Changes to the OBRA Waiver Effective April 1, 2023 (Amendment)

KEY – Bold = Recommended additions **Strikethrough** = Recommended removal

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
1.			Throughout the waiver, the terms "support worker", "support service worker" have been updated to "direct care worker". Additionally, the names and acronyms for OLTL Bureaus have been updated for accuracy. These technical edits may not appear on this side-by-side	
2.	Appendix A-2-a. Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency	 Bureau of Participant Operations (BPO) – effectively operationalizes home and community-based waiver programs through oversight of participant enrollment functions; review and approval of individual service plans, provision of programmatic guidance to service coordinators and providers. Also manages the participant helpline and provides assistance to service coordinators on protective services cases. Bureau of Policy and Regulatory Management – evaluates existing policies and develops new policies to provide uniform guidelines to other OLTL bureaus and to the HCBS provider community. Develops and submits waiver amendment to CMS; develops communications for providers and the general public to convey OLTL's policies and strategic vision; develops regulations, statements of policy and rate notices as needed; monitors and reviews state and federal policies for impact on HCBS programs. Bureau of Bureau of Quality and Provider Management – conducts quality management and improvement monitoring of long-Term Living programs and services to ensure compliance with federal and state regulations and 	 The Bureau of Coordinated and Integrated Services (BCIS) is responsible for the administration and oversight of the Community Health Choices (CHC) Managed Care Organizations (MCO) and the Living Independently for the Elderly (LIFE) managed care program, known nationally as the Program for All-Inclusive Care for the Elderly, which provide managed long-term services and supports to eligible recipients. The bureau negotiates agreements with managed care organizations and contracts with other vendors that support bureau functions; monitors CHC MCO agreements through the readiness review monitoring process; recommends program sanctions and penalties, where appropriate; and directs corrective action plans for CHC MCOs and other contractors. The BCIS also manages the enrollment contracts, including participant outreach, assessment, and the independent enrollment broker (IEB). Bureau of Participant Operations (BPO) — effectively operationalizes home and community-based waiver programs through oversight of participant enrollment functions; review and approval of individual service plans, provision of programmatic guidance to service coordinators 	Update information about the Bureaus within OLTL.
		the delivery of quality programs to assure the health and welfare of consumers; ensures that program and service delivery systems achieve desired outcomes. It also	and providers. Also manages the participant helpline and provides assistance to service coordinators on protective services cases.	

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		oversees provider management functions for OLTL including provider certification and enrollment; updates provider files; oversees MA provider billing; prepares financial reports as appropriate, including reports required by the Centers for Medicare and Medicaid Services (CMS) and other regulatory agencies. • Bureau of Finance – is responsible for financial operational management of the waivers and ongoing monitoring of expenditures and related information; oversees and develops HCBS service rates; provides budget analysis to help inform policy decisions.	 The Bureau of Fee for Service Programs (BFFSP) manages provider focused activities and functions in OLTL. The BFFSP coordinates all provider enrollment activities and manages the Agency with Choice FMS contract. This contract provides payroll assistance to participants in the self-directed model of care. The BFFSP provides programmatic guidance to service providers and general training and technical support for the bureau, OLTL, business partners and contracted staff. The bureau ensures compliance with federal regulations related to the HCB Settings Rule in coordination with the Quality Management Efficiency Teams (QMETs) that conduct reviews of enrolled providers. Bureau of Policy and Regulatory Management evaluates existing policies and develops new policies to provide uniform guidelines to other OLTL bureaus and to the HCBS provider community. Develops and submits waiver amendment to CMS; develops communications for providers and the general public to convey OLTL's policies and strategic vision; develops regulations, statements of policy and rate notices as needed; monitors and reviews state and federal policies for impact on HCBS programs. The Bureau of Policy Development and Communications Management (BPDCM) supports the strategic policy and communication goals across all bureaus and the Deputy Secretary's Office. The BPDCM plans, coordinates, evaluates, and develops policies and procedures across the OLTL, and coordinates internal and external communication with stakeholders. The bureau serves as a liaison with other DHS programs and policy offices and other commonwealth agencies, supports all bureaus in the development of consistent policy, evaluating impact, and improving strategic direction. The bureau responds to all right to know requests, develops and processes new regulations, and submits state plan and waiver documents to the federal government. 	Change

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				Change
			 Bureau of Bureau of Quality and Provider Management — 	
			conducts quality management and improvement	
			monitoring of long-Term Living programs and services to	
			ensure compliance with federal and state regulations and	
			the delivery of quality programs to assure the health and	
			welfare of consumers; ensures that program and service	
			delivery systems achieve desired outcomes. It also	
			oversees provider management functions for OLTL	
			including provider certification and enrollment; updates	
			provider files; oversees MA provider billing; prepares	
			financial reports as appropriate, including reports required	
			by the Centers for Medicare and Medicaid Services (CMS)	
			and other regulatory agencies.	
			 The Bureau of Quality Assurance and Program Analytics 	
			(BQAPA) is responsible for ensuring that valid statistical	
			and procedural methodologies are used to collect and	
			analyze quality control data to evaluate and improve	
			service delivery. The bureau manages data analysis to	
			measure the effectiveness of program design and	
			operations, and ensures required reports are provided to	
			CMS and other regulatory entities. The bureau also	
			supports OLTL management in the development and	
			implementation of policies and procedures, oversees the	
			analysis of data obtained through consumer satisfaction	
			surveys and provider performance measures, and directs	
			all activities related to incident management and risk	
			reduction.	
			reduction.	
			 Bureau of Finance — is responsible for financial 	
			operational management of the waivers and ongoing	
			monitoring of expenditures and related information;	
			oversees and develops HCBS service rates; provides budget	
			analysis to help inform policy decisions.	
			Bureau of Finance (BOF) manages and monitors OLTLs The BOF sames and appreciate the BOF sames are also as a second point of the BOF same are also as a second point of the BOF same are also as a second point of the BOF same are also as a second point of the BOF same are also as a second point of the BOF same are also as a second point of the BOF same are also as a second point of the BOF same are also as a second point of the BOF same are also as a s	
			appropriations and operating budget. The BOF serves as	
			liaison to the DHS budget office and the Governor's	
			budget office. The bureau develops and manages related	
			fiscal activities including rate setting, cost reporting,	

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			budget reporting and submissions, audits, and fiscal management of grants and contracts.	
3.	Appendix A-3. Use of Contracted Entities	OLTL also contracts with one Fiscal Employer/Agent (F/EA) to perform certain functions for the successful operation of participant direction. These administrative functions delegated to the FMS by OLTL include The Fiscal/Employer Agent is also responsible for procuring a Support Broker(s) to provide employer-related assistance and training to common-law employers.	Participant Direction: OLTL contracts with one Fiscal/Employer Agent (F/EA) and one Agency with Choice (AWC) vendor to provide Financial Management Services (FMS) and support to participants who choose to self-direct their services. Under the F/EA, the participant serves as the common law employer. Under AWC, the participant serves as the managing employer.	Add AWC as a model of FMS to support participant direction in addition to the F/EA and explain the AWC vendor's functions and participant responsibilities.
			OLTL also contracts with one Fiscal Employer/Agent (F/EA) to perform certain functions for the successful operation of participant direction. The se administrative functions delegated to the FMS F/EA by OLTL include	Amend the responsibilities of the F/EA by removing the Support Broker because the support broker activities are
			The participant or participant's representative serves as the common law employer. Common law employers are responsible for activities that include, but are not limited to:	currently being provided either by the F/EA or by the service coordinators. It is not
			 Recruiting and selecting direct care workers; Interviewing, hiring and firing direct care workers; Setting an hourly wage for the direct care workers; Training and scheduling direct care workers and managing direct care workers' on-the-job duties. 	feasible to implement a separate support broker function because it would be duplicative.
			The Fiscal/Employer Agent is also responsible for procuring a Support Broker(s) to provide employer-related assistance and training to common law employers.	
			The functions of the AWC vendor include: • Processing timesheets, making wage payments, and managing all required withholdings, including, but not limited to, Federal Insurance Contributions Act taxes for direct care workers.	

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				Change
			 Ensuring compliance with EVV requirements by direct 	
			<mark>care workers.</mark>	
			 Conducting criminal background checks and, when 	
			applicable, child abuse clearances, on potential direct care	
			workers; and any other qualifications, including verifying	
			that qualified direct care workers meet the qualification	
			standards outlined in Appendix C.	
			 Hiring qualified direct care workers referred by the 	
			participant or participant's representative, supporting the	
			participant/managing employer with any disciplinary	
			actions with the direct care worker, and firing of direct	
			<mark>care workers.</mark>	
			 Assisting participants with selecting a wage for their 	
			direct care workers.	
			 Processing employment documents and voluntary 	
			deductions from direct care worker wages.	
			 Submitting claims to the Department for services 	
			authorized and rendered.	
			Preparing, making and disbursing direct care workers'	
			payroll checks.	
			 Providing workers' compensation coverage for direct 	
			care workers.	
			 Providing Managing Employer skills training to 	
			<mark>participants.</mark>	
			 Conducting direct care worker training in conjunction 	
			with the participant/managing employer.	
			 Establishing, maintaining and processing records for all 	
			participants and direct care workers with confidentiality,	
			accuracy and appropriate safeguards.	
			 Providing monthly statements to participants so they 	
			can appropriately track utilization of services and the	
			corresponding funds.	
			 Assist in implementing the state's quality management 	
			strategy related to FMS.	
			 Fulfilling any responsibilities established by OLTL 	
			policies.	

