Home > 372 Report > Quality

Summary Data Quality A Overview Assurances 🔻 Deficiencies w

372 Report	Mai	ntenance	- Quality

ZZ State: Waiver Base: 12345 Report Status: UNSUBMITTED Quality Report Begin and End Date: __ 04/11/2019 Date Selector fields that automatically format the date 04/11/2018 2019 Quality Report Period Year: **Quality Report Waiver Year:** Year 1 Year 2 Year 3 Year 4 Year 5

Documentation:

Provide a brief description of the process for monitoring the safeguards and standards under the waiver:

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum in laoreet mi. Mauris vehicula, nisl a commodo consectetur, libero dui scelerisque dolor, nec interdum nunc massa vitae massa. Vivamus euismod, magna in sollicitudin gravida, libero arcu rutrum lorem, non vestibulum magna est non est. Integer vitae and interdum nunc massa vitae massa. Vivamus euismod, magna in sollicitudin gravida, libero arcu rutrum lorem, non vestibulum magna est non est. Integer vitae and interdum nunc massa vitae massa. Vivamus euismod, magna in sollicitudin gravida, libero arcu rutrum lorem, non vestibulum magna est non est. Integer vitae and interdum nunc massa vitae massa. Vivamus euismod, magna in sollicitudin gravida, libero arcu rutrum lorem, non vestibulum magna est non est. Integer vitae and interdum nunc massa vitae massa. Vivamus euismod, magna in sollicitudin gravida, libero arcu rutrum lorem, non vestibulum magna est non est. Integer vitae and interdum nunc massa vitae massa. Vivamus euismod, magna est non est. Integer vitae and interdum nunc massa vitae massa. Vivamus euismod, magna est non est. Integer vitae and interdum nunc massa vitae massa. Vivamus euismod, magna est non est. Integer vitae and interdum nunc massa vitae massa vita ex turpis. Suspendisse potenti. Sed in magna at est mollis dictum. Pellentesque et nisi sed felis auctor fermentum. Cras volutpat, tortor nec varius faucibus, urna arcu pretium urna, vitae interdum enim odio id libero. Suspendisse potenti. In hac habitasse platea dictumst.

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/25000

Button to save data to the database and return to the summary page Save to finish later

Continue to Assurances

Button to navigate to the Assurances table

PRA Disclosure Statement

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2)(E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection is estimated of 1995, no persons are required to respond to a collection of information collection is estimated. to average 44 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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G.d I.a I.b

Deficiencies 🔻

372 Report Maintenance - Assurances

State	Renewal Number	Quality Report Status 6	Quality Waiver Year Begin and End Dates
ZZ	ZZ.12345.R02	Completed	Apr 11, 2018 - Apr 11, 2019

Assurances					Complete	Report	Button to "Complete Report" which navigates to summary page where report can be submitted. Button is disabled if any sub-assurances or deficiencies are incomplete
Sub-assurance#		Status 11		Deficiency ↑↓			
Assurance A Sub-assurance Label		0 Sample Universe - No Deficiency Sub-assurance Status		Not Detected Sub-assura	ance deficiency ind	licator	
Sub-assurance B.a		Complete		Not Detected			
Sub-assurance B.b		Complete		Detected			
Sub-assurance B.c		Complete		Not Detected			
Sub-assurance C.a		Complete		Detected			
Sub-assurance C.b		Complete		Not Detected			
Sub-assurance C.c		Complete		Not Detected			
Sub-assurance D.a		Complete		Not Detected			
Sub-assurance D.b		Complete		Not Detected			
Sub-assurance D.c		Complete		Not Detected			
Items per page: 10 1	1 - 10 of 18 items		1 ∨ of	2 pages	K	> Navi	gate to next page in table

Button to save report and Save to finish later navigate to summary page

Continue to Deficiencies

Button to navigate to report deficiencies section

PRA Disclosure Statement

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2)(E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information collection is 0938-0272. The time required to complete this information collection is estimated to average 44 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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I.a I.b

