Aging Work Plan

Cross Waiver Initiatives				
CW1. Quality Management Efficiency Teams (QMETs)				
GOAL: To establish statewide QMETs to begin waiver monitoring activities.				
Reference No.	Action Step No.	Action Steps	Responsible Staff	Target Date for Completion
CW1	CW1a	Continue QMET recruitment and placement process	QMMA	Oct-08
CW1	CW1b	Train QMETs to job responsibilities	QMMA	Dec-08
CW1	CW2a	Develop policies and procedures to be used by QMETs in monitoring of service providers.	QMET	Mar-09
CW1	CW2b	Develop program review tools to be used by QMETs in monitoring of service providers.	QMET	Apr-09
CW2. Corrective Action Plan				
GOAL: To develop a standardized CAP which will be utilized to establish, track and monitor provider Quality Improvement				
Reference No.	Action Step No.	Action Steps	Responsible Staff	Target Date for Completion
CW2	CW3	Create standardized Corrective Action Plan (CAP) process	QMET	Mar-09
CW2	CW4	Write and issue program directive to stakeholders regarding CAP	QMMA	Apr-09
CW2	CW5	Disburse forms to provider community and host forums explaining provider qualification process beginning April 2009	QMET	Jul-09
CW2	CW6	Implement CAP process along with monitoring process as described throughout action plan in July 2009	QMMA	Jul-09
CW3. Quarterly Quality Management Meetings (QQMM)				
GOAL: To establish regular group of OLTL staff to address quality management issues				
Reference No.	Action Step No.	Action Steps	Responsible Staff	Target Date for Completion
CW3	CW7	Identify appropriate members	OLTL Bureau Directors	Jan-09
CW3	CW8	Develop quarterly meeting schedule	QMMA	Jan-09
CW3	CW9	Develop draft statements of purpose, formats for reporting, and priority list options to present at first meeting	QMMA	Mar-09
CW3	CW10	Begin meeting	QMMA/QQMM	Apr-09
CW3	CW11	Develop statement of purpose	QMMA	Apr-09

CW3	CW12	Develop format for reporting on quality management issues identified through data aggregation	QMMA	Apr-09
CW3	CW13	Develop format to list QQMM priorities for presentation to the Quality Council	QQMM	Apr-09
CW4. Quality Council (QC)				
GOAL: To establish regular group of stakeholders to address quality management issues				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
CW4	CW14	Recruit members (both internal and external to the State)	QMMA	Apr-09
CW4	CW15	Develop quarterly meeting schedule	QMMA	May-09
CW4	CW16	Develop draft statements of purpose, formats for reporting, and priority list options to present at first meeting	QMMA	May-09
CW4	CW17a	Begin meeting	QMMA/QC	Jun-09
CW4	CW17b	Develop statement of purpose during first meeting	QMMA	Jun-09
CW4	CW17c	Begin to develop a format for reporting on quality management issues identified through data aggregation as part of first meeting agenda.	QMMA	Jun-09
CW4	CW17d	Begin to develop format to list QQMM priorities for presentation to the OLTL leadership as part of first meeting agenda.	QQMM	Jun-09
Remediation Steps for Administrative Authority				
AAR1. Policy outlining process listed in remediation strategy				
GOAL: Create streamlined system of quality management through OLTL				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
AAR1	AA1	Implement function based service plan review process	OLTL	Jun-09
AAR1	AA1a	Write revised policy for oversight of the Aging Waiver, which outlines BIS, BPS, and QMMA responsibilities and timeframes.	OLTL Policy	Jul-09
AAR1	AA1b	Provide training on revised policy as necessary	OLTL	Oct-09
AAR1	AA1c	Implement policy	OLTL	Nov-09
AAR2. Finalize the transfer of waiver administrative functions from PA Department of Aging over to OLTL				
GOAL. Ensure current OLTL contracted administrative functions have appropriately signed contracts				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion

AAR2	AA2a	Amend PA Department of Aging (PDA) contracts with AAAs by replacing PDA signatures with new OLTL signatures to reflect OLTL's current administration and oversight of the contracts, addressing all delegated functions.	OLTL Policy	Jul-09
AAR3. Develop a comprehensive Aging Waiver policies and procedure manual.				
GOAL: Provide consistent access to waiver policies by developing a manual that will serve as the main source of guidance to all waiver providers on the operation of the OLTL Waivers				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
AAR3	AA3a	Compile all current Aging Waiver policy and procedure documentation	OLTL	Jul-09
AAR3	AA3b	Tie into work plan SPa.i.a1, Action Steps SP1a and SP1b	OLTL	May-09
AAR3	AA3c	Issue policy directive related to state administrative authority	OLTL	Mar-09
AAR3	AA3d	Continue to issue updated/modified policies as needed prior to final draft of manual on an ongoing basis	OLTL	Jul-11
AAR3	AA3e	Review all current Aging Waiver policy and procedures	OLTL	Dec-09
AAR3	AA3f	Beginning 7/1/09- Issue policy directive identifying obsolete Aging Waiver policies and procedures	OLTL	May-10
AAR3	AA3g	Develop draft of Aging Waiver policy and procedure manual	OLTL	Jan-11
AAR3	AA3h	Issue Final draft of Aging Waiver policy and procedure manual	OLTL	Jul-11
AAR4. Develop an enhanced system to track and trend fair hearings, coordinating with incident and complaint reporting and providing opportunities for remediation and system improvement.				
GOAL. Ensure fair hearings, incidents and complaints can be linked for tracking and trending, allowing for remediation and system improvement				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
AAR4	AA4a	Investigate current systems for coordination between fair hearings, incidents and complaints reporting	OLTL	Jul-09
AAR4	AA4b	Issue guidance/clarification of existing policies related to fair hearings, incidents and complaint reporting	OLTL Policy	Jul-09
AAR4	AA4c	Determine need for interim system until new system is developed.	OLTL	Jul-09
AAR4	AA4d	Tie into work plan at HWa1-8, Action Steps HW2a through HW3b.	BIS/QMMA	Apr-11
Sub-assurances for Administrative Authority				
Sub-assurance a: 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				
Performance Measure				
Administrative Authority Sub-assurance A				
AAa1. Medicaid review of aggregated performance measure reports, trends, remediation efforts and system improvements generated for improved services to participants				
GOAL: To establish a system to review all performance measure reports, trend the data, remediation efforts and system improvements				
Reference No.	Action Step No.	Action Steps	Agency Action	Completion Date
AAa1	AA2	Improve processes to ensure Administrative Authority by developing methods for the QMU to receive data	QMMA	Jun-09
AAa1	AA2a	Begin to create or enhance data collection tools for all Performance Measures (PM)	QMMA	Mar-09
AAa1	AA2b	Develop new processes under OLTL reorganization to review Performance Measure (PM) reports, trends, remediation efforts and document system improvements	QMMA	Mar-09
AAa1	AA3	Begin producing monthly report on PM's data with tracking and documentation of system improvement recommendations	QMMA	Jul-09
AAa1	AA4	Begin first quarterly assurance reports to present to the QQMM and the Quality Council (QC) quarterly	QMMA	Oct-09
Performance Measure				
Administrative Authority Sub-assurance a				
AAa2. Number and percent of local non-state entities that meet contractual obligations				
GOAL: To establish a system to review contracted agencies against their contractual obligations				
Reference No.	Action Step No.	Action Steps	Agency Action	Completion Date
AAa2	AA5	Develop a process for QMMA to review AAAs, in accordance to each item as specified in their contracts. See Reference No. CW1 for action steps for tools, training and policies and procedures. See Action Step AA2a under Reference No. AAa1 for data collect	QMMA	Jun-09
AAa2	AA6	Review new monitoring process with AAAs	QMMA	Jun-09
AAa2	AA6	Begin QMET monitoring visits of AAAs	QMMA	Jul-09
AAa2	AA7	Begin producing monthly report outlining items AAAs met or missed	QMMA	Nov-09

AAa2	AA8	Begin providing quarterly Contractual compliance report to the Quarterly Quality Management Meeting and at the Quality Council meeting.	QMMA	Apr-10
Performance Measure				
Administrative Authority Sub-assurance a				
AAa3. Number and percent of recommendations and approvals of quality improvement interventions/initiatives identified and implemented in the Medicaid Waiver Quality Improvement Meetings.				
AAa4. Number and percent of waiver policy decisions developed and approved by the Office of Long Term Living prior to implementation				
GOAL: To establish a comprehensive system to document and track the recommendations and approvals of interventions identified in the QI Meetings and track policy changes approved prior to implementation				
Reference No.	Action Step No.	Action Steps	Responsible Party	Target Completion Date
AAa3; AAa4	AA9a	Develop a system that reports implementation status of recommendations developed out of the QI Meetings	QMMA	Jun-09
AAa3; AAa4	AA9b	Begin entering suggested recommendations of the Quality Council into the system	QMMA	Jul-09
AAa3; AAa4	AA10	Begin producing monthly report from documentation of system improvement recommendations to present to the QQMM and the QC quarterly	QMMA	Oct-09
AAa3; AAa4	AA11	Begin providing quarterly System Improvement Recommendation Implementation Status report to the Quarterly Quality Management Meeting and at the Quality Council meeting.	QMMA	Jan-10
Performance Measure				
Administrative Authority Sub-assurance a				
AAa5. Number and percent of reported remediation activities by non state entities to the Office of Long Term Living for new policy implementation				
GOAL: To begin consistent reporting on remediation activity from non state entities when new waiver policies are implemented				
Reference No.	Action Step No.	Action Steps	Responsible Party	Target Completion Date
AAa5	AA12a	Develop a process whereby Area Agencies on Aging monitor their staff performance during policy implementation and report to the QMU	QMMA	Jun-09
AAa5	AA12b	Begin receiving reports on new policy implementation	QMMA	Sep-09
AAa5	AA13	Begin producing monthly report to present to the QQMM and the QC quarterly	QMMA	Oct-09