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			 Processing all judgments, garnishments, tax levies or any related holds on workers' pay as may be required by federal, state or local laws. Preparing and disbursing IRS Forms W-2's and/or 1099's, wage and tax statements and related documentation annually. Establishing an accessible customer service system for the participant and the Service Coordinator. The participant or participant's representative serves as the managing employer. Managing employers are responsible for activities that include, but are not limited to: Selecting and dismissing direct care workers; Referring qualified direct care workers to the AWC vendor for hire; Directing the responsibilities of their direct care workers; Scheduling and arranging for back-up services (with assistance from the AWC vendor as requested); 	Change
			 Training the direct care workers to meet the participant's needs. 	
4.	Appendix A-6. Assessment Methods and Frequency		Agency with Choice FMS vendor: OLTL contracts with a vendor to provide AWC services to participants who choose to self-direct their services and choose the AWC FMS model. This contract is managed by staff in the Bureau of Fee for Service Programs. Contract Management staff will oversee and ensure that the contracted AWC vendor meets all requirements and tasks as outlined in their contract and agreement with the Department.	Add AWC contract management responsibility.
			The contracted AWC vendor will be required to submit monthly, quarterly and yearly reports which reflect progress in meeting all contractual obligations. OLTL staff dedicated to this contract will review this information and intercede when necessary with corrective actions to ensure compliance. In addition, regular meetings will be	

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			held at least quarterly between the contracted entity and the department to discuss any issues and for the department to provide any necessary technical assistance it feels is needed.	Change
			If the AWC is not in compliance with contractual or waiver provisions, OLTL will issue a Statement of Findings. The AWC will be required to develop a Corrective Action Plan (CAP) in response to each finding and remediate areas of non-compliance. The CAP is due to OLTL within 15 days of issuance of findings to the AWC. OLTL reviews and approves or disapproves the CAP within 15 days of receipt. OLTL will conduct follow-up monitoring activities to ensure the CAP is instituted and identified issues are remediated. Service Coordinators will also be required to report any issues with the AWC vendor's performance to OLTL.	
5.	Appendix C-2-a. Criminal History and/or Background Investigations	Criminal history checks are required for all support service workers and must be conducted in accordance with 55 PA Code, Chapter 52, Sections 52.19 and 52.20. Individuals choosing to self-direct their services have the right to employ a worker regardless of the outcome of the background check. Support service workers who are employed by waiver participants must have criminal history clearances completed prior to hire, facilitated through the FEA as described below, so that participants can make an informed decision on whether to employ a worker who has a criminal record. The Fiscal Employer/Agent (F/EA) is responsible for securing criminal history background checks for prospective support service workers prior to hiring workers. The cost of conducting criminal history background checks is included in the monthly per member per month rate paid to the F/EA. In addition, the F/EA must have a system in place to 1) document that the criminal history background check was conducted, and 2) notify individuals of the results of	Criminal history checks are required for all support service direct care workers and must be conducted in accordance with 55 PA Code, Chapter 52, Sections 52.19 and 52.20. Under the F/EA model of FMS, individuals choosing to serve as the common law employer to self-direct their services have the right to employ a worker regardless of the outcome of the background check. Support service Direct care workers who are employed by waiver participants must have criminal history clearances completed prior to hire, facilitated through the F/EA or the AWC vendor as described below, so that participants can make an informed decision on whether to employ a worker who has a criminal record. Under participant-direction, the Fiscal Employer/Agent (F/EA) or the AWC vendor is responsible for securing criminal history background checks for prospective support service direct care workers prior to hiring workers. The cost of conducting criminal history background checks is	Add AWC vendor. The AWC vendor will be required to complete criminal background checks just as the F/EA is required to do so.

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		the background check, and 3) document the individual's decision to employ a support service worker with a criminal record and their acceptance of responsibility for their decision.	included in the monthly per member per month rate paid to the F/EA and the AWC vendor. In addition, the F/EA or the AWC vendor must have a system in place to 1) document that the criminal history background check was conducted, and 2) notify individuals of the results of the background check, and 3) document the individual's decision to employ a support service direct care worker with a criminal record and their acceptance of responsibility for their decision.	
6.	Appendix C-2-b. Abuse Registry Screening	The F/EA is responsible for securing clearances for prospective support service workers. The cost of conducting clearances is included in the monthly per member per month rate paid to the F/EA. In addition, the F/EA must have a system in place to document that the clearances were conducted.	The F/EA or the AWC vendor is responsible for securing clearances for prospective support service direct care workers. The cost of conducting clearances is included in the monthly per member per month rate paid to the F/EA or the AWC vendor. In addition, the F/EA or the AWC vendor must have a system in place to document that the clearances were conducted.	Add AWC vendor. The AWC vendor will be required to complete child abuse clearances just as the F/EA is required to do so.
7.	Appendix C-2-e.Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.	Service delivery is monitored electronically through HCSIS and PROMISe to provide reimbursement for services approved in the participant's ISP. The F/EA will not pay for services that are not documented as necessary on the ISP.	For the F/EA and the AWC vendor, service delivery is monitored electronically through HCSIS and PROMISe to provide reimbursement for services approved in the participant's ISP. The F/EA and the AWC vendor will not pay for services that are not documented as necessary on the ISP.	Add AWC vendor. The AWC vendor must ensure service delivery matches the units authorized based on the ISP similar to the F/EA requirement.
8.	Appendix C-1/C-3 Service Specification Benefits Counseling	Benefits Counseling will be available in the waiver effective February 1, 2017 The service provides information to the individual regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, housing subsidies, food stamps, etc.	Benefits Counseling will be available in the waiver effective February 1, 2017 The service provides information to the individual regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, housing subsidies, food stamps SNAP, etc.	Remove outdated text and correct food stamps to SNAP.
9.	Appendix C-1/C-3 Service Specification Benefits Counseling	Benefits Counseling may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Benefits Counseling services may only be	Benefits Counseling may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Benefits Counseling services may only be	Remove requirement to access OVR services first. This has been a barrier for participants and by removing it, participants can

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		provided when documentation has been obtained that one of the following has occurred: 1. OVR has closed a case for the participant or has stopped providing services to the participant; 2. The participant was determined ineligible for OVR services; or 3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant. Initial Benefits Counseling may only be provided if it is	provided when documentation has been obtained that one of the following has occurred: 1. OVR has closed a case for the participant or has stopped providing services to the participant; 2. The participant was determined ineligible for OVR services; or 3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant. Initial Benefits Counseling may only be provided if it is	access Benefits Counseling immediately from the waiver. Benefits Counseling in the waiver and OVR Benefits Counseling are not comparable services.
		documented in the service plan that Benefits Counseling services provided by a Certified Work Incentives Counselor through a Pennsylvania-based federal Work Incentives Planning and Assistance (WIPA) program were sought and it was determined that such services were not available either because of ineligibility or because of wait lists that would result in services not being available within 30 calendar days.	documented in the service plan that Benefits Counseling services provided by a Certified Work Incentives Counselor through a Pennsylvania-based federal Work Incentives Planning and Assistance (WIPA) program were sought and it was determined that such services were not available either because of ineligibility or because of wait lists that would result in services not being available within 30 calendar days.	
		In the event that OVR closes the order of selection, the following process will be followed until the closure is lifted: 1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Benefits Counseling. 2. A participant who has not been referred to OVR may receive Benefits Counseling without a referral to OVR.	In the event that OVR closes the order of selection, the following process will be followed until the closure is lifted: 1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Benefits Counseling. 2. A participant who has not been referred to OVR may receive Benefits Counseling without a referral to OVR.	
10.	Appendix D-2-a. Service Plan Implementation and Monitoring	In addition, the F/EA assists both OLTL and the Service Coordinator in monitoring service utilization for participants who are self-directing their services. The F/EA is required to provide monthly reports to common law employers, service coordinators, and OLTL which display individual service utilization (both over and underutilization) and spending patterns. The F/EA is also responsible for providing written notification to the Service Coordinator of any common law employer who does not	In addition, the F/EA and the AWC vendor assists both OLTL and the Service Coordinator in monitoring service utilization for participants who are self-directing their services. The F/EA and the AWC vendor is are required to provide monthly reports to common law employers, managing employers, service coordinators, and OLTL which display individual service utilization (both over and underutilization) and spending patterns. The F/EA is also responsible for providing written notification to the Service	Add AWC vendor. The AWC vendor is responsible for submitting reports to monitor service utilization.

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		submit timesheets for two or more consecutive payroll periods.	Coordinator of any common law employer who does not submit timesheets for two or more consecutive payroll periods.	Change
11.	Appendix E-1-a. Description of Participant Direction	Self-Directed Opportunities Available within the OBRA Waiver: All participants in the OBRA waiver have the right to make decisions about and self-direct their own waiver services and may choose to hire and manage staff using Employer Authority. Under Employer Authority, the participant serves as the common-law the employer and is responsible for hiring, firing, training, supervising, and scheduling their support workers. In addition, participants may choose a combination of service models to meet their individual needs. Participants are encouraged to self-direct their services to the highest degree possible. During the actual provision of services, the participant is responsible for directing the activities of their support worker. Entities That Support Individuals: Participants will receive a full-range of supports, ensuring that they are successful with the participant-directed experience. Individuals choosing Employer Authority will receive support from a certified Fiscal/Employer Agent (F/EA), Support Brokers, and Service Coordinators to assist them in their role as the common-law employer of their workers Participants may receive assistance and training from Support Brokers on their roles and responsibilities as a common-law employer. Support Broker services are designed to provide assistance as needed with employer-related functions and maintenance in order to support the participant's ability to self-direct their services. Support Broker services are optional services and may supplement, but do not replace, the supports provided by either the F/EA or Service Coordinator. To support a participant to	Self-Directed Opportunities Available within the OBRA Waiver: All participants in the OBRA waiver have the right to make decisions about and self-direct their own waiver services. Participants may choose to serve as a managing employer or the common law employer and may choose to hire and manage staff using Employer Authority. Junder Employer Authority. Authority, the participant serves as the common law the employer and is responsible for hiring, firing, training, supervising, and scheduling their support workers. In addition, participants may choose a combination of service models to meet their individual needs. Participants are encouraged to self-direct their services to the highest degree possible. During the actual provision of services, the participant is responsible for directing the activities of their support direct care worker. Under Employer Authority, there are two models of Financial Management Services (FMS) to support participants who choose to self-direct their services, Fiscal/Employer Agent (F/EA) and Agency with Choice (AWC). With F/EA, the participant serves as the commonlaw employer and is responsible for hiring, firing, training, supervising, and scheduling their direct care worker. AWC allows the participant to serve as the managing employer while the OLTL-contracted AWC vendor supports the participant by conducting all the necessary payroll functions and is legally responsible for managing the employment-related functions and duties for participant-selected direct care workers. The participant selects and dismisses direct care workers, refers qualified direct care workers to the AWC vendor for hire, directs the responsibilities of their direct care workers, schedules and arranges for back-up services (with assistance from the	Add AWC vendor's responsibilities and describe participant's role as the managing employer. Amend the responsibilities of the F/EA by removing the Support Broker because the support broker activities are currently being provided either by the F/EA or by the service coordinators. It is not feasible to implement a separate support broker function because it would be duplicative.

