

WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 20187-June 30, 2019)

Assurance Appendix A: Administrative Authority

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

Performance Measure: Percent of requests for prior authorization responded to within established timelines																	
A-1	Data Source					Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach		
	Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4
	Other: UMC					Other: UMC					Monthly; Continuously & On-going				100%		
# of requests for prior authorization responded to within established timelines	5,298	5,031	4,484	14,813				#DIV/0!				#DIV/0!				#DIV/0!	14,813
# of requests for prior authorization	5,311	5,038	4,484	14,833				0				0				0	14,833
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information																	
# Services taking over two business days for UMC response	13	7	0	20				0				0				0	20
# Average business days to process an individual service	1	1	1	1				#DIV/0!				#DIV/0!				#DIV/0!	1
# Services pending	0	0	0	0				#DIV/0!				#DIV/0!				#DIV/0!	0
Remediation Management	None.																

Performance Measure: Percent of formal complaints followed-up on by the UMC within established timelines																	
A-2	Data Source					Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach		
	Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4
	Other: UMC					Other: UMC					Monthly; Continuously & On-going				100%		
# of formal complaints followed-up on by the UMC within established timelines	2	1	1	4				#DIV/0!				#DIV/0!				#DIV/0!	4
# of formal complaints submitted to the UMC	2	1	1	4				0				0				0	4
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information																	
	The UMC is required to follow-up on all formal complaints within 2 business days of receipt.																
Jul-18	See attached R10 complaint detail report.																
Aug-18	See attached R10 complaint detail report.																
Sep-18	See attached R10 complaint detail report.																
Oct-18																	
Nov-18																	
Dec-18																	
Jan-19																	
Feb-19																	
Mar-19																	
Apr-19																	
May-19																	
Jun-19																	
Remediation Management	None.																

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Performance Measure: Percent of satisfaction surveys pertaining to UMC functions rated 80% or higher																	
A-3	Data Source				Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach			
	Other: UMC				Other: UMC					Monthly; Continuously & On-going				100%			
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of satisfaction surveys pertaining to UMC functions rated 80% or higher	376	443	432	1,251				0				0				0	1,251
# of satisfaction surveys submitted	378	444	432	1,254				0				0				0	1,254
Compliance %	99%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	1%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	For all UMC functions, including annual functional assessments and provider reviews, satisfaction surveys are provided to participants.																
Jul-18	2 surveys answered 1 for all questions.																
Aug-18	1 survey answered 1 for all questions. 440 assessment surveys returned; 4 provider review surveys returned.																
Sep-18	432 assessment surveys returned.																
Oct-18																	
Nov-18																	
Dec-18																	
Jan-19																	
Feb-19																	
Mar-19																	
Apr-19																	
May-19																	
Jun-19																	
Remediation Management	None.																
Performance Measure: Percent of on-site provider reviews conducted within established timelines																	
A-4	Data Source				Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach			
	Other: UMC				Other: UMC					Monthly; Continuously & On-going				100%			
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of on-site provider reviews conducted within established timelines	12	10	4	26				0				0				0	26
# of providers reviews conducted	12	10	4	26				0				0				0	26
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	The UMC conducts on-site provider reviews for all providers annually. Each provider is assigned an anchor date, and agencies can expect to be reviewed during the 30-day time period before or after the assigned anchor date.																
Remediation Management	None.																

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Performance Measure: Percent of required monthly reports provided by the contracted entities to BMS by the due date																	
A-5	Data Source					Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach		
	Other: UMC, MECA, OHFLAC, Claims Payer					Other: UMC, MECA, OHFLAC, Claims Payer					Monthly				100%		
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of required monthly reports provided to BMS by the due date	7	7	7	21				0				0				0	21
# of required monthly reports	7	7	7	21				0				0				0	21
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Required Reports: UMC--Complaint Detail Report, Provider Training Schedule, I/DD Monthly FBDH/SE Report, I/DD Monthly Member Activity Report, I/DD Monthly Managed Enrollment List Activity Report, Discovery & Remediation Report; F/EA--Personal Options Discovery & Remediation Report]																
Remediation Management	None.																

