Appendix A, Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a.   Methods for Discovery: Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i   Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:

- *Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver*
- *Equitable distribution of waiver openings in all geographic areas covered by the waiver*
- *Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014).*

Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: AA1	Number and percent of contractual obligations met by the CHC-MCOs Numerator: Number of contractual obligations met by the CHC-MCOs Denominator: Total number of contractual obligations		
Data Source *(Select one) (Several options are listed in the on-line application):* Administrative Data – MCO Operations Reports validated by OLTL			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation *(check each that applies)*	***Frequency of data collection/generation:*** *(check each that applies)*	***Sampling Approach*** *(check each that applies)*

	Responsible Party for data collection/generation	Frequency of data collection/generation	Sampling Approach
	X State Medicaid Agency	☐ Weekly	X 100% Review
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample; Confidence Interval =
	☐ Other Specify:	☐ Annually	
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	Frequency of data aggregation and analysis: (check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	X Other Specify: Bi-Annually

Performance Measure: AA2	Number and percent of functional eligibility determinations (FEDs) completed timely by the Independent Assessment Entity. Numerator: Number of FEDs completed timely Denominator: Total number of FEDs completed
Data Source (Select one) (Several options are listed in the on-line application): Other	
If 'Other' is selected, specify: Administrative Data – FED Entity Operations Report validated by OLTL.	

	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	X State Medicaid Agency	☐ Weekly	X 100% Review
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample; Confidence Interval=

State:	
Effective Date	

	☐ Other Specify:	☐ Annually		
		☐ Continuously and Ongoing		☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually		
				☐ Other Specify:

Add another Data Source for this performance measure

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	Frequency of data aggregation and analysis: (check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	☐ Annually
	☐ Continuously and Ongoing
	X Other Specify: Bi-Annually

Performance Measure: AA4	Number and percent of contractual obligations met by the Independent Enrollment Broker Numerator: Number of contractual obligations met by the Independent Enrollment Broker Denominator: Total number of contractual obligations

Data Source (Select one) (Several options are listed in the on-line application): Administrative Data – IEB Operations Report validated by OLTL

If 'Other' is selected, specify:

	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	X State Medicaid Agency	☐ Weekly	X 100% Review
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample; Confidence Interval =
	☐ Other Specify:	☐ Annually	
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-annually	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	Frequency of data aggregation and analysis: (check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	X Other Specify: Bi-Annually

State:	
Effective Date	

Performance Measure: AA5	Number and percent of contractual obligations met by the Fiscal Employer Agent Numerator: Number of contractual obligations met by the Fiscal Employer Agent Denominator: Total number of contractual obligations

Data Source (Select one) (Several options are listed in the on-line application):
Other

If 'Other' is selected, specify: Administrative Data – F/EA Operations Report validated by OLTL.

	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	X State Medicaid Agency	☐ Weekly	X 100% Review
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample; Confidence Interval
	X Other Specify: CHC-MCO	☐ Annually	
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	Frequency of data aggregation and analysis: (check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

State:	
Effective Date	

Performance Measure: AA6	Number and percent of contractual obligations met by External Quality Review Organization (EQRO) Numerator: Number of contractual obligations met by EQRO Denominator: Total number of contractual obligations

Data Source *(Select one) (Several options are listed in the on-line application):* Other

If 'Other' is selected, specify: Operations report that measures if EQRO meets work plan due dates

	Responsible Party for data collection/generation *(check each that applies)*	**Frequency of data collection/generation:** *(check each that applies)*	**Sampling Approach** *(check each that applies)*
	X *State Medicaid Agency*	☐ *Weekly*	☐ *100% Review*
	☐ *Operating Agency*	☐ *Monthly*	☐ *Less than 100% Review*
	☐ *Sub-State Entity*	☐ *Quarterly*	☐ *Representative Sample; Confidence Interval =*
	☐ *Other Specify:*	☐ *Annually*	
		☐ *Continuously and Ongoing*	☐ *Stratified: Describe Group:*
		X *Other Specify: Bi-Annually*	
			☐ *Other Specify:*
			Deliverable based

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	**Frequency of data aggregation and analysis:** *(check each that applies*
X *State Medicaid Agency*	☐ *Weekly*
☐ *Operating Agency*	☐ *Monthly*
☐ *Sub-State Entity*	☐ *Quarterly*
☐ *Other Specify:*	X *Annually*
	☐ *Continuously and Ongoing*
	☐ *Other Specify:*

Performance Measure: AA7	*Number and percent of complaint reviews, 1st level complains, 2nd level complaints and 1st level grievances that were resolved within the required timeframes*

State:	
Effective Date	

	Numerator: Number of complaint reviews, 1st level complaints, 2nd level complaints and 1st level grievances that were resolved within required timeframes. Denominator: Total number of complaint reviews, 1st level complaints, 2nd level complaints and 1st level grievances resolved.

Data Source *(Select one) (Several options are listed in the on-line application): Other*

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL

	Responsible Party for data collection/generation *(check each that applies)*	**Frequency of data collection/generation:** *(check each that applies)*	**Sampling Approach** *(check each that applies)*
	X State Medicaid Agency	☐ *Weekly*	*X 100% Review*
	☐ *Operating Agency*	☐ *Monthly*	☐ *Less than 100% Review*
	☐ *Sub-State Entity*	☐ *Quarterly*	☐ *Representative Sample; Confidence Interval =*
	☐ *Other Specify:*	☐ *Annually*	
		☐ *Continuously and Ongoing*	☐ *Stratified: Describe Group:*
		X Other Specify: Bi-Annually	
			☐ *Other Specify:*

Responsible Party for data aggregation and analysis *(check each that applies*	**Frequency of data aggregation and analysis:** *(check each that applies*
X State Medicaid Agency	☐ *Weekly*
☐ *Operating Agency*	☐ *Monthly*
☐ *Sub-State Entity*	☐ *Quarterly*
☐ *Other Specify:*	*X Annually*
	☐ *Continuously and Ongoing*
	☐ *Other Specify:*

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

State:	
Effective Date	

Oversight of the Community HealthChoices Managed Care Organizations (CHC-MCOs) is provided by the Office of Long-Term Living (OLTL) within the Department of Human Services. Each of the CHC-MCOs is monitored under a Core Team, a matrix management model that is a cross-functional group of staff with a variety of skills and experiences. This group works as a team to provide oversight of the CHC-MCOs through both ongoing and quarterly comprehensive monitoring, as well as provide technical assistance to a specific CHC-MCO. The Core Team Manager serves as the primary point of contact for all CHC-MCO-specific issues or concerns and is responsible for utilizing Core Team Members and their analyses to promote performance improvement. Each of the CHC-MCOs is monitored under a Core Team, including a Contract Monitor. The Contract Monitor's primary responsibility is to evaluate the CHC-MCO's performance in designated areas of the contract. Making up the remainder of the team are OLTL staff whose primary responsibility is to evaluate the CHC-MCO's operations and performance requirements. Together, the team manages and monitors a specific plan to make certain contractual, regulatory and programmatic requirements are met and that the members are ensured access to care and quality services. The Core Teams facilitate Quarterly Quality Management meetings with OLTL staff and the CHC-MCOs to discuss CHC-MCO-specific monitoring results.

