were met by the IEB Denominator: Total number of contractual obligations of the IEB
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**Data Source** (Select one) Record reviews, on-site  
If 'Other' is selected, specify:

	<b>Responsible Party for data collection/generation</b> <i>(check each that applies)</i>	<b>Frequency of data collection/generation:</b> <i>(check each that applies)</i>	<b>Sampling Approach</b> <i>(check each that applies)</i>
	<i>X State Medicaid Agency</i>	<input type="checkbox"/> Weekly	<i>X 100% Review</i>
	<input type="checkbox"/> Operating Agency	<i>X Monthly</i>	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other <i>Specify:</i>	<input type="checkbox"/> Annually	

		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

<b>Data Source (Select one) Reports to State Medicaid Agency on delegated Administrative functions</b>			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	X Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
X State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	X Quarterly
<input type="checkbox"/> Other Specify:	X Annually
	<input type="checkbox"/> Continuously and Ongoing
	X Other Specify: Bi-annually

<b>Performance Measure: AA-5</b>	Number and percent of contractual obligations met by the FEA. Numerator: Number of contractual obligations that were met by FEA. Denominator: Total number of contractual obligations of the FEA
<b>Data Source (Select one) Record reviews, off-site</b>	

If 'Other' is selected, specify:

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: AA-7</b>	Number and percent participant distribution by # of participants and by % by region within the income limits applicable to the waiver Numerator: Participants in the waiver within the income limits applicable to the waiver Denominator: Total regional population within the income limits applicable to the waiver
<b>Data Source (Select one) Other</b>	
If 'Other' is selected, specify: Report using waiver enrollment and census data	

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

<b>Data Source (Select one) Record reviews, on-site</b>			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-annual QMET monitoring review	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly

<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	X Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: AA-8</b>	Number and percent of contractual obligations met by the Agency with Choice (AWC) vendor Numerator: Number of contractual obligations met by the AWC vendor Denominator: Total number of contractual obligations
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**Data Source** (Select one) (Several options are listed in the on-line application): *Other*

If 'Other' is selected, specify: *Administrative data - AWC Operations Report validated by OLTL*

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		X Other Specify: <i>Bi-Annually</i>	
			<input type="checkbox"/> Other Specify:

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
X State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	X Annually

	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other</i>
	<i>Specify:</i>

ii *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

The Quality Management Efficiency Teams (QMETS) are the State Medicaid Agency’s (OLTL) regional provider monitoring agents. The QMETS are comprised of one Program Specialist (regional team lead), one Registered Nurse, one Social Worker, and one Fiscal Agent. Five teams are dispersed throughout the state of Pennsylvania, and report directly to the OLTL QMET State Coordinator. Using a standard monitoring tool which outlines the provider qualifications as listed in the waiver, the QMET verify that the provider continues to meet each requirement during the review. During the provider review, a random sample of employee and consumer records are reviewed to ensure compliance with waiver standards. Each provider will be reviewed every two years, at minimum. Additionally, QMET conduct remediation activities as outlined in the waiver application.

The Bureau of Quality Assurance and Program Analytics (BQAPA) reviews AAAs regarding the initial LOC, reevaluations of LOC, F/EA and enrollment functions. The BQAPA uses standard monitoring tools which outline the provider requirements as listed in the waiver and the Fiscal/Employer Agent (F/EA) contract, including LOC determination, F/EA, and enrollment functions. The BQAPA verifies that the LOC determination, F/EA, and enrollment requirements continue to be met during the reviews. During the AAA review, random samples of consumer records are reviewed to ensure compliance with waiver LOC determination standards. Each AAA will be reviewed every two years, at minimum.

The State will follow the sampling methods and timelines as outlined in the waiver specific transition plan.

OLTL has oversight of the AWC vendor. OLTL will monitor the AWC vendor annually to ensure that the contract deliverables are met, and participants are in receipt of Financial Management Services in accordance with their PCSP. OLTL will monitor the AWC vendor’s performance of administrative activities, as well as adherence to contract conditions and waiver requirements.

For information regarding the BQAPA and the Quality Improvement Strategy, please refer to Appendix H for detailed information.

**b. Methods for Remediation/Fixing Individual Problems**

i. *Describe the state’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.*

When the administrative data and QMET monitoring reviews identify AAAs or SCAs that are not meeting the requirements related to Level of Care determinations as outlined in the waiver agreement, the agency receives written notification of outstanding issues with a request for a Corrective Action Plan (CAP). The CAP is due to the QMET within 15 working days. BQAPA staff reviews and accepts/rejects the CAP within 30 working days. Monitoring by the QMET occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action



in the CAP. If the CAP was not successful in correcting the identified issue, technical assistance is provided by BQAPA.

Through a combination of reports from the enrollment broker and administrative data, the Contract Monitor for the Independent Enrollment Broker (IEB) determines if the contractual obligations are being met. If they are not met, Bureau of Fee for Service Programs (BFFSP) notifies the IEB agency of the specific deficiencies, requests a corrective action plan and follows-up on the plan to ensure compliance.

Through a combination of reports from the F/EA and administrative data, the Contract Monitor for the Fiscal/Employer Agent determines if the contractual obligations are being met. If they are not met, BFFSP notifies the F/EA of the specific deficiencies, requests a corrective action plan and follows-up on the plan to ensure compliance.

If the AWC vendor is not in compliance with contractual or waiver provisions, OLTL will issue a Statement of Findings. The AWC will be required to develop a CAP in response to each finding and remediate areas of non-compliance. The CAP is due to OLTL within 15 days of issuance of findings to the AWC vendor. OLTL reviews and approves or disapproves the CAP within 15 days of receipt. OLTL will conduct follow-up monitoring activities to ensure the CAP is instituted and identified issues are remediated. Service Coordinators will also be required to report any issues with the AWC vendor's performance to OLTL.

**ii Remediation Data Aggregation**

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party (check each that applies)</b>	<b>Frequency of data aggregation and analysis: (check each that applies)</b>
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
		<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other Specify:

**c. Timelines**

When the state does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.