Deficiencies 🔻

372 Report Maintenance - Assurances

State ZZ	Renewal Number ZZ.12345.R02		Quality Report Status () Completed	Quality Waiver Ye Apr 11, 2018 - A	e <mark>ar Begin and End Dat</mark> pr 11, 2019	es		
Assurances							Complete	Report
Sub-assurance#			Status [‡]		Deficie	encyî↓		
Sub-assurance D.d			Complete		Not Dete	ected		
Sub-assurance D.e			Complete		Not Dete	ected		
Sub-assurance G.a			Complete		Not Dete	ected		
Sub-assurance G.b			No Performance Measures Example status for when a sub	-assurance does not contain any performa	nce measures			
Sub-assurance G.c			No Performance Measures		927			
Sub-assurance G.d			No Performance Measures		, L			
Sub-assurance I.a			Complete		Not Dete	ected		
Sub-assurance I.b			No Performance Measures		727			
Items p	er page: 10	11 - 18 of 18 items			2 × of 2	pages	<	>

Button to navigate to previous page in table

Save to finish later |

Continue to Deficiencies

PRA Disclosure Statement

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2)(E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the state plan in addition to the health and welfare of recipients. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection is estimated to average 44 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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G.d I.a I.b

Deficiencies 🔻

372 Report Maintenance - Assurances

State ZZ	Renewal Number ZZ.12345.R02	"Complete Report" button is enabled when this field is "Completed", when all sub- assurances and deficiencies are completed	Quality Report Status 6	Quality Waiver Year Begin and End Dates Apr 11, 2018 - Apr 11, 2019	
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Assurances					Complete	Report	Example of disabled "Complete button when a sub-assurance is incomplete
Sub-assurance#		Status [↑] ↓		Deficiency ↑↓			
Assurance A		0 Sample Universe - No Deficiency		Not Detected			
Sub-assurance B.a		Not Started		 			
Sub-assurance B.b		In Progress		-			
Sub-assurance B.c		Complete		Not Detected			
Sub-assurance C.a		Complete		Detected			
Sub-assurance C.b		Complete		Not Detected			
Sub-assurance C.c		Complete		Not Detected			
Sub-assurance D.a		Complete		Not Detected			
Sub-assurance D.b		Complete		Not Detected			
Sub-assurance D.c		Complete		Not Detected			
Items per page: 10	1 - 10 of 18 items		1 × of	2 pages	<	>	

Save to finish later | Continue to Deficiencies

PRA Disclosure Statement

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2)(E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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Data

Quality A Overview

G.d

I.a

Deficiencies

Expanding

navigation menu

Assurances __

Home > 372 Report > Quality > Assurances > Assurance A Breadcrumbs to assist with navigation Summary

372 Report Maintenance - Assurance A

Save

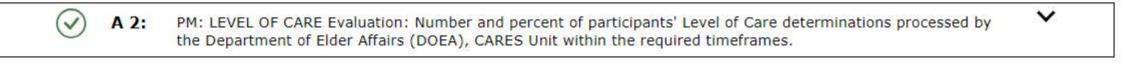
Report State	Related Waiver's Renewal Number	Quality Report Status	Quality Waiver Year Begin and End Dates	-
State	Renewal Number	Quality Report Status 6	Quality Waiver Year Begin and End Dates	
ZZ	ZZ.12345.R02	In Progress	Apr 11, 2018 - Apr 11, 2019	

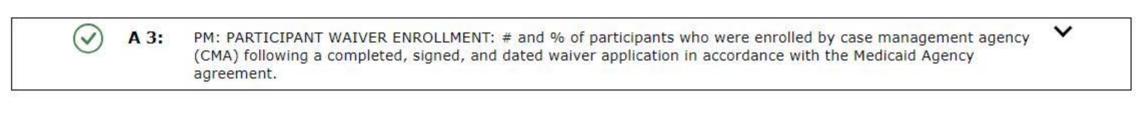
Assurance 1 of 18 Currently on the detail page for the first of eighteen assurances present in the current 372 report

Assurance - A

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.