AAa6	AA14	Begin providing quarterly Remediation report to the Quarterly Quality Management Meeting and at the Quality Council meeting.	QMMA	Jan-10
Remediation for Level of Care				
LOCR1. Process for consistent application of LOC remediation strategy				
Goal: To establish consistent process to remediate Level of Care issues				
[redacted]				
LOCR1	LOC1a	Develop coordinated process to resolve LOC issues when recoupment is identified or other issues become apparent.	QMMA	Mar-09
LOCR1	LOC1b	Communicate new process to AAAs, BPS and BF	QMMA	May-09
LOCR1	LOC1c	Implement CAP process along with monitoring process as described throughout action plan	QMMA	Jun-09
Sub-assurances for Level of Care				
Sub-assurance i.e.: An evaluation for LOC is provided to all applicants for who there is reasonable indication that services may be needed in the future				
Performance Measure				
Level of Care Sub-assurance a.i.a				
LOCa.i.a1. Number and percent of all new enrollees who have been deemed nursing facility clinically eligible prior to receipt of waiver services				
GOAL: To begin consistent reporting on participants whose NFCE LOC are completed prior to receipt of waiver services				
[redacted]				
LOCa.i.a1	LOC2a	Begin developing reporting format to identify new enrollees who are receiving services but do not have a completed Nursing Facility Clinically Eligible (NFCE) LOC	QMMA	Dec-08
LOCa.i.a1	LOC2b	Produce first monthly report listing new enrollees who are receiving services but do not have a completed NFCE LOC	QMMA	Feb-09
LOCa.i.a1	LOC3a	Develop process for QMMA to track and trend data from monthly reports	QMMA	Dec-08
LOCa.i.a1	LOC3b	Initiate process for tracking and trending data from monthly reports	QMMA	Apr-09
LOCa.i.a1	LOC4	Begin providing quarterly reports on results to the Quarterly Quality Management Meeting and at the Quality Council meeting	QMMA	Jul-09
Sub-assurance a.i.b: The levels of care enrolled participants are reevaluated at least annually or as specified in the approved				

waiver.				
Performance Measure				
Level of Care Sub-assurance a.i.b				
LOCa.i.a2. Number and percent of waiver participants who received an annual re-determination of eligibility within 12 months of their initial LOC evaluation or within 12 months of their last annual LOC evaluation				
GOAL: To begin consistent reporting on annual LOC re-evaluations				
Reference No.	Action Step No.	Action Steps	Responsible Person	Target Date for Completion
LOCa.i.b1	LOC5a	Develop process for QMMA to track and trend data from monthly reports	QMMA	Nov-08
LOCa.i.b1	LOC5b	Initiate process for tracking and trending data from monthly reports	QMMA	Jan-09
LOCa.i.b1	LOC6	Begin providing quarterly reports on results to the Quarterly Quality Management Meeting and at the Quality Council meeting	QMMA	Apr-09
Sub-assurance a.i.c: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.				
Performance Measure				
Level of Care Sub-assurance a.i.c				
LOCa.i.c1. Number and percentage of initial LOC completed timely				
LOCa.i.c2. Number and percent of LOC determinations that accurately adhered to specifications				
GOAL: To establish a comprehensive system of collecting, analyzing, aggregating and reporting data on the application of the processes and instruments used to determine level of care				
Reference No.	Action Step No.	Action Steps	Responsible Person	Target Date for Completion
LOCa.i.c1-2	LOC7a	Develop a process to review LOC for timeliness and adherence to waiver specifications	QMMA	Dec-08
LOCa.i.c1-2	LOC7b	Initiate process to review complete application of LOC specifications	QMMA	Jan-09
LOCa.i.c1-2	LOC8a	Develop process for QMMA to track and trend data from monthly reports	QMMA	Dec-08
LOCa.i.c1-2	LOC8b	Initiate process for tracking and trending data from monthly reports	QMMA	Jan-09
LOCa.i.c1-2	LOC9	Begin providing quarterly reports on results to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-09
Remediation Steps for Qualified Providers of Self-Directed Services*				

*QPR1. Policy for Fiscal Employer Agent (FE/A) certification and review standards				
Goal: Establish Policy Manual and Guidelines for FE/As.				
Reference ID	Action Steps		Responsible Agency/Staff	Target Date for Completion
*QPR1	QP1a	Write standard FE/A policy which specifies FE/A qualifications, responsibilities, and service delivery timeframes	OLTL Policy/ BIS	Apr-09
*QPR1	QP1b	Gather and evaluate stakeholder feedback	OLTL Policy/ BIS	Aug-09
*QPR1	QP1c	Begin training and implementation of policy	OLTL Policy/ BIS	Oct-09
GOAL: Establish safeguards to ensure participants have freedom of choice with the right and ability to select the Fiscal Employer Agent provider of their choice.				
Reference ID	Action Steps		Responsible Agency/Staff	Target Date for Completion
*QPR2	QP2a	Write standard FE/A policy which specifies how Care Managers must ensure and document that participants have the freedom to choose the FE/A of their choice	OLTL Policy	Apr-09
*QPR2	QP2a	Provide training as necessary	OLTL Policy	Apr-09
*QPR2	QP2c	Implement policy	OLTL Policy	Oct-09
Sub-assurances for Qualified Providers				
Sub-assurance a.i.a: 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				
Performance Measure				
Qualified Provider Sub-assurance a.i.a				
QPa.i.a1. Number and percent of new waiver provider applications, by provider type for which provider obtained appropriate licensure/certification in accordance with state law prior to service provision				
QPa.i.a2. Number and percent of providers, by provider type, continuing to meet applicable licensure/certification following initial enrollment				
Sub-assurance a.i.b.: The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.				
Performance Measure				
Qualified Provider Sub-assurance a.i.b				
QPa.i.b1. Number of non-licensed/non-certified provider applicants, by provider type, who met waiver provider qualifications prior to service provision				
Qpa.1.b2. Number of non-licensed/non-certified provider, by provider type, who continue to meet waiver provider qualifications				
GOAL: To refine and improve the Quality Strategy processes and reports regarding qualified providers.				

Reference No.	Action Step No.	Action Steps	Responsible	Completion Date
QPa.i.a1 and QPa.i.a2;	*QP1	Refine the process within OLTL for verifying appropriate licensure/ certification for waiver provider applicants including FE/As	BPS	Mar-09
QPa.i.b1 and QPa.i.b2	QP2	Improve the process within OLTL for verifying provider applicant meets waiver provider qualifications initially and continually prior to furnishing waiver services.	BPS	Mar-09
QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	*QP3	Refine and improve the processes for monitoring compliance with waiver provider qualifications and any resulting corrective plans. See Reference No. CW1 for action steps for tools, training and policies and procedures. See Action Step AA2a under Reference	QMMA	Apr-09
QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	QP4	Train providers and QMMA staff on provider monitoring process	QMMA	Jun-09
QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	QP5	Implement provider monitoring processes with first QMET review scheduled for July 2009	QMMA	Jul-09
QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	QP6	Begin producing monthly report outlining items agency met or not met	QMMA	Nov-09
QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	QP7	Begin providing quarterly Qualified Provider report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
QPa.i.b1 and QPa.i.b2	QP8	Develop database to capture information from QMET monitoring tool	QMMA	Jul-09
Sub-assurance a.i.c: The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.				
Performance Measure				
Qualified Provider Sub-assurance a.i.c				
QPa.i.c1. Number and percent of providers, by provider type, meeting provider training requirements				

GOAL: To enhance existing process to ensure providers meet training requirements				
Reference No.	Action Step No.	Action Steps	Responsible Agency	Target Completion Date
QPa.i.c1	QP9	Enhance processes for monitoring provider training requirements. See Reference No. CW1 for action steps for tools, training and policies and procedures. See Action Step AA2a under Reference No. AAa1 for data collection tools task.	QMMA	Mar-09
QPa.i.c1	QP10	Implement enhanced processes for monitoring provider training requirements with first QMET review	QMMA	Jul-09
QPa.i.c1	QP11	Begin producing monthly report outlining training items agency met or missed	QMMA	Nov-09
QPa.i.c1	QP12	Begin providing Qualified provider report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
Remediation Steps for Service Plan				
SPR1. Service Plan risk assessment and risk management				
Goal: Enhance the risk assessment and risk management protocols that are incorporated into Service Plan development and documentation				
Reference No.	Action Step No.	Action Steps	Responsible Agency	Target Completion Date
SPR1	SP1a	Work with stakeholders to develop service plan risk protocols and documentation	BIS and OLTL Policy	Apr-09
SPR1	SP1b	Write standard service plan risk policy which specifies the responsibilities and timeframes of the AAA, the participant and OLTL	BIS and OLTL Policy	Jul-09
SPR1	SP1c	Provide training on new/changed risk protocols	BIS and OLTL Policy	Sep-09
SPR1	SP1d	Implement service plan risk protocols	BIS and OLTL Policy	Jan-10
*SPR2. Participant self-direction education materials				
Goal: Develop consistent materials that inform current and prospective waiver participants about the benefits and potential liabilities of self-direction				
Reference No.	Action Step No.	Action Steps	Responsible Agency	Target Completion Date