All CHC-MCOs are expected to adhere to contract requirements, and follow all DHS bulletins, operational memos, and notices that provide guidance and required timeframes for report submissions. All information and reports will be reviewed and analyzed and presented at the monthly Quality Management Meeting. The results of these reports will also serve to develop the agenda for the quarterly Quality Review Meetings with the MCOs. The Core Teams also initiate and follow-up on all Corrective Action Plans (CAPs) that result from monitoring or analysis of reports. For more detailed information regarding OLTL's organizational structure, please refer to Appendix H.

The OLTL Core Teams are the State Medicaid Agency's (OLTL) regional CHC-MCO monitoring agents. The Core Teams are comprised of Registered Nurses, Social Workers and Fiscal Representatives. The teams are dispersed throughout the state of Pennsylvania, and report directly to the Bureau of Coordinated and Integrated Services (BCIS). Using a standard monitoring tool which outlines the CHC-MCO qualifications as listed in the waiver, the Core Teams verify that the CHC-MCO continues to meet each requirement during the review. During the review, a random sample of employee and consumer records is reviewed to ensure compliance with waiver standards. Each CHC-MCO will be reviewed every two years, at minimum. Additionally, the Core Teams will conduct remediation activities as outlined in the waiver application.

The Bureau of Coordinated and Integrated Services (BCIS) also monitors the performance of both the independent assessment entity and the Independent Enrollment Broker. BCIS uses standard monitoring tools which outline the vendor requirements as outlined in the CHC waiver and each respective contract. BCIS verifies that the clinical eligibility and enrollment requirements continue to be met during the reviews.

The Department of Human Services will contract with an External Quality Review Organization (EQRO). The External Quality Review Organization (EQRO) will assist OLTL evaluate the care provided to participants by managed care plans in the areas of quality, access and timeliness. The EQRO will provide reports that will help the Bureau of Quality Assurance and Program Analytics (BQAPA) assess plan results in required quality improvement and performance measurement activities and help both CHC and the plans understand where resources should be focused to further improve the quality of care.

The EQRO will provide services consistent with federal law and policy, including EQR protocols published by CMS. The EQRO will conduct independent series of external quality review activities involving MCOs providing long-term services and supports, physical health services, and behavioral health services, as well as Medicare providers, and assist the state in ensuring coordination of care. The EQRO will also provide an annual report on the analysis and evaluation of aggregated information on quality, timeliness, and access to LTSS, and other services provided by the CHC-MCOs. The EQRO will validate performance measures, performance improvement projects, and conduct desk audits to determine CHC-MCO compliance with federal and state CHC-MCO quality standards. Part of the EQRO's requirements is to conduct on-site audits if desk audits or other activities indicate a need for more information or validation on performance measures. The EQRO will produce an annual technical report to OLTL on mandatory activities. The annual report is designed to comply with federal requirements.

Administration and oversight of these contracts falls within the purview of OLTL and the Department of Human Services.

b. Methods for Remediation/Fixing Individual Problems

i *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

When the performance measures identify Managed Care Organizations (MCOs) that are not meeting their requirements related to review activities as outlined in the contractual agreement, OLTL sends the MCO written notification of outstanding issues with a request for a Corrective Action Plan (CAP). The CAP is due to the OLTL within a mutually agreed time frame appropriate to the issues. OLTL staff reviews and acceptsor rejects the CAP. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action in the CAP.

Through a combination of reports from the enrollment broker and administrative data, the Contract Monitor for the Independent Enrollment Broker (IEB) determines if the contractual obligations are being met. If they are not met, the Bureau of Coordinated and Integrated Services (BCIS) notifies the IEB of the specific deficiencies, requests a corrective action plan and follows-up on the plan to ensure compliance. The CAP is due to the Core Teams within 15 working days. BCIS staff reviews and accepts/rejects the CAP within 30 working days. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action in the CAP. If the CAP was not successful in correcting the identified issue, technical assistance is provided by BCIS.

Through a combination of reports from the F/EA and administrative data, the OLTL Contract Monitor for the Fiscal/Employer Agent determines if the contractual obligations are being met. If they are not met, the Bureau of Fee for Service Programs notifies the F/EA of the specific deficiencies, requests a CAP and follows-up on the plan to ensure compliance. The CAP is due to the Core Teams within 15 working days. BPPS staff reviews and accepts/rejects the CAP within 30 working days. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with

the timeframes established for corrective action in the CAP. If the CAP was not successful in correcting the identified issue, technical assistance is provided by BPPS.

Through a combination of reports from the independent Assessment Entity and administrative data, the Contract Monitor for the independent Assessment Entity determines if the contractual obligations are being met. If they are not met, BCIS will notify the Assessment Entity of the specific deficiencies, requests a corrective action plan and follows-up on the plan to ensure compliance. The CAP is due to OLTL within 15 working days. BCIS staff reviews and accepts/rejects the CAP within 30 working days. Monitoring by OLTL occurs to ensure the CAP was completed and successful in resolving the issue in accordance with the timeframes established for corrective action in the CAP. If the CAP was not successful in correcting the identified issue, technical assistance is provided by BCIS.

The External Quality Review Organization (EQRO) will assist OLTL to evaluate the care provided to participants by managed care plans in the areas of quality, access and timeliness. The DHS Contract Monitor for the EQRO determines if the contractual obligations are being met. If they are not met, the Department's Procurement Office will notify the EQRO of the specific deficiencies, requests a Corrective Action Plan and follows-up on the plan to ensure compliance.

ii   Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)	Responsible Party (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)
	X State Medicaid Agency	☐ Weekly
	☐ Operating Agency	☐ Monthly
	☐ Sub-State Entity	☐ Quarterly
	☐ Other Specify:	☐ Annually
		X Continuously and Ongoing
		☐ Other Specify

c.   Timelines
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

X	No
O	Yes

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B, Quality Improvement: Level of Care

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a.   Methods for Discovery: **Level of Care Assurance/Sub-assurances**

The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

i.   *Sub-assurances:*

a. Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: LOC1	Number and percent of new enrollees who have an initial Functional Eligibility Determination (FED) completed prior to receipt of waiver services. Numerator: Total number of new enrollees who have a valid FED prior to receipt of waiver services Denominator: Total number of new enrollees

Data Source (Select one) (Several options are listed in the on-line application): Other

If 'Other' is selected, specify: PA Individualized Assessment (PIA)

