

**Appendix A: Waiver Administration and Operation**

**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 quarters**

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

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

**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**

| Responsible Party for data collection/generation<br><i>(check each that applies):</i> | Frequency of data collection/generation<br><i>(check each that applies):</i> | Sampling Approach <i>(check each that applies):</i>                                             |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> State Medicaid Agency                             | <input type="checkbox"/> Weekly                                              | <input checked="" type="checkbox"/> 100% Review                                                 |
| <input type="checkbox"/> Operating Agency                                             | <input 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="text"/> |
| <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    | <input checked="" 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<br><i>(check each that applies):</i> | Frequency of data aggregation and analysis<br><i>(check each that applies):</i> |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> State Medicaid Agency                                | <input type="checkbox"/> Weekly                                                 |
| <input type="checkbox"/> Operating Agency                                                | <input type="checkbox"/> Monthly                                                |
| <input type="checkbox"/> Sub-State Entity                                                | <input type="checkbox"/> Quarterly                                              |
| <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                       | <input checked="" type="checkbox"/> Annually                                    |
|                                                                                          | <input type="checkbox"/> Continuously and Ongoing                               |
|                                                                                          | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>              |

**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 (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<br><input type="text"/> | <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 type="checkbox"/> Continuously and Ongoing                     |

Other  
Specify:

**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><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 checked="" type="checkbox"/> Monthly                           |
| <input type="checkbox"/> Sub-State Entity                                      | <input type="checkbox"/> Quarterly                                    |
|                                                                                |                                                                       |

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

**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**

| Responsible Party for data collection/generation<br><i>(check each that applies):</i> | Frequency of data collection/generation<br><i>(check each that applies):</i> | Sampling Approach <i>(check each that applies):</i>                                             |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> State Medicaid Agency                             | <input type="checkbox"/> Weekly                                              | <input checked="" type="checkbox"/> 100% Review                                                 |
| <input type="checkbox"/> Operating Agency                                             | <input 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="text"/> |
| <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>                    | <input checked="" type="checkbox"/> Annually                                 | <input type="checkbox"/> Stratified Describe Group:<br><input type="text"/>                     |
|                                                                                       | <input type="checkbox"/> Continuously and Ongoing                            | <input type="checkbox"/> Other Specify:<br><input type="text"/>                                 |
|                                                                                       | <input type="checkbox"/> Other Specify:<br><input type="text"/>              |                                                                                                 |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis<br><i>(check each that applies):</i> | Frequency of data aggregation and analysis<br><i>(check each that applies):</i> |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
|                                                                                          |                                                                                 |

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

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

**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.

**Appendix B: Evaluation/Reevaluation of Level of Care**

**Quality Improvement: Level of Care**

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

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

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

**i. Sub-Assurances:**

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

**Performance Measures**

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

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

**Performance Measure:**

**LC-1a: Number and percent of members that have a valid level of care assessment completed prior to receipt of waiver services. Numerator: # of valid level of care assessments made prior to service plan start dates Denominator: # of level of care assessments.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

The data informing this performance measure is ISIS data. Reports are pulled and data is inductively analyzed at a 100% level. Conclusions are made based on the data that is pulled.

| 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                          | <input type="checkbox"/> Weekly                                    | <input checked="" type="checkbox"/> 100% Review |

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

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

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or*

sub-assurance), complete the following. Where possible, include numerator/denominator.

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

**Performance Measure:**

**LC-1b: Number and percent of members who have a level of care determination completed within 12 months of their initial evaluation or last annual evaluation.**

**Numerator: # of level of care assessments made within 12 months of previous assessment Denominator: # of level of care re-assessments due**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

The data informing this performance measure is ISIS data. Reports are pulled and data is inductively analyzed at a 100% level. Conclusions are made based on the data that is pulled.

