DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499

Region III/Division of Medicaid and Children's Health Operations
SWIFT# 070620164049

June 14, 2017

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Re: Final Quality Review Report – Virginia's Home & Community-Based Services Technology Assisted Waiver, CMS Control Number 4149

Dear Ms. Jones:

Enclosed is the Final Report and the Commonwealth's original evidence for the Centers for Medicare & Medicaid Services' (CMS) quality review of Virginia's Home and Community-Based Services (HCBS) Technology Assisted Waiver, CMS control number 4149. The Technology Assisted Waiver was designed to provide a choice of home and community-based services for aged or disabled or both technology dependent individuals with a hospital or nursing facility level of care who choose to remain in the community instead of placement in a hospital or nursing facility. The report is releasable to the public under the Freedom of Information Act. The CMS would like to thank the Commonwealth for its response to the draft report. The Commonwealth's responses to the CMS' findings and recommendations have been incorporated in the appropriate sections of the Final Report.

We found the Commonwealth was compliant with four of the six HCBS assurances but does not fully demonstrate two assurances, Qualified Providers and Service Plans. We would like to note that the Commonwealth has submitted acceptable corrective action plans. Recommendations for program improvement have been provided.

The Technology Assisted waiver will be combined with the receiving HCBS waiver, Commonwealth Coordinated Care Plus (CCC+), CMS control number 0321, effective June 30, 2017. The corrective actions that the Commonwealth will take to address the issues identified in this Quality Report should be continued under the CCC+ waiver.

We would like to express our sincere appreciation to the Virginia Department of Medical Assistance Services, Division of Long Term Care staff, who assisted in this process and provided information for this review. If you have any questions, please contact Ellen Reap at (215) 861-4735.

Sincerely,

Francis T. Mccullough -S

Digitally signed by Francis T. Mccullough -S
Date: 2017.06.14 14:37:42 -04'00'

Francis T. McCullough
Associate Regional Administrator

Enclosure

cc: Karen Kimsey, Complex Care and Services
Terry Smith, Division of Aging and Disability Services
Nichole Martin, Division of Long-Term Care
Sabrina Tillman-Boyd, DMCHO
Daphne Hicks, CMCS

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Region III

FINAL REPORT

Home and Community-Based Services Waiver Review
Virginia Technology Assisted Waiver Program
Control #4149

6/14/2017

I. Executive Summary

The Technology Assisted (TA) Waiver began in 1988 and was renewed for the period of July 1, 2013 to June 30, 2018. The TA Waiver is designed to provide care in a community setting for individuals who depend on technological support to substitute for a vital body function and require substantial, ongoing skilled nursing care. The requirement for a medical device to compensate for the loss of a vital body function may include one or more of the following categories.

* Individuals dependent at least part of each day on mechanical ventilators, and
* Individuals meeting specialized tracheotomy criteria.

Currently, there are 355 individuals receiving services through the waiver.

TA Waiver services include assistive technology, environmental modifications, personal care (only available to individuals over the age of 21), private duty nursing, respite, and transition services.

In order for individuals to receive TA Waiver services, the following criteria must be met:

The home and community-based care must be a medically appropriate and a cost-effective alternative to facility placement. Individuals must meet the level of care for an acute care hospital (under 21 years old), nursing facility, or be eligible for adult specialized care placement (age 21 and older). Additionally, the health and safety of the individual receiving services must be maintained in the home when the nurse or personal care aide is not present. The individual must have a trained, primary caregiver who provides at least 8 hours of care per day.

The Department of Medical Assistance Services (DMAS) is the SMA and operates the waiver. The DMAS Quality Improvement systems are designed to measure and improve performance in meeting waiver assurances and requirements. DMAS is committed to meeting all of the requirements set out by the Centers for Medicare and Medicaid Services (CMS) including the identified quality assurances. DMAS utilizes a quality management review process (QMR) as the main component of the quality assurance plan. Through this process TA waiver individual's records are reviewed based on performance measures that are aligned with the six assurances.