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		self-direct, duties performed by a Support Broker may	AWC vendor as requested) and trains the direct care	Change
		include assistance with:	workers to meet their needs.	
		Understanding and/or fulfilling the responsibilities		
		outlined in the Common Law Employer Agreement form		
			Entities That Support Individuals:	
		and the Managing Employer Agreement form;		
		Understanding and completing employer or managing malayer related papers works	Participants will receive a full-range of supports, ensuring	
		employer related paperwork;	that they are successful with the participant-directed	
		Effective hiring techniques including creating job	experience through their Service Coordinator and either	
		descriptions, ads for hiring, strategies for evaluating	an F/EA or AWC vendor. Individuals choosing to serve as	
		candidates, and informing candidate on selection or non-	the common law employer of their workers under	
		selection;	Employer Authority will receive support from a certified	
		Techniques for interviewing and conducting reference sheeks:	Fiscal/Employer Agent (F/EA), Support Brokers, and Service Coordinators to assist them in their role as the common-law	
		checks;		
		Effective management and supervision techniques such as	employer of their workers. Participants who want to	
		conflict resolution;	choose their own direct care worker(s), but not serve as	
		Proper procedures for termination of workers or	the common-law employer of that worker, will receive	
		communication with the Service Coordination Entity	support through the state selected AWC vendor.	
		regarding the desire for termination of workers;		
		Review of workplace safety issues and strategies for	AWC is provided by a vendor contracted with OLTL. Under	
		effective management of workplace injury prevention;	AWC, the AWC vendor is the employer of record for the	
		Techniques on scheduling paid and unpaid supports;	direct care worker. In the capacity as employer of record,	
		Developing systems or finding help to manage finances	the AWC vendor is responsible for activities that include,	
		and resources;	but are not limited to:	
		• Techniques related to problem-solving, decision-making,	 Processing timesheets, making wage payments, and 	
		and achieving desired outcomes within self-directed	managing all required withholdings, including, but not	
		services; and	limited to, Federal Insurance Contributions Act taxes for	
		 Assisting an individual to be a successful employer of self- 	direct care workers.	
		directed services.	 Ensuring compliance with EVV requirements by direct care workers. 	
		Support Brokers must work collaboratively with the	Conducting criminal background checks and, when	
		participant's Service Coordinator. The Support Broker	applicable, child abuse clearances, on potential direct care	
		assists individuals and representatives with being able to	workers; and any other qualifications, including verifying	
		self-direct the individual's services and supports. Support	that qualified direct care workers meet the qualification	
		Brokers may not replace the role or perform the functions	standards outlined in Appendix C.	
		of a Service Coordinator. No duplicate payments will be	Hiring qualified direct care workers referred by the	
		made.	participant or participant's representative, supporting the	
			participant/managing employer with any disciplinary	

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		In addition, individuals choosing to self-direct their services	actions with the direct care worker, and firing of direct	
		will receive assistance from their Service Coordinator to	care workers.	
		develop their Individual Service Plan (ISP).	 Assisting participants with selecting a wage for their 	
			direct care workers.	
			 Processing employment documents and voluntary 	
			deductions from direct care worker wages.	
			 Submitting claims to the Department for services 	
			authorized and rendered.	
			 Preparing, making and disbursing direct care workers' 	
			payroll checks.	
			 Providing workers' compensation coverage for direct 	
			care workers.	
			 Providing Managing Employer skills training to 	
			participants.	
			 Conducting direct care worker training in conjunction 	
			with the participant/managing employer.	
			 Establishing, maintaining and processing records for all 	
			participants and direct care workers with confidentiality,	
			accuracy and appropriate safeguards;	
			 Providing monthly statements to participants so they 	
			can appropriately track utilization of services and the	
			corresponding funds.	
			 Assist in implementing the state's quality management 	
			strategy related to FMS.	
			 Fulfilling any responsibilities established by OLTL 	
			policies.	
			 Processing all judgments, garnishments, tax levies or any 	
			related holds on workers' pay as may be required by	
			federal, state or local laws.	
			 Preparing and disbursing IRS Forms W-2's and/or 1099's, 	
			wage and tax statements and related documentation	
			annually.	
			 Establishing an accessible customer service system for 	
			the participant and the Service Coordinator.	
			The participant or participant's representative serves as	
			the managing employer. Managing employers are	

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			responsible for activities that include, but are not limited	
			to:	
			 Selecting and dismissing direct care workers; 	
			 Referring qualified direct care workers to the AWC 	
			vendor for hire;	
			 Directing the responsibilities of their direct care workers; 	
			 Scheduling and arranging for back-up services (with 	
			assistance from the AWC vendor as requested);	
			 Training the direct care workers to meet the participant's 	
			<mark>needs.</mark>	
			Participants may receive assistance and training from	
			Support Brokers on their roles and responsibilities as a	
			common law employer. Support Broker services are	
			designed to provide assistance as needed with employer-	
			related functions and maintenance in order to support the	
			participant's ability to self-direct their services. Support	
			Broker services are optional services and may supplement,	
			but do not replace, the supports provided by either the	
			F/EA or Service Coordinator. To support a participant to	
			self-direct, duties performed by a Support Broker may	
			include assistance with:	
			 Understanding and/or fulfilling the responsibilities 	
			outlined in the Common Law Employer Agreement form	
			and the Managing Employer Agreement form;	
			 Understanding and completing employer or managing 	
			employer related paperwork;	
			 Effective hiring techniques including creating job 	
			descriptions, ads for hiring, strategies for evaluating	
			candidates, and informing candidate on selection or non-	
			selection;	
			 Techniques for interviewing and conducting reference 	
			checks;	
			 Effective management and supervision techniques such as 	
			conflict resolution;	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the
			 Proper procedures for termination of workers or communication with the Service Coordination Entity regarding the desire for termination of workers; Review of workplace safety issues and strategies for effective management of workplace injury prevention; Techniques on scheduling paid and unpaid supports; Developing systems or finding help to manage finances and resources; Techniques related to problem solving, decision making, and achieving desired outcomes within self-directed services; and Assisting an individual to be a successful employer of self-directed services. Support Brokers must work collaboratively with the participant's Service Coordinator. The Support Broker assists individuals and representatives with being able to self-direct the individual's services and supports. Support Brokers may not replace the role or perform the functions of a Service Coordinator. No duplicate payments will be made. In addition, Individuals choosing to self-direct their services will receive assistance from their Service Coordinator to develop their Individual Service Plan (ISP). 	Change
12.	Appendix E-1-e. Information Furnished to Participant		The AWC vendor is responsible for providing orientation and training to the participant and direct care worker. Orientation and training materials are developed by the AWC vendor and are approved by OLTL and include, at minimum, the following: Participant (Managing Employer) Orientation and Training. The AWC vendor provides orientation and training materials to participants within 14 calendar days of the notification that the participant chose the AWC model of	Add AWC responsibilities regarding orientation and training for participants and direct care workers.
			The state of the s	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			address the role and responsibilities of the participant as a managing employer, which includes: • Information on selection and referral of potential direct care workers to the selected Applicant for hire; • Training by participants for direct care workers on how to meet the participant's needs; • Determining direct care worker schedules and responsibilities; • Managing the work performed by direct care workers in a supervisory capacity.	Citalige
			Direct Care Worker Orientation and Training. The AWC vendor provides orientation and training and materials to direct care workers within 14 calendar days of the participant's referral of a potential direct care worker to the AWC vendor and prior to the direct care worker being able to provide services to participants. The AWC vendor must: • Maintain documentation to verify a direct care worker's completion of orientation and training. • Train direct care workers in accordance with 28 Pa. Code § 611.55 (relating to competency requirements) and 55 Pa. Code § 52.21 (relating to staff training). Such training shall also include, but is not limited to, development and implementation of relevant participant directed orientation curriculum, program responsibilities and requirements, including but not limited to EVV	
13.	Appendix E-1-f. Participant Direction by a Representative	The individual, a Service Coordinator, the OLTL, or the F/EA may request a personal representative be appointed, if indicated. A personal representative may be a legal guardian, or other legally appointed personal representative, an income payee, a family member, or friend. The personal representative must be willing and able to fulfill the responsibilities as outlined in the Personal Representative Agreement and must demonstrate: • Assist the participant in identifying/ obtaining back up services when a support worker does not show;	requirements. The individual, a Service Coordinator, the OLTL, or the F/EA or the AWC vendor may request a personal representative be appointed, if indicated. A personal representative may be a legal guardian, or other legally appointed personal representative, an income payee, a family member, or friend. The personal representative must be willing and able to fulfill the responsibilities as outlined in the Personal Representative Agreement Designated Representative Form and must demonstrate:	Add AWC responsibilities for personal representatives. They are similar to that of the F/EA.

