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.

							e) and contr										
Performance Measure:					P			rior authoriz			hin establis	hed timelin	es				
A-1			Data Source			Respor		for Data Col	•	eration			ollection/G		Sar	npling Appro	oach
			Other: UM					Other: UMC					ously & On			100%	
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# 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		1	1		1	1	1		1	1	1		1	1	ı		
# Services taking over two business days for	4.0	_		20													25
UMC response	13	7	0	20				0				0				0	20
# Average business days to process an								"D" (/c:				upn 1/61				"D" (/c:	
individual service																	1
# Services pending		0	0	0				#DIV/0!				#DIV/0!				#DIV/0!	0
Remediation Management	None.																
Performance Measure:					Pe				<u> </u>								
A-2		Percent of formal complaints followed-up on by the UMC within established timelines Data Source Responsible Party for Data Collection/Generation Frequency of Data Collection/Generation Sampling App														npling Appro	oach
			Other: UM					Other: UMO								100%	
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# 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		•	<u> </u>		complaints v	within 2 busi	iness days o	receipt.									
		ed R10 comp															
Ÿ		ed R10 comp		•													
	See attache	ed R10 comp	olaint detail	report.													
Oct-18																	
Nov-18																	
Dec-18																	
Jan-19																	
Feb-19																	
Mar-19																	
Apr-19																	
May-19		-	-					-			-	-	-	-	-		

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Jun-19

None.

Remediation Management

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 satisfaction surveys pertaining to UMC functions rated 80% or higher

A-3		Data 9	Source		Respor	sible Party	for Data Col	lection/Gen	eration	Frequen	cy of Data C	ollection/G	eneration		Sampling	Approach	
A-3		Other	: UMC				Other: UMO			Mont	thly; Continu	ously & On-	going		10	00%	
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 UMO	C functions, i	ncluding anı	nual function	nal assessme	ents and pro	vider review	s, satisfactio	n surveys a	re provided	to participa	nts.					
Jul-18	2 surveys a	nswered 1 f	or all questic	ns.													
Aug-18	1 survey an	swered 1 fo	r all questio	ns. 440 asse	ssment surv	eys returne	d; 4 provide	review surv	eys returne	d.							
Sep-18	432 assessr	ment survey	s 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 p	rovider revie	ws conduc	ted within e	stablished t	imelines					
		Data 9	Source		Respor	sible Party	for Data Col	lection/Gen	eration	Frequen	cy of Data C	ollection/G	eneration		Sampling	Approach	
A-4		Other	: UMC				Other: UMO	;		Mont	thly; Continu	ously & On-	going			00%	
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%
	The UMC co	onducts on-	site provider	reviews for	all provider	s annually.	Each provide	r is assigned	an anchor	date, and ag	encies can e	xpect to be	reviewed du	uring the 30-	day time pe	riod before	or after the
Additional Information	assigned ar																
Remediation Management	None.																

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: : 2020 2025 (50:) 2) 2020; 50::0 00) 2025)

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	t of required	monthly re	ports provid	ded by the c	ontracted e	ntities to BN	/IS by the di	ue date				
A-5			Data Source	!		Respor	sible Party f	or Data Coll	ection/Gen	eration	Frequenc	y of Data Co	ollection/G	eneration	San	pling Appro	oach
A-3	Oth	er: UMC, M	IECA, OHFLA	.C, Claims Pa	ayer	Oth	er: UMC, M	ECA, OHFLA	C, Claims Pa	ayer		Mor	nthly			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%
	Doguired De	anarta, IIIA	C Complain	+ Dotail Bon	art Dravida	Training Co	hadula I/DD	Monthly FD	DH/CE Bone	ort I/DD Ma	nthly Mamb	or Activity D	Papart I/DD	Monthly M	naged Enro	Hannak Link A	ctivity.

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

Additional Information Report, Discovery & Remediation Report; F/EA--Personal Options Discovery & Remediation Report]

Remediation Management None.

None.

Remediation Management

Performance Measure:						Percen	t of provide	r agencies w	ho met con	tinuing cert	ification sta	ndards					
A-6			Data Source)		Respor	sible Party f	or Data Coll	ection/Gen	eration	Frequenc	y of Data Co	ollection/G	eneration	San	npling Appro	oach
A-6		Othe	r: UMC, OH	FLAC			Othe	r: UMC, OH	FLAC			Mor	nthly			100%	
Month																	
REPORTING DELAYED BY ONE MONTH	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# 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 He	ealth Facilitie	s Licensure	and Certific	ation (OHFL)	AC) monitor	s and reports	s to LIMC									

Performance Measure:						Percent	of provider	s that submi	itted the va	lidation revi	ew within t	imelines					
A-7			Data Source	•		Respor	sible Party	for Data Coll	lection/Gen	eration	Frequen	cy of Data C	Collection/G	eneration	Sam	npling Appro	oach
A-7			Other: UMO	3				Other: UMC	2			Мо	nthly			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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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.

