

DRAFT Performance Measures Crosswalk as required by the Centers for Medicare & Medicaid Services
October 26, 2012

SubAssurance	Assisted Living Waiver PMs	Aged and Disabled Adult Waiver PMs
SP A: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.		
SP A 3	<p>Percentage of beneficiaries with care plans documenting personal goal setting and community integration goal setting.</p> <p>N: Number of beneficiaries with care plans documenting personal goal setting and community integration goal setting.</p> <p>D: Number of records reviewed.</p> <p>Data Source: Desk Review</p> <p>Frequency: Monthly</p> <p>Sampling Methodology: Proportionate Random Sample</p> <p>Aggregate Frequency: Annually</p> <p>Aggregate Data Source: Operating Agency</p> <p>Remediation: Waiver policy requires that care plans must document personal goal setting and community integration goal setting in the beneficiaries' care plan. If the case record review determines a deficiency with care plan development, the DOEA contract manager will notify the AAA of the deficiency and the case management agency will be required to complete a care plan that documents personal goal setting and community integration goal setting in the beneficiaries' care plan within 10 business days. Should the case management agency not timely comply with the request, the AAA must submit a corrective action plan within 15 business days to address this deficiency. DOEA verifies the implementation of the corrective action plan. If the AAA fails to implement the corrective action plan timely, the AAA is subject to additional case record reviews.</p> <p>Tracking Mechanism: This remediation will be tracked by DOEA monitoring reports generated by the DOEA Monitoring Unit.</p>	<p>Percentage of beneficiaries with care plans documenting personal goal setting and community integration goal setting.</p> <p>N: Number of beneficiaries with care plans documenting personal goal setting and community integration goal setting.</p> <p>D: Number of records reviewed.</p> <p>Data Source: Desk Review</p> <p>Frequency: Monthly</p> <p>Sampling Methodology: Proportionate Random Sample</p> <p>Aggregate Frequency: Annually</p> <p>Aggregate Data Source: Operating Agency</p> <p>Remediation: Waiver policy requires that care plans must document personal goal setting and community integration goal setting in the beneficiaries' care plan. If the case record review determines a deficiency with care plan development, the DOEA contract manager will notify the AAA of the deficiency and the case management agency will be required to complete a care plan that documents personal goal setting and community integration goal setting in the beneficiaries' care plan within 10 business days. Should the case management agency not timely comply with the request, the AAA must submit a corrective action plan within 15 business days to address this deficiency. DOEA verifies the implementation of the corrective action plan. If the AAA fails to implement the corrective action plan timely, the AAA is subject to additional case record reviews.</p> <p>Tracking Mechanism: This remediation will be tracked by DOEA monitoring reports generated by the DOEA Monitoring Unit.</p>
QP A: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.		
QP A 3	<p>Percentage of licensed assisted living facilities in program provider network that meet provider qualifications prior to delivering services.</p> <p>N: Number of licensed assisted living facilities in program provider network that meet provider qualifications prior to delivering services.</p> <p>D: Number of assisted living facilities in program provider network.</p> <p>Data Source: Medicaid Waiver Specialist Tracking Report</p> <p>Frequency: Continuously and ongoing, Quarterly</p> <p>Sampling Methodology: 100%</p> <p>Aggregate Frequency: Annually</p> <p>Aggregate Data Source: Operating Agency</p> <p>Remediation: If licensed providers in program provider network do not meet provider qualifications prior to delivering services, the AAA will deny the provider application and request deficiencies be corrected prior to resubmission. Beneficiaries will not be offered the choice of provider until the qualifications are met. The AAA must also submit a corrective action plan on preventing such deficiencies within 15 business days. The CAP must include how beneficiaries served by the unqualified providers would be given a choice of qualified subcontractors as soon as possible.</p> <p>Tracking Mechanism: DOEA contract managers will review Quarterly Provider Network Reports from the AAA, which will track the number of providers by license type, date of license expiration, date AAA was notified of deficiency, and date the deficiency was corrected.</p>	<p>Percentage of licensed providers by type, within program provider network, that meet provider qualifications prior to delivering services.</p> <p>N: Number of licensed providers, by type, within program provider network, that meet provider qualifications prior to delivering services.</p> <p>D: Number of licensed providers, by type, in program provider network.</p> <p>Data Source: Medicaid Waiver Specialist Tracking Report</p> <p>Frequency: Continuously and ongoing, Quarterly</p> <p>Sampling Methodology: 100%</p> <p>Aggregate Frequency: Annually</p> <p>Aggregate Data Source: Operating Agency</p> <p>Remediation: If licensed providers in program provider network do not meet provider qualifications prior to delivering services, the AAA will deny the provider application and request deficiencies be corrected prior to resubmission. Beneficiaries will not be offered the choice of provider until the qualifications are met. The AAA must also submit a corrective action plan on preventing such deficiencies within 15 business days. The CAP must include how beneficiaries served by the unqualified providers would be given a choice of qualified subcontractors as soon as possible.</p> <p>Tracking Mechanism: DOEA contract managers will review Quarterly Provider Network Reports from the AAA, which will track the number of providers by license type, date of license expiration, date AAA was notified of deficiency, and date the deficiency was corrected.</p>

