

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

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

a. Methods for Discovery: Administrative Authority

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

i Performance Measures

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

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

Where possible, include numerator/denominator.

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

Performance Measure:AAI	Number and percent of MCOs that meet contractual obligations Numerator: Number of MCOs that meet contractual obligations Denominator: Total number of MCOs		
Data Source (Select one) (Several options are listed in the on-line application): Record reviews, off-site.			
If 'Other' is selected, specify:			
	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)

State:	
Effective Date	

	<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 = 90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

Data Source (Select one) (Several options are listed in the on-line application): Record reviews on-site.

If 'Other' is selected, specify:

	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval =90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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 checked="" type="checkbox"/> Other Specify: Bi-Annually

State:	
Effective Date	

Performance Measure:AA2	Number and percent of clinical eligibility determinations (CEDs) completed timely by the conflict free entity. Numerator: Number of CEDs completed timely Denominator: Total number of CEDs		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: SAMS report, system as specified by the State			
	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval= 90% + 10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

Data Aggregation and Analysis

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 checked="" type="checkbox"/> Other Specify: Bi-Annually

State:	
Effective Date	

Performance Measure: AA3	Number and percent of contractual obligations met by the Home Modifications Broker Numerator: Number of contractual obligations met by the Home Modification Broker Denominator: Total number of contractual obligations.
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Data Source (Select one) (Several options are listed in the on-line application): Record reviews off-site

If 'Other' is selected, specify:

	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)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	X Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	X Representative Sample; Confidence Interval = 90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		X Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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

State:	
Effective Date	

Performance Measure:AA4	Number and percent of contractual obligations met by the Outreach and Education vendor. Numerator: Number of contractual obligations met by the Outreach and Education vendor Denominator: Total number of contractual obligations
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Data Source (Select one) (Several options are listed in the on-line application): Record reviews off-site.

If 'Other' is selected, specify:

	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval = 90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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

State:	
Effective Date	

Performance Measure: AA5	Number and percent of contractual obligations met by the Independent Enrollment Entity Numerator: Number of contractual obligations met by the Independent Enrollment Entity Denominator: Total number of contractual obligations
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Data Source (Select one) (Several options are listed in the on-line application): Record review off-site.

If 'Other' is selected, specify:

	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval = 90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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:

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Performance Measure: AA6	Number and percent of contractual obligations met by the Fiscal Employer Agent Numerator: Number of contractual obligations met by the Fiscal Employer Agent Denominator: Total number of contractual obligations		
Data Source (Select one) (Several options are listed in the on-line application): Record review off-site, reporting from the MCOs.			
If 'Other' is selected, specify:			
	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval = 90% +10%
	<input checked="" type="checkbox"/> Other Specify: CHC-MCO	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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:

Performance Measure: AA7	Number and percent of contractual obligations met by External Quality Review Organization (EQRO) Numerator: Number of contractual obligations met by EQRO
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Denominator: Total number of contractual obligations			
Data Source (Select one) (Several options are listed in the on-line application): Record reviews off-site			
If 'Other' is selected, specify:			
	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval = 90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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:

State:	
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Performance Measure: AA8	Number and percent of participant distribution by number and percent of participants, and percent by region within the income limits applicable to the waiver. Numerator: Participants in the waiver within the income limits applicable to the waiver Denominator: Total regional population within the income limits applicable to the waiver
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Data Source (Select one) (Several options are listed in the on-line application): *Other*
 If 'Other' is selected, specify: *Census data, waiver enrollment data*

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

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: <i>bi-annual</i>

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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.