Performance Measures Reporting On: Expand All Button to expand or collapse all of the content boxes on the page Performan ~ A 1: PM: PRIOR AUTHORIAZATION OF WAIVER SERVICES: Number and percent of prior-authorization requests processed timely by the PAC Waiver Disease Management provider. Arrow to expand or collapse related content box Performance measure description indicator







Measurements Reference

Save to finish later Button to save this page's data and continue to the next sub-assurance Continue to B.a

PRA Disclosure Statement

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2)(E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities. Performance Measures Reporting On:

D.C

G.d

Deficiencies •

Expanding

navigation menu

PM: PRIOR AUTHORIAZATION OF WAIVER SERVICES: Number and percent of prior-authorization requests processed timely by the PAC Waiver Disease Management provider.

V

Performance measure "complete" indicator

(V)

PM: LEVEL OF CARE Evaluation: Number and percent of participants' Level of Care determinations processed by the Department of Elder Affairs (DOEA), CARES Unit within the required timeframes.

Arrow to expand or collapse related content box

→ Expand All

Report year drop down input field 2019

Numerator: Number of PAC participants' level of care determinations processed within the required

Performance measure numerator and denominator descriptions

Denominator: Number of PAC participants' level of care determinations processed.

Sample size

Report Year:

The number of items selected to determine compliance (e.g., total number of records selected for review)

0

Sample size field to input the total number of records selected for review

Sample universe

Total number of items available for selection (e.g., total number of records available for review)

Sample Universe field to input the total number of records available for review

Numerator

Number of items reviewed in compliance

Numerator field to input the number of items reviewed in compliance

Denominator

Total number of items reviewed

Threshold Percentage

Denominator field to input the total number of items reviewed

Threshold

Custom Threshold checkbox to indicate that you would like to use a custom threshold value when considering this performance measure deficient

I would like to provide a custom threshold

Custom threshold percentage input field to enter what value should be used to determine deficiency

86

Special "Zero sample universe" status when all

explanation accompanying it

performance measurement fields are marked zero and the zero sample universe checkbox is checked with an

Percent Compliance: Deficiency:

0 Sample Universe - No Deficiency

Not Detected Whether or not a deficiency is detected with the given values

I will be reporting partial data for this performance measure. Checkbox to indicate partial data is being reported

I will not be reporting on this performance measure.

Checkbox to indicate that this performance measure is not being reported on

The Sample Universe for this performance measure is 0. [Enter 0 for all fields] Checkbox to indicate that this performance measure has no sample universe

Provide details about why the Sample Universe is 0, you are not reporting on the performance measure, or partial data was reported on this performance measure. *

Zero sample universe

Text area to include an explanation for any of the special cases indicated by the previous checkboxes

20 / 1000

logged in as QI_TEST_STATE_MED_DIR(State Medicaid Dir) update mode OMB Control Number: 0938-0272 Expiration Date: 11/30/2024 CMS 372 Reports

Home Logout 1915(c) 372 Detail Finder Save Print

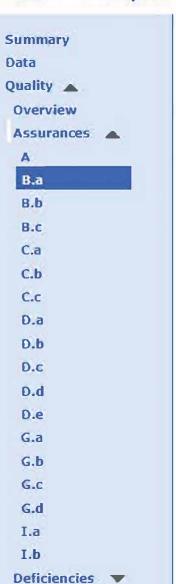
Home > 372 Report > Quality > Assurances > Sub-assurance B.a

measure

indicator

incomplete

Breadcrumbs to assist with navigation



Expanding navigation menu 372 Report Maintenance - Sub-assurance B.a

Report State Related Waiver's Renewal Number Quality Waiver Year Begin and End Dates **Quality Report Status Quality Waiver Year Begin and End Dates** State **Renewal Number Quality Report Status ()** ZZ.12345.R02 In Progress Apr 11, 2018 - Apr 11, 2019

Sub-assurance 2 of 18 Currently on the detail page for the second of eighteen assurances present in the current 372 report

Sub-assurance - B.a

ZZ

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.