	Responsible Party for data collection/generation (check each that applies)	*Frequency of data collection/generation: (check each that applies)*	*Sampling Approach (check each that applies)*
	X State Medicaid Agency	*☐ Weekly*	*X 100% Review*
	☐ Operating Agency	*☐ Monthly*	*☐ Less than 100% Review*
	☐ Sub-State Entity	*☐ Quarterly*	*☐ Representative Sample; Confidence Interval =*
	☐ Other Specify:	*☐ Annually*	

State:	
Effective Date	

		☐ Continuously and Ongoing		☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually		
				☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	Frequency of data aggregation and analysis: *(check each that applies*
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Add another Performance measure (button to prompt another performance measure)

b   **Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.(Sub-assurance was removed by CMS March 2014 and OLTL Waiver Amendment July 2015)**

    i. Performance Measures

    For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

    For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Add another Performance measure (button to prompt another performance measure)

c   **Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine the initial participant level of care.**

    i. Performance Measures

    For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

State:	
Effective Date	

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: LOC2	Number and percent of initial FEDs that were completed in accordance with policies and procedures to determine the participant's initial level of care. Numerator: Number of initial FEDs that were done correctly Denominator: Total number of initial FEDs reviewed

Data Source *(Select one) (Several options are listed in the on-line application): Other*

If 'Other' is selected, specify: Administrative Data – FED Entity Operations Report validated by OLTL

	Responsible Party for data collection/generation *(check each that applies)*	**Frequency of data collection/generation:** *(check each that applies)*	**Sampling Approach** *(check each that applies)*
	X *State Medicaid Agency*	☐ *Weekly*	☐ *100% Review*
	☐ *Operating Agency*	☐ *Monthly*	X *Less than 100% Review*
	☐ *Sub-State Entity*	☐ *Quarterly*	X *Representative Sample; Confidence Interval =*
	☐ *Other Specify:*	☐ *Annually*	*95% +/- 5%*
		☐ *Continuously and Ongoing*	☐ *Stratified: Describe Group:*
		X *Other Specify: Bi-Annually*	
			☐ *Other Specify:*

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	**Frequency of data aggregation and analysis:** *(check each that applies*
X *State Medicaid Agency*	☐ *Weekly*
☐ *Operating Agency*	☐ *Monthly*
☐ *Sub-State Entity*	☐ *Quarterly*
☐ *Other Specify:*	X *Annually*
	☐ *Continuously and Ongoing*
	☐ *Other Specify:*

State:	
Effective Date	

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

OLTL has entered into a sole-source contract with a non-governmental, non-state, conflict-free and independent assessment entity to conduct the initial and annual level of care determinations, hereafter referred to as Functional Eligibility Determinations and Re-determinations, respectively. The selected Independent Assessment Entity has subcontracts with local organizations to perform the initial Functional Eligibility Determinations and annual Redeterminations and is responsible for monitoring these local organizations to ensure the initial Functional Eligibility Determinations are completed 10 days after the participant referral from the Independent Enrollment Broker. The selected entity is also responsible for validating the results of the annual assessment collected by the CHC-MCO and officially making the annual Functional Eligibility Redetermination. Lastly, the selected entity is responsible for ensuring that Functional Eligibility Determinations and annual Redeterminations are completed within the required timeframes as set forth in policy.

The Bureau of Coordinated and Integrated Services will conduct quality management and improvement monitoring of the independent Assessment Entity. This includes ensuring that the Assessment Entity complies with federal and state regulations, and the delivery of services as outlined in their Statement of Work. BCIS will also monitor to ensure program and service delivery systems achieve desired outcomes.

The following reports will be utilized to determine that Functional Eligibility Determinations are being conducted and applied accurately.

Initial FED Completion Report – A report of the number of LTSS applicants who have been referred for a FED, and number of completed FEDs minus excuses.

Length of Time (Days) for Initial FED Completed for Applicant– A report of the number of days from the date FED was requested, the date due and the total number of days to complete the FED minus excuses.

Length of Time (Days) for "in person" Annual Redeterminations for Participants Completed for Applicant by County and Subcontractor – A report of the number of days from the date an annual redetermination was requested by a SCE to the date the annual redetermination was completed minus excuses.

Length of Time (Days) for Annual Redetermination completed for CHC Participants – A report of the number of days from the date annual redetermination data from FED form is supplied by CHC MCO to the date desk review was completed.

FED Comparison Results Report – The independent assessment entity will provide a FED Comparison Results report that includes data from FEDs completed each quarter to determine whether the percentages of those found eligible or ineligible have deviated either way in a significant manner. The Entity will also provide a final year-end month to month comparison on the quarterly findings.

The CHC-MCO must conduct a comprehensive needs reassessment no more than 12 months following the most recent prior comprehensive needs assessment or comprehensive needs reassessment unless a trigger event occurs. The CHC-MCO must complete reassessments as expeditiously as possible in accordance with the circumstances and as clinically indicated by the Participant's health status and needs, but in no case more than 14 days after the occurrence of the following trigger events:

- A significant healthcare event to include but not be limited to a hospital admission, a transition between healthcare settings, or a hospital discharge.
- A change in functional status.
- A change in caregiver or informal support status if the change impacts one or more areas of health or functional status.
- A change in the home setting or environment if the change impacts one or more areas of health or functional status.
- A change in diagnosis that is not temporary or episodic and that impacts one or more area of health status or functioning.
- As requested by the Participant or designee, caregiver, Provider, or the PCPT or PCPT Participant, or the Department.

In addition to the trigger events listed above, if the CHC-MCO identifies that a participant has not been receiving services for five (5) or more consecutive service days to assist with activities of daily living as indicated on the service plan, and if the suspension of services was not pre-planned, then the CHC-MCO must communicate with the participant to determine the reason for the service suspension within 24 hours of identifying the issue. If the participant's health status or needs have changed, then the CHC-MCO must conduct a comprehensive needs reassessment of the participant's needs within fourteen (14) days of identifying the issue.

Through the comprehensive needs assessment and reassessment, the CHC-MCO must assess a Participant's physical health, behavioral health, social, psychosocial, environmental, caregiver, LTSS, and other needs as well as preferences, goals, housing, and informal supports.

MCOs are required to enter the assessment information into the commonwealth approved tool and the independent assessment entity reviews for accuracy. Discrepancies will be sent to commonwealth staff for adjudication.