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QP A 4	<p>Percentage of licensed assisted living facilities in program provider network that meet provider qualifications continually.</p> <p>N: Number of licensed assisted living facilities in program provider network that meet provider qualifications continually.</p> <p>D: Number of assisted living facilities in program provider network.</p> <p>Data Source: Medicaid Waiver Specialist Tracking Report Frequency: Continuously and ongoing, Quarterly Sampling Methodology: 100% Aggregate Frequency: Annually Aggregate Data Source: Operating Agency</p> <p>Remediation: If licensed providers in program provider network do not meet provider qualifications continually, the AAA will terminate the provider and request deficiencies be corrected prior to resubmission. Beneficiaries will not be offered the choice of provider until the qualifications are met. The AAA must also submit a corrective action plan on correcting such deficiencies within 15 business days. The CAP must include how beneficiaries served by the unqualified provider would be given a choice of qualified providers as soon as possible. The unqualified provider would be referred to Medicaid Program Integrity for retraction of payment related to unauthorized services billed.</p> <p>Tracking Mechanism: DOEA contract managers will review Quarterly Provider Network Reports from the AAA, which will track the number of providers by license type, date of license expiration, date AAA was notified of deficiency, and date the deficiency was corrected.</p>	<p>Percentage of licensed providers by type, within program provider network, that meet provider qualifications continually.</p> <p>N: Number of licensed providers, by type, within program provider network, that meet provider qualifications continually. D: Number of licensed providers, by type, in program provider network.</p> <p>Data Source: Medicaid Waiver Specialist Tracking Report Frequency: Continuously and ongoing, Quarterly Sampling Methodology: 100% Aggregate Frequency: Annually Aggregate Data Source: Operating Agency</p> <p>Remediation: If licensed providers in program provider network do not meet provider qualifications continually, the AAA will terminate the provider and request deficiencies be corrected prior to resubmission. Beneficiaries will not be offered the choice of provider until the qualifications are met. The AAA must also submit a corrective action plan on correcting such deficiencies within 15 business days. The CAP must include how beneficiaries served by the unqualified provider would be given a choice of qualified providers as soon as possible. The unqualified provider would be referred to Medicaid Program Integrity for retraction of payment related to unauthorized services billed.</p> <p>Tracking Mechanism: DOEA contract managers will review Quarterly Provider Network Reports from the AAA, which will track the number of providers by license type, date of license expiration, date AAA was notified of deficiency, and date the deficiency was corrected.</p>
QP B: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.	<p>Percentage of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications prior to delivering services.</p> <p>N: Number of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications prior to delivering services.</p> <p>D: Number of non-licensed/noncertified providers, by type, in program provider network.</p> <p>Data Source: Medicaid Waiver Specialist Tracking Report Frequency: Continuously and ongoing, Quarterly Sampling Methodology: 100% Aggregate Frequency: Annually Aggregate Data Source: Operating Agency</p> <p>Remediation: If non-licensed providers in program provider network do not meet provider qualifications prior to delivering services, the AAA will deny the provider application and request deficiencies be corrected prior to resubmission. Beneficiaries will not be offered the choice of provider until the qualifications are met. The AAA must also submit a corrective action plan on preventing such deficiencies within 15 business days. The CAP must include how beneficiaries served by the unqualified providers would be given a choice of qualified subcontractors as soon as possible.</p> <p>Tracking Mechanism: DOEA contract managers will review Quarterly Provider Network Reports from the AAA, which will track the number of providers by type, whether or not provider meets qualifications, date AAA was notified of deficiency, and date the deficiency was corrected.</p>	<p>Percentage of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications prior to delivering services.</p> <p>N: Number of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications prior to delivering services.</p> <p>D: Number of non-licensed/noncertified providers, by type, in program provider network.