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			Assist the participant in identifying/obtaining back up	
		The F/EA must recognize the participant's personal	services when a support direct care worker does not show;	
		representative as a decision-maker, and provide the	, , , , , , , , , , , , , , , , , , ,	
		personal representative with all of the information,	The F/EA and the AWC vendor must recognize the	
		training, and support it would typically provide to a	participant's personal representative as a decision-maker,	
		participant who is self-directing. The F/EA must fully inform	and provide the personal representative with all of the	
		the personal representative of the rights and	information, training, and support it would typically provide	
		responsibilities of a representative. Once informed, the	to a participant who is self-directing. The F/EA and the AWC	
		F/EA must have the representative review and sign the	vendor must fully inform the personal representative of the	
		standard Common Law Employer Designation Form form,	rights and responsibilities of a representative. For	
		which must be given to the representative and maintained	representatives acting as the common law employer, once	
		in the participant's file. The agreement lists the roles and	informed, the F/EA must have the representative review	
		responsibilities of the representative; states that the	and sign the standard Common Law Employer Designation	
		representative accepts the roles and responsibilities of this	Form, which must be given to the representative and	
		function; and states that the representative will abide by	maintained in the participant's file. The agreement lists the	
		OLTL policies and procedures.	roles and responsibilities of the representative; states that	
			the representative accepts the roles and responsibilities of	
		The Service Coordinator is responsible for ensuring the	this function; and states that the representative will abide	
		personal representative functions in the best interest of the	by OLTL policies and procedures.	
		participant through, at minimum, quarterly monitoring		
		calls, by monitoring the personal representative's	The Service Coordinator is responsible for ensuring the	
		adherence to the Common Law Employer Designation	personal representative functions in the best interest of the	
		Form, and ensuring services are being provided as outlined	participant through, at minimum, quarterly monitoring	
		in the participant's ISP. When it appears the personal	calls, by monitoring the personal representative's	
		representative is not acting in the best interest of the	adherence to the Common Law Employer Designation Form	
		participant, and there has been a negative impact on the	(when acting as the common law employer), and ensuring	
		participant's health and welfare and/or services have not	services are being provided as outlined in the participant's	
		been provided as outlined in the ISP, the Service	ISP. When it appears the personal representative is not	
		Coordinator must explore other alternatives, such as	acting in the best interest of the participant, and there has	
		appointing a new personal representative or transitioning	been a negative impact on the participant's health and	
		the participant to the provider managed service delivery	welfare and/or services have not been provided as outlined	
		model as described in Appendix E-1-m below. The Service	in the ISP, the Service Coordinator must explore other	
		Coordinator is also required to report any incidents of	alternatives, such as appointing a new personal	
		suspected abuse, neglect and/or exploitation as described	representative or transitioning the participant to the	
		in Appendix G.	provider managed service delivery model as described in	
			Appendix E-1-m below. The Service Coordinator is also	
		In addition, the F/EA is required to address and report any	required to report any incidents of suspected abuse,	
		issues identified with the representative OLTL policy on	neglect and/or exploitation as described in Appendix G.	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		incident reporting and report any incident of suspected fraud or abuse.	In addition, the F/EA and the AWC vendor is are required to address and report any issues identified with the representative OLTL policy on incident reporting and report any incident of suspected fraud or abuse.	
14.	Appendix E-1-i-i. Provision of Financial Management Services – Types of Entities	Financial Management Services are provided to participants across the Commonwealth by one qualified Fiscal Employer Agent, which was selected through a competitive procurement process (RFA).	Financial Management Services are provided to participants across the Commonwealth by one a qualified Fiscal Employer Agent or a qualified AWC vendor., which The AWC vendor was selected through a competitive procurement process (RFA).	Add AWC vendor and the procurement process.
15.	Appendix E-1-i-ii. Provision of Financial Management Services – Payment for FMS		The AWC vendor receives an ongoing per member per month administrative fee.	Add payment information for the AWC vendor.
16.	Appendix E-1-i-iii. Provision of Financial Management Services – Scope of FMS		The AWC vendor will: Process timesheets, make wage payments, and manage all required withholdings, including, but not limited to, Federal Insurance Contributions Act taxes for direct care workers. Ensure compliance with EVV requirements by direct care workers. Conduct criminal background checks and, when applicable, child abuse clearances, on potential direct care workers; and any other qualifications, including verifying that qualified direct care workers meet the qualification standards outlined in Appendix C. Hire qualified direct care workers referred by the participant or participant's representative, support the participant/managing employer with any disciplinary actions with the direct care worker, and firing of direct care workers. Assist participants with selecting a wage for their direct care workers. Process employment documents and voluntary deductions from direct care worker wages. Submit claims to the Department for services authorized and rendered.	Add the scope of the AWC model of FMS.

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			 Prepare, make and disburse direct care workers' payroll checks. Provide workers' compensation coverage for direct care workers. Provide Managing Employer skills training to participants. Conduct direct care worker training in conjunction with the participant/managing employer. Establish, maintain and process records for all participants and direct care workers with confidentiality, accuracy and appropriate safeguards; Provide monthly statements to participants so they can appropriately track utilization of services and the corresponding funds. Assist in implementing the state's quality management strategy related to FMS Fulfill any responsibilities established by OLTL policies. Process all judgments, garnishments, tax levies or any related holds on workers' pay as may be required by federal, state or local laws; Prepare and disburse IRS Forms W-2's and/or 1099's, wage and tax statements and related documentation annually; and Establish an accessible customer service system for the participant and the Service Coordinator. 	
17.	Appendix E-1-i-iii. Provision of Financial Management Services – Scope of FMS		The F/EA and the AWC vendor must provide accurate and timely reports monthly to common law employers, managing employers and service coordinators. These reports include service utilization, written notification of over and underutilization. Additionally, the F/EA will provide notification of any common law employer who does not submit timesheets for two or more consecutive payroll periods.	Add information that the F/EA and AWC vendor must report on service utilization.
18.	Appendix E-1-i-iv. Provision of Financial Management Services	OLTL will monitor the selected vendor to ensure that the contract deliverables are met and participants are in receipt of F/EA Financial Management Services in accordance with their ISP. The statewide vendor will be monitored by QMET	OLTL will monitor the selected vendor to ensure that the contract deliverables are met and participants are in receipt of F/EA Financial Management Services in accordance with their ISP. The statewide vendor will be monitored by QMET	Add OLTL monitoring responsibilities of the AWC vendor.

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
	– Oversight of FMS Entities	annually. OLTL will monitor the FMS organization'sF/EA's performance of administrative activities, as well as adherence to contract conditions and waiver requirements	annually. OLTL will monitor the FMS-organization's F/EA's performance of administrative activities, as well as adherence to contract conditions and waiver requirements	Change
			OLTL will monitor the AWC vendor. This applies to all of the oversight activities below. OLTL will monitor the AWC vendor annually to ensure that the contract deliverables are met, and participants are in receipt of Financial Management Services in accordance with their PCSP. OLTL will monitor the AWC vendor's performance of administrative activities, as well as adherence to contract conditions and waiver requirements. These requirements include, but are not limited to, participant satisfaction, timeliness of processing employee paperwork, timeliness of and accuracy of payments to workers, accuracy of information provided to participants and workers by the AWC vendor, and timeliness of criminal background checks and child abuse clearances as needed. If the AWC vendor is not in compliance with contractual or waiver provisions, OLTL will identify and remediate any noncompliance. OLTL will monitor performance through the use of monthly utilization reports, quarterly and annual status reports, as well as problem identification reports. These reports cover activities performed and issues encountered during the reporting period. OLTL will also conduct monitoring more frequently if utilization or problem identification reports indicate additional review is necessary.	
			If the AWC is not in compliance with contractual or waiver provisions, OLTL will issue a Statement of Findings. The AWC will be required to develop a Corrective Action Plan (CAP) in response to each finding and remediate areas of non-compliance. The CAP is due to OLTL within 15 days of issuance of findings to the AWC. OLTL reviews and approves or disapproves the CAP within 15 days of	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			receipt. OLTL will conduct follow-up monitoring activities to ensure the CAP is instituted and identified issues are remediated. Service Coordinators will also be required to report any issues with the AWC vendor's performance to OLTL.	
19.	Appendix E-1-j. Information and Assistance in Support of Participant Direction.	In addition, the F/EA is responsible for procuring employer-related training and support through a Support Broker(s). Participants may receive assistance and training from Support Brokers on their roles and responsibilities as a common-law employer. Support Broker services are designed to provide assistance as needed with employer-related functions and maintenance in order to support the participant's ability to self-direct their services. Support Broker services are optional services and may supplement, but do not replace, the supports provided by either the F/EA or Service Coordinator. To support a participant to self-direct, duties performed by a Support Broker may include assistance with: • Understanding and/or fulfilling the responsibilities outlined in the Common Law Employer Agreement form and the Managing Employer Agreement form; • Understanding and completing employer or managing employer related paperwork; • Effective hiring techniques including creating job descriptions, ads for hiring, strategies for evaluating candidates, and informing candidate on selection or non-selection; • Techniques for interviewing and conducting reference checks; • Effective management and supervision techniques such as conflict resolution; • Proper procedures for termination of workers or communication with the Service Coordination Entity regarding the desire for termination of workers; • Review of workplace safety issues and strategies for effective management of workplace injury prevention; • Techniques on scheduling paid and unpaid supports;	The selected AWC organization receives a monthly per participant administrative fee for the FMS administrative service provided by the AWC. In addition, the F/EA is responsible for procuring employer-related training and support through a Support Broker(s). Participants may receive assistance and training from Support Brokers on their roles and responsibilities as a common law employer. Support Broker services are designed to provide assistance as needed with employer related functions and maintenance in order to support the participant's ability to self-direct their services. Support Broker services are optional services and may supplement, but do not replace, the supports provided by either the F/EA or Service Coordinator. To support a participant to self-direct, duties performed by a Support Broker may include assistance with: • Understanding and/or fulfilling the responsibilities outlined in the Common Law Employer Agreement form and the Managing Employer Agreement form; • Understanding and completing employer or managing employer related paperwork; • Effective hiring techniques including creating job descriptions, ads for hiring, strategies for evaluating candidates, and informing candidate on selection or non-selection; • Techniques for interviewing and conducting reference checks; • Effective management and supervision techniques such as conflict resolution;	Add AWC vendor's responsibilities for providing orientation and training materials and describe OLTL's monitoring responsibilities of the AWC vendor. Amend the responsibilities of the F/EA by removing the Support Broker because the support broker activities are currently being provided either by the F/EA or by the service coordinators. It is not feasible to implement a separate support broker function because it would be duplicative. Describe OLTL's monitoring activities of the AWC vendor.