## Appendix B, Quality Improvement: Level of Care

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

a. Methods for Discovery: **Level of Care Assurance/Sub-assurances**

*The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.*

i. **Sub-assurances:**

*a. Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.*

*i. Performance Measures*

*For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure: LOC-1</b>	Number and percent of waiver applicants who have an initial level of care determination that adhered to timeliness prior to receipt of waiver services. Numerator (N) = Total number of waiver applicants with an initial level of care determination that adhered to timeliness prior to receipt of waiver services Denominator (D) = Total number of all waiver applicants		
<b>Data Source</b> (Select one) Operating agency performance monitoring			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	

			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

**b Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.**

**i. Performance Measures**

**For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure:</b>			
<b>Data Source (Select one) (Several options are listed in the on-line application):</b>			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review

	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

*Add another Data Source for this performance measure*

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

*Add another Performance measure (button to prompt another performance measure)*

**c Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine the initial participant level of care.**

**i. Performance Measures**

**For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: LOC-2</b>	Number and percent of annual LOC reevaluations that adhered to timeliness and specifications Numerator: Number of annual LOC reevaluations that adhered to timeliness and specification Denominator: Total number of waiver participants reviewed
<b>Data Source (Select one)</b>	Record reviews off-site

If 'Other' is selected, specify:

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Add another Performance measure (button to prompt another performance measure)

- ii If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The Level of Care Sub-assurances are monitored through representative data sampling of specific information that forms the numerator, denominator and parameters for the performance measure as defined by the Department. The Bureau of Quality Assurance and Program Analytics (BQAPA) is responsible for review and analysis of the report information. Reports are received from case management systems and from a compilation of the results of retrospective service plan reviews. The LOC Assurance Liaison, within OLTL's BQAPA, regularly reviews reports on a semi-annual basis

regarding the completion of initial level of care prior to the receipt of waiver services. Quarterly reports are reviewed for compliance with waiver standards with processes and instruments for initial LOC. Monthly reports from the Service Plan retrospective review database are reviewed by the LOC Liaison regarding the timeliness of LOC reevaluations. See Appendix D for more information about retrospective service plan reviews and Appendix H for more information about Assurance Liaisons.

Additional information on the BQAPA can be found in Appendix H.

**b. Methods for Remediation/Fixing Individual Problems**

*i. Describe the state’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.*

If the BQAPA’s review of LOC data in the case management or Retrospective Service Plan Review tracking systems identifies non-compliance regarding the timeliness or specifications of initial or annual LOC reassessments, a Quality Improvement Plan (QIP) is requested from BFFSP. More information on QIPs can be found in Appendix H.

*ii Remediation Data Aggregation*

Remediation-related Data Aggregation and Analysis (including trend identification)

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party (check each that applies)</b>	<b>Frequency of data aggregation and analysis: (check each that applies)</b>
	<i>X State Medicaid Agency</i>	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Other: Specify:	<i>X Annually</i>
		<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other: Specify:

**c. Timelines**

*When the state does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.*

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes

*Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.*

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

**a. Methods for Discovery: Qualified Providers**

*The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.*

**i. Sub-Assurances:**

*a. Sub-Assurance: The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

**i. Performance Measures**

*For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure: QP-1</b>	Number and Percent of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision Numerator: Number of newly enrolled providers who meet required licensure and initial QP standards prior to service provision Denominator: Number of newly enrolled provider applications		
<b>Data Source (Select one) Other</b>			
If 'Other' is selected, specify: Enrollment report			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:



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**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

<b>Performance Measure: QP-2</b>	Number and percent of providers continuing to meet applicable licensure/certification, regulatory and applicable waiver standards following initial enrollment Numerator: Number of providers who continue to meet required licensure and initial QP standards Denominator: Number of providers reviewed
----------------------------------	--

**Data Source (Select one)** Record reviews, off-site

If 'Other' is selected, specify:

	<b>Responsible Party for data collection/generation</b> <i>(check each that applies)</i>	<b>Frequency of data collection/generation:</b> <i>(check each that applies)</i>	<b>Sampling Approach</b> <i>(check each that applies)</i>
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +/-5%	

			<i>X Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%</i>

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<i>X State Medicaid Agency</i>	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<i>X Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%</i>

**b. Sub-Assurance: The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.**

**i. Performance Measures**

**For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: QP-5</b>	Number and percent of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards prior to service provision Numerator: Number of newly enrolled providers who meet required licensure and initial QP standards prior to service provision Denominator: Number of newly enrolled provider applications
<b>Data Source (Select one) Other</b>	
<i>If 'Other' is selected, specify: Provider enrollment database</i>	

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

<b>Performance Measure: QP-6</b>	Number and percent of non-licensed/non-certified providers who continue to meet waiver provider qualifications Numerator: Total number of non-licensed/non-certified providers continuing to meet required licensure and initial QP standards Denominator: Number of non-licensed/non-certified providers reviewed		
<b>Data Source</b> (Select one) Record reviews, on-site			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b>	<b>Frequency of data collection/generation:</b>	<b>Sampling Approach</b> (check each that applies)

	<i>(check each that applies)</i>	<i>(check each that applies)</i>	
	<i>X State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	<input type="checkbox"/> <i>100% Review</i>
	<input type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>	<i>X Less than 100% Review</i>
	<input type="checkbox"/> <i>Sub-State Entity</i>	<input type="checkbox"/> <i>Quarterly</i>	<input type="checkbox"/> <i>Representative Sample; Confidence Interval =</i>
	<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<i>X Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%</i>	
			<i>X Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%</i>

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<i>X State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input type="checkbox"/> <i>Quarterly</i>
<input type="checkbox"/> <i>Other Specify:</i>	<i>X Annually</i>
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<i>X Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%</i>

**c. Sub-Assurance: The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

**i. Performance Measures**

**For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: QP-7</b>	Number and percent of providers meeting provider training requirements Numerator: Number of providers who meet training requirements Denominator: Total number of providers reviewed		
<b>Data Source (Select one) Training verification records</b>			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify:	
			<input checked="" type="checkbox"/> Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +/- 5%

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input type="checkbox"/> Annually

<i>Specify:</i>	
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input checked="" type="checkbox"/> <i>Other</i> <i>Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%</i>

***Add another Performance measure (button to prompt another performance measure)***

- ii If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

The Quality Management Efficiency Teams (QMETs) are OLTL’s regional provider monitoring agents. The QMETs monitor providers of direct services as well as agencies having delegated functions. Each regional QMET is comprised of a Program Specialist (regional team lead), Registered Nurses, Social Workers, and Fiscal Representatives. Five teams are dispersed throughout the state of Pennsylvania, and report directly to the OLTL QMET State Coordinator.