*SPR2	SP2a	Work with stakeholders to develop standard participant self-direction education training materials, distribution process and timeframes	BIS and OLTL Policy	Apr-09
*SPR2	SP2b	Distribution of standard participant self-direction training materials and training begins	BIS and OLTL Policy	Jul-09
*SPR2	SP2c	Conduct trainings and distribute materials on participant self-direction	BIS and OLTL Policy	Oct-09
*SPR2	SP2d	Finish trainings and distribution of materials on participant self-direction	BIS and OLTL Policy	Oct-09
Sub-assurances for Service Plan				
Sub-Assurance a.i.a.: Service plans address all participants' needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or other means.				
Performance Measure				
Service Plan Sub-assurance a.i.a				
SPa.i.a1. Number and percent of waiver participants who have Individual Service Plans (ISPs) that are adequate and appropriate to their needs, capabilities, and desired outcomes, as indicated in the assessment. Additional performance measure for sub-assurance a.i.a begins at work plan step SP11				
GOAL: To establish a comprehensive system of collecting, analyzing, aggregating and reporting data on service plan reviews				
Reference No.	Action Step No.	Action Steps	Responsible Entity/Staff	Completion Date
SPa.i.a1	SP1a	Review and improve current Service Plan Review Process	BIS	May-09
SPa.i.a1	SP1b	Improve and disburse policies and procedures for the Service Plan Review process	BIS	May-09
SPa.i.a1	SP1c	Provide training on new improved Service Plan Review process	BIS	Jul-09
SPa.i.a1	SP1d	Develop data collection and reporting for new Service Plan Review process which will ensure adequacy and appropriateness of service plans	BIS	Jul-09
SPa.i.a1	SP1e	Initiate the enhanced service plan review process	BIS	Sep-09
SPa.i.a1	SP1f	Begin producing the monthly service plan review report to the QMU	BIS	Oct-09
SPa.i.a1	SP2	Begin providing quarterly complaint reports to the Quarterly Quality Management Meeting and at the Quality Council regarding complaints received about service plans	QMMA	Apr-10
Sub-assurance a.i.b.: The State monitors service plan development in accordance with its policies and procedures.				
Performance Measure				

Service Plan Sub-assurance a.i.b				
SPa.i.b1. Number and percent of Individual Service Plans and related service plan activities that comply regarding who develops the plan, who participates in the process and the time of the plan				
SPa.i.b2. Number and percent of Individual Service Plans and related service plan activities that comply regarding how waiver services and other non-waiver services are coordinated				
SPa.i.b3. Number and percent of Individual Service Plans and related service plan activities that comply with how the participant is informed of the services that are available under the waiver				
SPa.i.b4Number and percent of waiver participants whose Individual Service Plan included a risk factor assessment and needs assessment instrument				
GOAL: To establish processes and reports to verify that service plans are developed in accordance with waiver policies and procedures				
Reference No.	Action Step No.	Action Steps	Responsible Person	Target Date for Completion
SPa.i.b1-4	SP3a	Develop Service Plan Development Review process including stakeholder input	BIS	Jul-09
SPa.i.b1-4	SP3b	Develop tools for implementing the Service Plan Development Review process	BIS	May-09
SPa.i.b1-4	SP3c	Develop and disburse policies and procedures for the Service Plan Development Review process	BIS	May-09
SPa.i.b1-4	SP3d	Provide training on new Service Plan Development Review process	BIS	Jul-09
SPa.i.b1-4	SP3e	Develop data collection and reporting for review of Service Plan Development in accordance with waiver policies and procedures	BIS	Jul-09
SPa.i.b1-4	SP3f	Initiate Service Plan Development Review process	BIS	Sep-09
SPa.i.b1-4	SP3g	Begin producing the monthly Service Plan development report	BIS	Oct-09
SPa.i.b1-4	SP4	Begin providing quarterly service plan development report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
Sub-assurance a.i.c.: Service Plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.				
Performance Measure				
Service Plan Sub-assurance a.i.c				
SPa.i.c1. Number and percent of Individual Service Plans (ISPs) reviewed and revised before the waiver participant's annual review date				
SPa.i.c2. Number and percent of waiver participants whose Individual Service Plans (ISPs) was revised as needed, to address changing needs				
GOAL: To ensure plans are updated annually and address participant's changing needs				
Reference No.	Action Step No.	Action Steps	Responsible Person	Target Date for Completion

SPa.i.c1-2	SP5a	Develop Annual and Changing Needs Review process for service plans	BIS	Jul-09
Spa.i.c1-2	SP5b	Solicit, evaluate and utilize stakeholder input on Annual and Changing Needs Review	BIS	Jul-09
SPa.i.c1-2	SP5c	Initiate Annual and Changing Needs Review process	BIS	Aug-09
SPa.i.c1-2	SP6	Begin producing the monthly Annual and Changing Needs Review report	BIS	Oct-09
SPa.i.c1-2	SP7	Begin providing quarterly Annual and Changing Needs Review report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
Sub-assurance a.i.d.: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.				
Performance Measure				
Service Plan Sub-assurance a.i.d				
SPa.i.d1. Number and percent of waiver participants who received services in the type, amount, and frequency specified in the Individual Service Plan (ISP)				
GOAL: To establish a process to ensure that services are delivered in accordance with the ISP				
Reference No.	Action Step No.	Action Steps	Responsible Administration	Projected Completion Date
SPa.i.d1	SP8a	Develop a Service Delivery review process to ensure that services delivered appear in participants' ISPs	BIS	Jul-09
Spa.i.d1	SP8b	Solicit, evaluate and utilize stakeholder input on Service Delivery Review Process	BIS	Jul-09
SPa.i.d1	SP8c	Initiate the Service Delivery Review process	BIS	Aug-09
SPa.i.d1	SP9	Begin producing the monthly Service Delivery Review report by October 2009	BIS	Oct-09
SPa.i.d1	SP10	Begin providing quarterly Service Delivery Review report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
Performance Measure				
Service Plan Sub-assurance a.i.a				
SPa.i.a2. Number and percent of waiver participant satisfaction survey respondents who reported unmet needs				
Performance Measure				
Service Plan Sub-assurance a.i.d				
Spa.i.d2. Number and percent of participant satisfaction survey respondents reporting the receipt of all services in individual service plan				

Reference	Action Step No	Action Steps	Responsible	Due Date
SPa.i.a2 and SPa.i.d2	SP11	Finalize participant satisfaction survey and administration process	QMMA	Dec-08
SPa.i.a2 and SPa.i.d2	SP12	Provide training on survey administration and analysis	QMMA	Jan-09
SPa.i.a2 and SPa.i.d2	SP13	Implement participant satisfaction survey	QMMA	Jan-09
SPa.i.a2 and SPa.i.d2	SP14	Begin producing the monthly Participant Satisfaction Survey Review report by March 2009	QMMA	Feb-09
SPa.i.a2 and SPa.i.d2	SP15	Begin providing quarterly Participant Satisfaction Survey Review report to the Quarterly Quality Management Meeting June 2009 and at the Quality Council including comments regarding satisfaction about service plans	QMMA	Jul-09
Sub-assurance a.i.e.: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.				
Performance Measure				
Service Plan Sub-assurance a.i.e				
SPa.i.e1. Number and percent of waiver participants whose records contained appropriately completed and signed Freedom of Choice forms that specified choice was offered between institutional care and waiver services				
SPa.i.e2. Number and percent of waiver participants whose records documented a list of waiver services and providers was provided and discussed with the waiver participant				
GOAL: To assure consistent application of choice between institutional care and waiver services; and between and among waiver providers				
Reference No	Action Step No	Action Steps	Responsible	Due Date
SPa.i.e1-2	SP16	Review current safeguards related to Freedom of Choice	BIS	Feb-09
SPa.i.e1-2	SP17	Draft Standardize Freedom of Choice form to include both: 1. choice between institutional care and waiver services, and 2. between and among qualified waiver providers	BIS	Feb-09
SPa.i.e1-2	SP18	Distribute draft form and policy for review and comment	BIS	Feb-09
SPa.i.e1-2	SP19	Complete Training of Care Managers, as needed	BIS	Jun-09
SPa.i.e1-2	SP20	Distribute final form and policy for review and comment		Jun-09
SPa.i.e1-2	SP21	Care Managers begin using new Freedom of Choice form	BIS	Jul-09
SPa.i.e1-2	SP22	Develop process to record documentation of completion of the Freedom of Choice form by CM Supervisor	BIS	Jul-09

