

#	Assurance	Subassurance	Performance Measure	Formula	Discovery
1.1	Level of Care: The state demonstrates that it implements the process and instruments(s) specified in the approved waiver for evaluating an applicant's/waiver participant's level of care is consistent with the care provided in an ICF/IID.	An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	All people seeking services in addition to service coordination from DDS, for whom there is a reasonable indication that services will be needed in the future, will receive an evaluation for the ICF/IDD level of care.	Number of people who have a LOC / Number of people who seek services in addition to service coordination.	DHCF will collect information from 100% or a sample of 15 people seeking services (whichever is less) from the MCIS Intake Database on a quarterly basis. DHCF will aggregate and analyze data quarterly.
1.2		The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care	The evaluation for the level of care including the Level of Need and Risk Assessment is completed consistent with the approved waiver.	Number of people whose initial eligibility evaluation includes a LON / number of people in the sample.	DHCF will review information from MCIS of 100% or 15 people seeking waiver services (whichever is less) each quarter. DHCF will aggregate and analyze the data quarterly.
2.1.1	Participant Centered Planning and Service Delivery: The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for the waiver participants.	Service plans address all member's assessed needs(including health and safety factors) and personal goals, either by the provision of waiver services or through other means.	The Interdisciplinary Team completes the Level of Need and Risk Screening (LON) assessment prior to the development of each person's ISP.	Number of people for whom a LON was completed prior to ISP development / Number of people who have an annual ISP completed during the reporting period.	DDS will conduct a 100% review through MCIS quarterly. DDS will aggregate and analyze data quarterly.

2.1. 2		Service plans address all member's assessed needs(including health and safety factors) andpersonal goals, either by the provision of waiver services or through other means.	Individual Support Plans reflect personal goals and needs identified through the LON assessment process.	Number of Services Plans that address personal goals and needs identified during the LON assessment process / Number of service plans reviewed.	DDS will conduct 35 ISP Quality Reviews, or 28%, whichever is less, of all ISPs approved per month, for a total of 105 per quarter or 420 annually.
2.2. 1		Service plans are updated/revise d at least annually or when warranted by changes in the waiver participant's needs.	Each person's initial ISP is completed by the service coordinator and submitted to the DDA Waiver Unit within 90 days of enrollment in the ID/DD HCBS Waiver.	Initial ISPs for waiver participants submitted on time / total ISPs for new IDD HCBS waiver participants due.	DDS will conduct a 100% review through MCIS quarterly. DDS will aggregate and analyze data quarterly.
2.2. 2		Service plans are updated/revise d at least annually or when warranted by changes in the waiver participant's needs.	Each person's annual ISP is completed by the service coordinator and submitted in accordance with established timelines prior to the service expiration date to the waiver unit for service re-authorization.	Annual ISPs submitted on time / annual ISPs renewals due.	DDS will conduct a 100% review through MCIS quarterly. DDS will aggregate and analyze data quarterly.

2.2. 3		Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.	Percentage of DDS service coordination staff trained on the waiver process for developing and managing ISPs in accordance with State requirements and the approved waiver.	Number of Service Coordinators who were trained in ISP development and management in compliance with State requirements and the approved waiver / Total number of DDS Service Coordinators responsible to develop and manage ISP's.	DHCF will review a random sample of 10 staff per quarter and will analyze data quarterly.
2.2. 4		Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.	Percentage of ISPs that meet standards contained in DDS training.	Number of waiver participants whose ISP complies with training standards / Total number of ISP's reviewed.	DHCF will review 30 participant records per quarter and will analyze data quarterly.
2.2. 5		Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.	Annual ISPs are approved on time within 365 days.	Annual ISPs approved on time / ISPs due.	DDS will conduct a 100% review through MCIS quarterly. DDS will aggregate and analyze data quarterly.

