

| FY20 | QUARTER 1 - 7/1/19 to 9/30/19 | | | | QUARTER 2 - 10/1/19 to 12/31/19 | | | | QUARTER 3 - 1/1/19 to 3/31/20 | | | | QUARTER 4 - 4/1/19 to 6/30/20 | | | | YTD - 7/1/19to 6/30/20 | | | |
|--|-------------------------------|---------|--------------|-------------------------------|---------------------------------|-----|--------------|-------------------------------|-------------------------------|-----|--------------|-------------------------------|-------------------------------|---------|--------------|-------------------------------|------------------------|---------|-----------|--------------------------|
| | 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. | HFS | HFS | HFS | #DIV/0! | HFS | HFS | HFS | #DIV/0! | HFS | HFS | HFS | #DIV/0! | HFS | HFS | HFS | #DIV/0! | 0 | 0 | 0 | 0 |
| A1. D: Total number of rate methodology changes adopted. (HFS to Report) | | | | #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. | HFS | HFS | HFS | #DIV/0! | HFS | HFS | HFS | #DIV/0! | HFS | HFS | HFS | #DIV/0! | HFS | HFS | HFS | #DIV/0! | 0 | 0 | 0 | 0 |
| A2. D: Total number of waiver policy changes implemented. (HFS to Report) | | | | #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! | | | | #DIV/0! | | | | #DIV/0! | 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! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 |
| A3. D: Total number of participant reviews required according to the approved sampling methodology. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 |
| 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! | | | | #DIV/0! | | | 92.62% | 92.62% | | | 92.62% | 92.62% |
| 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! | | | 226 | 226 | 0 | 0 | 226 | 226 |
| A4. D: Total number of findings in the area of prior authorization of services. (reported in 4th quarter) | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | | | 244 | 244 | 0 | 0 | 244 | 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! |
| 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. | HFS | HFS | HFS | #DIV/0! | HFS | HFS | HFS | #DIV/0! | HFS | HFS | HFS | #DIV/0! | HFS | HFS | HFS | #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 |
| 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/IID level of care prior to receipt of services. | 100.00% | 100.00% | 100.00% | 100.00% | | | | #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 | 1,368 | 505 | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 128 | 20 | 1,368 | 1,516 |
| B1. D: Number of total applicants. | 128 | 20 | 1,368 | 505 | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 128 | 20 | 1,368 | 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 Wavier. | | | | | | | | | | | | | | | | | | | | |
| 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! | | | | #DIV/0! | | | | #DIV/0! | 98.61% | 97.83% | 96.50% | 97.65% | 98.61% | 97.83% | 96.50% | 97.65% |
| 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! | | | | #DIV/0! | | | | #DIV/0! | 284 | 135 | 386 | 268 | 284 | 135 | 386 | 805 |
| B2. D: Total number of determinations that are completed at the time of the prior year's enrollments. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 |
| B3. Number and percent of LOC determinations reviewed that were completed by a qualified evaluator. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 100.00% | 100.00% | 99.25% | 99.75% | 100.00% | 100.00% | 99.25% | 99.75% |
| B3. N: Number of LOC determinations that were completed by a qualified evaluator. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 397 | 274 | 288 | 138 | 397 | 823 |
| B3. D: Total number of LOC determinations reviewed. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 |
| B4. Number and percent of Waiver Participants' LOC determinations that used processes and instruments applied appropriately as required by the State. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | | | 95.50% | 95.50% | | | 95.50% | 95.50% |
| B4. N: Number of LOC determinations that used processes and instruments applied as required by the State. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | | | 382 | 382 | 0 | 0 | 382 | 382 |
| B4. D: Total number of LOC determinations reviewed. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | | | 400 | 400 | 0 | 0 | 400 | 400 |
| 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. | | | | | | | | | | | | | | | | | | | | |
| 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! | | | | #DIV/0! | 100.00% | 100.00% | 98.73% | 99.58% | 100.00% | 100.00% | 98.73% | 99.58% |