SPa.i.e1-2	SP23	Begin producing monthly Freedom of Choice report	BIS	Dec-09
SPa.i.e1-2	SP24	Begin providing quarterly Freedom of Choice Review report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Jun-10
Sub-assurances for Health and Welfare				
Sub-Assurance a: The State, on an ongoing basis, identifies addresses and seeks to prevent the occurrence of abuse, neglect, and exploitation.				
Performance Measures				
Health and Welfare Sub-Assurance a				
HWa1. Number of reportable incidents by type: Abuse, neglect, and exploitation including the use of restraints and restrictive interventions				
HWa2. Number and percent of waiver participants with more than three reported incidents of abuse, neglect and exploitation in a calendar year including the use of restraints and restrictive interventions				
HWa3. Number and percent of incidents requiring investigations by type: abuse, neglect and exploitation including the use of restraints and restrictive interventions				
HWa4. Number and percent of incidents substantiated by type: Abuse, neglect and exploitation including the use of restraints and restrictive interventions				
HWa5. Number and percent of incidents of abuse, neglect, and exploitation investigated within required timeframe including the use of restraints and restrictive interventions				
HWa6. Number and percent of incidents of abuse, neglect, and exploitation for which corrective actions were verified within required timeframe including the use of restrains and restrictive interventions				
HWa7. Number of providers who failed to report incidents of abuse, neglect and exploitation including the use of restraints and restrictive interventions				
HWa8. Number and percent of Waiver participants who indicate knowledge of how to report abuse, neglect or exploitation including the use of restrains and restrictive interventions				
GOAL: To establish an interim system for remediation of incidents				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Date Completion
HWa1-8	HW1	Issue draft policy clarification detailing: types of reportable incidents, procedures and formats for reportable incidents, and follow up investigations	OLTL	Dec-08
HWa1-8	HW1a	Train service providers on use of interim reporting process	OLTL	Dec-08
HWa1-8	HW1b	Implement interim incident reporting and management process	OLTL	Jan-09
HWa1-8	HW1c	Tie into work plan at HWa1-8, Action Steps HW1a through HW3b.	OLTL	Jan-09
HWa1-8	HW1d	Explore feasibility of engaging a contractor to assist in improving incident reporting and management system	OLTL	Mar-09
GOAL: To establish a comprehensive system of collecting, analyzing, aggregating and reporting data on incidents				

(Examples of incidents include abuse, neglect, exploitation, death, etc.)				
Reference No.	Action Step No.	Action Steps	[illegible]	[illegible]
HWa1-8	HW1a	Revise and improve the incident reporting and management process to provide standardization, comprehensiveness and coordination with fair hearings	BIS	Dec-08
	HW1b	Investigate feasibility of using existing incident report mechanisms in other OLTL programs as an improvement	BIS	Dec-08
	HW1c	Develop improved reporting and management process	BIS	Mar-09
	HW1d	Tie into work plan at HWa9-11, Action Steps HW3a through HW4a. Complaint Reporting System	OLTL	Apr-09
	HW1e	Discuss improved process with stakeholders	BIS	May-09
	HW1f	Train service providers on use of improved reporting and management process	BIS	Jun-09
	HW1g	Implement improved incident reporting and management process	BIS	Jul-09
	HW1h	Begin producing monthly improved incident report to report on currently collected data until improved system is initiated.	Metrics and Analytics unit	Sep-09
	HW1i	Begin providing quarterly improved incident reports to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Dec-09
HWa1-8	HW2a	Develop a standardized incident/complaint/fair hearing reporting and management process with new mechanism for standardized reports	BIS	Jul-10
	HW2b	Develop and distribute incident/complaint/fair hearing reporting and management policy	BIS	Aug-10
	HW2c	Provide training on new incident/complaint/fair hearing reporting and management process	BIS	Oct-10
HWa1-8	HW2d	Initiate incident/complaint/fair hearing reporting and management process after policy distribution and training	BIS	Nov-10
HWa1-8	HW3a	Begin producing the monthly incident/complaint/fair hearing report outlining the performance measure data	Metrics and Analytics unit	Jan-11
HWa1-8	HW3b	Begin providing quarterly incident/complaint/fair hearing reports to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-11
Performance Measure				
Health and Welfare Sub-assurance a:				
HWa9. Number of complaints by type: Basic service delivery issues, abuse, neglect or exploitation				

HWa10. Number and percent of complaints investigated regarding basic service issues, abuse, neglect, or exploitation				
HWa11. Number and percent of complaints addressed within required timeframe regarding basic service issues, abuse, neglect or exploitation				
GOAL: To establish a comprehensive complaint reporting and management system				
(Examples of complaints include concerns about services, providers, etc. raised by participants and their advocates.)				
Reference No.	Action Step No.	Action Steps	Responsible Agency Staff	Target Date for Completion
HWa9-11	HW3a	Begin to improve the administrative data base for complaint reporting system and coordinate with fair hearings	QMMA	Dec-08
HWa9-11	HW3b	Develop policies and procedures that differentiate between basic service issues and the more severe complaints regarding abuse, neglect or exploitation	QMMA/Policy	Jan-09
HWa9-11	HW3c	Train OLTL Staff on policies and procedures and the differences in severity	QMMA	Feb-09
HWa9-11	HW3d	Begin initiating the improvements made to complaint reporting and management system	QMMA	Mar-09
HWa9-11	HW4a	Begin producing the monthly complaint report outlining the results from the Administrative data base	QMMA	Apr-09
HWa9-11	HW5	Tie into work plan at HWa1-8, Action Steps HW1a through HW3b. Incident Reporting System	OLTL	Apr-09
Remediation Steps for Financial Accountability				
Sub-assurance I-1.a: State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.				
GOAL: To assure that State oversight considers all waiver changes that impact claims payment and coding, given the ongoing changes to the service definition, rate setting methodology and rates				
Reference No.	Action Step No.	Action Steps	Responsible Agency Staff	Target Date for Completion
FA-R1	FA-1	Agency staff update of claims review process to incorporate waiver changes that impact claims payment and coding	OLTL	Jul-09
Remediation Steps for Rates, Billing and Claims				
Sub-assurance I-2.a: The State is developing a statewide rate setting methodology that will result in re-based rates by July 2012.				
Goal: To establish an Organized Health Care Delivery System				
Reference No.	Action Step No.	Action Steps	Responsible Agency Staff	Target Date for Completion

RBC-R1	RBC-1	Develop Organized Health Care Delivery System application process	OLTL	May-09
RBC-R1	RBC-1a	Facilitate a stakeholder meeting to review the Organized Health Care Delivery System application process and present interim rates (see RBC-2) if necessary	Mercer/OLTL	Jul-09
RBC-R1	RBC-1b	Solicit, review, and contract with Organized Health Care Delivery Systems organizations, ensuring coverage of all counties	OLTL	Jul-09
GOAL: To establish a standardized rate setting methodology and resulting rates, with input from key stakeholders				
[illegible]				
RBC-R2	RBC-1	Review of existing rates and rate setting methodologies (Action step may result in the development of interim rates based on need for more immediate corrective action).	Mercer/OLTL	Apr-09
RBC-R3	RBC-2	Develop updated rates for July 2009 changes (i.e. consolidation of services) to service definitions that materially impact rates	Mercer/OLTL	Jan-10
RBC-R4	RBC-3	Gather Preliminary Data from other programs and states	Mercer/OLTL	Jul-10
RBC-R5	RBC-4	Establish Provider Data Set	Mercer/OLTL	Nov-10
RBC-R6	RBC-5	Develop and validate assumptions	Mercer/OLTL	Mar-11
RBC-R7	RBC-6	Collect provider cost data	Mercer/OLTL	Jul-11
RBC-R8	RBC-7	Solicit stakeholder input on rate development methodology	Mercer/OLTL	Aug-11
RBC-R9	RBC-8	Standardize rate development methodology	Mercer/OLTL	Jun-12
RBC-R10	RBC-9	Develop rates. Ensure base rates and modifiers comply with 42 CFR 447.200	Mercer	Jun-12
RBC-R11	RBC-10	Present rates to stakeholders	Mercer/OLTL	Jul-12
RBC-R12	RBC-11	Project impact of new rates on program costs (also relates to J-2)	Mercer/OLTL	Jul-12
RBC-R13	RBC-12	Load rates into test payment platform (also relates to I-3)	OLTL	Jul-12
RBC-R14	RBC-13	Load rates into payment platform (also relates to I-3)	OLTL	Jul-12
RBC-R15	RBC-14	Implementation of Rates	OLTL	Jul-12
Sub-assurances for Financial Accountability				
Sub-assurance a: State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.				
Performance Measure				
Financial Accountability Sub-assurance a				
FAa1. Number and percent of claims coded as specified in the waiver application				
GOAL: To improve the processes for collecting, aggregating, analyzing and reporting data on paid claims				