2.2. 6		Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.	ISPs are revised in response to the person's change in needs and/or change in supports.	Number of people who had revised ISP / Number of people who identified / experienced a change in needs and/or supports.	DDS will conduct 35 ISP Quality Reviews, or 28%, whichever is less, of all ISPs approved per month, for a total of 105 per quarter or 420 annually.
2.3		Service plans are delivered in accordance with the service plan including the type, scope, amount, duration and frequency specified in the service plan.	People receive services described in their ISP in type, scope, amount, duration and frequency as specified in the ISP.	Number of people that receive services as described in the ISP in type, scope, amount, duration and frequency / total number of people who received service coordination monitoring visits.	DDS will conduct a 100% review through the Day and Residential Monitoring Tools quarterly. DDS will aggregate and analyze data quarterly.
2.4		Participants are afforded choice between /among waiver services/providers	The ISP includes documentation that the person was given a choice of services and service providers.	Number of ISPs reviewed that include documentation / Number of ISPs reviewed.	DDS will conduct 35 ISP Quality Reviews, or 28%, whichever is less, of all ISPs approved per month, for a total of 105 per quarter or 420 annually.

3.1.1	Qualified Providers: The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver service are provided by qualified providers.	The state verifies that providers initially and continually meet required licensure and /or certification standards and adhere to other standards prior to furnishing waiver services.	Newly enrolled waiver providers meet initial quality and business standards prior to service provision.	Number of provider applications that meet standards / Number of new providers that were approved to enroll in the IDD HCBS Waiver program.	DDS will conduct a 100% review of the Provider Database maintained by PRMU (new) continuously. DDS will aggregate and analyze data quarterly.
3.1.2		The state verifies that providers initially and continually meet required licensure and /or certification standards and adhere to other standards prior to furnishing waiver services.	New providers required to pass initial certification within six (6) months of initial delivery of service pass.	Number of new providers that received certification to continue to operate within 6 months of initial delivery of services to people in the waiver / Number of new providers that were approved and initiated delivery of services.	DDS will conduct a 100% review of the Provider Database maintained by PRMU (new) continuously. DDS will aggregate and analyze data quarterly.
3.1.3		The state verifies that providers initially and continually meet required licensure and /or certification standards and adhere to other standards prior to furnishing waiver services.	Providers continue to meet applicable certification standards.	Number of providers that continue to meet applicable certification standards/Number of providers subject to certification.	DDS will conduct a 100% review of the Provider Certification Reviews on an ongoing basis. DDS will aggregate and analyze data monthly

3.1.4		The state verifies that providers initially and continually meet required licensure and /or certification standards and adhere to other standards prior to furnishing waiver services.	Providers correct identified deficiencies cited during certification reviews.	Number of corrected deficiencies on time / Number of identified deficiencies due to be corrected.	DDS will conduct a 100% review of deficiencies cited during certification review.
3.2.1		The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.	Licensed clinicians continue to meet applicable licensure requirements.	Number of licensed clinicians with appropriate credentials / Number of licensed clinicians eligible to provide services.	DDS will conduct a 100% review of the License Database quarterly. DDS will aggregate and analyze the data quarterly.
3.2.2		The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.	Qualified providers of home and vehicle modifications and PERS maintain compliance with waiver requirements	Number of Providers with current business licenses / Number of enrolled providers of these services.	DDS will conduct a 100% review of the Provider Database maintained by PRMU (new) annually. DDS will aggregate and analyze data annually.
3.2.3		The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.	People receiving Home and Vehicle modifications and PERS services report satisfaction with providers of Home and Vehicle modifications and PERS services.	Number of people who reported satisfaction with providers / Number of people who received Home and Vehicle Modifications and PERS services and responded to the satisfaction survey.	DDS will conduct a 100% review through a satisfaction survey (new) annually. DDS will aggregate and analyze data annually.

3.3		The state implements its policies and procedures for verifying that training is provided in accordance with state requirements and the approved waiver.	Certified providers train staff according to DDS policies and procedures.	Number of providers that meet all applicable training indicators on the PCR / Number of providers reviewed through certification.	DDS will conduct a 100% review of the Provider Certification Review database continuously. DDS will aggregate and analyze data quarterly.
4.1.1	Health and Welfare: The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.	The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	Percentage of all serious reportable incidents reported according to time frames outlined in DDS's Incident Management procedure.	Number of serious reportable incidents reported timely / Number of serious reportable incidents reported.	DDS will conduct a 100% review through MCIS on a bi-weekly basis. DHCF will aggregate and analyze data quarterly.
4.1.2		The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	Percentage of people who received a fact sheet on how to report abuse, neglect, mistreatment, and exploitation.	Number of ISPs with documentation that the person received a fact sheet on how to report abuse, neglect, mistreatment, exploitation / Number of individual support plans (ISP) reviewed.	DHCF will review 30 ISPs or less quarterly. DHCF will aggregate and analyze data quarterly.