							ICI/ID-DD.										
Subassurance i:	An evaluat	ion for LOC	is provided	to all applica	ants for who	om there is	reasonable	indication t	hat service	s may be ne	eded in the	future.					
Performance Measure:			Perc	ent of appli	cants who r	eceived me	dical eligibi	lity determi	nations wit	hin 90 days	of receipt o	of the IPN re	sponse for	n by the UI	ИC		
B-1		Data 9	Source		Respon	sible Party	for Data Col	lection/Ger	neration	Frequenc	y of Data Co	ollection/G	eneration		Sampling A	Approach	
D-1		Other: UN	IC & MECA			Othe	er: UMC & I	MECA			Monthly 8	k 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 detern	nination mus	st be made v	within 90 day	ys of UMC re	eceipt of Ind	dependent P	sychologist	Network (IF	PN) 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 proces	ses and inst	ruments de	scribed in th	e approved	waiver are	applied ap	propriately	and accord	ing to the a	proved de	scription to	determine	initial parti	cipant level	of care.	
	proces										•	•		•			
Performance Measure:				Percent o	or secondar	y reviews o	r eligibility o	determinati	ons that are	consistent	with the in	itiai eligibili	ty determin	ations			

Performance Measure:				Percent o	of secondary	y reviews of	f eligibility of	determinati	ons that are	consistent	with the in	itial eligibili	ty determir	nations			
B-2		Data 9	Source		Respons	sible Party	for Data Co	llection/Ger	neration	Frequenc	y of Data C	ollection/G	eneration		Sampling A	Approach	
B-2		Other: UN	IC & MECA			Othe	er: UMC & N	MECA			Monthly 8	& On-going		Repr	esentative S	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 evalua	ation receive	es a seconda	ry review by	MECA to d	letermine if	established	criteria wer	e appropria	tely applied						
# initial eligibility packets reviewed by																	
MECA	37	43	28	108				0				0				0	108
Remediation Management	None.																

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FY2018-2019 (July 1, 20187-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.

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 continu	ie to meet	licensure ar	nd/or certifi	cation stand	dards prior	to deliverin	g waiver se	rvices			
C-1		Data 9	ource		Respon	sible Party f	or Data Col	lection/Ger	neration	Frequenc	y of Data Co	ollection/Ge	eneration		Sampling A	pproach	
C-1		Other: UM	C & OHFLAC			Other	: UMC & O	HFLAC		Mon	nthly, Quart	erly, & Annı	ually		1009	6	
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:						Perce	nt of agenc	y staff whos	e Confiden	tiality traini	ng is currer	it					
C-2		Data 9	Source		Respons	sible Party f	or Data Col	lection/Gen	eration	Frequenc	y of Data C	ollection/Ge	eneration		Sampling A	pproach	
C-2		Other	: UMC			(Other: UM	2		Mont	hly; Continւ	ously & On-	-going	Repre	sentative Sa	ample: 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%

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:						Percei	nt of agency	staff whos	e Member	Rights train	ing is currer	nt					
C-3		Data 9	Source		Respon	sible Party f	or Data Col	lection/Ger	neration	Frequenc	y of Data Co	ollection/Ge	eneration		Sampling A	pproach	
C-3		Other	: UMC			(Other: UM	;		Mont	hly; Continu	ously & On-	going	Repre	sentative Sa	ample: 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%
	Agency staf	ff must be tr	rained upon	hire and ann				ided during	lances in re		are disallow	red In addi:	tion agenci	es are requi		ess qualified	4

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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FY2018-2019 (July 1, 20187-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:				Per	cent of age	ncy staff wh	ose Recogr	ition & Rep	orting of Al	buse/Negle	ct/Exploitat	ion training	is current				
C-4					Respon	sible Party f	or Data Col	lection/Ger	eration	Frequenc	y of Data Co	ollection/Ge	eneration		Sampling A	pproach	
C-4		Other	: UMC			(Other: UM	;		Mont	hly; Continu	ously & On-	-going	Repre	sentative Sa	mple: 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%

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 Infe	ctious Dise	ase Control	training is	current					
C-5		Data 9	ource		Respons	sible Party f	or Data Col	lection/Ger	eration	Frequenc	y of Data C	ollection/Ge	eneration		Sampling A	pproach	
C-3		Other	UMC			(Other: UM(;		Mont	hly; Continւ	ously & On-	-going	Repre	sentative Sa	ample: 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%

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.

						Percent of a	agency staff	whose CPR	training is	current						
	Data 9	Source		Respon	sible Party f	or Data Col	lection/Ger	neration	Frequenc	y of Data Co	ollection/Ge	eneration		Sampling A	pproach	
	Other	: UMC			(Other: UMO	2		Mont	hly; Continu	ously & On-	going	Repre	sentative Sa	ample: 95%	6 CI
Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
92	132	106	330				0				0				0	330
94	136	106	336				0				0				0	336
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%
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%
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%
	92 94 98% 2%	Other Jul Aug 92 132 94 136 98% 97% 2% 3%	92 132 106 94 136 106 98% 97% 100% 2% 3% 0%	Other: UMC Jul Aug Sep Q1 92 132 106 330 94 136 106 336 98% 97% 100% 98% 2% 3% 0% 2%	Other: UMC Jul Aug Sep Q1 Oct 92 132 106 330 94 136 106 336 98% 97% 100% 98% #DIV/0! 2% 3% 0% 2% #DIV/0!	Data Source	Data Source	Data Source	Data Source	Data Source	Other: UMC Other: UMC Monthly; Continu Jul Aug Sep Q1 Oct Nov Dec Q2 Jan Feb Mar 92 132 106 330 0	Data Source Responsible Party for Data Collection/Generation Frequency of Data Collection/Generation Other: UMC Other: UMC Other: UMC Monthly; Continuously & On- Jul Aug Sep Q1 Oct Nov Dec Q2 Jan Feb Mar Q3 92 132 106 330 0 <td>Data Source Responsible Party for Data Collection/Generation Frequency of Data Collection/Generation Other: UMC Other: UMC Monthly; Continuously & On-going Jul Aug Sep Q1 Oct Nov Dec Q2 Jan Feb Mar Q3 Apr 92 132 106 330 0 0 0 0 0 0 0 0 0 98/4 136 106 336 0 0 0 0 0 0 0 0 101/0! #DIV/0! <</td> <td> Data Source</td> <td>Data Source Responsible Party for Data Collection/Generation Frequency of Data Collection/Generation Sampling A Sampling A Representative Start Sampling A Represen</td> <td>Data Source Responsible Party for Data Collection/Generation Frequency of Data Collection/Generation Sampling Approach Other: UMC Other: UMC Other: UMC Monthly; Continuously & On-going Representative Sample: 95% Jul Aug Sep Q1 Oct Nov Dec Q2 Jan Feb Mar Q3 Apr May Jun Q4 92 132 106 330 0</td>	Data Source Responsible Party for Data Collection/Generation Frequency of Data Collection/Generation Other: UMC Other: UMC Monthly; Continuously & On-going Jul Aug Sep Q1 Oct Nov Dec Q2 Jan Feb Mar Q3 Apr 92 132 106 330 0 0 0 0 0 0 0 0 0 98/4 136 106 336 0 0 0 0 0 0 0 0 101/0! #DIV/0! <	Data Source	Data Source Responsible Party for Data Collection/Generation Frequency of Data Collection/Generation Sampling A Sampling A Representative Start Sampling A Represen	Data Source Responsible Party for Data Collection/Generation Frequency of Data Collection/Generation Sampling Approach Other: UMC Other: UMC Other: UMC Monthly; Continuously & On-going Representative Sample: 95% Jul Aug Sep Q1 Oct Nov Dec Q2 Jan Feb Mar Q3 Apr May Jun Q4 92 132 106 330 0

