

07/26/2019	QUARTER 1 - 7/1/18 to 9/30/18				QUARTER 2 - 10/1/18 to 12/31/18				QUARTER 3 - 1/1/19 to 3/31/19				QUARTER 4 - 4/1/19 to 6/30/19				YTD - 7/1/19to 6/30/19			
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.			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%	100.00%	100.00%
A3. N: Number of participant reviews conducted by the OA according to sampling methodology in the approved waiver.	0	0	1	1	50	65	105	73	151	41	173	122	92	35	121	83	293	141	400	834
A3. D: Total number of participant reviews required according to the approved sampling methodology.	0	0	1	1	50	65	105	73	151	41	173	122	92	35	121	83	293	141	400	834
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!				#DIV/0!	100.00%			#DIV/0!	#DIV/0!			92.62%	92.62%	100.00%		84.42%
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!				#DIV/0!				#DIV/0!	#DIV/0!			226	226	0	0	226
A4. D: Total number of findings in the area of prior authorization of services.				#DIV/0!				#DIV/0!				#DIV/0!	#DIV/0!			244	244	0	0	244
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!				#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!			#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!			#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/re-evaluating 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/IID level of care prior to receipt of services.				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!				#DIV/0!	#DIV/0!	#DIV/0!	#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.	128	20	1368	505									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	128	20	1368	1,516
B1. D: Number of total applicants.	128	20	1368	505									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	128	20	1368	1,516
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.			100%	100%	98.00%	96.92%	94.29%	95.89%	100.00%	100.00%	98.71%	99.57%	98.91%	91.43%	94.21%	95.18%	98.29%	96.45%	95.50%	96.64%
B2. N: Number of determinations that are completed at the time of enrollment as required by the State in adherence to all Waiver requirements.			1	1	49	63	99	70	148	41	168	119	91	32	114	79	288	136	382	806
B2. D: Total number of determinations that are completed at the time of the prior year's enrollments.			1	1	50	65	105	73	151	41	173	122	92	35	121	83	293	141	400	834
B3. Number and percent of LOC determinations reviewed that were completed by a qualified evaluator.			100%	100%	100.00%	98.46%	95.24%	97.26%	100.00%	100.00%	100.00%	100.00%	100.00%	97.14%	97.52%	97.59%	100.00%	98.58%	97.50%	98.68%
B3. N: Number of LOC determinations that were completed by a qualified evaluator.			1	1	50	64	100	71	151	41	171	121	92	34	118	81	293	139	390	822
B3. D: Total number of LOC determinations reviewed.			1	1	50	65	105	73	151	41	171	121	92	35	121	83	293	141	400	833
B4. Number and percent of Waiver Participants' LOC determinations that used processes and instruments applied appropriately as required by the State.			100%	100%			90.48%	90.48%				90.75%			93.39%	93.39%			91.73%	91.73%
B4. N: Number of LOC determinations that used processes and instruments applied as required by the State.			1	1			95	95				157	157		113	113	0	0	366	366
B4. D: Total number of LOC determinations reviewed.			1	1			105	105				173	173		121	121	0	0	399	399
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.																				
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C1. Number and percent of licensed or certified providers who meet initial licensure/certification standards prior to furnishing waiver services. (Note: this covers licensed residential habilitation)				#DIV/0!				#DIV/0!	100.00%	100.00%	98.28%	96.00%				#DIV/0!	100.00%	100.00%	100.00%	100.00%
C1. N: Number of newly enrolled licensed or certified providers who meet initial standards.				#DIV/0!				#DIV/0!	12	4	57	24				#DIV/0!	12	4	57	73
C1. D: Total number of newly enrolled licensed or certified providers.				#DIV/0!				#DIV/0!	12	4	58	25				#DIV/0!	12	4	57	73
C2. Number and percent of licensed or certified providers who continue to meet licensure/certification standards on an ongoing basis. (Note: covers same providers as above.)				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%				#DIV/0!	100.00%	100.00%	100.00%	100.00%
C2. N: Number of licensed/certified providers who continue to meet standards on an ongoing basis.				#DIV/0!				#DIV/0!	34	24	595	218				#DIV/0!	34	24	595	653
C2. D: Total number of enrolled licensed/certified providers.				#DIV/0!				#DIV/0!	34	24	595	218				#DIV/0!	34	24	595	653

