

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-26-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000180</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlener Depo</i>			

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

U. S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St, Suite 41720
Atlanta, Georgia 30303-8909



RECEIVED

September 19, 2008

SEP 26 2008

Emma Forkner, Director
South Carolina Department of Health and Human Services
P.O. Box 8206
Attn: Kara Lewis
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

Enclosed is the final compliance report for South Carolina's Home and Community Based Waiver for Individuals with Mental Retardation and Related Disabilities (#0237.90.R2). The review of the program was based upon evidentiary information submitted by your office on June 12, 2008. Your letter, dated September 3, 2008, includes minor suggestions that have been incorporated into the final report.

We wish you continued success in your Home and Community Based Waiver (HCBW) program and look forward to working with you in the future. If you have any questions or need assistance, please feel free to contact Kimberly Adkins-McCoy at (404) 562-7159.

Sincerely,


Mary Kaye Justis, RN, MBA

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

Enclosure



U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services Region IV

Final Report

Home and Community-Based Services Waiver Assessment of

South Carolina's MR/RD Waiver

Control # 0237.90.R2



**South Carolina Home and Community Based Waiver for
MR/RD (#0237)
Assessment Report**

Introduction:

Pursuant to section 1915(c) of the Social Security Act, the Secretary of the Department of Health and Human Services has the authority to waive certain Medicaid statutory requirements to enable a State to provide a broad array of home and community-based services (HCBS) as an alternative to institutionalization. The Centers for Medicare and Medicaid Services (CMS) has been delegated the responsibility and authority to approve State HCBS waiver programs. CMS must assess each home and community-based waiver program in order to determine that State assurances are met. This assessment also serves to inform CMS in its review of the State's request to renew the waiver.

This review was conducted in accordance with the Interim Procedural Guidance for Assessing HCBS Waivers. Therefore, Regional Office staff did not conduct an on-site visit, review actual case records or conduct interviews with clients, caregivers or providers. Conclusions in this report are based on information submitted by the State to the Regional Office.

Operating Agency: South Carolina Department of Disabilities & Special Needs (SCDDSN)

State Waiver Contact: Kara Lewis

Target Population: Mental Retardation and Related Disabilities

Level of Care: ICF/MR

**# of Participants Approved
for Year 3 of the Waiver:** 5,600 (October 1, 2006 – September 30, 2007)

**# of Participants reported on the
most recent 372 Report (dated):** 5,089 (2005 - 2006) Initial report dated 9/6/2007

Effective Dates of Waiver: From: October 1, 2004 To: September 30, 2009

Approved Waiver Services:

Personal Care 1
Personal Care 2
Respite Care
Adult Day Health Care Nursing
Adult Day Health Care Transportation
Adult Attendant Care Services
Residential Habilitation
Day Habilitation
Prevocational Habilitation
Supported Employment Services
Environmental Modifications
Specialized Medical Equipment, Supplies & Tech
Adult Companion Services
Physical Therapy
Occupational Therapy
Prescribed Drugs
Speech-Language Pathology
Audiology Services
Adult Dental
Adult Vision
Psychological Services
Nursing Services
Private Vehicle Modifications
Behavior Supports Services

CMS RO Contact:

Kimberly Adkins-McCoy

Date Report Issued:

September 19, 2008

Background and Description of the Waiver:

South Carolina was granted a waiver of Section 1902(a)(10)(B), "amount, duration, and scope of services," requirements of the Social Security Act in order to provide home and community based services to Mentally Retarded Adults in the community who would otherwise require ICF/MR level of care. The eligibility groups covered under this waiver include individuals with mental retardation and related disabilities meeting the ICF/MR level of care. South Carolina operates this waiver statewide.

I. State Conducts Level of Care Need Determinations Consistent with the Need for Institutionalization

The State must demonstrate 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 (LOC) need consistent with care provided in a hospital, nursing facility or ICF/MR.

