

Attachment A
Quality Improvement Strategy for Consolidated and P/FDS Waivers
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..

a.i For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.1.	Number and percent of AEs that implement monitoring protocols. Percent = number of AEs that implement monitoring protocols/number of AEs that delegate or purchase administrative functions.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and	Frequency of data aggregation and	

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	<i>analysis</i> (check each that applies)	<i>analysis:</i> (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:	

Performance Measure: a.i.2.	Number and percent of AEs that maintain, safeguard, and provide access to waiver records as per ODP's expectations. Percent = number of AEs that maintain, safeguard, and provide access to waiver records as per ODP's expectations/number of AEs reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

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Performance Measure: a.i.3.	Number and percent of waiver participants whose category of need for services is reviewed/updated in accordance with the Department's policy and form (currently PUNS). Percent = number of waiver participants whose category of need for services is reviewed/updated in accordance with the Department's policy and form (currently PUNS)/number of waiver participants reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

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Performance Measure: a.i.4.	Number and percent of eligible applicants having an emergency need (the individual has current needs or anticipated needs within the next six months) who receive preference in waiver enrollment. Percent = number of eligible applicants having an emergency need who receive preference in waiver enrollment/number of eligible applicants.		
Data Source [e.g. – examples cited in IPG] Waiver Capacity Management Reports	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a.i.5.	Number and percent of waiver participants issued fair hearing and appeal rights in accordance with policies and procedures. Percent = number of waiver participants issued fair hearing and appeal rights in accordance with policies and procedures/number of waiver participants reviewed.		
Data Source [e.g. – examples	Responsible Party for data	Frequency of data collection/generation:	Sampling Approach (check each that

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<i>cited in IPG]</i> AEOM Database	collection/generation (check each that applies)	(check each that applies)	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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a.i.6.	Number and percent of final orders issued by the Department's Bureau of Hearings and Appeals ruled in favor of the appellant and implemented within 30 calendar days of the final order. Percent = number of final orders issued by the Department's Bureau of Hearings and Appeals ruled in favor of the appellant and implemented within 30 calendar days of the final order/number of final orders issued by the Department's Bureau of Hearings and Appeals ruled in favor of the appellant.		
Data Source <i>[e.g. – examples]</i>	Responsible Party for data	Frequency of data collection/generation:	Sampling Approach (check each that

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<i>cited in IPG]</i>	collection/generation (check each that applies)	(check each that applies)	applies)
Service Reviews Database			
	<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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a.i.7.	Number and percent of AEs that qualify providers using qualification criteria as outlined in the current approved waiver. Percent = number of AEs that qualify providers using qualification criteria as outlined in the current approved waiver/number of AEs reviewed.		
Data Source [e.g. – examples cited in IPG]	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
AEOM Database			
	<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	

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		<input checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input type="checkbox"/> <i>Other: Describe</i>
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	
	<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 checked="" type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	
		<input type="checkbox"/> <i>Other: Specify:</i>	

Performance Measure: a.i.8.	Number and percent of AEs that monitor providers using the monitoring processes developed by ODP. Percent = number of AEs that monitor providers using the monitoring processes developed by ODP/number of AEs reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<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 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 checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input type="checkbox"/> <i>Other: Describe</i>
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	
	<input checked="" type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	

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	<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:	

a.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.

For Performance Measures a.i.1, a.i.2., a.i.7., and a.i.8, as described in Appendix A-6, ODP staff use the AEOM tool and methodology to review the performance of all Administrative Entities.

For Performance Measures a.i.3, and a.i.5., as described in Appendix A-6, ODP staff use the AEOM tool and methodology to review a proportionate, representative random sample of waiver participant records annually.

For Performance Measure a.i.4, ODP staff use source data from HCSIS to inform Waiver Capacity Management Reports.

For Performance Measure a.i.6., ODP staff enters data into an Access database on the findings of reviews by the Bureau of Hearings and Appeals and implementation of final orders.

b. Methods for Remediation/Fixing Individual Problems

i. b.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.

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Performance Measure a.i.1. **Number and percent of AEs that implement monitoring protocols.** ODP receives from each AE annually a list of administrative functions that are delegated or purchased by that AE along with a copy of the monitoring protocol for each delegated or purchased function. On an annual basis, ODP reviews the list of each AE's delegated or purchased functions to verify implementation of the monitoring protocol. If ODP determines that an AE is not conducting monitoring activities as indicated in the protocol, the AE will be notified and is expected to complete remediation within 30 days. Remediation activities may include the AE locating missing evidence that documents their implementation of the monitoring protocol and/or the AE implementing required monitoring protocols and providing ODP supporting evidence. Evidence may include but is not limited to: correspondence with the responsible entity containing findings of monitoring; records of on-site visits to responsible entities; and corrective actions taken by responsible entities.

Performance Measure a.i.2. **Number and percent of AEs that maintain, safeguard, and provide access to waiver records as per ODP's expectations.** Through the AEOMP, ODP evaluates whether AEs maintain, safeguard, and provide access to waiver records according to ODP's policies and procedures. If the AE does not maintain, safeguard, and provide access to waiver records according to ODP's policies and procedures, the AE is expected to document remediation actions and submit the documentation to ODP within 30 days. Remediation activities may include locating missing evidence of record retention, establishing secure record storage, and training staff on procedures to safeguard access and confidentiality of records.

Performance Measure a.i.3. **Number and percent of waiver participants whose category of need for services is reviewed/updated in accordance with the Department's policy and form (currently PUNS).** On a monthly basis, ODP generates and makes available to AEs reports that identify any individual for whom a category of need for services form (currently PUNS) has not been completed in a timely manner. The AE is responsible to review these reports and work with the applicable SCOs to ensure remediation for any situation where a category of need for services form has not been completed/updated within 365 days. Remediation is expected to occur within 30 days and will include completion of category of need for service forms and entry of the information into HCSIS. AEs will summarize the remediation actions taken and provide the information to ODP staff.

Performance Measure a.i.4. **Number and percent of eligible applicants having an emergency need who receive preference in waiver enrollment.** ODP reviews on a bi-weekly basis reports for individuals added to Intent to Enroll status (individuals who are in the process of being enrolled in the waiver) to ensure that eligible applicants having an emergency need for services receive preference in waiver enrollment. For any individual who does not have emergency status on the waiting list, ODP reviews the record and/or contacts the AE to determine if the eligible applicant meets emergency criteria. The AE is instructed to update the record as necessary and appropriate. If ODP determines that the individual does not meet emergency status criteria, ODP will provide technical assistance/training to the AE regarding ODP's waiver enrollment policies. An AE that continues to fail to make the required corrections or updates to the record or to violate waiver enrollment policies will be suspended from making waiver enrollment decisions for a period of 90 days unless otherwise sanctioned by ODP. All requests for enrollment during the suspension period will be processed through an ODP Regional Office.

Performance Measure a.i.5. **Number and percent of waiver participants issued fair hearing and appeal rights in accordance with policies and procedures.** Through the AEOMP, ODP determines if waiver participants in the sample were issued rights to fair hearing and appeals when the individual was determined likely to require ICF/MR level of care (for individuals enrolled within the last twelve

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months) at the last annual ISP meeting, and at the time of a Service Change (if a service was reduced, suspended or denied).

If ODP does not locate documentation to substantiate that due process rights were issued in any of the above circumstances, ODP will instruct the AE to locate missing documentation or, when not available, provide written notification of due process rights to the individual/surrogate. The information is recorded in HCSIS or the ISP Signature Page is completed where applicable with a note acknowledging that the notification is late. If an individual's record indicates more than one instance in which notification of due process rights was not issued, the AE may provide to the individual a one-time written notification that includes an explanation for each instance late. The AE is expected to document remediation actions and submit the documentation to ODP within 30 days.