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

C3. The number and percent of non-licensed/non-certified providers reviewed, by provider type, who met initial waiver provider qualifications. (Note: covers non-licensed behavioral therapists, transportation providers, supported employment providers, etc.)				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%
C3. N: Number of non-licensed/non-certified providers who met initial qualifications.				#DIV/0!				#DIV/0!	7	2	55	21				#DIV/0!	7	2	55	64
C3. D: Total number of newly enrolled non-licensed/non-certified providers.				#DIV/0!				#DIV/0!	7	2	55	21				#DIV/0!	7	2	55	64
C4. The number and percent of non-licensed/non-certified providers reviewed, by provider type, who continue to meet waiver provider qualifications.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%
C4. N: Number of non-licensed/non-certified providers who continue to meet qualifications.				#DIV/0!				#DIV/0!	105	18	348	157				#DIV/0!	105	18	348	471
C4. D: Total number of non-licensed/non-certified providers. (Includes non-licensed behavioral therapists.)				#DIV/0!				#DIV/0!	105	18	348	157				#DIV/0!	105	18	348	471
C5. Number and percent of providers reviewed, by provider type, who meet waiver provider training requirements.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	100.00%	100.00%	99.65%	99.74%
C5. N: Number of providers who met training requirements.				#DIV/0!				#DIV/0!	89	13	286	129				#DIV/0!	89	13	286	388
C5. D: Total number of providers subject to training requirements.				#DIV/0!				#DIV/0!	89	13	286	129				#DIV/0!	89	13	287	389

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.

C6. Number and percent of independent personal support providers (domestic employees) screened by the Financial Management Agency (on behalf of waiver participants who self-direct) who passed background and registry checks and thus were deemed eligible for hire.	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%
C6. N: Number of domestic employees who passed initial checks	108		300	204	155		288	222	118		313	216	76		325	201	457	0	1226	1,683
C6. D: Total number of domestic employees hired.	108		300	204	155		288	222	118		313	216	76		325	201	457	0	1226	1,683

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Appendix D- Service Plan Development																								

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

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.

D1. Number and percent of satisfaction survey respondents sampled who report they receive services to address their needs.	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95.30%	661.54%	0.00%	99.13%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.43%	100.00%	97.82%	97.16%	98.50%	97.96%
D1. N: Number of respondents who reported they received services to address all identified needs.					142	86		114	11	2	41	18	41	1	27	23	287	137	394	818
D1. D: Total respondents sampled.					149	13	182	115	11	2	41	18	41	1	28	23	294	141	400	835
D2. Number and percent of participants reviewed whose service plan have strategies to address all health and safety risks indicated in the assessment.			100.00%	100.00%	80.00%	78.46%	80.95%	80.82%	83.44%	95.12%	84.97%	85.25%	90.22%	82.86%	87.60%	87.95%	84.98%	84.40%	84.75%	84.77%
D2. N Number of PCPs with strategies to address all identified health and safety risks.			1	1	40	51	85	59	126	39	147	104	83	29	106	73	249	119	339	707
D2. D: Total PCPs sampled with an assessed health and/or safety risk.			1	1	50	65	105	73	151	41	173	122	92	35	121	83	293	141	400	834
D3. Number and percent of the participant individual service plans reviewed that address all participant needs identified by the assessments.			100.00%	100.00%	92.00%	93.85%	89.52%	91.78%	98.01%	100.00%	98.84%	98.36%	95.65%	97.14%	91.74%	93.98%	96.25%	96.45%	94.25%	95.32%
D3. N: Personal plans (PCPs) reviewed that addressed all participant needs.			1	1	46	61	94	67	148	41	171	120	88	34	111	78	282	136	377	795
D3. D: All sample ISPs reviewed.			1	1	50	65	105	73	151	41	173	122	92	35	121	83	293	141	400	834
D4. Number and percent of participants' OA personal plans that address all personal goals identified by the assessment.			100.00%	100.00%	98.00%	92.31%	95.24%	95.89%	94.04%	87.80%	90.17%	90.98%	93.48%	100.00%	656.25%	156.25%	94.54%	92.91%	90.50%	92.33%
D4. N: Number of OA service plans reviewed that addressed all personal goals identified by the assessment.	0	0	1	1	49	60	100	70	142	36	156	111	86	35	105	75	277	131	362	770
D4. D: Total number of OA service plans reviewed. * N/A - refer to D3 to identify assessed needs. PCP goals effective FY18.	0	0	1	1	50	65	105	73	151	41	173	122	92	35	16	48	293	141	400	834

