

FS 360

Date Printed: 9/2/2016 3:29:33 PM(johnn)

**CMS Waiver Assurance**

**From Review Date: 6/1/2016 To: 5/31/2017**

**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.

% of participants enrolled per SMA procedures (participant enrollment)

Provider	Total Reviews	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	0	0	--	0	--

% of LOC evaluations completed in accordance w/ SMA procedures (LOC evaluation)

Provider	Total Reviews	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	283	0	0.00%	283	100.00%

% of a statistically valid sample of participant plans reviewed by DHS and reported to the SMA (plans)

Provider	Total Reviews Required	Total Reviews Completed	% Completed
Statewide	0	53	--

% of a statistically valid sample of participant files reviewed by DHS and reported to the SMA

Provider	Total Reviews Required	Total Reviews Completed	% Completed
Statewide	0	53	--

% of a statistically valid sample of Provider Claims reviewed by DHS and reported to the SMA

Provider	Total Reviews Required	Total Reviews Completed	% Completed
Statewide	0	0	--

% of Provider certifications conducted by DHS and reported to the SMA

Provider	Total Certifications Required	Total Certifications Completed	% Completed
Statewide	0	0	--

% of POEs implemented timely

Provider	Total POEs Required	Total POEs Completed	% Completed
Statewide	0	0	--

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**Level of Care**

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

% of re-evaluations completed timely

Provider	Total Reviews	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	283	0	0.00%	283	100.00%

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

% of LOC completed using approved process

Provider	Total Reviews	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	283	0	0.00%	283	100.00%

% of LOC decisions that are correct

Provider	Total Reviews	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	283	0	0.00%	283	100.00%

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**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.

% of providers compliant w/ file review

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	5	100.00%

% of SC providers meeting qualifications

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

% of PC providers meeting qualifications

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

% of RC providers meeting qualifications

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

% of CC providers meeting qualifications

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

% of SE providers meeting qualifications

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

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.

% of SC with required training

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

% of PC with required training

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

% of RC with required training

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

% of CC with required training

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

% of SE with required training

Provider	Total Required	Total In Compliance	% In Compliance
Statewide	5	0	0.00%

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**Service Plan**

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.

% of plans in which needs are addressed

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	0	53	2	3.77%	51	96.23%

% of plans in which risk factors are assessed and addressed

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	0	53	1	1.89%	52	98.11%

% of plans in which participant preferences & goals are id and addressed

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	0	53	2	3.77%	51	96.23%

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

% of plans that used approved process

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	0	53	6	11.32%	47	88.68%

% of plans that are monitored as required

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	0	53	9	16.98%	44	83.02%

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

% of plans that are updated annually

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	43	0	43	2	4.65%	41	95.35%

% of plans that are revised as needed

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	15	38	0	0.00%	38	100.00%

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**Service Plan (cont)**

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

% of participants afforded choice

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	0	53	0	0.00%	53	100.00%

% afforded choice - institution

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	0	0	0	0	--	0	--

% afforded choice - providers

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	0	53	0	0.00%	53	100.00%

% afforded choice - services

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	0	53	0	0.00%	53	100.00%

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**Health and Welfare**

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

% of participants trained on ANE reporting

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	0	53	2	3.77%	51	96.23%

% of participants for whom an allegation of ANE was handled appropriately

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	51	2	0	0.00%	2	100.00%

% of participants for whom critical incidents were handled appropriately

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	53	50	3	0	0.00%	3	100.00%

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#### Financial Accountability

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

% of claims paid according to the approved rate methodology

Provider	Total Claims	Total SBR	Total Overpayment	Accuracy Rate
Statewide	15	\$979	\$0	100.00%