Performance Measures Reporting On: Button to expand or collapse all of the content boxes on the page ✓ Expand All Performance Arrow to expand or collapse related content box PM: Number and percent of participants' who have a current level of care based on the 701B Department of Elder Affairs assessment form. Performance measure description V **B.a 2:** PM: Number and percent of applicants receiving..

V Were individual instances of substantiated abuse, neglect, or explotiation identified?

Measurements Reference

Back to A

Save to finish later

Continue to B.b.

Button to save this page's data and continue to the next sub-assurance

PRA Disclosure Statement

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2)(E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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G.C G.d I.b Deficiencies

> Expanding navigation menu

Performance Measures Reporting On:

▼ Expand All Button to expand or collapse all of the content boxes on the page

Performance PM: PRIOR AUTHORIAZATION OF WAIVER SERVICES: Number and percent of prior-authorization requests A 1: measure "con processed timely by the PAC Waiver Disease Management provider. Performance measure description indicator

V Arrow to expand or collapse related content box

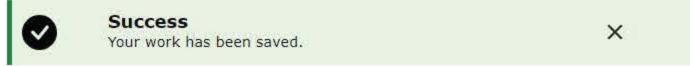
^ PM: LEVEL OF CARE Evaluation: Number and percent of participants' Level of Care determinations processed by the Department of Elder Affairs (DOEA), CARES Unit within the required timeframes. For a performance measure to be considered complete, you must fill in every field. If you are Details on what makes a performance measure "complete", which is shown after saving an incomplete performance measure reporting partial data or if you are not reporting on this specific performance measure, please indicate this using one of the check boxes below. Report Year: Report year drop down input field 2019 Performance measur Numerator: Number of PAC participants' level of care determinations processed within the required numerator and denominator Denominator: Number of PAC participants' level of care determinations processed. descriptions Sample size The number of items selected to determine compliance (e.g., total number of records selected for review) Sample size field to input the total number of records selected for review Sample universe Total number of items available for selection (e.g., total number of records available for review) Sample Universe field to input the total number of records available for review Numerator Number of items reviewed in compliance Numerator field to input the number of items reviewed in compliance Denominator Total number of items reviewed Denominator field to input the total number of items reviewed Threshold I would like to provide a custom threshold Custom Threshold checkbox to indicate that you would like to use a custom threshold value when considering this performance measure deficient Threshold Percentage Custom threshold percentage input field to enter what value should be used to 86 determine deficiency Whether or not a deficiency is detected with the given The percent compliance based on the given numerator and denominator **Percent Compliance: Deficiency: Invalid Data** Checkbox to indicate partial data is being reported I will be reporting partial data for this performance measure. Checkbox to indicate that this performance measure is not being reported on I will not be reporting on this performance measure. Checkbox to indicate that this performance measure The Sample Universe for this performance measure is 0. [Enter 0 for all fields] has no sample universe Provide details about why the Sample Universe is 0, you are not reporting on the performance measure, or partial data was reported on this performance measure. Text area to include an explanation for any of the special cases indicated by the previous checkboxes

0 / 1000

Home Logout 1915(c) 372 Detail Finder Save Print

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Status bar to indicate successful database update after saving



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Expanding navigation menu

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Report State Related Waiver's Renewal Number Quality Report Status Quality Report Status Quality Waiver Year Begin and End Dates

State Renewal Number Quality Report Status Quality Report Status Quality Waiver Year Begin and End Dates

ZZ ZZ.12345.R02 Completed Apr 11, 2018 - Apr 11, 2019

Assurance 1 of 18 Currently on the detail page for the first of eighteen assurances present in the current 372 report

Assurance - A

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.

