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### 372 Report Maintenance - Quality

State: ZZ  
 Waiver Base: 12345  
 Report Status: UNSUBMITTED  
 Quality Report Begin and End Date: 04/11/2018 — 04/11/2019 Date Selector fields that automatically format the date  
 Quality Report Period Year: 2019  
 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:

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Morbi ut dui sed nulla ornare molestie. Vivamus eget nibh et quam vestibulum sollicitudin. Morbi facilisis orci quis nunc blandit, et ullamcorper dolor tincidunt. Nullam scelerisque, est in dignissim lacinia, est erat egestas velit, vitae porttitor libero dolor id enim. Sed quis tempus magna. Morbi consequat, orci non varius elementum, tellus orci auctor ligula, in ullamcorper augue magna sit amet orci. Fusce vitae ante non arcu mollis varius et in est. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Maecenas tincidunt, est sed sodales suscipit, orci diam volutpat mi, a dapibus massa tortor quis orci. Proin sed libero enim. Sed viverra rhoncus est, nec fringilla elit lobortis vel.

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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 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.

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### 372 Report Maintenance - Assurances

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<b>State</b> ZZ	<b>Renewal Number</b> ZZ.12345.R02	<b>Quality Report Status</b> ⓘ Completed	<b>Quality Waiver Year Begin and End Dates</b> Apr 11, 2018 - Apr 11, 2019
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Assurances				<a href="#">Complete Report</a>	
Sub-assurance	Status	Deficiency			
Assurance A	0 Sample Universe - No Deficiency	Not Detected	Sub-assurance Status		
Sub-assurance B.a	Complete	Not Detected	Sub-assurance deficiency indicator		
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			

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

Items per page: 10	1 - 10 of 18 items	1 of 2 pages	<	>
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Navigate to next page in table

[Button to save report and navigate to summary page](#) | 
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Button to navigate to report deficiencies section

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### 372 Report Maintenance - Assurances

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<b>Assurances</b>			<a href="#">Complete Report</a>
Sub-assurance	Status	Deficiency	
Sub-assurance D.d	Complete	Not Detected	
Sub-assurance D.e	Complete	Not Detected	
Sub-assurance G.a	Complete	Not Detected	
Sub-assurance G.b	No Performance Measures <span style="color: red;">Example status for when a sub-assurance does not contain any performance measures</span>	-	
Sub-assurance G.c	No Performance Measures	-	
Sub-assurance G.d	No Performance Measures	-	
Sub-assurance I.a	Complete	Not Detected	
Sub-assurance I.b	No Performance Measures	-	

Button to navigate to previous page in table

[Save to finish later](#) | [Continue to Deficiencies](#)

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"Complete Report" button is enabled when this field is "Completed", when all sub-assurances and deficiencies are completed

Assurances			Complete Report
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	

Example of disabled "Complete Report" button when a sub-assurance is incomplete

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[Save to finish later](#) | [Continue to Deficiencies](#)

#### PRA Disclosure Statement

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Save

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### 372 Report Maintenance - Assurance A

Report State	Related Waiver's Renewal Number	Quality Report Status	Quality Waiver Year Begin and End Dates
State ZZ	Renewal Number ZZ.12345.R02	Quality Report Status ⓘ In Progress	Quality Waiver Year Begin and End Dates 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

Performance measure "complete" indicator

- ✔ **A 1:** PM: PRIOR AUTHORIZAZION 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. ▼
- A Files:** Were individual instances of substantiated abuse, neglect, or explotiation identified? ▼

Arrow to expand or collapse related content box

Expanding navigation menu

[Measurements Reference](#)

[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](#)

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.

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Performance Measures Reporting On:

Expand All

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

**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.

Performance measure "complete" indicator

**Report Year:**  
 Report year drop down input field

- **Numerator:** Number of PAC participants' level of care determinations processed within the required timeframes.
- **Denominator:** Number of PAC participants' level of care determinations processed.

Performance measure numerator and denominator 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 determine deficiency

---

**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. \***

20 / 1000

**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

- D.a
- D.b
- D.c
- D.d
- D.e
- G.a
- G.b
- G.c
- G.d
- I.a
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Expanding navigation menu

Special "Zero sample universe" status when all performance measurement fields are marked zero and the zero sample universe checkbox is checked with an explanation accompanying it

Arrow to expand or collapse related content box

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

Save

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### 372 Report Maintenance - Sub-assurance B.a

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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** Currently on the detail page for the second of eighteen assurances present in the current 372 report

#### 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:

▼ [Expand All](#) Button to expand or collapse all of the content boxes on the page

Performance measure incomplete indicator

- ⓘ
**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.
▼

Performance measure description
- ⓘ
**B.a 2:** PM: Number and percent of applicants receiving...
▼
- B.a Files:**
Were individual instances of substantiated abuse, neglect, or exploitation identified?
▼

Arrow to expand or collapse related content box

[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](#)

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Expanding navigation menu

Performance Measures Reporting On:

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

Performance measure "complete" indicator

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

Arrow to expand or collapse related content box

**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.

Expanding navigation menu

For a performance measure to be considered complete, you must fill in every field. If you are reporting partial data or if you are not reporting on this specific performance measure, please indicate this using one of the check boxes below.

Details on what makes a performance measure "complete", which is shown after saving an incomplete performance measure

Report Year:

2019

Report year drop down input field

- Numerator:** Number of PAC participants' level of care determinations processed within the required timeframes.
- Denominator:** Number of PAC participants' level of care determinations processed.