Reference No.	Action Step No.	Action Steps	Responsible Person	Completion Date
FAa1	FA2a	Develop procedure for improved process for paid claims review	BF/BPS	Dec-08
FAa1	FA2b	Develop training curriculum for new staff on process for paid claims review	BF/BPS	Dec-08
FAa1	FA2c	Provide training for OLTL staff for reviewing paid claims	BF/BPS	Dec-08
FAa1	FA2d	Initiate improved process on reviewing paid claims	BF/BPS	Jan-09
FAa1	FA3a	Produce first waiver claims review report for QMMA for analysis, tracking and trending by April 2009	BF/BPS	Apr-09
FAa1	FA3b	Begin to provide quarterly report to OLTL/ BPS to remediate any claims that did not pay according to established rate methodology for first calendar quarter 2009	QMMA	Jun-09
Performance Measure				
Financial Accountability Sub-assurance a				
FAa2. Number and percent of providers submitting accurate claims for services authorized by the waiver and being paid for those services.				
Goal: Improve the process to ensure provider is accurately billing for delivered waiver services.				
Reference No.	Action Step No.	Action Steps	Responsible Person	Completion Date
FAa2	FA4a	Develop an improved process to compare paid claims against delivered services	QMET coordinator	Jul-09
FAa2	FA4b	Initiate improved process to compare paid claims against delivered services beginning August 2009	QMETs	Aug-09
FAa2	FA5	Begin providing monthly report to QMMA summarizing number and percent of providers who billed for services accurately for September 2009	QMET coordinator	Oct-09
FAa2	FA6	Begin providing quarterly reports on percent and number of providers submitting accurate claims for services authorized by the waiver for fourth quarter of 2009	QMMA financial assurance liaison	Jan-10
FAa2	FA7	Begin providing quarterly reports to the Quarterly Quality Management Meeting March 2010 and at the Quality Council meeting April 2010	QMMA	Apr-10
Appendix H, Quality Improvement Strategy				
QIS measure QIS0. Comprehensive strategy to review and report information received from data sources				
GOAL: To establish consistent approach to Quality Improvement Activities				

QIS1	QIS1a	Develop process to track and trend (aggregate) reports received on performance measures	QMMA	Apr-09
QIS1	QIS1b	Implement process to track and trend reports received on performance measures by July 1, 2009	QMMA	Jul-09
QIS1	QIS2a	Develop process to track and trend reports on remediation strategies including CAP reviews	QMMA	Apr-09
QIS1	QIS2b	Implement process to track and trend reports received on remediation strategies by July 1, 2009	QMMA	Jul-09
QIS1	QIS3a	Develop a policy as to how QM liaison will address findings, make recommendations, and prioritize issues	QMMA	Apr-09
QIS1	QIS3b	Train QMU staff on QM liaison policy	QMMA	May-09
QIS1	QIS3c	Implement policy regarding QM liaison activities by July 2009	QMMA	Jul-09
QIS1	QIS4	Develop standardized reporting format for presenting recommendations and priorities of Quarterly Quality Management Meeting and Quality Council to director	QMMA	Jul-09
QIS1	QIS5	Develop a process for implementing recommendations and priorities as directed by OLTL Deputy Secretary	QMMA	Jul-09
QIS1	QIS6	Start implementation of recommendations and priorities as directed by OLTL Deputy Secretary	OLTL	Jul-09
QIS1	QIS6a	Design a communication strategy for conveying new quality initiatives to stake holders	QMMA	Feb-09
QIS1	QIS6b	Implement quality communication strategy	QMMA	Mar-09

Attendant Care Waiver Work Plan

Cross Waiver Initiatives				
CW1. Quality Management Efficiency Teams (QMETs)				
GOAL: To establish statewide QMETs to begin waiver monitoring activities.				
Reference No.	Action Step No.	Action Steps	Responsible Party	Target Date for Completion
CW1	CW1a	Continue QMET recruitment and placement process	QMMA	Oct-08
CW1	CW1b	Train QMETs to job responsibilities	QMMA	Dec-08
CW1	CW2a	Develop policies and procedures to be used by QMETs in monitoring of service providers.	QMET	Mar-09
CW1	CW2b	Develop program review tools to be used by QMETs in monitoring of service providers.	QMET	Apr-09
CW2. Corrective Action Plan				
GOAL: To develop a standardized CAP which will be utilized to establish, track and monitor provider Quality Improvement				
Reference No.	Action Step No.	Action Steps	Responsible Party	Target Date for Completion
CW2	CW3	Create standardized Corrective Action Plan (CAP) process	QMET	Mar-09
CW2	CW4	Write and issue program directive to stakeholders regarding CAP	QMMA	Apr-09
CW2	CW5	Disburse forms to provider community and host forums explaining provider qualification process beginning April 2009	QMET	Jul-09
CW2	CW6	Implement CAP process along with monitoring process as described throughout action plan in July 2009	QMMA	Jul-09
CW3. Quarterly Quality Management Meetings (QQMM)				
GOAL: To establish regular group of OLTL staff to address quality management issues				
Reference No.	Action Step No.	Action Steps	Responsible Party	Target Date for Completion
CW3	CW7	Identify appropriate members	OLTL Bureau Directors	Jan-09
CW3	CW8	Develop quarterly meeting schedule	QMMA	Jan-09
CW3	CW9	Begin meeting	QMMA/QQMM	Apr-09
CW3	CW10	Develop statement of purpose	QMMA	Apr-09
CW3	CW11	Develop format for reporting on quality management issues identified through data aggregation	QMMA	Apr-09
CW3	CW12	Develop format to list QQMM priorities for presentation to the Quality Council	QQMM	Apr-09

CW4. Quality Council (QC)				
GOAL: To establish regular group of stakeholders to address quality management issues				
Reference No.	Action Step No.	Action Steps	Responsible Person/Staff	Target Date for Completion
CW4	CW13	Recruit members	QMMA	Apr-09
CW4	CW14	Develop quarterly meeting schedule	QMMA	May-09
CW4	CW15a	Begin meeting	QMMA/QC	Jun-09
CW4	CW15b	Develop statement of purpose during first meeting	QMMA	Jun-09
CW4	CW15c	Begin to develop a format for reporting on quality management issues identified through data aggregation as part of first meeting agenda.	QMMA	Jun-09
CW4	CW15d	Begin to develop format to list QQMM priorities for presentation to the OLTL leadership as part of first meeting agenda.	QQMM	Jun-09
Remediation Steps for Administrative Authority				
AAR1. Policy outlining process listed in remediation strategy				
GOAL: Create streamlined system of quality management through OLTL				
Reference No.	Action Step No.	Action Steps	Responsible Person/Staff	Target Date for Completion
AAR1	AA1a	Write policy for oversight of the ACW, which outlines BIS, BPS, and QMMA responsibilities and timeframes.	OLTL Policy	Jul-09
AAR1	AA1b	Implement policy	OLTL	Nov-09
AAR2. Finalize the transfer of waiver administrative functions from PA Department of Aging over to OLTL				
GOAL. Ensure current OLTL contracted administrative functions have appropriately signed contracts				
Reference No.	Action Step No.	Action Steps	Responsible Person/Staff	Target Date for Completion
AAR2	AA2a	Amend PA Department of Aging (PDA) level of care performance contracts with AAAs by replacing PDA signatures with new OLTL signatures to reflect OLTL's current administration and oversight of the contracts	OLTL Policy	Jul-09
AAR3. Establish a single statewide enrollment agency for the Attendant Care Waiver.				
GOAL: Eliminate potential conflicts of interest by ensuring that one enrollment agency will process intake and enrollment of participants into the waiver and will not provide any ongoing services to the participant				

Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
AAR3	AA3a	Issue a Request for Proposal (RFP) to separate the waiver enrollment function into an independent administrative function and award the contract	OLTL	Jan-10
AAR3	AA3b	Anticipated start up period and full implementation through contract with one enrolling agency	OLTL	Jul-11
AAR4. Develop a comprehensive Attendant Care Waiver policies and procedure manual.				
GOAL: Provide consistent access to waiver policies by developing a manual that will serve as the main source of guidance to all waiver providers on the operation of the OLTL				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
AAR4	AA4a	Compile all current ACW policy and procedure documentation	OLTL	Jul-09
AAR4	AA4b	Review all current ACW policy and procedures	OLTL	Dec-09
AAR4	AA4c	Beginning 7/1/09- Issue policy directives identifying obsolete ACW policies and procedures	OLTL	May-10
AAR4	AA4d	Develop draft of ACW policy and procedure manual	OLTL	Jan-11
AAR4	AA4e	Issue Final draft of ACW policy and procedure manual	OLTL	Jul-11
Sub-assurances for Administrative Authority				
Sub-assurance a: 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				
Performance Measure				
Administrative Authority Sub-assurance A				
AAa1. Medicaid review of aggregated performance measure reports, trends, remediation efforts and system improvements generated for improved services to participants				
GOAL: To establish a system to review all performance measure reports, trend the data, remediation efforts and system improvements				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
AAa1	AA2	Improve processes to ensure Administrative Authority by developing methods for the QMU to receive data	QMMA	Jun-09
AAa1	AA2a	Beginning to create or enhance data collection tools for all Performance Measures (PM)	QMMA	Mar-09
AAa1	AA2b	Develop new processes under OLTL reorganization to review Performance Measure (PM) reports, trends, remediation efforts and document system improvements	QMMA	Mar-09

