

10/26/2017	QUARTER 1 - 7/1/17 to 9/30/17				QUARTER 2 - 10/1/17 to 12/31/17				QUARTER 3 - 1/1/18 to 3/31/18				QUARTER 4 - 4/1/18 to 6/30/18				YTD - 7/1/17 to 6/30/18			
Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average %
Appendix A- 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.																				
A1. Number and percent of rate methodology changes approved by the MA and submitted for Public Notice prior to implementation by OA.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
A1. N: Number of rate methodology changes approved by the MA prior to implementation by the OA.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	0	0	0	0
A1. D: Total number of rate methodology changes adopted.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	0	0	0	0
A2. Number and percent of waiver program policies approved by the MA prior to OA dissemination and implementation.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
A2. N: Number of waiver policies approved by the MA prior to dissemination.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	0	0	0	0
A2. D: Total number of waiver policy changes implemented.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	0	0	0	#DIV/0!
A3. The number and percent of participant reviews conducted by the OA according to sampling methodology specified in the approved waiver. Total number of participant reviews required according to the approved sampling methodology.				#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
A3. N: Number of participant reviews conducted by the OA according to sampling methodology in the approved waiver.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
A3. D: Total number of participant reviews required according to the approved sampling methodology.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
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.				#DIV/0!	100.00%	0.00%	84.42%	92.21%				#DIV/0!				#DIV/0!	100.00%		84.42%	92.21%
A4. N: Number of findings of noncompliance in the area of requests for services subject to prior authorization with evidence of remediation within 90 days of discovery.				#DIV/0!	18	0	130	74				#DIV/0!				#DIV/0!	18	0	130	148
A4. D: Total number of findings in the area of prior authorization of services.				#DIV/0!	18	0	154	86				#DIV/0!				#DIV/0!	18	0	154	172
A5. Number and percent of findings of noncompliance in the area of waiver provider agreements on file at the MA with evidence of remediation within 90 days of discovery.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
A5. N: Number of findings of noncompliance in the area of waiver provider agreements on file at the MA with evidence of remediation within 90 days of discovery.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	0	0	0	0
A5. D: Total number of findings in the area of waiver provider agreements.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	0	0	0	0
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Appendix B -Level of Care																				
Assurance: 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.																				
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.																				
B1. Number and percent of new waiver applicants who had a level of care assessment indicating need for ICF/IDD level of care prior to receipt of services.				#DIV/0!	100.00%	100.00%	100.00%	100.00%				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%
B1. N: Number of new applicants that complete LOC assessment. D: Number of total applicants.				#DIV/0!	143	20	903	355				#DIV/0!				#DIV/0!	143	20	903	1,066
B1. D: Number of total applicants.				#DIV/0!	143	20	903	355				#DIV/0!				#DIV/0!	143	20	903	1,066
b. Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver. No PM related to sub assurance b. in the New Waiver.																				
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.																				
B2. Number and percent of Waiver participants' LOC determinations that are completed as required by the State in adherence to all Waiver requirements.				#DIV/0!	100.00%	97.98%	97.37%	98.45%	100.00%	100.00%	98.71%	99.57%	99.41%	100.00%	98.82%	99.41%	99.66%	98.63%	98.50%	98.93%
B2. N: Number of determinations that are completed at the time of enrollment as required by the State in adherence to all Waiver requirements.				#DIV/0!	54	97	74	75	72	31	153	85	169	16	167	117	295	144	394	833
B2. D: Total number of determinations that are completed at the time of the prior year's enrollments.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
B3. Number and percent of LOC determinations reviewed that were completed by a qualified evaluator.				#DIV/0!	0.00%	0.00%	0.00%	#DIV/0!	100.00%	100.00%	99.35%	99.78%	98.24%	100.00%	97.63%	98.62%	98.65%	95.89%	98.50%	97.68%
B3. N: Number of LOC determinations that were completed by a qualified evaluator.				#DIV/0!	53	93	75	74	72	31	154	86	167	16	165	116	292	140	394	826
B3. D: Total number of LOC determinations reviewed.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
B4. Number and percent of Waiver Participants' LOC determinations that used processes and instruments applied appropriately as required by the State.				#DIV/0!	0.00%	0.00%	0.00%	#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
B4. N: Number of LOC determinations that used processes and instruments applied as required by the State.				#DIV/0!	0	0	0	#DIV/0!	0	0	0	#DIV/0!	296	146	400	281	296	146	400	842
B4. D: Total number of LOC determinations reviewed.				#DIV/0!	0	0	0	#DIV/0!	0	0	0	#DIV/0!	296	146	400	281	296	146	400	842
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.																				
Number and percent of licensed or certified providers who meet initial licensure/certification standards prior				#DIV/0!				#DIV/0!				#DIV/0!	100.00%	100.00%	98.41%	99.47%	100.00%	100.00%	98.41%	99.47%
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C1. to furnishing waiver services. (Note: this covers licensed residential habilitation)				#DIV/0!				#DIV/0!				#DIV/0!	13	6	62	27	13	6	62	81