</p> <p>Data Source: Medicaid Waiver Specialist Tracking Report Frequency: Continuously and ongoing, Quarterly Sampling Methodology: 100% Aggregate Frequency: Annually Aggregate Data Source: Operating Agency</p> <p>Remediation: If non-licensed providers in program provider network do not meet provider qualifications prior to delivering services, the AAA will deny the provider application and request deficiencies be corrected prior to resubmission. Beneficiaries will not be offered the choice of provider until the qualifications are met. The AAA must also submit a corrective action plan on preventing such deficiencies within 15 business days. The CAP must include how beneficiaries served by the unqualified providers would be given a choice of qualified subcontractors as soon as possible.</p> <p>Tracking Mechanism: DOEA contract managers will review Quarterly Provider Network Reports from the AAA, which will track the number of providers by type, whether or not provider meets qualifications, date AAA was notified of deficiency, and date the deficiency was corrected.</p>

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QP B 2	<p>Percentage of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications continually.</p> <p>N: Number of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications continually.</p> <p>D: Number of non-licensed/noncertified providers, by type, in program provider network.</p> <p>Data Source: Medicaid Waiver Specialist Tracking Report</p> <p>Frequency: Continuously and ongoing, Quarterly</p> <p>Sampling Methodology: 100%</p> <p>Aggregate Frequency: Annually</p> <p>Aggregate Data Source: Operating Agency</p> <p>Remediation: If non-licensed providers in program provider network do not meet provider qualifications continually, the AAA will terminate the provider and request deficiencies be corrected prior to resubmission. Beneficiaries will not be offered the choice of provider until the qualifications are met. The AAA must also submit a corrective action plan on correcting such deficiencies within 15 business days. The CAP must include how beneficiaries served by the unqualified provider would be given a choice of qualified providers as soon as possible. The unqualified provider would be referred to Medicaid Program Integrity for retraction of payment related to unauthorized services billed.</p> <p>Tracking Mechanism: DOEA contract managers will review Quarterly Provider Network Reports from the AAA, which will track the number of providers by type, whether or not provider meets qualifications, date AAA was notified of deficiency, and date the deficiency was corrected.</p>	<p>Percentage of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications continually.</p> <p>N: Number of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications continually.</p> <p>D: Number of non-licensed/noncertified providers, by type, in program provider network.</p> <p>Data Source: Medicaid Waiver Specialist Tracking Report</p> <p>Frequency: Continuously and ongoing, Quarterly</p> <p>Sampling Methodology: 100%</p> <p>Aggregate Frequency: Annually</p> <p>Aggregate Data Source: Operating Agency</p> <p>Remediation: If non-licensed providers in program provider network do not meet provider qualifications continually, the AAA will terminate the provider and request deficiencies be corrected prior to resubmission. Beneficiaries will not be offered the choice of provider until the qualifications are met. The AAA must also submit a corrective action plan on correcting such deficiencies within 15 business days. The CAP must include how beneficiaries served by the unqualified provider would be given a choice of qualified providers as soon as possible. The unqualified provider would be referred to Medicaid Program Integrity for retraction of payment related to unauthorized services billed.</p> <p>Tracking Mechanism: DOEA contract managers will review Quarterly Provider Network Reports from the AAA, which will track the number of providers by type, whether or not provider meets qualifications, date AAA was notified of deficiency, and date the deficiency was corrected.</p>
QP C: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.		
QP C 3	<p>Percentage of case managers that are verified by DOEA as having received Uniform Client Assessment Training (UCAT) and ALF Core Training.</p> <p>N: Number of case managers verified as having received Uniform Client Assessment Training (UCAT) and ALF Core Training.</p> <p>D: Number of new case managers.</p> <p>Data Source: Medicaid Waiver Specialist Tracking Report</p> <p>Frequency: Continuously and ongoing, Annually</p> <p>Sampling Methodology: 100%</p> <p>Aggregate Frequency: Annually</p> <p>Aggregate Data Source: Operating Agency</p> <p>Remediation: By waiver policy case managers must receive Uniform Client Assessment Training (UCAT) and ALF Core Training. If a case manager has not completed the required training within six months of hire, the AAA will notify the case management agency to terminate the case manager and provide beneficiaries with a choice of qualified case managers. The AAA must also submit a corrective action plan on correcting such deficiencies within 15 business days.</p> <p>Tracking Mechanism: This remediation will be tracked by AAA case management tracking and DOEA monitoring reports generated by the DOEA Monitoring Unit.</p>	<p>This Performance Measure only applies to the Assisted Living Waiver</p>
HW: The State, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.		