4.1.3		The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	Percentage of serious reportable incidents (except death) receiving timely follow up by service coordinator, according to incident management policies and procedure.	Number of serious reportable incidents (except death) receiving timely follow up by service coordinator / Number of serious reportable incidents (except death) accepted by DDS.	DHCF will review 30 incidents or less through MCIS quarterly. DHCF will aggregate and analyze data quarterly.
4.1.4		The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	Percentage of allegation of abuse, neglect and serious physical injury incidents receiving timely follow up by IMEU, according to incident management policies and procedure.	Number of allegations of abuse or neglect and serious physical injuries receiving timely follow up / Number of allegations of abuse or neglect and serious physical injuries accepted by DDS.	DHCF will review 30 incidents or less through MCIS and incident reports quarterly. DHCF will aggregate and analyze data quarterly.
4.1.5		The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	Percentage of DDS incident investigations completed/closed timely, according to incident management policies and procedures.	Number of incident investigation closed timely / Number of incident investigations due to be closed that quarter.	DHCF will review 30 investigations or less through MCIS quarterly. DHCF will aggregate and analyze data quarterly.

4.1. 6		The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	Percentage of investigations with indication of people being notified timely of investigation outcome.	Number of incident investigations of allegations of abuse or neglect with notification to waiver participant or representative of outcome within five (5) business days of provider receiving investigation report / Number of DDS's incident investigations completed/closed.	DHCF will review 30 investigations or less through DDS Reports quarterly. DHCF will aggregate and analyze data quarterly.
4.2. 1		The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.	Percentage of investigation recommendations implemented according to Incident management policies and procedures.	Number of investigation recommendations implemented timely / Number of investigations recommendations made for incidents that occurred in the previous quarter.	DHCF will review 30 incident investigations through MCIS quarterly. DHCF will aggregate and analyze data quarterly.

4.2. 2		The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.	Percentage of MRC death investigations completed within 45 business days from the submission of the complete record, as outlined in the DDS mortality reporting procedure.	Number of death investigations completed within 45 days of submission of the complete record / Number of death investigations due to the MRC that quarter.	DDS will conduct a 100% review of death investigation reports quarterly. DHCF will aggregate, analyze and report the data quarterly.
4.2. 3		The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.	Percentage of MRC recommendations responded to with a plan of correction within 15 business days of receipt of the recommendations, as outlined in the DDS mortality review committee policies and procedures.	Number of recommendations responded to with a plan of correction within 15 business days / Number of accepted MRC recommendations due to receive a plan of correction that quarter.	DHCF will conduct a 100% review of MRC minutes quarterly. DHCF will aggregate and analyze the data quarterly.
4.2. 4		The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.	Percentage of death investigations reviewed by the Mortality Review Committee within 45 days of the receipt of the death investigation report.	Number of death incidents reviewed by MRC within 45 days of the receipt of the completed investigation / Number of death investigations due to be reviewed that quarter.	DHCF will conduct a 100% review of MRC minutes quarterly. DHCF will aggregate and analyze the data quarterly.

4.2. 5		The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.	Number and percent of death investigations where recommended actions to protect health and welfare were implemented.	Number of MRC recommendations implemented timely / Number of MRC recommendations due during the quarter.	DDS will conduct a 100% review of recommendations from death investigation reports quarterly. DHCF will aggregate and analyze the data quarterly.
4.2. 6		The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.	Percentage of Fatality Review Committee (FRC) recommendations to DDS implemented within assigned time frame.	Number of FRC recommendations implemented within assigned timeframe / Number of FRC recommendations due that quarter.	DHCF will conduct a 100% review of FRC summaries quarterly. DHCF will aggregate and analyze the data quarterly.

