

Adult Day Health Care Center	Nevada Medicaid Provider Enrollment Unit Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	Every five years. Every six years, unless compliant circumstances warrant provider review.
Service Delivery Method. (Check each that applies):		
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed	

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):			
Service Title:	Day Habilitation		
Service Definition (Scope):			
<p>This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Day Habilitation services are regularly scheduled activities in a non-residential setting, separate from the recipient’s private residence or other residential living arrangement. Services include assistance with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living.</p> <p>Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independent and personal choice. Services are identified in the recipient’s POC according to recipient’s need and individual choices. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day).</p> <p>Day Habilitation services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the recipient’s POC such as physical, occupational, or speech therapy.</p>			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.			
(Choose each that applies):			
<input checked="" type="checkbox"/>	Categorically needy (specify limits):		
	Limited to 6 hours per day.		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Another Standard (Specify):

Habilitation Services Agency Facility for Care of Adults During the Day	Licensed by the Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	CARF, Commission on Accreditation of Rehabilitation Facilities Brain Injury Fundamentals Certification through Brain Injury Association of America	Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
Habilitation Services Agency Facility for Care of Adults During the Day	Nevada Medicaid Provider Enrollment Unit Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	Every five years	
Service Delivery Method. (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):	
Service Title:	Residential Habilitation
Service Definition (Scope):	
<p>This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Residential Habilitation means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These services include adaptive skill development, assistance with activities of daily living, community inclusion, adult educational supports, social and leisure skill development, that assist the recipient to reside in the most integrated setting appropriate to his/her needs. Residential Habilitation also includes personal care and protective oversight and supervision.</p>	
Payment for Room and Board is prohibited.	
Additional needs-based criteria for receiving the service, if applicable (specify):	
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.	
(Choose each that applies):	
<input type="checkbox"/>	Categorically needy (specify limits):

<input type="checkbox"/> Medically needy (<i>specify limits</i>):			
Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Another Standard (<i>Specify</i>):
Habilitation Services Agency Residential Facility for Groups	Licensed by the Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	CARF, Commission on Accreditation of Rehabilitation Facilities Brain Injury Fundamentals Certification through Brain Injury Association of America	Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.
Verification of Provider Qualifications (<i>For each provider type listed above. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	Entity Responsible for Verification (<i>Specify</i>):	Frequency of Verification (<i>Specify</i>):	
Habilitation Services Agency Residential Facility for Groups	Nevada Medicaid Provider Enrollment Unit Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	Every five years	
Service Delivery Method. (<i>Check each that applies</i>):			
<input type="checkbox"/> Participant-directed		<input checked="" type="checkbox"/> Provider managed	

- Policies Concerning Payment for State plan HCBS Furnished by Relatives, Legally Responsible Individuals, and Legal Guardians.** (*By checking this box, the state assures that*): There are policies pertaining to payment the state makes to qualified persons furnishing State plan HCBS, who are relatives of the individual. There are additional policies and controls if the state makes payment to qualified legally responsible individuals or legal guardians who provide State Plan HCBS. (*Specify (a) who may be paid to provide State plan HCBS; (b) the specific State plan HCBS that can be provided; (c) how the state ensures that the provision of services by such persons is in the best interest of the individual; (d) the state's strategies for ongoing monitoring of services provided by such persons; (e) the controls to ensure that payments are made only for services rendered; and (f) if legally responsible individuals may provide personal care or similar services, the policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual)*):

Quality Improvement Strategy

Quality Measures

(Describe the state’s quality improvement strategy. For each requirement, and lettered sub-requirement, complete the table below):

1. Plan of Care a) address assessed needs of 1915(i) participants; b) are updated annually; and (c) document choice of services and providers.

2. Eligibility Requirements: (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future; (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately; and (c) the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.

3. Providers meet required qualifications.

4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).

5. The SMA retains authority and responsibility for program operations and oversight.

6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.

7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation.

(Table repeats for each measure for each requirement and lettered sub-requirement above.)