The QMR is performed by a DMAS Long Term Care (LTC) Division staff analyst who conducts on-site record review with providers. The analyst uses a QMR tool designed to capture data specific to each performance measure. Each performance measure has a DMAS LTC Division staff assigned to monitor it on an assigned frequency. DMAS staff are responsible for obtaining and analyzing data for each of the performance measures. The responsible staff members participate in quarterly Quality Improvement Team (QIT) meetings. As deficiencies are discovered, remediation is implemented as specified. If a compliance threshold of 98% is not met for a performance measure, it is brought for discussion to QIT. The team reviews trends, particularly in relation to remediation efforts. The QIT determines if system improvements are indicated and identifies strategies for implementation.

When system design changes are made, QIT staff are responsible for analyzing the effectiveness of the change relative to their areas of responsibility, and reporting back to the QIT. As a whole, the QIT reviews the trends and effectiveness of remediation and system changes and determines if further changes are indicated.

The quality strategy is evaluated annually, to ensure that the performance measures, data collection methods, and the quality strategy as a whole are effective and efficient in quantifying the success of meeting CMS assurances.

System improvements are communicated to our many stakeholders via multiple channels when they occur, depending on their nature. This includes distribution of a Medicaid Memo posted on the DMAS website and emailed to all affected providers, email blasts, and trainings offered on new systems improvements.

There are also opportunities for stakeholder participation and involvement in the decision making process associated with system improvements, plus word of mouth communication by field staff with providers, families and other interested parties. In addition, information is posted on the DMAS web site at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal.

Quality improvement is on-going and reviewed on a quarterly basis.

The Quality Review Report identified that two of the six Assurances were not demonstrated (C. Qualified Providers and D. Service Plans). The data submitted by the Commonwealth was subject to review using the pre-2014 guidance.

II. Summary of Findings and Recommendations

A. Administrative Authority

The state substantially demonstrates the assurance.

B. State Conducts Level of Care Determinations Consistent with the Need for Institutionalization

The state substantially demonstrates the assurance.

For the issues related to Sub-Assurance B-ii, the level of care of enrolled individuals is reevaluated at least annually or as specified in the approved waiver, the State provided evidence that the system error has been corrected. The State should monitor LOCERI system performance to ensure another error does not affect timely LOC evaluations.

C. Qualified Providers Serve Waiver Participants

The state does not demonstrate the assurance.

One of two applicable sub-assurances was not demonstrated and showed a negative trend. An acceptable plan of correction was submitted.

D. Service Plans are Responsive to Waiver Participant Needs

The state does not demonstrate the assurance.

Three of five Sub-Assurances were not demonstrated. An acceptable plan of correction was submitted.

G. Health and Welfare

The state substantially demonstrates the assurance.

I. Financial Accountability

The state substantially demonstrates the assurance.

III. Introduction

Pursuant to section 1915(c) of the Social Security Act, the Secretary of the Department of Health and Human Services has the authority to waive certain Medicaid statutory requirements to enable a state to provide a broad array of home and community-based services (HCBS) as an alternative to institutionalization. The Centers for Medicare & Medicaid Services (CMS) has been delegated the responsibility and authority to approve state HCBS waiver programs. CMS must assess each home and community based waiver program in order to determine that state assurances are met. This assessment also serves to inform CMS in its review of the state's request to renew the waiver.

Waiver Name:	Technology Assisted
State Medicaid Agency	Virginia Department of Medical Assistance Services
State Operating Agency:	Virginia Department of Medical Assistance Services, Division of Long-Term Care
State Waiver Contact:	Terry Smith Director Division of Long Term Care 600 East Broad Street, 10th Floor Richmond, Virginia, 23219 (804) 371-8490 terry.smith@dmas.virginia.gov
Target Population:	☐ Aged or Disabled, or Both – General ☐ Aged ☐ Disabled (Physical) ☐ Disabled (Other) ☒ Aged or Disabled, or Both – Specific Recognized Subgroups ☐ Brain Injury ☐ HIV/AIDS