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

D5. Number and percent of ISPs reviewed that were developed in accordance with state requirements.			100.00%	100.00%	96.00%	81.54%	92.38%	115.79%	95.36%	100.00%	95.38%	95.90%	95.65%	94.29%	93.39%	93.98%	95.56%	90.07%	94.00%	93.88%
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D5. N: Number of ISPs that were developed in accordance with state requirements.	0	0	1	1	48	53	97	66	144	41	165	117	88	33	113	78	280	127	376	783
D5. D: Total number of ISPs reviewed based on a representative sample.	0	0	1	1	50	65	105	57	151	41	173	122	92	35	121	83	293	141	400	834
D6. Number and percent of ISP's where the ISP was approved by all required entities within the required time frame.			100.00%	100.00%	96.00%	98.46%	100.00%	98.63%	99.34%	97.56%	98.27%	98.36%	96.74%	85.71%	95.87%	93.98%	95.90%	95.04%	98.00%	96.76%
D6. N: Number of ISP's whose contents were developed in accordance with State requirements.	0	0	1	1	48	64	105	72	150	40	170	120	89	30	116	78	281	134	392	807
D6. D: Total number of ISP's reviewed.	0	0	1	1	50	65	105	73	151	41	173	122	92	35	121	83	293	141	400	834
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D7. Number and percent of ISP's where the PCP meeting occurred within 365 days of the previous PCP.			100.00%	100.00%	90.00%	86.15%	86.67%	87.67%	92.05%	100.00%	93.64%	93.44%	85.87%	74.29%	85.12%	83.13%	89.76%	87.23%	89.25%	89.09%
D7. N: Number of PCP's where the PCP meeting occurred within 365 days of the previous PCP.	0	0	1	1	45	56	91	64	139	41	162	114	79	26	103	69	263	123	357	743
D7. D: Total number of PCP's reviewed.	0	0	1	1	50	65	105	73	151	41	173	122	92	35	121	83	293	141	400	834
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.			100.00%	100.00%	100.00%	98.46%	5150.00%	184.62%	98.68%	100.00%	98.84%	98.36%	100.00%	100.00%	98.35%	98.80%	99.32%	99.29%	98.50%	98.92%
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.	0	0	1	1	50	64	103	72	149	41	171	120	92	35	119	82	291	140	394	825
D8. D: Number of waiver participants reviewed.	0	0	1	1	50	65	2	39	151	41	173	122	92	35	121	83	293	141	400	834
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.			100.00%	100.00%	90.00%	90.77%	95.24%	93.15%	94.04%	97.56%	94.22%	94.26%	83.70%	91.43%	89.26%	86.75%	90.10%	92.91%	93.00%	91.97%
D9. N: Number of participants who received four quarterly ISSA visits.	0	0	1	1	45	59	100	68	142	40	163	115	77	32	108	72	264	131	372	767
D9. D: Number of participants in the representative sample.	0	0	1	1	50	65	105	73	151	41	173	122	92	35	121	83	293	141	400	834
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!	72.00%	83.08%	93.33%	86.30%	96.03%	97.56%	98.82%	97.52%	90.22%	94.29%	95.10%	93.33%	90.10%	90.07%	92.00%	91.01%
D10. N: Number of participants who received the services as specified in their ISP.	0	0		#DIV/0!	36	54	98	63	145	40	168	118	83	33	136	84	264	127	368	759
D10. D: Number of participants reviewed in the representative sample.	0	0		#DIV/0!	50	65	105	73	151	41	170	121	92	35	143	90	293	141	400	834
D11. Number and percent of satisfaction survey respondents sampled who reported the receipt of all services listed in the service plan.	92.47%	96.80%	98.66%	96.72%	99.32%	100.00%	95.05%	97.37%	100.00%	100.00%	100.00%	100.00%	4000.00%	100.00%	100.00%	230.00%	96.93%	97.16%	97.25%	97.12%
D11. N: Number of respondents who reported receipt of all services in their ISP.	86	121	147	118	147	13	173	111	11	2	41	18	40	1	28	23	284	137	389	810
D11. D: Total number of survey respondents.	93	125	149	122	148	13	182	114	11	2	41	18	1	1	28	10	293	141	400	834
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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.			100.00%	100.00%	88.00%	76.92%	81.90%	82.19%	91.39%	90.24%	86.13%	88.52%	90.22%	77.14%	87.60%	86.75%	90.44%	80.85%	85.50%	86.45%
D12. N: Number of participant records reviewed that document participants were informed at least annually of the right to choose their providers.			1	1	44	50	86	60	138	37	149	108	83	27	106	72	265	114	342	721
D12. D: Total number of records reviewed based on a representative sample.			1	1	50	65	105	73	151	41	173	122	92	35	121	83	293	141	400	834
D13. Number and percent of participants reviewed who were offered choice between/among waiver services (for which there has been a determination of need).			100.00%	100.00%	88.00%	76.92%	517.65%	83.56%	91.39%	90.24%	89.02%	90.16%	92.39%	77.14%	90.91%	89.16%	91.13%	80.85%	88.25%	88.01%
D13. N: Number of participants reviewed who were offered choice of waiver services.			1	1	44	50	88	61	138	37	154	110	85	27	110	74	267	114	353	734
D13. D: Total number of participants reviewed.			1	1	50	65	17	73	151	41	173	122	92	35	121	83	293	141	400	834
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!	90.00%	78.46%	85.06%	84.38%	91.20%	85.00%	87.65%	88.39%	92.19%	77.78%	90.21%	90.20%	91.47%	80.14%	88.00%	87.89%
G1. N: Number of records where participant received information on how to report abuse/neglect.				#DIV/0!	36	51	74	54	114	34	149	99	118	28	129	92	268	113	352	733
G1. D: Number of participants in the representative sample.				#DIV/0!	40	65	87	64	125	40	170	112	128	36	143	102	293	141	400	834