Requirement	1.a) Service plans address assessed needs of 1915(i) participants.
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of service plans reviewed that adequately address the assessed needs of 1915(i) participants. N = Number of service plans reviewed that adequately address the assessed needs of 1915(i) participants. D = Total number of service plans reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, on-site are conducted using a remote desk review. Less than 100% 10% review of all participants that have participated at any time during the review period active or not at the time of review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.

Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	State Medicaid Agency (SMA) Quality Assurance (QA) Unit and Long Term Services and Support (LTSS) 1915(i) Units.
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 90 days of the issuance of the final monthly report. SMA will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly Q uality I mprovement (QI) meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

Requirement	<i>1.b) Service plans are updated annually</i>
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of service plans that are updated at least once in the last 12 months. N = Number of service plans that are updated at least once in the last 12 months. D = Total number of service plans reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, are conducted using a remote desk review. 10% review of all participants that have participated at any time during the review period. Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts</i>	SMA QA Unit and LTSS 1915(i) Units

<i>discovery activities)</i>	
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 30 90 days of the issuance of the final monthly report. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and LTSS 1915(i) Units .
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

Requirement	<i>1.c) Service plans document choice of services and providers</i>
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of service plans reviewed that indicate 1915(i) participants were given a choice when selecting services. N = Number of service plans reviewed that indicate 1915(i) participants were given a choice when selecting services. D = Total number of service plans reviewed
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, are conducted using a remote desk review on-site. of all participants that have participated during the review period active or not at the time of review.. Less than 100% Review. 10% review of all participants that have participated at any time during the review period. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA Unit and LTSS 1915(i) Units

Frequency	Monthly, Quarterly and Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 930 days of the issuance of the final monthly report Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and LTSS 1915(i) Units .
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

Discovery Evidence <i>(Performance Measure)</i>	Number and percent of service plans reviewed that indicate 1915(i) participants were given a choice when selecting providers. N = Number of service plans reviewed that indicate 1915(i) participants were given a choice when selecting providers. D = Total number of service plans reviewed
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, Record reviews, are conducted using a remote desk review. 10% review of all participants that have participated at any time during the review period. are conducted using a remote desk review. of all participants that have participated during the review period active or not at the time of review.. on site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA Unit and LTSS 1915(i) units .
Frequency	Monthly, Quarterly, and Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and</i>	SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 90 days of the issuance of the final monthly report SMA will remediate any issue or non-compliance within 30 days.

<i>aggregates remediation activities; required timeframes for remediation)</i>	Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

Requirement	2. (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of new applicants who had an evaluation indicating the individual met the 1915(i) needs-based eligibility criteria prior to receiving services. N: Number of new applicants who had an evaluation indicating the individual met the 1915(i) needs-based eligibility criteria prior to receiving services. D: Number of new applicants receiving 1915(i) services reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, are conducted using a remote desk review. 10% review of all participants that have participated at any time during the review period. Record reviews are conducted using a remote desk review. of all participants that have participated during the review period active or not at the time of review... , on site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit
Frequency	Monthly, Quarterly and Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required</i>	SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 30 90 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.

<i>timeframes for remediation)</i>	
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Number and percent of applicants who receive an evaluation for 1915(i) State plan HCBS eligibility for whom there is reasonable indication that 1915(i) services may be needed in the future.</p> <p>N: Number of applicants who receive an evaluation for 1915(i) State plan HCBS eligibility for whom there is reasonable indication that 1915(i) services may be needed in the future.</p> <p>D: Number of 1915(i) applicants</p>
Discovery Activity <i>(Source of Data & sample size)</i>	<p>Record reviews, are conducted using a remote desk review. 10% review of all participants that have participated at any time during the review period. Record reviews, are conducted using a remote desk review. of all participants that have participated during the review period active or not at the time of review...on site. Less than 100% Review.</p> <p>The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit.
Frequency	Monthly, Quarterly and Annually

Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 3090 days.</p> <p>Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.</p>
Frequency	Monthly, Quarterly, and Annually