ŧ	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the
		Developing systems or finding help to manage finances	Proper procedures for termination of workers or	Change
		and resources;	communication with the Service Coordination Entity	
		Techniques related to problem-solving, decision-making,	regarding the desire for termination of workers;	
		and achieving desired outcomes within self-directed	• Review of workplace safety issues and strategies for	
		services;	effective management of workplace injury prevention;	
			Techniques on scheduling paid and unpaid supports;	
		Developing, modifying, and negotiating an individualized spending plant and		
		spending plan; and	Developing systems or finding help to manage finances and resources:	
		Assisting an individual to be a successful employer of self- directed convices.	• Techniques related to problem solving, decision making,	
		directed services.	, , , , , , , , , , , , , , , , , , ,	
		Commant Dualiana mariat conditional laborational contition	and achieving desired outcomes within self-directed	
		Support Brokers must work collaboratively with the	Services;	
		participant's Service Coordinator. The Support Broker	Developing, modifying, and negotiating an individualized	
		assists individuals and representatives with being able to	spending plan; and	
		self-direct the individual's services and supports.	Assisting an individual to be a successful employer of self-	
			directed services.	
		Individuals choosing to self-direct their services will receive		
		assistance and support from their Service Coordinator. The	Support Brokers must work collaboratively with the	
		Service Coordinator will:	participant's Service Coordinator. The Support Broker	
		 Inform participants of the availability of a Support 	assists individuals and representatives with being able to	
		Broker to provide assistance with employer-related	self direct the individual's services and supports.	
		functions and maintenance in order to support the		
		participant's ability to self-direct their services;	Participants will obtain informational materials from the	
		 Work with the F/EA and the participant as necessary to 	AWC vendor. In addition, the AWC vendor is responsible	
		ensure all enrollment and employment paperwork is	for providing orientation and training to the participant	
		completed and sent to the F/EA;	within 14 calendar days of the notification that the	
		 Assist the participant to develop job descriptions for 	participant chose of the AWC model of FMS and prior to	
		support workers to be employed by the participant. Job	participant's receipt of services from a direct care worker.	
		descriptions must be consistent with the individual service	Orientation and training address	
		plan;	the role and responsibilities of the participant as a	
		 Assist the participant to secure training of support 	managing employer, which includes:	
		workers who deliver services that would require a degree of	 Information on selection and referral of potential direct 	
		technical skill, and would require the guidance and	care workers to the selected Applicant	
		instruction from a health care professional such as a	for hire;	
		Registered Nurse;	 Training by participants for direct care workers on how 	
		 Assist the participant in communicating with the F/EA as 	to meet the participant's needs;	
		needed	Determining direct care worker schedules and	
			responsibilities;	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		The OLTL Quality Management and Efficiency Teams	 Managing the work performed by direct care workers in 	
		(QMET) conducted a Readiness Review of the selected F/EA	a supervisory capacity.	
		prior to serving waiver participants. The purpose of the		
		Readiness Review was to assess and document the status of	Individuals choosing to self-direct their services will receive	
		the selected vendor's readiness to meet the requirements	assistance and support from their Service Coordinator. The	
		as outlined in the competitive procurement documents.	Service Coordinator will:	
		OLTL will monitor the selected F/EA to ensure that the	 Inform participants of the availability of a Support 	
		contract deliverables are met and participants are in receipt	Broker to provide assistance with employer-related	
		of Financial Management Services in accordance with their	functions and maintenance in order to support the	
		ISP. The statewide F/EA will be monitored by QMET	participant's ability to self-direct their services;	
		annually. OLTL will monitor the FMS organization's	 Work with the F/EA, the AWC vendor and the 	
		performance of administrative activities, as well as	participant as necessary to ensure all enrollment and	
		adherence to contract conditions and waiver requirements.	employment paperwork is completed and sent to the F/EA	
		These requirements include, but are not limited to,	or AWC vendor;	
		participant satisfaction, timeliness and accuracy of	 Assist the participant to develop job descriptions for 	
		payments to workers, accuracy of information provided to	support direct care workers to be employed by the	
		participants and workers by the F/EA, timeliness and	participant. Job descriptions must be consistent with the	
		accuracy of tax fillings on behalf of the participant, and	individual service plan;	
		executed agreements between the F/EA and the workers or	 Assist the participant to secure training of support 	
		other vendors. If the FMS organization is not in compliance	direct care workers who deliver services that would require	
		with a contractual or waiver provisions, OLTL will issue a	a degree of technical skill, and would require the guidance	
		Statement of Findings. The F/EA will be required to develop	and instruction from a health care professional such as a	
		a Corrective Action Plan (CAP) in response to each finding	Registered Nurse;	
		and remediate areas of non-compliance. OLTL will conduct	 Assist the participant in communicating with the F/EA or 	
		follow-up monitoring activities to ensure the CAP is	AWC vendor as needed	
		instituted and identified issues are remediated. In addition		
		to the process described above, OLTL will monitor	The OLTL Quality Management and Efficiency Teams	
		performance through the use of quarterly and annual	(QMET) conducted a will conduct a Readiness Review of	
		status reports as well as problem identification reports.	the selected F/EA and the AWC vendor prior to serving	
		These reports cover activities performed and issues	waiver participants. The purpose of the Readiness Review	
		encountered during the reporting period. OLTL will also	was to assess and document the status of the selected	
		conduct on-site monitoring more frequently if utilization or	vendor's readiness to meet the requirements as outlined in	
		problem identification reports indicate additional review is	the competitive procurement documents.	
		necessary.		
			OLTL will monitor the selected F/EA to ensure that the	
			contract deliverables are met and participants are in receipt	
			of Financial Management Services in accordance with their	
			ISP. The statewide F/EA will be monitored by QMET	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
	Walver Section	Current Approved Language	annually. OLTL will monitor the FMS organization's performance of administrative activities, as well as adherence to contract conditions and waiver requirements. These requirements include, but are not limited to, participant satisfaction, timeliness and accuracy of payments to workers, accuracy of information provided to participants and workers by the F/EA, timeliness and accuracy of tax fillings on behalf of the participant, and executed agreements between the F/EA and the workers or other vendors. If the FMS organization F/EA is not in compliance with a contractual or waiver provisions, OLTL will issue a Statement of Findings OLTL will monitor the AWC vendor. This applies to all of the oversight activities below. OLTL will monitor the AWC vendor annually to ensure that the contract deliverables are met, and participants are in receipt of Financial Management Services in accordance with their PCSP. OLTL will monitor the AWC vendor's performance of administrative activities, as well as adherence to contract conditions and waiver requirements. These requirements include, but are not limited to, participant satisfaction, timeliness of processing employer and employee paperwork, timeliness of and accuracy of payments to workers, accuracy of information provided to participants and workers by the AWC vendor, and timeliness of criminal background checks and child abuse clearances as needed. If the AWC vendor is not in compliance with contractual or waiver provisions, OLTL will identify and remediate any noncompliance. OLTL will monitor performance through the use of monthly utilization reports, quarterly and annual status reports, as well as problem identification reports. These reports cover activities performed and issues encountered during the reporting period. OLTL will also conduct monitoring more frequently if utilization or problem identification reports.	Change
			indicate additional review is necessary.	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			If the AWC is not in compliance with contractual or waiver provisions, OLTL will issue a Statement of Findings. The AWC will be required to develop a Corrective Action Plan (CAP) in response to each finding and remediate areas of non-compliance. The CAP is due to OLTL within 15 days of issuance of findings to the AWC. OLTL reviews and approves or disapproves the CAP within 15 days of receipt. OLTL will conduct follow-up monitoring activities to ensure the CAP is instituted and identified issues are remediated. Service Coordinators will also be required to report any issues with the AWC vendor's performance to OLTL.	
20.	Appendix E-2-a. Participant – Employer Authority.	i. Participant Employer Status. Specify the participant's employer status under the waiver. Select one or both: Participant/Co-Employer. The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-elected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions. Specify the types of agencies (a.k.a., "agencies with choice") that serve as coemployers of participant-selected staff: Participant/Common Law Employer. The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting	 i. Participant Employer Status. Specify the participant's employer status under the waiver. Select one or both:	Add participant's employer status in AWC.