| C1. N. Number of newly enrolled licensed or certified providers who meet initial standards. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 10 | 5 | 78 | 31 | 10 | 5 | 78 | 93 |
| C1. D: Total number of newly enrolled licensed or certified providers. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 10 | 5 | 79 | 31 | 10 | 5 | 79 | 94 |

| 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! | | | | #DIV/0! | | | | #DIV/0! | 96.53% | 98.55% | 96.00% | 97.03% | 96.53% | 98.55% | 96.00% | 97.03% | |
| D9. N: Number of participants who received four quarterly ISSA visits. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 278 | 136 | 384 | 266 | 278 | 136 | 384 | 798 | |
| D9. D: Number of participants in the representative sample. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 | |
| 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! | | | | #DIV/0! | | | | #DIV/0! | 96.53% | 93.48% | 96.25% | 95.42% | 96.53% | 93.48% | 96.25% | 95.42% | |
| D10. N: Number of participants who received the services as specified in their ISP. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 278 | 129 | 385 | 264 | 278 | 129 | 385 | 792 | |
| D10. D: Number of participants reviewed in the representative sample. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 | |
| D11. Number and percent of satisfaction survey respondents sampled who reported the receipt of all services listed in the service plan. | | | | #DIV/0! | 97.22% | 95.69% | 97.75% | 96.89% | 100.00% | 100.00% | 100.00% | 100.00% | 98.59% | 100.00% | 98.87% | 99.15% | 98.26% | 96.38% | 99.00% | 97.88% | |
| D11. N: Number of respondents who reported receipt of all services in their ISP. | 0 | 0 | 0 | #DIV/0! | 140 | 111 | 87 | 113 | 73 | 18 | 134 | 75 | 70 | 4 | 175 | 83 | 283 | 133 | 396 | 812 | |
| D11. D: Total number of survey respondents. | 0 | 0 | 0 | #DIV/0! | 144 | 116 | 89 | 116 | 73 | 18 | 134 | 75 | 71 | 4 | 177 | 84 | 288 | 138 | 400 | 826 | |
| 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! | | | | #DIV/0! | | | | #DIV/0! | 85.07% | 78.26% | 90.75% | 84.69% | 85.07% | 78.26% | 90.75% | 84.69% | |
| D12. N: Number of participant records reviewed that document participants were informed at least annually of the right to choose their providers. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 245 | 108 | 363 | 239 | 245 | 108 | 363 | 716 | |
| D12. D: Total number of records reviewed based on a representative sample. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 | |
| 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! | | | | #DIV/0! | | | | #DIV/0! | 93.75% | 91.30% | 96.00% | 93.68% | 93.75% | 91.30% | 96.00% | 93.68% | |
| D13. N: Number of participants reviewed who were offered choice of waiver services. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 270 | 126 | 384 | 260 | 270 | 126 | 384 | 780 | |
| D13. D: Total number of participants reviewed. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 | |
| 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! | | | | #DIV/0! | | | | #DIV/0! | 93.40% | 91.30% | 96.00% | 93.57% | 93.40% | 91.30% | 96.00% | 93.57% | |
| G1. N: Number of records where participant received information on how to report abuse/neglect. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 269 | 126 | 384 | 260 | 269 | 126 | 384 | 779 | |
| G1. D: Number of participants in the representative sample. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 | |
| 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! | 100.00% | 100.00% | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | |
| G2. N: Number of participants for whom identified instances of substantiated abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken. | 0 | 2 | 7 | 5 | 1 | 3 | 4 | 3 | 0 | 0 | 0 | #DIV/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. | 0 | 2 | 7 | 5 | 1 | 3 | 4 | 3 | 0 | 0 | 0 | #DIV/0! | 1 | 1 | 0 | 1 | 2 | 6 | 11 | 19 | |
| 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. | | | 97.78% | 97.78% | | | 81.33% | 81.33% | | | 95.74% | 95.74% | | | 96.30% | 96.30% | | | 92.48% | 92.48% | |
| G3. N: Number of written responses approved by the OA within required time frames. | xx | xx | 88 | 88 | xx | xx | 61 | 61 | xx | xx | 45 | 45 | xx | xx | 52 | 52 | 0 | 0 | 246 | 246 | |
| G3. D: Total number of substantiated investigations. | xx | xx | 90 | 90 | xx | xx | 75 | 75 | xx | xx | 47 | 47 | xx | xx | 54 | 54 | 0 | 0 | 266 | 266 | |