As previously stated, the Medical Director for OLTL will be highly involved in the FED process. In instances where the applicant's physician and the assessor differ on the final functional eligibility determination, OLTL's Medical Director will review the collected documentation and make the final determination. The OLTL Medical Director and a clinical team comprised of RNs will complete a clinical review of a sample of applicants that are determined Nursing Facility Ineligible (NFI). The review is to ensure oversight of the functional assessment determination process.

b.   Methods for Remediation/Fixing Individual Problems

i   *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

State:	
Effective Date	

If the Bureau of Coordinated and Integrated Services reviews FED data in the commonwealth approved data system and identifies non-compliance regarding the timeliness or specifications of initial FED or annual Redetermination, the independent Assessment Entity will be notified immediately and the non-compliance issue will be discussed along with an immediate remediation plan. Should non-compliance issues continue, a Corrective Action Plan (CAP) is requested from the independent Assessment Entity as referenced above in (b)(i).

ii   *Remediation Data Aggregation*

Remediation-related Data Aggregation and Analysis (including trend identification)

Remediation-related Data Aggregation and Analysis (including trend identification)	*Responsible Party (check each that applies)*	*Frequency of data aggregation and analysis: (check each that applies)*
	X *State Medicaid Agency*	☐ *Weekly*
	☐ *Operating Agency*	☐ *Monthly*
	☐ *Sub-State Entity*	☐ *Quarterly*
	☐ *Other: Specify:*	X *Annually*
		☐ *Continuously and Ongoing*
		☐ *Other: Specify:*

c.   *Timelines*
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

X	**No**
○	**Yes**

Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

State:	
Effective Date	

Appendix C, Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a.   Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i.   Sub-Assurances:

a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: QP1	Number and percent of newly enrolled providers who meet licensure and/or certification standards prior to service provision Numerator: Number of newly enrolled providers who meet required licensure and/or certification standards prior to service provision Denominator: Number of newly enrolled providers

Data Source *(Select one) (Several options are listed in the on-line application):* Other

If 'Other' is selected, specify: OLTL Provider enrollment database

	Responsible Party for data collection/generation *(check each that applies)*	**Frequency of data collection/generation:** *(check each that applies)*	**Sampling Approach** *(check each that applies)*	
	X State Medicaid Agency	☐ *Weekly*	*X 100% Review*	
	☐ *Operating Agency*	☐ *Monthly*	☐ *Less than 100% Review*	
	☐ *Sub-State Entity*	☐ *Quarterly*		☐ *Representative Sample; Confidence Interval = 90% +10%*
	☐ *Other*	☐ *Annually*		

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	Specify:			
		☐ Continuously and Ongoing		☐ Stratified: Describe Group:
		X Other Specify: Bi-annually		
				☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	Frequency of data aggregation and analysis: *(check each that applies*
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Performance Measure: QP2	Number and percent of enrolled licensed/ certified waiver providers who continue to meet regulatory and applicable waiver standards. Numerator: Number of enrolled providers who meet licensure and QP standards. Denominator: Number of enrolled providers reviewed.

Data Source *(Select one) (Several options are listed in the on-line application):* Other

If 'Other' is selected, specify: OLTL Provider enrollment database

	Responsible Party for data collection/generation *(check each that applies)*	Frequency of data collection/generation: *(check each that applies)*	Sampling Approach *(check each that applies)*
	X State Medicaid Agency	☐ Weekly	X 100% Review
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample; Confidence Interval =
	☐ Other Specify:	☐ Annually	
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually	
			☐ Other Specify:

State:	
Effective Date	

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	*Frequency of data aggregation and analysis:* (check each that applies
X State Medicaid Agency	☐ *Weekly*
☐ *Operating Agency*	☐ *Monthly*
☐ *Sub-State Entity*	☐ *Quarterly*
☐ *Other* Specify:	X *Annually*
	☐ *Continuously and Ongoing*
	☐ *Other* Specify:

Add another Performance measure (button to prompt another performance measure)

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

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: QP3	Number and percent of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards. Numerator: Number of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards. Denominator: Number of new providers.
Data Source *(Select one) (Several options are listed in the on-line application): Other*	
If 'Other' is selected, specify: OLTL Provider enrollment database	

	Responsible Party for data collection/generation *(check each that applies)*	Frequency of data collection/generation: *(check each that applies)*	Sampling Approach *(check each that applies)*	
	X State Medicaid Agency	☐ Weekly	X 100% Review	
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review	
	☐ Sub-State Entity	☐ Quarterly		☐ Representative Sample; Confidence Interval = 90% +10%
	☐ Other Specify:	☐ Annually		
		☐ Continuously and Ongoing		☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually		
				☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	Frequency of data aggregation and analysis: *(check each that applies*
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Performance Measure: QP4	Number and percent of non-licensed or non-certified waiver providers who continue to meet regulatory and applicable waiver standards. Numerator: Number of non-licensed or non-certified waiver providers who continue to meet regulatory and applicable waiver standards. Denominator: Number of non-licensed / non-certified waiver providers reviewed.
Data Source *(Select one) (Several options are listed in the on-line application): Other*	
If 'Other' is selected, specify: OLTL Provider enrollment database	

State:	
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	Responsible Party for data collection/generation *(check each that applies)*	Frequency of data collection/generation: *(check each that applies)*	Sampling Approach *(check each that applies)*
	X State Medicaid Agency	☐ Weekly	X 100% Review
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample; Confidence Interval =
	☐ Other Specify:	☐ Annually	
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	Frequency of data aggregation and analysis: *(check each that applies*
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Add another Performance measure (button to prompt another performance measure)

c   **Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

<u>For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed</u>

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statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: QP5	Number and percent of new HCBS providers meeting provider training requirements. Numerator: Number of new HCBS providers who meet training requirements. Denominator: Total number of new HCBS providers in the CHC-MCO network.

Data Source *(Select one) (Several options are listed in the on-line application): Other*

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL

	Responsible Party for data collection/generation *(check each that applies)*	**Frequency of data collection/generation:** *(check each that applies)*	**Sampling Approach** *(check each that applies)*
	X State Medicaid Agency	*☐ Weekly*	*X 100% Review*
	☐ Operating Agency	*☐ Monthly*	*☐ Less than 100% Review*
	☐ Sub-State Entity	*☐ Quarterly*	*☐ Representative Sample; Confidence Interval =*
	X Other Specify: CHC-MCO	*☐ Annually*	
		☐ Continuously and Ongoing	*☐ Stratified: Describe Group:*
		X Other Specify: Bi-Annually	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	**Frequency of data aggregation and analysis:** *(check each that applies*
X State Medicaid Agency	*☐ Weekly*
☐ Operating Agency	*☐ Monthly*
☐ Sub-State Entity	*☐ Quarterly*
☐ Other Specify:	*X Annually*
	☐ Continuously and Ongoing
	☐ Other Specify:

Add another Performance measure (button to prompt another performance measure)

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

> OLTL staff monitors the CHC-MCOs utilizing Core Teams. Each Core Team is comprised of a Program Specialist Registered Nurses, Social Workers, and Fiscal Representatives, and serves as the liaison between OLTL and each CHC-MCO. The Core Teams will monitor the CHC-MCOs on a regular basis. CHC-MCOs will be required to submit quarterly provider network reports, as well as quarterly compliance reports that identify CHC-MCO provider reviews, actions, education and corrective action plans. The Core Teams will utilize a standardized monitoring tool, and monitors CHC-MCOs against the requirements outlined in the CHC-MCO Agreement. OLTL will also review to ensure the provider has the appropriate licensure as required by the waiver prior to enrolling the provider.

