

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 22-0019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



**Medicaid and CHIP Operations Group**

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October 24, 2022

Susan Bierman, Medicaid Director  
Department of Health and Human Services  
Division of Health Care Financing and Policy  
1100 East William Street, Suite 101  
Carson City, NV 89701

RE: Nevada 22-0019 §1915(i) Home and Community-Based services (HCBS) State Plan Amendment (SPA)

Dear Ms. Bierman:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its 1915(i) State Plan Home and Community-Based Services (HCBS) Benefit, transmittal number NV 22-0019. The effective date for this amendment is July 1, 2022. With this amendment, the state is updating the process within the state plan benefits' Quality Improvement System.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-i.1 pages 20 – 36

CMS reminds the state that the state must have an approved spending plan in order to use the money realized from section 9817 of the ARP. Approval of this action does not constitute approval of the state's spending plan.

It is important to note that CMS approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm).

Ms. Bierman – Page 2

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Kathleen Creggett at [Kathleen.Creggett@cms.hhs.gov](mailto:Kathleen.Creggett@cms.hhs.gov) or (415) 744-3656.

Sincerely,

A black rectangular redaction box covering the signature of George P. Failla, Jr.

George

George P. Failla, Jr., Director  
Division of HCBS Operations and Oversight

Enclosure

cc: Deanna Clark, CMCS  
Cynthia Nanes, CMCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 9</u>	2. STATE <u>NV</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center; color: blue;">July 01, 2022</p>	
5. FEDERAL STATUTE/REGULATION CITATION Section 1915(i) of Title XIX Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-i-1 Pages 14 through 16, and Pages 20 through 36	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-i-1 Pages 14 through 16, and Pages 20 through 36	

9. SUBJECT OF AMENDMENT  
~~Provider qualifications for Day Habilitation and Residential Habilitation services, and quality measures within the Quality Improvement Strategies.~~ Changes to quality measures within the Quality Improvement System.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED July 27, 2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED    July 27, 2022	17. DATE APPROVED    October 24, 2022
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL George P. Failla, Jr.	21. TITLE OF APPROVING OFFICIAL Division Director, DHCBSO

22. REMARKS  
 State authorized pen and ink changes to box 7 and 8 Attachment 3.1-i-1 Pages 20 though 36 and box 9 to Changes to quality measures within the Quality Improvement System.

# 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.)*

<b>Requirement</b>	<b>1.a) Service plans address assessed needs of 1915(i) participants.</b>
<b>Discovery</b>	
<b>Discovery Evidence</b> <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.
<b>Discovery Activity</b> <i>(Source of Data &amp; 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.

<p><b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i></p>	<p>State Medicaid Agency (SMA) Quality Assurance (QA) Unit and Long Term Services and Support (LTSS) 1915(i) Units.</p>
<p><b>Frequency</b></p>	<p>Annually</p>

**Remediation**

<p><b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 90 days of the issuance of the final monthly report.</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>
<p><b>Frequency</b> <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, and Annually</p>

<p><b>Requirement</b></p>	<p><i>1.b) Service plans are updated annually</i></p>
<p><b>Discovery</b></p>	
<p><b>Discovery Evidence</b> <i>(Performance Measure)</i></p>	<p>Number and percent of service plans that are updated at least once in the last 12 months.</p> <p>N = Number of service plans that are updated at least once in the last 12 months.</p> <p>D = Total number of service plans reviewed.</p>
<p><b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i></p>	<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.</p>
<p><b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA QA and LTSS 1915(i) Units</p>
<p><b>Frequency</b></p>	<p>Annually</p>

<b>Remediation</b>	
<b>Remediation Responsibilities</b> <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 90 days of the issuance of the final monthly report.</p> <p>Deficiencies are remediated through the monthly QI meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.</p>
<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	<p>Monthly, Quarterly, and Annually</p>