Authority: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.5; SMM 4442.6

The State Medicaid Agency - South Carolina Department of Health & Human Services (SCDHHS) maintains authority over the South Carolina Level of Care (LOC) criteria for Medicaid-Sponsored Intermediate Care Facilities for Mentally Retarded (ICF/MR). The Medicaid Agency granted the South Carolina Department of Disabilities and Special Needs (SCDDSN) the authority to perform the ICF/MR level of care (LOC) determinations.

The South Carolina Department of Disabilities and Special Needs (SCDDSN) uses a Consumer Assessment Team (CAT) to assess and analyze each applicant submitted for consideration of initial LOC. The CAT is comprised of the following professional team members: Physician, Director of Consumer Assessments and Psychologists. The ICF/MR LOC re-evaluations are conducted by the Service Coordinations (SC)/Early Interventionist (EI) staff responsible for the daily waiver operations. The educational and professional qualifications of the SC/EI are verified upon employment. During the course of conducting waiver record reviews, staff will check to ensure timeliness and appropriateness of LOC evaluations. For LOC re-evaluations determined to be untimely, the State requests corrective action for the Board under review and also imposes a recoupment of Federal funds paid for waiver services rendered while the LOC was out of compliance. The CAT team compiles a monthly list of LOC determinations completed for the MR/DD waiver applicants during the previous month and submits the list to the SCDDHHS waiver staff for review. This list contains all ICF/MR LOC determinations including adverse cases.

Every month, the SCDDSN forwards LOC Due Service tracking system logs to each Local District Board as an alert to the SC and EI that the waiver recipients on the log are due for LOC re-evaluation. This tickler system ensures the SC and EI can adequately meet the timeliness standards for the LOC re-evaluation. Subsequently, the SCDHHS Division of Program Integrity issues the post-payment review letter for each SCDDSN Board Review and initiates any necessary recoupment.

SCDDSN contracts with Delmarva Foundation as its Quality Contractor. Delmarva conducts annual assessments of service providers by making annual on-sight visits under the Contractual Compliance Review (CCR) process. Delmarva reviews records based on established indicators written by SCDDSN and approved by SCDHHS. Delmarva provides the SCDDSN with indicator and participant specific feedback after each review. This information is also shared with the local service provider, who completes a plan of correction within thirty days of receipt. Quarterly, Delmarva provides additional reports on all providers reviewed during the previous three months. This includes information regarding demographics, review methods and statistical information on all indicators, and a separate report of findings related to MR/RD waiver participants. Delmarva is also responsible for monitoring professional and educational qualifications of the SC/EI staff.

The Memorandum of Agreement (MOA) between the State Medicaid Agency (SCDHHS) and the operating agency (SCDDSN), gives SCDHHS the authority to establish level of care policy for the MR/DD waiver. SCDHHS utilizes a Quality Improvement Contractor to review all adverse ICF/MR LOC decisions for the MR/DD waiver. The contractor provides a detailed quarterly report to SCDHHS and SCDDSN of all records reviewed during the previous quarter. SCDDSN reviews the report and provides a response to SCDHHS regarding any findings and SCDHHS approves the corrective action plan.

SCDDSN provides ongoing training to Regional and Local staff regarding the utilization and interpretation of ICF/MR LOC criteria.

The State substantially meets this assurance

(The State's system to assure appropriate level of care determinations is adequate and effective, and the State demonstrates ongoing, systemic oversight of the level of care determination process.)

Our review of information submitted by the South Carolina waiver staff found the State has appropriately applied evaluative methods consistent with regulatory requirements. Further, the evidence demonstrates the State has effective LOC service tracking systems and tickler systems in place to oversee the level of care determination and redetermination process. Based on the data provided, it appears waiver participants selected through the described LOC process are comparable to individuals receiving services through a nursing facility or intermediate care facility for the mentally retarded or persons with developmental disabilities.

Evidence Supporting Conclusions:

(Evidence that supports the finding that the State substantially meets this assurance.)