	<i>(of Analysis and Aggregation)</i>	
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Requirement	2. (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately	
Discovery		
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of reviewed 1915(i) evaluations that were completed using the processes and instruments approved in the 1915(i) HCBS state plan. N = Number of reviewed 1915(i) evaluations that were completed using the processes and instruments approved in the 1915(i) HCBS state plan. D = Total number of 1915(i) evaluations reviewed	
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, are conducted using a remote desk review. 10% review of all participants that have participated at any time during the review period. Record reviews, are conducted using a remote desk review of all participants that have participated during the review period active or not at the time of review... on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.	
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA Quality Assurance QA and LTSS 1915(i) Units	
Frequency	Monthly, Quarterly, and Annually	
Remediation		
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA QA and LTSS 1915(i) Units is are responsible for the collection of documentation of monitoring findings, remediation, analysis of effectiveness of remediation, documentation of system improvement. Documentation of sample selection process for program review, monitoring tools, monitoring findings reports and management reports. SMA LTSS 1915(i) unit will remediate any issue or non-compliance within 90 days of the issuance of the final monthly report SMA will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.	
Frequency	Monthly, Quarterly and Annually	

<i>(of Analysis and Aggregation)</i>	
Requirement	2. (c) the 1915(i)-benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percentage of enrolled recipients whose 1915 (i) benefit Needs Based eligibility Criteria, was reevaluated annually. N: Number of enrolled recipients whose Needs Based Criteria was reevaluated annually; D: Number of enrolled recipients reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, are conducted using a remote desk review. 10% review of all participants that have participated at any time during the review period. Record reviews, are conducted using a remote desk review. of all participants that have participated during the review period active or not at the time of review.. -on-site. 100% Review
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA and LTSS 1915(i) Units
Frequency	Quarterly, Annually, Continuously and Ongoing
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA LTSS 1915(i) unit will remediate any issue or non-compliance within 90 days of the issuance of the final monthly report SMA will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.
Frequency	Quarterly, Annually, Continuously and Ongoing

	<i>(of Analysis and Aggregation)</i>	
Requirement	3. Providers meet required qualifications.	
Discovery		
Discovery Evidence <i>(Performance Measure)</i>	<p>Number and percent of 1915(i) providers who meet the State’s certification standards, as required, prior to providing 1915(i) services.</p> <p>N: Number of 1915(i) providers who meet the State’s certification standards, as required, prior to providing 1915(i) services.</p> <p>D: Total number of 1915(i) providers reviewed.</p>	
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews. 100% Review	
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit, Provider Enrollment Unit and SMA Fiscal Agent.	
Frequency	Initially or on re-validation schedule Annually	
Remediation		
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA LTSS 1915(i), and Provider Enrollment Units and Fiscal Agent. State Medicaid Agency will remediate any issue or non-compliance within 390 days.</p> <p>All provider enrollment applications and revalidations are submitted electronically through the Interchange. The Fiscal Agent and SMA Provider Enrollment Unit monitor and review all applications and documents and make appropriate action as needed.</p>	
Frequency <i>(of Analysis and Aggregation)</i>	Annually Initially and on revalidation.	

Requirement	4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of HCBS settings that meet Federal HCBS settings requirements. N: Number of HCBS settings that meet Federal HCBS settings requirements. D: Total # of HCBS settings providing 1915(i) services.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews and , on-site. 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA -LTSS 1915(i) Unit and Provider Enrollment Unit
Frequency	Annually Initially and on re-validation
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	State Medicaid Agency will remediate any issue or non-compliance within 30 90 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units by the LTSS 1915(i) Unit, Provider Enrollment and the Providers.
Frequency <i>(of Analysis and Aggregation)</i>	Annually Initially or on re-validation schedule

Requirement	5. The SMA retains authority and responsibility for program operations and oversight.
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of issues identified in contract monitoring reports that were remediated as required by the state.

