

Indicator	Waiver Appendix	Performance measure	Year 1	Year 2 (by quarter)					Year 2	Year 3 (by quarter)					Year 3
			Aug 16 - July 17	Aug 17 - Oct 17	Nov 17 - Jan 18	Feb 18 - Apr 18	May 18 - July 18	Aug 17 - July 18	Aug 18 - Oct 18	Nov 18 - Jan 19	Feb 19 - Apr 19	May 19 - July 19	Aug 18 - July 19		
			Results	Results	Results	Results	Results	Results	Results	Results	Results	Results	Results		
Aa1	A: Administrative Authority	Number and percent of assigned quality assurance reviews completed quarterly by the contracted agencies.	100%	100%	100%	100%	84%	96%	99%	98%	93%	100%	97%		
		<b>Numerator</b> = number of quarterly quality assurance reviews completed by contracted agencies;	880	239	244	249	194	926	228	506	559	479	1772		
		<b>Denominator</b> = number of quarterly quality assurance reviews assigned to contracted agencies.	880	239	244	250	232	965	230	515	602	479	1826		
Ba1	B: Level of Care	Number and percent of new waiver eligible applicants reviewed for whom nursing facility Level of Care (LOC) was determined prior to the receipt of services. *Data is electronic data taken from previous protocol until new file review protocol is finalized.	98%*	97%*	99%*	99%*	99%*	99%*	100%	100%	98%	95%	99.60%		
		<b>Numerator</b> = number of new waiver eligible applicants reviewed for whom nursing facility LOC was determined prior to receipt of services;	1523	353	312	332	482	1479	725	48	46	42	861		
		<b>Denominator</b> = number of new waiver eligible applicants reviewed.	1547	364	316	335	486	1501	725	48	47	44	864		

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			Results	Results	Results	Results	Results	Results	Results	Results	Results	Results	Results		
Bc1	B: Level of Care	Number and percent of initial and annual Level of Care (LOC) determinations reviewed in which LOC criteria were accurately applied. *Data is taken from previous protocol until new file review protocol is finalized.	88%*	90%*	92%*	89%*	87%*	89%*	88%	99%	97%	98%	96%		
		<b>Numerator</b> = number of initial and annual LOC determinations reviewed in which LOC criteria were accurately applied;	507	117	147	153	144	561	107	150	173	176	606		
		<b>Denominator</b> = number of initial and annual LOC determinations reviewed.	579	130	160	172	165	627	122	152	179	179	632		
Bc2	B: Level of Care	Number and percent of participants for whom initial or annual Level of Care (LOC) is determined using the appropriate instrument.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
		<b>Numerator</b> = number of participants for whom LOC is determined using the appropriate instrument;	6789	1715	1523	1827	1803	6868	1816	1603	1828	1673	6920		
		<b>Denominator</b> = number of participants reviewed for whom LOC is determined.	6789	1715	1523	1827	1803	6868	1816	1603	1828	1673	6920		
Da1	D: Service Plan	Number and percent of participants reviewed for whom all assessed personal goals have been addressed in the Plan of Services and Supports (POSS).	98%	98%	100%	99%	100%	99%	98%	99%	99%	98%	99%		
		<b>Numerator</b> = number of participants reviewed for whom all assessed personal goals have been addressed in the POSS;	569	128	160	171	165	624	120	150	177	176	623		
		<b>Denominator</b> = number of participants reviewed.	579	130	160	172	165	627	122	152	179	179	632		
Da2	D: Service Plan	Number and percent of participants reviewed for whom all assessed needs (including health and safety risk factors) have been addressed in the Plan of Services and Supports (POSS).	96%	93%	95%	95%	95%	95%	91%	93%	96%	95%	94%		
		<b>Numerator</b> = number of participants reviewed for whom all assessed needs have been addressed in the POSS;	554	121	152	164	157	594	111	141	172	170	594		
		<b>Denominator</b> = number of participants reviewed.	579	130	160	172	165	627	122	152	179	179	632		

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			Results	Results	Results	Results	Results	Results	Results	Results	Results	Results	Results		
Dc1	D: Service Plan	Number and percent of participants reviewed whose Plans of Services and Supports (POSS) were revised, as needed, to address changing needs.	95%	95%	98%	96%	95%	96%	94%	94%	96%	95%	95%		
		<b>Numerator</b> = number of participants reviewed whose POSS were revised, as needed, to address changing needs;	549	123	156	165	156	600	115	143	171	170	599		
		<b>Denominator</b> = number of participants reviewed.	579	130	160	172	165	627	122	152	179	179	632		
Dc2	D: Service Plan	Number and percent of participants reviewed whose Plans of Services and Supports (POSS) were reviewed and revised on or before the annual review date.	97%	95%	99%	95%	97%	96%	94%	96%	97%	98%	97%		
		<b>Numerator</b> = number of participants reviewed whose POSS were reviewed and revised on or before the annual review date.	560	124	158	163	160	605	84	100	128	132	444		
		<b>Denominator</b> = number of participants reviewed.	579	130	160	172	165	627	89	104	132	135	460		
Dd1	D: Service Plan	Number and percent of participants reviewed for whom there is monthly monitoring narrative evidence that waiver services were delivered in accordance with the Plan of Services and Supports (POSS). *Data is taken from previous protocol until new file review protocol is finalized.	94%*	96%*	98%*	95%*	96%*	96%*	95%	91%	89%	97%	93%		
		<b>Numerator:</b> Number of participants reviewed for whom there is monthly monitoring narrative evidence that waiver services were delivered in accordance with the POSS.	546	125	156	164	159	604	116	139	160	174	589		
		<b>Denominator:</b> # of participants reviewed.	579	130	160	172	165	627	122	152	179	179	632		
De1	D: Service Plan	Number and percent of participants reviewed whose file indicated participants chose among providers.	99%	99%	100%	99%	98%	99%	98%	99%	97%	99%	98%		
		<b>Numerator</b> = number of participants reviewed whose files indicated participants chose among providers;	572	129	160	171	162	622	120	150	174	178	622		
		<b>Denominator</b> = number of participants reviewed.	579	130	160	172	165	627	122	152	179	179	632		