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

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

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

**Performance Measures**

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

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

**Performance Measure:**

**LC-1c: Number and percent of initial level of care determinations made for which criteria were accurately and appropriately applied for the determination.**

**Numerator: # of accurate initial level of care determinations Denominator: # of initial level of care determinations.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**The Medical Services Unit performs internal quality reviews on the level of care determinations that have been made. Data is reported on a quarterly basis and conclusions reached inductively.**

| <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 type="checkbox"/> State Medicaid Agency                                     | <input type="checkbox"/> Weekly                                           | <input type="checkbox"/> 100% Review                                               |
| <input type="checkbox"/> Operating Agency                                          | <input type="checkbox"/> Monthly                                          | <input checked="" type="checkbox"/> Less than 100% Review                          |
| <input type="checkbox"/> Sub-State Entity                                          | <input checked="" type="checkbox"/> Quarterly                             | <input checked="" type="checkbox"/> Representative Sample<br>Confidence Interval = |

|                                                                                   |                                                                           |                                                                                          |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                                                   |                                                                           | 5%                                                                                       |
| <input checked="" type="checkbox"/> <b>Other</b><br>Specify:<br>Contracted Entity | <input type="checkbox"/> <b>Annually</b>                                  | <input type="checkbox"/> <b>Stratified</b><br>Describe<br>Group:<br><input type="text"/> |
|                                                                                   | <input type="checkbox"/> <b>Continuously and Ongoing</b>                  | <input type="checkbox"/> <b>Other</b><br>Specify:<br><input type="text"/>                |
|                                                                                   | <input type="checkbox"/> <b>Other</b><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"/> <b>State Medicaid Agency</b>               | <input type="checkbox"/> <b>Weekly</b>                                    |
| <input checked="" type="checkbox"/> <b>Operating Agency</b>                    | <input type="checkbox"/> <b>Monthly</b>                                   |
| <input type="checkbox"/> <b>Sub-State Entity</b>                               | <input checked="" type="checkbox"/> <b>Quarterly</b>                      |
| <input type="checkbox"/> <b>Other</b><br>Specify:<br><input type="text"/>      | <input type="checkbox"/> <b>Annually</b>                                  |
|                                                                                | <input type="checkbox"/> <b>Continuously and Ongoing</b>                  |
|                                                                                | <input type="checkbox"/> <b>Other</b><br>Specify:<br><input type="text"/> |

**Performance Measure:**

**LC-2c: Number and percent of reevaluation of level of care determinations for which criteria were accurately and appropriately applied for the determination.**  
**Numerator = # of accurate level of care determinations at reevaluation**  
**Denominator = # of level of care determinations at reevaluation**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**The Medical Services Unit performs internal quality reviews on the level of care determinations that have been made. Data is reported on a quarterly basis and conclusions reached inductively.**

| 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 type="checkbox"/> 100% Review                                                  |
| <input type="checkbox"/> Operating Agency                                  | <input checked="" type="checkbox"/> Monthly                        | <input checked="" type="checkbox"/> Less than 100% Review                             |
| <input type="checkbox"/> Sub-State Entity                                  | <input checked="" type="checkbox"/> Quarterly                      | <input checked="" type="checkbox"/> Representative Sample<br>Confidence Interval = 5% |
| <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 checked="" 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 type="checkbox"/> Continuously and Ongoing                     |
|                                                                                | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>    |

- 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.  
Data is collected quarterly through reports generated on ISIS data. Data is inductively analyzed at a 100% level. This data is monitored for trends in procedural standards from an individual and systems perspective.

**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.

The state's Individualized Services Information System (ISIS) is programmed to provide warnings when service plans are attempted to be entered prior to an initial or annual level of care determination. The programming was also intended to prevent service plans from being developed prior to the level of care determinations but it has been identified that there is a cushion of time (60 days) in which the case manager may enter in service plan revisions/extensions beyond the level of care due date. Action is being taken to investigate and remediate this issue.

The state's Medical Services unit performs internal quality reviews of initial and annual level of care determinations to ensure that the proper criteria are applied. In instances when it is discovered that this has not occurred the unit recommends that the service worker take steps to initiate a new level of care determination through communication with the member and physician.