Performance Measure: Percent of provider agencies who met continuing certification standards																	
A-6	Data Source					Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach		
	Other: UMC, OHFLAC					Other: UMC, OHFLAC					Monthly				100%		
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
REPORTING DELAYED BY ONE MONTH																	
# of provider agencies who met continuing certification standards	1	8		9				0				0				0	9
# of provider agencies surveyed by OHFLAC	1	8		9				0				0				0	9
Compliance %	100%	100%	#DIV/0!	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	#DIV/0!	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	#DIV/0!	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Office of Health Facilities Licensure and Certification (OHFLAC) monitors and reports to UMC.																
Remediation Management	None.																

Performance Measure: Percent of providers that submitted the validation review within timelines																	
A-7	Data Source					Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach		
	Other: UMC					Other: UMC					Monthly				100%		
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of providers that submitted the validation review within timelines	0	0	0	0				0				0				0	0
# of providers whose validation review was due	0	0	0	0				0				0				0	0
Compliance %	100%	100%	100%	#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	#DIV/0!
Non-Compliance %	0%	0%	0%	#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	#DIV/0!
Total %	100%	100%	100%	#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	#DIV/0!
Additional Information	Provider agencies are required to submit validation review by assigned due-date; UMC monitors submission.																
	Validation reviews are submitted annually, each January. Rates of compliance will be recorded at that time.																
Remediation Management	None.																

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FY2018-2019 (July 1, 2018-June 30, 2019)**

Assurance Appendix B: Level of Care

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

Subassurance i: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

Performance Measure: Percent of applicants who received medical eligibility determinations within 90 days of receipt of the IPN response form by the UMC

B-1	Data Source				Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach			
	Other: UMC & MECA				Other: UMC & MECA					Monthly & On-going				100%			
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of initial medical eligibility determinations completed within established timelines	37	43	28	108				0				0				0	108
# of applicants for whom medical eligibility determinations are due within the reporting month	37	43	28	108				0				0				0	108
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	LOC determination must be made within 90 days of UMC receipt of Independent Psychologist Network (IPN) response form.																
# Over 90 Days to Determination	0	0	0	0				0				0				0	0
# Pending Determination	0	0	0	0				0				0				0	0
# Average Days to Determination	43	43	46	44				#DIV/0!				#DIV/0!				#DIV/0!	44
# DD-1 Applications Closed	1	4	3	8				0				0				0	8
Remediation Management	None.																

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

Performance Measure: Percent of secondary reviews of eligibility determinations that are consistent with the initial eligibility determinations

B-2	Data Source				Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach			
	Other: UMC & MECA				Other: UMC & MECA					Monthly & On-going				Representative Sample: 95% CI			
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of secondary review eligibility decisions that were consistent with the initial determinations	4	3	4	11				0				0				0	11
# of secondary reviews completed	4	3	4	11				0				0				0	11
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Every 10th initial evaluation receives a secondary review by MECA to determine if established criteria were appropriately applied.																
# initial eligibility packets reviewed by MECA	37	43	28	108				0				0				0	108
Remediation Management	None.																

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Assurance Appendix C: 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.