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the
				Change
21.	Appendix E-2-a. Participant – Employer Authority.	ii. Participant Decision Making Authority. The participant (or the participant's representative) has decision making authority over workers who provide waiver services. Select one or more decision making authorities that participants exercise: Verify taff Recruit staff Refer staff to agency for hiring (co-employer) Select staff from worker registry Verify staff (common law employer) Verify staff qualifications Obtain criminal history and/or background investigation of staff Specify how the costs of such investigations are compensated:	ii. Participant Decision Making Authority. The participant (or the participant's representative) has decision making authority over workers who provide waiver services. Select one or more decision making authorities that participants exercise: Vecruit staff Recruit staff Refer staff to agency for hiring (co-employer) Select staff from worker registry Hire staff (common law employer) Verify staff qualifications Obtain criminal history and/or background investigation of staff Specify how the costs of such investigations are compensated:	Add the participant's decision making authority in AWC.
		To ensure all participants make an informed choice of service and service delivery, criminal background checks are mandatory for individuals performing personal assistance services. The CHC-MCO, or the subcontracted F/EA secures and pays for the criminal background check as described in Appendix C-2-a. In addition, child abuse clearances are required for all direct care workers providing services in homes where minor children reside. Please see Appendix C-2-b for additional information. Specify additional staff qualifications based on participant needs and preferences so	To ensure all participants make an informed choice of service and service delivery, criminal background checks are mandatory for individuals performing personal assistance services. The CHC-MCO, or the subcontracted F/EA, and the AWC vendor secures and pays for the criminal background check as described in Appendix C-2-a. In addition, child abuse clearances are required for all direct care workers providing services in homes where minor children reside. Please see Appendix C-2-b for additional information. Specify additional staff qualifications based on participant needs and preferences so	
		long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3. Specify the state's method to conduct background checks if it varies from Appendix C-2-a: N/A	long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3. Specify the state's method to conduct background checks if it varies from Appendix C-2-a: N/A	
		Determine staff duties consistent with the service specifications in Appendix C-1/C-3. Determine staff wages and benefits subject to applicable state limits	Determine staff duties consistent with the service specifications in Appendix C-1/C-3. Determine staff wages and benefits subject to applicable state limits	
		✓ Schedule staff	✓ Schedule staff	
		Orient and instruct-staff in duties	✓ Orient and instruct-staff in duties	
		✓ Supervise staff	✓ Supervise staff	
		 ✓ Evaluate staff performance ✓ Verify time worked by staff and approve time sheets 	Verify time worked by staff and approve time sheets	
		✓ Discharge staff (common law employer)	✓ Discharge staff (common law employer)	
		□ Discharge staff from providing services (co-employer)	✓ Discharge staff from providing services (co-employer)	
		Other Specify:	Other Specify:	
22.	Appendix H-1-a-i. – System Improvements	The Division of Quality Assurance in BQPM is responsible for collecting discovery and remediation information, analyzing that information, recommending system improvements and analyzing the effectiveness of the improvement initiatives. This Division is comprised of the Quality Management Unit (QMU) and the Quality Management and Efficiency Teams (QMET).	The Division of Quality Assurance in BQPM BQAPA is responsible for collecting discovery and remediation information, analyzing that information, recommending system improvements and analyzing the effectiveness of the improvement initiatives. This Division is comprised of the Quality Management Unit (QMU) and the Quality Management and Efficiency Teams (QMET). Quality Review Team and the Clinical Review Team.	Update QIS to current process.
		 The functions of the Division of Quality Assurance are: To conduct quality monitoring of long term living programs and services to ensure compliance with federal and state regulations and the 6 waiver assurances To conduct provider monitoring to align with the 6 assurances to gather accurate data to determine compliance 	The functions of the Division of Quality Assurance are: • To cConduct quality monitoring of long long-term living programs and services to ensure compliance with federal and state regulations and the 6 waiver assurances	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		To compile reports for on data for the 6 assurances	 To conduct provider monitoring to align with the 6 	
		to measure the effectives of program design and suggest	assurances to gather accurate data to determine	
		improvement initiatives	compliance	
		To use data to support the development and	• To cCompile reports for on data for the 6 waiver	
		implementation of policies and protocols to insure quality	assurances to measure the effectives of program design	
		program outcomes	and suggest improvement initiatives	
		To develop and implement training and technical	To u Use data to support the development and	
		assistance for staff, providers and participants to insure	implementation of policies and protocols to insure ensure	
		quality service delivery	quality program outcomes	
		To convene a Technical Assistance Workgroup	• Collaborate with other bureaus in OLTL Tto	
		comprised of OLTL staff to insure consistent policy	develop and implement training and technical assistance	
		communication to providers and staff	for staff, providers and participants to insure ensure quality	
		To collaborate with other bureaus in the OLTL,	service delivery and consistent policy communication	
		external stakeholders, other state agencies and the Quality	To convene a Technical Assistance Workgroup	
		Council to effectively implement this QIS	comprised of OLTL staff to insure consistent policy	
		 To recommend strategies for continuous quality 	communication to providers and staff	
		improvement	 To cCollaborate with other bureaus in the OLTL, 	
		To maximize the quality of life, functional	external stakeholders, other state agencies and the Quality	
		independence, health and welfare and satisfaction of	Council to effectively implement this the QIS	
		participants in OLTL waivers	To r Recommend strategies for continuous quality	
			improvement	
		The following reports are used to collect data which is then	To mMaximize the quality of life, functional	
		analyzed by the QMU to implement the QIS. The frequency	independence, health and welfare and satisfaction of	
		of data compilation is indicated after each report. Each of	participants in OLTL waivers	
		the reports listed below was specifically designed to collect		
		the data needed to assure compliance. The QMU works	The following CMS Waiver Assurances are evaluated based	
		with various other bureaus and divisions in the OLTL to	on approved waiver performance measures. There are	
		ensure the reports and data collected are valid and being	several reports performed by Subject Matter Experts	
		set up and compiled correctly. The reports are monitored	(SMEs) in OLTL that provide the data for the waiver	
		to determine possible causes of aberrant data and	performance measures. are used to collect data which is	
		compliance issues.	then The performance measures are analyzed by the QMU	
			Division of Quality Assurance to implement the QIS. The	
		Administrative Authority Assurance:	frequency of data compilation is indicated after each	
		Level of Care Determination Report - Quarterly	report. Each of the performance measure report listed	
		Independent Enrollment Broker Contractual Obligation	below was specifically designed to collect the data needed	
		Report for Area Agencies on Aging - Quarterly	to <mark>assure ensure compliance with the CMS Waiver</mark>	
		Initial and Annual Level of Care Report - Quarterly	Assurances. The QMU Division of Quality Assurance works	
			with various other bureaus and divisions in the OLTL to	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		• • Qualified Provider Assurance:	ensure the reports and data collected are valid and being	
		Qualified Provider Report - Quarterly	set up and compiled correctly. The reports are monitored	
		Initial Provider Enrollment Report - Quarterly	to determine possible causes of aberrant for irregular or	
			unusual data and compliance issues.	
		Service Plan Assurance:	·	
		Service Plan Assurance Data Report - Monthly	Administrative Authority Assurance: Six Performance	
		Participant Satisfaction Survey Results – 3 times per year	Measures	
		QMET Report on Service Delivery - Quarterly	Level of Care Determination Report — Quarterly	
		Enterprise Incident Management (EIM) Report on	Independent Enrollment Broker Contractual Obligation	
		Complaints - Monthly/On Demand	Report for Area Agencies on Aging - Quarterly	
			Initial and Annual Level of Care Report — Quarterly	
		Health and Welfare Assurance:		
		Three EIM Reports on Complaints and Incidents —	Level of Care Assurance: Two Performance Measures	
		Monthly/On Demand	Level of Care Determination Report	
		Participant Satisfaction Survey Reports – 3 times per year	Initial and Annual Level of Care Report	
		Financial Accountability Assurance	Qualified Provider Assurance: Five Performance Measures	
		Onsite Paid Claims Report - Quarterly	Qualified Provider Report — Quarterly	
		PROMISe Paid Claims Report - Monthly	Initial Provider Enrollment Report — Quarterly	
		• FEA Deliverable Report - Monthly	The state of the s	
		' '	Service Plan Assurance: Eight Performance Measures	
		The reports obtained are reviewed by Quality Management	Service Plan Assurance Data Report - Monthly	
		Liaisons (QML) in the QMU. Data is analyzed and reviewed	Participant Satisfaction Survey Results - 3 times per year	
		for each assurance. When areas of low compliance are	QMET Report on Service Delivery — Quarterly	
		identified, strategies to mitigate the non-compliance are	Enterprise Incident Management (EIM) Report on	
		discussed first with the Unit Supervisor, then Division	Complaints - Monthly/On Demand	
		Director and subsequently at the Quality Management	,	
		Meeting with representatives from each bureau in OLTL in	Health and Welfare Assurance: Fourteen Performance	
		attendance. At that meeting, each member of the group	Measures	
		suggests and discusses ideas to increase compliance with	Three EIM Reports on Complaints and Incidents –	
		the particular assurance previously identified as	Monthly/On Demand	
		problematic. An agreement is reached on a plan to roll out	Participant Satisfaction Survey Reports — 3 times per year	
		to involved entities, such as providers or contracted	Service Plan Assurance Data Report	
		entities. The bureau responsible for the entity is directed to		
		implement the plan and follow up for technical assistance.	Financial Accountability Assurance: Five Performance	
		Compliance with the assurance is then monitored closely to	Measures	
		insure the compliance rate increases. If this is not the case,	Onsite Paid Claims Report — Quarterly	
		instance the compliance rate increases. It this is not the ease,	PROMISe Paid Claims Report - Monthly	