General methods for problem correction at a systemic level include informational letters, provider trainings, collaboration with stakeholders and changes in policy.

- 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 checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity | <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 Level of Care that are currently non-operational.

No

Yes

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

**Appendix C: Participant Services**

**Quality Improvement: Qualified Providers**

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

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

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

**i. Sub-Assurances:**

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

**Performance Measures**

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

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

**Performance Measure:**

**QP-1a: Number and percent of waiver provider enrollment applications verified against the appropriate licensing and/or certification entity. Numerator = # of enrollment applications verified Denominator = # of enrollment applications**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**OnBase (workflow management) reports are used to retrieve data associated with the number of enrollment applications that are verified and approved. Data is inductively analyzed at a 100% level.**

| <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 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 checked="" type="checkbox"/> Quarterly                             | <input type="checkbox"/> Representative Sample<br>Confidence Interval = <input type="text"/> |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity         | <input checked="" type="checkbox"/> Annually                              | <input type="checkbox"/> Stratified<br>Describe Group: <input type="text"/>                  |
|                                                                                    | <input checked="" type="checkbox"/> Continuously and Ongoing              | <input type="checkbox"/> Other<br>Specify: <input type="text"/>                              |
|                                                                                    | <input type="checkbox"/> Other                                            |                                                                                              |

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

**Performance Measure:**

**QP-2a: Number and percent of licensed / certified provider enrollments indicating that abuse and criminal background checks were completed prior to direct service delivery. Numerator = # of background checks conducted on licensed/certified enrolling providers prior to service delivery Denominator = # of licensed/certified enrolling providers**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**OnBase (workflow management) reports are used to retrieve data associated with the number of enrollment applications that have approved background checks. Data is inductively analyzed at a 100% level.**

| 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 checked="" type="checkbox"/> Sub-State Entity                        | <input type="checkbox"/> Quarterly                                 | <input type="checkbox"/> Representative Sample<br>Confidence Interval =<br><input type="text"/> |
|                                                                             |                                                                    |                                                                                                 |

|                                                                                   |                                                                           |                                                                                          |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>Other</b><br>Specify:<br>Contracted Entity | <input type="checkbox"/> <b>Annually</b>                                  | <input type="checkbox"/> <b>Stratified</b><br>Describe<br>Group:<br><input type="text"/> |
|                                                                                   | <input checked="" type="checkbox"/> <b>Continuously and Ongoing</b>       | <input type="checkbox"/> <b>Other</b><br>Specify:<br><input type="text"/>                |
|                                                                                   | <input type="checkbox"/> <b>Other</b><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"/> <b>State Medicaid Agency</b>               | <input type="checkbox"/> <b>Weekly</b>                                    |
| <input type="checkbox"/> <b>Operating Agency</b>                               | <input type="checkbox"/> <b>Monthly</b>                                   |
| <input type="checkbox"/> <b>Sub-State Entity</b>                               | <input checked="" type="checkbox"/> <b>Quarterly</b>                      |
| <input type="checkbox"/> <b>Other</b><br>Specify:<br><input type="text"/>      | <input type="checkbox"/> <b>Annually</b>                                  |
|                                                                                | <input type="checkbox"/> <b>Continuously and Ongoing</b>                  |
|                                                                                | <input type="checkbox"/> <b>Other</b><br>Specify:<br><input type="text"/> |

**Performance Measure:**

**QP-3a: Number and percent of currently enrolled licensed / certified providers verified against the appropriate licensing and/or certification entity. Numerator = # of licensed/certified providers verified at reenrollment Denominator = # of licensed/certified providers reenrolling**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**OnBase and IMPA reports are used to retrieve data associated with the number of reenrollment applications that are verified and approved. Data is inductively analyzed at a 100% level.**

| 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"/> <b>State Medicaid</b>                              | <input type="checkbox"/> <b>Weekly</b>                             | <input checked="" type="checkbox"/> <b>100% Review</b> |