	☐ Medically Fragile ☒ Technology Dependent ☐ Intellectual Disability or Developmental Disability, or Both ☐ Autism ☐ Developmental Disability ☐ Intellectual Disability ☐ Mental Illness ☐ Mental Illness ☐ Serious Emotional Disturbance **Additional Criteria:** N/A
Level of Care:	☒ Hospital ☒ Nursing Facility ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities **Additional Criteria** N/A
Effective Dates of Waiver:	July 1, 2013 through June 30, 2018
Actual Annual Per Capita Costs (CMS-372):	$151,105
Actual Unduplicated Number of Waiver Participants (CMS-372):	355
Approved Waiver Services:	1) Personal Care, 2) Respite (Skilled Private Duty Nursing), 3) Assistive Technology, 4) Environmental Modifications, 5) Private Duty Nursing, 6) Transition Services
CMS Contact:	Ellen Reap

	215-861-4735 Ellen.Reap@cms.hhs.gov

IV. Detailed Findings

A. Administrative Authority

The state must demonstrate that it retains ultimate administrative authority over the waiver program and that its administration of the waiver program is consistent with the approved waiver application. AUTHORITY: 42 CFR 441.303; 42 CFR 431; SMM 4442.6; SMM 4442.7.

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
A-i	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.	The state substantially demonstrates the sub-assurance.	100% compliance with the Performance Measure assessing this sub-assurance.	None	None	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:**

B. State Conducts Level of Care Determinations Consistent with the Need for Institutionalization

The state must demonstrate that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/ID. AUTHORITY: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.5

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
B-i	An evaluation for level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	The state substantially demonstrates the sub-assurance.	100% compliance with the Performance Measure assessing this sub-assurance.	None	None	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:**
B-ii	The level of care of enrolled individuals is reevaluated at least annually or as specified in the approved waiver. **[This sub-assurance only applies to waiver years regulated by the guidance in place prior to March 12, 2014.]**	The state does not fully or substantially demonstrate the sub-assurance, though there is evidence that may be clarified or readily addressed.	2016 data shows 235 LOC reviews were requested. 174 individuals (74%) received a LOC review within the required timeframe. LOC. The state reports that this was due to a failure of the LOCERI system to provide an automated notice to reviewers of the review due date in	Please provide additional specific test or other factual data on the current operability and effectiveness of the LOCERI notifications systems to demonstrate the effectiveness of the corrective actions taken. If the data does not clearly demonstrate that the changes to the LOCERI have corrected the problem, please provide a corrective action plan.	CMS Required Changes	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:** The State has demonstrated that the system error has been resolved and that ongoing compliance is being demonstrated.

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
			2 quarters and that this error has been corrected.			
B-iii	The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.	The state substantially demonstrates the sub-assurance.	Three PMs address this subassurance. Each showed 100% compliance.	None	None	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:**

State Response to the Draft Report:
The LOCERI system was corrected effective in the third quarter of FY 16. Current LOC data reveals 100% compliance (228/228) levels thus far in FY17.

C. Qualified Providers Serve Waiver Participants

The state must demonstrate that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers. AUTHORITY: 42 CFR 441.302; SMM 4442.4

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
C-i	The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other state standards prior to their furnishing waiver services.	The state substantially demonstrates the sub-assurance.	Three PMs address this subassurance. Two PMs had 100% compliance, the remaining PM dealt with provider compliance with background check requirements and had compliance of 92% to 96% with appropriate State remediation of non-compliance.	None	None	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:**
C-ii	The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.	The state substantially demonstrates the sub-assurance.	All providers are licensed. This sub-assurance is not applicable to this waiver	None	None	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:**

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
C-iii	The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.	The state does not demonstrate the sub-assurance.	The PM showed that for 2014 compliance with provider training requirements was 87%, for 2015 81% and for 2016 only 57%.	The State's remediation in 2014 and 2015 was not effective. **Please identify what specific elements of the training program were not met for each of the 82 instances of non-compliance cited for 2016. Please provide as much specific detail as possible related to each individual instance of non-compliance.** **Please provide data on all waiver participants during 2014, 2015, and 2016 in terms of number of hospitalizations, number of infections, number of aspirations, and number of deaths.** The State should submit a detailed plan to ensure that staff providing care to the vulnerable population served by the waiver have completed all required training prior to providing care. This is particularly critical since the Amendment approved in	CMS Required Changes	The state does not demonstrate the sub-assurance. **CMS Additional Comments:** While the State did not demonstrate the subassurance, an acceptable plan of correction has been submitted.