| G4. The number and percent of reportable deaths that were reported within the required timelines. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | | | 100.00% | 100.00% | | | 100.00% | 100.00% | |
| G4. N: Number of reportable deaths reported within required timelines. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | | | 0 | 3 | 3 | 0 | 0 | 3 | 3 |
| G4. D: All reportable deaths. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | | | 0 | 3 | 3 | 0 | 0 | 3 | 3 |
| G5. Number and percent of unexplained deaths that were reported to appropriate authorities. | 100.00% | | | 100.00% | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 100.00% | | | 100.00% | |
| G5. N: Number of unexplained deaths that were reported to appropriate authorities | 4 | xx | xx | 4 | 0 | xx | xx | #DIV/0! | 0 | xx | xx | #DIV/0! | 0 | xx | xx | #DIV/0! | 4 | 0 | 0 | 4 | |
| G5. D: Number of unexplained deaths identified. N/A- G5 effective FY18. (No reports in (Q1, Q2) | 4 | xx | xx | 4 | 0 | xx | xx | #DIV/0! | 0 | xx | xx | #DIV/0! | 0 | xx | xx | #DIV/0! | 4 | 0 | 0 | 4 | |
| 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% | 100.00% | | | | #DIV/0! | | | | #DIV/0! | | | 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. | xx | xx | 2 | 2 | xx | xx | 2 | 2 | xx | xx | 0 | #DIV/0! | xx | xx | 0 | #DIV/0! | 0 | 0 | 4 | 4 | |
| G5. D: Total number of reported deaths with substantiated claims of abuse and/or neglect. | xx | xx | 2 | 2 | xx | xx | 2 | 2 | xx | xx | 0 | #DIV/0! | xx | xx | 0 | #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. | 100.00% | 100.00% | 100.00% | 100.00% | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 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. | 3 | 57 | 999 | 353 | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 3 | 57 | 999 | 1,059 |
| G6. D: Total number of OA participants for whom identified critical incidents were reviewed. N/A CSW and Adult. CIRAS will be implemented FY18. | 3 | 57 | 999 | 353 | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 3 | 57 | 999 | 1,059 |
| 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% | 94.16% | 95.05% | 96.40% | 100.00% | | 84.89% | 92.45% | 100.00% | 100.00% | 98.75% | 99.58% | 100.00% | 94.20% | 93.00% | 95.73% |
| G7. N: Number of restrictive interventions that followed required procedures. | 0 | 0 | 0 | #DIV/0! | 155 | 129 | 96 | 127 | 70 | 0 | 118 | 94 | 63 | 1 | 158 | 74 | 288 | 130 | 372 | 790 |
| G7. D: Number of participants identified in the representative sample with at least one restrictive interventions | 0 | 0 | 0 | #DIV/0! | 155 | 137 | 101 | 131 | 70 | 0 | 139 | 105 | 63 | 1 | 160 | 75 | 288 | 138 | 400 | 826 |
| 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! | | | | #DIV/0! | | | | #DIV/0! | 97.92% | 99.28% | 95.50% | 97.56% | 97.92% | 99.28% | 95.50% | 97.56% |
| G8. N: Number of participants reviewed who received support to access healthcare services. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 282 | 137 | 382 | 267 | 282 | 137 | 382 | 801 |
| G8. D: Number of participants in the representative sample with healthcare services identified in their ISP. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 288 | 138 | 400 | 275 | 288 | 138 | 400 | 826 |
| 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! | | | | #DIV/0! | 96.88% | 95.04% | 97.66% | 96.53% | 96.88% | 95.04% | 97.66% | 96.53% |
| I1. N: Number of claims reviewed that were specified in the ISP. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 372 | 364 | 376 | 371 | 372 | 364 | 376 | 1,112 |
| I1. D: Total number of claims in representative sample. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 384 | 383 | 385 | 384 | 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. | 99.80% | 99.40% | 99.52% | 99.57% | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | 99.80% | 99.40% | 99.52% | 99.57% |
| 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! | | | | #DIV/0! | | | | #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! | | | | #DIV/0! | | | | #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! | | | | #DIV/0! | | | 99.22% | 99.22% | | | 99.22% | 99.22% |
| I4. N: Number of claims reviewed with required documentation of service delivery. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | | | 381 | 381 | 0 | 0 | 381 | 381 |
| I4. D: All claims in representative sample. | | | | #DIV/0! | | | | #DIV/0! | | | | #DIV/0! | | | 384 | 384 | 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 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