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:						Pe	rcent of ag	ency staff w	hose First A	id training	is current						
C-7		Data 9	ource		Respon	sible Party f	or Data Col	lection/Ger	neration	Frequenc	y of Data Co	ollection/Ge	eneration		Sampling A	pproach	
L-7		Other:	UMC			(Other: UM			Mont	hly; Continu	ously & On-	-going	Repre	sentative Sa	mple: 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%

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 **Additional Information** provider deficiencies on a Plan of Correction, and Technical Assistance is provided. **Remediation Management**

Performance Measure:						Percent	of agency s	taff whose	Health and	Welfare tra	ining is curi	rent					
C-8		Data 9	ource		Respons	sible Party f	or Data Col	lection/Ger	eration	Frequenc	y of Data C	ollection/Ge	eneration		Sampling A	pproach	
C-8		Other:	UMC			(Other: UM()		Mont	ոly; Continւ	ously & On-	going	Repre	sentative S	ample: 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%

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 Additional Information provider deficiencies on a Plan of Correction, and Technical Assistance is provided. Remediation Management None.

Performance Measure:					Pe	rcent of age	ency staff w	hose Perso	n-Centered	Support ski	lls training i	s current					
C-9		Data 9	Source		Respons	sible Party f	or Data Col	lection/Ger	eration	Frequenc	y of Data Co	ollection/Ge	eneration		Sampling A	pproach	
C-9	Validatio	n reviews ar	e submitted	annually,		(Other: UMO	2		Mont	nly; Continu	ously & On-	going	Repre	sentative Sa	ample: 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 staf	f must be tr	ained upon l	hire and ann	ually therea	fter. Any se	ervices prov	ided during	lapses in re	quirements	are disallow	red. In addit	tion, agenci	es are requi	red to addr	ess qualified	į.
Remediation Management	None.																

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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.

Subassurance i:	Service pla	ns address	all participa	nts' assesse	d needs (in	cluding hea	Ith and safe	ty risk facto	rs) and pers	onal goals,	either by th	e provision	of waiver s	ervices or th	hrough othe	r means.	
Performance Measure:					Perc	ent of files	of people re	ceiving serv	ices whose	service plan	reflected a	ssessed nee	ed				
D-1		Data 9	Source		Respon	sible Party	for Data Col	lection/Gen	eration	Frequenc	y of Data C	ollection/G	eneration		Sampling A	pproach	
5 -1		Other	: UMC				Other: UM	2		Mont	hly; Continu	ously & On-	-going	Repre	esentative S	ample: 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	44	54	40	138				0				0				0	138
# of files reviewed	44																139
Compliance %	100% 98% 100% 99% #DIV/0! #DIV											#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			ntified via p cal Assistand			ucted asses	sments and	indicated or	the service	plan. Agen	cies are req	uired to add	dress deficie	ncies in serv	rice plans on	a Plan of	
Remediation Management	None.																
Performance Measure:				P	ercent of fil	es of people	e receiving s	ervices who	se service p	olan reflecte	d the perso	n's desired	outcomes				
D-2		Data 9	Source		Respon	sible Party	for Data Col	lection/Ger	eration	Frequenc	y of Data C	ollection/G	eneration		Sampling A	pproach	
D-2		Other	: UMC				Other: UMO	;		Mont	hly; Continu	ously & On-	-going	Repre	esentative S	ample: 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																	_
	41	57	39	137		1	1	0		1		0	I	1	1	0	137

Total % 100% 100% 100% 100% #DIV/0! 100% 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 **Additional Information** Remediation Management

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140

98%

2%

of files reviewed

Non-Compliance %

Compliance %

44

93%

7%

57

100%

0%

39

100%

0%

140

98%

2%

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Performance Measure:				Pe	ercent of file	s of people	receiving se	rvices who	se service pl	lan reflected	didentified	health and	safety risks				
D-3		Data :	Source		Respon	sible Party i	for Data Col	lection/Ger	eration	Frequenc	y of Data C	ollection/Ge	eneration		Sampling A	pproach	
D-3		Other	: UMC				Other: UM(Mont	hly; Continu	ously & On-	going	Repre	sentative Sa	mple: 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	44	55	38	137				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%

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.