4.3. 1		State policies and procedures for the use or prohibition of restrictive interventions(including restrictions and seclusions)are followed.	Number and percent of approved BSPs with restrictive interventions that meet standards outlined in DDS' policies and procedures.	Number of behavior support plans that met the standards as outlined in the DDS's RCRC procedure/ Number of BSP's with restrictive measures approved by the Restrictive Controls Review Committee	DHCF will review 15 records per quarter. DHCF will aggregate and analyze the data quarterly
4.3. 2		State policies and procedures for the use or prohibition of restrictive interventions(including restrictions and seclusions)are followed.	Percentage of people receiving psychotropic medications who had quarterly medication reviews.	Number of people who had a timely medication review / Number of people scheduled for psychotropic medication review .	DHCF will review not more than 15 records quarterly. DHCF will aggregate and analyze the data quarterly.
4.3. 3		State policies and procedures for the use or prohibition of restrictive interventions(including restrictions and seclusions)are followed.	Percentage of Behavior Support Plans (BSP) containing restrictive measures reviewed by the RCRC.	Number of BSPs with restrictive measures reviewed by RCRC / Number of BSPs with restrictive measures.	DDS will review 100% of BSPs on an ongoing basis. DDS will aggregate and analyze the data quarterly.

4.3.4		State policies and procedures for the use or prohibition of restrictive interventions(including restrictions and seclusions)are followed.	Number and percent of unauthorized uses of restrictive interventions that were appropriately reported according to incident management policies and procedures.	Number of unauthorized uses of restrictive interventions appropriately reported / Number of unauthorized uses of restrictive interventions reported during the quarter.	DDS will conduct a 100% review through MCIS on a quarterly basis. DHCF will aggregate and analyze data quarterly.
4.3.5		State policies and procedures for the use or prohibition of restrictive interventions(including restrictions and seclusions)are followed.	Medications that are not self-administered by appropriately credentialed staff.	Number of providers who meet the PCR indicator for administration by trained staff / Number of providers for whom that indicator is applicable.	DDS will review less than 100% of Provider Certifications quarterly. DDS will aggregate and analyze the data quarterly.
4.4.1		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.	Number and percent of waiver participants who received physical exams in accordance with state waiver policies.	Number of participants who have had a physical exam in the last 12 months / Number of people who receive a Residential Monitoring review during the review period.	DDS will conduct a 100% review through the Residential Monitoring Tools quarterly. DDS will aggregate and analyze data quarterly.

4.4. 2		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.	Percentage of issues in MCIS issue resolution system or its replacement remediated according to DDS' issue resolution policies and procedures.	Number of issues remediated within IRC assigned time frame / Number of issues accepted by DDS in the previous quarter.	DHCF will review 5% of issues through MCIS (or a replacement system) quarterly. DHCF will aggregate and analyze the data quarterly.
6.1. 2	Financial Accountability: The state must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.	The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.	Percent of cumulative monthly waiver expenditures diverging from projected cumulative monthly expenditures.	Actual cumulative monthly expenditures for each waiver services/projected cumulative monthly expenditures for each waiver services as specified in Appendix-J.	DHCF's fiscal intermediary will conduct 100%of review and report quarterly.
6.1. 2		The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.	Percentage of claims reviewed by Program Integrity Audits that fail standards.	Number of audited claims that fail standards / Number of claims selected for auditing.	DHCF will conduct audits of less than 100% claims and report quarterly.

6.1. 3		The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.	Percentage of claims for DD waiver services denied by MMIS, by reason for denial.	Number of ID/DD waiver claims denied by reason of denial / Number of claims submitted for reimbursement of ID/DD services.	DHCF will review report from fiscal intermediary and report quarterly.
6.1. 4		The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.	Number and percent of claims paid with people's person centered plan authorizations (Claims data, plans of care/authorizations).	Number of claims paid in accordance with people's person centered plan authorizations / Number of claims reviewed during the quarter.	DHCF will review 30 claims and aggregate the data quarterly.
6.2.		The state provides evidence that rates remain consistent with the approved rate methodology through out the five-year waiver cycle.	Number and percent of provider payment rates that are consistent with rate methodology approved in the approved waiver application or subsequent amendment.	Number of provider payment rate that are consistent with rate methodology approved in waiver application / Number of claims reviewed during the quarter.	DHCF will review 30 claims and aggregate the data quarterly.