Oversight of the Managed Care Organizations (MCOs) is provided by the Office of Long Term Living (OLTL) within the Department of Human Services. Each of the MCOs is monitored under a Core Team, a matrix management model that is a cross-functional group of staff with a variety of skills and experiences. This group works as a team to provide oversight of the MCOs through both ongoing and quarterly comprehensive monitoring, as well as provide technical assistance to a specific MCO. The Core Team Manager serves as the primary point of contact for all MCO-specific issues or concerns and is responsible for utilizing Core Team Members and their analyses to promote performance improvement. The Core Team also includes Oversight of the Managed Care Organizations (MCOs) as provided by the Office of Long Term Living (OLTL) within the Department of Human Services. Each of the MCOs is monitored under a Core Team, including a Contract Monitor. The Contract Monitor’s primary responsibility is to evaluate the MCO’s performance in designated areas of the contract. Making up the remainder of the team are Lead Division Representatives, whose primary responsibility is to evaluate the MCO’s operation for specific performance requirements relevant to the work for that Lead Division. Together, the team manages and monitors a specific plan to make certain contractual, regulatory and programmatic requirements are met and that the members are ensured access to care and quality services. The Core Teams facilitate quarterly monitoring meetings with the MCOs to discuss MCO-specific monitoring results, and also produce annual reports and conduct biannual meetings with the MCOs to discuss general issues. Performance measure reports are issued to the Office of Long Term Living’s (OLTL) Bureaus of Quality, and Contract and Provider Management. The Core Teams also initiate and follow-up on all Corrective Action Plans (CAPs) that result from monitoring or analysis of reports. For information regarding the Office of Long Term Living’s Bureau of Quality and Contract and Provider Management, and the Quality Improvement Strategy, please refer to Appendix H for detailed information.

The OLTL Core Teams are the State Medicaid Agency’s (OLTL) regional MCO monitoring agents. The Core Teams are comprised of Registered Nurses, Social Workers and Fiscal Representatives. The teams are dispersed throughout the state of Pennsylvania, and report directly to the OLTL. Using a standard monitoring tool which outlines the MCO qualifications as listed in the waiver, the Core Teams verify that the MCO continues to meet each requirement during the review. During the review, a random sample of employee and consumer records is reviewed to ensure compliance with waiver standards. Each MCO will be reviewed every two years, at minimum. Additionally, the Core Teams will conduct remediation activities as outlined in the waiver application. The Bureau of Contract & Provider Management (BCPM) reviews the conflict free entity regarding the initial CED, re-determination of CED, and will review Public Partnerships Limited for F/EA and participant enrollment functions within the participant directed model. The BCPM uses standard monitoring tools which outline the provider requirements as listed in the waiver and the Fiscal/Employer Agent (F/EA) contract, conflict free entity and the IEE, including CED determination, F/EA, and enrollment functions. The BCPM verifies that the CED, F/EA, and enrollment requirements continue to be met during the reviews. During the conflict free data review, random samples of consumer records are reviewed to ensure compliance with waiver CED standards. The External Quality Review Organization (EQRO) will assist OLTL evaluate the care provided to participants by managed care plans in the areas of quality, access and timeliness. The EQRO will provide reports that will help the Bureau of Quality assess plan results in required quality improvement and performance measurement activities and

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help both CHC and the plans understand where resources should be focused to further improve the quality of care. The EQRO will conduct an annual, independent external quality review and will submit to the Bureau of Quality that includes the analysis and evaluation of aggregated information on quality, timeliness, and access to LTSS, and other services provided by the managed care organizations (MCOs) in CHC. The EQRO will also validate performance measures, performance improvement projects, and conduct desk audits to determine CHC-MCO compliance with federal and state CHC-MCO quality standards. On-site audits may also be required if desk audits or other activities indicate a need for more information or validation. The EQRO will produce an annual technical report to OLTL on mandatory activities.