AAa1	AA3	Begin producing monthly report on PM's data with tracking and documentation of system improvement recommendations	QMMA	Jul-09
AAa1	AA4	Begin first quarterly assurance reports to present to the QQMM and the Quality Council (QC) quarterly	QMMA	Oct-09
Performance Measure				
Administrative Authority Sub-assurance a				
AAa2. Number and percent of local non-state entities that meet provider agreement obligations				
GOAL: To establish a system to review contracted agencies against their contractual obligations				
Reference No.	Action Step No.	Action Step	Responsible Person	Date Completed or Completion Date
AAa2	AA5	Develop a process for QMMA to review local Attendant Care waiver providers in accordance to each item as specified in provider agreement. See Reference No. CW1 for action steps for tools, training and policies and procedures. See Action Step AA2a under Reference No. AAa1 for data collection tools task.	QMMA	Jun-09
AAa2	AA6	Begin QMET monitoring visits of local Attendant Care waiver providers	QMMA	Jul-09
AAa2	AA7	Begin producing monthly report outlining items local Attendant Care waiver providers met or missed	QMMA	Nov-09
AAa2	AA8	Begin providing quarterly Provider Agreement compliance report to the Quarterly Quality Management Meeting and at the Quality Council meeting.	QMMA	Apr-10
Performance Measure				
Administrative Authority Sub-assurance a				
AAa3. Number and percent of recommendations and approvals of quality improvement interventions/initiatives identified and implemented in the Quarterly Quality Management Meeting and Quality Council Meetings.				
AAa4. Number and percent of waiver policy decisions developed and approved by the Office of Long Term Living prior to implementation				
GOAL: To establish a comprehensive system to document and track the recommendations and approvals of interventions identified in the Quarterly Quality Management Meeting				
Reference No.	Action Step No.	Action Step	Responsible Person	Date Completed or Completion Date
AAa3; AAa4	AA9a	Develop a system that reports implementation status of recommendations developed out of the QI Meetings	QMMA	Jun-09
AAa3; AAa4	AA9b	Begin entering suggested recommendations of the Quality Council into the system	QMMA	Jul-09
AAa3; AAa4	AA10	Begin producing monthly report from documentation of system improvement recommendations to present to the QQMM and the QC quarterly	QMMA	Oct-09
Performance Measure				

Administrative Authority Sub-assurance a				
GOAL: To begin consistent reporting on remediation activity from non state entities when new waiver policies are implemented				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
AAa5	AA11a	Develop a process whereby Supports Coordination providers and Area Agencies on Aging monitor their staff performance during policy implementation and report to the QMU	QMMA	Jun-09
AAa5	AA11b	Begin receiving reports on new policy implementation	QMMA	Sep-09
AAa5	AA12	Begin producing monthly report to present to the QQMM and the QC quarterly	QMMA	Oct-09
Remediation for Level of Care				
LOCR1. Process for consistent application of LOC remediation strategy				
Goal: To establish consistent process to remediate Level of Care issues				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
LOCR1	LOC1a	Develop coordinated process to resolve LOC issues with AAAs, BPS and BF	QMMA	Mar-09
LOCR1	LOC1b	Communicate new process to AAAs, BPS and BF	QMMA	May-09
LOCR1	LOC1c	Implement CAP process along with monitoring process as described throughout action plan	QMMA	Jun-09
Sub-assurances for Level of Care				
Sub-assurance i.e.: An evaluation for LOC is provided to all applicants for who there is reasonable indication that services may be needed in the future				
Performance Measure				
Level of Care Sub-assurance a.i.a				
LOCa.i.a1. Number and percent of all new enrollees who have been deemed nursing facility clinically eligible prior to receipt of waiver services				
GOAL: To begin consistent reporting on participants whose NFCE LOC are completed prior to receipt of waiver services				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
LOCa.i.a1	LOC2a	Begin developing reporting format to identify new enrollees who are receiving services but do not have a completed Nursing Facility Clinically Eligible (NFCE) LOC	QMMA	Dec-08
LOCa.i.a1	LOC2b	Produce first monthly report listing new enrollees who are receiving services but do not have a completed NFCE LOC	QMMA	Feb-09
LOCa.i.a1	LOC3a	Develop process for QMMA to track and trend data from monthly reports	QMMA	Dec-08
LOCa.i.a1	LOC3b	Initiate process for tracking and trending data from monthly reports	QMMA	Apr-09
LOCa.i.a1	LOC4	Begin providing quarterly reports on results to the Quarterly Quality Management Meeting and at the Quality Council meeting	QMMA	Jul-09

Sub-assurance a.i.b: The levels of care enrolled participants are reevaluated at least annually or as specified in the approved waiver.				
Performance Measure				
Level of Care Sub-assurance a.i.b				
LOCa.i.a2. Number and percent of waiver participants who received an annual re-determination of eligibility within 12 months of their initial LOC LOC evaluation or within 12 months of their last annual LOC evaluation				
GOAL: To begin consistent reporting on annual LOC re-evaluations				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
LOCa.i.b1	LOC5a	Develop process for QMMA to track and trend data from monthly reports	QMMA	Nov-08
LOCa.i.b1	LOC5b	Initiate process for tracking and trending data from monthly reports	QMMA	Jan-09
LOCa.i.b1	LOC6	Begin providing quarterly reports on results to the Quarterly Quality Management Meeting and at the Quality Council meeting	QMMA	Apr-09
Sub-assurance a.i.c: The processes and instruments described in the approved waiver are applied appropriately and according to the the approved description to determine participant level of care				
Performance Measure				
Level of Care Sub-assurance a.i.c				
LOCa.i.c1. Number and percentage of initial LOC completed timely				
LOCa.i.c2. Number and percent of LOC determinations that accurately adhered to specifications				
GOAL: To establish a comprehensive system of collecting, analyzing, aggregating and reporting data on the application of the processes and instruments used to determine level of care				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Target Date for Completion
LOCa.i.c1-2	LOC7a	Develop a process to review LOC for timeliness and adherence to waiver specifications	QMMA	Dec-08
LOCa.i.c1-2	LOC7b	Initiate process to review complete application of LOC specifications	QMMA	Jan-09
LOCa.i.c1-2	LOC8a	Develop process for QMMA to track and trend data from monthly reports	QMMA	Dec-08
LOCa.i.c1-2	LOC8b	Initiate process for tracking and trending data from monthly reports	QMMA	Jan-09
LOCa.i.c1-2	LOC9	Begin providing quarterly reports on results to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-09
Remediation Steps for Qualified Providers				
QPR1. Policy for Fiscal Employer Agent (FE/A) certification and review standards				
Goal: Establish Policy Manual and Guidelines for FE/As.				

Reference No.	Action Step No.	Action Steps	Responsible Party	Target Date for Completion
QPR1	QP1a	Write standard FE/A policy which specifies FE/A qualifications, responsibilities, and service delivery timeframes	OLTL Policy/ BIS	Apr-09
QPR1	QP1b	Gather and evaluate stakeholder feedback	OLTL Policy/ BIS	Aug-09
QPR1	QP1c	Begin training and implementation of policy	OLTL Policy/ BIS	Oct-09
Sub-assurances for Qualified Providers				
Sub-assurance a.i.a: 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				
Performance Measure				
Qualified Provider Sub-assurance a.i.a				
QPa.i.a1. Number and percent of new waiver provider applications, by provider type for which provider obtained appropriate licensure/certification in accordance with state law prior to service provision				
QPa.i.a2. Number and percent of providers, by provider type, continuing to meet applicable licensure/certification following initial enrollment				
Sub-assurance a.i.b.: The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.				
Performance Measure				
Qualified Provider Sub-assurance a.i.b				
QPa.i.b1. Number of non-licensed/non-certified provider applicants, by provider type, who met waiver provider qualifications				
Qpa.1.b2. Number of non-licensed/non-certified provider, by provider type, who continue to meet waiver provider qualifications				
GOAL: To refine and improve the Quality Strategy processes and reports regarding qualified providers.				
Reference No.	Action Step No.	Action Steps	Responsible Party	Target Date for Completion
QPa.i.a1 and QPa.i.a2;	QP1	Refine the process within OLTL for verifying appropriate licensure/ certification and waiver provider qualifications for waiver provider applicants	BPS	Mar-09
QPa.i.b1 and QPa.i.b2	QP2	Improve the process within OLTL for verifying applicant meets waiver provider qualifications	BPS	Mar-09
QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	QP3	Refine and improve the processes for monitoring compliance with waiver provider qualifications and any resulting corrective plans. See Reference No. CW1 for action steps for tools, training and policies and procedures. See Action Step AA2a under Reference No. AAa1 for data collection tools task.	QMMA	Apr-09
QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	QP4	Train providers and QMMA staff on provider monitoring process	QMMA	Jun-09

QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	QP5	Implement provider monitoring processes with first QMET review scheduled for July 2009	QMMA	Jul-09
QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	QP6	Begin producing monthly report outlining items agency met or not met	QMMA	Nov-09
QPa.i.a1 and QPa.i.a2; QPa.i.b1 and QPa.i.b2	QP7	Begin providing quarterly Qualified Provider report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
QPa.i.b1 and QPa.i.b2	QP8	Develop database to capture information from QMET monitoring tool	QMMA	Jul-09
Sub-assurance a.i.c: The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirement and the approved waiver.				
Performance Measure				
Qualified Provider Sub-assurance a.i.c				
QPa.i.c1. Number and percent of providers, by provider type, meeting provider training requirements				
GOAL: To establish process to ensure providers meet training requirements				
Reference No.	Action Step No.	Action Steps	Responsible Agency Staff	Target Date & Completion
QPa.i.c1	QP9	Develop processes for monitoring provider training requirements. See Reference No. CW1 for action steps for tools, training and policies and procedures. See Action Step AA2a under Reference No. AAa1 for data collection tools task.	QMMA	Mar-09
QPa.i.c1	QP10	Implement processes for monitoring provider training requirements with first QMET review	QMMA	Jul-09
QPa.i.c1	QP11	Begin producing monthly report outlining training items agency met or missed	QMMA	Nov-09
QPa.i.c1	QP12	Begin providing Qualified provider report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
Remediation Steps for Service Plan				
SPR1. Service Plan risk assessment and risk management				
Goal: Enhance the risk assessment and risk management protocols that are incorporated into Service Plan development and documentation				

