

Close



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Waldrep / George</i>	DATE <i>1-2-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101-192</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Singleton, Deps, CMS file Clipped 4/11/13, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1 March 13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	Necessary Action _____

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



Division of Medicaid & Children's Health Operations

December 14, 2012

Mr. Anthony Keck, Director
SC Dept. of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

RECEIVED

DEC 20 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

The Centers for Medicare and Medicaid Services (CMS) is conducting a quality review of South Carolina's Home and Community-Based Services Waiver for children with Pervasive Developmental Disorders, # 0456.R01. This review will be used to evaluate the overall performance of this waiver program during the currently approved period, January 1, 2010 – December 31, 2014, and to identify the need for any modifications or technical assistance necessary to continue successful operation of this waiver program. The results of this review will serve to inform both the State and CMS of the State's compliance with waiver assurances in anticipation of the waiver's renewal. The expiration date of this waiver is December 31, 2014.

The CMS requires States to demonstrate adequate and effective mechanisms for finding and resolving compliance issues on an ongoing basis. Enclosed with this letter is a listing of the types of evidence-based information CMS must review in order to review the State's implementation of its quality management and improvement strategy – that is discovery, remediation and improvement activities with regard to all of the waiver assurances. We request that you submit the information identified in the enclosure to this office within ninety days of receipt of this letter. To expedite the review process, we ask that you provide concise, specific information that demonstrates your State's implementation of your quality management and improvement strategy.

While we recognize the value of State policies and procedures with regard to oversight activities, this evaluation focuses on the extent to which the policies and procedures have been implemented, and the results of the State's oversight activities. That is, how does the State identify quality issues, and how does the State address these issues on an individual and systemic basis when they are identified? As you will see in the enclosure, we are requesting evidence as to the implementation of oversight activities.

After reviewing the requested submissions, Kenni Howard will contact your staff to discuss necessary follow-up activities. Please feel free to contact her at (404) 562-7413 with any questions related to this request.

Sincerely,

A handwritten signature in cursive script that reads 'Jackie Glaze'.

Jackie Glaze

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Attachment: HCBS Quality Review Worksheet
cc: Michele MacKenzie, Central Office

HCBS Quality Review Work Sheet

I. Level of Care (LOC) Determination

<i>The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating a waiver applicant or participant's level of care consistent with care provided in a hospital, NF, or ICF/MR.</i>		
Sub Assurances	CMS Expectations	Types of Evidence
An evaluation for level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	State submits evidence that is has reviewed applicant files to verify that individual levels of care evaluations are conducted.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
The level of care of enrolled participants is reevaluated at least annually or as specified in its approved waiver.	State submits evidence that it regularly reviews participant files to verify that reevaluations of level of care are conducted at least annually or as specified in the approved waiver.	
The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.	State submits that it regularly reviews participant files to verify that the instrument described in the approved waiver is used in all level of care re-determinations, the person(s) who implement level of care determinations are those specified in the approved waiver, and the process/instruments are applied appropriately.	

II. Service Plans

The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.		
Sub Assurances	CMS Expectations	Types of Evidence
Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by waiver services or through other means.	State demonstrates that service plans are reviewed periodically to assure that all of participant needs are addressed and preferences considered.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
The state monitors service plan development in accordance with its policies and procedures	State submits evidence of its monitoring process for service plan development and any corrective action taken when service plans were not developed according to policies and procedures.	
Service plans are update/revised at least annually or when warranted by changes in the waiver participant's needs.	State submits evidence of its monitoring process for service plan update/revision including service plan updates when a participant's needs changed and corrective actions taken when service plans were not updated/revised according to policies and procedures.	

II. Service Plans (Continued)

The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.		
Sub Assurances	CMS Expectations	Types of Evidence
Services are delivered in accordance with the service plan, including the type, scope, amount, and frequency specified in the service plan.	State submits evidence of the results of its monitoring process for ensuring the services identified in the service plan are implemented.	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) <p>Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other</p>
<p>Participants are afforded choice:</p> <ol style="list-style-type: none"> 1) Between waiver services and institutional care; and 2) Between/among waiver services and providers 	State submits evidence of the results of its monitoring process for ensuring the services identified in the service plan are implemented.	

III. Qualified Providers

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

Sub Assurances	CMS Expectations	Types of Evidence
The State verifies that providers initially and continually met required licensure and/or certification standards and adhere to other state standards prior to their furnishing waiver services.	State provides documentation of periodic review by licensing/certification entity.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: <ul style="list-style-type: none"> ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements	State provides documentation that non-licensed/non-certified providers are monitored on a periodic basis sufficient to provide protections to waiver participants.	
The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.	State provides documentation of monitoring and training and actions it has taken when providers have not met requirements (e.g., technical assistance, training).	

IV. Health and Welfare

<i>The State demonstrates, on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect and exploitation.</i>		
Sub Assurances	CMS Expectations	Types of Evidence
The state, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.	State demonstrates that, on an ongoing basis, abuse, neglect and exploitation are identified, appropriated actions have been taken when the health or welfare of a participant has not been safeguarded, and an analysis is conducted of abuse, neglect and exploitation trends and strategies it has implemented for prevention.	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other

V. Administrative Authority

The State demonstrates it retains ultimate administrative authority over the waiver program and that its administration of the waiver program is consistent with the approved waiver application.