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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 pe	eople receiv	ing services	whose serv	ice plans w	ere updated	at least an	nually and r	evised as ne	eeded			
D-4		Data S	Source		Respon	sible Party	for Data Co	llection/Ger	eration	Frequenc	y of Data C	ollection/Ge	eneration		Sampling A	pproach	
D-4		Other	: UMC				Other: UM	С		Mont	hly; Continu	ously & On-	going	Repre	esentative Sa	ample: 95%	CI
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
													1				
# of files of people receiving services													ł				
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%
	Service pla	ns must be o	developed a	nnually and	reviewed by	y the IDT at I	least every (6 months or	more often	as warrante	d by change	in need. Ag	encies are r	required to a	iddress defic	ciencies in se	ervice
Additional Information	plans on a l	POC, and Te	chnical Assi	stance is pro	vided.												
Pomodiation Management	Mono																

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:		Perce	ent of files o	f people red	ceiving servi	ces reviewe	d that refle	cted the typ	e, scope, di	uration, am	ount, and fi	equency of	services spe	ecified in the	Service Pla	an	
D-5		Data 9	Source		Respon	sible Party f	or Data Col	lection/Gen	eration		Frequ	uency			Sampling A	pproach	
D-3		Other	: UMC			(Other: UMO	:			Continuousl	y & Ongoing		Repre	sentative Sa	mple: 95%	CI
Month	Jul	Aug				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%

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.

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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:	Participant	s are afford	ed choice b	etween wa	iver services	and institu	tional care,	and betwee	en/among v	vaiver servi	ces/provide	rs.					
Performance Measure:			Percent of	files of peo	ple receivin	g services re	viewed tha	t had a sign	ed and curr	ent Freedon	n of Choice	form design	ating a Serv	rice Delivery	/ Model		
D-6		Data 9	Source		Respon	sible Party 1	or Data Col	lection/Gen	eration	Frequenc	y of Data C	ollection/Ge	eneration		Sampling A	pproach	
D-0		Other	: UMC				Other: UM	3			Continuous	y & Ongoing		Repre	sentative Sa	ample: 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	s completed	at the annu	ial functiona	al assessmen	t if the LRe	s present; if	LR is not pr	esent, agen	cy ensures c	ompletion.						

Remediation Management

None.

Performance Measure:		Pe	ercent of file	es of people	receiving s	ervices revi	ewed that h	ad a signed	and current	Freedom o	f Choice for	m designat	ing a Service	e Coordinati	on Agency		
D-7		Data 9	Source		Respon	sible Party	for Data Col	lection/Ger	neration	Frequenc	y of Data C	ollection/G	eneration		Sampling A	pproach	
D-7		Other	: UMC				Other: UM	2			Continuous	ly & Ongoing	3	Repre	sentative Sa	ample: 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	s completed	at the annu	ial functiona	l assessmer	nt if the LRe	is present; il	f LR is not pr	esent, agen	cy ensures c	ompletion.						
Remediation Management	None.																

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							uly 1, 20187										
	7	he State de	monstrates	it has desig			endix G: He an effective			iver particip	ant health	and welfare	e.				
ubassurance i:		demonstrate												ned death.			
erformance Measure:			Percen	t of agency	staff files re	eviewed wit	th state and	federal fing	erprint-bas	sed checks r	eturned wit	th satisfacto	ory results v	vithin timel	ines		
G-1		Data :	Source		Respon	sible Party	for Data Co	llection/Ger	neration	Frequenc	y of Data C	ollection/G	eneration		Sampling A	Approach	
G-1		Other	: UMC				Other: UM	0		Mont	hly; Continu	ously & On	-going	Repr	esentative S	ample: 95%	CI
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	Υī
of agency staff reviewed with NCICs																	
eturned with satisfactory results within																	
melines	93	135	92	320				0				0				0	3
of agency staff files reviewed	94	136	106	336				0				0				0	3
ompliance %	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!	9
Ion-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
otal %	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!	10
5ca. 75												,	,			tely. Any ser	
dditional Information		uring lapses															
emediation Management												.,					
	One provid	ler had signi	ficant issues	with backg	round check	ks. The prov	ider is runn	ng backgrou	ınd checks f	or those wh	o are still e	mployed. Se	ervices provi	ded by any	staff whose	background	che
	returns wit	h unsatisfac	tory results	or those pr	ovided by th	hose who ar	e no longer	employed, v	will be disall	owed. Add	itionally, the	e agency red	eived techn	ical assistar	nce following	g the review	and
Sep-18	deficiency	is addressed	l on a Plan o	f Correction	١.		_									=	
	,						reviewed w	:al al-l-	010	in a link abou	-lt	J	ć4	la-			
erformance Measure:		D-t-		Perce		•								its	C	\	
G-2			Source		Kespon	isible Party	for Data Co		neration		y of Data C			_	Sampling A	• •	-
			: UMC			1	Other: UM				hly; Continu					ample: 95%	
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	Y
of agency staff files reviewed with OIG																	
exclusion list checks with satisfactory																	
esults	94	136	92	322				0				0				0	3
of agency staff files reviewed	94	136	106	336				0				0				0	3
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
Ion-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
otal %	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!	10
										ately. Any	services pro	vided durin	g lapses in r	equirement	s are disallo	wed, agenci	es ar
Additional Information	required to	address de	ficiencies in	CIB on a Pla	an of Correc	tion, and Te	chnical Assi	stance is pro	vided.								
Remediation Management																	
		-		Ü				0 0								e background	
					-	hose who ar	e no longer	employed, v	will be disall	owed. Add	itionally, the	e agency red	ceived techn	ical assistar	nce following	g the review	and
Sep-18	deficiency	is addressed	l on a Plan o	f Correction	١.												
	Percent	of files of pe	eople receiv	ing services	that have a	a document	signed by p	erson or lea	al represen	ntatives ack	nowledging	they know	how to rep	ort abuse,	neglect, exp	loitation or	othe
Performance Measure:								criti	cal incident	s							
G-3		Data :	Source		Respon	sible Party	for Data Co	llection/Ger	neration	Frequenc	y of Data C	ollection/G	eneration		Sampling A	Approach	
G-3		Other	: UMC		-		Other: UM	2		Mont	hly; Continu	Jously & On	-going	Repr	esentative S	ample: 95%	CI
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YT
of files of people receiving services with																	
hat signed document	42	54	37	133				0	1			0				0	1
of files of people receiving services	442	34	31	133		-		U				U				U	1
–	47		40	142				0				0				0	_
	4/	55	93%	94%	HDD 1/C:	"DN/(C'	upn//c:		"DDV/C"	"DDV/C"	#DD1/6:	_	upp.//c:	"DDV/C"	upp.//c:		1
	0001			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!	9
Compliance %	89%	98%			um n etc :	um n etc :		UDD I I C	umnite:		um n eta :		umnite:		um n etc:		
Compliance % 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!	_
eviewed Compliance % Non-compliance % 'otal %					#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! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	10
Compliance % Non-compliance %	11% 100%	2% 100%	8% 100%	6% 100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		10

