

## Appendix A: Waiver Administration and Operation

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1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

- The waiver is operated by the State Medicaid agency.**

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one*):

- The Medical Assistance Unit.**

Specify the unit name:

**Bureau of Long Term Care, Iowa Medicaid Enterprise**

(Do not complete item A-2)

**Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

(Complete item A-2-a).

- The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.**

Specify the division/unit name:

In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. (Complete item A-2-b).

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2. **Oversight of Performance.**

- a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:

**As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the State Medicaid agency. Thus this section does not need to be completed.**

- b. **Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

**As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the State. Thus this section does not need to be completed.**

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3. **Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

- Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**

Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.*

The Iowa Medicaid Enterprise contracts with Child Health Specialty Clinics (CHSC) through the University of Iowa. CHSC provides nurse consultants regionally placed across the state and parent navigators at the community level, to provide consultation, technical assistance, planning, and care coordination activities related to agencies, and members under the age of 21, with complex and special health care needs, and who are recipients of the HCBS Waiver-Health and Disability waiver programs of the Iowa Title XIX program.

Member Services (Maximus) as part of a contract with the Iowa Medicaid Enterprise (IME) to disseminate information to Medicaid members and provide member support as part of their customer service contract. Additionally, the Member Services Unit provides clinical review in effort to identify member population risks such that additional education, program support, and policy revision can mitigate risks to the member when possible.

Medical Services (Telligen) as part of a contract with the IME conducts level of care evaluations and service plan development ad-hoc reviews to ensure that waiver requirements are met. In addition, the Medical Services Unit conducts the necessary activities associated with prior authorization of waiver services, authorization of service plan changes and medical necessity reviews associated with Program Integrity and Provider Cost Audit activities.

Home and Community Based Quality Assurance (Telligen) as part of a contract with the IME reviews provider compliance with state and federal requirements, monitors complaints, monitors critical incident reports and technical assistance to ensure that quality services are provided to all Medicaid members.

Program Integrity and Recovery Audit Coordinator (Optum) as part of a contract with the IME reviews provider records and claims for instances of Medicaid fraud, waste, and abuse. These components are evaluated and analyzed at an individual and system level through fraud hotline referrals and algorithm development.

Provider Services (Maximus) as part of a contract with the IME coordinates provider recruitment and executes the Medicaid Provider Agreement. The Provider Services Unit conducts provider background checks as required, conducts annual provider trainings, supervises the provider assistance call center, and manages the help functions associated with the IME's Individualized Services Information System.

Provider Cost Audit (Myers and Stouffer) as part of a contract with the IME determine service rates and payment amounts. The Provider Cost Audit Unit performs financial reviews of projected rates, reconciled cost reports, and performs onsite fiscal reviews of targeted provider groups.

Revenue Collections Unit (HMS), as part of a contract with the IME, performs recovery of identified overpayments related to program integrity efforts, cost report reconciliations, third-party liability, and trusts.

All of the above contracted entities including the Medicaid Department conduct training and technical assistance concerning their particular area of expertise concerning waiver requirements. Please note that ultimately it is the Medicaid agency that has overall responsibility for all of the functions while some of the functions are performed by contracting agencies. In regards to training, technical assistance, recruitment and disseminating information, this is done by both the Medicaid agency and contracted agencies throughout regular day to day business.

- No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

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4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

- Not applicable**

- Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions.  
Check each that applies:

- Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

*Specify the nature of these agencies and complete items A-5 and A-6:*

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- Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

*Specify the nature of these entities and complete items A-5 and A-6:*

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▪  
▪

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- 5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:  
 The Iowa Medicaid Enterprise, Medical Policy Staff, through the Department of Human Services is responsible for oversight of the contracting agencies.

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- 6. Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:  
 All contracted entities are assessed through their performance-based contracts. All contracted agencies are required to present their performance on contract standards at a monthly meeting to the Medicaid Policy Staff. Further, contracted entities and Medicaid Policy staff are located at the same site which limits the barriers of routine management and oversight. In addition, all contracted agencies are required to complete a comprehensive quarterly report on their performance to include programmatic and quality measures designed to measure the contract activities as well as trends identified within Medicaid programs and member populations.