- ◆ Medicaid Bulletin
- ◆ LOC Forms
- ◆ Initial LOC Process
- ◆ CAT Members
- ◆ Monthly LOC List
- ◆ SC Staff Qualifications
- ◆ LOC Service Tracking List
- ◆ MOA between SCDHHS & SCDDSN (pages 3-4)
- ◆ LOC QM process
- ◆ CCME Monthly report
- ◆ CCME Quarterly report
- ◆ LOC QM Process Feedback
- ◆ LOC Staff Training Documents
- ◆ SCDHHS QA Spreadsheet
- ◆ SCDHHS Georgetown Review
- ◆ SCDHHS Post Payment Letter
- ◆ Delmarva Indicators
- ◆ Cherokee Report
- ◆ First & Second Quarter Reports from Delmarva
- ◆ Delmarva Indicators

II. Plans of Care Responsive to Waiver Participant Needs

The State must demonstrate that it has designed and implemented a system to assure that plans of care for waiver participants are adequate and services are delivered and are meeting their needs.

Authority: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.6; SMM 4442.7; Section 1915(c) Waiver Format, Item Number 13

The Division of Community Long Term Care (CLTC) has the responsibility of reviewing the Plan of Service (POS) for timeliness and appropriateness. When the POS is determined to be untimely or incomplete, the State requests a corrective action from the Board under review and also imposes a recoupment of Federal funds paid for waiver services rendered while the POS was out of compliance. The SCDHHS Division of Program Integrity issues the post-payment review letter for each SCDDSN Board Review and initiates any necessary recoupments. The SCDDSN ensures that service plans are reviewed periodically to assure that all participant needs are addressed through a random review process. A random review sample is selected at the SCDDSN level annually and forwarded to district office staff for review. Once the POS is reviewed, feedback is provided to the SCDDSN and the DDSN provider.

Each MR/RD waiver participant is offered a choice between home and community based (HCB) services or institutional care. SCDDSN requires completion of the Freedom of Choice form before or at the time of waiver enrollment.

Quarterly, Delmarva provides additional reports on all SCDDSN providers reviewed during the previous three months. These reports include demographics, review methods and statistical data on all indicators. In addition to the quarterly report received for all consumers, a separate report is provided regarding MR/RD waiver participants.

In order to ensure choice between HCB Waiver services and providers, SCDDSN requires the review and completion of the Acknowledgement of Right's and Responsibilities Form upon enrollment into the MR/RD Waiver, and annually during the planning process.

SCDDSN considers the Service Coordinator (SC)/Early Interventionist (EI) the plan manager. The SC/EI is responsible for completing plans at least annually, or as often as needed, and reviewing them periodically to ensure all needs are addressed. The SC/EI is responsible for monitoring the service plan and ensuring the plan is updated/amended as a participant's needs change or a need is met.

The State adequately meets this assurance

(The State has an adequate and effective system to assure that all aspects of Plan of Care requirements are addressed; has an adequate and effective system for monitoring Plans of Care; has a system for assuring that participants are afforded choice between/among waiver services and providers; and demonstrates ongoing, systemic oversight of POCs.)

Our review of information submitted by the South Carolina Medicaid staff found the State has implemented an effective system to assure that all aspects of Plan of Care (POC) requirements are met.

During the period of October thru December 2007, Delmarva reviewed 66 files to ensure choice was offered for services. According to the data collected, 95.7% of the files reviewed were in compliance with this requirement. The files reflected POS/contact documentation to verify the provider choice was offered for each MR/RD Waiver service. Similarly, 100% of the files reviewed contained provider choice forms, G9-08 and G9-09, therefore achieved full compliance for this indicator.

SCDDSN provides information regarding providers on their website. The website may be accessed by service coordinators and waiver participants/families.

Delmarva, the SCDDSN quality contractor, completed a quality assurance review of the Newberry County DSN Board in September 2007. SCDDSN utilizes this process and these reviews to ensure plans are completed in a timely manner as required by policy and that all needs are identified. When errors are found, a plan of correction is submitted and a follow-up review is conducted within 6 months of the initial review.