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%	100.00%	100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100.00%	100.00%	#DIV/0!	100.00%	200.00%	120.00%	100.00%	111.76%			
G2. N: Number of participants for whom identified instances of substantiated abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken.			2	7	5	1	3	4	3	0	0	0		1	1	0	1	2	6	11	19			
G2. D: Total number of participants for whom identified incidents of substantiated abuse, neglect or exploitation were reviewed.			2	7	5	1	3	4	3	0	0	0		1	1	0	1	1	5	11	17			
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!	#DIV/0!			#DIV/0!	#DIV/0!				#DIV/0!	#DIV/0!			100.00%	100.00%			100.00%	100.00%			
G3 N: Number of written responses approved by the OA within required time frames.																74	74			74	74			
G3. D: Total number of substantiated investigations.																74	74			74	74			
	07/26/2019				QUARTER 1 - 7/1/18 to 9/30/18				QUARTER 2 - 10/1/18 to 12/31/18				QUARTER 3 - 1/1/19 to 3/31/19				QUARTER 4 - 4/1/19 to 6/30/19				YTD - 7/1/19 to 6/30/19			
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 %				
G4. The number and percent of reportable deaths that were reported within the required timelines.				100.00%			#DIV/0!	#DIV/0!				#DIV/0!				#DIV/0!			#DIV/0!	#DIV/0!				
G4. N: Number of reportable deaths reported within required timelines.			0				0					0				0	0	0	0	0				
G4. D: All reportable deaths.			0				0					0				0	0	0	0	0				
G5. Number and percent of unexplained deaths that were reported to appropriate authorities.				#DIV/0!			#DIV/0!	#DIV/0!				100.00%	100.00%			100.00%	100.00%	100.00%	100.00%	100.00%				
G5. N: Number of unexplained deaths that were reported to appropriate authorities	4		4	4								2	2			7	7	4	0	13	17			
G5. D: Number of unexplained deaths identified. N/A- G5 effective FY18. (No reports in Q1, Q2)	4		4	4								2	2			7	7	4	0	13	17			
G5. The number and percent of reported deaths with substantiated claims of abuse and/or neglect for which corrective measures were appropriately taken by the OA.	100.00%		100.00%	100.00%				#VALUE!				1	1			100.00%	100.00%	100.00%		100.00%	100.00%			
G5. N: Number of reported deaths with substantiated claims of abuse and/or neglect for which corrective measures were appropriately taken by the OA.	4		4	4				0	#DIV/0!			2	2			7	7	4	0	13	17			
G5. D: Total number of reported deaths with substantiated claims of abuse and/or neglect.	4		4	4				0	#DIV/0!			2	2			7	7	4	0	13	17			
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.			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%	100.00%	100.00%	100.00%			
G6. N: Number of participants for whom identified critical incidents other than A/NE were reviewed and corrective measures were appropriately taken by the OA.	4	72	1142	406	7	360	1792	720	9	378	1917	768	6	68	930	335	26	878	5,781	6,685				