The Quality Management Efficiency Teams (QMETs) monitor the HCBS Waiver providers on a biennial basis. The QMET utilizes a standardized monitoring tool for each monitoring, and monitors providers against standards derived from Title 55, Chapter 52 of the Pennsylvania Code and the provider requirements of the established, approved waivers. QMET also reviews if the provider has the appropriate licensure as required by the waiver. QMET reviews each provider at a 95% accuracy rating for each waiver in which the provider is enrolled.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the state’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.*

Subassurance a.i.a - Before a provider is enrolled as a qualified waiver provider, it must provide written documentation to the State Medicaid Agency (OLTL) of all state licensing and certification requirements. Additionally, a licensed or certified provider is required to submit written documentation that it meets regulatory and initial qualified waiver requirements that are not part of its licensure or certification. When OLTL discovers an applicant provider does not meet licensure or certification requirements, the provider is not enrolled to provide services until the appropriate license or certification is obtained. When it is discovered that an existing provider is enrolled as a waiver provider, but has not obtained appropriate certification or licensure, OLTL issues a Statement of Findings as required by 55 Pa. Code Chapter 52. The provider is required to respond to the findings with a Corrective Action Plan (CAP) to remediate each finding. If a provider fails to submit a CAP which remediates the lack of licensure or certification requirement, OLTL begins disenrollment proceedings. The provider has the right to appeal.

Subassurance a.i.b- Upon application, OLTL reviews verification submitted by providers who are not required to receive a license or certification in order to provide services. OLTL verifies each provider meets the established regulations and criteria to be a qualified waiver provider. If a provider does not meet one or more of the waiver qualifications, OLTL notifies the provider of the unmet qualifications

and provide information on available resources the provider can access to improve or develop internal systems to meet required provider qualifications. If a provider is unable to meet qualifications, the application to provide waiver services is denied. The provider may reapply with OLTL if verification is obtained.

Within two years of becoming a waiver provider (and every two years thereafter), OLTL conducts a provider monitoring of each waiver provider to ascertain whether they continue to meet the regulatory requirements and provider qualifications, including training, outlined in this waiver. The Quality Management Efficiency Teams (QMETs) are the monitoring agent for OLTL. The QMET monitoring tool and database outlines each qualification a provider must meet. The qualifications are categorized according to provider type. Provider type is defined as the service(s) the provider offers to waiver participants as outlined in the service definition. The QMET monitoring tool and database collects the information discovered by the QMETs during reviews for data analysis and aggregation purposes. Through this process, if a QMET discovers a provider does not meet one or more of the qualifications, the provider develops a Corrective Action Plan (CAP). The provider needs to demonstrate through the CAP that it can meet the regulations and waiver provider qualifications and develop a process on how to continue compliance in the future. The provider has 15 business days to submit a completed CAP to the appropriate regional QMET, and OLTL reviews and approves (or disapproves) the CAP within 30 business days of submission.

The QMET verifies the approved CAP action steps are in place according to the timeframe as written the CAP. If the CAP is insufficient, OLTL works with the provider to develop an appropriate CAP. If the provider is unable or unwilling to develop a CAP which addresses and remediates each of the findings, OLTL takes action against the provider up to and including disenrollment. The provider has the right to appeal.

Subassurance a.i.c- The QMET monitoring tool ascertains if the provider has completed training in accordance with regulations and waiver requirements. OLTL directly supervises QMET activities through the QMET statewide coordinator to ensure that providers fulfill training requirements in accordance with state and waiver requirements. If a provider has not met training requirements, the provider is required to submit a CAP. The provider has 15 business days to submit a completed CAP to the appropriate regional QMET, and OLTL reviews and approves the CAP within 30 business days of submission. The QMET verifies the CAP action steps are in place according to the timeframe as written in the CAP. If the CAP is insufficient, OLTL works with the provider to develop an appropriate CAP. If the CAP is insufficient, OLTL works with the provider to develop an appropriate CAP. If the provider is unable or unwilling to develop a CAP which addresses and remediates each of the findings, OLTL takes action against the provider up to and including disenrollment. The provider has the right to appeal.

**ii Remediation Data Aggregation**

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party (check each that applies)</b>	<b>Frequency of data aggregation and analysis: (check each that applies)</b>
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
	<input type="checkbox"/> Other: Specify:	<input checked="" type="checkbox"/> Annually
		<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other: Specify:

**c. Timelines**

*When the state does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.*

<input checked="" type="radio"/>	<b>No</b>
<input type="radio"/>	<b>Yes</b> Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

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## Appendix D, Quality Improvement: Service Plan

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

### a. Methods for Discovery: Service Plan Assurance

*The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.*

#### i. Sub-assurances:

*a. Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.*

#### i. Performance Measures

*For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure: SP-1</b>	Number and percent of waiver participants with Individual Service Plans (ISPs) that address all of the participant's assessed needs (including health and safety risk factors). Numerator (N) = Number of waiver participants with Individual Service Plans (ISPs) that address all of the participant's assessed needs Denominator (D) = Total number of service plans reviewed		
<b>Data Source (Select one) Other</b>			
If 'Other' is selected, specify: Retrospective service plan review			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	