!	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the
				Change
		the process begins again until the compliance rate	• FEA Deliverable Report - Monthly	
		increases to the acceptable level.	 PROMISE Claims/Rate Setting and Payment Report 	
		Quality information is reported to agencies, waiver	The After completing their reports, OLTL SMEs provide the	
		providers, participants, families and other interested	Division of Quality Assurance with the data for the	
		parties in several ways. The OLTL distributes information	performance measures. The performance measures	
		internally during monthly Quality Management Meeting.	obtained are reviewed by Quality Management Liaisons	
		These meetings are comprised of OLTL Bureau Directors	(QML) in the QMU the Division of Quality Assurance. Data	
		and/or designees as well as other OLTL staff who may be	is analyzed and reviewed for each waiver assurance to	
		invited. Information related to the performance measures	ensure the reports and performance measures collected	
		is shared and if needed remediation is discussed for	are valid. When areas of low compliance are If non-	
		achieving targeted goals. After discussion, at the Quality	compliance or low compliance is identified, the bureaus	
		Management Meeting. Quality information is also	and divisions in OLTL discuss strategies to mitigate the	
		presented at the Department of Human Services (DHS)	non-compliance are discussed first with the Unit	
		Medical Assistance Advisory Committee Meetings as	Supervisor, then Division Director and subsequently at the	
		requested. These meetings involve DHS and stakeholders.	Quality Management Meeting with representatives from	
		The OLTL also provides data as requested to providers,	each bureau in OLTL in attendance for mitigation and the	
		participants and other parties. Results from the Participant	appropriate bureau or division follows up with the entity	
		Satisfaction Survey are posted on the DHS website 3 times	and discusses the steps needed to bring them into	
		per year. Results from provider monitoring are	compliance including (if needed) technical assistance from	
		communicated to providers as soon as possible after the	OLTL . At that meeting, each member of the group suggests	
		monitoring takes place.	and discusses ideas to increase compliance with the	
			particular assurance previously identified as problematic.	
		Summarized below are the system improvement activities	An agreement is reached on a plan to roll out to involved	
		followed in response to aggregated, analyzed discovery and	entities, such as providers or contracted entities. The	
		remediation information collected on each assurance.	bureau responsible for the entity is directed to implement	
		1. The QML for each of the assurances reviews the	the plan and follow up for technical assistance. Compliance	
		data collected to determine compliance issues.	with the assurance is then monitored closely to insure	
		2. The data collected is aggregated for tracking and	ensure the compliance performance measure rate	
		trending.	increases. If this is not the casethe performance measure	
		3. The QML makes initial recommendations and	rate does not increase, the process begins again until the	
		prioritizes issues for problem solving and corrective	compliance rate increases to the acceptable level of 86% as	
		measures to the Unit Supervisor.	established by CMS. The continued improvement of	
		4. The Unit Supervisor reviews the recommendations	performance measure compliance rates beyond 86% is	
		and presents the issue to the Division Director.	pursued. Whenever possible OLTL strives to establish	
		5. Issues are then placed on the agenda for the	systems that achieve 100% performance measure	
		Quality Management Meeting.	compliance rates.	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the
				Change
		6. At the Quality Management Meeting, issues and	Quality information is reported to agencies, waiver	
		data are presented to the members.	providers, participants, families and other interested	
		7. Recommendations are made to remediate the	parties in several ways. The OLTL distributes information	
		issue.	internally during monthly <mark>through various</mark> Quality	
		8. The Director of the BQPM makes the decision on	Management Meeting. These meetings are comprised of	
		which plan will be used to remediate.	OLTL Bureau Directors, Division Directors, and/or	
		9. The appropriate bureau implements the plan with	designees, SMEs as well as other OLTL staff who may be	
		the responsible entity and provides technical assistance to	invited pertinent to the discussion. Information related to	
		implement the plan.	the performance measures is shared and if needed	
		10. The QML insures that the plan was successful by	remediation is discussed for achieving targeted goals. After	
		reviewing the compliance data following implementation of	discussion, at the Quality Management Meeting. Quality	
		the plan.	information is also presented at the Department of Human	
		11. The QML reports on the success of prior	Services (DHS) Medical Assistance Advisory Committee	
		remediation activities at Quality Management Meetings.	Meetings as requested. These meetings involve DHS and	
			stakeholders. The OLTL also provides data as requested to	
		This above process outlines the OLTL QIS. The QIS is	providers, participants and other <mark>parties</mark> stakeholders and	
		reviewed at each Quality Management meeting (monthly)	interested parties. Results from the Participant	
		to insure the QIS is working and on target.	Satisfaction Survey are posted on the DHS website 3 times	
			per year. Results from provider monitoring are	
		The roles and responsibilities are as follows:	communicated to providers as soon as possible after the	
			monitoring takes place.	
		Quality Management Liaisons:		
		Identify and collect needed data	Bureau/Division Responsibilities	
		Ensure that data from reports is valid and accurate	Summarized below are the system improvement activities	
		captures compliance with the 6 assurances	that are followed in response to aggregated, analyzed	
		Aggregate, review and analyze data to identify	discovery and remediation information collected on each	
		issues and trends	assurance.:	
		Identify compliance issues	 The QML for each of the assurances reviews the 	
		 Look for aberrant data and determine causes 	data collected to determine compliance issues.	
		 Make initial recommendations for problem solving, 	2. The data collected is aggregated for tracking and	
		corrective measures and system changes	trending.	
		Follow up on effectiveness of remediation plan and	3. The QML makes initial recommendations and	
		recommend alternatives if plan is not achieving desired	prioritizes issues for problem solving and corrective	
		result of reducing non-compliance	measures to the Unit Supervisor.	
		Develop mandatory training for Service	4. The Unit Supervisor reviews the recommendations	
		Coordinators on Assurances	and presents the issue to the Division Director.	
			5. Issues are then placed on the agenda for the	
		Unit Supervisor and Division Director:	Quality Management Meeting.	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the
		Review QML issues and recommendations for	6. At the Quality Management Meeting, issues and	Change
		inclusion in the monthly Quality Management meetings.	data are presented to the members.	
		Maintain an Issues Chart to track progress on	7. Recommendations are made to remediate the	
		remediation and system changes and insure the issue is	issue.	
		resolved and non-compliance is reduced.	8. The Director of the BQPM makes the decision on	
		Hold monthly Quality Management meetings with	which plan will be used to remediate.	
		OLTL Bureau Directors to discuss trends and plans to	9. The appropriate bureau implements the plan with	
		correct quality issues.	the responsible entity and provides technical assistance to	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	implement the plan.	
		Representatives from OLTL Bureaus:	10. The QML insures that the plan was successful by	
		Attend meetings	reviewing the compliance data following implementation of	
		Make recommendations and suggestions to	the plan.	
		remediate issues and system changes	11. The QML reports on the success of prior	
		Review recommendations made by QML	remediation activities at Quality Management Meetings.	
		Monitor follow up and results	 The appropriate OLTL bureau or division for each 	
		'	of the six waiver assurances reviews the data from the	
		BQPM Director	reports to ensure it is valid, accurate and compliant.	
		The Director of BQPM oversees the daily progress	 Data collected is aggregated for tracking and 	
		of activities related to the performance measures outlined	trending.	
		in the waiver. The Director also reviews and has input on	 The appropriate OLTL bureau or division makes 	
		the identification and collection of all data to be used in	initial recommendations and prioritizes issues for problem	
		reports during the monthly Quality management Meetings	solving, corrective measures and system changes.	
		and also what may be shared with the Medical Assistance	 Remediation plans are reviewed and alternatives 	
		Advisory Committee. The Director will also make final	discussed if the plan does not achieve desired result of	
		decisions on plans to be followed to remediate identified	reducing non-compliance.	
		issues.	 Recommendations are made for remediation 	
			and/or system changes to ensure the issue is resolved and	
			non-compliance is reduced.	
			 The appropriate OLTL bureau or division 	
			implements the remediation plan and/or system changes	
			with the responsible entity and provides technical	
			assistance as needed.	
			 The appropriate OLTL bureau or division ensures 	
			that the remediation plan and/or system changes were	
			successful by reviewing the compliance data following	
			implementation of the plan.	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			The appropriate OLTL bureau or division reports	Citalige
			on the success of remediation activities and/or system	
			changes.	
			changes.	
			This above process outlines the OLTL QIS. The QIS is	
			reviewed at each Quality Management meeting (monthly)	
			to insure evaluated on an ongoing continuous basis	
			through the implementation of the continuous quality	
			cycle to ensure the QIS is working and on target.	
			the Qio is working and on target	
			The roles and responsibilities are as follows:	
			Quality Management Liaisons:	
			• Identify and collect needed data	
			 Ensure that data from reports is valid and accurate 	
			captures compliance with the 6 assurances	
			 Aggregate, review and analyze data to identify 	
			issues and trends	
			 Identify compliance issues 	
			 Look for aberrant data and determine causes 	
			 Make initial recommendations for problem solving, 	
			corrective measures and system changes	
			 Follow up on effectiveness of remediation plan and 	
			recommend alternatives if plan is not achieving desired	
			result of reducing non-compliance	
			 Develop mandatory training for Service 	
			Coordinators on Assurances	
			Unit Supervisor and Division Director:	
			 Review QML issues and recommendations for 	
			inclusion in the monthly Quality Management meetings.	
			 Maintain an Issues Chart to track progress on 	
			remediation and system changes and insure the issue is	
			resolved and non-compliance is reduced.	
			 Hold monthly Quality Management meetings with 	
			OLTL Bureau Directors to discuss trends and plans to	
			correct quality issues.	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the
			Representatives from OLTL Bureaus:	Change
			Attend meetings	
			Make recommendations and suggestions to	
			remediate issues and system changes	
			Review recommendations made by QML	
			 Monitor follow up and results 	
			·	
			BQPM BQAPA Director	
			The Director of BQPM BQAPA oversees the daily	
			progress of activities related to the performance measures	
			outlined in the waiver. The Director <mark>also</mark> reviews and <mark>has</mark>	
			provides input on the identification and collection of all	
			data to be used in reports <mark>and</mark> during the monthly Quality	
			management Meetings and also what may be shared with	
			the Medical Assistance Advisory Committee (MAAC) and	
			the Consumer Subcommittee of the MAAC. The Director	
			will also make final decisions on plans to be followed to	
			remediate identified issues remediation and system	
			changes to be followed.	
23.	Appendix H-1-b-i. –	The process to continuously assess the effectiveness of this	The process to continuously assess the effectiveness of this	Update QIS to current
	System Design Changes	QIS and revise as necessary is as follows:	QIS and revise as necessary is as follows:	process.
		Monthly Quality Management Meeting will be held	 Monthly Quality Management Meeting will be held 	
		with the sole purpose of looking at the QIS and evaluating	with the sole purpose of looking at the QIS and evaluating	
		the effectiveness of the strategy.	the effectiveness of the strategy.	
		Prior to submission of the Evidentiary Based Review for	 OLTL Subject Matter Experts (SMEs) provide the Quality 	
		the waiver renewal, a Quality Management Meeting will be	Division with data for the waiver performance measures.	
		held for the same purpose.	SMEs also provide the Quality Division with information	
		Independent persons not associated with OLTL will	regarding their analysis process. SMEs also provide	
		be invited to access the effectiveness of the strategy.	descriptions of the remediation process and quality	
		The Issues Chart will be made available along with	improvement activities as necessary.	
		a summary of the steps taken to resolve the issues.	Prior to submission of the Evidentiary Based Review for	
		The Independent Reviewer will access and make recommendations for shange.	the waiver renewal, a Quality Management Meeting will be	
		recommendations for change.	held for the same purpose a draft of the EBR is shared with	
		Annually a Quality Management Meeting will be dedicated for review of the Issues Chart and	the OLTL Executive Team which is comprised of the	
		recommendations for change.	Deputy Secretary, The Chief of Staff, Bureau Directors,	
		recommendations for change.	and other designees.	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		The Quality Improvement System outlined also applies to the Aging (control number 0279), Attendant Care (control number 0277), Independence (control number 0319), CommCare (control number 0386). The discovery and remediation data gathered during the implementation of the QIS will be waiver specific and stratified. Because the renewals are staggered, the QIS will automatically receive a periodic evaluation during the point of the renewal of each waiver. The QIS process for the OBRA waiver will be reviewed after the EBR final report and prior to the submission of the renewal.	 Prior to submission of the EBR all data is reviewed by the DHS PeopleStat (internal data analysis group). Independent persons not associated with OLTL will be invited to access the effectiveness of the strategy. The Issues Chart will be made available along with a summary of the steps taken to resolve the issues. The Independent Reviewer will access and make recommendations for change. Annually a Quality Management Meeting will be dedicated for review of the Issues Chart and recommendations for change. 	Change
			The Quality Improvement System outlined also applies to the Aging (control number 0279), Attendant Care (control number 0277), Independence (control number 0319), CommCare (control number 0386). The discovery and remediation data gathered during the implementation of the QIS will be is OBRA waiver specific and stratified. Because the renewals are staggered, the QIS will automatically receive a periodic evaluation during the point of the renewal of each waiver. The QIS process for the OBRA waiver will be reviewed after the EBR final report and prior to the submission of the waiver renewal.	
24.	Appendix H-1-b-ii. — System Design Changes	The Quality Improvement Strategy (QIS) will be evaluated on an on-going and continuous basis through the implementation of the continuous quality cycle. QIS changes will be collected and reported on the annual CMS 372s. The QIS will require a formal review every two years. For the two year review, the Quality Management Unit (QMU) Assurance Liaisons will follow the QMU QIS Evaluation Protocol, will review the waiver assurance's discovery and remediation functions, and will apply comments and recommendations. In addition the QIS Liaison will review the Improvement Strategy, collect input from OLTL and will combine the resulting recommendations with those that are reported on the waiver assurances. Additional input from the OLTL Quality Meetings will be considered and follow-up on identified	The Quality Improvement Strategy (QIS) will be evaluated on an on-going and continuous basis through the implementation of the continuous quality cycle. QIS changes will be collected and reported on the annual CMS 372s. The QIS will require a formal review every two years. For the two year review, the Division of Quality Management Unit (QMU) Assurance Liaisons Assurance will follow the QMU QIS Evaluation Protocol, will review the waiver assurance's performance measures and discovery and remediation functions, and will apply comments and recommendations make changes when necessary. In addition the QIS Liaison The Division of Quality Assurance will review the Improvement Strategy, collect input from OLTL and will combine the resulting recommendations with those that are reported on the waiver assurances and	Update QIS to current process.