When Delmarva identifies discrepancies that require refunds to the Medicaid Agency for non-allowed costs, SCDDSN prepares an adjustment batch and submits it to SCDHHS. Subsequently, SCDHHS process the request and completes the debit.

Evidence Supporting Conclusions:

(Evidence that supports the finding that the State substantially meets this assurance.)

- ◆ Memorandum of Agreement (Page 4 of 12)
- ◆ SCDHHS Spreadsheet
- ◆ SCDHHS Georgetown Review
- ◆ SCDHHS post Payment Review Letter
- ◆ POS Random Sample
- ◆ Copy of the Freedom of Choice Form
- ◆ Delmarva Indicators
- ◆ Delmarva First & Second Quarter Reports
- ◆ Rights and Responsibilities Form
- ◆ Richland County PCII Providers
- ◆ Charleston Plan of Service
- ◆ Newberry Report Findings
- ◆ Newberry Plan of Correction
- ◆ Delmarva Follow-up
- ◆ SCDDSN Adjustment log
- ◆ SCDHHS Response

III. Qualified Providers Serve Waiver Participants

The State must demonstrate that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.
Authority: 42 CFR 441.302, SMM 4442.4

For licensed providers, licensing/certification reviews are conducted initially and annually with follow-up visits completed as needed, depending on the degree of findings. Reviews are performed by the South Carolina Department of Disability and Special Needs (SCDDSN) licensing team. For compliance and other purposes, the State is divided into four (4) geographical regions: Midlands, Pee Dee, Coastal and Piedmont. A specific region of the state is reviewed during each quarter of the year. Individual reports are produced based on the findings at residential or day service locations. Reports are completed for each licensing review and are compiled quarterly for monitoring purposes.

For non-licensed/non-certified providers, the SCDHHS/Division of Community Long Term Care (CLTC) verifies the appropriateness of the new providers who contract/enroll with the State Medicaid Agency (SMA). The process for becoming a new provider is

outlined on the SCDHHS website. Interested applicants must submit the required documentation and attend mandatory training prior to the initiation of a contract.

Depending on the review findings, the CLTC Compliance Officer may find it necessary to suspend or terminate a Medicaid provider.

The State substantially meets this assurance

(The State has an adequate and effective system for qualifying and monitoring providers, and demonstrates ongoing, systemic oversight of providers.)

Our review of evidence submitted by South Carolina Medicaid found the State has implemented an effective system to assure services are provided through quality providers.

For example, providers interested in offering Personal Care II services must complete and submit the following documents: 1) “Becoming a Provider of CLTC Services”; 2) Personal Care II – The Application Process; 3) Application to provide Personal Care II Services; 4) Medicaid Scope of Services for Personal Care II; and 5) Competency Evaluation Documentation. Upon successful completion of this process, the CLTC Compliance Officer sends a letter to the provider announcing their acceptance. Simultaneously, the Compliance Officer will release an e-mail to SCDHHS/SCDDSN staff announcing the availability of a “new provider” for selection by waiver clients.

Evidence Supporting Conclusions:

(Evidence that supports the finding that the State substantially meets this assurance.)

- ◆ Definition of Class Deficiencies
- ◆ First and Second Quarter Licensing Report for Marlboro
- ◆ Fourth Quarter findings
- ◆ Greenville Plan of Correction
- ◆ SCDHHS Provider Process
- ◆ “New” Provider E-mail
- ◆ Compliance Review Process
- ◆ Provider Review Schedule
- ◆ Example Provider Review
- ◆ Compliance Reviews for 2007
- ◆ “Suspended” Provider E-mail
- ◆ “Off Suspension” Provider E-mail
- ◆ “Terminated” Provider E-mail
- ◆ Provider Suspension Spreadsheet for 2007

IV. Health and Welfare of Waiver Participants

The State must demonstrate that it assures the health and welfare of waiver participants including identification, remediation and prevention of abuse, neglect and exploitation.