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					FY2	018-2019 (Ji	uly 1, 20187	-June 30, 20)19)								
	T	he State de	monstrates	it has desig		urance App				iver partici	ant health	and welfare	2.				
					<u> </u>												
Sub-Assurance ii:	The State of	demonstrate	es that an in	cident man	agement sy	stem is in p	lace that ef	fectively re	solves those	incidents	and prevent	s further si	milar incide	nts to the e	xtent possi	ble.	
Performance Measure:					Percent	of reported	critical and	abuse/neg	lect/exploit	ation incide	ents resolve	d within 14	days				
G-4					Respon	sible Party	for Data Col	lection/Ger	neration	Frequenc	y of Data C	ollection/G	eneration		Sampling A	Approach	
<u> </u>		Other	UMC				Other: UM			Mont	hly; Continu	ously & On	-going	Repr	esentative S	ample: 95%	6 CI
Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTE
of reported IMS critical &																	
buse/neglect/exploitation incidents																	
resolved within established timelines	17	13	2	32				0				0				0	32
f 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!	519
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!	499
Fotal %	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
	Providers a	re required	to enter inc	idents into \	WV IMS with	nin 24 hours	of occurren	ice. An inci	dent is cons	idered reso	lved when a	ction, such	as conducti	ng investiga	tions and do	ocumenting	
	_	on results an	d/or report	ing to appro	priate prote	ctive-servic	es entities, o	occurs. Age	ncies are red	quired to ac	ldress defici	encies on a	Plan of Corr	ection and	Technical As	ssistance is	
Additional Information	provided.																
Remediation Management	Of the twel	lve provider	- raviawad a	during the p	anth two h	ad na incide	nts to rone	rt siv word	100% sampl	liant two w	oro portially	compliant	and two do	manstratas	zoro como	lianco The	portio
		and noncom			,					,		. ,					
Jul-18	incidents.	and noncom	pliant provi	ders receive	d tecinical	assistance a	t the conclu	sion or then	review and	will receive	e targeteu ti	allillig for a	ii staii respt	JIISIDIE IOI E	intering and	i ionowing-c	ip on
741 20		providers re	viewed duri	ng the mon	th, two had	no incidents	to report, t	wo were 10	0% complia	nt, three we	ere partially	compliant,	and three d	emonstrate	d zero com	oliance. The	٠
	partially co	mpliant and	noncompli	ant provider	s received t	echnical ass	istance at th	ne conclusio	n of their re	view and w	ill receive ta	rgeted trair	ning for all s	taff respons	ible for ente	ering and fo	llowin
Aug-18	up on incid	lents.															
	06+1 6								4:-11	: AII C							.:11
San-12		providers regeted training		-					tially compl	iant. All fol	ır received t	ecnnical ass	sistance at t	ne conclusio	on of their r	eview and w	/111
3ep-16	receive tar	getea trainii	ig for all sta	ıı responsib	ie for enteri	ng and rollo	wing-up on	incidents.									

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Assurance Appendix G: Health & Welfare

