

Appendix A: Waiver Administration and Operation

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

- The waiver is operated by the State Medicaid agency.

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

- The Medical Assistance Unit.

Specify the unit name:

(Do not complete item A-2)

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

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

(Complete item A-2-a).

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

Specify the division/unit name:

Illinois Department of Human Services (DHS), Division of Developmental Disabilities

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

Appendix A: Waiver Administration and Operation

2. **Oversight of Performance.**

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

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

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

There is an interagency agreement in place between Medicaid Agency (MA) and Operating Agency (OA) that describes the roles and responsibilities of each agency with respect to the waiver. The interagency agreement is reviewed annually and amended if necessary.

The MA delegates the day-to-day operations of this waiver to Illinois Department of Human Services (DHS), Division of Developmental Disabilities as the OA. The OA consults the MA waiver manager, or other designated MA staff, about all waiver rule and policy changes before submission to the MA Medical Policy Review Committee.

The MA's Medical Policy Review Committee reviews all waiver rule and policy changes. All waiver policy and rule changes must be approved by the MA's Medical Policy Review Committee before implementation. The OA primary responsibilities are the day-to-day care coordination and quality assurance activities with respect to the waiver.

The OA delegated responsibilities include: budgeting, determination of participant eligibility, person centered plan development, provide technical assistance to providers to enroll in Medicaid, ensuring service plans are implemented, and ensuring services and providers meet standards established in the approved waiver and governing rules.

The MA enrolls providers in Medicaid, processes federal claims, and maintains an appeal process.

The MA conducts all waiver appeal hearings and issues final determination decisions. The MA does not delegate this function to the OA. The MA provides independent, trained hearing officers for all appeal hearings.

The MA provides the OA data, reports, or information as may be required to ensure compliance with State and Federal licensure and certification requirements and quality monitoring responsibilities.

The MA and OA both conduct routine oversight and monitoring activities to ensure the State meets fiscal assurances and accountability of the waiver.

The MA reviews and approves changes to the OA's payment rate and methodologies.

The MA consults with OA in the development of monitoring protocols with respect to the waiver. All monitoring protocols and tools must be introduced at quarterly meetings and approved by the MA.

The OA and MA provide Performance Measure (PM) reports quarterly and annually. These reports include information on remediation activities. The OA and MA jointly review and analyze these reports.

The OA provides reports on remediation of identified issues quarterly and annually. The OA and MA jointly review and analyze these reports.

The MA receives all death reports from the OA.

The MA receives all reports of terminated and sanctioned providers from the OA.

The MA and OA meet no fewer than two times quarterly to review policy, provider compliance, and client safety and welfare.

The MA participates with the OA, or makes reasonable effort to attend, in training and informational sessions as necessary.

The MA attends, or makes reasonable effort to attend, the OA's salient internal meetings with agency stakeholders and other pertinent parties

MA and OA staff communicate regularly regarding any issues that arise relating to administration of the waiver. These topics include general waiver administration, quality improvement strategies, HCBS Rule transition, etc. with respect to the waiver.

Annually, the MA conducts select reviews, including eight independent monitoring reviews as part of MA oversight

Annually, the MA participates jointly with the OA in select targeted reviews of a representative sample of participants, and by using performance measures and sampling described in Appendix A.

The OA provides the MA copies of the written reports of all substantiated Abuse, Neglect, and Financial Exploitation findings .

Staff from the MA are members of the Waiver Quality Management Committee (QMC), which meets quarterly. The committee is responsible for the overall coordination of quality management activities. Current members of the QMC include key staff from both the MA and the OA. The committee is charged with reviewing data for the waiver performance measures, tracking the findings, and discussing strategies for remediation, both individual and systemic, based on the evidence presented.

The Medicaid Agency, with cooperation and direction from CMS, has developed an Administrative Authority Corrective Action Plan to address Health and Welfare issues within the administration of this waiver.