<b>Requirement</b>	<i>1.c) Service plans document choice of services and providers</i>
<b>Discovery</b>	
<b>Discovery Evidence</b> <i>(Performance Measure)</i>	<p>Number and percent of service plans reviewed that indicate 1915(i) participants were given a choice when selecting services.</p> <p>N = Number of service plans reviewed that indicate 1915(i) participants were given a choice when selecting services.</p> <p>D = Total number of service plans reviewed</p>
<b>Discovery Activity</b> <i>(Source of Data &amp; 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.</p>
<b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i>	<p>SMA QA and LTSS 1915(i) Units</p>
<b>Frequency</b>	<p>Monthly, Quarterly and Annually</p>
<b>Remediation</b>	
<b>Remediation Responsibilities</b>	<p>SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 90 days of the issuance of the final monthly report</p>

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

<p><b>Discovery Evidence</b> <i>(Performance Measure)</i></p>	<p>Number and percent of service plans reviewed that indicate 1915(i) participants were given a choice when selecting providers.</p> <p>N = Number of service plans reviewed that indicate 1915(i) participants were given a choice when selecting providers.</p> <p>D = Total number of service plans reviewed</p>
<p><b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i></p>	<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.</p>
<p><b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA QA and LTSS 1915(i) units.</p>
<p><b>Frequency</b></p>	<p>Monthly, Quarterly, and Annually</p>
<p><b>Remediation</b></p>	
<p><b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA LTSS 1915(i) Unit will remediate any issue or non-compliance within 90 days of the issuance of the final monthly report</p> <p>Deficiencies are remediated through the monthly QI meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.</p>
<p><b>Frequency</b></p>	<p>Monthly, Quarterly, and Annually</p>



<i>(of Analysis and Aggregation)</i>	
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<b>Requirement</b>	<b>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</b>
<b>Discovery</b>	
<b>Discovery Evidence</b> <i>(Performance Measure)</i>	<p>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.</p> <p>N: Number of new applicants who had an evaluation indicating the individual met the 1915(i) needs-based eligibility criteria prior to receiving services.</p> <p>D: Number of new applicants receiving 1915(i) services reviewed.</p>
<b>Discovery Activity</b> <i>(Source of Data &amp; 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.
<b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit
<b>Frequency</b>	Monthly, Quarterly and Annually
<b>Remediation</b>	
<b>Remediation Responsibilities</b> <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 90 days.</p> <p>Deficiencies are remediated through the monthly QI meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.</p>
<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

<b>Discovery</b>
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<p><b>Discovery Evidence</b> <i>(Performance Measure)</i></p>	<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>
<p><b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i></p>	<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.</p>
<p><b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA LTSS 1915(i) Unit.</p>
<p><b>Frequency</b></p>	<p>Monthly, Quarterly and Annually</p>

**Remediation**

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

<p><b>Requirement</b></p>	<p><b>2. (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately</b></p>
<p><b>Discovery</b></p>	
<p><b>Discovery Evidence</b> <i>(Performance Measure)</i></p>	<p>Number and percent of reviewed 1915(i) evaluations that were completed using the processes and instruments approved in the 1915(i) HCBS state plan.</p> <p>N = Number of reviewed 1915(i) evaluations that were completed using the processes and instruments approved in the 1915(i) HCBS state plan.</p>

	D = Total number of 1915(i) evaluations reviewed
<b>Discovery Activity</b> <i>(Source of Data &amp; 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.
<b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i>	SMA QA and LTSS 1915(i) Units
<b>Frequency</b>	Monthly, Quarterly, and Annually
<b>Remediation</b>	
<b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA QA and LTSS 1915(i) Units 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.</p> <p>SMA LTSS 1915(i) unit will remediate any issue or non-compliance within 90 days of the issuance of the final monthly report</p> <p>Deficiencies are remediated through the monthly QI meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.</p>
<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly and Annually

<b>Requirement</b>	<b>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</b>
<b>Discovery</b>	
<b>Discovery Evidence</b> <i>(Performance Measure)</i>	<p>Number and percentage of enrolled recipients whose 1915 (i) benefit Needs Based eligibility Criteria, was reevaluated annually.</p> <p>N: Number of enrolled recipients whose Needs Based Criteria was reevaluated annually;</p> <p>D: Number of enrolled recipients reviewed.</p>
<b>Discovery Activity</b>	Record reviews, are conducted using a remote desk review. 10% review of all participants that have participated at any time during the review period.