Authority: 42 CFR 441.302; 42 CFR 441.303; 42 CFR 447.200; SMM 4442.4; SMM 4442.9

The South Carolina Department of Disabilities and Special Needs (SCDDSN) maintains a Memorandum of Agreement (MOA) with the South Carolina Law Enforcement Division (SLED) effective January 1, 2007. The MOA dictates SCDDSN's responsibilities regarding reporting and investigating abuse, neglect and exploitation. SLED is charged with coordinating the referral of all alleged cases of abuse, neglect and exploitation for any vulnerable adult living in a SCDDSN residential facility.

As required in the MOA, the SCDDSN State Director or his/her designee, participates in the State's Vulnerable Adult Fatalities Review Committee meetings.

All waiver participant deaths occurring in SCDDSN Residential locations are documented and investigated regardless of the apparent cause of death. Every death is reviewed and discussed at the Vulnerable Adult Fatalities Review Committee held bi-monthly and attended by a SCDDSN designee.

The SCDDSN has developed a policy related to the procedures for preventing and reporting abuse, neglect or exploitation of people receiving services from SCDDSN staff and providers. This policy is applicable to the State Regional Centers, local DSN Boards and qualified service providers. The policy defines abuse, neglect and exploitation and reporting requirements and procedures in Health and Welfare Directive 534-02-DD.

SCDDSN Directive 557-01-DD outlines the pre-service training requirements and orientation for staff employed at local DSN Boards and qualified service providers. The core curriculum was developed to provide quality services by ensuring staff receive comprehensive training in all aspects of their jobs.

SCDDSN Directive 100-09-DD establishes a definition for critical incidents, outlines reporting and tracking procedures and establishes a feedback system in order to provide for a coordinated internal review process to ensure appropriate action is taken. Additionally, SCDDSN Directive requires a critical incident initial and final report to be completed. This information is entered into a database and tracked by SCDDSN and shared with SCDHHS/CLTC. Data collected includes information on the participant's name, date of incident, location of incident, description of incident, the date follow-up report is received and final action taken.

The SCDDSN contracts with Delmarva Foundation as its quality contractor. Delmarva conducts annual assessments of service providers by making annual on-sight visits under the Contractual Compliance Review (CCR) process. Part of the review focuses on Administrative Indicators that include a review of providers' records regarding training of staff, compliance with abuse, neglect, exploitation and disaster preparedness policies.

SCDHHS maintains a Toll-Free Fraud and Abuse Hotline. This phone number is published in all Medicaid Bulletins and other publications as well as the SCDHHS website. The hotline receives inquiries periodically on a variety of subjects related to the entire Medicaid program.

The State substantially meets this assurance *(The State's system to assure health and welfare is adequate and effective, and the State demonstrates ongoing, systemic oversight of health and welfare.)*

Our review of the evidence submitted by the South Carolina Medicaid staff indicates the State has implemented an effective system to assure participant health and welfare.

Evidence Supporting Conclusions:

(Evidence that supports the finding that the State substantially meets this assurance.)

- ◆ SCDDSN/SLED MOA
- ◆ Meeting Minutes
- ◆ 2007 Report of Deaths
- ◆ Directives – 534-02-DD, 567-01-DD, 100-09-DD & 100-25-DD
- ◆ Florence Critical Incident Report
- ◆ Delmarva Indicators
- ◆ Medicaid Bulletin

V. State Medicaid Agency Retains Administrative Authority over the Waiver Program

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

Authority: 42 CFR 441.303; 42 CFR 431; SMM 4442.6; SMM 4442.7

The State Medicaid Agency (SCDHHS) has a current Memorandum of Agreement (MOA) with the Operating Agency (SCDDSN) for the provision of Home and Community Based Waivers. The MOA went into effect on July 1, 2007 and extends through June 30, 2010. The purpose of the agreement is to ensure and outline understanding between both agencies regarding the operation and administration for the MR/RD waiver. This waiver is operated by SCDDSN under the supervision of SCDHHS. SCDHHS is the final authority for decisions regarding all matters related to the administration of the MR/RD waiver.

To comply with this MOA requirement, waiver staff from both agencies meet bi-monthly to discuss relevant topics.