Sub Assurances	CMS Expectations	Types of Evidence
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.	State submits evidence of its monitoring of all delegated functions, and implementation of policies/procedures related to its administrative authority over the waiver program, including: memoranda of agreements, description of roles and responsibilities relative to program operations, monitoring, and remediation or system improvements instituted when problems are identified in the operation of the waiver program.	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other

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Division of Medicaid & Children's Health Operations

December 14, 2012

Mr. Anthony Keck, Director
SC Dept. of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Date	Signature
12-14-12	Kenni Howard
12/14/12	Anthony Keck
12/14/12	Quina Roberts

Dear ^{Mr.} Dr. Keck:

The Centers for Medicare and Medicaid Services (CMS) is conducting a quality review of South Carolina's Home and Community-Based Services Waiver for children with Pervasive Developmental Disorders, # 0456.R01. This review will be used to evaluate the overall performance of this waiver program during the currently approved period, January 1, 2010 – December 31, 2014, and to identify the need for any modifications or technical assistance necessary to continue successful operation of this waiver program. The results of this review will serve to inform both the State and CMS of the State's compliance with waiver assurances in anticipation of the waiver's renewal. The expiration date of this waiver is December 31, 2014.

The CMS requires States to demonstrate adequate and effective mechanisms for finding and resolving compliance issues on an ongoing basis. Enclosed with this letter is a listing of the types of evidence-based information CMS must review in order to review the State's implementation of its quality management and improvement strategy – that is discovery, remediation and improvement activities with regard to all of the waiver assurances. We request that you submit the information identified in the enclosure to this office within ninety days of receipt of this letter. To expedite the review process, we ask that you provide concise, specific information that demonstrates your State's implementation of your quality management and improvement strategy.

While we recognize the value of State policies and procedures with regard to oversight activities, this evaluation focuses on the extent to which the policies and procedures have been implemented, and the results of the State's oversight activities. That is, how does the State identify quality issues, and how does the State address these issues on an individual and systemic basis when they are identified? As you will see in the enclosure, we are requesting evidence as to the implementation of oversight activities.

After reviewing the requested submissions, Kenni Howard will contact your staff to discuss necessary follow-up activities. Please feel free to contact her at (404) 562-7413 with any questions related to this request.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Attachment: HCBS Quality Review Worksheet
cc: Michele MacKenzie, Central Office



April 11, 2013

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909

Attention: Kenni Howard

RE: # SC 0456.R01 - South Carolina Pervasive Developmental Disorder (PDD)

Dear Ms. Glaze,

Enclosed is South Carolina's submission of evidentiary-based information with regard to the overall performance of the South Carolina Pervasive Developmental Disorder Waiver (PDD) Waiver (#0456.R01) for the period of January 1, 2010 – December 31, 2014. We look forward to your evaluation of South Carolina's compliance with waiver assurances.

Should you have any questions or need additional information regarding this waiver assessment, please contact Lenora Crum, MSW at (803) 898-2704.

Sincerely,



Pete Liggett, Ph.D.
Deputy Director

Enclosures
cc: Ann Dalton, SCDDSN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Waldrep</i>	DATE <i>1-2-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001192</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Singleton, Deps, CMS file</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1 March 13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	Necessary Action _____

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Division of Medicaid & Children's Health Operations

December 14, 2012

Mr. Anthony Keck, Director
SC Dept. of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

RECEIVED

DEC 20 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

The Centers for Medicare and Medicaid Services (CMS) is conducting a quality review of South Carolina's Home and Community-Based Services Waiver individuals with mental retardation/developmental disabilities, # 0237.R04. This review will be used to evaluate the overall performance of this waiver program during the currently approved period, January 1, 2010 – December 31, 2014, and to identify the need for any modifications or technical assistance necessary to continue successful operation of this waiver program. The results of this review will serve to inform both the State and CMS of the State's compliance with waiver assurances in anticipation of the waiver's renewal. The expiration date of this waiver is December 31, 2014.

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Jackie Glaze

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Attachment: HCBS Quality Review Worksheet

cc: Michele MacKenzie, Central Office

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Division of Medicaid & Children's Health Operations

December 14, 2012

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SC Dept. of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

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Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Attachment: HCBS Quality Review Worksheet
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HCBS Quality Review Work Sheet

I. Level of Care (LOC) Determination

<i>The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating a waiver applicant or participant's level of care consistent with care provided in a hospital, NF, or ICF/MR.</i>		
Sub Assurances	CMS Expectations	Types of Evidence
An evaluation for level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	State submits evidence that is has reviewed applicant files to verify that individual levels of care evaluations are conducted.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken
The level of care of enrolled participants is reevaluated at least annually or as specified in its approved waiver.	State submits evidence that it regularly reviews participant files to verify that reevaluations of level of care are conducted at least annually or as specified in the approved waiver.	✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.	State submits that it regularly reviews participant files to verify that the instrument described in the approved waiver is used in all level of care re-determinations, the person(s) who implement level of care determinations are those specified in the approved waiver, and the process/instruments are applied appropriately.	