			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

<b>Performance Measure: SP-2</b>	Performance Measure: Number and percent of waiver participants with Individual Service Plans (ISPs) that address all of a participant’s personal goals (through waiver or non-waiver services). Numerator (N) Number of waiver participants with Individual Service Plans (ISPs) that address all of a participant’s personal goals Denominator (D) Total number of service plans reviewed
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**Data Source (Select one) Other**

If ‘Other’ is selected, specify: Retrospective Service Plan Review

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

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*Add another Data Source for this performance measure*

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**b. Sub-assurance:** *The state monitors service plan development in accordance with its policies and procedures.*

**i. Performance Measures**

*For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure:</b>			
<b>Data Source</b> (Select one) (Several options are listed in the on-line application):			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> <i>(check each that applies)</i>	<b>Frequency of data collection/generation:</b> <i>(check each that applies)</i>	<b>Sampling Approach</b> <i>(check each that applies)</i>
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	

		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

**c. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant’s needs.**

**i. Performance Measures**

**For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: SP-3</b>	Number and percent of Individual Service Plans (ISPs) reviewed and revised before the waiver participant’s annual review date Numerator: Number of Individual Service Plans (ISPs) reviewed and revised before the waiver participant's annual review date Denominator: Total number of Service plans reviewed
<b>Data Source (Select one) Other</b>	
If ‘Other’ is selected, specify: Retrospective service plan review	

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

**d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.**

**i. Performance Measures**

**For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on

*the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure: SP-4</b>	Number and percent of waiver participants who are received authorized services in the type, scope, amount, frequency and duration specified in the Individual Service Plan (ISPs) Numerator: Number of waiver participants who are receiving services specified in the Individual Service Plan (ISP) Denominator: Total number of service plan reviewed
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**Data Source** (Select one) *Other*

*If 'Other' is selected, specify: Retrospective service plan review*

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

*Add another Performance measure (button to prompt another performance measure)*

<b>Performance Measure: SP-5</b>	Number and percent of waiver providers who delivered services in the type, scope, amount, frequency, and duration specified in the Individual Service Plan (ISP). Numerator: Number of waiver providers who delivered services in the type, scope, amount, frequency, and duration specified In the Individual Service Plan Denominator: Total number of providers reviewed
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**Data Source** (Select one) Record reviews, on-site

If 'Other' is selected, specify:

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%	
			<input checked="" type="checkbox"/> Other Specify: Ongoing reviews in a two year period to reach each provider with a 95% confidence level +-5%

*Add another Data Source for this performance measure*

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Annually

Specify:	
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: SP-6</b>	Number and percent of waiver participant satisfaction survey respondents reporting the receipt of all services in Individual Service Plan (ISP) Numerator: Total number of participants reporting receipt of all services in ISP Denominator: Total number of participants responding to the survey
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**Data Source** (Select one) Analyzed collected data (including surveys, focus groups, interviews, etc.)

If 'Other' is selected, specify:

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Twice per year	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Twice per year



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<b>Performance Measure: SP-7</b>	Number and percent of complaints received regarding non-receipt of services Numerator: Number of complaints received regarding non-receipt of services Denominator: Total number of complaints
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**Data Source** (Select one) *Other*  
 If 'Other' is selected, specify: *EIM data*

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

*Add another Data Source for this performance measure*

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

e. **Sub-assurance: Participants are afforded choice between/among waiver services and providers.**

**i. Performance Measures**

**For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: SP-8</b>	Number and percent of waiver participants whose records documented an opportunity was provided for choice of waiver services and providers. Numerator: Number of waiver participants with documented evidence of opportunities Denominator: Total number of service plans reviewed		
<b>Data Source (Select one) Other</b>			
If 'Other' is selected, specify: Retrospective service plan review			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing

	<input type="checkbox"/> Other Specify:

***Add another Performance measure (button to prompt another performance measure)***

- ii. *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

At the Service Coordination Agency, the SC supervisor reviews the ISP for completeness and appropriateness prior to submitting the ISP to the Bureau of Individual Support (BIS) for approval. The supervisor is the first step in the monitoring process.

BFFSP staff reviews 100% of new ISPs and 100% of ISPs that have a 10% change in services using the guidelines specified in the OLTL Service Plan Review Protocol. This ongoing review is collected in the Service Plan Review Database where the data is aggregated monthly and quarterly for tracking and trending by the Service Plan (SP) Assurance Liaison in the BQAPA. The SP Assurance Liaison tracks the sample size to ensure a statistically valid sample using CMS sampling parameters has been reviewed. The SP Assurance Liaison also performs a quarterly retrospective review of the ISPs reviewed by BFFSP in the previous three months using the same review criteria.

Data is pulled from the OLTL Complaint Database regarding complaints received about service plans. The SP Assurance Liaison monitors a 100% sample of the service plan complaints on a monthly basis to track and trend service plan issues for potential system improvement.

The SP Assurance Liaison reviews data from the OLTL participant satisfaction surveys for questions # 12 and 13 for both New and Annual surveys, pertaining to participant’s needs and goals, and delivery of services. 100% of returned surveys responses are monitored and aggregated three times per year.

Quarterly, the OLTL conducts a representative sample review of participants’ authorized services and claims to determine if participants are receiving services in the type, amount and frequency specified in the ISP.

See Appendix H for more information on BQAPA.

**b. Methods for Remediation/Fixing Individual Problems**

- i. *Describe the state’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.*

When ISPs are reviewed for compliance and non-compliance is noted, BQPM issues a Quality Improvement Plan (QIP) to the BFFSP to address the non-compliance. The BFFSP submits a plan to correct the non-compliance to BQAPA within the prescribed timeframes. As part of the QIP, BFFSP may contact the SC agency to remediate and follow-up on the issue. The BFFSP may also provide technical assistance to aid in that remediation.