Reference No.	Action Step No.	Action Steps	Responsible Staff	Target Date for Completion
SPR1	SP1a	Work with stakeholders to develop service plan risk protocols and documentation	BIS and OLTL Policy	Apr-09
SPR1	SP1b	Write standard service plan risk policy which specifies the responsibilities and timeframes of the Supports Coordination provider, the participant and OLTL	BIS and OLTL Policy	Jul-09
SPR1	SP1c	Provide training on new/changed risk protocols	BIS and OLTL Policy	Sep-09
SPRI	SP1d	Implement service plan risk protocols	BIS and OLTL Policy	Jan-10
SPR2. Participant self-direction education materials				
Goal: Develop consistent materials that inform current and prospective waiver participants about the benefits and potential liabilities of self-direction				
Reference No.	Action Step No.	Action Steps	Responsible Staff	Target Date for Completion
SPR2	SP2a	Work with stakeholders to develop standard participant self-direction education materials, distribution process and timeframes	BIS and OLTL Policy	Apr-09
SPR2	SP2b	Distribution of standard participant self-direction materials begins	BIS and OLTL Policy	Jul-09
SPR2	SP2c	Distribution of all standard participant self-direction materials completed	BIS and OLTL Policy	Oct-09
Sub-assurances for Service Plan				
Sub-Assurance a.i.a.: Service plans address all participants' needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or other means.				
Performance Measure				
Service Plan Sub-assurance a.i.a				
SPa.i.a1. Number and percent of waiver participants who have Individual Service Plans (ISPs) that are adequate and appropriate to their needs, capabilities, and desired outcomes, as indicated in the assessment. Additional performance measure for sub-assurance a.i.a begins at work plan step SP!!				
GOAL: To establish a comprehensive system of collecting, analyzing, aggregating and reporting data on service plan reviews				
Reference No.	Action Step No.	Action Steps	Responsible Staff	Target Date for Completion
SPa.i.a1	SP1a	Improve tools for implementing the Service Plan Review process	BIS	May-09
SPa.i.a1	SP1b	Improve and disburse policies and procedures for the Service Plan Review process	BIS	May-09
SPa.i.a1	SP1c	Provide training on new Service Plan Review process	BIS	Jul-09
SPa.i.a1	SP1d	Develop data collection and reporting for new Service Plan Review process which will ensure adequacy and appropriateness of service plans	BIS	Jul-09
SPa.i.a1	SP1e	Initiate the enhanced service plan review process	BIS	Sep-09
SPa.i.a1	SP1f	Begin producing the monthly service plan review report to the QMU	BIS	Oct-09

SPa.i.a1	SP2	Begin providing quarterly complaint reports to the Quarterly Quality Management Meeting and at the Quality Council regarding complaints received about service plans	QMMA	Apr-10
Sub-assurance a.i.b.: The State monitors service plan development in accordance with its policies and procedures.				
Performance Measure				
Service Plan Sub-assurance a.i.b				
SPa.i.b1. Number and percent of Individual Service Plans and related service plan activities that comply regarding who develops the plan, who participates in the process and the timing of the plan				
SPa.i.b2. Number and percent of Individual Service Plans and related service plan activities that comply regarding how waiver services and other non-waiver services are coordinated				
SPa.i.b3. Number and percent of Individual Service Plans and related service plan activities that comply with how the participant is informed of the services that are available under the waiver				
SPa.i.b4 Number and percent of waiver participants whose Individual Service Plan included a risk factor assessment and needs assessment instrument				
GOAL: To establish processes and reports to verify that service plans are developed in accordance with waiver policies and procedures				
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
SPa.i.b1-4	SP3a	Develop Service Plan Development Review process including stakeholder input	BIS	Jul-09
SPa.i.b1-4	SP3b	Develop tools for implementing the Service Plan Development Review process	BIS	May-09
SPa.i.b1-4	SP3c	Develop and disburse policies and procedures for the Service Plan Development Review process	BIS	May-09
SPa.i.b1-4	SP3d	Provide training on new Service Plan Development Review process	BIS	Jul-09
SPa.i.b1-4	SP3e	Develop data collection and reporting for review of Service Plan Development in accordance with waiver policies and procedures	BIS	Jul-09
SPa.i.b1-4	SP3f	Initiate Service Plan Development Review process	BIS	Aug-09
SPa.i.b1-4	SP3g	Begin producing the monthly Service Plan development report	BIS	Oct-09
SPa.i.b1-4	SP4	Begin providing quarterly service plan development report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
Sub-assurance a.i.c.: Service Plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.				
Performance Measure				
Service Plan Sub-assurance a.i.c				
SPa.i.c1. Number and percent of Individual Service Plans (ISPs) reviewed and revised before the waiver participant's annual review date				
SPa.i.c2. Number and percent of waiver participants whose Individual Service Plans (ISPs) was revised as needed, to address changing needs				
GOAL: To ensure plans are updated annually and address participant's changing needs				
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

SPa.i.c1-2	SP5a	Develop Annual and Changing Needs Review process for service plans	BIS	Jul-09
SPa.i.c1-2	SP5b	Initiate Annual and Changing Needs Review process	BIS	Aug-09
SPa.i.c1-2	SP6	Begin producing the monthly Annual and Changing Needs Review report	BIS	Oct-09
SPa.i.c1-2	SP7	Begin providing quarterly Annual and Changing Needs Review report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
Sub-assurance a.i.d.: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.				
Performance Measure				
Service Plan Sub-assurance a.i.d				
SPa.i.d1. Number and percent of waiver participants who received services in the type, amount, and frequency specified in the Individual Service Plan (ISP)				
GOAL: To establish a process to ensure that services are delivered in accordance with the ISP				
Reference No	Action Step No	Action Steps	Responsible Agency Staff	Target Date for Completion
SPa.i.d1	SP8a	Develop a Service Delivery review process to ensure that services delivered appear in participants' ISPs	BIS	Jul-09
SPa.i.d1	SP8b	Initiate the Service Delivery Review process	BIS	Aug-09
SPa.i.d1	SP9	Begin producing the monthly Service Delivery Review report by October 2009	BIS	Oct-09
SPa.i.d1	SP10	Begin providing quarterly Service Delivery Review report to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-10
Performance Measure				
Service Plan Sub-assurance a.i.a				
SPa.i.a2. Number and percent of waiver participant satisfaction survey respondents who reported unmet needs				
Performance Measure				
Service Plan Sub-assurance a.i.d				
Spa.i.d2. Number and percent of participant satisfaction survey respondents reporting the receipt of all services in individual service plan				
Reference No	Action Step No	Action Steps	Responsible Agency Staff	Target Date for Completion
SPa.i.a2 and SPa.i.d2	SP11	Finalize participant satisfaction survey	QMMA	Dec-08
SPa.i.a2 and SPa.i.d2	SP12	Implement participant satisfaction survey	QMMA	Jan-09

SPa.i.a2 and SPa.i.d2	SP13	Begin providing quarterly Participant Satisfaction Survey Review report to the Quarterly Quality Management Meeting June 2009 and at the Quality Council including comments regarding satisfaction about service plans	QMMA	Jul-09
Sub-assurance a.i.e.: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.				
Performance Measure				
Service Plan Sub-assurance a.i.e				
Spa.i.e1. Number and percent of waiver participants whose records contained appropriately completed and signed Freedom of Choice forms that specified choice was offered				
SPa.i.e2. Number and percent of waiver participants whose records documented a list of waiver services and providers was provided and discussed with the waiver participant				
GOAL: To assure consistent application of choice between institutional care and waiver services; and between and among waiver providers				
[redacted]				
SPa.i.e1-2	SP14	Standardize Freedom of Choice form to include both 1. choice between institutional care and waiver services, and 2. between and among qualified waiver providers	BIS	Feb-09
SPa.i.e1-2	SP15	Distribute new form and policy	BIS	Feb-09
SPa.i.e1-2	SP16	Service Coordinators begin using new Freedom of Choice form	BIS	Mar-09
SPa.i.e1-2	SP17	Develop a process to review records to ensure participants offered Freedom of Choice	BIS	Jun-09
SPa.i.e1-2	SP18	Begin producing monthly Freedom of Choice report	BIS	Oct-09
SPa.i.e1-2	SP19	Begin providing quarterly Freedom of Choice Review report to the Quarterly Quality Management Meeting March 2010 and at the Quality Council	QMMA	Apr-10
Sub-assurances for Health and Welfare				
Sub-Assurance a: The State, on an ongoing basis, identifies addresses and seeks to prevent the occurrence of abuse, neglect, and exploitation.				
Performance Measures				
Health and Welfare Sub-Assurance a				
HWa1. Number of reportable incidents by type: Abuse, neglect, and exploitation				
HWa2. Number and percent of waiver participants with more than three reported incidents of abuse, neglect and exploitation in a calendar year.				
HWa3. Number and percent of incidents requiring investigations by type: abuse, neglect and exploitation				
HWa4. Number and percent of incidents substantiated by type: Abuse, neglect and exploitation				
HWa5. Number and percent of incidents of abuse, neglect, and exploitation investigated within required timeframe				
HWa6. Number and percent of incidents of abuse, neglect, and exploitation for which corrective actions were verified within required timeframe.				
HWa7. Number of providers who failed to report incidents of abuse, neglect and exploitation.				
HWa8. Number and percent of Waiver participants who indicate knowledge of how to report abuse, neglect or exploitation				
GOAL: To establish a comprehensive system of collecting, analyzing, aggregating and reporting data on incidents				