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
				September 2015 which permitted LPNs and RNs without ventilator or specialized care experience to successfully complete a comprehensive training program in order to meet provider qualifications. The plan should detail the safeguard implemented, monitoring by the state (frequency and responsible organization), and actions to be implemented if non-compliance is identified. As this waiver is being merged, these safeguards should be incorporated into the new waiver and PMs developed to specifically assess the aspects of this sub-assurance.		

State Response to the Draft Report:

QMR analysts measure compliance with provider training requirements by looking reviewing the Nursing Skills checklist form (DMAS 259) or other documentation found in personnel records. QMR analysts found most often, the non-compliance stemmed from incomplete nursing skills checklists. There were cases less frequently in which the skills checklist was not present in the staff member's personnel file. Upon further investigation, the analysts found that staff RNs and LPNs were indeed qualified to provide the services being rendered and provided technical assistance to providers on the correct way to document the qualifications.

Please note, during the period covered by this report, nurses were required to have at least six months experience providing skilled care as appropriate to the individual receiving care. The 2015 amendment referenced was recently implemented in August 2016, this time period was not included in the data in the original quality report.

DMAS does not collect data on the number of aspirations and infections for this waiver. Data related to hospitalizations by FY is reported below. As the population for this waiver is fragile, hospitalizations and deaths should not be assumed indicators of the quality of care received.

	Hospitalizations	Deaths
FY 14	130	26
FY 15	110	32
FY 16	106	33

Prior to developing the corrective action plan, DMAS took steps to assess program design and policies in order to identify areas in which systemic improvements could be made. The safeguards developed will assist in ensuring staff providing services to the waiver population meets all training requirements, prior to the start of care. The assessment findings, corrective actions, timeline and monitoring plan to assess compliance are included in the chart below.

Findings	**Corrective Action**	**Timeline**	**Monitoring Plan**
▪ Non-compliance due to incomplete skills checklists found in staff records. Fields indicating competency often not marked. ▪ Nursing Skills Checklist (DMAS 259) not required by regulation. ▪ Policy Manual grants authority for providers to create their own checklist with DMAS approval. ▪ DMAS 259 is a lengthy form with no explicit directions on proper completion. Unclear if form is to be completed in its entirety.	▪ Revise and streamline DMAS 259 to make it more intuitive; create instruction sheet for filling it out correctly. ▪ Modify CCC+ waiver regulations to requiring nursing skills to be documented on the DMAS 259. ▪ Incorporate DMAS 259. requirements into the CCC+ waiver policy manual including instructions on required fields. ▪ Develop modular training detailing PDN staff requirements including DMAS 259 documentation requirements.	5/17 - 6/17 4/17 - 10/17 5/17-6/17	Number and percent of provider agencies meeting provider staff training requirements. **Frequency:** On-going **Responsible Party:** DMAS and MCOs Number and percent of participants receiving PDN who experience a critical incident (including ventilator-associated pneumonia, central line infections, decubitus ulcers, UTI) in which appropriate action was taken. **Frequency:** On-going **Responsible Party:** DMAS and MCO

	▪ Train MCO care coordinators on requirements in ensuring provider staff training is appropriately documented.	6/17-12/17	When a provider experiences the first instance of non-compliance, immediate corrective action by the provider will be enforced through the quality improvement process. The second instance of non-compliance will result in a referral to the Virginia Department of Health and the DMAS Program Integrity Division.

