

The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.	The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.	PM G4: (Pulled from approved waiver)	State Entry	State Entry	State Entry	State Entry	Auto Calculated	<input type="checkbox"/> Auto Determination	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)
The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.	The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services.	PM H1: (Pulled from approved waiver)	State Entry	State Entry	State Entry	State Entry	Auto Calculated	<input type="checkbox"/> Auto Determination	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)
The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.	The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.	PM I3: (Pulled from approved waiver)	State Entry	State Entry	State Entry	State Entry	Auto Calculated	<input type="checkbox"/> Auto Determination	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)	(Pulled from approved waiver)

5. No deficiencies were detected during the monitoring process;

6. Deficiencies were detected.

Provide a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary are not necessary):

7. Deficiencies have been, or are being corrected.

Assurance	Sub-assurance	Performance Measure	Numerator Denominator	Percent Compliance	Individual or Systemic Deficiency	Remediation/QIP	Entity Responsible for Remediation/QIP	Timeline	Comment
The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.	The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.	PM C2: Example	81 96	84%	Systemic	The State maintains a registry of non-licensed/non-certified providers. The Operating Agency will implement edits in this system to disenroll providers that	Operating Agency	The State has discussed business requirements for the system edits and plans to implement them in SFY2020.	The State already conducts program integrity review of providers. We will add provide qualifications a component of the review until our system edits are implemented.
The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.	Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.	PM D1: Example	12 16	75%	Systemic	The State will issue a memo to the Case Management Agencies to remind them that they are responsible for updating service plans when participant needs change.	State Medicaid Agency	The State will issue this memo by the end of July 2020.	
The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.	The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.	PM G3: Example	4 5	80%	Individual Remediation not required.	The State has taken corrective action against the provider and case manager that did not complete a prevention plan.	State Medicaid Agency	This issue has been resolved.	