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HW 1	<p>Percentage of beneficiaries with substantiated reports of abuse, neglect or exploitation that had appropriate follow-up documented in the case file.</p> <p>N: Number of beneficiaries with substantiated reports of abuse, neglect or exploitation that had appropriate follow up documented in the case file.</p> <p>D: Number of beneficiaries with substantiated reports of abuse, neglect or exploitation where follow-up is required.</p> <p>Data Source: Desk Review Frequency: Monthly Sampling Methodology: 100% Aggregate Frequency: Annually Aggregate Data Source: Operating Agency</p> <p>Remediation: Substantiated critical incidents are reported to DOEA by DCF Adult Protective Services. The DOEA will send the Substantiated Critical Incident Report to the AAA. The AAA is required to follow up on the critical incident report within 10 business days. If the AAA fails to comply with this contract requirement, the DOEA contract manager will request a corrective action plan to be developed within 15 business days to correct deficiencies. If the AAA fails to implement the corrective action plan within 15 days, the AAA is subject to sanctions ranging from enrollment suspension to larger on site case file reviews.</p> <p>Tracking Mechanism: This remediation will be tracked using the DOEA Critical Incident Report which will list beneficiary information, whether the incident is substantiated by APS, date AAA was notified, and follow-up provided by case management agency.</p>	<p>Percentage of beneficiaries with substantiated reports of abuse, neglect or exploitation that had appropriate follow-up with the case management agency.</p> <p>N: Number of beneficiaries with substantiated reports of abuse, neglect or exploitation that had appropriate follow up with the case management agency.</p> <p>D: Number of beneficiaries with substantiated reports of abuse, neglect or exploitation where follow-up is required.</p> <p>Data Source: Desk Review Frequency: Monthly Sampling Methodology: 100% Aggregate Frequency: Annually Aggregate Data Source: Operating Agency</p> <p>Remediation: Substantiated critical incidents are reported to DOEA by DCF Adult Protective Services. The DOEA will send the Substantiated Critical Incident Report to the AAA. The AAA is required to follow up on the critical incident report within 10 business days. If the AAA fails to comply with this contract requirement, the DOEA contract manager will request a corrective action plan to be developed within 15 business days to correct deficiencies. If the AAA fails to implement the corrective action plan within 15 days, the AAA is subject to sanctions ranging from enrollment suspension to larger on site case file reviews.</p> <p>Tracking Mechanism: This remediation will be tracked using the DOEA Critical Incident Report which will list beneficiary information, whether the incident is substantiated by APS, date AAA was notified, and follow-up provided by case management agency.</p>
HW 4	<p>Percentage of health safety and welfare issues appropriately reported in adverse incident reports within 48 hours.</p> <p>N: Number of health, safety and welfare issues reported in adverse incident reports within 48 hours.</p> <p>D: Number of records reviewed.</p> <p>Data Source: Desk Review Frequency: Monthly Sampling Methodology: 100% Aggregate Frequency: Annually Aggregate Data Source: Operating Agency</p> <p>Remediation: By program policy, health safety and welfare issues must be reported by the AAA to the DOEA in adverse incident reports within 48 hours. If the AAA fails to comply with this contract requirement, the DOEA will request a corrective action plan be developed within 15 business days. If the AAA fails to implement the corrective action plan timely, the AAA is subject to sanctions ranging from enrollment suspension to larger on site case file reviews. Beneficiaries involved with the reported health, safety and welfare issues are contacted by the AAA and necessary services are provided to address the problem. Adverse incidents involving health and safety issues are reported to Adult Protective Services for investigation and resolution. AAAs must assist as necessary with services to address the health, safety and welfare issues. If providers fail to comply with the reporting requirement and assistance with beneficiaries services, provider sanctions ranging from enrollment suspension to program termination may be assessed.</p> <p>Tracking Mechanism: This remediation will be tracked using the Quarterly Adverce Incident Report. DOEA contract managers review the Quarterly Adverse Incident Reports submitted by the AAAs.</p>	<p>Percentage of health safety and welfare issues appropriately reported in adverse incident reports within 48 hours.</p> <p>N: Number of health, safety and welfare issues reported in adverse incident reports within 48 hours.</p> <p>D: Number of records reviewed.</p> <p>Data Source: Desk Review Frequency: Monthly Sampling Methodology: 100% Aggregate Frequency: Annually Aggregate Data Source: Operating Agency</p> <p>Remediation: By program policy, health safety and welfare issues must be reported by the AAA to the DOEA in adverse incident reports within 48 hours. If the AAA fails to comply with this contract requirement, the DOEA will request a corrective action plan be developed within 15 business days. If the AAA fails to implement the corrective action plan timely, the AAA is subject to sanctions ranging from enrollment suspension to larger on site case file reviews. Beneficiaries involved with the reported health, safety and welfare issues are contacted by the AAA and necessary services are provided to address the problem. Adverse incidents involving health and safety issues are reported to Adult Protective Services for investigation and resolution. AAAs must assist as necessary with services to address the health, safety and welfare issues. If providers fail to comply with the reporting requirement and assistance with beneficiaries services, provider sanctions ranging from enrollment suspension to program termination may be assessed.</p> <p>Tracking Mechanism: This remediation will be tracked using the Quarterly Adverce Incident Report. DOEA contract managers review the Quarterly Adverse Incident Reports submitted by the AAAs.</p>