Appendix A: Waiver Administration and Operation

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

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

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

Independent Service Coordination (ISC) entities under contract with the Operating Agency, complete eligibility determinations, conduct monitoring functions and provide independent service coordination. These functions are done by Qualified Intellectual Disabilities Professionals (QIDPs).

The Operating Agency contracts with Financial Management Services (FMS) entities to provide supports to participants who exercise employer authority under this waiver. Please see Appendix E for more detailed information.

In addition, the Operating Agency, at times, uses contracted vendors, selected in accordance with the State's procurement policies, to assist with functions related to consultation and technical assistance for establishing provider qualifications and establishing rate methodologies.

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

Appendix A: Waiver Administration and Operation

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

- Not applicable**
- Applicable - Local/regional non-state agencies perform waiver operational and administrative functions.**

Check each that applies:

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

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

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

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

Appendix A: Waiver Administration and Operation

5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities. Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

The Department of Human Services, the Operating Agency, assesses the performance of the contracted entities.

Appendix A: Waiver Administration and Operation

- 6. Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

The Operating Agency reviews and approves contracted Independent Service Coordination (ISC) entities on an annual basis to ensure they are conforming to established standards. Operating Agency staff conduct annual on-site surveys that focus on compliance with the requirements of the OA's screening manual and ISC Guidelines, as well as contractual requirements. The survey protocol includes staff qualifications and training, 24-hour accessibility for emergencies, a review of the pre-admission screening process (documentation of required assessments, eligibility determinations, informed choice and selection of services, and conflict of interest), and review of the ISC process (documentation of required visits, participation in person centered plan development and approval, and annual re-determinations of eligibility).

Following each review, the ISC entities are notified by the Operating Agency in writing at the time of exit of any findings and are required to submit a corrective action plan, including timeframes for correction, for all findings that cannot be corrected immediately while the reviewers are on site. Providers must submit the corrective action plan to the OA within 14 calendar days of the exit and are required to develop a plan that will correct all findings, other than those corrected immediately while the reviewers are on site, within 60 calendar days. In instances of serious findings which raise concerns regarding a participant's health, safety or welfare, the provider may be directed by the OA to correct a finding in a much shorter timeframe, including instances of immediate correction, where appropriate. Operating Agency staff review the corrective action plan and, if acceptable, approve it within 14 calendar days of receipt. If a corrective action plan is determined by the OA to be unacceptable, the provider is contacted and the problem(s) are explained. The OA works with the provider to develop an acceptable corrective action plan. In cases where the provider fails to submit a corrective action plan within the required timeframes and/or when the provider fails to submit an acceptable plan (following assistance from the OA), the OA develops and imposes a mandatory corrective action plan.

Summary reports of the reviews are shared with and discussed by the State's Waiver Quality Management Committee, which includes both Medicaid and the Operating Agency staff, during its quarterly meetings.

The MA will provide oversight to the OA in monitoring assessments through numerous methods. 1. The OA conducts quarterly and annual reviews of the assessment process. The initial assessment is rarely not completed in a timely manner because without the assessment, payment is withheld. The OA posts this data for public transparency. The link to the OA's website is located here: <http://www.dhs.state.il.us/page.aspx?item=97777> The MA reviews this data at quarterly waiver meetings. If trends are identified that reveal noncompliance, an action plan to ensure compliance is implemented. 2. In addition to the OA assessment review and MA oversight, the contracted Quality Improvement Organization reviews a sample of records to ensure compliance. These reports are shared with the Waiver Quality Management team. If noncompliance is identified, an action plan would be developed to address the issue.

Appendix A: Waiver Administration and Operation

- 7. Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency.

Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.

| Function | Medicaid Agency | Other State Operating Agency | Contracted Entity |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Participant waiver enrollment | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Waiver enrollment managed against approved limits | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Function | Medicaid Agency | Other State Operating Agency | Contracted Entity |
|--|-----------------|------------------------------|-------------------|
| Waiver expenditures managed against approved levels | ✓ | ✓ | — |
| Level of care evaluation | ✓ | ✓ | ✓ |
| Review of Participant service plans | ✓ | ✓ | ✓ |
| Prior authorization of waiver services | ✓ | ✓ | ✓ |
| Utilization management | ✓ | ✓ | — |
| Qualified provider enrollment | ✓ | ✓ | — |
| Execution of Medicaid provider agreements | ✓ | ✓ | — |
| Establishment of a statewide rate methodology | ✓ | ✓ | — |
| Rules, policies, procedures and information development governing the waiver program | ✓ | ✓ | — |
| Quality assurance and quality improvement activities | ✓ | ✓ | ✓ |

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:

A1 Number and percent of rate methodology changes approved by the MA and submitted for Public Notice prior to implementation by OA. **N:** Number of rate changes approved by the MA prior to implementation by the OA. **D:** Total number of rate methodology changes adopted.

Data Source (Select one):

Reports to State Medicaid Agency on delegated

If 'Other' is selected, specify:

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

Data Aggregation and Analysis:

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

Performance Measure:

A2 Number and percent of waiver program policies approved by the MA prior to OA dissemination and implementation. N: Number of waiver policies approved by the MA prior to dissemination. D: Total number of waiver policy changes implemented.

Data Source (Select one):
Reports to State Medicaid Agency on delegated
 If 'Other' is selected, specify:

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

Data Aggregation and Analysis:

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

Performance Measure:

A3 Number and percent of participant reviews conducted by the OA according to the sampling methodology specified in the approved waiver. **N:** Number of participant reviews conducted by the OA according to the sampling methodology in the waiver. **D:** Total number of participant reviews required according to the sampling methodology.

Data Source (Select one):

Reports to State Medicaid Agency on delegated

If 'Other' is selected, specify:

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

Data Aggregation and Analysis:

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

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

Performance Measure:

A4 Number and percent of findings of noncompliance in the area of requests for services subject to prior authorization with evidence of remediation within 90 days of discovery. **N:** Number of findings in the area of services subject to prior approval with evidence of remediation within 90 days of discovery. **D:** Total number of findings in the area of prior authorization of services.

Data Source (Select one):

Analyzed collected data (including surveys, focus group, interviews, etc)

If 'Other' is selected, specify:

OA database

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

Data Aggregation and Analysis:

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

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

Performance Measure:

A5 Number and percent of findings of noncompliance in the area of Medicaid Waiver provider agreement on file with the MA with evidence of remediation within 60 days of discovery. N: Number of findings in the area of Waiver provider agreements on file with the MA with evidence of remediation within 60 days. D: Total number of findings in the area of Waiver provider agreements.

Data Source (Select one):

Other

If 'Other' is selected, specify:

MA MMIS

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

| | |
|--|--|
| | |
|--|--|

Data Aggregation and Analysis:

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

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

The OA conducts unannounced site visits based on a representative sample of participants in the waiver. A planned schedule of all on-site reviews is provided to the MA at the beginning of each waiver quarter. Joint reviews may be conducted by the MA and OA. The MA participates in select reviews, as possible.

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 OA is responsible for timely remediation of individual issues found as issues are discovered. The OA provides standardized summary reports to the MA for its review and oversight.

Depending upon the type of issue, general corrective actions include requiring person centered plan revisions and implementation, retraining staff on individual specific needs, providing technical assistance on specific behavioral or medical issues, consultation with participants/families, increased monitoring of specific individuals/sites/provider, voiding claims, etc.

The summary reports for each Performance Measure document the number and percent of noncompliance findings, the types of remediation taken (including the number of times each remediation type was applied in the event multiple types were used to resolve an issue), and the timeliness of the remediation (i.e., within 30 days, within 60 days, within 90 days, or longer).

- 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 checked="" type="checkbox"/> Operating Agency | <input type="checkbox"/> Monthly |

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