II. Service Plans

The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.		
Sub Assurances	CMS Expectations	Types of Evidence
Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by waiver services or through other means.	State demonstrates that service plans are reviewed periodically to assure that all of participant needs are addressed and preferences considered.	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
The state monitors service plan development in accordance with its policies and procedures	State submits evidence of its monitoring process for service plan development and any corrective action taken when service plans were not developed according to policies and procedures.	
Service plans are update/revised at least annually or when warranted by changes in the waiver participant's needs.	State submits evidence of its monitoring process for service plan update/revision including service plan updates when a participant's needs changed and corrective actions taken when service plans were not updated/revised according to policies and procedures.	

II. Service Plans (Continued)

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

Sub Assurances	CMS Expectations	Types of Evidence
Services are delivered in accordance with the service plan, including the type, scope, amount, and frequency specified in the service plan.	State submits evidence of the results of its monitoring process for ensuring the services identified in the service plan are implemented.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
Participants are afforded choice: 1) Between waiver services and institutional care; and 2) Between/among waiver services and providers	State submits evidence of the results of its monitoring process for ensuring the services identified in the service plan are implemented.	

III. Qualified Providers

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

Sub Assurances	CMS Expectations	Types of Evidence
The State verifies that providers initially and continually met required licensure and/or certification standards and adhere to other state standards prior to their furnishing waiver services.	State provides documentation of periodic review by licensing/certification entity.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken
The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements	State provides documentation that non-licensed/non-certified providers are monitored on a periodic basis sufficient to provide protections to waiver participants.	✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.	State provides documentation of monitoring and training and actions it has taken when providers have not met requirements (e.g., technical assistance, training).	

IV. Health and Welfare

The State demonstrates, on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect and exploitation.

Sub Assurances	CMS Expectations	Types of Evidence
The state, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.	State demonstrates that, on an ongoing basis, abuse, neglect and exploitation are identified, appropriated actions have been taken when the health or welfare of a participant has not been safeguarded, and an analysis is conducted of abuse, neglect and exploitation trends and strategies it has implemented for prevention.	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> √ Record Reviews, on-site √ Record Reviews, off-site √ Training verification records √ On-site observations, interview, monitoring √ Analyzed collected data (including surveys, focus group, interview, etc.) √ Trends, remediation actions proposed / taken √ Provider performance monitoring √ Operating agency performance monitoring √ Staff observation / opinion √ Participant / family observation and opinion √ Critical events and incident reports √ Mortality reviews √ Program logs √ Medication administration data reports, logs √ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other

V. Administrative Authority

The State demonstrates it retains ultimate administrative authority over the waiver program and that its administration of the waiver program is consistent with the approved waiver application.

Sub Assurances	CMS Expectations	Types of Evidence
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.	State submits evidence of its monitoring of all delegated functions, and implementation of policies/procedures related to its administrative authority over the waiver program, including: memoranda of agreements, description of roles and responsibilities relative to program operations, monitoring, and remediation or system improvements instituted when problems are identified in the operation of the waiver program.	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> √ Record Reviews, on-site √ Record Reviews, off-site √ Training verification records √ On-site observations, interview, monitoring √ Analyzed collected data (including surveys, focus group, interview, etc.) √ Trends, remediation actions proposed / taken √ Provider performance monitoring √ Operating agency performance monitoring √ Staff observation / opinion √ Participant / family observation and opinion √ Critical events and incident reports √ Mortality reviews √ Program logs √ Medication administration data reports, logs √ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other

VI. Financial Accountability

The State demonstrated that it has designed and implemented an adequate system for assuring financial accountability of the waiver program.

Sub Assurances	CMS Expectations	Types of Evidence
State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.	<p>State submits results of its financial monitoring process for verifying maintenance of appropriate financial records as specified in the approved waiver.</p> <p>State submits results of its review of waiver participant claims to verify that they are coded and paid in accordance with the waiver reimbursement methodology.</p> <p>State demonstrates that interviews with State staff and providers are periodically conducted to verify that any identified financial irregularities are addressed.</p> <p>Stat demonstrates that site visits are conducted with providers to verify that they maintain financial records according to provider agreements/contracts.</p>	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other

Brenda James

Log # 187 + 192

From: Richard Kluender
Sent: Thursday, January 10, 2013 2:26 PM
To: Brenda James
Subject: FW: Scan from Copier



Brenda this is in addition to what I gave on the log letter listing, this is from George Maky's area.

-----Original Message-----

From: Margie Hickerson
Sent: Thursday, January 10, 2013 2:08 PM
To: Richard Kluender
Subject: RE: Scan from Copier

There are only 2 that are mine.

187 - has been given to George for his completion.

192 - has been give to George, Anita, and Lenora for completion.

Thanks
Margie