Performance Measure a.i.6. Number and percent of final orders by the Department's Bureau of Hearings and Appeals implemented within 30 calendar days of the final order ruled in favor of the appellant. ODP maintains a log of Fair Hearing requests for waiver participants. When a Fair Hearing request results in the Department's Bureau of Hearings and Appeals rendering a decision, that information is recorded in the log along with any required action. The AE must ensure that the final order is implemented within the expected timeframe. If the order is not implemented within the expected timeframe, the AE will be required to ensure remediation within five calendar days of notification by ODP. The AE will work with the SCO to revise the ISP if necessary or initiate/continue the service. The AE shall notify ODP of the remediation action that has occurred within 10 days.

Performance Measure a.i.7. Number and percent of AEs that qualify providers using qualification criteria as outlined in the current approved waiver. Through the AEOMP, ODP reviews a sample of provider initial and annual provider qualification applications. ODP ensures that each AE reviews provider qualification information using ODP standardized procedures. If the AE does not qualify a provider using ODP standardized procedures, the AE is expected to contact the provider and collect all missing documents within 30 days. If the documentation obtained does not corroborate that the provider meets qualification standards, the provider will be prohibited from receiving payments for waiver services. ODP will provide training to the AE on the correct application of the provider qualification process. ODP will enhance its monitoring of the AE and if the problem persists, initiate sanctions as specified in the AE Operating Agreement.

Performance Measure a.i.8. Number and percent of AEs that monitor providers using the monitoring processes developed by ODP. ODP identifies annually the providers to be monitored using the ODP standardized monitoring process and tool. Upon completion of monitoring for each provider, the AE will complete and submit the standardized monitoring tool to ODP. Through the AEOMP, ODP reviews a sample of providers monitored by each AE. If the AE does not complete provider monitoring using the monitoring processes developed by ODP, the AE will remediate identified deficiencies and notify ODP of the completion of remediation actions within 30 days.

For any of the above Administrative Authority Performance Measures, the Department will initiate actions as needed to resolve any outstanding issues with AE performance using the methodology outlined in the Administrative Entity Operating Agreement.

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b.ii Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)	Responsible Party (check each that applies)	Frequency of data aggregation and analysis: (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:

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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**

a.i.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.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.a.1	Number and percent of new enrollees who have a LOC completed prior to entry into the waiver. Percent = number of new enrollees who have a LOC completed prior to entry into the waiver/number of new enrollees.		
Data Source [e.g. – examples cited in IPG]]	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
HCSIS	<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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	

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	<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:	

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

For each performance measure/indicator the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.b.1	Number and percent of annual LOC redeterminations completed within 365 days of the prior review. Percent = number of LOC redeterminations completed within 365 days of the prior review/number of redeterminations that are due.		
Data Source [e.g. – examples cited in IPG] HCSIS	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe

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Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

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

For each performance measure/indicator the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.c.1.	Number and percent of LOC initial determinations and redeterminations completed according to ODP policies and procedures. Percent = number of LOC initial determinations and redeterminations completed according to ODP policies and procedures/number of LOC determinations and redeterminations reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	

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		<input checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input checked="" type="checkbox"/> <i>Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%</i>
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	
	<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 checked="" type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	
		<input type="checkbox"/> <i>Other: Specify:</i>	

Performance Measure: a.i.c.2.	Number and percent of initial LOC determinations and redeterminations that were completed accurately. Percent = number of initial LOC determinations and redeterminations that were completed accurately/number of LOC determinations and redeterminations reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<input checked="" type="checkbox"/> <i>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>	<input checked="" type="checkbox"/> <i>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 checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input checked="" type="checkbox"/> <i>Other: Describe Proportionate,</i>

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			representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

a.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.

For Performance Measures a.i.a.1 and a.i.b.1, a 100% review of data from HCSIS is conducted monthly by ODP staff to assess compliance.

For Performance Measures a.i.c.1. and a.i.c.2, ODP staff use the AEOM tool and methodology to review a proportionate, representative random sample of waiver participant records annually.

b. Methods for Remediation/Fixing Individual Problems

b.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.

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Performance Measure: a.i.a.1. *Number and percent of new enrollees who have a LOC completed prior to entry into the waiver.* On a monthly basis, ODP generates and distributes to the specific AE HCSIS reports identifying initial level of care compliance and noncompliance data. The reports include a list of exceptions for that AE (any individual for whom a level of care evaluation is not entered into HCSIS as completed prior to the waiver start date). The AE is responsible to review these reports and provide remediation for any situation where a LOC has not been completed prior to waiver enrollment. Remediation will include completion of level of care documents and/or data entered into HCSIS. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days of notification. If LOC evaluation results in a finding that the individual is not eligible, the individual will be disenrolled from the waiver and referred to other appropriate resources and payment for any waiver services provided will be recouped. The Department will initiate actions as needed to resolve any outstanding issues with AE performance using the methodology outlined in the Administrative Entity Operating Agreement.

Performance Measure a.i.b.1. *Number and percent of annual LOC redeterminations that are completed within 365 days of the prior review.* On a monthly basis, ODP generates and distributes to the specific AE HCSIS reports identifying annual level of care redetermination compliance and noncompliance data. The reports include a list of exceptions for that AE (any individual for whom a level of care recertification is not entered into HCSIS within 365 days of the prior certification or recertification). The AE is responsible to review these reports and provide remediation for any situation where a LOC recertification has not been completed within 365 days. Remediation will include completion of level of care documents and/or level of care redetermination date entered into HCSIS. In cases in which repeated efforts to secure the supporting information from a waiver participant are unsuccessful, advance notice may be issued to terminate an individual's enrollment in the waiver. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days of notification. The Department will initiate actions as needed to resolve any outstanding issues with AE performance using the methodology outlined in the Administrative Entity Operating Agreement.

Performance Measure a.i.c.1. *Number and percent of LOC initial determinations and redeterminations completed according to ODP policies and procedures.*

Through the AEOMP, ODP evaluates whether initial LOC determinations and annual LOC redeterminations are completed according to ODP policies and procedures. The AE must locate or complete LOC evaluations using ODP's standardized forms and process in cases where the documentation is not present during the onsite review. If the individual is found ineligible for waiver services, disenrollment procedures will be initiated, the individual will be referred to other appropriate resources and payment for any waiver services provided during the timeframe the individual was ineligible will be recouped. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days of notification. The Department will initiate actions as needed to resolve any outstanding issues with AE performance using the methodology outlined in the Administrative Entity Operating Agreement.

Performance Measure a.i.c.2. *Number and percent of initial LOC determinations and redetermination that were completed accurately.*

Through the AEOMP, ODP evaluates whether initial LOC determinations and annual LOC redeterminations are completed accurately. The AE is required to locate or complete required

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documentation that is not present or does not contain the necessary information during the onsite review, including the medical evaluation that documents a recommendation for ICF/MR LOC, a psychological evaluation that contains the results of a standardized general intelligence test that certifies the individual has a diagnosis of mental retardation/significantly sub-average intellectual functioning, a Standardized Adaptive Assessment indicating impairments in adaptive behavior, and documentation that the individual had conditions of intellectual and adaptive functioning manifested during the developmental period which is from birth up to the individual's 22nd birthday. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days. When documentation is located or completed and eligibility in any one of the criteria is not met, disenrollment procedures will be initiated as per ODP policies and procedures and HCSIS amended as appropriate. If a determination is made that an AE is incorrectly applying the criteria and making determinations that are incorrect, targeted technical assistance is provided to the AE in order to ensure they fully understand the process and apply it correctly. The Department will initiate actions as needed to resolve any outstanding issues with AE performance using the methodology outlined in the Administrative Entity Operating Agreement.

b.ii Remediation Data Aggregation

<i>Remediation-related Data Aggregation and Analysis (including trend identification)</i>	<i>Responsible Party (check each that applies)</i>	<i>Frequency of data aggregation and analysis: (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 checked="" type="checkbox"/> <i>Annually</i>
		<input type="checkbox"/> <i>Continuously and Ongoing</i>
		<input type="checkbox"/> <i>Other: Specify:</i>