	<p>N = Number of issues identified in contract monitoring reports that were remediated as required by the State.</p> <p>D = Total number of issues identified.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Provider application. Less than 100%At minimum 10% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA LTSS 1915(i) Unit.</p>
<p>Frequency</p>	<p>Annually</p>

Remediation

<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA will remediate any issue or non-compliance within3090 days.</p> <p>On a monthly basis, HCC supervisor reviews random sample of case files and if deficiencies are found, will take action as needed such as one on one education with the HCC as well as remediation discussion during the monthly QI meeting.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Annually</p>

<p>Requirement</p>	<p>6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.</p>
<p>Discovery</p>	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) recipients.</p> <p>N: Number of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) recipients.</p> <p>D: Number of claims reviewed.</p>
<p>Discovery Activity</p>	<p>Financial records (including expenditures); Less than 100%Minimum 10% Review.</p>

<i>(Source of Data & sample size)</i>	The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA Unit
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA SUR Unit will remediate any issue or non-compliance within 30 days 12 months of notification. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) units. the state SUR Unit using recouplements or letters of instruction.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, Bi- Annually

Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of claims verified through a review of provider documentation that have been paid in accordance with the individual’s service plan. N: Number of claims verified through a review of provider documentation that have been paid in accordance with the individual’s service plan. D: Total number of claims reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Financial records (including expenditures) ; Less than 100% Minimum 10% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA unit
Frequency	Bi- Annually

Remediation	
<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA SUR Unit will remediate any issue or non-compliance within 12 months of notification.</p> <p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>Deficiencies are remediated through the state SUR Unit using recoupments or letters of instruction.the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, Annually Bi-Annually</p>

Requirement	7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation.
Discovery	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of 1915(i) recipients who receive information/education about how to report abuse, neglect, exploitation and other critical incidents.</p> <p>N: Number of recipients who received information or education about how to report abuse, neglect, exploitation and other critical incidents.</p> <p>D: Number of participants reviewed.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Records review on-site, 100% Review.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA LTSS 1915(i) Unit</p>
<p>Frequency</p>	<p>Annually, Continuously and Ongoing</p>
Remediation	
<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates</i></p>	<p>SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 30 days.</p> <p>During initial and annual assessment, potential recipient/recipient will be educated and sign the acknowledgement form indicating they were given information on</p>

<i>remediation activities; required timeframes for remediation</i>	how report and provided a list of contacts for reporting critical incidence. The form will be kept in the case file for LTSS 1915(i) supervisor review monthly and for SMA QA review annually.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of incident reviews/investigations that were initiated regarding unexplained deaths, abuse, neglect, exploitation and unapproved restraints as required by the SMA. N: Number of incident reviews/investigations that were initiated regarding unexplained deaths, abuse, neglect, exploitation and unapproved restraints as required by the SMA. D: Number of incidents reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Records review on-site, 100% Review.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit
Frequency	Annually, Continuously and Ongoing

Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA will remediate any issue or non-compliance within 30 days. All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the incident management database- called Harmony , including follow-ups by HCCs. On a weekly basis or as needed, HCC supervisor reviews and approves follow-ups to ensure appropriate action is taken and the health and safety of the recipients have been addressed timely. Reports are generated upon request. Within 5 business days, HCC will conduct all necessary follow-ups to include plan of correction, report submitted to law enforcement, Adult Protective Services Æ (APS) or Health Care Quality and Compliance (HCQC) if applicable.

	The incident management Harmony database monitors and tracks all incidents and generates reports upon request. The LTSS 1915(i) Supervisor will review SORs on a weekly or as needed basis.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of incident reviews/investigations involving unexplained deaths, abuse, neglect, exploitation and unapproved restraints for recipients that were completed by the SMA. N: Number of incident reviews/investigations involving unexplained deaths, abuse, neglect, exploitation and unapproved restraints for recipients that were completed by the SMA. D: Number of incidents reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Records review- on-site , 100% Review.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit
Frequency	Annually, Continuously and Ongoing
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA will remediate any issue or non-compliance within 30 days. All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the database called Harmony incident management , including follow-ups by HCCs. On a weekly basis or as needed, HCC supervisor reviews and approves follow-ups to ensure appropriate action is taken and the health and safety of the recipients have been addressed timely. Reports are generated upon request. Within 5 business days, LTSS 1915(i) HCC will conduct all necessary follow-ups to include plan of correction, report submitted to law enforcement, AEPS or Health Care Quality and Compliance (HCQC) if applicable.