b. **Methods for Remediation/Fixing Individual Problems**

i *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

> Before a provider is enrolled as a qualified waiver provider, the provider must provide written documentation to the State Medicaid Agency (OLTL) that it meets all state licensing and certification requirements. Additionally, a provider is required to provide documentation that it meets all waiver provider qualifications that are not part of licensure or certification. OLTL verifies each provider meets the established regulations and criteria to be a qualified waiver provider. If a provider does not meet one or more of the waiver qualifications, OLTL notifies the provider of the unmet qualifications and provides information on available resources the provider can access to improve or develop internal systems to meet the required provider qualifications. If a provider is unable to meet the required qualifications, the application to provide waiver services is denied. The provider may reapply with OLTL if verification is obtained.
>
> Provider's credentials are revalidated every five years from the date of the previous validation.
>
> Oversight of Pennsylvania's agreements with the managed care organizations will be performed by the Bureau of Coordinated and Integrated Services (BCIS). The agreements with the CHC-MCOs require the CHC-MCO's to submit monthly, quarterly and annual reports to BCIS on internal quality assurance/improvement activities such as consumer and provider surveys, performance measures, complaints and grievances and other issues or concerns that affect network access and service delivery. The commonwealth monitors program operations, including Service Coordination, Network Adequacy and provider qualifications, and assesses the performance of the plans through these reports.
>
> Under the Community HealthChoices Program, the CHC-MCO must establish and implement a policy on referral of suspected Provider Fraud, Waste and Abuse to the Department.
>
> The CHC-MCO is required to develop and implement administrative and management arrangements and procedures and a mandatory written compliance plan to prevent, detect, and correct Fraud,

Waste, and Abuse that contains the elements described in CMS publication "Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Health Plans".

The CHC-MCO must establish a Fraud, Waste and Abuse Unit comprised of experienced Fraud, Waste and Abuse reviewers. This Unit must have the primary purpose of preventing, detecting, investigating, referring, and reporting suspected Fraud, Waste and Abuse that may be committed by network providers, participants, caregivers, employees, or other third parties.

The CHC-MCO must inform all Network Providers of the Pennsylvania MA Provider Self Audit Protocol which allows providers to voluntarily disclose overpayments or improper payments of MA funds. The Department may impose sanctions or take other actions if it determines that a CHC-MCO, Network Provider, employee, caregiver or subcontractor has committed Fraud or Abuse.

ii   Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)	Responsible Party (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)
	X State Medicaid Agency	☐ Weekly
	☐ Operating Agency	☐ Monthly
	☐ Sub-State Entity	X Quarterly
	☐ Other: Specify:	X Annually
		☐ Continuously and Ongoing
		☐ Other: Specify:

c.   Timelines
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

X	**No**
O	**Yes**
	Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

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Appendix D, Quality Improvement: Service Plan

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Service Plan Assurance**

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

i. Sub-assurances:

a. Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: SP1	Number and percent of CHC waiver participants who have Person-Centered Service Plans (PCSPs) adequate and appropriate to their needs, capabilities, and desired outcomes. Numerator - Total number of CHC waiver participants who have PCSPs adequate and appropriate to their needs, capabilities, and desired outcomes. Denominator - Total number of CHC waiver participants who had PCSPs reviewed		
Data Source *(Select one) (Several options are listed in the on-line application): Other*			
If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL.			
	Responsible Party for data collection/generation *(check each that applies)*	***Frequency of data collection/generation:*** *(check each that applies)*	***Sampling Approach*** *(check each that applies)*
	X State Medicaid Agency	*☐ Weekly*	*☐ 100% Review*

	☐ Operating Agency	☐ Monthly	X Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	X Representative Sample; Confidence Interval =
	X Other Specify: CHC-MCO	X Annually	95% +/- 5%
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-Annual	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	Frequency of data aggregation and analysis: (check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Add another Performance measure (button to prompt another performance measure)

b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures. (Sub Assurance was removed by CMS in March 2014)

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Add another Performance measure (button to prompt another performance measure)

c.   Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

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i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: SP2	Number and percent of CHC waiver participants with Person-Centered Service Plans (PCSPs) reviewed before the waiver participant's annual review date Numerator - Total number of CHC waiver participants with PCSPs that were reviewed before the waiver participant's annual review date Denominator -Total number of CHC waiver participants who had PCSPs reviewed

Data Source (Select one) (Several options are listed in the on-line application): Other

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL.

	Responsible Party for data collection/generation *(check each that applies)*	**Frequency of data collection/generation:** *(check each that applies)*	**Sampling Approach** *(check each that applies)*
	X State Medicaid Agency	☐ Weekly	☐ 100% Review
	☐ Operating Agency	☐ Monthly	X Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	X Representative Sample: Confidence Interval:
	☐ Other Specify:	☐ Annually	95% +5%
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually	
			☐ Other Specify:

Add another Data Source for this performance measure

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	**Frequency of data aggregation and analysis:** *(check each that applies*
X State Medicaid Agency	☐ Weekly

State:	
Effective Date	

☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Performance Measure: SP3	Number and percent of CHC waiver participants with Person-Centered Service Plans (PCSPs) revised when warranted by a change in participant needs Numerator - Total number of CHC waiver participants with PCSPs that were revised when warranted by a change in participant needs Denominator -Total number of CHC waiver participants who had PCSPs reviewed

Data Source *(Select one) (Several options are listed in the on-line application):* Other

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligation and validated by OLTL.

	Responsible Party for data collection/generation *(check each that applies)*	**Frequency of data collection/generation:** *(check each that applies)*	**Sampling Approach** *(check each that applies)*
	X State Medicaid Agency	☐ Weekly	☐ 100% Review
	☐ Operating Agency	☐ Monthly	X Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	X Representative Sample; Confidence Interval =
	☐ Other Specify:	☐ Annually	95% +5%
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually	
			☐ Other Specify:

Add another Data Source for this performance measure

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis	**Frequency of data aggregation and analysis:**

State:	
Effective Date	

(check each that applies	(check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Add another Performance measure (button to prompt another performance measure)

> **d.   Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.**
>
> **i. Performance Measures**
>
> **For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**
>
> For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: SP4	Number and percent of CHC waiver participants who have received authorized services in the type, scope, amount, frequency and duration specified in the Person-Centered Service Plan (PCSPs) Numerator: Number of CHC waiver participants who are receiving services specified in the Person-Centered Service Plan (PCSP) Denominator: Total number of CHC Waiver participants who had PCSPs reviewed		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligation and validated by OLTL.			
	Responsible Party for data collection/generation	**Frequency of data collection/generation:** (check each that applies)	**Sampling Approach** (check each that applies)

	(check each that applies)		
	X State Medicaid Agency	☐ Weekly	☐ 100% Review
	☐ Operating Agency	☐ Monthly	X Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	X Representative Sample; Confidence Interval =
	☐ Other Specify:	☐ Annually	95% +5%
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	*Frequency of data aggregation and analysis:* *(check each that applies*
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Add another Performance measure (button to prompt another performance measure)

e. **Sub-assurance: Participants are afforded choice between/among waiver services and providers.**

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Add another Data Source for this performance measure

Performance Measure: SP5	Number and percent of CHC waiver participants whose records documented an opportunity was provided for choice of waiver services and providers. Numerator: Number of CHC waiver participants with documented evidence of opportunities. Denominator: Total number of CHC waiver participants who had PCSPs reviewed.

