

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers	10-12-07


DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000198	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>1-4-08</u>	
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
cc: Deps, <u>Ms. Forthner</u> Done per Waldrup on 1/8/08, see attached e-mail			

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 AND HUMAN SERVICES
OFFICE OF DIRECTOR**

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TO <i>Myers</i>	DATE <i>10-12-07</i>
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2. DATE SIGNED BY DIRECTOR <i>cc: Deps, Ms. Fortner</i> 	

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



Log: Myers

c: Daps

October 5, 2007

Emma

dir. Nixon

RECEIVED

OCT 12 2007

Emma Forkner, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29208-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

The Centers for Medicare and Medicaid Services (CMS) is conducting a quality review of South Carolina's Home and Community-Based Services Waiver for individuals with mental retardation and related disabilities, CMS control number # 0237.90.R2. This review will be used to evaluate the overall performance of this waiver program throughout the currently approved period (October 1, 2004 – September 30, 2009) and to identify the need for any modifications or technical assistance necessary for South Carolina to continue to successfully operate 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 September 30, 2009.

The CMS requests 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 determine 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 assurance. We request you submit the information identified in the enclosure to this office with 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 do they address them when they are identified? As you will see in the attachment, we are requesting evidence as to the implementation of oversight activities.

After reviewing the requested submission, I will contact your staff to discuss necessary follow-up activities. Please feel free to contact me at (404) 562-7429 with any questions related to this request.

Sincerely,

Ronald Reed
Waiver Analyst

Attachment: HCBS Quality Review Worksheet
CC: Mark Reed, Central Office Analyst

HCBS Quality Review Work Sheet

I. Level of Care (LOC) Determination

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.

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: <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.	<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
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: <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

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
<p>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.</p>	<p>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>	<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.	State submits results of its financial monitoring process for verifying maintenance of appropriate financial records as specified in the approved waiver. 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. State demonstrates that interviews with State staff and providers are periodically conducted to verify that any identified financial irregularities are addressed. Stat demonstrates that site visits are conducted with providers to verify that they maintain financial records according to provider agreements/contracts.	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

From: KARA LEWIS
To: Richard Kluender
Date: 1/8/2008 12:40 PM
Subject: log 198

CC: George Maky; ROY SMITH
F Y I

I spoke with CMS, Kimberly-Adkins-McCoy, on 12/20/07 regarding this issue. She acknowledged my October 19 letter to Ronald Reed, CMS, (and followup Nov 16 email to Ron Reed). She agreed CMS sent the request for evidence on the MR/RD waiver too early. At that time she indicated she would send a letter stating they were postponing the request until the traditional timeframe for the review - which would likely be March/April 2008. To date I have not received that letter. Thanks~

*This should be adequate to
close this log. CMS
will need the same standard
letter in the spring
requesting the underlying
information*

*Julie
1/8/08*

DEPARTMENT OF HEALTH AND
HUMAN SERVICES
OFFICE

ACTION

TO <i>Myers / Whitely</i>	DATE <i>10-12-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000198	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-9-08</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Deps, Ms. Fortner</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____

KARA LEWIS - Re: Log 0198

Page 1

From: KARA LEWIS
To: Patsy Knotts
Date: 12/11/2007 10:13:14 AM
Subject: Re: Log 0198

You are correct. He has never responded to my Oct 19 letter or my follow-up email Nov 16. Suggestions?

>>> Patsy Knotts 12/11/07 10:07 AM >>>
This is the one from Ronald Reed, CMS, requesting an evidence-based quality review of the MRRD waiver. I'm assuming a letter from him never arrived that rescheduled the period of review. Have you had any further discussion/whatever with him? It seems I recall some inference that he's become a bit forgetful....correct?

CC: George Maky



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 19, 2007

Mr. Ronald Reed
Center for Medicare and Medicaid Services
Division of Medicaid and State Operations
Atlanta Federal Center
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

Dear Mr. Reed:

The State of South Carolina recently received your letter regarding the Centers for Medicare and Medicaid Services (CMS) beginning the quality review process of our home and community-based waiver for individuals with mental retardation and related disabilities (MR/RD) (#0237.90.R2). Per our conversation Thursday, October 18th, we agreed this review is two (2) years in advance of our waiver renewal, currently due October 1, 2009. We further agreed the CMS quality review process generally begins approximately 18 months prior to waiver renewal. Subsequently, you indicated it would be acceptable for South Carolina to request that CMS delay the MR/RD waiver quality review process until that traditional timeframe. To coincide with the short and long-term planning we had prepared for this year and next, we are very grateful for your suggestion.

We appreciate your willingness to assist us with this request. We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Kara Wagoner Lewis".

Kara Wagoner Lewis
Community Long Term Care

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



Log: Myers

c: Dups

October 5, 2007

Emma

dir. sign

RECEIVED

OCT 12 2007

Emma Forkner, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29208-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

The Centers for Medicare and Medicaid Services (CMS) is conducting a quality review of South Carolina's Home and Community-Based Services Waiver for individuals with mental retardation and related disabilities, CMS control number # 0237.90.R2. This review will be used to evaluate the overall performance of this waiver program throughout the currently approved period (October 1, 2004 – September 30, 2009) and to identify the need for any modifications or technical assistance necessary for South Carolina to continue to successfully operate 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 September 30, 2009.

The CMS requests 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 determine 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 assurance. We request you submit the information identified in the enclosure to this office with 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 do they address them when they are identified? As you will see in the attachment, we are requesting evidence as to the implementation of oversight activities.

After reviewing the requested submission, I will contact your staff to discuss necessary follow-up activities. Please feel free to contact me at (404) 562-7429 with any questions related to this request.

Sincerely,

Ronald Reed
Waiver Analyst

Attachment: HCBS Quality Review Worksheet
CC: Mark Reed, Central Office Analyst

HCBS Quality Review Work Sheet

I. Level of Care (LOC) Determination

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.

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.	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: <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

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
<p>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.</p>	<p>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>	<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.	State submits results of its financial monitoring process for verifying maintenance of appropriate financial records as specified in the approved waiver.	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