Subassurance i:	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.																
Performance Measure:	Percent of providers who continue to meet licensure and/or certification standards prior to delivering waiver services																
C-1	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC & OHFLAC				Other: UMC & OHFLAC				Monthly, Quarterly, & Annually				100%				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of providers who continue to meet licensure and/or certification standards	84	84	84	84	84												84
# of active agency providers	84	84	84	84	84												84
Compliance %	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Providers who are not licensed are not permitted to provide I/DD Waiver services.																
Jul-18	One new provider licensed.																
Remediation Management	None.																
Sub-Assurance iii:	The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.																
Performance Measure:	Percent of agency staff whose Confidentiality training is current																
C-2	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff whose Confidentiality training is current at time of service provision	94	132	105	331				0				0				0	331
# of agency staff files reviewed	94	136	106	336				0				0				0	336
Compliance %	100%	97%	99%	99%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	99%
Non-Compliance %	0%	3%	1%	1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Agency staff must be trained upon hire and annually thereafter. Any services provided during lapses in requirements are disallowed. In addition, agencies are required to address qualified provider deficiencies on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	None.																
Performance Measure:	Percent of agency staff whose Member Rights training is current																
C-3	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff whose Member Rights training is current at time of service provision	94	132	105	331				0				0				0	331
# of agency staff files reviewed	94	136	106	336				0				0				0	336
Compliance %	100%	97%	99%	99%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	99%
Non-Compliance %	0%	3%	1%	1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Agency staff must be trained upon hire and annually thereafter. Any services provided during lapses in requirements are disallowed. In addition, agencies are required to address qualified provider deficiencies on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	None.																

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Assurance Appendix C: 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.

Performance Measure: Percent of agency staff whose Recognition & Reporting of Abuse/Neglect/Exploitation training is current																	
C-4	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff whose Recognition & Reporting of A/N/E training is current at time of service provision	94	132	105	331				0				0				0	331
# of agency staff files reviewed	94	136	106	336				0				0				0	336
Compliance %	100%	97%	99%	99%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	99%
Non-Compliance %	0%	3%	1%	1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%

Additional Information Agency staff must be trained upon hire and annually thereafter. Any services provided during lapses in requirements are disallowed. In addition, agencies are required to address qualified provider deficiencies on a Plan of Correction, and Technical Assistance is provided.

Remediation Management None.

Performance Measure: Percent of agency staff whose Infectious Disease Control training is current																	
C-5	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff whose Infectious Disease Control training is current at time of service provision	94	132	105	331				0				0				0	331
# of agency staff files reviewed	94	136	106	336				0				0				0	336
Compliance %	100%	97%	99%	99%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	99%
Non-Compliance %	0%	3%	1%	1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%

Additional Information Agency staff must be trained upon hire and annually thereafter. Any services provided during lapses in requirements are disallowed. In addition, agencies are required to address qualified provider deficiencies on a Plan of Correction, and Technical Assistance is provided.

Remediation Management None.

Performance Measure: Percent of agency staff whose CPR training is current																	
C-6	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff whose CPR training is current at time of service provision	92	132	106	330				0				0				0	330
# of agency staff files reviewed	94	136	106	336				0				0				0	336
Compliance %	98%	97%	100%	98%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%
Non-Compliance %	2%	3%	0%	2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%

Additional Information Agency staff must be trained upon hire and annually thereafter. Any services provided during lapses in requirements are disallowed. In addition, agencies are required to address qualified provider deficiencies on a Plan of Correction, and Technical Assistance is provided.

Remediation Management None.

**WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 2018-June 30, 2019)**

Assurance Appendix C: 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.

Performance Measure:

Percent of agency staff whose First Aid training is current

C-7	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff whose First Aid training is current at time of service provision	92	131	106	329				0				0				0	329
# of agency staff files reviewed	94	136	106	336				0				0				0	336
Compliance %	98%	96%	100%	98%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%
Non-Compliance %	2%	4%	0%	2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Agency staff must be trained upon hire and annually thereafter. Any services provided during lapses in requirements are disallowed. In addition, agencies are required to address qualified provider deficiencies on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	None.																

Performance Measure:

Percent of agency staff whose Health and Welfare training is current

C-8	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff whose training in Health and Welfare is current	68	105	93	266				0				0				0	266
# of agency staff files reviewed	68	105	93	266				0				0				0	266
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Agency staff must be trained upon hire and annually thereafter. Any services provided during lapses in requirements are disallowed. In addition, agencies are required to address qualified provider deficiencies on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	None.																