D. Service Plans are Responsive to Waiver Participant Needs

The state must demonstrate that it has designed and implemented an adequate system for reviewing the adequacy of service plans for waiver participants. AUTHORITY: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.6; SMM 4442.7 SECTION 1915(C) WAIVER FORMAT, ITEM NUMBER 13

#	Sub-Assurance	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
D-i	Service plans address all individuals' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.	The state does not demonstrate the sub-assurance.	While a PM addressing the fact that each participant had a Service Plan in place showed full compliance, the PM addressing that the service plans are adequate and appropriate to their needs and personal goals, was not met	The State's remediation and quality improvement efforts during 2014 and 2015 were not effective as compliance with this sub-assurance has deteriorated significantly. This is particularly critical since the Amendment was approved in September 2015 which permitted LPNs and RNs without ventilator or specialized care experience to provide care for waiver	CMS Required Changes	The state does not demonstrate the sub-assurance. **CMS Additional Comments:** While the State did not demonstrate the subassurance, an acceptable plan of correction has been submitted.

#	Sub-Assurance	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
			in 2014 in 13% of the cases, in 2015 in 26% of the cases, and in 2016 in 30% of the cases.	individuals and this waiver is planned for merger into the EDCD waiver where fewer participants require similar advanced medical care. The state should develop a corrective action plan to address this significant risk area. The plan should detail the safeguard implemented, timelines, metrics to assess progress, specific monitoring by the state (frequency and responsible organization), and actions to be implemented if non-compliance is identified. As this waiver is being merged, these safeguards should be incorporated into the new waiver and PMs developed to specifically assess the aspects of this sub-assurance.		

#	Sub-Assurance	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
D-ii	The state monitors service plan development in accordance with its policies and procedures. **[This sub-assurance only applies to waiver years regulated by the guidance in place prior to March 12, 2014.]**	The state does not demonstrate the sub-assurance.	In 2014, compliance was 99%, in 2015 88% and in 2016 only 73%.	The State's efforts at improving performance have not been effective as this sub-assurance shows a strong trend of reduced quality. The state should develop a corrective action plan to address this significant risk area. The plan should detail the safeguard implemented, timelines, metrics to assess progress, specific monitoring by the state (frequency and responsible organization), and actions to be implemented if non-compliance is identified. As this waiver is being merged, these safeguards should be incorporated into the new waiver and PMs developed to specifically assess the aspects of this sub-assurance.	CMS Required Changes	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:** The State has submitted additional evidence showing FY 2016 compliance was 98%.
D-iii	Service plans are updated/revised at least annually or when warranted by changes in waiver individual needs.	The state does not demonstrate the sub-assurance.	Compliance for the three years ranged from 95% to 100% on the PM assessing revisions every 60 days. However, data was not collected during 2014 and 2015 on	The state has not demonstrated an ability to collect the data required for the PM assessing if the service plans are updated when warranted by changes in waiver individual needs. The state should develop a detailed plan for ensuring this data is	CMS Required Changes	The state does not demonstrate the sub-assurance. **CMS Additional Comments:** The state indicated that the correct data for 2016

#	Sub-Assurance	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
			the PM addressing revisions as needed and 2016 showed a smaller sample (approximately one third) than the PM required.	collected, assessed, monitored and acted upon. This should include a specific plan with timelines, deliverable products		showed 98% compliance. However for the PM with no data for FY14 and 15, the State's explanation that this data was collected under a different PM that measured other criteria does not adequately demonstrate the specific criteria being measured by a different PM. The State is reminded that the data for each PM should be collected for each PM in the approved waiver.
D-iv	Services are delivered in accordance with the service plan, including in the type, scope, amount, duration, and frequency specified in the service plan.	The state does not demonstrate the sub-assurance.	While several PMs were acceptable and the performance in 2014 and 2015 was acceptable, the percent of individuals who received services with the frequency specified in the service plan was 85% in 2016 and the scope of services provided in accordance with	The state should develop a corrective action plan to address this significant risk area. The plan should detail the safeguard implemented, timelines, metrics to assess progress, specific monitoring by the state (frequency and responsible organization), and actions to be implemented if non-compliance is identified. As this waiver is being merged, these safeguards should be incorporated into the new waiver and PMs developed to specifically	CMS Required Changes	The state does not demonstrate the sub-assurance. **CMS Additional Comments:** While the State did not demonstrate the subassurance, an acceptable plan of correction has been submitted.