D6. D: Total number of ISPs reviewed.				#DIV/0!	54	98	76	76	72	32	155	86	170	16	169	118	296	146	400	842
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D7. Number and percent of ISPs's where the PCP meeting occurred within 365 days of the previous PCP.				#DIV/0!	92.59%	91.92%	97.37%	93.96%	100.00%	100.00%	96.13%	98.71%	99.41%	93.75%	98.22%	97.13%	98.31%	93.84%	97.25%	96.47%
D7. N: Number of PCPs where the PCP meeting occurred within 365 days of the previous PCP.				#DIV/0!	50	91	74	72	72	31	149	84	169	15	166	117	291	137	389	817
D7. D: Total number of PCPs reviewed.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
c. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.																				
D8. Number and percent of waiver participants reviewed who have their Service Plan updated at least annually or within 30 days of the identified change in the participant needs.				#DIV/0!	100.00%	97.98%	98.68%	98.89%	101.39%	100.00%	100.65%	100.68%	100.00%	100.00%	100.60%	100.20%	99.66%	98.63%	99.25%	99.18%
D8. N: Number of participants who have had their person centered plans updated annually or within 30 days of the identified change in a participants needs.				#DIV/0!	53	97	75	75	72	31	154	86	170	16	168	118	295	144	397	836
D8. D: Number of waiver participants reviewed.				#DIV/0!	53	99	76	76	73	31	155	86	170	16	169	118	296	146	400	842
d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.																				
D9. Number and percent of participants reviewed who received four quarterly visits from the ISC entity under contract with the Operating Agency to monitor that services are being delivered in accordance with the services in the plan of care.				#DIV/0!	96.30%	98.99%	92.11%	95.80%	94.44%	100.00%	96.77%	97.07%	94.12%	100.00%	95.27%	96.46%	94.59%	99.32%	95.25%	96.39%
D9. N: Number of participants who received four quarterly ISSA visits.				#DIV/0!	52	98	70	73	68	31	150	83	160	16	161	112	280	145	381	806
D9. D: Number of participants in the representative sample.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
D10. Number and percent of participants reviewed who received the services in the scope, amount, duration and frequency as specified in their Individual Service Plan (ISP).				#DIV/0!	90.74%	100.00%	94.74%	95.16%	100.00%	100.00%	98.06%	99.35%	91.18%	100.00%	95.27%	95.48%	93.24%	100.00%	96.25%	96.50%
D10. N: Number of participants who received the services as specified in their ISP.				#DIV/0!	49	99	72	73	72	31	152	85	155	16	161	111	276	146	385	807
D10. D: Number of participants reviewed in the representative sample.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
D11. Number and percent of satisfaction survey respondents sampled who reported the receipt of all services listed in the service plan.				#DIV/0!	100.00%	98.99%	100.00%	99.66%	100.00%	96.77%	98.71%	98.49%	98.82%	100.00%	98.82%	99.21%	99.32%	98.63%	99.00%	98.98%
D11. N: Number of respondents who reported receipt of all services in their ISP.				#DIV/0!	54	98	76	76	72	30	153	85	168	16	167	117	294	144	396	834
D11. D: Total number of survey respondents.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
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e. Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.																				
D12. Number and percent of waiver participants reviewed that document participants were informed at least annually of the right to choose their providers.				#DIV/0!	96.30%	100.00%	100.00%	98.77%	95.83%	100.00%	99.35%	98.40%	98.82%	100.00%	99.41%	99.41%	97.64%	100.00%	99.50%	99.05%
D12. N: Number of participant records reviewed that document participants were informed at least annually of the right to choose their providers.				#DIV/0!	52	99	76	76	69	31	154	85	168	16	168	117	289	146	398	833
D12. D: Total number of records reviewed based on a representative sample.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
D13. Number and percent of participants reviewed who were offered choice between/among waiver services (for which there has been a determination of need).				#DIV/0!	97.22%	81.82%	97.37%	92.14%	94.44%	96.77%	98.71%	96.64%	99.41%	100.00%	98.82%	99.41%	97.97%	86.99%	98.50%	94.49%
D13. N: Number of participants reviewed who were offered choice of waiver services.				#DIV/0!	70	81	74	75	51	30	153	78	169	16	167	117	290	127	394	811
D13. D: Total number of participants reviewed.				#DIV/0!	72	99	76	82	54	31	155	80	170	16	169	118	296	146	400	842
Appendix G-Health & Welfare/Participant Safeguards																				
Assurance: a. Methods for Discovery: Health and Welfare The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.																				
a. Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.																				
G1. Number and percent of participant records reviewed that documented the participant (and/or guardian) received information/education about how to report abuse, neglect, exploitation and other critical incidents as specified in the approved waiver.				#DIV/0!	98.15%	96.97%	92.11%	95.74%	98.61%	96.77%	97.42%	97.60%	98.82%	100.00%	95.86%	98.23%	98.65%	97.26%	95.75%	97.22%
G1. N: Number of records where participant received information on how to report abuse/neglect.				#DIV/0!	53	96	70	73	71	30	151	84	168	16	162	115	292	142	383	817
G1. D: Number of participants in the representative sample.				#DIV/0!	54	99	76	76	72	31	155	86	170	16	169	118	296	146	400	842
G2. Number and percent of participants for whom identified instances of substantiated abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken.	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	91.67%	91.67%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	93.95%	96.97%
G2. N: Number of participants for whom identified instances of substantiated abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken.	0	18	13	16	0	1	95	48	0	6	85	46	0	18	102	120	0	43	295	338
G2. D: Total number of participants for whom identified incidents of substantiated abuse, neglect or exploitation were	0	18	13	16	0	1	114	58	0	6	85	46	0	18	102	120	0	43	314	357