The SCDHHS and SCDDSN jointly track Reconsideration/Appeal issues filed by waiver clients.

The State substantially meets this assurance

(The State Medicaid agency has an adequate and effective system for administrative oversight of the waiver, and the administration of the waiver program is consistent with the approved waiver.)

Our review of information submitted by the South Carolina Medicaid staff has effectively administered the waiver program in accordance with federal requirements.

Evidence Supporting Conclusions:

(Evidence that supports the finding that the State substantially meets this assurance.)

- ◆ SCDDSN MOA
- ◆ Waiting List Policies
- ◆ Waiver Staff Meeting Agendas
- ◆ Reconsideration/Appeal Process/Log
- ◆ Example of Reconsideration/Appeal Case
- ◆ MOA, page 4 of 12
- ◆ SCDHHS QA Review Spreadsheet
- ◆ Example of SCDHHS QA Review Process

VI. State Provides Financial Accountability for the Waiver

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

Authority: 42 CFR 441.302; 42 CFR 441.303; 42 CFR 441.308; 42 CFR 447.200; 45 CFR 74; SMM 2500; SMM 4442.8; SMM 4442.10

SCDHHS staff is responsible for keying the “recipient special program” (RSP) indicator into MMIS. This indicator identifies individuals to the MMIS system as waiver clients and process claims accordingly. SCDDSN routinely requests that SCDHHS submit debit adjustments against their account due to incorrect billings. SCDHHS Program Integrity conducts independent reviews of their records to confirm the SCDHHS/Community Long Term Care (CLTC) findings. SCDHHS/Program Integrity has the responsibility of issuing the recoupment letter indicating the needed financial repayment to Medicaid.

When the quality contractor identifies discrepancies that require refunds to the Medicaid Agency for non-allowed costs, SCDDSN prepares an adjustment and submits it to SCDHHS. Subsequently, SCDHHS processes the request and completes the debit.

The Service Coordinator (SC)/Early Interventionist (EI) is responsible for monitoring all waiver services to ensure they are provided and authorized according to their definition. When a need is identified the SC/EI establishes the appropriate units to be authorized. An authorization for service is completed and sent to the provider of choice. Providers use the prior authorization number when they submit claims to receive Medicaid reimbursement. The waiver client file is coded with a Recipient Special Program (RSP) indicator when the client is enrolled in the MR/DD Waiver. If this indicator is missing or not valid for the date in question, all waiver procedure codes will reject and claims will not pay.

In order to ensure authorization forms are completed correctly, SCDDSN expects the quality contractor, Delmarva, to monitor compliance during reviews.

Each month, DDSN receives a report of all services paid by Medicaid during the prior month for consumers enrolled in the waiver. From the report, a smaller report of direct-billed services is extracted. Each Board receives a report that lists services to be credited each month called a "Waiver Credit Report." This report shows the amounts paid by Medicaid for each participant by social security number, fund code, service date, participant name, procedure code, units, amount paid, participant provider number and group provider number. It also shows the calculated total credit for the DDSN Board. A credit is processed through DDSN Accounts Payable for each Board based on the total. Waiver Credit Reports are mailed to the Boards each month.

The State substantially meets this assurance

(The State's system for assuring financial accountability is adequate and the State demonstrates ongoing, systemic oversight of waiver finances.)

Evidence submitted by South Carolina Medicaid indicates the State has implemented an effective system to assure financial accountability.

Evidence Supporting Conclusions:

(Evidence that supports the finding that the State substantially meets this assurance.)

- ◆ MR/DD 372 lag report for year 2005-2006
- ◆ Enrollment Forms
- ◆ Termination Forms
- ◆ SCDDSN Adjustment Request
- ◆ SCDHHS Post Payment Review
- ◆ Post Payment Review Confirmation
- ◆ SCDDSN Refund to Medicaid
- ◆ SCDHHS Response to Debit
- ◆ ADHC Authorization
- ◆ Delmarva Indicators
- ◆ Waiver Credit Report