Data Source *(Select one) (Several options are listed in the on-line application):* Operating agency performance monitoring

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL

	Responsible Party for data collection/generation *(check each that applies)*	Frequency of data collection/generation: *(check each that applies)*	Sampling Approach *(check each that applies)*	
	X State Medicaid Agency	☐ Weekly	☐ 100% Review	
	☐ Operating Agency	☐ Monthly	X Less than 100% Review	
	☐ Sub-State Entity	☐ Quarterly		X Representative Sample; Confidence Interval =
	☐ Other Specify:	☐ Annually		95% +5%
		☐ Continuously and Ongoing		☐ Stratified: Describe Group:
		X Other Specify: Bi-Annually		
				☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	Frequency of data aggregation and analysis: *(check each that applies*
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

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Add another Performance measure (button to prompt another performance measure)

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

CHC-MCOs are responsible for monitoring the implementation of the PCSP, including access to waiver and non-waiver services, the quality of service delivery, and the health, safety and welfare of participants. After the initiation of services identified in the Participant's PCSP, CHC-MCOs monitor the provision of services, to confirm services have been initiated and are being provided on an ongoing basis as authorized in the PCSP. CHC-MCOs also identify and address service gaps and ensure that back-up plans are being implemented and are functioning effectively. CHC-MCOs will provide prompt follow-up and remediation of identified problems; as stipulated in the CHC-MCO policies and procedures submitted to and approved by OLTL according to the terms of the CHC-MCO contract. CHC-MCOs must report on monitoring results to OLTL. The CHC-MCO is responsible for on-going monitoring of PCSP implementation and of direct service providers. The Service Coordinator prepares, and the SC supervisor reviews, the PCSP to ensure the PCSP meets the identified needs of the participant and will submit it to the MCO for authorization. CHC-MCO's will collect and submit data reports to the Bureau of Coordinated and Integrated Services on information pertaining to service plan appropriateness and conformity to participant need. The CHC-MCO shall audit a Department-approved size sample of the PCSPs to demonstrate compliance with the requirements of the Quality Management /Utilization Management (QM/UM) program. Audit results are submitted to the Department as part of the Annual QAPI Program Evaluation. The Department may review, question, and request the revisions of any Person-Centered Service Plan. The CHC-MCO must provide the Department with weekly aggregate reports on PCSP changes.

The Bureau of Coordinated and Integrated Services reviews, provides analysis and tracks the data submitted by MCOs, and ensures sample size for a statistically valid sample using CMS sampling parameters. See Appendix H for more information on quality performance.

b.   Methods for Remediation/Fixing Individual Problems

i.   *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

After the initiation of services identified in the Participant's PCSP, CHC-MCOs monitor the provision of services, to confirm services have been initiated and are being provided on an ongoing basis as authorized in the PCSP. CHC-MCOs also identify and address service gaps and ensure that back-up plans are being implemented and are functioning effectively. CHC-MCOs will provide prompt follow-up and remediation of identified problems; as stipulated in the CHC-MCO policies and procedures submitted to and approved by OLTL according to the terms of the CHC-MCO contract. CHC-MCOs must report on monitoring results to OLTL. The CHC-MCO is responsible for on-going monitoring of PCSP implementation and of direct service providers. CHC-MCOS provide weekly, monthly and annual data reports to OLTL. The Bureau of Coordinated and Integrated Services staff tracks the sample size to ensure a statistically valid sample using CMS sampling parameters and provides analysis based on data submitted by MCOs. When issues are identified, OLTL will initiate meetings with the CHC-MCOs

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to provide information about performance, submit information to the CHC-MCOs in writing asking them to remediate the issue, and when necessary, issue a Corrective Action Plan for compliance. See Appendix H for more information on quality performance.

ii. **Remediation Data Aggregation**

Remediation-related Data Aggregation and Analysis (including trend identification)	**Responsible Party** *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
	X State Medicaid Agency	☐ **Weekly**
	☐ **Operating Agency**	☐ **Monthly**
	☐ **Sub-State Entity**	**X Quarterly**
	☐ **Other** Specify:	**X Annually**
		☐ **Continuously and Ongoing**
		☐ **Other** Specify:

c. **Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

X	**No**
○	**Yes**

Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

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Effective Date	

Appendix G, Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Health and Welfare**
    The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. *(For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")*

i. *Sub-assurances:*

    a. Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. *(Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

i. **Performance Measures**

    For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

    <u>For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.</u>

Performance Measure: HW1	Number and percent of unexplained deaths where appropriate follow-up or steps were taken. Numerator: Unexplained deaths for which review resulted in findings where appropriate follow up or steps were taken. Denominator: Total number of unexplained deaths.		
Data Source *(Select one) (Several options are listed in the on-line application): Other*			
If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL			
	Responsible Party for data collection/generation *(check each that applies)*	***Frequency of data collection/generation:*** *(check each that applies)*	***Sampling Approach*** *(check each that applies)*

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Responsible Party for data collection/generation	Frequency of data collection/generation	Sampling Approach
X State Medicaid Agency	☐ Weekly	X 100% Review
☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample; Confidence Interval =
X Other Specify: CHC-MCO	☐ Annually	
	☐ Continuously and Ongoing	☐ Stratified: Describe Group:
	X Other Specify:Bi-annually	
		☐ Other Specify:

Add another Data Source for this performance measure

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	Frequency of data aggregation and analysis: (check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	X Monthly
☐ Sub-State Entity	X Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Performance Measure: HW9	Number and percent of substantiated cases of abuse, neglect and exploitation where potential issues related to health and welfare were addressed. Numerator: Number of substantiated cases of abuse, neglect and exploitation where potential issues related to health and welfare were addressed. Denominator: Total number of substantiated cases of abuse, neglect and exploitation.

Data Source (Select one) (Several options are listed in the on-line application): Other

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL

	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)

State:	
Effective Date	

	X State Medicaid Agency	☐ Weekly	X 100% Review
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample; Confidence Interval =
	☐ Other Specify:	☐ Annually	
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-annually	
			☐ Other Specify:

Responsible Party for data aggregation and analysis (check each that applies	Frequency of data aggregation and analysis: (check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	X Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

b. **Sub-assurance: The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

State:	
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Performance Measure: HW4	Number and percent of CHC waiver participants who were informed of the reporting process for abuse, neglect and exploitation in initial and annual reviews. Numerator: Number of newly eligible CHC waiver participants and current waiver participants due for an annual reassessment who were informed of the reporting process. Denominator: Total number of newly eligible CHC waiver participants and current waiver participants due for an annual reassessment within a time period.