The State will follow the sampling methods and timelines as outlined in the waiver specific transition plan. For information regarding the Bureau of Contract and Provider Management (BCPM), and the Quality Improvement Strategy, please refer to Appendix H for detailed information.

b. Methods for Remediation/Fixing Individual Problems

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

When the performance measures identify Managed Care Organizations (MCOs) that are not meeting their requirements related to review activities as outlined in the contractual agreement, OLTL sends the MCO written notification of outstanding issues with a request for a corrective action plan (CAP). The CAP is due to the OLTL within a mutually agreed time frame appropriate to the issues. OLTL staff reviews and accepts/rejects the CAP. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action in the CAP. When the administrative data and Core Teams monitoring reviews identify that the conflict free entity is not meeting the requirements related to Clinical Eligibility Determinations as outlined in the waiver agreement, the agency receives written notification of outstanding issues with a request for a Corrective Action Plan (CAP). The CAP is due to the Core Teams within 15 working days. BCPM staff reviews and accepts/rejects the CAP within 30 working days. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action in the CAP. If the CAP was not successful in correcting the identified issue, technical assistance is provided by BQPM.

Through a combination of reports from the enrollment broker and administrative data, the Contract Monitor for the Independent Enrollment Entity (IEE) determines if the contractual obligations are being met. If they are not met, the Bureau of Participant Operations (BPO) notifies the IEE agency of the specific deficiencies, requests a corrective action plan and follows-up on the plan to ensure compliance. The CAP is due to the Core Teams within 15 working days. Bureau of Contract and Provider Management, (BCPM), staff reviews and accepts/rejects the CAP within 30 working days. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action in the CAP. If the CAP was not successful in correcting the identified issue, technical assistance is provided by BCPM.

Through a combination of reports from the F/EA and administrative data, the OLTL Contract Monitor for the Fiscal/Employer Agent determines if the contractual obligations are being met. If they are not

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met, BCPM notifies the F/EA of the specific deficiencies, requests a corrective action plan and follows-up on the plan to ensure compliance. The CAP is due to the Core Teams within 15 working days. BCPM staff reviews and accepts/rejects the CAP within 30 working days. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action in the CAP. If the CAP was not successful in correcting the identified issue, technical assistance is provided by BCPM.

Through a combination of reports from the conflict free entity and administrative data, the Contract Monitor for the conflict free entity determines if the contractual obligations are being met. If they are not met, the Bureau of Contract and Provider Management will notify the conflict free entity of the specific deficiencies, requests a corrective action plan and follows-up on the plan to ensure compliance. The CAP is due to OLTL within 15 working days. BCPM staff reviews and accepts/rejects the CAP within 30 working days. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action in the CAP. If the CAP was not successful in correcting the identified issue, technical assistance is provided by BCPM.

The External Quality Review Organization (EQRO) will assist OLTL evaluate the care provided to participants by managed care plans in the areas of quality, access and timeliness. The DHS Contract Monitor for the EQRO determines if the contractual obligations are being met. If they are not met, the Bureau of Quality and Contract and Provider Management will notify the MCO of the specific deficiencies, requests a corrective action plan and follows-up on the plan to ensure compliance. The CAP is due to OLTL within 15 working days. BCPM staff reviews and accepts/rejects the CAP within 30 working days. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action in the CAP. If the CAP was not successful in correcting the identified issue, technical assistance is provided by BCPM.

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

c. Timelines

State:	
Effective Date	

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

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

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

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State:	
Effective Date	

Appendix B, Quality Improvement: Level of Care

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

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

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

i. **Sub-assurances:**

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

i. Performance Measures

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

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

Performance Measure:LOC1	Number and percent of new enrollees who have an initial Clinical Eligibility Determination (CED) that adhered to timeliness prior to receipt of waiver service Numerator: Total number of initial CED determinations that have a valid CED prior to receipt of waiver services Denominator: Total number of new enrollees		
Data Source (Select one) (Several options are listed in the on-line application):			
If ‘Other’ is selected, specify: SAMS Report, new data system as approved by State			
	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	

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

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:

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

b Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver. (Sub-assurance was removed by CMS March 2014 and OLTL Waiver Amendment July 2015)

i. Performance Measures

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

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

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

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

i. Performance Measures

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

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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:LOC2	Number and percent of completed applications that were completed in accordance with policies and procedures Numerator: Number of CED that were done correctly Denominator: Total number of applications reviewed		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: SAMS Report, new data system as approved by the State			
	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval =90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annual	
			<input type="checkbox"/> Other Specify:

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:

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Effective Date	

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

The Bureau of Quality is responsible for review and analysis of the report information. The LOC Assurance Liaison, within the Bureau of Quality, regularly reviews reports on a quarterly and annually basis regarding the completion of initial CED prior to the receipt of waiver services. Quarterly reports are reviewed for compliance with waiver standards with processes and instruments for initial CED. See Appendix H for more information about Assurance Liaisons and for additional information on the Bureau of Quality.

b. Methods for Remediation/Fixing Individual Problems

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

If the Bureau of Quality reviews CED data in SAMs or the commonwealth approved data system and identifies non-compliance regarding the timeliness or specifications of initial or annual CED reassessments, the agency responsible will be notified immediately and the non-compliance issue will be discussed along with an immediate remediation plan. Should non-compliance issues continue, a Corrective Action Plan (CAP) is requested from the conflict free entity or the MCO as referenced above in b)(i).

ii Remediation Data Aggregation

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

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

c. Timelines

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

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

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

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Appendix C, 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

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

i. Sub-Assurances:

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

i. Performance Measures

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

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

Performance Measure: QP1	Number and percent of newly enrolled providers who meet licensure and/or certification standards prior to service provision to waiver participants Numerator: Number of newly enrolled providers who meet required licensure and/or certification standards prior to service provision Denominator: Number of newly enrolled providers		
Data Source (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If 'Other' is selected, specify: <i>Provider enrollment database</i>			
	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 = 90% +10%
	<input type="checkbox"/> Other	<input type="checkbox"/> Annually	

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	<i>Specify:</i>		
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input checked="" type="checkbox"/> <i>Other Specify: Bi-Annually</i>	
			<input type="checkbox"/> <i>Other Specify:</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 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: QP2	Number and percent of enrolled licensed/ certified waiver providers who continue to meet regulatory and applicable waiver standards Numerator: Number of enrolled providers who meet licensure and QP standards Denominator: Number of enrolled provider reviewed
---------------------------------	---

Data Source (Select one) (Several options are listed in the on-line application): *Other*

If 'Other' is selected, specify: *Provider enrollment database*

	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 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 checked="" type="checkbox"/> <i>Representative Sample; Confidence Interval =90% +10%</i>
	<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input checked="" type="checkbox"/> <i>Other Specify: Bi-Annually</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

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

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

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

i. Performance Measures

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

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

Performance Measure: QP3	Number and percent of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards Numerator : Number of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards Denominator: Number of new providers
Data Source (Select one) (Several options are listed in the on-line application): Record reviews, off-site	
If 'Other' is selected, specify:	

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	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 = 90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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:

Performance Measure: QP4	Number and percent of non-licensed or non-certified waiver providers who continue to meet regulatory and applicable waiver standards Numerator: Number of non-licensed or non-certified waiver providers who continue to meet regulatory and applicable waiver standards Denominator: Number of non-licensed / non-certified waiver providers reviewed
Data Source (Select one) (Several options are listed in the on-line application): Record reviews, off-site	
If 'Other' is selected, specify:	

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	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval = 90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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:

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

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

i. Performance Measures

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

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed

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statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: QP5	Number and percent of providers meeting provider training requirements Numerator: Number of providers who meet training requirements Denominator: Total number of providers reviewed		
Data Source (Select one) (Several options are listed in the on-line application): Record review on-site			
If 'Other' is selected, specify:			
	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval =90% +10%
	<input checked="" type="checkbox"/> Other Specify: CHC-MCO	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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:

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

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

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OLTL staff monitors providers of direct services as well as agencies having delegated functions. Each regional Core Team is comprised of a Program Specialist Registered Nurses, Social Workers, and Fiscal Representatives. Core Teams are dispersed throughout the state of Pennsylvania, and report directly to the Office of Long Term Living. The Core Teams will monitor the MCOs on a biennial basis. The Core Teams will utilize a standardized monitoring tool, and monitors MCOs against standards derived from Title 55, Chapter 52 of the Pennsylvania Code and the provider requirements of the established, approved waivers. OLTL will also review if the provider has the appropriate licensure as required by the waiver. OLTL reviews each provider at a 95% accuracy rating for each waiver in which the provider is enrolled.

b. Methods for Remediation/Fixing Individual Problems

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

Before a provider is enrolled as a qualified waiver provider, it must provide written documentation to the State Medicaid Agency (OLTL) of all state licensing and certification requirements. Additionally, a licensed or certified provider is required to submit written documentation that it meets regulatory and initial qualified waiver requirements that are not part of its licensure or certification. When OLTL discovers an applicant provider does not meet licensure or certification requirements, the provider is not enrolled to provide services until the appropriate license or certification is obtained. When it is discovered that an existing provider is enrolled as a waiver provider, but has not obtained appropriate certification or licensure, OLTL issues a Statement of Findings as required by 55 Pa. Code Chapter 52. The provider is required to respond to the findings with a Corrective Action Plan (CAP) to remediate each finding. If a provider fails to submit a CAP which remediates the lack of licensure or certification requirement, OLTL begins disenrollment proceedings. The provider has the right to appeal. Upon application, OLTL reviews verification submitted by providers who are not required to receive a license or certification in order to provide services. OLTL verifies each provider meets the established regulations and criteria to be a qualified waiver provider. If a provider does not meet one or more of the waiver qualifications, OLTL notifies the provider of the unmet qualifications and provide information on available resources the provider can access to improve or develop internal systems to meet required provider qualifications. If a provider is unable to meet qualifications, the application to provide waiver services is denied. The provider may reapply with OLTL if verification is obtained .Within two years of becoming a waiver provider (and every two years thereafter), OLTL conducts a provider monitoring of each waiver provider to ascertain whether they continue to meet the regulatory requirements and provider qualifications, including training, outlined in this waiver. The Core Teams are the monitoring agent for OLTL. The Core Teams will use a monitoring tool and database that will outline each qualification a provider must meet. The qualifications are categorized according to provider type. Provider type is defined as the service(s) the provider offers to waiver participants as outlined in the service definition. The OLTL staff monitoring tool and database collects the information discovered by the Core Teams during reviews for data analysis and aggregation purposes. Through this process, if a Core Team discovers a provider does not meet one or more of the qualifications, the provider develops a Corrective Action Plan (CAP). The provider needs to demonstrate through the CAP that it can meet the regulations and waiver provider qualifications and

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

ii Remediation Data Aggregation

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

c. Timelines

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

X	No
○	Yes Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

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Appendix D, Quality Improvement: Service Plan

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

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

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

i. **Sub-assurances:**

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

i. **Performance Measures**

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

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

Performance Measure: SPI	Number and percent of MCO waiver participants who have Individual Service Plans (ISPs) adequate and appropriate to their needs, capabilities, and desired outcomes, as indicated in the assessment. Numerator - Total number of waiver participants who have ISPs adequate and appropriate to their needs, capabilities, and desired outcomes, as indicated in the assessment Denominator - Total number of waiver participants who had ISPs reviewed		
Data Source (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If 'Other' is selected, specify: <i>Service Plan Reports from CHC-MCOs per contractual obligations.</i>			
	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

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	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =90% +10%	
	<input checked="" type="checkbox"/> Other Specify: CHC-MCO	<input checked="" type="checkbox"/> Annually		
		<input type="checkbox"/> Continuously and Ongoing		<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify: Bi-Annual		
				<input type="checkbox"/> Other Specify:

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:

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

b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures. (Sub Assurance was removed by CMS in March 2014)

i. Performance Measures

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

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

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

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

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i. Performance Measures

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

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

Performance Measure:SP2	Number and percent of MCO waiver participants with Individual Service Plans (ISPs) reviewed before the waiver participant’s annual review date Numerator - Total number of waiver participants with ISPs that were reviewed before the waiver participant’s annual review date Denominator -Total number of service plans reviewed		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If ‘Other’ is selected, specify: Reports from CHC-MCOs per contractual obligations.			
	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)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample: Confidence Interval: 90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		X Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

Add another Data Source for this performance measure

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)
X State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other	X Annually

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Effective Date	

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

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

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

i. Performance Measures

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

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

Performance Measure: SP3	Number and percent of MCO waiver participants with Individual Service Plans (ISPs) revised when warranted by a change in participant needs Numerator - Total number of waiver participants with ISPs that were revised when warranted by a change in participant needs Denominator -Total number of service plans reviewed		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: Reports by CHC-MCOs per contractual obligation..			
	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)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		X Other Specify: Bi-Annually	

State:	
Effective Date	

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

Add another Data Source for this performance measure

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:

Performance Measure: SP4	Number and percent of waiver participants who have received authorized services in the type, scope, amount, frequency and duration specified in the Individual Service Plan (ISPs) Numerator: Number of waiver participants who are receiving services specified in the Individual Service Plan (ISP) Denominator: Total number of service plan reviewed
---------------------------------	--

Data Source (Select one) (Several options are listed in the on-line application): *Other*
 If 'Other' is selected, specify: *Reports submitted by CHC-MCOs per contractual obligation.*

	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval =90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: <i>Bi-Annually</i>	
			<input type="checkbox"/> Other Specify:

State:	
Effective Date	

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:

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

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

i. Performance Measures

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

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

Add another Data Source for this performance measure

Performance Measure: SP5	Number and percent of waiver participants from the MCO network of providers whose records documented an opportunity was provided for choice of waiver services and providers. Numerator: Number of waiver participants with documented evidence of opportunities Denominator: Total number of participants for the time period.
Data Source (Select one) (Several options are listed in the on-line application): Operating agency performance monitoring	
If 'Other' is selected, specify: MCO Data files	

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	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 = 90% +10%
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify: Bi-Annually	
			<input type="checkbox"/> Other Specify:

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:

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

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

At the Service Coordination Agency, the SC supervisor reviews the ISP for completeness and appropriateness prior to submitting the ISP to the appropriate MCO for approval. The supervisor is the first step in the monitoring process. MCO staff will review 100% of new ISPs and 100% of ISPs that have changes in services using the guidelines specified in their contracts with DHS. Information pertaining to service plan appropriateness and conformity to participant need is collected and submitted to OLTL bureau of Quality for review. The review by OLTL will be conducted by the service plan assurance liaison in the Bureau of Quality. The SP Assurance Liaison tracks the sample size to ensure a statistically valid sample using CMS sampling parameters has been reviewed. Data will

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

b. Methods for Remediation/Fixing Individual Problems

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

At the Service Coordination Agency, the SC supervisor reviews the ISP for completeness and appropriateness prior to submitting the ISP to the Bureau of Individual Support (BIS) appropriate MCO for approval. The supervisor is the first step in the monitoring process. BPO staff will review ISPs that have a 10% change in services using the guidelines specified in the MCO contracts with DHS. This Information pertaining to service plan appropriateness and conformity to participant need ongoing review is collected and submitted to OLTL bureau of Quality for review. The review by OLTL will be conducted by the service plan assurance liaison in the Bureau of Quality.in the Service Plan Review Database where the data is aggregated monthly and quarterly for tracking and trending by the Service Plan (SP) Assurance Liaison in the Bureau of Quality and Provider Management (BQPM). The SP Assurance Liaison tracks the sample size to ensure a statistically valid sample using CMS sampling parameters has been reviewed. The SP Assurance Liaison also performs a quarterly retrospective review of the ISPs reviewed by BPO in the previous three months using the same review criteria. Data is will pulled from the OLTL Complaint Database regarding complaints received about service plans. The SP Assurance Liaison monitors a 100% sample of the service plan complaints on a monthly basis to track and trend service plan issues for potential system improvement. See Appendix H for more information on quality performance.