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

Month Jul Aug Sep Q1 Oct Nov Dec Q2 Jan Feb Mar Q3 Apr May Jun Q4 # of reported IMS critical & abuse/neglect/exploitation incidents followed-up on by the provider within established timelines # of reported IMS critical & abuse/neglect/exploitation incidents followed-up on by the provider within established timelines # of reported IMS critical & abuse/neglect/exploitation incidents followed-up on by the provider within established timelines # of reported IMS critical & abuse/neglect/exploitation incidents # of reported critical incidents entered into WV IMS within 24 hours of occurrence. In addition, they are required to follow-up all critical & abuse/neglect/exploitation incidents into WV IMS within 24 hours of occurrence. In addition, they are required to follow-up all critical & abuse/neglect/exploitation incidents into WV IMS with 24 hours of occurrence. In addition, they are required to follow-up all critical & abuse/neglect/exploitation incidents in WV IMS with 14 hours of occurrence. In addition, they are required to follow-up all critical & abuse/neglect/exploitation incidents into WV IMS with 14 hours of occurrence. In addition, they are required to follow-up all critical & abuse/neglect/exploitation incidents into WV IMS with 14 hours of occurrence. In addition, they are required to follow-up all critical & abuse/neglect/exploitation incidents into WV IMS with 14 hours of occurrence. In addition, they are									lection/Ger			y of Data C		established eneration		Sampling A	pproach	
# of reported IMS critical & abuse/neglect/exploitation incidents followed-up on by the provider within established timelines	G-5		Other	UMC		певроп			-		•	•	•				• •	í CI
# of reported IMS critical & abuse/neglect/exploitation incidents followed-up on by the provider within established timelines 67 72 132 271 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												,	,					
abuse/neglect/exploitation incidents followed-up on by the provider within established timelines # of reported IMS critical & # of reported IMS critical incidents # of reported critical incidents # of reported critical incidents # of reported critical incidents entered into WV IMS that required UMC FA ACI	Month	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTI
abuse/neglect/exploitation incidents followed-up on by the provider within established timelines # of reported IMS critical & # of reported IMS critical incidents # of reported critical incidents # of reported critical incidents # of reported critical incidents entered into WV IMS that required UMC FA ACI																		
Followed-up on by the provider within established timelines 67 72 132 271 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	f of reported IMS critical &																	
Stabilished timelines	buse/neglect/exploitation incidents																	
# of reported IMS critical & abuse/neglect/exploitation incidents 87	ollowed-up on by the provider within																	
### Status (Compliance (Compli	established timelines	67	72	132	271				0				0				0	27
### Status (Compliance (Compli																		
Compliance % 77% 50% 89% 72% #DIV/O! #DIV/	f of reported IMS critical &																	
Non-Compliance % 23% 50% 11% 28% #DIV/0! #DIV/	buse/neglect/exploitation incidents	87	144	148	379				0				0				0	379
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 IM 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 for within the required timelines, or the follow-up is not appropriate to address the incident, Technical Assistance is provided. # of reported critical incidents entered nto WV IMS that required UMC TA # of abuse/neglect/exploitation incidents # of abuse/neglect/exploitation in	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!	729
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 is not appropriate to address the incident, Technical Assistance is provided. # of reported critical incidents entered into WV IMS that required UMC TA # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents entered into WV IMS that required to entered into with into the event that a provid																		
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 in 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 # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC # of abuse/neglect/exploitation incidents # of	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!	289
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 in 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 # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC TA 5 23 5 33 0 0 0 0 0 0						,			,				,					
Additional Information 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		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
# of reported critical incidents entered into WV IMS that required UMC TA 15 49 11 75 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		100% Providers a	100% are required	100% to enter inci	100% dents into \	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! e required t	#DIV/0! o follow-up	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100 //S
## of abuse/neglect/exploitation incidents entered UMC TA	Fotal %	100% Providers a within 14 d	100% are required lays. This fo	100% to enter inci llow-up deta	100% Idents into Nails the action	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0!	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100 иs
into WV IMS that required UMC TA 15 49 11 75 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fotal %	100% Providers a within 14 d	100% are required lays. This fo	100% to enter inci llow-up deta	100% Idents into Nails the action	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0!	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
the freported critical incidents entered into WV IMS 57 100 107 264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total % Additional Information	100% Providers a within 14 d	100% are required lays. This fo	100% to enter inci llow-up deta	100% Idents into Nails the action	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0!	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100 иs
nto WV IMS 57 100 107 264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Additional Information # of reported critical incidents entered	100% Providers a within 14 d within the	100% are required lays. This fo required tim	100% to enter inci llow-up deta relines, or th	100% Idents into \ Iniliable initial i	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0! ace. In addit ad reporting acident, Tecl	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0! all critical & services en	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! nts in WV IN does not fo	100 MS ollow-to
# of abuse/neglect/exploitation incidents entered into WV IMS that required UMC TA 5 23 5 33 0 0 0 0 0	Additional Information for reported critical incidents entered nto WV IMS that required UMC TA	100% Providers a within 14 d within the	100% are required lays. This fo required tim	100% to enter inci llow-up deta relines, or th	100% Idents into \ Iniliable initial i	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0! ace. In addit ad reporting acident, Tecl	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0! all critical & services en	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! nts in WV IN does not fo	100 иs
entered into WV IMS that required UMC TA 5 23 5 33 0 0 0 0	Additional Information of reported critical incidents entered into WV IMS that required UMC TA of reported critical incidents entered	100% Providers a within 14 d within the	100% are required lays. This for required times 49	100% to enter inci llow-up deta elines, or th	100% dents into \text{viils the action of the collow-up} 75	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0! ace. In addit dreporting acident, Tech	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0! all critical & -services en	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! Ints in WV IN Into does not fo	100 AS billow-
A 5 23 5 33 0 0 0 0	additional Information of reported critical incidents entered nto WV IMS that required UMC TA of reported critical incidents entered nto WV IMS	100% Providers a within 14 d within the	100% are required lays. This for required times 49	100% to enter inci llow-up deta elines, or th	100% dents into \text{viils the action of the collow-up} 75	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0! ace. In addit dreporting acident, Tech	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0! all critical & -services en	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! Ints in WV IN Into does not fo	100
	Additional Information For reported critical incidents entered into WV IMS that required UMC TA to for reported critical incidents entered into WV IMS For abuse/neglect/exploitation incidents	100% Providers a within 14 d within the	100% are required lays. This for required times 49	100% to enter inci llow-up deta elines, or th	100% dents into \text{viils the action of the collow-up} 75	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0! ace. In addit dreporting acident, Tech	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0! all critical & -services en	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! Ints in WV IN Into does not fo	100
	Additional Information of reported critical incidents entered into WV IMS that required UMC TA for freported critical incidents entered into WV IMS of abuse/neglect/exploitation incidents	100% Providers a within 14 d within the state of the sta	100% The required lays. This for required time 49 100	to enter inci llow-up deta elines, or th	100% Idents into \ Idents into	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0! ace. In addit deporting acident, Technology 0	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0! all critical & -services en	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! nts in WV IN c does not fo	100 AS billow-1
* of adusty/regrect/exploitation incidents incidents 30	Additional Information # of reported critical incidents entered nto WV IMS that required UMC TA # of reported critical incidents entered nto WV IMS # of abuse/neglect/exploitation incidents entered into WV IMS that required UMC TA	100% Providers a within 14 d within the state of the sta	100% The required lays. This for required time 49 100	to enter inci llow-up deta elines, or th	100% Idents into \ Idents into	#DIV/0! WV IMS with	#DIV/0! iin 24 hours luding inves	#DIV/0! of occurren	#DIV/0! ace. In addit deporting acident, Technology 0	#DIV/0! ion, they are	#DIV/0! e required t	#DIV/0! o follow-up d protective	#DIV/0! all critical & -services en	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! nts in WV IN c does not fo	100 AS billow-