Performance Measure:

Percent of agency staff whose Person-Centered Support skills training is current

C-9	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Validation reviews are submitted annually,				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff whose Person-Centered Support skills training is current	68	105	93	266				0				0				0	266
# of agency staff files reviewed	68	105	93	266				0				0				0	266
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Agency staff must be trained upon hire and annually thereafter. Any services provided during lapses in requirements are disallowed. In addition, agencies are required to address qualified provider deficiencies on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	None.																

WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 2018-June 30, 2019)

Assurance Appendix D: Service Plan

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

Subassurance i:	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.																
Performance Measure:	Percent of files of people receiving services whose service plan reflected assessed need																
D-1	Data Source				Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach			
	Other: UMC				Other: UMC					Monthly; Continuously & On-going				Representative Sample: 95% CI			
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services whose service plan reflected assessed needs								0				0				0	138
# of files reviewed	44	54	40	138				0				0				0	139
Compliance %	100%	98%	100%	99%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	99%
Non-Compliance %	0%	2%	0%	1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Assessed needs are identified via provider- and UMC-conducted assessments and indicated on the service plan. Agencies are required to address deficiencies in service plans on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	None.																
Performance Measure:	Percent of files of people receiving services whose service plan reflected the person's desired outcomes																
D-2	Data Source				Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach			
	Other: UMC				Other: UMC					Monthly; Continuously & On-going				Representative Sample: 95% CI			
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services whose service plan reflected desired outcomes								0				0				0	137
# of files reviewed	44	57	39	137				0				0				0	140
Compliance %	93%	100%	100%	98%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%
Non-Compliance %	7%	0%	0%	2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Desired outcomes are identified through Person-Centered Planning and indicated on the service plan. Agencies are required to address deficiencies in service plans on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	None.																
Performance Measure:	Percent of files of people receiving services whose service plan reflected identified health and safety risks																
D-3	Data Source				Responsible Party for Data Collection/Generation					Frequency of Data Collection/Generation				Sampling Approach			
	Other: UMC				Other: UMC					Monthly; Continuously & On-going				Representative Sample: 95% CI			
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services whose service plan reflected identified health and safety risks								0				0				0	137
# of files reviewed	44	55	39	138				0				0				0	138
Compliance %	100%	100%	97%	99%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	99%
Non-Compliance %	0%	0%	3%	1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Health and Safety Risks are identified via provider- and UMC-conducted assessments and indicated on the service plan. Agencies are required to address deficiencies in service plans on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	None.																

WV I/DD Waiver Discovery & Remediation Report
 FY2018-2019 (July 1, 20187-June 30, 2019)

Assurance Appendix D: Service Plan

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

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

Performance Measure: Percent of files of people receiving services whose service plans were updated at least annually and revised as needed

D-4	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services whose service plans were updated at least annually and revised as needed	48	59	40	147				0				0				0	147
# of files reviewed	49	59	40	148				0				0				0	148
Compliance %	98%	100%	100%	99%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	99%
Non-Compliance %	2%	0%	0%	1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Service plans must be developed annually and reviewed by the IDT at least every 6 months or more often as warranted by change in need. Agencies are required to address deficiencies in service plans on a POC, and Technical Assistance is provided.																
Remediation Management	None.																

Sub-Assurance iv: Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

Performance Measure: Percent of files of people receiving services reviewed that reflected the type, scope, duration, amount, and frequency of services specified in the Service Plan

D-5	Data Source				Responsible Party for Data Collection/Generation				Frequency				Sampling Approach				
	Other: UMC				Other: UMC				Continuously & Ongoing				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services reviewed that reflected type, scope, duration, amount, and frequency of services specified in the service plan	44	55	39	138				0				0				0	138
# of member files reviewed	44	55	39	138				0				0				0	138
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Service plans must include type, scope, duration, amount, and frequency of services. Agencies are required to address deficiencies in service plans on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	None.																

WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 20187-June 30, 2019)

Assurance Appendix D: Service Plan

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

Sub-Assurance v:	Participants are afforded choice between waiver services and institutional care, and between/among waiver services/providers.																
Performance Measure:	Percent of files of people receiving services reviewed that had a signed and current Freedom of Choice form designating a Service Delivery Model																
D-6	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Continuously & Ongoing				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services reviewed with a signed and current Freedom of Choice form designating a Service Delivery Model	44	56	38	138				0				0				0	138
# of files reviewed	44	57	40	141				0				0				0	141
Compliance %	100%	98%	95%	98%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%
Non-Compliance %	0%	2%	5%	2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	FOC form is completed at the annual functional assessment if the LRe is present; if LR is not present, agency ensures completion.																
Remediation Management	None.																

Performance Measure:	Percent of files of people receiving services reviewed that had a signed and current Freedom of Choice form designating a Service Coordination Agency																
D-7	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Continuously & Ongoing				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services reviewed with a signed and current Freedom of Choice form designating a Service Coordination Agency	44	56	38	138				0				0				0	138
# of files reviewed	44	57	40	141				0				0				0	141
Compliance %	100%	98%	95%	98%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%
Non-Compliance %	0%	2%	5%	2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	FOC form is completed at the annual functional assessment if the LRe is present; if LR is not present, agency ensures completion.																
Remediation Management	None.																

**WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 2018-June 30, 2019)**

Assurance Appendix G: Health & Welfare

The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Subassurance i:	The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.																
Performance Measure:	Percent of agency staff files reviewed with state and federal fingerprint-based checks returned with satisfactory results within timelines																
G-1	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff reviewed with NCICs returned with satisfactory results within timelines	93	135	92	320				0				0				0	320
# of agency staff files reviewed	94	136	106	336				0				0				0	336
Compliance %	99%	99%	87%	95%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%
Non-Compliance %	1%	1%	13%	5%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	5%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	In the event that the fingerprint-based check results indicate a conviction for an offense listed in the I/DD Waiver policy manual, the staff person must be terminated immediately. Any services provided during lapses in requirements are disallowed, agencies are required to address deficiencies in CIB on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	One provider had significant issues with background checks. The provider is running background checks for those who are still employed. Services provided by any staff whose background check returns with unsatisfactory results, or those provided by those who are no longer employed, will be disallowed. Additionally, the agency received technical assistance following the review and the deficiency is addressed on a Plan of Correction.																
Sep-18																	
Performance Measure:	Percent of agency staff files reviewed with monthly OIG exclusion list checks returned with satisfactory results																
G-2	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of agency staff files reviewed with OIG exclusion list checks with satisfactory results	94	136	92	322				0				0				0	322
# of agency staff files reviewed	94	136	106	336				0				0				0	336
Compliance %	100%	100%	87%	96%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	96%
Non-Compliance %	0%	0%	13%	4%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	In the event that the OIG check results indicate an exclusion the staff person must be terminated immediately. Any services provided during lapses in requirements are disallowed, agencies are required to address deficiencies in CIB on a Plan of Correction, and Technical Assistance is provided.																
Remediation Management	One provider had significant issues with background checks. The provider is running background checks for those who are still employed. Services provided by any staff whose background check returns with unsatisfactory results, or those provided by those who are no longer employed, will be disallowed. Additionally, the agency received technical assistance following the review and the deficiency is addressed on a Plan of Correction.																
Sep-18																	
Performance Measure:	Percent of files of people receiving services that have a document signed by person or legal representatives acknowledging they know how to report abuse, neglect, exploitation or other critical incidents																
G-3	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services with that signed document	42	54	37	133				0				0				0	133
# of files of people receiving services reviewed	47	55	40	142				0				0				0	142
Compliance %	89%	98%	93%	94%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	94%
Non-compliance %	11%	2%	8%	6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	6%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Remediation Management	Of the twelve providers reviewed during the month, one rated zero compliance with this requirement. Technical assistance was provided and correction will be verified at the six-month review in February 2019.																
Jul-18																	

WV I/DD Waiver Discovery & Remediation Report
 FY2018-2019 (July 1, 20187-June 30, 2019)