Data Source *(Select one) (Several options are listed in the on-line application): Other*

If 'Other' is selected, specify: Operational reports submitted by CHC-MCOs per contractual obligation and validated by OLTL.

	Responsible Party for data collection/generation *(check each that applies)*	Frequency of data collection/generation: *(check each that applies)*	Sampling Approach *(check each that applies)*
	X State Medicaid Agency	☐ Weekly	☐ 100% Review
	☐ Operating Agency	☐ Monthly	X Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	X Representative Sample; Confidence
	X Other CHC-MCO; IEB Specify:	☐ Annually	95% +/-5% *(will be 100% review in CY 2018 and 95+/-5% CY 2019 forward)*
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-annually	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	Frequency of data aggregation and analysis: *(check each that applies*
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other

State:	
Effective Date	

		Specify:	

Performance Measure: HW5	Number and percent of incidents for CHC waiver participants each month with more than three reported incidents within the past 12 months where results of trend analysis were addressed by the CHC-MCO. **Numerator:** Total number of incidents for CHC waiver participants each month with more than three reported incidents within the past 12 months where results of trend analysis were addressed by the CHC-MCO. **Denominator:** Total number of incidents for CHC waiver participants with reported incidents within the past 12 months where a trend analysis was performed.

Data Source *(Select one) (Several options are listed in the on-line application):* Other

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL

	Responsible Party for data collection/generation *(check each that applies)*	Frequency of data collection/generation: *(check each that applies)*	Sampling Approach *(check each that applies)*
	X State Medicaid Agency	☐ Weekly	X 100% Review
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	☐ Representative Sample; Confidence Interval =
	X Other CHC-MCO Specify:	☐ Annually	
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		X Other Specify: Bi-annually	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	Frequency of data aggregation and analysis: *(check each that applies*
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	X Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other

State:	
Effective Date	

	Specify:

Performance Measure: HW6	Number and percent of critical incidents reported within the prescribed timeframe. Numerator: Number of critical incidents reported within the prescribed timeframe. Denominator: Number of critical incidents reported.

Data Source *(Select one) (Several options are listed in the on-line application): Other*

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL

	Responsible Party for data collection/generation *(check each that applies)*	Frequency of data collection/generation: *(check each that applies)*	Sampling Approach *(check each that applies)*
	X State Medicaid Agency	☐ *Weekly*	*X 100% Review*
	☐ *Operating Agency*	☐ *Monthly*	☐ *Less than 100% Review*
	☐ *Sub-State Entity*	☐ *Quarterly*	☐ *Representative Sample; Confidence Interval =*
	X Other *Specify: CHC-MCO*	☐ *Annually*	
		☐ *Continuously and Ongoing*	☐ *Stratified: Describe Group:*
		X Other *Specify: Bi-annually*	
			☐ *Other Specify:*

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	Frequency of data aggregation and analysis: *(check each that applies*
X State Medicaid Agency	☐ *Weekly*
☐ *Operating Agency*	☐ *Monthly*
☐ *Sub-State Entity*	*X Quarterly*
X Other *Specify: CHC-MCO*	*X Annually*
	☐ *Continuously and Ongoing*
	☐ *Other* *Specify:*

State:	
Effective Date	

Performance Measure: HW7	Number and percent of critical incidents investigated within the prescribed timeframe. Numerator: Number of critical incidents investigated within the prescribed timeframe. Denominator: Number of critical incidents reported.

Data Source (Select one) (Several options are listed in the on-line application): Other

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL

	Responsible Party for data collection/generation (check each that applies)	*Frequency of data collection/generation: (check each that applies)*	*Sampling Approach (check each that applies)*
	X State Medicaid Agency	*☐ Weekly*	*X 100% Review*
	☐ Operating Agency	*☐ Monthly*	*☐ Less than 100% Review*
	☐ Sub-State Entity	*☐ Quarterly*	*☐ Representative Sample; Confidence Interval =*
	X Other *Specify: CHC-MCO*	*☐ Annually*	
		☐ Continuously and Ongoing	*☐ Stratified: Describe Group:*
		X Other *Specify: Bi-annually*	
			☐ Other Specify:

Responsible Party for data aggregation and analysis (check each that applies	*Frequency of data aggregation and analysis: (check each that applies*
X State Medicaid Agency	*☐ Weekly*
☐ Operating Agency	*☐ Monthly*
☐ Sub-State Entity	*X Quarterly*
X Other *Specify: CHC-MCO*	*X Annually*
	☐ Continuously and Ongoing
	☐ Other Specify:

Add another Performance measure (button to prompt another performance measure)

c. **Sub-assurance: The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.**

State:	
Effective Date	

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: HW8	Number and percent of incidents where either restraints or seclusion were used, and appropriate follow-up occurred by the CHC-MCO. Numerator: Number of incidents where either restraints or seclusion were used, and appropriate follow-up occurred by the CHC-MCO. Denominator: Total number of incidents where either restraints or seclusion were used.

Data Source (Select one) (Several options are listed in the on-line application): Other

If 'Other' is selected, specify: Operations reports submitted by CHC-MCOs per contractual obligations and validated by OLTL

	Responsible Party for data collection/generation *(check each that applies)*	**Frequency of data collection/generation:** *(check each that applies)*	**Sampling Approach** *(check each that applies)*
	X State Medicaid Agency	*☐ Weekly*	*X 100% Review*
	☐ Operating Agency	*☐ Monthly*	*☐ Less than 100% Review*
	☐ Sub-State Entity	*☐ Quarterly*	*☐ Representative Sample; Confidence Interval =*
	☐ Other Specify:	*☐ Annually*	
		☐ Continuously and Ongoing	*☐ Stratified: Describe Group:*
		X Other Specify: Bi-annually	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	**Frequency of data aggregation and analysis:** *(check each that applies*
X State Medicaid Agency	*☐ Weekly*

State:	
Effective Date	

☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	X Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

d. **Sub-assurance: The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: HW10	Number and percent of participants who had an ambulatory or preventive care visit during the measurement year. Numerator: Number of participants who had one or more ambulatory or preventive care visits during the measurement year and have Medicaid only or Medicaid and Medicare benefits with the same MCO. Denominator: Total CHC participants who meet the HEDIS eligibility specifications and have Medicaid only or Medicaid and Medicare benefits with the same MCO.