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the
				Change
		issues will occur through the QIS. The results of aggregated	comments/recommendations from the SMEs. Additional	
		information pertaining to the delivery of services including	input from the OLTL Quality Meetings will be considered	
		all corrective action plan activities of providers, provider	and follow-up on identified issues will occur through the	
		billing information, analysis of provider adherence to	QIS. The results of aggregated information pertaining to	
		performance measures established, etc. will be reviewed	the delivery of services including all corrective action plan	
		and discussed to evaluate the effectiveness of program	activities of providers, provider billing information, analysis	
		success. Any needed alterations to the QIS will be made	of provider adherence to performance measures	
		after this evaluation is completed.	established, etc. will be reviewed and discussed to evaluate	
		The Cognos report's data is manually verified.	the effectiveness of program success. Any needed	
		The size of the data sample is supported through	alterations to the QIS will be made after this evaluation is	
		the use of a sample size calculator available at:	completed.	
		https://content.metrixmatrix.com/sample.html.	The Cognos report's data is manually verified.	
		The report's data is randomly sorted through	• The size of the data sample is supported through	
		Microsoft Excel Macros.	the use of a sample size calculator available at:	
		The random data sample that is created by the	https://content.metrixmatrix.com/sample.html.	
		Microsoft Excel Macros is used to identify the HCBS claims	The report's data is randomly sorted through	
		that are to be reviewed for a HCBS provider.	Microsoft Excel Macros.	
		'	 The random data sample that is created by the 	
			Microsoft Excel Macros is used to identify the HCBS claims	
			that are to be reviewed for a HCBS provider.	
25.	Appendix H-2. – Use of	H.2 Use of a Patient Experience of Care/Quality of Life Survey	H.2 Use of a Patient Experience of Care/Quality of Life Survey	Update QIS to current
	a Patient Experience of Care/Quality of Life	Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (Select one): No	a. Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (Select one): No	process.
	Survey	Yes (Complete item H.2b)	Yes (Complete item H.2b)	
	,	b. Specify the type of survey tool the state uses:	b. Specify the type of survey tool the state uses:	
		HCBS CAHPS Survey;NCI Survey;	O HCBS CAHPS Survey; O NCI Survey;	
		o NCI AD Survey;	o NCI AD Survey;	
		Other (Please provide a description of the survey tool used):	Other (Please provide a description of the survey tool used):	
			The Participant Review Tool (PRT) was designed by Office of Long-Term Living (OLTL) and Service Coordinators (SC) to elicit information from the participant in order to help the SC determine whether the participant needs additional, different and/or varied services, including additional community activities. The PRT is administered by the SC; which, was intended to assist the SC Entity to identify signs of actual or potential abuse, neglect, and exploitation and determine the next steps they need to take in order to protect the health and welfare of the participant.	
26.	Appendix A Quality	Performance Measure AA-6	Performance Measure AA-6	Remove Performance
-	Improvement:	Number and percent of contractual obligations met by the	Number and percent of contractual obligations met by the	Measure (PM) AA-6
	Administrative	FEA regarding the execution of Medicaid provider	FEA regarding the execution of Medicaid provider	because the data is
		agreements.	agreements.	being collected under
				PM AA-5.

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		Numerator: Number of contractual obligations met by the FEA regarding the execution of Medicaid provider agreements Denominator: Total number of contractual obligations of the FEA regarding the execution of Medicaid provider agreements	Numerator: Number of contractual obligations met by the FEA regarding the execution of Medicaid provider agreements Denominator: Total number of contractual obligations of the FEA regarding the execution of Medicaid provider agreements	
27.	Appendix A Quality Improvement: Administrative		Performance Measure AA-8 Number and percent of contractual obligations met by the Agency with Choice (AWC) vendor Numerator: Number of contractual obligations met by the AWC vendor Denominator: Total number of contractual obligations	Add PM AA-8 to measure the AWC vendor's performance.
28.	Appendix A Quality Improvement: Administrative	The Bureau of Quality & Provider Management (BQPM) reviews AAAs regarding the initial LOC, reevaluations of LOC, F/EA and enrollment functions. The BQPM uses standard monitoring tools which outline the provider requirements as listed in the waiver and the Fiscal/Employer Agent (F/EA) contract, including LOC determination, F/EA, and enrollment functions. The BQPM verifies that the LOC determination, F/EA, and enrollment requirements continue to be met during the reviews. During the AAA review, random samples of consumer records are reviewed to ensure compliance with waiver LOC determination standards. Each AAA will be reviewed every two years, at minimum. Q16. The State will follow the sampling methods and timelines as outlined in the waiver specific transition plan.	The Bureau of Quality & Provider Management (BQPM) Assurance and Program Analytics (BQAPA) reviews AAAs regarding the initial LOC, reevaluations of LOC, F/EA and enrollment functions. The BQPM BQAPA uses standard monitoring tools which outline the provider requirements as listed in the waiver and the Fiscal/Employer Agent (F/EA) contract, including LOC determination, F/EA, and enrollment functions. The BQPM BQAPA verifies that the LOC determination, F/EA, and enrollment requirements continue to be met during the reviews. During the AAA review, random samples of consumer records are reviewed to ensure compliance with waiver LOC determination standards. Each AAA will be reviewed every two years, at minimum. Q16. The State will follow the sampling methods and timelines as outlined in the waiver specific transition plan. OLTL has oversight of the AWC vendor. OLTL will monitor the AWC vendor annually to ensure that the contract deliverables are met, and participants are in receipt of Financial Management Services in accordance with their PCSP. OLTL will monitor the AWC vendor's performance of administrative activities, as well as adherence to contract conditions and waiver requirements.	Add OLTL's responsibility for oversight of the AWC vendor.

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the
				Change
			If the AWC vendor is not in compliance with contractual or	
			waiver provisions, OLTL will issue a Statement of Findings.	
			The AWC will be required to develop a CAP in response to	
			each finding and remediate areas of non-compliance. The	
			CAP is due to OLTL within 15 days of issuance of findings	
			to the AWC vendor. OLTL reviews and approves or	
			disapproves the CAP within 15 days of receipt. OLTL will	
			conduct follow-up monitoring activities to ensure the CAP	
			is instituted and identified issues are remediated. Service	
			Coordinators will also be required to report any issues	
			with the AWC vendor's performance to OLTL.	