Performance measure numerator and denominator descriptions

Sample size

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

1

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)

2

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

86

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

The percent compliance based on the given numerator and denominator

Percent Compliance:

Deficiency:

Whether or not a deficiency is detected with the given values

Invalid Data

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.

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



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Status bar to indicate successful database update after saving

✕

✔

**Success**

Your work has been saved.

## 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 ⓘ	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

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#### Performance Measures Reporting On:

[Expand All](#) Button to expand or collapse all of the content boxes on the page

Performance measure "complete" indicator

- ✔
A 1:
PM: PRIOR AUTHORIZAZION 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.
▼
- A Files:
Were individual instances of substantiated abuse, neglect, or exploitation identified?
▼

Arrow to expand or collapse related content box

[Measurements Reference](#)

[Save to finish later](#)

Continue to B.a

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

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Expanding navigation menu

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

- Performance Measure 1 - input must be a number
- Performance Measure 2 - input must be greater than zero

Save

### 372 Report Maintenance - Assurance A

Report State	Related Waiver's Renewal Number	Quality Report Status	Quality Waiver Year Begin and End Dates
State ZZ	Renewal Number ZZ.12345.R02	Quality Report Status Completed	Quality Waiver Year Begin and End Dates 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

Performance measure "complete" indicator

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

**Report Year:**  Report year drop down input field

- **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)

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 determine deficiency

Arrow to expand or collapse related content box

The percent compliance based on the given numerator and denominator

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

Save

- 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
- I.b
- Deficiencies ▼

### 372 Report Maintenance - Sub-assurance B.a

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: Expand All

- ! **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... ▼

**B.a Files:** Were individual instances of substantiated abuse, neglect, or exploitation identified? ▲

Yes  No

---

**Attachments**  
Attach supporting document(s) for sub-assurance B.a

<b>Subassurance B.a Attachment.pdf</b>	File download button	File delete button
	<a href="#">Download</a>	
<b>B_a Report-1.pdf</b>	File download button	File delete button
	<a href="#">Download</a>	
<b>Add a new file</b>	File upload button	
	<a href="#">Select File</a>	

---

**Remediation**  
Description of the State's actions to remediate these instances

0 / 1000

One file management row for each file already in database

New file row present at the bottom of the file management rows

[Measurements Reference](#)

Print

Save to finish later

Continue to B.b

### 372 Report Maintenance - Deficiencies

- Summary
- Data
- Quality ▲
- Overview
- Assurances ▼
- Deficiencies ▲**
- Sub-assurance B.b 1
- Sub-assurance C.a 2

<b>State</b> ZZ	<b>Renewal Number</b> ZZ.12345.R02	<b>Quality Report Status</b> ⓘ Completed	<b>Quality Waiver Year Begin and End Dates</b> Apr 11, 2018 - Apr 11, 2019
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#### Deficiencies

[Complete Report](#)

Deficiency #	Status	Type	Compliance Percentage
Sub-assurance B.b 1 <span style="color: red;">Deficiency Label</span>	Completed <span style="color: red;">Deficiency Status</span>	Individual <span style="color: red;">Deficiency Type</span>	75% <span style="color: red;">Deficiency Compliance</span>
Sub-assurance C.a 2	Completed	Systemic	100%

Items per page: 10	1 - 2 of 2 items	1 of 1 pages	<	>
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[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 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 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.

Save

- Summary
- Data
- Quality ▲
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- Assurances ▼
- Deficiencies ▲
- Sub-assurance B.b 1
- Sub-assurance C.a 2

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 ZZ	Renewal Number ZZ.12345.R02	Quality Report Status Completed	Quality Waiver Year Begin and End Dates 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

#### Numerator/Denominator

3/4

#### 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

Individual: Issues are limited to a select group of individuals.  
Systemic: Issues have the potential to impact the entire waiver population.

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

#### Deficiency Type:

Choose deficiency type

- Choose deficiency type
- Individual
- Systemic

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

Testing Remediation

19 / 4000

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

#### 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

[Save to finish later](#)

[Continue to Sub-assurance C.a 2](#)

- Summary
- Data
- Quality ▲
- Overview
- Assurances ▼
- Deficiencies ▲
- Sub-assurance B.b 1**
- Sub-assurance C.a 2

Status bar to indicate successful database update after saving

✕
**Success**  
Your work has been saved.

### 372 Report Maintenance - Deficiency

[Save](#)

<b>State</b> ZZ	<b>Renewal Number</b> ZZ.12345.R02	<b>Quality Report Status</b> ⓘ Completed	<b>Quality Waiver Year Begin and End Dates</b> Apr 11, 2018 - Apr 11, 2019
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#### 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**

3/4

**Percent compliance**

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. \*

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

- Summary
- Data
- Quality ▲
- Overview
- Assurances ▼
- Deficiencies ▲
- Sub-assurance B.b 1**
- Sub-assurance C.a 2

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

State	Renewal Number	Quality Report Status	Quality Waiver Year Begin and End Dates
ZZ	ZZ.12345.R02	Completed	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. \*

Text area containing placeholder text for Remediation/QIP description.

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. \*

Text area containing placeholder text for Entity Responsible description.

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. \*

Text area containing placeholder text for Timeline description.

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

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

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

#### Comment