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Quality Improvement: Qualified Providers

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**

a.i.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.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.a.1.	Number and percent of new providers that meet required licensure and/or certification standards and adhere to other state standards prior to furnishing waiver services. Percent = number of new providers that meet required licensure and/or certification standards and adhere to other state standards prior to furnishing waiver services/all new providers that require licensure and/or certification.		
Data Source [e.g. – examples cited in IPG]	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
Enrollment Unit Spreadsheet	<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 checked="" type="checkbox"/> Other: Specify: Administrative Entities	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe

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Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a.i.a.2.	Number and percent of current providers that continue to meet required licensure and/or certification standards and adhere to other state standards. Percent = number of current providers that continue to meet required licensure and/or certification standards and adhere to other state standards /all providers that require licensure and/or certification.		
Data Source [e.g. – examples cited in IPG] HCSIS	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually	
	Administrative Entities	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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	

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

a.i.b Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.b.1.	Number and percent of new non-licensed, non-certified providers that meet initial waiver requirements. Percent = number of new non-licensed, non-certified providers that meet initial waiver requirements/all new non-licensed, non-certified providers.		
Data Source [e.g. – examples cited in IPG] Enrollment Unit Spreadsheet	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually	
	Administrative Entities	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis	Frequency of data aggregation and analysis:	

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	<i>(check each that applies)</i>	<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 checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	
		<input type="checkbox"/> Other: Specify:	

Performance Measure: a.i.b.2.	Number and percent of current non-licensed, non-certified providers that continue to meet waiver requirements. Percent = number of current non-licensed, non-certified providers that continue to meet waiver requirements /all current non-licensed, non-certified providers.		
Data Source [e.g. – examples cited in IPG] HCSIS	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually	
	Administrative Entities	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

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<p>Performance Measure: a.i.b.3.</p>	<p>Number and percent of providers delivering services to individuals who are self-directing that meet initial requirements. Percent = number of providers delivering services to individuals who are self-directing that meet initial requirements/all providers delivering services to individuals who are self-directing.</p>		
<p>Data Source [e.g. – examples cited in IPG]</p> <p>ODP Monitoring of Vendor Fiscal Service Provider</p>	<p>Responsible Party for data collection/generation (check each that applies)</p>	<p>Frequency of data collection/generation: (check each that applies)</p>	<p>Sampling Approach (check each that applies)</p>
	<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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
<p>Data Aggregation and Analysis</p>	<p>Responsible Party for data aggregation and analysis (check each that applies)</p>	<p>Frequency of data aggregation and analysis: (check each that applies)</p>	
	<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:	
<p>Performance Measure: a.i.b.4.</p> <p>ODP Monitoring of Vendor Fiscal Service Provider</p>	<p>Number and percent of providers delivering services to individuals who are self-directing that continue to meet requirements. Percent = number of providers delivering services to individuals who are self-directing that continue to meet requirements/all current providers delivering services to individuals who are self-directing.</p>		

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<i>Data Source [e.g. – examples cited in IPG]</i>	<i>Responsible Party for data collection/generation (check each that applies)</i>	<i>Frequency of data collection/generation: (check each that applies)</i>	<i>Sampling Approach (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 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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
<i>Data Aggregation and Analysis</i>	<i>Responsible Party for data aggregation and analysis (check each that applies)</i>	<i>Frequency of data aggregation and analysis: (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 checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	
		<input type="checkbox"/> Other: Specify:	

a.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.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

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Performance Measure: a.i.c.1.	Number and percent of licensed providers that meet training requirements in accordance with state requirements in the approved waiver. Percent = number of licensed providers that meet training requirements in accordance with state requirements in the approved waiver/all licensed providers.		
Data Source [e.g. – examples cited in IPG] Licensing Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a.i.c.2.	Number and percent of non-licensed providers that meet training requirements in accordance with state requirements in the approved waiver. Percent = number of non-licensed providers that meet training requirements in accordance with state requirements in the approved waiver/all non-licensed providers.		
Data Source [e.g. – examples cited in IPG] Provider Monitoring	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)

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	<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 checked="" type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually	
	Administrative Entities	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

a.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.

ODP conducts licensing activities for licensed residential, licensed day habilitation and prevocational services.

b. Methods for Remediation/Fixing Individual Problems

b.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.

Performance Measure a.i.a.1. Number and percent of new providers that meet required licensure and/or certification standards and adhere to other state standards prior to furnishing waiver services.

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New provider qualification applications are reviewed by AEs. Provider applications that do not meet requirements are denied by the AE and those providers are not enrolled in the PROMIS^e™ claims processing system, cannot be authorized to deliver services in an ISP, and cannot receive payment for services. Providers denied qualification will receive written notice of the decision, indicating which requirements have not been met along with information regarding their right to initiate the ODP dispute resolution process. Providers may resubmit an application for consideration along with additional documentation that such requirements have been met.

Performance Measure a.i.a.2. ***Number and percent of current providers that meet required licensure and/or certification standards and adhere to other state standards ongoing.*** Current providers are expected to provide documentation to AEs indicating that they have maintained required licensure and/or certification standards, and adhered to other applicable state standards at the required frequency. Each provider's specialty qualification expiration date is recorded and tracked electronically. Prior to a provider's qualification expiration date, the AE and the provider receive alerts notifying them of the provider's impending expiration. AEs are expected to notify the provider and ascertain whether there are impediments to providing qualification documentation by the qualification expiration date and provide assistance as needed. ODP sends an advance notice to the provider at least 30 days prior to their qualification expiration date informing them that failure to submit required qualification documentation by the expiration date will result in the provider's becoming not qualified to provide the expired specialty and any expired specialty provided after the expiration date will be ineligible for reimbursement through the waiver. This notice will also inform providers that individuals receiving the expiring specialty will start being transitioned to the individual's choice of willing and qualified providers and inform providers of their right to request a fair hearing through the Department. ODP and the responsible AE(s) will then begin activities to transition individuals from providers who have expiring specialties to the individual's choice of willing and qualified providers. On the expiration date, should the provider fail to submit qualification documentation, the provider will become not qualified to provide the expired specialty. ODP will send a letter to the provider informing them that they are not qualified to provide the specialty under the waiver, that any expired specialties provided after the expiration date are ineligible for reimbursement through the waiver and that they have the right to request a fair hearing through the Department. Should the provider desire to provide the specialty through the waiver in the future, they may reenroll for the specialty as long as they meet qualifications.

Performance Measure a.i.b.1. ***Number and percent of new non-licensed, non-certified providers that meet initial waiver requirements.*** New provider qualification applications are reviewed by ODP or AEs. Provider applications that do not meet requirements are denied by ODP or the AE and those providers are not enrolled in the PROMIS^e™ claims processing system, cannot be authorized to deliver services in an ISP, and cannot receive payment for services. Providers denied qualification will receive written notice of the decision, indicating which requirements have not been met along with information regarding their right to initiate the ODP dispute resolution process. Providers may resubmit an application for consideration along with additional documentation that such requirements have been met.

Performance Measure a.i.b.2. ***Number and percent of current non-licensed, non-certified providers that meet waiver requirements ongoing.*** Current providers are expected to provide documentation to ODP or AEs indicating that they meet requirements at the required frequency. Each

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provider's specialty qualification expiration date is recorded and tracked electronically. Prior to a provider's qualification expiration date, the AE and the provider receive alerts notifying them of the provider's impending expiration. ODP or AEs are expected to notify the provider and ascertain whether there are impediments to providing qualification documentation by the qualification expiration date and provide assistance as needed. ODP sends an advance notice to the provider at least 30 days prior to their qualification expiration date informing them that failure to submit required qualification documentation by the expiration date will result in the provider becoming not qualified to provide the expired specialty and any expired specialty provided after the expiration date will be ineligible for reimbursement through the waiver. This notice will also inform providers that individuals receiving the expiring specialty will start being transitioned to the individual's choice of willing and qualified providers and inform providers of their right to request a fair hearing through the Department. ODP and the responsible AE(s) will then begin activities to transition individuals from providers who have expiring specialties to the individual's choice of willing and qualified providers. On the expiration date, should the provider fail to submit qualification documentation, ODP will not qualify the provider to provide the expired specialty. ODP will send a letter to the provider informing them that they are not qualified to provide the specialty under the waiver, that any expired specialties provided after the expiration date are ineligible for reimbursement through the waiver and that they have the right to request a fair hearing through the Department. Should the provider desire to provide the specialty through the waiver in the future, they may reenroll for the specialty as long as they meet qualifications.