Were individual instances of substantiated abuse, neglect, or explotiation identified?

Performance Measures Reporting On: Performance measure "complete" A 1: PM: PRIOR AUTHORIAZATION OF WAIVER SERVICES: Number and percent of prior-authorization requests processed timely by the PAC Waiver Disease Management provider. Performance measure description A 2: PM: LEVEL OF CARE Evaluation: Number and percent of participants' Level of Care determinations processed by the Department of Elder Affairs (DOEA), CARES Unit within the required timeframes. A 3: PM: PARTICIPANT WAIVER ENROLLMENT: # and % of participants who were enrolled by case management agency (CMA) following a completed, signed, and dated waiver application in accordance with the Medicaid Agency agreement.

Measurements Reference

A Files:

Save to finish later Continue to B.a Button to save this page's data and continue to the next sub-assurance

PRA Disclosure Statement

V

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2)(E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection is information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0272. The time required to complete this information collection is estimated to average 44 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Summary

Quality A

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Assurances A

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A list of all the validation errors present on the

Performance Measure 1 - input must be a number

page when an attempt to submit invalid data is

• Performance Measure 2 - input must be greater than zero

^

372 Report Maintenance - Assurance A

Report State Related Waiver's Renewal Number Quality Waiver Year Begin and End Dates **Quality Report Status** Quality Waiver Year Begin and End Dates State Renewal Number **Quality Report Status 6** Completed ZZ ZZ.12345.R02 Apr 11, 2018 - Apr 11, 2019

Assurance 1 of 18 Currently on the detail page for the first of eighteen assurances present in the current 372 report

Assurance - A

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.

Performance Measures Reporting On:

(V) A 1: PM: PRIOR AUTHORIAZATION OF WAIVER SERVICES: Number and percent of prior-authorization requests processed timely by the PAC Waiver Disease Management provider.

Performance measure description measure ' indicator

Report year drop down input field

Expand All Button to expand or collapse all of the content boxes on the page

Arrow to expand or collapse related content box

Report Year:

• Numerator: Number of prior-authorization requests processed timely by the PAC Waiver Disease Management provider.

Denominator: Number of prior-authorizations requested processed.

Sample size

The number of items selected to determine compliance (e.g., total number of records selected for review)

text Sample size field to input the total number of records selected for review

Sample universe

Total number of items available for selection (e.g., total number of records available for review)

Sample Universe field to input the total number of records available for review

Numerator

Number of items reviewed in compliance

Numerator field to input the number of items reviewed in compliance

Denominator

Total number of items reviewed

Denominator field to input the total number of items reviewed

Threshold

86

I would like to provide a custom threshold Custom Threshold checkbox to indicate that you would like to use a custom threshold value when considering this performance measure deficient

Threshold Percentage

Invalid Data

Custom threshold percentage input field to enter what value should be used to determine deficiency

Percent Compliance:

Deficiency: Whether or not a deficiency is detected with the given values

The percent compliance based on the given numerator and denominator

Home > 372 Report > Quality > Assurances > Sub-assurance B.a

Summary Data Quality Overview Assurances A B.a B.b B.c C.a C.b C.c D.a D.b D.c D.d D.e G.a G.b G.c G.d I.a

Deficiencies w

372 Report Maintenance - Sub-assurance B.a

Save

State	Renewal Number	Quality Report Status (Quality Waiver Year Begin and End Dates
ZZ	ZZ.12345.R02	In Progress	Apr 11, 2018 - Apr 11, 2019

Sub-assurance 2 of 18

Sub-assurance - B.a

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.

Performance Measures Reporting On: (!) B.a 1: PM: Number and percent of participants' who have a current level of care based on the 701B Department of Elder Affairs assessment form. (!) B.a 2: PM: Number and percent of applicants receiving...