<i>(Source of Data &amp; sample size)</i>	
<b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i>	SMA QA and LTSS 1915(i) Units
<b>Frequency</b>	Quarterly, Annually, and Ongoing
<b>Remediation</b>	
<b>Remediation Responsibilities</b> <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  Deficiencies are remediated through the monthly QI meeting. The QI team consists of SMA QA and LTSS 1915(i) Units.
<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	Quarterly, Annually, and Ongoing

<b>Requirement</b>	<b>3. Providers meet required qualifications.</b>
<b>Discovery</b>	
<b>Discovery Evidence</b> <i>(Performance Measure)</i>	Number and percent of 1915(i) providers who meet the State’s certification standards, as required, prior to providing 1915(i) services.  N: Number of 1915(i) providers who meet the State’s certification standards, as required, prior to providing 1915(i) services.  D: Total number of 1915(i) providers reviewed.
<b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i>	Record reviews. 100% Review
<b>Monitoring</b>	SMA LTSS 1915(i) Unit, Provider Enrollment Unit and SMA Fiscal Agent.

<p><b>Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i></p>	
<p><b>Frequency</b></p>	Initially or on re-validation schedule
<p><b>Remediation</b></p>	
<p><b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA LTSS 1915(i), and Provider Enrollment Units and Fiscal Agent. State Medicaid Agency will remediate any issue or non-compliance within 90 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>
<p><b>Frequency</b> <i>(of Analysis and Aggregation)</i></p>	Initially and on revalidation.

<p><b>Requirement</b></p>	<p><b>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).</b></p>
<p><b>Discovery</b></p>	
<p><b>Discovery Evidence</b> <i>(Performance Measure)</i></p>	<p>Number and percent of HCBS settings that meet Federal HCBS settings requirements.</p> <p>N: Number of HCBS settings that meet Federal HCBS settings requirements.</p> <p>D: Total # of HCBS settings providing 1915(i) services.</p>
<p><b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i></p>	Record reviews and on-site. 100% Review.
<p><b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts</i></p>	SMA LTSS 1915(i) Unit and Provider Enrollment Unit

<i>discovery activities)</i>	
<b>Frequency</b>	Initially and on re-validation
<b>Remediation</b>	
<b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	State Medicaid Agency will remediate any issue or non-compliance within 90 days.  Deficiencies are remediated by the LTSS 1915(i) Unit, Provider Enrollment and the Providers.
<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	Ongoing or on re-validation schedule

<b>Requirement</b>	<b>5. The SMA retains authority and responsibility for program operations and oversight.</b>
<b>Discovery</b>	
<b>Discovery Evidence</b> <i>(Performance Measure)</i>	Number and percent of issues identified in contract monitoring reports that were remediated as required by the state.  N = Number of issues identified in contract monitoring reports that were remediated as required by the State.  D = Total number of issues identified.
<b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i>	Provider application. At minimum 10% Review.
<b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit.
<b>Frequency</b>	Annually
<b>Remediation</b>	
<b>Remediation Responsibilities</b>	SMA will remediate any issue or non-compliance within 90 days.

<i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	
<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	Annually

<b>Requirement</b>	<b>6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.</b>
<b>Discovery</b>	
<b>Discovery Evidence</b> <i>(Performance Measure)</i>	Number and percent of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) recipients.  N: Number of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) recipients.  D: Number of claims reviewed.
<b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i>	Financial records); Minimum 10% Review.
<b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i>	SMA QA Unit
<b>Frequency</b>	Annually
<b>Remediation</b>	
<b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA SUR Unit will remediate any issue or non-compliance within 12 months of notification.  Deficiencies are remediated through the state SUR Unit using recoupments or letters of instruction.