	The Harmony-incident management database monitors and tracks all incidents and generates reports upon request. The LTSS 1915(i) Supervisor will review SORs on a weekly or as needed basis.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of incidents reviewed involving abuse, neglect, exploitation, unexplained deaths, and unapproved restraints that had a plan of prevention/documentation of a plan developed as a result of the incident. N: Number of incidents reviewed involving abuse, neglect, exploitation, unexplained deaths, and unapproved restraints that had a plan of prevention/documentation of a plan developed as a result of the incident. D: Number of incidents reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Records review on-site, 100% Review.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit
Frequency	Annually, Continuously and Ongoing

Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA will remediate any issue or non-compliance within 30 days. All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the database called Harmonyincident management , including follow-ups by HCCs. On a weekly basis or as needed, HCC supervisor reviews and approves follow-ups to ensure appropriate action is taken and the health and safety of the recipients have been addressed timely. Reports are generated upon request. Within 5 business days, the LTSS 1915(i) HCC will conduct all necessary follow-ups to include plan of correction, report submitted to law enforcement, EPS-APS or Health Care Quality and Compliance (HCQC) if applicable. The Harmony-incident management database monitors and tracks all incidents and generates reports upon request. The LTSS 1915(i) Supervisor will review SORs on a weekly or as needed basis.

Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually
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System Improvement

(Describe the process for systems improvement as a result of aggregated discovery and remediation activities.)

1. Methods for Analyzing Data and Prioritizing Need for System Improvement

On an ongoing basis, the **LTSS** 1915(i) and QA Units collaborate in a Quality Improvement Team to assess quality improvements needed to ensure required performance measures are met. Monthly Comprehensive QI meetings review performance measures below 86% to determine remediation and mitigation efforts using CMS guidelines. Such guidelines include, but are not limited to, identifying probable cause, development of interventions to improve performances, trend analysis on performance measures, etc. On an as needed basis, the QA Unit conducts educational trainings with the **LTSS** 1915(i) Unit regarding how to perform case file ~~and provider~~ reviews. Provider reviews are entered into the ALis database to be tracked and deficiencies flagged. Depending on the deficiency, referrals are sent to an appropriate state agency for review and corrective action plan as appropriate.

Case Management records are in a ~~SAMS case management~~ database ~~which generates reports needed for SMA QA Unit case file reviews.~~—Provider records are managed through the ~~InterChange~~ (Medicaid Management Information System(**MMIS**)) and reviewed by the SMA Fiscal Agent and Provider Enrollment Unit. Electronic submission of claims is also done through ~~InterChange~~**MMIS**, which has a built-in edits to ensure claims are processed correctly and appropriately.

Serious Occurrence Reports (SORs) are tracked through a ~~incident management Harmony system~~ database which is monitored and reviewed by the **LTSS** 1915(i) Supervisor.

2. Roles and Responsibilities

The SMA QA-Unit and **LTSS** 1915(i) Unit complete ~~annual~~ reviews of the performance measures outlined above. ~~above excluding provider reviews which are conducted by the 1915(i) Unit.~~

LTSS 1915(i) and QA Unit participate in monthly and quarterly comprehensive QI meetings.

3. Frequency

QI Team meet monthly to discuss remediations on deficiencies found during the ~~annual~~ reviews. QI Team also meet quarterly to review remediations and discuss system improvement to determine changes as needed to the process. The QIS is evaluated in its entirety prior to the 5-year renewal.

4. Method for Evaluating Effectiveness of System Changes

Through QI Team meetings, trend analysis is conducted on remediation efforts to determine effectiveness of such efforts and those performance measures needing continual improvement. As potential trends develop, specific activities will be identified that may need changing and an evaluation is conducted to remedy the issue.