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- 7. Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):  
 In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

| Function  | Medicaid Agency                     | Contracted Entity                   |
|---|-------------------------------------|-------------------------------------|
| Participant waiver enrollment                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Waiver enrollment managed against approved limits   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Waiver expenditures managed against approved levels | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Level of care evaluation                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| Function   | Medicaid Agency          | Contracted Entity        |
|--|--------------------------|--------------------------|
| Review of Participant service plans  | <input type="checkbox"/> | <input type="checkbox"/> |
| Prior authorization of waiver services   | <input type="checkbox"/> | <input type="checkbox"/> |
| Utilization management   | <input type="checkbox"/> | <input type="checkbox"/> |
| Qualified provider enrollment  | <input type="checkbox"/> | <input type="checkbox"/> |
| Execution of Medicaid provider agreements  | <input type="checkbox"/> | <input type="checkbox"/> |
| Establishment of a statewide rate methodology  | <input type="checkbox"/> | <input type="checkbox"/> |
| Rules, policies, procedures and information development governing the waiver program | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality assurance and quality improvement activities                                 | <input type="checkbox"/> | <input type="checkbox"/> |

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**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:**

**AA-1a: Number and percent of quarterly contract management reports, from the Medical Services Contractor, submitted within ten business days of the end of the reporting period. Numerator = # of timely quarter contract reports Denominator = # of quarterly contract management reports**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Contracted entity performance monitoring**

| Responsible Party for data collection/generation (check each that applies): | Frequency of data collection/generation (check each that applies): | Sampling Approach (check each that applies):    |
|---|--|---|
| <input 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<br>Confidence Interval =<br><input type="text"/> |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe Group:<br><input type="text"/>                  |
|  | <input type="checkbox"/> Continuously and Ongoing                  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                              |
|  | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/> |   |

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

**Performance Measure:**

AA-2a: Number and amount of compensation withholdings, for the Medical Services Contractor, annually applied for inaccurate level of care determinations. Measured by the monetary units withheld as compensation from contract payments.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

Contracted Entity performance monitoring

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

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

**Performance Measure:**

AA-3a: Number and percent of quarterly contract management reports, from the Provider Services Contractor, submitted within ten business days of the end of the reporting period.

Numerator = # of timely quarterly contracts reports Denominator = # of quarterly contract management reports

Data Source (Select one):

Other

If 'Other' is selected, specify:

Contracted Entity performance monitoring

| Responsible Party for data collection/generation (check each that applies): | Frequency of data collection/generation (check each that applies):  | Sampling Approach (check each that applies):   |
|---|---|--|
| <input 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<br>Confidence Interval =<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity  | <input type="checkbox"/> Annually   | <input type="checkbox"/> Stratified<br>Describe Group:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>                  |
|   | <input type="checkbox"/> Continuously and Ongoing   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>                              |
|   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> |  |

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<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> Annually                                     |
|   | <input type="checkbox"/> Continuously and Ongoing                     |

|   |  |
|---|--|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis(check each that applies):</b>  |
|   | <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**Performance Measure:**

**AA-4a: Number and amount of compensation withholdings, for the Provider Services Contractor, annually applied for inaccurate provider enrollment functions. Measured by the monetary units withheld as compensation from contract payments.**

Data Source (Select one):

**Other**

If 'Other' is selected, specify:

**Contracted Entity performance monitoring**

| <b>Responsible Party for data collection/generation(check each that applies):</b>                                  | <b>Frequency of data collection/generation(check each that applies):</b> | <b>Sampling Approach(check each that applies):</b>  |
|--|--|---|
| <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<br>Confidence Interval = <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <input checked="" type="checkbox"/> Annually                             | <input type="checkbox"/> Stratified<br>Describe Group: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>                  |
|  | <input type="checkbox"/> Continuously and Ongoing                        | <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>                              |
|  | <input type="checkbox"/> Other<br>Specify:                               |   |

**Data Aggregation and Analysis:**

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

| Responsible Party for data aggregation and analysis (check each that applies):                                     | Frequency of data aggregation and analysis(check each that applies):   |
|--|--|
| <input type="checkbox"/> Sub-State Entity  | <input type="checkbox"/> Quarterly   |
| <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <input checked="" type="checkbox"/> Annually   |
|  | <input type="checkbox"/> Continuously and Ongoing  |
|  | <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**Performance Measure:**