<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	Annually
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<b>Discovery</b>	
<b>Discovery Evidence</b> <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.
<b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i>	Financial records); Minimum 10% Review.
<b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i>	SMA QA unit
<b>Frequency</b>	Annually

<b>Remediation</b>	
<b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA SUR Unit will remediate any issue or non-compliance within 12 months of notification.  Deficiencies are remediated through the state SUR Unit using recoupments or letters of instruction.
<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	Annually

<b>Requirement</b>	<b>7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation.</b>
<b>Discovery</b>	



<p><b>Discovery Evidence</b> <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><b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i></p>	<p>Records review, 100% Review.</p>
<p><b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA LTSS 1915(i) Unit</p>
<p><b>Frequency</b></p>	<p>Annually, Continuously and Ongoing</p>

**Remediation**

<p><b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</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 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.</p>
<p><b>Frequency</b> <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, and Annually</p>

**Discovery**

<p><b>Discovery Evidence</b> <i>(Performance Measure)</i></p>	<p>Number and percent of incident reviews/investigations that were initiated regarding unexplained deaths, abuse, neglect, exploitation and unapproved restraints as required by the SMA.</p> <p>N: Number of incident reviews/investigations that were initiated regarding unexplained deaths, abuse, neglect, exploitation and unapproved restraints as required by the SMA.</p> <p>D: Number of incidents reviewed.</p>
<p><b>Discovery Activity</b></p>	<p>Records review on-site, 100% Review.</p>

<i>(Source of Data &amp; sample size)</i>	
<b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit
<b>Frequency</b>	Annually, Continuously and Ongoing

**Remediation**

<b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the incident management database, 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.</p> <p>Within 5 business days, HCC will conduct all necessary follow-ups to include plan of correction, report submitted to law enforcement, Adult Protective Services (APS) or Health Care Quality and Compliance (HCQC) if applicable.</p> <p>The 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.</p>
<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

**Discovery**

<b>Discovery Evidence</b> <i>(Performance Measure)</i>	<p>Number and percent of incident reviews/investigations involving unexplained deaths, abuse, neglect, exploitation and unapproved restraints for recipients that were completed by the SMA.</p> <p>N: Number of incident reviews/investigations involving unexplained deaths, abuse, neglect, exploitation and unapproved restraints for recipients that were completed by the SMA.</p> <p>D: Number of incidents reviewed.</p>
<b>Discovery Activity</b>	Records review 100% Review.

<i>(Source of Data &amp; sample size)</i>	
<b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS 1915(i) Unit
<b>Frequency</b>	Annually, Continuously and Ongoing

**Remediation**

<b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the database called 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.</p> <p>Within 5 business days, LTSS 1915(i) HCC will conduct all necessary follow-ups to include plan of correction, report submitted to law enforcement, APS or Health Care Quality and Compliance (HCQC) if applicable.</p> <p>The 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.</p>
<b>Frequency</b> <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

**Discovery**

<b>Discovery Evidence</b> <i>(Performance Measure)</i>	<p>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.</p> <p>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.</p> <p>D: Number of incidents reviewed.</p>
<b>Discovery Activity</b> <i>(Source of Data &amp; sample size)</i>	Records review on-site, 100% Review.

<p><b>Monitoring Responsibilities</b> <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA LTSS 1915(i) Unit</p>
<p><b>Frequency</b></p>	<p>Annually, Continuously and Ongoing</p>
<p><b>Remediation</b></p>	
<p><b>Remediation Responsibilities</b> <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the database called 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.</p> <p>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, APS or Health Care Quality and Compliance (HCQC) if applicable.</p> <p>The 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.</p>
<p><b>Frequency</b> <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, and Annually</p>

**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 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 case management database for case file reviews. Provider records are managed through the Medicaid Management Information System (MMIS) and reviewed by the SMA Fiscal Agent and Provider Enrollment Unit. Electronic submission of claims is also done through 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 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 reviews of the performance measures outlined above..

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 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.