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

**Performance Measure:**

QP-4a: Number and percent of current licensed / certified providers who indicates that abuse and criminal background checks were completed prior to direct service delivery. Numerator = # of re-enrolling licensed/certified providers who indicate that abuse and criminal background checks were completed prior to direct service delivery Denominator = # of licensed/certified providers reenrolling

Data Source (Select one):

Other

If 'Other' is selected, specify:

OnBase reports are used to retrieve data associated with the number of enrolled providers with approved background checks. Data is inductively analyzed at a 100% level.

| 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 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 checked="" 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 type="checkbox"/> Continuously and Ongoing                     |

Other  
Specify:

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

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

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

**Performance Measure:**

**QP-1b: Number and percent of non-licensed / non-certified applicants who met the required provider standards. Numerator = # of applicants who met the required provider standards Denominator = # of applicants**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**OnBase reports are used to retrieve data associated with the number of enrollment applications with approved standards. Data is inductively analyzed at a 100% level.**

| <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 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                                            |                                                                                                 |

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

**Performance Measure:**

**QP-2b: Number and percent of currently enrolled non-licensed/non-certified providers who meet the required provider standards upon re-enrollment. Numerator = # of currently enrolled non-licensed/non-certified providers who met provider standards at re-enrollment Denominator = # of re-enrolling non-licensed/non-certified providers**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

OnBase reports are used to retrieve data associated with the number of re-enrollment applications that meet provider standards. Data is inductively analyzed at a 100% level.

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

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

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

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

**Performance Measure:**

**QP-1c: Number and percent of providers, specific by waiver, that meet training requirements as outlined in state regulations. Numerator = # of reviewed providers meeting training requirements Denominator = # of providers**

Data Source (Select one):

Other

If 'Other' is selected, specify:

OnBase reports are used to retrieve data associated with the number reviewed providers who meet training requirements. Data is inductively analyzed of 100% sample spread over 5 years.

| 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 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 checked="" 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 type="checkbox"/> Continuously and Ongoing                     |

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Other</b><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.

The Provider Services unit is responsible for review of provider licensing, certification, background checks of relevant providers, and determining compliance with provider service and business requirements prior to initial enrollment and reenrollment.

The Home and Community Based Services (HCBS) quality oversight unit is responsible for reviewing provider records at a 100% level over a three to five year cycle, depending on certification or accreditation. If it is discovered that providers are not adhering to provider training requirements, a corrective action plan is implemented. If corrective action attempts do not correct noncompliance, the provider is sanctioned for noncompliance and eventually disenrolled or terminated if noncompliance persists.

**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 it is discovered by Provider Services Unit during the review that the provider is not compliant in one of the enrollment and reenrollment state or federal provider requirements, they are required to correct deficiency prior to enrollment or reenrollment approval. Until they make these corrections, they are ineligible to provide services to waiver members.

If it is discovered during HCBS Quality Oversight Unit review that providers are not adhering to provider training requirements, a corrective action plan is implemented. If corrective action attempts do not correct noncompliance, the provider is sanctioned for noncompliance and eventually disenrolled or terminated if noncompliance persists.

General methods for problem correction at a systemic level include informational letters, provider training, collaboration with stakeholders and changes in policy.

- ii. **Remediation Data Aggregation**

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

| Responsible Party <i>(check each that applies):</i>                                                                   | Frequency of data aggregation and analysis<br><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; 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 Qualified Providers that are currently non-operational.

- No
- Yes

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

## Appendix D: Participant-Centered Planning and Service Delivery

### Quality Improvement: Service Plan

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

**a. Methods for Discovery: Service Plan Assurance/Sub-assurances**

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

**i. Sub-Assurances:**

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

**Performance Measures**

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

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

**Performance Measure:**

**SP-1a: Number and percent of service plans which address the member's assessed health risks. Numerator = # of reviewed service plans addressing assessed health risks Denominator = # of reviewed service plans**

**Data Source (Select one):**

**Record reviews, off-site**

If 'Other' is selected, specify:

**Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.**

| <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 type="checkbox"/> State Medicaid Agency                                     | <input type="checkbox"/> Weekly                                           | <input type="checkbox"/> 100% Review                      |
| <input type="checkbox"/> Operating Agency                                          | <input checked="" type="checkbox"/> Monthly                               | <input checked="" type="checkbox"/> Less than 100% Review |
|                                                                                    |                                                                           |                                                           |

|                                                                            |                                                                    |                                                                                                |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Sub-State Entity                                  | <input type="checkbox"/> Quarterly                                 | <input checked="" type="checkbox"/> Representative<br>Sample<br>Confidence<br>Interval =<br>5% |
| <input checked="" type="checkbox"/> Other<br>Specify:<br>Contracted Entity | <input type="checkbox"/> Annually                                  | <input type="checkbox"/> Stratified<br>Describe<br>Group:<br><input type="text"/>              |
|                                                                            | <input type="checkbox"/> Continuously and<br>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 type="checkbox"/> Continuously and Ongoing                    |
|                                                                                | <input type="checkbox"/> Other<br>Specify:<br><input type="text"/>   |

**Performance Measure:**

**SP-2a: Number and percent of service plans which address the member's assessed safety risks. Numerator = # of reviewed service plans addressing assessed safety risks Denominator = # of reviewed service plans**

**Data Source (Select one):**

**Record reviews, off-site**

If 'Other' is selected, specify:

**Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.**

| Responsible Party for data | Frequency of data collection/generation | Sampling Approach (check each that applies): |
|----------------------------|-----------------------------------------|----------------------------------------------|
|                            |                                         |                                              |

|                                                                            |                                                                    |                                                                                       |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>collection/generation</b><br><i>(check each that applies):</i>          | <i>(check each that applies):</i>                                  |                                                                                       |
| <input type="checkbox"/> State Medicaid Agency                             | <input type="checkbox"/> Weekly                                    | <input type="checkbox"/> 100% Review                                                  |
| <input type="checkbox"/> Operating Agency                                  | <input checked="" type="checkbox"/> Monthly                        | <input checked="" type="checkbox"/> Less than 100% Review                             |
| <input type="checkbox"/> Sub-State Entity                                  | <input type="checkbox"/> Quarterly                                 | <input checked="" type="checkbox"/> Representative Sample<br>Confidence Interval = 5% |
| <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:**

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

**Performance Measure:**

SP-3a: Number and percent of service plans which reflect the member's assessed personal goals. Numerator = # of reviewed service plans reflecting assessed

personal goals Denominator = # of reviewed service plans

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.

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

Other  
Specify:

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

**Performance Measures**

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

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

**Performance Measure:**

**SP-1b: Number and percent of service plans which include signature of member on the service plan. Numerator = # of reviewed service plans with member signature Denominator = # of reviewed service plans**

**Data Source (Select one):**

**Record reviews, off-site**

If 'Other' is selected, specify:

**Member service plans are reviewed at a 95% confidence level on a three year cycle. Data is inductively analyzed and reported to the state.**

| <b>Responsible Party for data collection/generation</b><br><i>(check each that applies):</i> | <b>Frequency of data collection/generation</b><br><i>(check each that applies):</i> | <b>Sampling Approach</b><br><i>(check each that applies):</i>                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> State Medicaid Agency                                               | <input type="checkbox"/> Weekly                                                     | <input type="checkbox"/> 100% Review                                                                                              |
| <input type="checkbox"/> Operating Agency                                                    | <input checked="" type="checkbox"/> Monthly                                         | <input checked="" type="checkbox"/> Less than 100% Review                                                                         |
| <input type="checkbox"/> Sub-State Entity                                                    | <input type="checkbox"/> Quarterly                                                  | <input checked="" type="checkbox"/> Representative Sample<br>Confidence Interval = 5%                                             |
| <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; height: 20px; width: 100%;"></div> |
|                                                                                              | <input type="checkbox"/> Continuously and Ongoing                                   | <input type="checkbox"/> Other<br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>             |