Performance Measure a.i.b.3. *Number and percent of providers delivering services to individuals who are self-directing that meet initial requirements.* ODP conducts a readiness review of the statewide Vendor Fiscal employer agent financial management services organization to determine readiness to begin providing services. Issues identified during the review are addressed through ODP's standardized corrective action plan process with remediation expected within 30 days.

Performance Measure a.i.b.4. *Number and percent of providers delivering services to individuals who are self-directing that meet ongoing requirements.* ODP conducts periodic reviews of provider performance with at least one review occurring every two years. ODP informs the provider of any noncompliance with terms of the contract or policies and procedures. If for example, provider records do not contain criminal background checks and/or child abuse clearances for perspective Support Service Workers (SSWs), the provider must locate and/or secure the documents. If the provider fails to locate or secure the required documentation, the employer is notified that the SSW can no longer provide waiver funded services.

Performance Measure a.i.c.1. *Number and percent of licensed providers that meet training requirements in accordance with state requirements in the approved waiver.* ODP conducts annual on-site reviews of licensed providers. ODP notes any noncompliance areas, including a provider's failure to meet training requirements, and specific regulatory references on a Licensing Inspection Summary (LIS). The LIS is submitted to the provider who must return the document to ODP within 10 days of receipt specifying how noncompliance areas have been corrected or plan to be corrected. Providers must also send supporting documentation to ODP to verify that the correction has been made. Repeat noncompliance may affect the provider's certificate of compliance status. If the LIS is not received within 10 working days, ODP will not issue to the provider a regular or provisional certificate of compliance and initiate additional sanctions.

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Performance Measure a.i.c.2. ***Number and percent of non-licensed providers that meet training requirements in accordance with state requirements in the approved waiver.*** Through the Provider Monitoring process, ODP or AEs conduct on-site reviews of 100% of providers on a one-year cycle for SCOs and a two-year cycle for all other providers using the standardized monitoring tools developed by ODP. ODP reviews the training records for all Supports Coordinators and Supports Coordinator Supervisors with a waiver caseload to determine that they attended and completed all required trainings. The AE reviews the training records of the 10 most recently hired staff members who were hired on or before August 1st or all records of staff hired within the prior 12 months (in cases where less than 10 staff were hired). If the required staff training is not documented in the record, ODP or the AE will notify the provider and the provider must locate missing documentation or ensure that training is provided within 30 days. The remediation for this process will occur as outlined in the ODP-established corrective action process.

b.ii Remediation Data Aggregation

<i>Remediation-related Data Aggregation and Analysis (including trend identification)</i>	<i>Responsible Party (check each that applies)</i>	<i>Frequency of data aggregation and analysis: (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 checked="" type="checkbox"/> <i>Annually</i>
		<input type="checkbox"/> <i>Continuously and Ongoing</i>
		<input type="checkbox"/> <i>Other: Specify:</i>

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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/Sub-assurances**

a.i.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.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.a.1.	Number and percent of waiver participants who have all assessed needs addressed in the ISP through waiver funded services or other funding sources or natural supports. Percent = number of waiver participants who have all assessed needs addressed in the ISP through waiver funded services or other funding sources or natural supports/number of waiver participants reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate,

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			representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a.i.a.2.	Number and percent of waiver participants who have had a risk assessment and services and supports in the ISP to mitigate the risk where appropriate. Percent = number of waiver participants who have had a risk assessment and services and supports in the ISP to mitigate the risk where appropriate/number of waiver participants reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample

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			Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a.i.a.3.	Number and percent of waiver participants whose ISPs reflect their personal goals. Percent = number of waiver participants whose ISPs reflect their personal goals/number of waiver participants reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%

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Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

a.i.b Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.b.1.	Number and percent of ISPs that are developed consistent with state policies and procedures as described in the approved waiver. Percent = number of ISPs that are developed consistent with state policies and procedures as described in the approved waiver/number of waiver participants reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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"/> Other: Specify:	<input type="checkbox"/> Annually	

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		<input checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input checked="" type="checkbox"/> <i>Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%</i>
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	
	<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 checked="" type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	
		<input type="checkbox"/> <i>Other: Specify:</i>	

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

For each performance measure/indicator the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.c.1.	Number and percent of waiver participants whose Annual ISPs were reviewed and/or revised and approved within 365 days of the prior Annual ISP. Percent = number of waiver participants whose Annual ISPs were reviewed and/or revised and approved within 365 days of the prior Annual ISP/number of waiver participants reviewed.		
Data Source	Responsible Party for	Frequency of data	Sampling Approach

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<i>[e.g. – examples cited in IPG]</i> AEOM Database	data collection/generation (check each that applies)	collection/generation: (check each that applies)	(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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a.i.c.2.	Number and percent of waiver participants whose needs changed and whose ISPs were reviewed/revised accordingly. Percent = number of waiver participants whose needs changed and whose ISPs were reviewed/revised accordingly/number of waiver participants whose needs changed.		
Data Source <i>[e.g. – examples cited in IPG]</i>	Responsible Party for data collection/generation	Frequency of data collection/generation: (check each that	Sampling Approach (check each that applies)

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AEOM Database	<i>(check each that applies)</i>	<i>applies)</i>	
	<input checked="" type="checkbox"/> <i>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>	<input checked="" type="checkbox"/> <i>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 checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input checked="" type="checkbox"/> <i>Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%</i>
<i>Data Aggregation and Analysis</i>	<i>Responsible Party for data aggregation and analysis (check each that applies)</i>	<i>Frequency of data aggregation and analysis: (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 checked="" type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	
		<input type="checkbox"/> <i>Other: Specify:</i>	

a.i.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.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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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.

Performance Measure: a.i.d.1.	Number and percent of ISPs in which services and supports were delivered in the type, scope, amount, duration and frequency specified in the ISP. Percent = number of ISPs in which services and supports were delivered in the type, scope, amount, duration and frequency specified in the ISP/number of participants reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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	

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

a.i.e Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a.i.e.1.	Number and percent of new enrollees who are afforded choice between waiver services and institutional care. Percent = number of new enrollees who are afforded choice between waiver services and institutional care (Service Preference Choice or Form 457 Effective Begin Date on or Before Waiver Begin Date)/all new enrollees.		
Data Source [e.g. – examples cited in IPG] HCSIS	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	

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	<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:	

Performance Measure: a.i.e.2.	Number and percent of waiver participants whose records document choice between and among services was offered to the individual/family. Percent = number of waiver participants whose records document choice between and among services was offered to the individual/family/number of waiver participants reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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	

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

Performance Measure: a.i.e.3.	Number and percent of waiver participants whose records document choice between and among providers was offered to the individual/family. Percent = number of waiver participants whose records document choice between and among providers was offered to the individual/family/number of waiver participants reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<input checked="" type="checkbox"/> <i>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>	<input checked="" type="checkbox"/> <i>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 checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	
	<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 checked="" type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	
		<input type="checkbox"/> <i>Other: Specify:</i>	

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Performance Measure: a.i.e.4.	Number and percent of new waiver enrollees and waiver participants who are provided information on participant-directed services. Percent = number of new waiver enrollees and waiver participants who are provided information on participant-directed services/number of new waiver enrollees and waiver participants reviewed.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

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- a.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.*

For Performance Measure a.i.e.1, a 100% review of data from HCSIS is reviewed monthly by ODP staff to assess compliance.