#	Sub-Assurance	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
			the service plan was 89% in 2016.	assess the aspects of this sub-assurance.		
D-v	Participants are afforded choice between/among waiver services and providers. **[This sub-assurance only applies to waiver years regulated by the guidance issued March 12, 2014.]**	The state substantially demonstrates the sub-assurance.	The state had compliance with three PMs of 98% to 100% for each year.	None	None	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:**

State Response to the Draft Report:

The state conducted a systemic assessment of program regulations, policy, training, forms and reviewed QMR data to determine causal factors of non-compliance with service plan requirements. The service plan is most often captured on the CMS-485, this form includes all medical orders for the waiver individual and is signed by the physician.

The state consistently measured and collected data on the revision of service plans when warranted by an individual's needs. Prior to FY16, this data was captured in aggregate with the PM: Number and percent of service plans developed in accordance with the state's regulations and policies. The state recognized separated this measure in FY16, to adequately reflect the performance measure. Additionally, the FY16 sample size reported previously did not adequately reflect the state's efforts in measure the PM. The sample size was consistent with all other PMs for record review (155 records). The data originally reported the number of records that required an update or revision as the universe or the denominator and the numerator was the records in compliance. We would like to revise the report to

show the numerator for the measure to be 153 and the denominator 155 with a compliance rate of 98%. Data for the first two quarter of FY17 shows 37/39 (95% compliance)

The results of the systemic assessment, corrective action, timelines and monitoring plan are found in the chart below.

Assessment Findings	**Corrective Action**	**Timeline**	**Monitoring Plan - 86% compliance will be met**
D-i and D. ii: Service Plan Adequacy and Development ▪ Incomplete orders documented on the CMS 485, or agency developed plan of care tool ▪ Plan of care not developed consistent with manual ▪ Review of regulations and policy manuals adequately explains show the requirements for the development of the plan of care.	▪ All POCs for PDN will be reviewed by DMAS or MCO staff as appropriate; review will ensure all plans are complete, and adequately meets the waiver individual's needs. ▪ Develop new person centered service planning tool that captures all required elements of the service plan ▪ Develop modular based training addressing service plans	7/17-12/17	**PM:** Number and percent of waiver individuals who have service plans that are adequate and appropriate to their needs and personal goals, as indicated in the assessment. **Frequency:** On-going **Responsible Party:** DMAS and MCOs
D-iii: Service Plan Revised As Needed ▪ QMR tool did not lend itself to separately capturing data measuring how plans were revised when warranted by changes in the waiver individual's needs; this information was captured in FY14, 15 and FY16 under the PM addressing service plans updated/revised annually or when warranted. ▪ FY 16 – QMR tool was updated to capture compliance when changes were warranted ▪ FY16 sample size reflected only those plans that showed a change in the individual's condition.	▪ Recent data from QMR shows 95% compliance for FY 17 Q1 and Q2. ▪ The state reported the data for this measure to show the number of records that required an update or revision as the universe or the denominator and the numerator was the records in compliance. We would like to amend the original report to reflect 153/155 98% compliance.	Implemented	Number and percent of individuals whose service plan was revised as need, to address changing needs. **Frequency:** On-going **Responsible Party:** DMAS and MCOs