G3. In response to OIG substantiated abuse, neglect or financial exploitation investigations, the number and percent of written responses received from the provider and approved by the OA within 60 calendar days of completion of OIG investigation report.				#DIV/0!					71.21%	71.21%					96.05%	96.05%					93.00%	93.00%					128.57%	128.57%										
G3 N: Number of written responses approved by the OA within required time frames.				#DIV/0!					47	47					73	73					69	69	0	0			189	189										
G3. D: Total number of substantiated investigations.				#DIV/0!					66	66					76	76					5	5	0	0			147	147										
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G4. The number and percent of reportable deaths that were reported within the required timelines.				#DIV/0!				100.00%				100.00%				#DIV/0!				#DIV/0!							100.00%	100.00%										
G4. N: Number of reportable deaths reported within required timelines.				#DIV/0!				0				120				120				#DIV/0!					0	0	120	120										
G4. D: All reportable deaths.				#DIV/0!				0				120				120				#DIV/0!					0	0	120	120										
G5. Number and percent of unexplained deaths that were reported to appropriate authorities.				#DIV/0!				100.00%				100.00%				1000.00%				1000.00%							175.00%	175.00%										
G5. N: Number of unexplained deaths that were reported to appropriate authorities.				#DIV/0!				0				4				4				#DIV/0!					0	0	7	7										
G5. D: Number of unexplained deaths identified. N/A- G5 effective FY18.				#DIV/0!				0				4				4				#DIV/0!					0	0	4	4										
b. Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.																																						
G6. Number and percent of participants for whom identified critical incidents other than abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken by the OA.				#DIV/0!				#DIV/0!				#DIV/0!				1000.00%				100.00%							100.00%	100.00%										
G6. N: Number of participants for whom identified critical incidents other than A/N/E were reviewed and corrective measures were appropriately taken by the OA.				#DIV/0!				#DIV/0!				#DIV/0!				8				70					1,535	1,613	8	70	1,535	1,613								
G6. D: Total number of OA participants for whom identified critical incidents were reviewed. N/A CSW and Adult. CIRAS will be implemented FY18.				#DIV/0!				#DIV/0!				#DIV/0!				8				70					1,535	1,613	8	70	1,535	1,613								
c. Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.																																						
G7. The number and percent of participants reviewed with identified restrictive interventions where procedures were followed as specified in the approved waiver.				#DIV/0!				100.00%				95.96%				89.47%				95.14%							100.00%	90.32%	96.13%	95.48%	98.82%	62.50%	95.27%	85.53%	99.32%	91.10%	94.50%	94.97%
G7. N: Number of restrictive interventions that followed required procedures.				#DIV/0!				54				95				68				72							72	28	149	83	168	10	161	113	294	133	378	805
G7. D: Number of participants identified in the representative sample with at least one restrictive interventions				#DIV/0!				54				95				76				76							72	31	155	86	170	16	169	118	296	146	400	842
d. Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.																																						
G8. Number and percent of participants reviewed who received the coordination and support to access healthcare services identified in their service plan.				#DIV/0!				100.00%				97.96%				97.37%				98.44%							100.00%	100.00%	98.71%	99.57%	98.82%	100.00%	98.82%	99.21%	99.32%	98.63%	98.50%	98.82%
G8. N: Number of participants reviewed who received support to access healthcare services.				#DIV/0!				54				96				74				75							72	32	153	86	168	16	167	117	294	144	394	832
G8. D: Number of participants in the representative sample with healthcare services identified in their ISP.				#DIV/0!				54				98				76				76							72	32	155	86	170	16	169	118	296	146	400	842
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Appendix I-Financial Integrity and Accountability																																						
Assurance a. State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.																																						
a. Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.																																						
I1. Number and percent of reviewed waiver service claims submitted for FFP that are specified in the participant's service plan.				#DIV/0!				#DIV/0!				99.74%				100.00%				100.00%							99.91%	#DIV/0!	99.74%	100.00%	100.00%	99.91%						
I1. N: Number of claims reviewed that were specified in the ISP.				#DIV/0!				#DIV/0!				383				383				385							384	#DIV/0!	383	383	385	1,151						
I1. D: Total number of claims in representative sample.				#DIV/0!				#DIV/0!				384				383				385							384	#DIV/0!	384	383	385	1,152						
I2. Number and percent of waiver service claims reviewed that were submitted for participants who were enrolled in the waiver on the date that the service was delivered.				#DIV/0!				100.00%				100.00%				99.99%				100.00%							#DIV/0!	#DIV/0!	100.00%	100.00%	99.99%	100.00%						
I2. N: Number of claims submitted for participants who were Medicaid eligible on the date the service was provided.				#DIV/0!				278,956				91,700				9,228,548				3,199,735							#DIV/0!	#DIV/0!	278,956	91,700	9,228,548	9,599,204						
I2. D: All waiver claims.				#DIV/0!				278,956				91,700				9,229,432				3,200,029							#DIV/0!	#DIV/0!	278,956	91,700	9,229,432	9,600,088						
b. Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.																																						
I3. Number and percent of waiver claims reviewed that were submitted using the correct rate as specified in the approved waiver application.				#DIV/0!				#DIV/0!				100.00%				100.00%				100.00%							#DIV/0!	#DIV/0!	100.00%	100.00%	100.00%	100.00%						
I3. N: Number of claims with correct rate.				#DIV/0!				#DIV/0!				384				383				385							384	#DIV/0!	384	383	385	1,152						
I3. D: All claims reviewed in representative sample.				#DIV/0!				#DIV/0!				384				383				385							384	#DIV/0!	384	383	385	1,152						
I4. Number and percent of waiver claims reviewed that were confirmed to have been provided.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				99.22%							99.22%	#DIV/0!	99.22%	#DIV/0!	99.22%	99.22%						
I4. N: Number of claims reviewed with required documentation of service delivery.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				382							382	382	0	0	382	382						
I4. D: All claims in representative sample.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				385							385	385	0	0	385	385						