The following language was added based on additional CMS RAI questions: As a part of OLTL’s process during plan reviews, the plan reviewers review the plan for risk factors, identified needs, and personal choice reflected in the service plan. Plan reviewers review services requested for their relevance and sufficiency in meeting participant needs and risk factors, as well as the intended outcomes desired by the participant. If a plan does not meet these criteria, the reviewer returns the plan to the Service Coordinator with feedback for clarification. The Plan Reviewer will review the resubmitted and corrected plan and if the plan is still found to be lacking necessary information or services/outcomes that clearly identify addressing the identified needs and personal goals, the Plan Reviewer will contact the SC by phone to

discuss the service plan and provide technical assistance to the Service coordinator in plan development. If a trend occurs with a service coordinator, the plan reviewer will contact the SC Supervisor to recommend additional training. If a trend is identified within a Service Coordination entity, training will be provided to the agency. Further non-compliance will be referred to QMET for additional actions. Complaints regarding non-receipt of service are addressed in EIM processing, and if classified as Urgent, have a timeframe of one day for investigation initiation. See Appendix F for more information on complaint processing.

ISPs are reviewed for compliance, and any individual issues are addressed as soon as they are discovered. If issues are identified during the review, immediate remediation is undertaken. The specific problem (individual) is addressed right away through contact with the SC agency. This action will include steps needed to ensure that the individual's ISP is correctly developed, and may also include technical assistance to the provider to both address the individual issue and to prevent future issues. Immediate attention, as warranted by the circumstances, is undertaken (and overseen by OLTL through BFFSP in collaboration with BQAPA) to ensure that individual health and welfare is assured. For all other discovered issues, the CAP process is used.

Please see Appendix H for more information on Assurance Liaisons and QIPs.

If, through tracking and trending it is discovered that a specific provider has multiple deficiencies, the Quality Management Efficiency Team (QMET) is alerted. The QMET pulls a random sample of the provider's records and reviews the ISPs to verify they meet participant needs adequately and appropriately. If the sample reveals a provider wide deficiency in developing an ISP which meets the subassurances, the provider must complete a Corrective Action Plan (CAP) within 15 business days. OLTL reviews and approves the CAP within 30 business days of submission. If the CAP is insufficient, OLTL works with the provider to develop an appropriate CAP.

If the New or Annual Participant Satisfaction Survey responses indicate that waiver participants have unmet needs, the BQPM initiates further analysis comparing with other data sources and develops a Quality Improvement Plan (QIP) or System Improvement Plan (SIP) if appropriate.

**ii. Remediation Data Aggregation**

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
		<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other Specify:

**c. Timelines**

When the state does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes

*Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.*

## Appendix G, Quality Improvement: Health and Welfare

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

### a. Methods for Discovery: Health and Welfare

**The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.** (For waiver actions submitted before June 1, 2014, this assurance read "The state, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")

### i. Sub-assurances:

**a. Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.** (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)

### i. Performance Measures

**For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: HW-1</b>	Number and percent of unexplained or suspicious deaths for which review/investigation occurred Numerator: Unexplained or suspicious deaths for which review/investigation resulted in findings where appropriate follow-up or steps were taken Denominator: Total number of unexplained deaths		
<b>Data Source</b> (Select one) <i>Other</i>			
If 'Other' is selected, specify: <i>EIM system</i>			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	

		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

<b>Performance Measure: HW-2</b>	Number and percent of substantiated cases of abuse, neglect, or exploitation where recommended actions in the protect health and welfare were implemented Numerator: Number of substantiated cases of Abuse, ,neglect, or exploitation where recommended actions to protect health and welfare were implemented Denominator: Total number of substantiated cases of abuse, neglect, or exploitation
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**Data Source (Select one) Other**

If 'Other' is selected, specify: EIM system

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	

		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
X State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	X Monthly
<input type="checkbox"/> Sub-State Entity	X Quarterly
<input type="checkbox"/> Other Specify:	X Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**b. Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.**

**For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: HW-3</b>	Number and percent of Urgent complaints with investigation initiated within the required timeframe Numerator: Number and percent of urgent complaints with investigation initiated within the required timeframe Denominator: Total number of urgent complaints		
<b>Data Source (Select one) Other</b>			
If 'Other' is selected, specify: EIM system			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review



	<input type="checkbox"/> Operating Agency	X Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
X State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	X Monthly
<input type="checkbox"/> Sub-State Entity	X Quarterly
<input type="checkbox"/> Other Specify:	X Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Add another Performance measure (button to prompt another performance measure)

<b>Performance Measure: HW-4</b>	Number and percent of Non-Urgent complaints with investigation initiated within the required timeframe Numerator: Number of non-urgent complaints with investigation initiated within the required timeframe Denominator: Total number of non-urgent complaints		
<b>Data Source (Select one) Other</b>			
If 'Other' is selected, specify: EIM system			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review
	<input type="checkbox"/> Operating Agency	X Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =

	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: HW-5</b>	Number and percent of complaints, investigated/closed within required timeframe Numerator: Number of complaints, investigated/closed within required timeframe Denominator: Total number of complaints
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**Data Source (Select one):** Other

If 'Other' is selected, specify: EIM system

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

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**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: HW-6</b>	<p>Number and percent of waiver participants, responding to the satisfaction survey, who indicate knowledge of how to report abuse, neglect or exploitation (ANE)</p> <p>Numerator: Number and of waiver participants, responding to the satisfaction survey, who indicate knowledge of how to report abuse, neglect or exploitation (ANE)</p> <p>Denominator: Total number of participants responding to the survey</p>
----------------------------------	--

**Data Source** (Select one): Analyzed collected data (including surveys, focus groups, interviews, etc.)

If 'Other' is selected, specify:

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95%+/-5%
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Twice per year	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: HW-7</b>	Number and percent of waiver participants who were informed of the reporting process for abuse, neglect and exploitation Numerator: Number of waiver participants who were informed of the reporting process for abuse, neglect, and exploitation Denominator: Total number of service plans reviewed
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**Data Source** (Select one) *Other:*

If 'Other' is selected, specify: *Retrospective service plan review*

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly

<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	X Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: HW-8</b>	Number and percent of waiver participants with more than three reported incidents within the past 365 calendar days Numerator: Number and percent of waiver participants with four or more reported incidents within the past 365 calendar days Denominator: Number of waiver participants with reported critical incidents
----------------------------------	---

