

PM #	Rem. Code	Remediation Description	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	YTD Total	Remediation Action Outstanding		
		<b>Level of Care</b>											
		<i>Waiver applicants for whom there is reasonable indication that services may be needed in the future are provided an individual level of care (LOC) evaluation.</i>											
		<b>Initial Level of Care</b>	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	
LOC 1		Number and percentage of participants who received initial level of care determination indicating need for institutional level of care prior to receipt of waiver services	36	36									
		<b>Percentage compliant</b>	100.0%										
		<i>Data source: DS3</i>											
		<b>Annual Level of Care</b>	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	
LOC 2		Number and percentage of participants who received an annual level of care determination within 12 months of initial determination or previous level of care determination.	93	109								2	
		<b>Percentage compliant</b>	85.3%										
		Level of care determined within 1 week	7										
		Level of care determined within 2 weeks	1								2		
		Level of care determined within 3 weeks	3										
		Level of care determined within 5 weeks	4										
		Level of care determined within 7 weeks	1										
		<i>Data source: DS3</i>											
		<b>Level of Care Process/Forms</b>	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	
LOC 3		Number and percentage of level of care determinations completed by a Registered Nurse or Qualified Mental Retardation Professional as required in waiver.	149	149									
		<b>Percentage compliant</b>	100.0%										
		<i>Data source: DS3</i>											
LOC 4		Number and percentage of initial and annual levels of care determined using approved forms.	149	149									
		<b>Percentage compliant</b>	100.0%										
		<i>Data source: DS3</i>											
LOC 6		Number and percentage of initial and annual level of care determination criteria applied correctly.	28	28									
		<b>Percentage compliant</b>	100.0%										
		<i>Data source: Case Record Review</i>											
		<b>Service Plan</b>											
		<i>Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</i>											
		<b>Service Plan</b>	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	
SP 8		Number and percentage of waiver participants who have service plans that were adequate and appropriate based on the needs identified in the assessment.	9	28									
		<b>Percentage compliant</b>	32.1%										
		Insufficient documentation - technical assistance provided	19										
		<i>Data source: Case Record Review</i>											
SP 9		Number and percentage of participants who have documented personal goals identified in the service plan.	28	28									
		<b>Percentage compliant</b>	100.0%										
		<i>Data source: Case Record Review</i>											

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SP 10		Number and percentage of waiver participants whose service plans address health and safety	28	28												
		<b>Percentage compliant</b>	100.0%													
		<i>Data source: Case Record Review</i>														
SP 11		Number and percentage of completed service plans submitted to SDS within required regulatory timeframes	8	85												
		<b>Percentage compliant</b>	9.4%													
		Complete service plan received within 1 week	11													
		Complete service plan received within 2 weeks	10													
		Complete service plan received within 3 weeks	3													
		Complete service plan received >= 4 weeks	10													
		Service plan requested from care coordinator	43													
		<i>Data source: DS3</i>														
		<b>The state monitors service plan development in accordance with its policies and procedures.</b>														
SP 12		Number and percentage of service plans that were submitted on approved forms.	Compliant 118	N 118	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N		
		<b>Percentage compliant</b>	100.0%													
		<i>Data source: Case Record Review</i>														
SP 13		Number and percentage of service plans that include participant signature indicating participation in plan development.	28	28												
		<b>Percentage compliant</b>	100.0%													
		<i>Data source: Case Record Review</i>														
		<b>Service Plans are updated/ revised at least annually or when warranted by changes in waiver participation needs.</b>														
SP 14		Number and percentage of service plans reviewed and updated as needed prior to the annual redetermination date.	Compliant 75	N 90	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N		
		<b>Percentage compliant</b>	83.3%													
		Service plan reviewed and updated within 2 weeks	1													
		Service plan reviewed and updated within 3 weeks	7													
		Service plan reviewed and updated >= 4 weeks	3													
		Service plan requested from care coordinator	4													
		<i>Data source: DS3</i>														
SP 15		Number and percentage of participants whose change in needs required a change in their service plan, and whose service plan was appropriately revised to address those changing needs.	26	28												
		<b>Percentage compliant</b>	92.9%													
		Service plan updated	2													
		<i>Data source: Case Record Review</i>														
		<b>Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.</b>														
SP 16		Number and percentage of participants who received services by type of service.	Compliant 22	N 28	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N		
		<b>Percentage compliant</b>	78.6%													
		Provider record review process in development	6													
		<i>Data source: Case Record Review</i>														