	Attachments		
	Attach supporting document(s) for sub-assurance B.a	File download button	File delete button
	Subassurance B.a Attachment.pdf	<u>Download</u>	
One file management ow for each file already		File download button	File delete button
n database	B_a Report-1.pdf	Download	
New file row present		File upload button	2
it the bottom of the ile management	Add a new file	Select File	
rows	Remediation		- 5
	Description of the State's actions to remediate these instances		
	The second of the Professional States and the Control of the Contr		

Measurements Reference

Control of the second of the s

Home > 372 Report > Quality > Deficiencies

Summary

Data

Quality

Overview

Assurances

Deficiencies

Sub-assurance 8.b 1

Sub-assurance C.a 2

372 Report Maintenance - Deficiencies

State	Renewal Number	Quality Report Status 1	Quality Waiver Year Begin and End Dates
ZZ	ZZ.1234 <mark>5.R0</mark> 2	Completed	Apr 11, 2018 - Apr 11, 2019

eficiency #	Status11	Type1	Compliance Percentage 1	
ub-assurance B.b 1 Deficiency Label	Completed Deficiency Sta	tus Individual Deficiency Type		
ub-assurance C.a 2	Completed	Systemic	100%	

Save to finish later

PRA Disclosure Statement

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2)(E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0272. The time required to complete this information collection is estimated to average 44 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Home > 372 Report > Quality > Deficiencies > Sub-assurance B.b 1 Breadcrumbs to assist with navigation



Expanding navigation menu

372 Report Maintenance - Deficiency

Report State Related Waiver's Renewal Number Quality Report Status Quality Waiver Year Begin and End Dates

State Renewal Number Quality Report Status Quality Waiver Year Begin and End Dates

ZZ. 12345.R02 Completed Apr 11, 2018 - Apr 11, 2019

Deficiency 1 of 2 Currently on the detail page for the first of two deficiencies present in the current 372 report

Deficiency - Performance measure - Sub-assurance B.b 1 Label indicating the current page contains deficiency details for the first performance measure within sub-assurance B.b

PM: Number and percent of waiver recipients...

- Numerator: # of waiver recipients...
- Denominator: # of waiver recipients receiving annual redeterminations.

The description of the performance measure, and the descriptions for both the numerator and denominator for what's being considered in this performance measurement

Percent compliance

75%

The numerator and denominator values pulled from the related performance measure, and the percentage calculation given those values.

Individual or Systemic deficiency

Numerator/Denominator

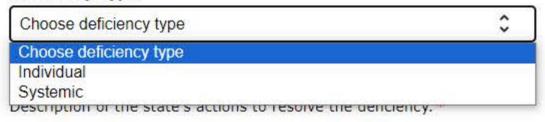
Individual: Issues are limited to a select group of individuals.

Systemic: Issues have the potential to impact the entire waiver population.

Deficiency Type:

Testing Remediation

3/4



The description of each available deficiency type, and the expanded dropdown selector to indicate which type of deficiency this is.

19 / 4000

deficiency

Entity Responsible for remediation/QIP

Entity responsible for overseeing implementation of the remediation/QIP. *

Testing Entity Responsible

26 / 1000

Text field for the Responsible Entity field, the entity responsible for overseeing the implementation of the remediation

Text field for the Remediation/QIP field, the description of the state's actions to resolve the

Timeline

Entity's timeline for completing the remediation/QIP actions. *

Testing Timeline

16 / 1000

Text field for the Timeline field, the entity's timeline for completing the remediation actions

Comment

Additional comments related to the performance measure, deficiency, or remediation/QIP.