**AA-5a: Number and percent of quarterly contract management reports, from the HCBS QA Contractor, submitted within ten business days of the end of the reporting period.**  
**Numerator = # of timely quarterly contract reports Denominator = # of quarterly contract management reports**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Contracted Entity performance monitoring**

| 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 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<br>Confidence Interval =<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted entity          | <input type="checkbox"/> Annually   | <input type="checkbox"/> Stratified<br>Describe Group:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>                  |
|   | <input type="checkbox"/> Continuously and Ongoing   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>                              |
|   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> |  |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):   | Frequency of data aggregation and analysis( <i>check each that applies</i> ):   |
|---|---|
| <input checked="" type="checkbox"/> State Medicaid Agency   | <input type="checkbox"/> Weekly   |
| <input type="checkbox"/> Operating Agency   | <input type="checkbox"/> Monthly  |
| <input type="checkbox"/> Sub-State Entity   | <input checked="" type="checkbox"/> Quarterly   |
| <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> Annually   |
|   | <input type="checkbox"/> Continuously and Ongoing   |
|   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> |

**Performance Measure:**

AA-6a: Number and percent of monthly major incident reports, from the HCBS QA Contractor, submitted within ten business days of the end of the reporting period.

Numerator = # of timely monthly contract reports on incidents Denominator = # of monthly major incident reports.

Data Source (Select one):

Other

If 'Other' is selected, specify:

**Contracted Entity Performance monitoring**

| Responsible Party for data collection/generation (check each that applies): | Frequency of data collection/generation (check each that applies):  | Sampling Approach (check each that applies):   |
|---|---|--|
| <input 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<br>Confidence Interval =<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity  | <input type="checkbox"/> Annually   | <input type="checkbox"/> Stratified<br>Describe Group:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>                  |
|   | <input type="checkbox"/> Continuously and Ongoing   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>                              |
|   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> |  |

**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 type="checkbox"/> Quarterly                                    |
| <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> Annually                                     |
|   | <input type="checkbox"/> Continuously and Ongoing                     |

|   |  |
|---|--|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis(check each that applies):</b>  |
|   | <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**Performance Measure:**

**AA-7a: Number and amount of compensation withholdings, for the HCBS QA contractor, annually applied for inappropriate quality assurance activities. Measured by the monetary units withheld as compensation from contract payments.**

Data Source (Select one):

**Other**

If 'Other' is selected, specify:

**Contracted Entity performance monitoring**

| <b>Responsible Party for data collection/generation(check each that applies):</b>                                  | <b>Frequency of data collection/generation(check each that applies):</b>   | <b>Sampling Approach(check each that applies):</b>  |
|--|--|---|
| <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<br>Confidence Interval = <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <input checked="" type="checkbox"/> Annually   | <input type="checkbox"/> Stratified<br>Describe Group: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>                  |
|  | <input type="checkbox"/> Continuously and Ongoing  | <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>                              |
|  | <input type="checkbox"/> Other<br>Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |   |

**Data Aggregation and Analysis:**

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

| Responsible Party for data aggregation and analysis (check each that applies):  | Frequency of data aggregation and analysis (check each that applies):   |
|---|---|
| <input type="checkbox"/> Sub-State Entity   | <input type="checkbox"/> Quarterly  |
| <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <input checked="" type="checkbox"/> Annually  |
|   | <input type="checkbox"/> Continuously and Ongoing   |
|   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

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. Beyond the oversight provided by the policy staff collective, each operating agency within the Iowa Medicaid Enterprise is assigned state staff to serve as a contract manager. This position oversees the quality and timeliness of monthly scorecards and quarterly contract reports. Further, the Iowa Medicaid Enterprise holds a monthly manager meeting in which the account managers of each contracted unit presents the operational and performance issues discovered and remediated within the past month. This allows all state staff to collectively sustain transparent administrative oversight.

**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 contract manager, or policy staff as a whole, discovers and documents a repeated deficiency in performance of the contracted unit, a plan for improved performance is developed. In addition, repeated deficiencies in contractual performance may result in a withholding of invoiced payment compensation.

General methods for problem correction include revisions to state contract terms based on lessons learned.

**ii. Remediation Data Aggregation**

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

| Responsible Party (check each that applies):  | Frequency of data aggregation and analysis (check each that applies):   |
|---|---|
| <input checked="" type="checkbox"/> State Medicaid Agency   | <input type="checkbox"/> Weekly   |
| <input type="checkbox"/> Operating Agency   | <input type="checkbox"/> Monthly  |
| <input type="checkbox"/> Sub-State Entity   | <input checked="" type="checkbox"/> Quarterly   |
| <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <input type="checkbox"/> Annually   |
|   | <input type="checkbox"/> Continuously and Ongoing   |
|   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**c. Timelines**

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

No

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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