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Assurance Appendix G: Health & Welfare

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

		ne state ae	monstrates	it ilus desigi	ieu unu iiip	nementeu u	ii ejjective .	system jor t	issuillig wu	ver particip	unt neurth	una wenjare	•				
Performance Measure:			Percent of	mortality r	eports of pe	ople receiv	ing services	reported b	y Service Co	ordinator t	hat coincid	e with cause	of death o	n death cer	tificate		
G-6		Data :	Source		Respon	sible Party f	or Data Col	lection/Ger	eration	Frequenc	y of Data C	ollection/Ge	eneration		Sampling A	pproach	,
G-6	State I	Medicaid Ag	ency; Other	: UMC		(Other: UMO	3		Mont	hly; Continւ	ously & On-	going		1009	%	,
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 m	ionthly as de	eath certifica	ates are mad	de available.	It is possibl	e that upda	tes will occı	ır several m	onths follow	ring the actu	ıal death.					
Remediation Management																	
Jul-18	The one ca	use of death	that does r	not coincide	with the on	e on the dea	th certifica	te may be a	n error and	is under inv	estigation.						

Performance Measure:			Percent	of unexpla	ined, suspic	ious, and u	ntimely dea	ths for whic	ch reviews/	investigatio	ns resulted	in identifica	ation of pre	ventable ca	uses		
G-7		Data :	Source		Respon	sible Party 1	for Data Col	lection/Ger	neration	Frequenc	y of Data C	ollection/Ge	eneration		Sampling A	pproach	,
g-7		State Medi	caid Agency			State	Medicaid A	gency		(Continuousl	y & On-goin	g		1009	%	,
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%
D. P. C. Ad.																	

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 o	of Positive B	ehavior Sup	port Plans (BSPs) of pe	ople receivi	ing services	recommen	ding restrict	tive interve	ntions that	are approve	d by the pr	ovider's Hu	man Rights	Committee	(HRC)
G-8		Data 9	ource		Respon	sible Party 1	for Data Col	llection/Ger	eration	Frequenc	y of Data C	ollection/Ge	eneration		Sampling A	pproach	
G-5		Other:	UMC				Other: UM	2		Mont	hly; Continւ	ously & On-	going	Repre	sentative Sa	ample: 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 wit	th restrictive	interventio	ns are requi	red to be ap	proved by	the agency I	HRC. If a pla	n recomme	ends restricti	ve interven	tions and ha	s not been	approved by	the HRC, th	ne provider	is
Remediation Management	None.																

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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 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 **Data Source** Responsible Party for Data Collection/Generation Frequency of Data Collection/Generation Sampling Approach G-9 Representative Sample: 95% CI State Medicaid Agency, Other: UMC Other: UMC Monthly; Continuously & On-going Month Aug Sep Oct Dec Jan Mar Q3 May Jun Q4 # of files of people receiving services reviewed whose Service Plan reflected a person's healthcare needs were coordinated 44 57 40 141 # of files reviewed 46 57 40 143 ٥ ٥ ٥ 143 96% 100% 99% #DIV/0! 99% Compliance % 100% #DIV/0! Non-Compliance % 4% 0% 0% 1% #DIV/0! 1% Total % 100% 100% 100% 100% #DIV/0! 100% Remediation Management None. Performance Measure: Percent of files of people receiving services reviewed with a current and appropriate backup/crisis plan in their file Frequency of Data Collection/Generation Data Source Responsible Party for Data Collection/Generation Sampling Approach G-10 State Medicaid Agency, Other: UMC Other: UMC Monthly; Continuously & On-going Representative Sample: 95% CI Month Q1 Dec Mar Aug Sep Oct 02 May 04 Jan Apr # of files of people receiving services reviewed with a current and appropriate backup/crisis plan in their file 41 32 25 98 98 145 145 # of files reviewed 49 56 40 0 0 0 Compliance % 84% 57% 63% 68% #DIV/0! 68% Non-Compliance % 16% 43% 38% 32% #DIV/0! 32% Total % 100% 100% 100% 100% #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 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 Jul-18 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. 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

Aug-18 training for all staff responsible for development of crisis plans.

Sep-18 the review and will receive targeted training for all staff responsible for development of crisis plans.