For Performance Measures a.i.a.1, a.i.a.2, a.i.a.3, a.i.b.1, a.i.c.1, a.i.d.1, a.i.e.2, a.i.e.3, a.i.e.4, ODP staff use the AEOM tool and methodology to review a proportionate, representative random sample of waiver participant records annually. For Performance Measure a.i.c.2, a subset of the proportionate, representative random sample of waiver records of participants whose needs changed is reviewed.

b. Methods for Remediation/Fixing Individual Problems

- b.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.*

Performance Measure a.i.a.1. Number and percent of waiver participants who have all assessed needs addressed in the ISP through waiver funded services or other funding sources or natural supports.

Through the AEOMP, ODP reviews a sample of records to determine if individuals have all assessed needs addressed in their ISPs through waiver funded services or other funding sources or natural supports. If an individual's plan does not contain evidence that all assessed needs have been reviewed and/or addressed by the individual and his/her team, the AE will work with the SCO to ensure that the ISP is revised to support the identified assessed needs. The AE will provide ODP with the ISP approval date that reflects the changes made to the ISP that correct the identified noncompliance. Remediation by the AE is expected within 30 days of notification.

Performance Measure a.i.a.2. Number and percent of waiver participants who have had a risk assessment and services and supports in the ISP to mitigate the risk where appropriate.

Through the AEOMP, ODP reviews a sample of records to determine if the required risk assessment components have been identified for each individual and that services and supports are included in the ISP to mitigate the identified risk where appropriate. If there is no evidence in the individual's record that a risk assessment has been completed, the AE will work with the SCO to ensure completion and documentation in the ISP of the risk assessment. If an individual's record does not contain evidence that services and supports have been incorporated in the ISP that mitigate an individual's identified risks, the AE will work with the SCO to ensure that the ISP is amended to include risk mitigation strategies. The AE will notify ODP of the date that the changes were made to the ISP correcting the identified noncompliance. Remediation by the AE is expected within 30 days of notification.

Performance Measure a.i.a.3. Number and percent of waiver participants whose ISPs reflect their personal goals. Through the AEOMP, ODP reviews a sample of records to determine if outcomes listed in the ISP for an individual reflect his/her identified personal goals by reviewing relevant sections of the ISP. If there is no evidence in an ISP that an individual's identified personal goals have been

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incorporated, the AE will work with the SCO to ensure that the ISP is amended to include language that reflects outcomes that relate to identified personal goals. The AE will notify ODP of the date that the changes were made to the ISP correcting the identified noncompliance. Remediation by the AE is expected within 30 days of notification.

Performance Measure a.i.b.1. *Number and percent of ISPs that are developed consistent with state policies and procedures as described in the waiver.* Through the AEOMP, ODP reviews a sample of records to determine if ISPs are developed consistent with the State policies/procedures and current ISP Bulletin. ODP will determine if specific criteria have been included in the ISP with remediation expected by the AE when deficiencies in the record are noted:

- Annual ISP meeting attendance: If any participant required to attend the ISP elects not to attend the ISP meeting, the reason should be documented on the ISP Signature Page. If documentation was not present to explain the absence of a required team member, remediation is required. If the individual did not attend the meeting, the AE must provide evidence to ODP that the Supports Coordinator (SC) reviewed the results of the ISP meeting with the individual, completed the ISP Signature Page, noting the date and that the review was done outside of an ISP team meeting. If the waiver provider did not attend the meeting and the reason for their absence is not documented on the ISP Signature Page, then the SCO will communicate with the provider to verify receipt of the invitation letter. The SCO will communicate ODP's expectation regarding provider attendance at ISP meetings. Confirmation may consist of but is not limited to email correspondence, formal letter or file/service note in the individual's record. Remediation is expected within 30 days.
- ISP content is consistent with ODP requirements: If documentation in the ISP does not meet ODP's content requirements, the AE will work with the SCO to ensure the ISP is amended to include language specific to the identified area of noncompliance. Within 21 days, the AE will work with the SCO to provide ODP with the ISP approval date that reflects the changes made to the ISP correcting the identified noncompliance. Retraining of staff in the AE who review and approve ISPs will be provided as needed.
- The AE authorizes services consistent with service definitions: If insufficient documentation is found in the approved ISP to support authorization of a service by the AE, the AE will work with the SCO to ensure the ISP is amended to include language specific to the identified area of noncompliance. If a service was authorized inconsistent with the service definition, due process notice will be issued to the individual that the service will be reduced or terminated. Retraining of staff in the AE who review and approve ISPs will be provided as needed. Remediation is expected within 21 days of notification.
- The AE authorizes qualified provider (s) to deliver all services in the approved ISP. If noncompliance was related to missing or incomplete documentation of qualified status in the system, the AE can submit documentation that demonstrates the provider was qualified at the time of service authorization. The AE may also provide documentation that the provider is currently qualified to render services. ODP will recoup any waiver funds that were paid to a provider that was not qualified at the time services were delivered. The AE will ensure that the planning team identifies a willing and qualified provider to render the needed waiver service. Retraining of staff in the AE who review and approve ISPs and authorize services will be provided as needed. Remediation by the AE is expected within 30 days.

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Performance Measure a.i.c.1. Number and percent of waiver participants whose Annual ISPs were reviewed and/or revised and approved within 365 days of the prior Annual ISP. Through the AEOMP, ODP reviews a sample of records that identify any individuals for whom Annual ISPs are not approved within 365 days of the prior Annual ISP. If there is no evidence in the record that the ISP was completed, approved, and services authorized by the Annual Review Update Date, the AE will work with the SCO to ensure the ISP is completed within 30 days of notification.

Performance Measure a.i.c.2. Number and percent of waiver participants whose needs changed and whose ISPs were reviewed/revised accordingly. Through the AEOMP, ODP reviews a sample of records to determine if ISPs were revised when a change in need was identified that required a waiver service revision. If the ISP is not revised, then the AE will work with the SCO to ensure that correct revisions to the ISP are made. Remediation is expected to occur within 21 days of notification.

Performance Measure a.i.d.1. Number and percent of ISPs in which services and supports were delivered in the type, scope, amount, duration and frequency specified in the ISP. Using the sample of waiver participants drawn through the AEOMP, ODP reviews monitoring conducted by the individual's Supports Coordinator. The ODP standardized individual monitoring tool includes questions evaluating whether services are delivered as specified in the ISP. The tool is completed in HCSIS. In any instance where the SC identifies a concern regarding service delivery, and the issue remains unresolved, the AE will work with the SCO to resolve the situation. Resolution can include but is not limited to changes in service provider, resumption of services at required frequency, team meetings, or changes in service schedule. The AE will provide documentation of the resolution to ODP. Remediation is expected to occur within 21 days of notification.

Performance Measure a.i.e.1. Number and percent of new enrollees who are afforded choice between waiver services and institutional care. On a monthly basis, ODP generates and distributes to the specific AE HCSIS reports including a list of exceptions for that AE (any individual for whom Service Delivery Preference is not entered into HCSIS as required prior to the waiver start date). The AE is responsible to review these reports and provide remediation for any situation where Service Delivery Preference has not been completed and/or the date has not been recorded prior to waiver enrollment. Remediation will include completion of Service Delivery Preference documents and/or data entry into HCSIS. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days of notification.

Performance Measures a.i.e.2 and a.i.e.3. Number and percent of waiver participants whose records document choice between and among services was offered to the individual/family and Number and percent of waiver participants whose records document choice between and among providers was offered to the individual/family. Through the AEOMP, ODP reviews a sample of records to determine if individuals/families have been offered choice between and among services and providers. If there was no documentation that choice between and among services and providers was offered, the AE will work with the SCO to locate or complete the documentation on the ISP Signature Page. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days of notification.