Data Source *(Select one) (Several options are listed in the on-line application):* Other
If 'Other' is selected, specify: HEDIS data and reports submitted by CHC-MCOs per contractual obligations

	Responsible Party for data collection/generation *(check each that applies)*	**Frequency of data collection/generation:** *(check each that applies)*	**Sampling Approach** *(check each that applies)*
	X State Medicaid Agency	*☐ Weekly*	*X 100% Review*
	☐ Operating Agency	*☐ Monthly*	*☐ Less than 100% Review*
	☐ Sub-State Entity	*☐ Quarterly*	*☐ Representative Sample; Confidence Interval =*
	X Other	*X Annually*	

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Effective Date	

	Specify: CHC-MCOs			
		☐ Continuously and Ongoing		☐ Stratified: Describe Group:
		☐ Other Specify:		
				☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	Frequency of data aggregation and analysis: (check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

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

> CHC-MCOs and their Network Providers and Subcontractors must report critical events or incidents via the Department's Enterprise Incident Management System (EIM). CHC-MCOs must also investigate critical events or incidents reported by Network Providers and Subcontractors and report the outcomes of these investigations in EIM and via monthly reports to OLTL. Statistical reports on reported critical incidents and complaints are generated from the state's Enterprise Incident Management (EIM) system. Reports are reviewed monthly and quarterly by the Bureau of Coordinated and Integrated Services for patterns in the types of incidents documented. The Bureau will also identify patterns and concerns regarding how the incidents are processed, investigated, and remediated. Please see Appendix H for more information.

b.   Methods for Remediation/Fixing Individual Problems

i.   *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

> CHC-MCOs are responsible to report on incidents according to the policies in the contract. When it is discovered that an incident was not acted upon in accordance with waiver standards (not reported, not investigated within the required timeframe, etc.) the Bureau of Coordinated and Integrated Services (BCIS) will immediately direct the CHC-MCO to complete an investigation, address the critical incident and otherwise meet OLTL incident standards. If immediate action is required to protect the Health and Welfare of the individual, the CHC-MCO

State:	
Effective Date	

shall take such action as appropriate. BCIS may be required to investigate and/or take action if an employee of the CHC-MCO is identified as a source of the incident. When a pattern of not reporting or otherwise following OLTL's incident management protocols is identified, BCIS will make a referral to the appropriate Core Team for review of the CHC-MCOs incident policies and procedures. As issues are discovered, Corrective Action Plans (CAPs) may be required of the CHC-MCOs. Individual incidents of a severe nature are investigated and reviewed in accordance with Appendix G. BCIS reviews CHC-MCO reports for patterns involving trends, providers, geographic areas, etc. If specific provider(s) are involved in a pattern of frequent incidents, a referral is made to Core Team staff for a targeted review and possible Corrective Action Plan (CAP).

ii.   Remediation Data Aggregation

	Responsible Party *(check each that applies):*	Frequency of data aggregation and analysis *(check each that applies)*
	X State Medicaid Agency	☐ Weekly
	☐ Operating Agency	☐ Monthly
	☐ Sub-State Entity	☐ Quarterly
	☐ Other Specify:	☐ Annually
		X Continuously and Ongoing
		☐ Other Specify:

c.   Timelines
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

X	No
O	Yes

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

State:	
Effective Date	

Appendix I, Quality Improvement: Financial Accountability

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a.   **Methods for Discovery: Financial Accountability Assurance**
The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program. *(For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")*

i. Sub-assurances:

a Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered. (Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)

a.i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: FA1	Number and percent of capitation payments reviewed by DHS or an independent auditor that are in accordance with the methodology approved by CMS. Numerator: Total number of capitation payments found in compliance with the methodology approved by CMS. Denominator: Total number of capitation payments reviewed.
Data Source (Select one) (Several options are listed in the on-line application): Other	
If 'Other' is selected, specify: Department of Human Services MMIS	

State:	
Effective Date	

	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)	
	X State Medicaid Agency	☐ Weekly	X100% Review	
	☐ Operating Agency	☐ Monthly	☐ Less than 100% Review	
	☐ Sub-State Entity	☐ Quarterly		☐ Representative Sample; Confidence Interval =
	X Other Specify: CHC-MCOs CPA firm	☐ Annually		
		☐ Continuously and Ongoing		☐ Stratified: Describe Group:
		X Other Specify: Bi-annually		
				☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	Frequency of data aggregation and analysis: (check each that applies
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	X Monthly
☐ Sub-State Entity	☐ Quarterly
X Other Specify: CHC-MCOs CPA firm	X Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

Add another Performance measure (button to prompt another performance measure)

b.　　**Sub-assurance: The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this

State:	
Effective Date	

section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure: FA2	Capitation payments to the CHC-MCOs that are made in accordance with CMS approved actuarially sound rate methodology. Numerator: Capitation payments made to the CHC-MCOs at the approved rates through the CMS certified MMIS. Denominator: Total number of capitation payments using the appropriate rate through the CMS certified MMIS.

Data Source *(Select one) (Several options are listed in the on-line application): Other*

If 'Other' is selected, specify: Department of Human Services Client Information System, MMIS

	Responsible Party for data collection/generation *(check each that applies)*	Frequency of data collection/generation: *(check each that applies)*	Sampling Approach *(check each that applies)*	
	X *State Medicaid Agency*	☐ *Weekly*	X *100% Review*	
	☐ *Operating Agency*	☐ *Monthly*	☐ *Less than 100% Review*	
	☐ *Sub-State Entity*	☐ *Quarterly*		☐ *Representative Sample; Confidence Interval =*
	☐ *Other Specify:*	☐ *Annually*		
		☐ *Continuously and Ongoing*		☐ *Stratified: Describe Group:*
		X *Other Specify: Bi-annually*		
				☐ *Other Specify:*

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis *(check each that applies*	Frequency of data aggregation and analysis: *(check each that applies*
X *State Medicaid Agency*	☐ *Weekly*
☐ *Operating Agency*	☐ *Monthly*
☐ *Sub-State Entity*	☐ *Quarterly*
☐ *Other Specify:*	X *Annually*
	☐ *Continuously and Ongoing*
	☐ *Other*

State:	
Effective Date	

	Specify:

Add another Performance measure (button to prompt another performance measure)

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

> The CHC MCOs are also required to submit financial reports to DHS on a quarterly basis and annual basis to substantiate continued MCO solvency.
>
> Based on the 1915(b) concurrent waiver application, please refer to the 1915(b) application for information regarding further performance measures on the integrity of data and other strategies by the State to discover and identify problems within the waiver program.

b.   Methods for Remediation/Fixing Individual Problems

i.   *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

> Based on the 1915(b) concurrent waiver application, please refer to the 1915(b) application for information regarding remediation and fixing individual problems.

ii.   Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)	*Responsible Party (check each that applies)*	*Frequency of data aggregation and analysis: (check each that applies)*
	X State Medicaid Agency	☐ Weekly
	☐ Operating Agency	X Monthly
	☐ Sub-State Entity	X Quarterly
	☐ Other Specify:	X Annually
		☐ Continuously and Ongoing
		☐ Other Specify:

c.   Timelines

State:	
Effective Date	

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

X	No
O	Yes

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

State:	
Effective Date	