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			Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N		
SP 17		Number and percentage of participants who received services in the amount, duration and frequency described in the service plan.	6	28														
		<b>Percentage compliant</b>	21.4%															
		Provider record review process in development		22														
		<i>Data source: Case Record Review</i>																
		<i>Participants are afforded choice between waiver services and institutional care and between / among waiver services and providers.</i>																
			Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N		
SP 18		Number and percentage of participant records with an appropriately completed freedom of choice form that specified choice was offered among waiver services.	28	28														
		<b>Percentage compliant</b>	100.0%															
		<i>Data source: Case Record Review</i>																
SP 19		Number and percentage of participant records with documentation that the participant received a list of qualified providers and was provided a choice of providers.	28	28														
		<b>Percentage compliant</b>	100.0%															
		<i>Data source: Case Record Review</i>																
SP 20		Number and percentage of participant records with an appropriately completed and signed freedom of choice form that specified that choice was offered between institutional care and home and community-based waiver services.	28	28														
		<b>Percentage compliant</b>	100.0%															
		<i>Data source: Case Record Review</i>																
		<b>Qualified Providers</b>																
		<i>The state verifies that providers initially and continually meet required licensure and / or certification standards and adhere to other standards prior to their furnishing waiver services.</i>																
			Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N		
QP 23a		Number and percentage of providers who are certified prior to providing waiver services.	871	871														
		<b>Percentage compliant</b>	100.0%															
		<i>Data source: Provider Certification Records</i>																
QP 23b		Number and percentage of providers who continue to meet state certification requirements following the initial certification.	827	828														
		<b>Percentage compliant</b>	99.9%															
		Provider under corrective action plan		1														
		<i>Data source: Provider Certification Records</i>																
QP 24a		Number and percentage of care coordinators in compliance with required SDS training	343	343														
		<b>Percentage compliant</b>	100.0%															
		<i>Data source: Provider Certification Records</i>																

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			Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N		
QP 24b		Number and percentage of providers who are in compliance with critical incident report training requirements.	441	482														
		<b>Percentage compliant</b>	91.5%															
		Written notification of compliance deadline issued	41															
		<i>Data source: Provider Certification Records</i>																
		<b>Health and Welfare</b>																
		<i>On an ongoing basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.</i>																
			Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N	Compliant	N		
HW 25		Number and percentage of participants who received information on reporting abuse, neglect	27	28														
		<b>Percentage compliant</b>	96.4%															
		Missing client rights form - clerical error - corrected	1															
		<i>Data source: Critical Incident Reporting System</i>																
HW 26		Number and percentage of critical incident reports that were reported by a provider within required timeframes	53	61														
		<b>Percentage compliant</b>	86.9%															
		Reported late - technical assistance provided	8															
		<i>Data source: Critical Incident Reporting System</i>																
HW 27a		Number and percentage of critical incident reports (CIRs) reviewed by Adult Protective Service within one business day of receipt	54	57														
		<b>Percentage compliant</b>	94.7%															
		Reviewed late - staff retraining initiated	3															
		<i>Data source: Critical Incident Reporting System</i>																
HW 27b		Number and percentage of critical incident reports (CIRs) involving children reviewed by SDS within one business day of receipt	2	4														
		<b>Percentage compliant</b>	50.0%															
		Reviewed late - staff retraining initiated	2															
		<i>Data source: Critical Incident Reporting System</i>																
HW 29		Number and percentage of critical incident reports received by type of incident.	61	61														
		<b>Percentage compliant</b>	100.0%															
		Accident/Incident	34															
		Death	0															
		Harm to self/others	14															
		Law response	20															
		Medication error	1															
		Missing person	6															
		Other	7															
		<i>Data source: Critical Incident Reporting System</i>																
HW 30		Number and percentage of deaths reviewed by Mortality Review Task Committee	3	3														
		<b>Percentage compliant</b>	100.0%															
		<i>Data source: DS3</i>																