D.iv. Scope and Frequency ▪ Scope non-compliance largely as a result of tasks conducted that were not identified on the plan of care ▪ Frequency was cited as non-compliant when the documentation did not indicate the frequency in which the service was to be provided or if a service was not provided in the frequency as prescribed by the plan of care. QMR staff reports that non-compliance occurred mostly when the trained caregiver performed tasks identified in the plan of care but, there was no documentation by the provider indicating why there was no record of the provider performing the prescribed task.	▪ Develop modular based training addressing service plans ▪ Provide clarity provided in the policy manual and the modular training of the importance of documenting or modifying the plan of care when a task must be conducted that is not identified on the plan of care ▪ Provide clarity in the policy manual and modular training on documentation requirements when a task is not conducted by the provider.	4/17-6/17	Number and percent of individuals who received services in the scope specified in the service plan. **Frequency:** On-going **Responsible Party:** DMAS and MCOs Number and percent of individuals who received services in the frequency specified in the service plan. **Frequency:** On-going **Responsible Party:** DMAS and MCOs

G. Health and Welfare (post-2014)

The state must demonstrate it has designed and implemented an effective system for assuring waiver participant health and welfare.
AUTHORITY: 42 CFR 441.302; CFR 441.303; SMM 4442.4; SMM 4442.9
[This assurance and all the corresponding sub-assurances (G-i through G-iv) apply to the waiver years regulated by the guidance issued March 12, 2014].

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
G-i	The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation and unexplained death.	Select one.	Not applicable		Select one.	Select one. **CMS Additional Comments:** Not applicable
G-ii	The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.	Select one.	Not applicable		Select one.	Select one. **CMS Additional Comments:** Not applicable
G-iii	The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.	Select one.	Not applicable		Select one.	Select one. **CMS Additional Comments:** Not applicable

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
G-iv	The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.	Select one.	Not applicable		Select one.	Select one. **CMS Additional Comments:** Not applicable

G. Health and Welfare (pre-2014)

The state must demonstrate, on an ongoing basis, that it identifies, addresses, and seeks to prevent instances of abuse, neglect and exploitation. AUTHORITY: 42 CFR 441.302; CFR 441.303; SMM 4442.4; SMM 4442.9
[This assurance only applies to the waiver years regulated by guidance that was in place prior to March 12, 2014. There were no sub-assurances for this assurance under the prior guidance.]

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
G-i	On an ongoing basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.	The state substantially demonstrates the sub-assurance.	Compliance for each of 3 PMs was 100% in each year.	None	None	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:**

I. Financial Accountability

The state must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program. AUTHORITY: 42 CFR 441.302; 42 CFR 441.303; 42 CFR 441.308; 45 CFR 74; SMM 4442.8; SMM 4442.10

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
I-i	The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver	The state substantially demonstrates the sub-assurance.	Compliance was 100% in each year.	None	None	The state substantially demonstrates the sub-assurance. **CMS Additional Comments:**

#	Sub-Assurance Description	For Draft Report: CMS Determination	For Draft Report: CMS Justification	For Draft Report: Additional Information Requested	For Draft Report: CMS Recommendations or Required Changes	For Final Report: CMS Determination
	and only for services rendered.					
I-ii	The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle. **[This sub-assurance only applies to waiver years regulated by the guidance issued March 12, 2014.]**	This sub-assurance does not apply.			None	This sub-assurance does not apply. **CMS Additional Comments:**

Home and Community-Based Technology Assisted Waiver Fact Sheet

	VA.4149 Waiver Details
Waiver Name:	Technology Assisted
State Medicaid Agency:	Virginia Department of Medical Assistance Services
State Operating Agency:	Virginia Department of Medical Assistance Services, Division of Long-Term Care
State Waiver Contact:	Terry Smith
Local Operating Agencies:	Not Applicable
Target Population:	Technology Dependent
Level of Care:	Hospital and Nursing Facility
Effective Dates of Waiver:	July 1, 2013 through June 30, 2018
Concurrent Waiver Authority:	Not Applicable
Actual Annual Per Capita Costs (CMS-372):	Waiver Year # 1 (SFY 2014): $83,996
Actual Unduplicated Number of Waiver Participants (CMS-372):	[Waiver Year # 1 (SFY 2014): 373]
Approved Waiver Services:	Personal Care, Respite (Skilled Private Duty Nursing), Assistive Technology, Environmental Modifications, Private Duty Nursing, Transition Services
CMS Contact:	Ellen Reap, 215-861-4735, Ellen.Reap@cms.hhs.gov

Virginia State Medicaid Agency Oversight of the Technology Assisted Waiver

State Quality Improvement Project

The Technology Assisted (TA) Waiver began in 1988 and was renewed for the period of July 1, 2013 to June 30, 2018. The TA Waiver is designed to provide care in a community setting for individuals who depend on technological support to substitute for a vital body function and require substantial, ongoing skilled nursing care. The requirement for a medical device to compensate for the loss of a vital body function may include one or more of the following categories.