**Data Source (Select one) Other:**

If 'Other' is selected, specify: EIM system

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review
	<input type="checkbox"/> Operating Agency	X Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	X Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	X Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
X State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	X Annually
	<input type="checkbox"/> Continuously and Ongoing

	<input type="checkbox"/> Other Specify:

<b>Performance Measure: HW-9</b>	Number and percent of critical incidents reported within the required timeframe Numerator: Number of critical incidents reported within the required timeframe Denominator: Number of critical incidents reported
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**Data Source (Select one):** Reports to State Medicaid Agency on delegated Administrative functions

If 'Other' is selected, specify: EIM system

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: HW-10</b>	Number and percent of reportable incidents investigated within required timeframe Numerator: Number of reportable critical incidents investigated within required timeframe Denominator: Total number of reportable critical incidents
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**Data Source (Select one):** *Other*

*If 'Other' is selected, specify: EIM system*

	<b>Responsible Party for data collection/generation</b> <i>(check each that applies)</i>	<b>Frequency of data collection/generation:</b> <i>(check each that applies)</i>	<b>Sampling Approach</b> <i>(check each that applies)</i>
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: HW-11</b>	Number and percent of critical incidents requiring investigation where the state adhered to the follow-up methods as specified in the approved waiver Numerator: Number of critical incidents requiring investigation where the state adhered to the follow-up methods as specified in the approved waiver Denominator: Total number of critical incidents requiring investigation
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**Data Source (Select one):** *Other*

If 'Other' is selected, specify: EIM system

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure: HW-12</b>	Number and percent of participants who reported incidents in which they were provided guidance materials informing them of strategies to mitigate and prevent critical incidents after conclusion of investigations Numerator: Total number of participants who reported incidents in which they were provided guidance materials Denominator: Total number of reported incidents
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Data Source (Select one): Record reviews, on-site

If 'Other' is selected, specify:

	<b>Responsible Party for data collection/generation</b>	<b>Frequency of data collection/generation:</b>	<b>Sampling Approach</b> (check each that applies)



	<i>(check each that applies)</i>	<i>(check each that applies)</i>	
	<input checked="" type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	<input checked="" type="checkbox"/> <i>100% Review</i>
	<input type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>	<input type="checkbox"/> <i>Less than 100% Review</i>
	<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>	<input type="checkbox"/> <i>Representative Sample; Confidence Interval =</i>
	<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input type="checkbox"/> <i>Other Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<input checked="" type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>
<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other Specify:</i>

**c. Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.**

**For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: HW-13</b>	Number and percent of incidents where unauthorized uses of restrictive interventions were appropriately reported Numerator: Number of incidents where unauthorized uses of restrictive interventions were appropriately reported Denominator: Total number of incidents with unauthorized uses of restrictive interventions
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<b>Data Source (Select one): Other</b>			
If 'Other' is selected, specify: EIM system			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Add another Performance measure (button to prompt another performance measure)

- d. **Sub-assurance:** The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on

*the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure: HW-14</b>	Number and percent of waiver participants receiving age-appropriate preventative health care Numerator: Number of waiver participants receiving age-appropriate preventative health care Denominator: Total number of waiver participants		
<b>Data Source (Select one): Other</b>			
If 'Other' is selected, specify: PROMISE paid claims report, participant enrollment file			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: PROMISE paid claims report to enrolled waiver participant report	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

*Add another Performance measure (button to prompt another performance measure)*

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Statistical reports on 100% of reported critical incidents and complaints are generated from the state's Enterprise Incident Management (EIM) system and these reports are reviewed monthly by the BQAPA HW Assurance Liaison for patterns in the types of incidents and complaints received. The Liaison is also looking for patterns and issues regarding how the incidents and complaints are processed, i.e. was the reporting timeframe met, etc., according to the elements of the performance measures.

The HW Assurance Liaison reviews data from the OLTL participant satisfaction surveys for question # 16 pertaining to participants who indicate knowledge of how to report abuse, neglect and exploitation. One hundred percent of returned surveys responses are monitored and aggregated three times a year.

Please see Appendix H for more information regarding the Assurance Liaison's role in the Quality Improvement Strategy.

**b. Methods for Remediation/Fixing Individual Problems**

- i. *Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.*

When it is discovered that an incident was not acted upon in accordance with waiver standards (not reported, not investigated within the required timeframe, etc.) OLTL staff that discovered the issues immediately directs the provider to report the incident utilizing OLTL Incident reporting protocols, investigate, make corrections and/or otherwise meet OLTL incident standards. If immediate action is required to protect the Health and Welfare of the individual the provider is instructed to take such action, The BFFSP may be required to investigate and/or take action if the provider is identified as a source of the incident. When a pattern of not reporting is determined a referral is made to the Quality Management Efficiency Team (QMET) for review of the providers' incident protocols and implementation. As issues are discovered, Corrective Action Plans (CAPs) are required of the providers.

Individual incidents of a severe nature are investigated and reviewed in accordance with Appendix G. When it is discovered that a participant has more than three reportable incidents within the past 365 days, the Health & Welfare (HW) Liaison reviews and analyzes the incidents to determine the effect on the participant. If the pattern of incidents has an effect on the health and welfare of the participant, the HW Liaison issues a QIP (see Appendix H) for immediate intervention. The QIP, with the BFFSP recommendations or action plan, is returned to the BQPM within 15 business days. The BQAPA reviews and approves the QIP, notifying BQAPA of approval and initiating the follow-up process (QIP Protocol).

The BQAPA reviews for patterns involving providers, geographic areas, etc. If specific provider(s) are involved in a pattern of frequent incidents, a referral is made to the Quality Management Efficiency Team (QMET) for a targeted review and possible Corrective Action Plan (CAP). The BQAPA also refers these participants to BFFSP through the Quality Improvement Plan process (QIP) under the standard of ensuring health and welfare. Individual incidents of a severe nature are investigated and reviewed in accordance with Appendix G.