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 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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c. Timelines

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

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

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

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Appendix G, Quality Improvement: Health and Welfare

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

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

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

i. **Sub-assurances:**

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

i. **Performance Measures**

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

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

Performance Measure: HWI	Number and percent of unexplained deaths for which review/investigation occurred. Numerator: Unexplained deaths for which review resulted in findings where appropriate follow up or steps were taken Denominator: Total number of unexplained deaths		
Data Source (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If ‘Other’ is selected, specify: <i>EIM system</i>			
	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)
	X State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review

State:	
Effective Date	

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

Add another Data Source for this performance measure

Data Aggregation and Analysis

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

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

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

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

Performance Measure: HW2	Number and percent of complaints investigated within established procedures. Numerator: Number of complaints with investigations Denominator: Total number of complaints
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Data Source (Select one) (Several options are listed in the on-line application): <i>Other</i>
If 'Other' is selected, specify: <i>CHC-MCO complaint reports.</i>

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

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

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Performance Measure: HW3	Number and percent of participants satisfaction survey respondents who reported a satisfaction score Numerator: Number of waiver participants with satisfactory score Denominator: Total number of participants responding to the survey
Data Source (Select one) (Several options are listed in the on-line application): Analyzed collected data (includes surveys, focus groups, interviews, etc.)	
If 'Other' is selected, specify:	

	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 checked="" type="checkbox"/> Representative Sample; Confidence Interval =90% +10%
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		Other Specify:	
			<input type="checkbox"/> Other Specify:

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

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Performance Measure: HW4	Number and percent of waiver participants who were informed of the reporting process for abuse, neglect and exploitation in initial and annual reviews Numerator: Number of waiver participants who were informed of the reporting process Denominator: Total number of waiver participants within a time period		
Data Source (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If 'Other' is selected, specify: <i>Reports submitted by CHC-MCOs per contractual obligation.</i>			
	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
	<input checked="" type="checkbox"/> Other CHC-MCO; IEE Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

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:

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Performance Measure: HW5	Number and percent of waiver participants each month with more than three reported incidents within the past 12 months Numerator: Total number of waiver participants each month with more than three reported incidents Denominator: Total number of waiver participants with reported incidents		
Data Source (Select one) (Several options are listed in the on-line application): Critical events and incident reports			
If 'Other' is selected, specify:			
	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 checked="" type="checkbox"/> Other CHC-MCO Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Data Aggregation and Analysis

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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Effective Date	

Performance Measure: HW6	Number and percent of critical incidents reported and investigated within the prescribed timeframe Numerator: Number of critical incidents reported within the prescribed timeframe Denominator: Number of critical incidents reported		
Data Source (Select one) (Several options are listed in the on-line application): Critical events and incident reports			
If 'Other' is selected, specify:			
	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 checked="" type="checkbox"/> Other Specify: CHC-MCO	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

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

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

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

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

Performance Measure: HW7	Number and percent of incidents where restrictive interventions were used Numerator: Number of incidents where restrictive interventions were used Denominator: Total number of incidents		
Data Source (Select one) (Several options are listed in the on-line application): Critical events and incident reports			
If 'Other' is selected, specify:			
	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 checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that	Frequency of data aggregation and analysis: (check each that
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Effective Date	

<i>applies</i>	<i>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:

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

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

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

Performance Measure: HW8	Number and percent of waiver participants receiving age-appropriate preventative health care Numerator: Number of waiver participants receiving age-appropriate preventative health care Denominator: Total number of waiver participants		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: MCO encounter data			
	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 checked="" type="checkbox"/> Annually	
State:			
Effective Date			