CSW= Children's Support Waiver CRW= Children's Residential Waiver

*The following performance measures (PM's) required a 100% review: A1, A2, A3, A4, A5, B1, C1, C2, C3, C4, C6, D8, G3, G4, G5, I2.

**The following PM's required a less than 100% review based on participants with a representative sample size of 400 for the AW, 296 for the CSW, and 146 for the CRW: B2, B3, D1, D2, D3, D5, D6, D7, D8, D9, D10, D11, D12, D13, G1, G2, G3, G6, G7, G8,

***The following PM required a less than 100% review based on claims with a representative sample size of 385 for the AW, 384 for the CSW, and 383 for the CRW: I1, I3, I4

****The following PM's are completed and reported in the current fiscal year: A1,A2,A3,G2,G3.

***** Results of reviews are reported in the Waiver year the review was conducted. The data for the review is selected from the previous Waiver year: A4,B1,C1,C2,C3,C4,C5,C6,G4,I1,I2,I3, I4

*****Results of reviews are reported in the Wavier year the review was conducted. The sample for the review is selected from individuals served with accepted claims in the previous year. B2,B3,D1,D2,D3,D4,D5,D6,D7,D8,D9,D10,D11,D12,D13,G1,G5,G6,G7,G8.

The activity and documents reviewed, however, reflect the current situation for the individual and most recent documents, e.g., interviews and observations with individuals and staff, current service plans and progress notes, etc