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			Results	Results	Results	Results	Results	Results	Results	Results	Results	Results	Results	
De2	D: Service Plan	Number and percent of participants reviewed whose file indicated participants chose among types of services.	99%	99%	100%	99%	99%	99%	99%	98%	99%	100%	99%	
		<b>Numerator</b> = number of participants reviewed whose files indicated participants chose among types of services;	573	129	160	170	163	622	121	149	177	179	626	
		<b>Denominator</b> = number of participants reviewed.	579	130	160	172	165	627	122	152	179	179	632	
De3	D: Service Plan	Number and Percent of participants reviewed who have been informed about provision of services and provision of Services Coordination (SC) when served by SC Agencies that also provide waiver services.	93%				98%	98%	93%	98%	97%	99%	97%	
		<b>Numerator</b> = Number of participants reviewed who have been informed about provision of services and provision of SC when served by SC Agencies that also provide waiver services.	343				491	491	100	114	140	160	514	
		<b>Denominator</b> = Number of participants reviewed.	369				503	503	108	116	144	162	530	
De4	D: Service Plan	Number and percent of participants reviewed whose file is free of evidence of conflict of interest between the provision of services and the provision of Services Coordination.	100%				100%	100%	100%	100%	100%	100	100%	
		<b>Numerator</b> = Number of participants reviewed whose file is free of evidence of conflict of interest between the provision of services and the provision of Services Coordination.	369				503	503	108	116	144	162	530	
		<b>Denominator</b> = Number of participants reviewed.	369				503	503	108	116	144	162	530	
Ga2	G: Health and Welfare	Number and percent of participants reviewed who received information/education about how to report abuse, neglect exploitation and other critical incidents as specified in the approved waiver.	98%	98%	99%	98%	100%	99%	99%	99%	97%	100%	99%	
		<b>Numerator</b> = number of participants reviewed who received information/education;	570	128	159	169	165	621	121	151	173	179	624	
		<b>Denominator</b> = number of participants reviewed.	579	130	160	172	165	627	122	152	179	179	632	

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			Results	Results	Results	Results	Results	Results	Results	Results	Results	Results	Results		
Gc1	G: Health and Welfare	Number and percent of participants reviewed for whom the file contains no evidence of the use of restrictive measures, including restraints and seclusion.	100%						100%	100%	99%	100%	100%	99.80%	
		<b>Numerator</b> = Number of participants reviewed for whom the file contains no evidence of the use of restrictive measures, including restraints and seclusion.	450						620	114	151	179	179	623	
		<b>Denominator</b> = Number of participants reviewed.	450						620	114	152	179	179	624	
Gd1	G: Health and Welfare	Number and percent of participants reviewed whose health care status was assessed at the initial review or annual assessment.	99%	99%	99%	98%	100%	99%	100%	100%	100%	100%	100%	100%	
		<b>Numerator</b> = Number of participants reviewed whose health care status was assessed at the initial review or annual assessment.	569	121	148	169	165	603	122	152	179	179	179	632	
		<b>Denominator</b> = Number of participants reviewed.	576	122	150	172	165	609	122	152	179	179	179	632	
Ia1	I: Financial Accountability	Number and percent of paid claims reviewed that were coded in accordance with the reimbursement methodology specified in the approved waiver. *Data is taken from the previous file review protocol until new file review protocol is finalized.	93%*	93%*	94%*	97%*	97%*	94%*	97%	96%	98%	99.80%	98%		
		<b>Numerator:</b> Number of paid claims reviewed that were coded in accordance with the reimbursement methodology specified in the approved waiver.	419	88	126	166	184	564	93	611	622	555	1881		
		<b>Denominator:</b> Number of paid claims reviewed.	452	95	134	171	201	601	96	635	633	556	1920		
Ia2	I: Financial Accountability	Number and percent of paid claims reviewed which were billed in accordance with the reimbursement methodology specified in the approved waiver. *Data is taken from the previous file review protocol until new file review protocol is finalized.	93%*	93%*	95%*	98%*	96%*	96%*	97%	98%	99%	100%	99%		
		<b>Numerator</b> = Number and percent of paid claims reviewed which were in accordance with the reimbursement methodology specified in the approved waiver.	419	88	127	168	192	575	93	625	629	556	1903		
		<b>Denominator</b> = Number of paid claims reviewed.	452	95	134	171	201	601	96	635	633	556	1920		

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			Results	Results	Results	Results	Results	Results	Results	Results	Results	Results	Results	
lb1	I: Financial Accountability	Number and percent of providers reviewed for whom rate changes were consistent with the approved rate methodology.	98%					99%	99%	100%	99%	98%	100%	99%
		<b>Numerator</b> = Number and percent of providers reviewed for whom rate changes were consistent with the approved rate methodology.	352					393	393	57	82	131	118	388
		<b>Denominator</b> = Number of providers reviewed.	361					398	398	57	83	134	118	392

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