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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

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:				Perc	ent of claim	s in a repre	sentative sa	ample paid (using the co	rrect rate a	s specified	in the Waiv	er application	on			
I-1		Data 9	ource		Respon	sible Party 1	for Data Col	lection/Ger	eration	Frequenc	y of Data C	ollection/G	eneration		Sampling	Approach	
1-1	State	Medicaid Ag	ency; Other	: UMC			Other: UM	Ç		C	ontinuousl	y & On-goin	g		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 p	rovider clai	ms reviewe	d that did r	not result in	recoupmer	nt due to an	unsatisfact	ory audit				
I-2		Data 9	Source		Respon	sible Party f	or Data Col	lection/Ger	neration	Frequenc	y of Data Co	ollection/G	eneration		Sampling	Approach	
1-2	State	Medicaid Ag	ency; Other	: UMC		(Other: UM	2		(Continuously	y & On-goin	g		100)%	
Month																	
REPORTING DELAYED UNTIL ALL REPORTS																	
ARE FINALIZED	Jul	Aug	Sep	Q1	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# 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.																

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								Addition	nal Informa	tion							
Performance Measure					Per	cent of activ	e members	who receiv	e the redete	ermination f	functional a	ssessments					
Additional Informationdelayed by one			Data Source	9			Sampling IV	lethodology	,	Fre	quency of I	Data Collect	ion		Repor	ted	
month			UMC					0%			Mor	nthly			Mont	hlv	
Month	Jul	Aug	Sep	01	Oct	Nov	Dec	Q2	Jan	Feb	Mar	Q3	Apr	May	Jun	Q4	YTD
# Active members who received the		1.5-6		~~				~~-				~~		,			
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	25.6	420		4.407													4 407
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 doe:	s not require	that enrollee	s (approved b	out on wait lis	st) have a fur	nctional asses	sment. Asse	ssments are	conducted w	rithin 90 days	prior to each	n member's A	nchor 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
Performance Measure					Percent c			/idualized as									
Additional Information			Data Source	2			Camplina N		,	Fre	quency of I	Data Collect	ion				
								lethodology							Repor		
			UMC				10	0%				nthly			hly, continu	ously/ongo	
Month	Jul	Aug	UMC Sep	Q1	Oct	Nov			Jan	Feb	Mo r Mar	nthly Q3	Apr	Mont May			ing YTD
Month	Jul	Aug			Oct		10	0%							hly, continu	ously/ongo	
Month # Members whose individualized assessments and	Jul	Aug			Oct		10	0%							hly, continu	ously/ongo	
# Members whose individualized assessments and	Jul	Aug			Oct		10	0%							hly, continu	ously/ongo	
	Jul 385	Aug 404	Sep		Oct		10	0%							hly, continu	ously/ongo	
# Members whose individualized assessments and budgets were issued within 45 days prior to the				Q1	Oct		10	0% Q2				Q3			hly, continu	ously/ongo Q4	YTD
# Members whose individualized assessments and budgets were issued within 45 days prior to the member's service plan date			Sep	Q1	Oct		10	0% Q2				Q3			hly, continu	ously/ongo Q4	YTD
# Members whose individualized assessments and budgets were issued within 45 days prior to the member's service plan date # Members whose individualized assessment and	385	404	Sep 356	Q1 1145			10	0% Q2 0				Q3 0			hly, continu	Ously/ongo	1,145
# Members whose individualized assessments and budgets were issued within 45 days prior to the member's service plan date # Members whose individualized assessment and budgets were issued Compliance %	385 438	404 485	Sep 356 419	Q1 1145 1342 85%	#DIV/0!	Nov #DIV/0!	10 Dec	0% Q2 0 0 #DIV/0!	Jan #DIV/0!	Feb #DIV/0!	Mar #DIV/0!	Q3 0 0 #DIV/0!	Apr	May #DIV/0!	hly, continu Jun #DIV/0!	0 #DIV/0!	1,145 1,342
# Members whose individualized assessments and budgets were issued within 45 days prior to the member's service plan date # Members whose individualized assessment and budgets were issued Compliance % Non-Compliance %	385 438 88% 12%	404 485 83% 17%	356 419 85% 15%	1145 1342 85% 15%	#DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	0% Q2 0 0 #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	0 0 #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	0 0 #DIV/0!	1,145 1,342 85% 15%
# Members whose individualized assessments and budgets were issued within 45 days prior to the member's service plan date # Members whose individualized assessment and budgets were issued Compliance %	385 438 88% 12% 100%	404 485 83% 17% 100%	356 419 85% 15%	1145 1342 85% 15% 100%	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	0% Q2 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 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 0 #DIV/0! #DIV/0!	1,145 1,342 85% 15% 100%
# Members whose individualized assessments and budgets were issued within 45 days prior to the member's service plan date # Members whose individualized assessment and budgets were issued Compliance % Non-Compliance %	385 438 88% 12% 100% *Indicates w	404 485 83% 17% 100%	356 419 85% 15% 100% MC issues th	1145 1342 85% 15% 100% e budget at le	#DIV/0! #DIV/0! #DIV/0! east 45 days	#DIV/0! #DIV/0! #DIV/0! prior to the n	#DIV/0! #DIV/0! #DIV/0! member's fixe	0% Q2 0 #DIV/0! #DIV/0! #DIV/0! dd IPP date (A	#DIV/0! #DIV/0! #DIV/0! nchor date).	#DIV/0! #DIV/0! #DIV/0! This is to en	#DIV/0! #DIV/0! #DIV/0! sure the IDT	0 0 #DIV/0! #DIV/0! #DIV/0! has access to	#DIV/0! #DIV/0! #DIV/0! the budget a	#DIV/0! #DIV/0! #DIV/0! and assessme	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	0 0 #DIV/0! #DIV/0! ior to the IDT	1,145 1,342 85% 15% 100%
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