Reference No.	Action Step No.	Action Steps	Responsible Staff	Target Date for Completion
HWa1-8	HW1a	Review previously compiled Stakeholder comments	BIS	Dec-08
	HW1b	Investigate feasibility of using existing incident report mechanisms in other OLTL programs	BIS	Dec-08
	HW1c	Develop interim reporting and management process	BIS	Mar-09
	HW1d	Discuss interim process with stakeholders	BIS	May-09
	HW1e	Train service providers on use of interim reporting and management process	BIS	Jun-09
	HW1f	Implement interim incident reporting and management process	BIS	Jul-09
	HW1g	Begin producing monthly interim incident report	Metrics and Analytics unit	Sep-09
	HW1h	Begin providing quarterly interim incident reports to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Dec-09
HWa1-8	HW2a	Develop a standardized incident reporting and management process	BIS	Jul-10
	HW2b	Develop and distribute incident reporting and management policy	BIS	Aug-10
	HW2c	Provide training on new incident reporting and management process	BIS	Oct-10
HWa1-8	HW2d	Initiate incident reporting and management process after policy distribution and training	BIS	Nov-10
HWa1-8	HW3a	Begin producing the monthly incident report outlining the performance measure data	Metrics and Analytics unit	Jan-11
HWa1-8	HW3b	Begin providing quarterly incident reports to the Quarterly Quality Management Meeting and at the Quality Council	QMMA	Apr-11
Performance Measure				
Health and Welfare Sub-assurance a:				
HWa9. Number of complaints by type: Basic service delivery issues, abuse, neglect or exploitation				
HWa10. Number and percent of complaints investigated regarding basic service issues, abuse, neglect, or exploitation				
HWa11. Number and percent of complaints addressed within required timeframe regarding basic service issues, abuse, neglect or exploitation				
GOAL: To establish a comprehensive complaint reporting and management system				
Reference No.	Action Step No.	Action Steps	Responsible Staff	Target Date for Completion
HWa9-11	HW3a	Begin to improve the administrative data base for complaint reporting system	QMMA	Dec-08
HWa9-11	HW3b	Develop policies and procedures that differentiate between basic service issues and the more severe complaints regarding abuse, neglect or exploitation	QMMA/Policy	Jan-09
HWa9-11	HW3c	Train OLTL Staff on policies and procedures and the differences in severity	QMMA	Feb-09
HWa9-11	HW3d	Begin initiating the improvements made to complaint reporting and management system	QMMA	Mar-09
HWa9-11	HW4a	Begin producing the monthly complaint report outlining the results from the Administrative data base	QMMA	Apr-09

Remediation Steps for Financial Accountability				
Sub-assurance I-1.a: State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement reimbursement methodology specified in the approved waiver.				
GOAL: To assure that State oversight considers all waiver changes that impact claims payment and coding, given the ongoing changes to the service definitions, rate setting methodology and rates.				
Reference No.	Action Step No.	Action Steps	Responsible Agency Staff	Target Date for Completion
FA-R1	FA-1	Agency staff update of claims review process to incorporate waiver changes that impact claims payment and coding	OLTL	Jul-09
Remediation Steps for Rates, Billing and Claims				
Sub-assurance I-2.a: The State is developing a statewide rate setting methodology that will result in re-based rates by July 2012.				
GOAL: To establish a standardized rate setting methodology and resulting rates, with input from key stakeholders				
Reference No.	Action Step No.	Action Steps	Responsible Agency Staff	Target Date for Completion
RBC-R1	RBC-1	Review of existing rates and rate setting methodologies (Action step may result in the development of interim rates based on need for more immediate corrective action).	Mercer/OLTL	Mar-09
RBC-R2	RBC-2	Develop Organized Health Care Delivery System application process	OLTL	Apr-09
RBC-R3	RBC-3	Facilitate a stakeholder meeting to review the Organized Health Care Delivery System application process and present interim rates (see RBC-2) if necessary	Mercer/OLTL	May-09
RBC-R4	RBC-4	Solicit, review, and contract with Organized Health Care Delivery Systems organizations, ensuring coverage of all counties	OLTL	Jul-09
RBC-R5	RBC-5	Develop updated rates for July 2009 changes (i.e. consolidation of services) to service definitions that materially impact rates	Mercer/OLTL	Jul-09
RBC-R6	RBC-6	Collect provider cost data	Mercer/OLTL	Jan-10
RBC-R7	RBC-7	Solicit stakeholder input on rate development methodology	Mercer/OLTL	Jul-11
RBC-R8	RBC-8	Standardize rate development methodology	Mercer/OLTL	Aug-11
RBC-R9	RBC-9	Develop rates. Ensure base rates and modifiers comply with 42 CFR 447.200	Mercer	Jun-12
RBC-R10	RBC-10	Present rates to stakeholders	Mercer/OLTL	Jun-12
RBC-R11	RBC-11	Project impact of new rates on program costs (also relates to J-2)	Mercer/OLTL	Jul-12
RBC-R12	RBC-12	Load rates into test payment platform (also relates to I-3)	OLTL	Jul-12
RBC-R13	RBC-13	Load rates into payment platform (also relates to I-3)	OLTL	Jul-12

Sub-assurances for Financial Accountability				
Sub-assurance a: State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.				
Performance Measure				
Financial Accountability Sub-assurance a				
FAa1. Number and percent of claims coded as specified in the waiver application				
GOAL: To establish process for collecting, aggregating, analyzing and reporting data on paid claims				
Reference No	Action Step No	Action Steps	Responsible Person	Completion Date
FAa1	FA2a	Develop training curriculum for new staff on process for paid claims review	BF/BPS	Dec-08
FAa1	FA2b	Provide training for OLTL staff for reviewing paid claims	BF/BPS	Dec-08
FAa1	FA2c	Initiate improved process on reviewing paid claims	BF/BPS	Jan-09
FAa1	FA3a	Produce first waiver claims review report for QMMA for analysis, tracking and trending by April 2009	BF/BPS	Apr-09
FAa1	FA3b	Begin to provide quarterly report to OLTL/ BPS to remediate any claims that did not pay according to established rate methodology for first calendar quarter 2009	QMMA	Jun-09
Performance Measure				
Financial Accountability Sub-assurance a				
FAa2. Number and percent of provider submitting accurate claims for services authorized by the waiver and being paid for those services.				
Goal: Improve the process to ensure provider is accurately billing for authorized waiver services.				
Reference No	Action Step No	Action Steps	Responsible Person	Completion Date
FAa2	FA4a	Improve the process to compare paid claims against authorized services	QMET coordinator	Jul-09
FAa2	FA4b	Initiate improved process to compare paid claims against authorized services beginning August 2009	QMETs	Aug-09
FAa2	FA5	Begin providing monthly report to QMMA summarizing number and percent of providers who billed for services accurately for September 2009	QMET coordinator	Oct-09
FAa2	FA6	Begin providing quarterly reports on percent and number of providers submitting accurate claims for services authorized by the waiver for fourth quarter of 2009	QMMA financial assurance liaison	Jan-10
FAa2	FA7	Begin providing quarterly reports to the Quarterly Quality Management Meeting March 2010 and at the Quality Council meeting April 2010	QMMA	Apr-10
Appendix H, Quality Improvement Strategy				

QIS measure QIS0. Comprehensive strategy to review and report information received from data sources				
GOAL: To establish consistent approach to Quality Improvement Activities				
Reference No.	Action Step No.	Action Steps	Responsible Agency/Staff	Date of Completion
QIS1	QIS1a	Develop process to track and trend (aggregate) reports received on performance measures	QMMA	Apr-09
QIS1	QIS1b	Implement process to track and trend reports received on performance measures by July 1, 2009	QMMA	Jul-09
QIS1	QIS2a	Develop process to track and trend reports on remediation strategies including CAP reviews	QMMA	Apr-09
QIS1	QIS2b	Implement process to track and trend reports received on remediation strategies by July 1, 2009	QMMA	Jul-09
QIS1	QIS3a	Develop a policy as to how QM liaison will address findings, make recommendations, and prioritize issues	QMMA	Apr-09
QIS1	QIS3b	Train QMU staff on QM liaison policy	QMMA	May-09
QIS1	QIS3c	Implement policy regarding QM liaison activities by July 2009	QMMA	Jul-09
QIS1	QIS4	Develop standardized reporting format for presenting recommendations and priorities of Quarterly Quality Management Meeting and Quality Council to director	QMMA	Jul-09
QIS1	QIS5	Develop a process for implementing recommendations and priorities as directed by OLTL Deputy Secretary	QMMA	Jul-09
QIS1	QIS6a	Design a communication strategy for conveying new quality initiatives to stake holders	QMMA	Feb-09
QIS1	QIS6b	Implement quality communication strategy	QMMA	Mar-09