Assurance Appendix G: Health & Welfare
The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Sub-Assurance ii:																		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.																	
Performance Measure:																		Percent of reported critical and abuse/neglect/exploitation incidents resolved within 14 days																	
G-4				Responsible Party for Data Collection/Generation						Frequency of Data Collection/Generation						Sampling Approach																			
Other: UMC				Other: UMC						Monthly; Continuously & On-going						Representative Sample: 95% CI																			
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD																		
# of reported IMS critical & abuse/neglect/exploitation incidents resolved within established timelines	17	13	2	32				0				0				0	32																		
# of reported IMS critical & abuse/neglect/exploitation incidents	22	22	19	63				0				0				0	63																		
Compliance %	77%	59%	11%	51%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	51%																		
Non-Compliance %	23%	41%	89%	49%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	49%																		
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%																		
Additional Information	Providers are required to enter incidents into WV IMS within 24 hours of occurrence. An incident is considered resolved when action, such as conducting investigations and documenting investigation results and/or reporting to appropriate protective-services entities, occurs. Agencies are required to address deficiencies on a Plan of Correction and Technical Assistance is provided.																																		
Remediation Management																																			
Jul-18	Of the twelve providers reviewed during the month, two had no incidents to report, six were 100% compliant, two were partially compliant, and two demonstrated zero compliance. The partially compliant and noncompliant providers received technical assistance at the conclusion of their review and will receive targeted training for all staff responsible for entering and following-up on incidents.																																		
Aug-18	Of the ten providers reviewed during the month, two had no incidents to report, two were 100% compliant, three were partially compliant, and three demonstrated zero compliance. The partially compliant and noncompliant providers received technical assistance at the conclusion of their review and will receive targeted training for all staff responsible for entering and following-up on incidents.																																		
Sep-18	Of the four providers reviewed during the month, three were non-compliant and one was partially compliant. All four received technical assistance at the conclusion of their review and will receive targeted training for all staff responsible for entering and following-up on incidents.																																		

WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 2018-June 30, 2019)

Assurance Appendix G: Health & Welfare
The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Performance Measure: Percent of reported critical and abuse/neglect/exploitation incidents followed-up on by providers within established timelines																	
G-5	Other: UMC				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of reported IMS critical & abuse/neglect/exploitation incidents followed-up on by the provider within established timelines	67	72	132	271				0				0				0	271
# of reported IMS critical & abuse/neglect/exploitation incidents	87	144	148	379				0				0				0	379
Compliance %	77%	50%	89%	72%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	72%
Non-Compliance %	23%	50%	11%	28%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	28%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Providers are required to enter incidents into WV IMS within 24 hours of occurrence. In addition, they are required to follow-up all critical & abuse/neglect/exploitation incidents in WV IMS within 14 days. This follow-up details the action taken, including investigations and reporting to appropriate state and protective-services entities. In the event that a provider does not follow-up within the required timelines, or the follow-up is not appropriate to address the incident, Technical Assistance is provided.																
# of reported critical incidents entered into WV IMS that required UMC TA	15	49	11	75				0				0				0	75
# of reported critical incidents entered into WV IMS	57	100	107	264				0				0				0	264
# of abuse/neglect/exploitation incidents entered into WV IMS that required UMC TA	5	23	5	33				0				0				0	33
# of abuse/neglect/exploitation incidents entered into WV IMS	30	44	41	115				0				0				0	115
Remediation Management	Aug-18 With implementation of the new system, timely follow-up has not been possible for some providers. This system issue is being addressed.																

WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 20187-June 30, 2019)

Assurance Appendix G: Health & Welfare
The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Performance Measure: Percent of mortality reports of people receiving services reported by Service Coordinator that coincide with cause of death on death certificate																	
G-6	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	State Medicaid Agency; Other: UMC				Other: UMC				Monthly; Continuously & On-going				100%				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of mortality reports of people receiving services that coincide with the cause of death on the death certificate	9	2	2	13				0				0				0	13
# of mortality reports submitted	10	2	2	14				0				0				0	14
Compliance %	90%	100%	100%	93%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	93%
Non-Compliance %	10%	0%	0%	7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	7%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Updated monthly as death certificates are made available. It is possible that updates will occur several months following the actual death.																
Remediation Management	Jul-18 The one cause of death that does not coincide with the one on the death certificate may be an error and is under investigation.																
Performance Measure: Percent of unexplained, suspicious, and untimely deaths for which reviews/investigations resulted in identification of preventable causes																	
G-7	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	State Medicaid Agency				State Medicaid Agency				Continuously & On-going				100%				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of unexplained, suspicious, and untimely deaths for which review/investigation resulted in identification of preventable causes	0	0	0	0				0				0				0	0
# of deaths	0	0	0	0				0				0				0	0
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Remediation Management	None.																
Sub-Assurance iii:	The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.																
Performance Measure: Percent of Positive Behavior Support Plans (BSPs) of people receiving services recommending restrictive interventions that are approved by the provider's Human Rights Committee (HRC)																	
G-8	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of BSPs of people receiving services recommending restrictive interventions that are approved by the provider's HRC	3	2	1	6				0				0				0	6
# of BSPs reviewed that recommend restrictive interventions	3	2	1	6				0				0				0	6
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	All BSPs with restrictive interventions are required to be approved by the agency HRC. If a plan recommends restrictive interventions and has not been approved by the HRC, the provider is																
Remediation Management	None.																

**WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 2018-June 30, 2019)**

Assurance Appendix G: Health & Welfare

The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Sub-Assurance iv:	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.																
Performance Measure:	Percent of files of people receiving services reviewed whose Service Plan reflected a person's healthcare needs were coordinated																
G-9	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	State Medicaid Agency, Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services reviewed whose Service Plan reflected a person's healthcare needs were coordinated	44	57	40	141				0				0				0	141
# of files reviewed	46	57	40	143				0				0				0	143
Compliance %	96%	100%	100%	99%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	99%
Non-Compliance %	4%	0%	0%	1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information																	
Remediation Management	None.																
Performance Measure:	Percent of files of people receiving services reviewed with a current and appropriate backup/crisis plan in their file																
G-10	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	State Medicaid Agency, Other: UMC				Other: UMC				Monthly; Continuously & On-going				Representative Sample: 95% CI				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of files of people receiving services reviewed with a current and appropriate backup/crisis plan in their file	41	32	25	98				0				0				0	98
# of files reviewed	49	56	40	145				0				0				0	145
Compliance %	84%	57%	63%	68%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	68%
Non-Compliance %	16%	43%	38%	32%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	32%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Additional Information	Crisis plans are required to address at minimum, no call/no show of staff, when primary caregiver cannot provide support, disaster related issues, health/medical issues, and issues specific to the																
Remediation Management																	
Jul-18	Of the twelve providers reviewed during the month, nine were fully compliant. One was partially compliant and two were not compliant with the requirement. The partially compliant and noncompliant providers received technical assistance at the conclusion of their review and will receive targeted training for all staff responsible for development of crisis plans.																
Aug-18	Of the ten providers reviewed during the month, five were fully compliant. Three were partially compliant and one was not compliant with the requirement. One agency was a service only provider, and therefore does not develop crisis plans. The partially compliant and noncompliant providers received technical assistance at the conclusion of the review and will receive targeted training for all staff responsible for development of crisis plans.																
Sep-18	Of the four providers reviewed during the month, one was fully compliant and three were partially compliant. The partially compliant agencies received technical assistance at the conclusion of the review and will receive targeted training for all staff responsible for development of crisis plans.																

**WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 2018-June 30, 2019)**

Assurance Appendix I: Financial Accountability

The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.