Performance Measure a.i.e.4. Number and percent of new waiver enrollees and waiver participants who are provided information on participant-directed services. Through the AEOMP, ODP reviews a sample of records to determine if new waiver enrollees and waiver participants are provided information on participant-directed services. If there is no documentation on the ISP Signature Page that information on participant-directed services was provided, the AE will work with the SCO to

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review the option with the person, complete and date the portion of the ISP Signature Page regarding participant-directed services and indicate on the form that the option of participant-directed services was reviewed with the waiver participant outside of an ISP team meeting. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days of notification.

For any of the above Service Plans Performance Measures, the Department will initiate actions as needed to resolve any outstanding issues with AE performance using the methodology outlined in the Administrative Entity Operating Agreement.

b.ii Remediation Data Aggregation

<i>Remediation-related Data Aggregation and Analysis (including trend identification)</i>	<i>Responsible Party (check each that applies)</i>	<i>Frequency of data aggregation and analysis: (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 checked="" type="checkbox"/> <i>Annually</i>
		<input type="checkbox"/> <i>Continuously and Ongoing</i>
		<input type="checkbox"/> <i>Other: Specify:</i>

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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, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

i. Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

Performance Measure: a i.1.	Number and percent of critical incidents in which prompt action (demonstrated within 24 hours) is taken to protect the individual’s health, safety and rights. Percent = number of critical incidents in which prompt action is taken to protect the individual’s health, safety and rights/number of critical incidents.		
Data Source [e.g. – examples cited in IPG]	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
Incident Management Log			
	<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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups

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		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a i.2.	Number and percent of incidents reviewed by the AE within 24 hours of the report. Percent = number of incidents reviewed by the AE within 24 hours of the report/number of incidents.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level:

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			95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a i.3.	Number and percent of critical incidents finalized within the required time frame. Percent = number of critical incidents finalized within the required time frame/all critical incidents, by type of incident.		
Data Source [e.g. – examples cited in IPG] HCSIS	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	

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	Agency		
	<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:	

Performance Measure: a i.4.	Number and percent of investigations completed by Administrative Entities (AEs) in accordance with ODP standards. Percent = number of investigations completed by AEs in accordance with ODP standards/number of investigations completed by AEs.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	

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	<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:	

Performance Measure: a i.5.	Number and percent of critical incidents, confirmed, by type. Percent = number of critical incidents, confirmed, by type/all critical incidents confirmed.		
Data Source [e.g. – examples cited in IPG] HCSIS	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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	

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

Performance Measure: a i.6.	Number and percent of critical incidents, confirmed, where corrective actions were carried out or planned by the appropriate entity within the required time frame. Percent = number of critical incidents, confirmed, where corrective actions were carried out or planned by the appropriate entity within the required time frame/number of critical incidents, confirmed, where corrective actions were required.		
Data Source [e.g. – examples cited in IPG] HCSIS	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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"/> <i>Other: Specify:</i>	<input type="checkbox"/> Annually	
		<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input type="checkbox"/> <i>Other: Describe</i>
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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"/> <i>Other: Specify:</i>	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	
		<input type="checkbox"/> <i>Other: Specify:</i>	

Performance	Number and percent of waiver participants who received information
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Measure: a i.7.	about reporting abuse, neglect, and exploitation. Percent = number of waiver participants who received information about reporting abuse, neglect, and exploitation/number of waiver participants in the sample.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance	Number and percent of AEs that maintain documentation of incident
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Measure: a i.8.	management training. Percent = number of AEs that maintain documentation of incident management training/number of AEs.		
Data Source [e.g. – examples cited in IPG] AEOM Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	
Performance Measure: a i.9.	Number and percent of waiver participants for whom there was an unreported critical incident (i.e., ANE, serious injury of unknown cause,		

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	death of unexplained or suspicious cause), noted in the primary record and/or the service notes, by type. Percent = number of waiver participants discovered to have an unreported incident, noted in the primary record and/or the service notes, by type of incident/number of waiver participants in the sample.		
Data Source <i>[e.g. – examples cited in IPG]</i>	Responsible Party for data collection/generation <i>(check each that applies)</i>	Frequency of data collection/generation: <i>(check each that applies)</i>	Sampling Approach <i>(check each that applies)</i>
AEOM Database			
	<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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input checked="" type="checkbox"/> Other: Describe Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis <i>(check each that applies)</i>	Frequency of data aggregation and analysis: <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 checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	
		<input type="checkbox"/> Other: Specify:	

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Performance Measure: a i.10.	Number and percent of deaths, by cause of death. Percent = number of deaths, by cause of death/all deaths.		
Data Source [e.g. – examples cited in IPG] Mortality Review Database	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a i.11.	Number and percent of deaths of waiver participants examined according to State protocols. Percent = number of deaths of waiver participants examined according to State protocols/number of deaths of waiver participants requiring examination according to State protocols.		
Data Source [e.g. – examples cited in IPG]	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)

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Mortality Review Database	<i>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 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 checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input type="checkbox"/> <i>Other: Describe</i>
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis <i>(check each that applies)</i>	Frequency of data aggregation and analysis: <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 checked="" type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	
		<input type="checkbox"/> <i>Other: Specify:</i>	

Performance Measure: a i.12.	Number and percent of incidents of restraint where proper procedures were followed, by type of restraint. Percent = number of incidents of restraint where proper procedures were followed, by type of restraint/number of incidents of restraint, by type of restraint.		
Data Source <i>[e.g. – examples cited in IPG]</i>	Responsible Party for data collection/generation <i>(check each that applies)</i>	Frequency of data collection/generation: <i>(check each that applies)</i>	Sampling Approach <i>(check each that applies)</i>
HCSIS			
	<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 type="checkbox"/> <i>Quarterly</i>	<input type="checkbox"/> <i>Representative</i>

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			<i>Sample; Confidence Interval =</i>
	<input type="checkbox"/> <i>Other: Specify:</i>	<input type="checkbox"/> <i>Annually</i>	
		<input checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input type="checkbox"/> <i>Other: Describe</i>
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis <i>(check each that applies)</i>	Frequency of data aggregation and analysis: <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 checked="" type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	
		<input type="checkbox"/> <i>Other: Specify:</i>	

Performance Measure: a i.13.	Number and percent of medication errors, by type. Percent = number of medication errors, by type/all medication errors.		
Data Source <i>[e.g. – examples cited in IPG]</i> HCSIS	Responsible Party for data collection/generation <i>(check each that applies)</i>	Frequency of data collection/generation: <i>(check each that applies)</i>	Sampling Approach <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 Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input type="checkbox"/> <i>Other: Describe</i>

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<i>Data Aggregation and Analysis</i>	<i>Responsible Party for data aggregation and analysis</i> (check each that applies)	<i>Frequency of data aggregation and analysis:</i> (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:	

<i>Performance Measure: a i.14.</i>	Number and percent of complaints, by type.		
<i>Data Source [e.g. – examples cited in IPG]</i>	<i>Responsible Party for data collection/generation</i> (check each that applies)	<i>Frequency of data collection/generation:</i> (check each that applies)	<i>Sampling Approach</i> (check each that applies)
Complaint Log			
	<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 Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
<i>Data Aggregation and Analysis</i>	<i>Responsible Party for data aggregation and analysis</i> (check each that applies)	<i>Frequency of data aggregation and analysis:</i> (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	

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

Performance Measure: a i.15.	Number and percent of complaints resolved within 21 days of receipt. Percent = number of complaints resolved within 21 days of receipt/number of complaints received.		
Data Source [e.g. – examples cited in IPG] Complaint Log	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a i.16.	Number and percent of providers that ensure waiver participants receive physical exams in accordance with ODP rules. Percent = number of
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	providers that ensure waiver participants receive physical exams in accordance with ODP rules/number of providers reviewed.		
Data Source [e.g. – examples cited in IPG]	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
Licensing Data			
	<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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

- 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. Methods for Remediation/Fixing Individual Problems

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- 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.