0 / 4000

Text field for the Comment field, for additional comments related to the performance measure, deficiency, or remediation

Home Logout 1915(c) 372 Detail Finder Save Print

Home > 372 Report > Quality > Deficiencies > Sub-assurance B.b 1

Summary

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Quality

Overview

Assurances

Deficiencies

Sub-assurance B.b 1

Sub-assurance C.a 2

Status bar to indicate successful database update after saving



×

372 Report Maintenance - Deficiency

State Renewal Number Quality Report Status 6
ZZ ZZ.12345.R02 Completed

Quality Waiver Year Begin and End Dates
Apr 11, 2018 - Apr 11, 2019

Deficiency 1 of 2

Deficiency - Performance measure - Sub-assurance B.b 1

PM: Number and percent of waiver recipients...

- Numerator: # of waiver recipients...
- Denominator: # of waiver recipients receiving annual redeterminations.

Numerator/Denominator

75%

Percent compliance

3/4

Individual or Systemic deficiency

Individual: Issues are limited to a select group of individuals.

Systemic: Issues have the potential to impact the entire waiver population.

Deficiency Type:

Individual

Remediation/QIP

Description of the state's actions to resolve the deficiency. *

Testing Remediation

19 / 4000

Entity Responsible for remediation/QIP

Entity responsible for overseeing implementation of the remediation/QIP. *

Testing Entity Responsible

26 / 1000

Timeline

Entity's timeline for completing the remediation/QIP actions. *

Testing Timeline

CMS 372 Reports

Home Logout 1915(c) 372 Detail Finder Save Print

Home > 372 Report > Quality > Deficiencies > Sub-assurance B.b 1



A list of all the validation errors present on the page when an attempt to submit invalid data is made.

- Validation error on Remediation/QIP input must be fewer than 4000 characters
- Validation error on Entity Responsible input must be fewer than 1000 characters
- Validation error on Timeline input must be fewer than 1000 characters
- Validation error on Comment input must be fewer than 4000 characters

372 Report Maintenance - Deficiency

Save

StateRenewal NumberQuality Report Status ()ZZZZ.12345.R02Completed

Quality Waiver Year Begin and End Dates Apr 11, 2018 - Apr 11, 2019

Deficiency 1 of 2

Deficiency - Performance measure - Sub-assurance B.b 1

PM: Number and percent of waiver recipients...

- Numerator: # of waiver recipients...
- Denominator: # of waiver recipients receiving annual redeterminations.

Numerator/Denominator

Percent compliance

3/4

75%

Individual or Systemic deficiency

Individual: Issues are limited to a select group of individuals.

Systemic: Issues have the potential to impact the entire waiver population.

Deficiency Type:

Individual

Remediation/QIP

Description of the state's actions to resolve the deficiency. *

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Text field for the Remediation/QIP field, the description of the state's actions to resolve the deficiency

Validation error on Remediation/QIP input - must be fewer than 4000 characters

Validation error box that appears if invalid data is entered in the above Remediation/QIP field

Entity Responsible for remediation/QIP

Entity responsible for overseeing implementation of the remediation/QIP. *

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum in laoreet mi. Mauris vehicula, nisl a commodo consectetur, libero dui scelerisque dolor, n sollicitudin gravida, libero arcu rutrum lorem, non vestibulum magna est non est. Integer vitae ex turpis. Suspendisse potenti. Sed in magna at est mollis dictum. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras in nisi id turpis tincidunt auctor. Pellentesque et nisi sed fea est non est. Integer vitae ex turpis. Suspendisse potenti. Sed in 99 / 1000 pat est mollis dictum. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Coque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Coque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Coque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Coque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Coque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Coque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Coque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas.

Text field for the Responsible Entity field, the entity responsible for overseeing the implementation of the remediation

Validation error on Entity Responsible input - must be fewer than 1000 characters

Validation error box that appears if invalid data is entered in the above Responsible Entity field

Timeline

Entity's timeline for completing the remediation/QIP actions. *

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Text field for the Timeline field, the entity's timeline for completing the remediation actions

Validation error box that appears if invalid data is entered in the above Timeline field

Validation error on Timeline input - must be fewer than 1000 characters

Comment