If the BQAPA discovers that a complaint was not acted upon in accordance with waiver standards, the BQAPA issues a Statement of Finding and requests a QIP from the BFFSP.

**ii. Remediation Data Aggregation**

	<b>Responsible Party</b> ( <i>check each that applies</i> ):	<b>Frequency of data aggregation and analysis</b> ( <i>check each that applies</i> )
	<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
	<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
	<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
	<input type="checkbox"/> <b>Other</b> Specify:	<input type="checkbox"/> <b>Annually</b>
		<input checked="" type="checkbox"/> <b>Continuously and Ongoing</b>
		<input type="checkbox"/> <b>Other</b> Specify:

**c. Timelines**

*When the state does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.*

<input checked="" type="radio"/>	<b>No</b>
<input type="radio"/>	<b>Yes</b>

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix I, Quality Improvement: Financial Accountability

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

a. **Methods for Discovery: Financial Accountability Assurance**

**The state must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.** (For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")

i. **Sub-assurances:**

**a Sub-assurance: The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.** (Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)

**Performance Measures**

**For each performance measure the state will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: FA-1</b>	Number and percent of claims paid within in accordance with approved waiver Numerator: Number of claims paid within in accordance with approved waiver Denominator: Total number of claims paid		
<b>Data Source (Select one): Other</b>			
If 'Other' is selected, specify: Paid Claims Report			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:

		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

<b>Performance Measure: FA-2</b>	Number and percent of provider's submitting accurate claims for services authorized by the waiver and being paid for those services Numerator: Total number of providers submitting accurate claims for services authorized Denominator: Total number of providers reviewed
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**Data Source (Select one):** Record reviews, off-site

If 'Other' is selected, specify:

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95% +/- 5%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Ongoing reviews in a two year period to reach each	

		provider with a 95% confidence level +/-5%	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

<b>Performance Measure: FA-3</b>	Number and percent of claims that are paid based on the correct rate Numerator: Number of claims that paid at the correct rate. Denominator: Total number of paid claims
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**Data Source (Select one):** Other

If 'Other' is selected, specify: PROMISE

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**



**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

<b>Performance Measure: FA-4</b>	Number and percent of claims paid timely Numerator: Number of claims paid timely Denominator: Total number of paid claims		
<b>Data Source (Select one):</b> Other			
If 'Other' is selected, specify: PROMISE			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly

<input type="checkbox"/> Operating Agency	X Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

**b. Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.**

**For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure: FA-5</b>	Number and percent of provider payment rates that are consistent with rate methodology approved in the approved waiver application or subsequent amendment Numerator: Number and percent of provider payments rates are consistent with rate methodology approved in the approved waiver application or subsequent amendmen Denominator: Total number of provider payments using the appropriate rate
----------------------------------	---

**Data Source (Select one): Other**

*If 'Other' is selected, specify: Claims data, documentation from State rate setting division*

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	X Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other	

		<i>Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<input checked="" type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input type="checkbox"/> <i>Quarterly</i>
<input type="checkbox"/> <i>Other</i> <i>Specify:</i>	<input checked="" type="checkbox"/> <i>Annually</i>
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other</i> <i>Specify:</i>

**Add another Performance measure (button to prompt another performance measure)**

- ii. *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

A “Paid Claims Report” has been developed that runs every paid claim against a valid list of procedure codes. 100% of all paid claims are run through the query which is written to list any claims that paid with an incorrect code. If any claims would pay and not be valid, the circumstances of each claim would be investigated

FA-1: The QMU Liaison reviews the report that has been run. If no claims are listed on the report, all of the paid claims paid using correct procedure codes that are valid under the waiver.

FA-2: The QMU Liaison reviews the data that has been reported by the QMET teams. The data is tracked and trended against prior reporting periods to draw conclusions relating to levels of compliance.

FA-3: The QMU Liaison reviews the report that has been run. Any claims that do not pay at the correct rate will not meet the Assurance. These claims would be reprocessed at the correct rate.

FA-4: The QMU Liaison reviews the report that has been run. Any claims that do not pay timely will not meet the Assurance. Only timely claims should be paid.

FA-5: The QMU Liaison reviews the report that has been run. The rate file is delivered to OLTL electronically. OLTL reviews the file for errors. DHS Bureau of Data and Claims Management does testing after rates are loaded into PROMISE to ensure the rates are loaded correctly. The rates are reviewed each time any changes are made to the PROMISE rate tables.

Universe. FA-1: Numerator: Total number of claims that paid using correct procedure codes. SFY 2013-14 – 881,396 claims. Denominator: Total number of paid claims. SFY 2013-14 – 881,396 claims.

FA-2. 766 total providers. Numerator: number of providers reviewed that paid correctly. Denominator: number of providers reviewed during each quarter.

FA-4. 140 payment rates.

FA-1: Paid Claims Report is analyzed. Based on results, further investigation of the paid claims and processing system may be needed.

FA-2: Based on the results from QMET on site findings, providers will make necessary changes through the Corrective Action Plan remediation process. OLTL is exploring the option of collection this data systemically instead of onsite reviews.

FA-5: Rates will not become official without passing the PA review process that they were done using the correct methodology.

If a claim passed all of the edit and audit checks in the PA PROMISE claims processing system, they have been coded and paid for in accordance with the reimbursement methodology.

QMET completes a TSADF claims review of waiver providers as part of the regulatory monitoring which includes initial and follow-up monitoring. Comprehensive on-site monitoring of HCBS providers are conducted every two (2) years. Additional time frames for more frequent monitoring are determined by the existence of an active corrective action plan (CAP), provider history (complaints, incident reports, etc.), provider type and as identified by the OLTL.

Claims are reviewed by QMET to verify that billing is supported in the correct type, scope, amount, duration and frequency (TSADF) as written in the individual service plan (ISP). In the agency model of service, the ISP is broken down by service for the Direct Service Providers (DSP) on a Service Authorization Form (SAF). The SAF lists all of the necessary information required to perform the services being ordered and based on the provider type ie: personal assistance service, RN Services, etc.