G6. D: Total number of OA participants for whom identified critical incidents were reviewed. N/A CSW and Adult. CIRAS will be implemented FY18.	4	72	1142	406	7	360	1792	720	9	378	1917	768	6	68	930	335	26	878	5,781	6,685				
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.	100.00%	97.60%	97.32%	98.36%	100.00%	100.00%	95.05%	97.37%	100.00%	100.00%	92.68%	94.44%	100.00%	100.00%	100.00%	100.00%	100.00%	97.87%	96.00%	97.72%				
G7. N: Number of restrictive interventions that followed required procedures.	93	122	145	120	148	13	173	111	11	2	38	17	41	1	28	23	293	138	384	815				
G7. D: Number of participants identified in the representative sample with at least one restrictive interventions	93	125	149	122	148	13	182	114	11	2	41	18	41	1	28	23	293	141	400	834				
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!	95.00%	92.31%	96.55%	95.31%	99.20%	95.00%	98.82%	98.21%	96.09%	94.44%	95.10%	96.08%	97.27%	93.62%	97.00%	96.52%				
G8. N: Number of participants reviewed who received support to access healthcare services.	0	0	0	#DIV/0!	38	60	84	61	124	38	168	110	123	34	136	98	285	132	388	805				
G8. D: Number of participants in the representative sample with healthcare services identified in their ISP.	0	0	0	#DIV/0!	40	65	87	64	125	40	170	112	128	36	143	102	293	141	400	834				
	07/26/2019				QUARTER 1 - 7/1/18 to 9/30/18				QUARTER 2 - 10/1/18 to 12/31/18				QUARTER 3 - 1/1/19 to 3/31/19				QUARTER 4 - 4/1/19 to 6/30/19				YTD - 7/1/19 to 6/30/19			
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 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!	99.23%	99.23%	99.48%	99.23%				#DIV/0!	99.23%	99.23%	99.48%	99.31%				
I1. N: Number of claims reviewed that were specified in the ISP.				#DIV/0!				#DIV/0!	385	385	386	385				#DIV/0!	385	385	386	1,156				
I1. D: Total number of claims in representative sample.				#DIV/0!				#DIV/0!	388	388	388	388				#DIV/0!	388	388	388	1,164				
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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!				#DIV/0!				#DIV/0!	99.80%	99.40%	99.52%	99.52%				
I2. N: Number of claims submitted for participants who were Medicaid eligible on the date the service was provided.	242,205	91,296	10,116,844	3,483,448								#DIV/0!					242,205	91,296	10,116,844	10,450,345				

I2. D: All waiver claims.	242,682	91,847	10,166,149	3,500,226								#DIV/0!					242,682	91,847	10,166,149	10,500,678	
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 approve waiver application.				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%					#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!								99.22%	99.22%	#DIV/0!	#DIV/0!	99.22%	99.22%
I4. N: Number of claims reviewed with required documentation of service delivery.				#DIV/0!				#DIV/0!								385	385	0	0	381	381
I4. D: All claims in representative sample.				#DIV/0!				#DIV/0!								385	385	0	0	384	384

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 Waiver 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