Subassurance i: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

Performance Measure: Percent of claims in a representative sample paid using the correct rate as specified in the Waiver application

I-1	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	State Medicaid Agency; Other: UMC				Other: UMC				Continuously & On-going				100%				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# of claims paid using the correct rate as specified in the Waiver application	1,406	992	2,364	4,762				0				0				0	4,762
# of claims paid	1,406	992	2,364	4,762				0				0				0	4,762
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!	100%	100%	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%	#DIV/0!	#DIV/0!	0%	0%	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!	100%	100%	#DIV/0!	100%

Additional Information: UMC reviews claims for a 3-month period at on-site review.

Remediation Management: None.

Performance Measure: Percent of provider claims reviewed that did not result in recoupment due to an unsatisfactory audit

I-2	Data Source				Responsible Party for Data Collection/Generation				Frequency of Data Collection/Generation				Sampling Approach				
	State Medicaid Agency; Other: UMC				Other: UMC				Continuously & On-going				100%				
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
REPORTING DELAYED UNTIL ALL REPORTS ARE FINALIZED																	
# of provider claims reviewed that did not result in recoupment				0				0				0				0	0
# of provider claims reviewed				0				0				0				0	0
Compliance %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Non-Compliance %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Remediation Management: None.

**WV I/DD Waiver Discovery & Remediation Report
FY2018-2019 (July 1, 20187-June 30, 2019)**

Additional Information																	
Percent of active members who receive the redetermination functional assessments																	
Performance Measure	Data Source					Sampling Methodology					Frequency of Data Collection				Reported		
	Month	UMC				100%					Monthly				Monthly		
	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# Active members who received the redetermination functional assessments within timelines	353	417	388	1,158				0				0				0	1,158
# Active members whose assessment was completed prior to the "90-day" window (special permission granted by BMS for assessment to be conducted early [within a 120-day window])	3	13	21	37				0				0				0	37
# Active members whose Anchor date (fixed IPP date and eligibility date) occurs within the calendar month	356	430	411	1,197				0				0				0	1,197
Compliance %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Non-Compliance %	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Remediation Management																	
* Policy does not require that enrollees (approved but on wait list) have a functional assessment. Assessments are conducted within 90 days prior to each member's Anchor date.																	
# Members whose assessment was due, not completed or completed late, but received an extension/exception due to extenuating circumstances	0	0	2	2				0				0				0	2
# Members whose assessment was due, not completed, because of extenuating circumstances (researched for potential discharge from program)	0	0	0	0				0				0				0	0
# Members whose assessment was due, completed late, because of member or provider non-compliance	0	0	0	0				0				0				0	0
Additional Information																	
Percent of members whose individualized assessments and budgets were issued within 45 days																	
Performance Measure	Data Source					Sampling Methodology					Frequency of Data Collection				Reported		
	Month	UMC				100%					Monthly				Monthly, continuously/ongoing		
	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# Members whose individualized assessments and budgets were issued within 45 days prior to the member's service plan date	385	404	356	1145				0				0				0	1,145
# Members whose individualized assessment and budgets were issued	438	485	419	1342				0				0				0	1,342
Compliance %	88%	83%	85%	85%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	85%
Non-Compliance %	12%	17%	15%	15%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	15%
Total %	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
*Indicates whether the UMC issues the budget at least 45 days prior to the member's fixed IPP date (Anchor date). This is to ensure the IDT has access to the budget and assessment results prior to the IDT meeting. Being able to issue the budget is dependent partially on the assessment occurring on time. The issues below indicate reasons the assessment did not occur within timelines, resulting in the budget not being available 45 days prior to the Anchor date.																	
Remediation Management																	
# Total Not completed w/in 45 days	53	81	63	197				0				0				0	197
# Not completed within 45 days due to Consumer No-show/Cancel	33	47	48	128				0				0				0	128
# Not completed within 45 days due to Provider No-show/Cancel	18	11	11	40				0				0				0	40
# Not completed within 45 days due to SSF No-show/Cancel	2	15	4	21				0				0				0	21
# Not completed within 45 days due to inclement weather	0	0	0	0				0				0				0	0
# Not completed within 45 days due to other agency	0	8	0	8				0				0				0	8