At a DSP review, QMET requests all SAFs and timesheets for a statistically significant sample of billing. The information requested is for a one year period ending with the month prior to the month of the review. The SAFs and timesheets are compared to confirm that the services ordered were the services provided. Any deviations between the timesheets and SAFs that are not documented will result in a finding and the provider will be cited. Other issues that could result in a provider being cited are: the provider does not maintain documentation in the record of the SAF, the timesheet is not clear and TSADF cannot be determined, timesheets are missing etc.

Pennsylvania contracted with a vendor to assist with setting the payment rates. Parameters were agreed upon that would be critical to achieving the rate setting methodology. The rates went through a comment and vetting process. These accepted approved rates are loaded into the PA PROMISE payment processing system, that the claims pay against, only after CMS approval of OLTL's rate methodology. An outside vendor under the direction of the Department of Human Services (DHS) Office of Medical Assistance Programs (OMAP) Bureau of Data and Claims Management (BDCM) run the rates and claims in a test environment to be certain that they are working correctly before they are loaded into the live PROMISE environment for claims processing.

The Quality Management Efficiency Teams (QMETs) are the State Medicaid Agency's (OLTL) regional provider monitoring agents. They conduct monitoring reviews every 2 years with every provider of waiver services. Using a standard monitoring tool which incorporates the Financial Accountability requirements as listed in the waiver, the QMET verifies each requirement during the review. The QMET review includes verifying claims submitted in PROMISE with service plans. A random sample of provider, employee, and consumer financial records are reviewed to ensure compliance with waiver standards.

Claims data is examined against a sample of HCSIS files to determine if paying properly based on plan authorizations

The State uses the following website to determine sample sizes: <http://www.raosoft.com/samplesize.html>

**b. Methods for Remediation/Fixing Individual Problems**

- i. *Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.*

If a report reveals a claim that is overpaid in accordance with the rate methodology, OLTL/Bureau of Quality & Provider Management initiates steps to recoup the overpayment.

The following language was added based on CMS RAI questions: If the provider and OLTL cannot come to a mutual agreement regarding the recoupment of an overpayment, the provider may request an appeal in writing with the DHS Bureau of Hearing and Appeals (BHA). After hearing testimony from both OLTL and the provider, the Hearing Officer would make the final decision regarding the recoupment.

Noncompliance discovered during QMET monitoring is remediated through Corrective Action Plans (CAPs), requiring providers to submit their action steps to remedy their non-compliance.

The following language was added based on CMS RAI questions concerning QMET statistical sampling tool:

- A Cognos report is created from the HCBS claims data that is stored in the Commonwealth of PA Enterprise Data Warehouse.
- The Cognos report's data is manually verified.
- The size of the data sample is supported through the use of a sample size calculator available at <https://content.metrixmatrix.com/sample.html>.
- The report's data is randomly sorted through Microsoft Excel Macros.
- The random data sample that is created by the Microsoft Excel Macros is used to identify the HCBS claims that are to be reviewed for a HCBS provider.

Rate Setting Methodology is examined and analyzed on a yearly basis and adjusted if inconsistent with the waiver.

Systemic issues/defects are addressed through the Department's Bureau of Data and Claims Management, the Bureau of Information Systems and the appropriate systems contractors related to the primary claims processing system (PROMISe™) and its interfaces. When systems issues occur, trouble tickets are generated by the Office of Long Term Living (OLTL) and defects are researched, identified, and corrected by the appropriate systems contractor. All claims impacted by the systems issues during processing are identified by the claims contractor and reprocessed after the correction to the system is made. OLTL sends communications to the providers that are affected making them aware of the issue, what is being done to correct it, and the timeline for completing the correction of the system issue.

When overpayments, or payments unsupported by proper documentation are identified during monitoring, the following steps are taken. Providers will receive a series of letters outlining what steps they must take, within a specified time frame, to correct the overpayment. The first letter outlines the overpayments that have been identified and allows the agency to submit further supporting documentation to validate the payment received. The provider is given a 15 day window to comply with this request. If the provider cannot or does not respond, a second letter outlines that they have an additional 15 days to comply or the Department will begin to recover the identified overpayments through either adjustments to future claim payments or a lump sum payback. If OLTL receives no response or the provider agrees with the overpayment, the Department discusses payment methods with the agency and either allows a one-time payment via check, a monthly payback via check, or reduces future payments to that agency until the full amount of the overpayment is recovered.

Accurate and timely claims processing is performed within the MMIS system (PROMISe™). The claims processing capability accommodates, from receipt through adjudication, the unique identification, editing and auditing, pricing, claim resolution, claim adjustment processing, tracking, controlling, and reporting of every claim transaction as it progresses through all facets of claims processing.

The timeframe for conducting the CAP follow-up is dependent upon the dates for completion identified by the provider. QMET determines the CAP follow-up monitoring schedule and the method (on-site vs in office) based on the action steps that were to be completed. CAPS are to be followed-up on between 30 and 90 days of the last date listed under timeline for completion. The provider is notified of the type of follow-up to be performed 10 business days in advance of the follow-up monitoring. Regardless of the manner of follow-up, all documents reviewed should be of sufficient quantity and scope in order to determine if the action steps have been completed accurately, timely, and in accordance with the approved plan. If the follow-up is performed and all the action items are verified as complete the CAP is closed. If some items remain incomplete, QMET will provide technical assistance in order to assist the provider in remediating any outstanding items and work towards closing the CAP. No CAP is closed until all action steps have been completed.

**ii. Remediation Data Aggregation**

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party (check each that applies)</b>	<b>Frequency of data aggregation and analysis: (check each that applies)</b>
	<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
	<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
	<input type="checkbox"/> <b>Sub-State Entity</b>	<input checked="" type="checkbox"/> <b>Quarterly</b>
	<input type="checkbox"/> <b>Other</b> Specify:	<input type="checkbox"/> <b>Annually</b>
		<input type="checkbox"/> <b>Continuously and Ongoing</b>
		<input type="checkbox"/> <b>Other</b> Specify:

**c. Timelines**

When the state does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.