Performance Measure a.i.1. **Number and percent of critical incidents in which prompt action is taken to protect the individual's health, safety and rights.** Both ODP and AEs review critical incidents within 24 hours of entrance into HCSIS. In any incident reviewed by ODP staff when it is not clear that adequate or prompt action has been taken to protect the individual's health, safety and rights, ODP will notify the AE that day (or the next business day if the incident was reviewed during non-work hours) to ensure that appropriate action relevant to the incident type has been taken. The AE will work with the provider to ensure that action has been undertaken to protect the individual's health, safety and rights and submit notification to ODP documenting what remediation actions occurred within 24 hours.

Performance Measure a.i.2. **Number and percent of incidents reviewed by the AE within 24 hours.**

Through the AEOMP, ODP evaluates incidents filed for individuals in the sample to ensure timely review by the AE. ODP documents the timeframe within which remediation action has occurred or will be completed by the AE. ODP requires the AE to develop a Corrective Action Plan to prevent future occurrences.

Performance Measure a.i.3. **Number and percent of critical incidents finalized within the required time frame.** ODP staff monitors a monthly report of critical incidents that are not finalized within 30 days and have no extension filed. This information is provided to AEs who contact providers to determine why incidents have not been finalized and why extensions have not been filed. If a provider does not finalize a critical incident within the required timeframe, the provider must finalize the incident within 5 days or file an extension request.

Performance Measure a.i.4. **Number and percent of investigations completed by AEs in accordance with ODP standards.** Through the AEOMP, ODP reviews a sample of investigations completed by AEs to determine if ODP investigation standards were met. If ODP expectations were not met, the AE will initiate remediation which may include counseling and/or retraining of certified investigators. Documentation of remediation actions must be submitted to ODP within 30 days.

Performance Measure a.i.5. **Number and percent of critical incidents, confirmed, by type.** This performance measure is designed to support evaluation of trends and patterns in the occurrence of critical incidents. The number and percent of critical incidents, confirmed, by type is reviewed to identify opportunities for systemic improvement as described in Appendix H.

Performance Measure a.i.6. **Number and percent of critical incidents, confirmed, where corrective actions were carried out or planned by the appropriate entity within the required time frame.** The AE and ODP sequentially review confirmed critical incidents to ensure that corrective actions resulting from certified investigation are carried out or planned by the appropriate entity within the required timeframe. If corrective actions are not carried out or planned by the appropriate entity within the required time frame, the AE or ODP will follow up to ensure the corrective actions are carried out or planned within 10 days. All remediation

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steps are entered into the incident report and are subject to final approval by ODP.

Performance Measure a.i.7. *Number and percent of waiver participants who received information about reporting abuse, neglect, and exploitation.* Through the AEOMP, ODP reviews a sample of records to determine if individuals/families have been provided information about reporting abuse, neglect and exploitation. If there was no documentation that the information was provided, the AE will work with the SCO to provide the information to the individual/family and complete the required documentation on the ISP Signature Page. In some cases where the information was provided but not documented, the ISP Signature Page is updated. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days.

Performance Measure a.i.8. *Number and percent of AEs that maintain documentation of incident management training.* Through the AEOMP, ODP reviews AEs to determine if incident management training has occurred. When documentation of Incident Management training cannot be produced, the AE must complete the training and/or provide documentation that training has occurred and implement a Corrective Action Plan to prevent future noncompliance. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days.

Performance Measure a.i.9. *Number and percent of waiver participants for whom there was an unreported critical incident (i.e., ANE, serious injury of unknown cause, death of unexplained or suspicious cause), noted in the primary record and/or the service notes, by type.* Through the AEOMP, ODP reviews a sample of individual records to ensure that critical incidents are reported. If it is determined that a critical incident was not reported, ODP will notify the AE immediately. The AE will instruct the provider to enter the information into HCSIS, work with the provider to ensure that action has been undertaken to protect the individual's health, safety and rights and will submit notification to ODP documenting what remediation actions occurred within 24 hours.

Performance Measure a.i.10. *Number and percent of deaths, by cause of death.* This performance measure is designed to support evaluation of trends and patterns in the occurrence of deaths. The number and percent of deaths is reviewed to identify opportunities for systemic improvement as described in Appendix H.

Performance Measure a.i.11. *Number and percent of deaths of waiver participants examined according to State protocols.* When ODP discovers that a waiver participant whose death occurred in a residential setting was not examined according to the State's protocol, ODP follows up with the appropriate entity to ensure the required protocol is carried out within 24 hours and a Corrective Action Plan is developed and implemented to prevent recurrence.

Performance Measure a.i.12. *Number and percent of incidents of restraint where proper procedures were followed, by type of restraint.* ODP regulations specify that any waiver participant who has two emergency restraints within a six-month period must have a behavior support plan with a restrictive procedure plan. When ODP discovers that proper procedures were not followed, a behavior support plan with a restrictive procedure plan that meets ODP regulations must be developed, approved and implemented within 30 days.

Performance Measure a.i.13. *Number and percent of medication errors, by type.*

This performance measure is designed to support evaluation of trends and patterns in the occurrence of medication errors. The number and percent of medication errors is reviewed to identify opportunities for systemic improvement as described in Appendix H.

Performance Measure a.i.14. *Number and percent of complaints, by type.*

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This performance measure is designed to support evaluation of trends and patterns in the occurrence of medication errors. The number and percent of medication errors is reviewed to identify opportunities for systemic improvement as described in Appendix H.

Performance Measure a.i.15. *Number and percent of complaints resolved within 21 days of receipt.* When a complaint is received through ODP’s Customer Service system, the complainant is contacted within 24 hours and corrective action is planned in conjunction with the AE or provider if warranted. Corrective action must occur or be planned within 21 days unless there is an imminent health and safety risk in which case corrective action is taken immediately. If corrective action is not carried out by the AE or provider as planned, then ODP staff will contact the appropriate entity to ensure that corrective action is undertaken or planned within 72 hours. If corrective action is not taken or planned, sanctions may be applied. The ODP Customer Service Lead reviews the data on a monthly basis to ensure that corrective action is timely and clearly documented.

Performance Measure a.i.16. *Number and percent of licensed providers that ensure waiver participants receive physical exams in accordance with ODP rules.* ODP conducts annual on-site reviews of licensed providers. ODP notes any noncompliance areas, including a provider’s failure to meet the requirement for waiver participants to receive annual physical examinations, and specific regulatory references on a Licensing Inspection Summary (LIS). The LIS is submitted to the provider who must return the document to ODP within 10 days of receipt specifying how noncompliance areas have been corrected or plan to be corrected. Providers must also send supporting documentation to ODP to verify that the correction has been made. This supporting documentation must be received within 30 but no more than 90 days of the date of discovery. Repeat noncompliance may affect the provider’s certificate of compliance status. If the LIS is not received within 10 working days, ODP will make contact with the provider to resolve the issue. If determined to be warranted, the licensing administrator will not issue a regular or provisional certificate of compliance and will initiate additional sanctions.

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

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

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Specify:	
	Continuously and ongoing
	<input type="checkbox"/> Other
	Specify:
	Every six months

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Appendix H: Quality Improvement Strategy

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QMS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I), a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing

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and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the QMS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QMS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program.

a. System Improvements

i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

ODP has developed Quality Oversight Groups in each of its four Regional Offices to review region-specific aggregate performance data in each of the six waiver assurance areas and a Community Services Quality Oversight Group to review statewide aggregate performance data in each of the six waiver assurance areas.

ODP Regional Office Staff are assigned to participate in the compiling and analyses of aggregate data pertaining to their region, then join with ODP Central Office staff to compile and analyze data statewide.

Regional analysis, conclusions, and recommendations are considered when statewide analysis is performed; conclusions and recommendations proposing system-wide improvements are made by the Community Services Quality Oversight Group.

