

**CMS ASSURANCES/SUBASSURANCES WITH CORRESPONDING PERFORMANCE MEASURES
FOR COMMUNITY CHOICES WAIVER**

Appendix A: Administrative Authority (WCS* Has Primary Responsibility)

Assurance: 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.

1. PM A.a.i.1.: Number and % of rules, policies, provider notices that have been approved by WCS prior to implementation by the operating agency.
2. PM A.a.i.2.: Number and % of agreed upon waiver assurance trend and data reports that were submitted timely, as defined by contract/other agreement, by the operating agency/contractor, separated by entity.
3. PM A.a.i.3.: Number and % of waiver offers that were appropriately made, according to policy, to applicants on the Request for Services Registry (RFSR).
4. PM A.a.i.4.: Number and % of SMA**-initiated level of care remediation actions occurring in a timely fashion, defined as 30 days or less, by the operating agency.
5. PM A.a.i.5.: Number and % of waiver participants whose services did not exceed the service limits authorized on their plans of care.
6. PM A.a.i.6.: Number and % of SMA-initiated plan of care remediation actions occurring in a timely fashion, defined as 30 days or less, by the operating agency/contractor, separated by entity.
7. PM A.a.i.7.: Number and % of self-direction participants who report satisfaction with the performance of the fiscal agent.
8. PM A.a.i.8.: Number and % of FMS*** claims paid in accordance with the employee's established rate of pay and service hours actually worked.

Appendix B: Level of Care (OAAS Has Primary Responsibility)

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

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

1. PM B.a.i.a.1: Number and % of new enrollees who had a level of care indicating need for institutional level of care prior to receipt of services.

Sub-Assurance b.: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.

1. PM B.a.i.b.1: Number and % of waiver participants who received an annual redetermination of eligibility within 12 months of their initial or last LOC evaluation.

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

1. PM B.a.i.c.1: Number and % of participants whose initial and annual LOC determinations forms/instruments were completed as required by the state.
2. PM B.a.i.c.2: Number and % of participants whose LOC determinations were made by a qualified evaluator.

Appendix C: Qualified Providers (Health Standards Has Primary Responsibility)

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

Sub-Assurance a.: 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.

1. PM C.a.i.a.1: Number and % of initial provider applications for which the provider obtained appropriate, according to state policy and timelines, licensure/certification in accordance with State law prior to service provision.
2. PM C.a.i.a.2: Number and % of providers who meet applicable licensure/certification following initial enrollment, according to state policy and timelines.
3. PM C.a.i.a.3: Number and % of agency providers whose direct support staff had timely, as defined as occurring prior to providing direct care services, background checks.

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

1. PM C.a.i.b.1.: Number and % of unlicensed providers who meet Medicaid enrollment requirements.
2. PM C.a.i.b.2.: Number and % of direct service workers (for self-direction participants) screened by the fiscal agent who were eligible for hire due to passing a criminal background check.

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

1. PM C.a.i.c.1.: Number and % of licensed waiver providers, by provider type, meeting provider training requirements.
2. PM C.a.i.c.2.: Number and % of direct service workers (for self-direction participants) who meet the training requirements.

Appendix D: Service Plan (OAAS Has Primary Responsibility)

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

Sub-Assurance a.: 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.

1. PM D.a.i.a.1.: Number and % of participants who had service plans that addressed their needs (including health care needs) as indicated in the assessment.
2. PM D.a.i.a.2.: Number and % of participants whose service plans had strategies that addressed their health and safety risks as indicated in the assessment(s).
3. PM D.a.i.a.3.: Number and % of participants whose service plans addressed their personal goals as indicated in the assessment(s).

Sub-Assurance b.: The State monitors service plan development in accordance with its policies and procedures.

1. PM D.a.i.b.1.: Number and % of participants whose service plan included participation by the participant and/or members of their chosen social support network.

2. PM D.a.i.b.2.: Number and % of participants whose approved service plans were forwarded to the direct service provider within policy timelines.
3. PM D.a.i.b.3.: Number and % of participants whose service plans contained all planning elements according to state requirements.
4. PM D.a.i.b.4.: Number and % of participants whose service plans identified non-waiver services appropriate to participant needs in accordance with state policy.

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

1. PM D.a.i.c.1.: Number and % of participants whose service plans were updated as warranted, on or before waiver participants' annual review date.
2. PM D.a.i.c.2.: Number and % of waiver participants whose service plans were reviewed and updated as needed to address changing needs.

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

1. PM D.a.i.d.1.: Number and % of participants who received all types of services specified in the service plan.
2. PM D.a.i.d.2.: Number and % of participants who received services in the amount, frequency and duration specified in the service plan.

Sub-Assurance e.: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

1. PM D.a.i.e.1.: Number and % of waiver participants with a valid signature on the service plan which verifies that freedom of choice was offered between institutional care and waiver services.
2. PM D.a.i.e.2.: Number and % of waiver participants with a valid signature, defined as the participant's/authorized representative's signature, on the service plan which verifies that freedom of choice was offered among waiver providers.
3. PM D.a.i.e.3.: Number and % of waiver participants with a valid signature, defined as the participant's/authorized representative's signature, on the service plan which verifies that a list of waiver services was provided to and discussed with the waiver participant.
4. PM D.a.i.e.4.: Number and % of waiver participants with a valid signature, defined as the participant's/authorized representative's signature, on the service plan which verifies they were offered choice between traditional or participant directed service options.

Appendix G: Health and Welfare (OAS and Health Standards Share Responsibility)

Assurance: The State, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

1. PM G.a.i.a.1.: Number and % of critical incident reviews/investigations that were completed within required time frames as specified in the approved waiver.
2. PM G.a.i.a.2.: Number and % of participants who received the coordination and support to access health care services identified in the service plan.
3. PM G.a.i.a.3.: Number and % of complaints addressed within the required timelines, defined as 30 days or less.
4. PM G.a.i.a.4.: Number and % of unsubstantiated complaints.
5. PM G.a.i.a.5.: Number and % of participants with a valid signature, defined as the participant's/authorized representative's signature, on the service plan which verifies receipt of information about how to report critical incidents as specified in the approved waiver.
6. PM G.a.i.a.6.: Number and % of participants with emergency and staffing back-up plans which contained an agreement signature by the responsible parties.

Appendix I: Financial Accountability (WCS Has Primary Responsibility)

Assurance: State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

1. PM I.a.1.: Number and % of waiver services provided to participants who were enrolled in the waiver on the date the service was reported as delivered.
2. PM I.a.2.: Number and % of waiver claims submitted which did not exceed the approved rate.

***WCS=Waiver Compliance Section of Medicaid**

****SMA= State Medicaid Agency**

*****FMS=Fiscal Management Services**