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

Add another Data Source for this performance measure

Data Aggregation and Analysis

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

Statistical reports on reported critical incidents and complaints are generated from the state’s Enterprise Incident Management (EIM) system and reports submitted by the MCOs through the EQRO encounter data, and these reports are reviewed monthly and quarterly by the Bureau of Quality (BQ) for patterns in the types of incidents documented. The Bureau will identify patterns and concerns regarding how the incidents are processed, i.e. was the reporting timeframe met, etc., according to the elements of the performance measures. Please see Appendix H for more information regarding the Assurance Liaison’s role in the Quality Improvement Strategy.

b. Methods for Remediation/Fixing Individual Problems

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

When it is discovered that an incident was not acted upon in accordance with waiver standards (not reported, not investigated within the required timeframe, etc.) OLTL staff that discovered the issues immediately directs the MCO, and the provider, to report the incident utilizing OLTL Incident reporting protocols, investigate, make corrections and/or otherwise meet OLTL incident standards. If

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immediate action is required to protect the Health and Welfare of the individual, the MCO and provider is instructed to take such action, the Bureau of Participant Operations may be required to investigate and/or take action if the provider is identified as a source of the incident. When a pattern of not reporting is determined a referral is made to the Core Team for review of the providers' incident protocols and implementation. As issues are discovered, Corrective Action Plans (CAPs) are required of the providers. Individual incidents of a severe nature are investigated and reviewed in accordance with Appendix G. When it is discovered that a participant has more than three reportable incidents within the past 365 days, the Health & Welfare (HW) Liaison reviews and analyzes the incidents to determine the effect on the participant. If the pattern of incidents has an effect on the health and welfare of the participant, the HW Liaison issues a QIP (see Appendix H) for immediate intervention. The QIP, with the Bureau of Participant Operations (BPO) recommendations or action plan, is returned to the BCPM-Core Team within 15 business days. The BCPM reviews and approves the CAP, notifying BPO of approval and initiating the follow-up process (CAP Protocol). The Bureau of Quality reviews for patterns involving providers, geographic areas, etc. If specific provider(s) are involved in a pattern of frequent incidents, a referral is made to Core Team staff for a targeted review and possible Corrective Action Plan (CAP). The BCPM also refers these participants to BPO through the Quality Improvement Plan process (QIP) under the standard of ensuring health and welfare. Individual incidents of a severe nature are investigated and reviewed in accordance with Appendix G. If the BCPM discovers that a complaint was not acted upon in accordance with waiver standards, the BQPM issues a Statement of Finding and requests a CAP from the BPO.

ii. Remediation Data Aggregation

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

c. Timelines

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

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

State:	
Effective Date	

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

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State:	
Effective Date	

Appendix I, Quality Improvement: Financial Accountability

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

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

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

i. **Sub-assurances:**

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

a.i. Performance Measures

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

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

Performance Measure: FAI	Number and percent of capitation payments paid correctly in accordance with the methodology approved by CMS Numerator: Total number of capitation payments paid correctly for active waiver participants enrolled in long-term services and supports Denominator: Total number of capitation payments
Data Source (Select one) (Several options are listed in the on-line application): Other	
If ‘Other’ is selected, specify: Claims processing system	

State:	
Effective Date	

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

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

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

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

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

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed

State:	
Effective Date	

statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: FA2	Number and percent of capitation payment rates that are consistent with rate methodology approved in the approved waiver application or subsequent amendments Numerator: Number and percent of capitation payments rates that are consistent with rate methodology approved in the approved waiver application or subsequent amendment Denominator: Total number of capitation payments using the appropriate rate		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: Claims data, rate setting files and documents			
	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 checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

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:
State:	
Effective Date	

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

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

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b. Methods for Remediation/Fixing Individual Problems

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

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

c. Timelines

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

X	No
○	Yes

State:	
Effective Date	

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

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State:	
Effective Date	