Improvement activities recommended by the Community Services Quality Oversight Group and presented to ODP's Quality Leadership Board for final approval are identified in consideration of ODP's mission, vision and values. Health and safety of individuals is given highest priority. ODP assigns staff to implement quality improvements based on the scope of the design change and the expertise required. ODP involves additional stakeholders including Administrative Entities, providers, consumers, families and other State agencies in consideration of the design change involved and specific input needed.

Examples of performance data that are reviewed and analyzed for opportunities to design and implement system improvements include aggregate discovery and remediation data demonstrating compliance with waiver assurances, risk management data, including total numbers of critical incidents, by type, total numbers of restraints, medication errors and deaths by cause, and financial management information including service and payment claims data.

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Information used for trending and prioritizing opportunities for system improvements is also obtained through Independent Monitoring for Quality (IM4Q), a statewide method that PA has adopted to independently review quality of life issues for people in the ID system that includes a sample of waiver participants. IM4Q monitors satisfaction and outcomes of people receiving services through indicators organized into areas of satisfaction, dignity and respect, choice and control, inclusion, and physical setting. Interview results are entered into HCSIS and when necessary used to make service changes. IM4Q data is aggregated into provider, AE, regional and statewide reports. Aggregate data is used for continuous quality improvement purposes by ODP, AE and provider quality groups. The State is working to enhance IM4Q so that it continues to evolve as an effective tool for capturing waiver participants' input and feedback.

As part of its QMS, ODP uses information from the AEOM process and other monitoring and oversight activities described above and in Appendix A-6 to identify areas needing clarification or improvement and, as necessary, provide information and technical assistance. Administrative Entities, providers, and Supports Coordination Organizations are expected to collaborate with ODP in the implementation, monitoring and evaluation of changes designed to achieve system improvements.

ii. System Improvement Activities

(In the existing chart, add a check mark for Quality Improvement Committee under Responsible Party and add a check mark for Quarterly under Frequency of Monitoring and Analysis.)

b. System Design Changes

i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

ODP uses a Plan-Do-Check-Act (PDCA) Model of continuous quality improvement. The steps in this model involve planning and implementing system design changes followed by monitoring of data results to check the effectiveness of the selected strategies. Using the analysis of performance data collected to identify next steps, the cycle is repeated. Depending on the area of focus, specific units within ODP are assigned responsibility for designing, initiating, monitoring and analyzing the effectiveness of system design changes and providing periodic, routine reports on progress to the Community Services Quality Oversight Group.

ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

On an annual basis, considering input from stakeholders and Quality Oversight Groups, ODP's Quality Leadership Board will assess program and operational performance as well as ODP's Quality Management Strategy. Results of this review may demonstrate a need to revise ODP's QMS, including changing priorities, using different approaches to ensure progress, modifying

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roles and responsibilities of key entities, and modifying data sources in order to retrieve the information needed for measurement.

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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**
State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.
- a.i** *For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

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.

Performance Measure: a.i.1.	Number and percent of claims paid using correct reimbursement rates. Percent = number of claims paid using correct reimbursement rates/number of claims paid.		
Data Source [e.g. – examples cited in IPG] PROMISE™	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	

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

Performance Measure: a.i.2.	Number and percent of claims paid for participants who were eligible on the date the service was provided. Percent = number of claims paid for participants who were eligible on the date the service was provided/number of claims paid.		
Data Source [e.g. – examples cited in IPG] PROMISE™	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<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 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 checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Groups</i>
		<input type="checkbox"/> <i>Other: Specify:</i>	
			<input type="checkbox"/> <i>Other: Describe</i>
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)	
	<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 checked="" type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	
		<input type="checkbox"/> <i>Other: Specify:</i>	

Performance Measure: a.i.3.	Number and percent of claims paid where services were consistent with those in service plans. Percent = number of claims paid where services were consistent with those in service plans/number of claims paid.		
Data Source	Responsible Party for	Frequency of data	Sampling Approach

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<i>[e.g. – examples cited in IPG]</i> PROMIS _e ™	data collection/generation (check each that applies)	collection/generation: (check each that applies)	(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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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:	

Performance Measure: a.i.4.	Number and percent of providers whose claims are supported by documentation that services were delivered. Percent = number of providers whose claims were supported by documentation that services were delivered/number of providers reviewed.		
Data Source <i>[e.g. – examples cited in IPG]</i> Provider Monitoring	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 =

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	<input type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually	
		<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
Data Aggregation and Analysis	Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (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"/> Other: Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	
		<input type="checkbox"/> Other: Specify:	

a.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.

For Performance Measure a.i.4., on a two-year cycle, 100% of waiver providers will undergo an on-site review by the appropriate AE(s) using a standardized provider monitoring tool developed by ODP. This tool examines program standards, requirements and compliance with waiver assurances. The AE (or AEs, if the provider renders service in multiple counties), will review a maximum of 10 individuals from a random sample. If the provider is in multiple counties, the individuals sampled will be 10. For each individual in the sample, the AE will review progress notes, remittance advices and billing documentation for a two-week period in the prior quarter to determine if paid claims are supported by documentation that services were delivered.

b. Methods for Remediation/Fixing Individual Problems

b.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.

Performance Measures a.i.1, a.i.2, and a.i.3. Number and percent of claims paid using correct reimbursement rates, number and percent of claims paid for participants who were eligible on the date the service was provided, and number and percent of claims paid where services were consistent with those in service plans.

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The reimbursement logic built into Pennsylvania’s Medicaid Management Information System (MMIS) ensures that providers are not paid more than the rate that is stored in the system, that waiver participants were eligible for services on the date the service was provided, and that services paid are authorized in the waiver participant’s approved ISP. A problem may be identified by a provider or providers, contractors, AE, ODP staff, or Medical Assistance (MA). The ODP Claims Resolution Section conducts research to identify if (a) the reimbursement rate was incorrect; (b) the eligibility information was incorrect, or (c) services paid are inconsistent with the services authorized in the ISP. If a problem is validated, appropriate corrective action is identified promptly. Systemic errors are corrected in collaboration with the MMIS contractor and, if necessary, with the contractor who supports HCSIS. Rates or eligibility information entered into the system incorrectly are corrected and the universe of paid claims that was processed using the incorrect information is identified. If an overpayment was made, a recovery plan is developed. If an underpayment was made, the provider is contacted to void and resubmit in order to obtain the increased rate.

Performance Measure a.i.4. *Number and percent of providers whose claims are supported by documentation that services are delivered.* Through the Provider Monitoring Process, AEs will review a random sample of individual records to determine if paid claims are supported by documentation that services were delivered. If during the review process a discrepancy is found (e.g. documentation does not match units billed), the provider will be requested by the AE to submit a corrective action plan that will specify the remediation action taken. Remediation is expected to occur within 30 days.

If 25% or more of the paid claims for a provider are not supported by documentation that services were delivered, the review sample will be expanded. Depending on the nature of the issue, additional records will be selected for review by the AE and ODP and the Department may initiate an expanded review or audit. Remediation may include locating documentation to support that services rendered are consistent with claim submission, training, voiding (and/or recovering) payments, and the initiation of provider sanctions, if the situation warrants. Department sanctions may range from restricting the provider from serving additional waiver participants to the termination of the agency’s waiver program participation. Department staff will ensure that payments are adjusted where necessary and determine if the extent of the problem warrants further action.

b.ii Remediation Data Aggregation

<i>Remediation-related Data Aggregation and Analysis (including trend identification)</i>	<i>Responsible Party (check each that applies)</i>	<i>Frequency of data aggregation and analysis: (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>

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	<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>
	<input type="checkbox"/> <i>Other: Specify:</i>	<input checked="" type="checkbox"/> <i>Annually</i>
		<input type="checkbox"/> <i>Continuously and Ongoing</i>
		<input type="checkbox"/> <i>Other: Specify:</i>