* Individuals dependent at least part of each day on mechanical ventilators, and
* Individuals meeting specialized tracheotomy criteria.

Currently, there are 275 individuals receiving services through the waiver.

TA Waiver services include assistive technology, environmental modifications, personal care (only available to individuals over the age of 21), private duty nursing, respite, and transition services.

In order for individuals to receive TA Waiver services, the following criteria must be met:

The home and community-based care must be a medically appropriate and a cost-effective alternative to facility placement. Individuals must meet the level of care for an acute care hospital (under 21 years old), nursing facility, or be eligible for adult specialized care placement (age 21 and older). Additionally, the health and safety of the individual receiving services must be maintained in the home when the nurse or personal care aide is not present. The individual must have a trained, primary caregiver who provides at least 8 hours of care per day.

The Department of Medical Assistance Services (DMAS) Quality Improvement systems are designed to measure and improve performance in meeting waiver assurances and requirements. DMAS is committed to meeting all of the requirements set out by the Centers for Medicare and Medicaid Services (CMS) including the identified quality assurances. DMAS utilizes a quality management review process (QMR) as the main component of the quality assurance plan. Through this process TA waiver individual's records are reviewed based on performance measures that are aligned with the six assurances.

The QMR is performed by a DMAS Long Term Care (LTC) Division staff analyst who conducts on-site record review with providers. The analyst uses a QMR tool designed to capture data specific to each performance measure. Each performance measure has a DMAS LTC Division staff assigned to monitor it on an assigned frequency. DMAS staff are responsible for obtaining and analyzing data for each of the performance measures. The responsible staff members participate in quarterly Quality Improvement Team (QIT) meetings. As deficiencies are discovered, remediation is implemented as specified. If a

compliance threshold of 98% is not met for a performance measure, it is brought for discussion to QIT. The team reviews trends, particularly in relation to remediation efforts. The QIT determines if system improvements are indicated and identifies strategies for implementation.

When system design changes are made, QIT staff are responsible for analyzing the effectiveness of the change relative to their areas of responsibility, and reporting back to the QIT. As a whole, the QIT reviews the trends and effectiveness of remediation and system changes and determines if further changes are indicated.

The quality strategy is evaluated annually, to ensure that the performance measures, data collection methods, and the quality strategy as a whole are effective and efficient in quantifying the success of meeting CMS assurances.

System improvements are communicated to our many stakeholders via multiple channels when they occur, depending on their nature. This includes distribution of a Medicaid Memo posted on the DMAS website and emailed to all affected providers, email blasts, and trainings offered on new systems improvements.

There are also opportunities for stakeholder participation and involvement in the decision making process associated with system improvements, plus word of mouth communication by field staff with providers, families and other interested parties. In addition, information is posted on the DMAS web site at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal.

Quality improvement is on-going and reviewed on a quarterly basis.

State Quality Management Activities

A QMR tool used by analyst has been fully automated and provides an objective review based on quantifiable measures that are consistently applied across all reviews and reviewers. The new tool provides the analyst prompts for standard actions based on the information entered during the review and instructs the analyst when to remediate deficiencies with technical assistance and corrective action plans based on the pre-determined standard for each performance measure increasing inter-rater reliability and standardizes reviews.

When deficiencies or instances of non-compliance are found, the analyst discusses the findings with the provider and provides technical assistance in the area. Technical Assistance is provider training that focuses on helping the provider come into compliance with program policies and regulations. During the technical assistance session, the provider has an opportunity to ask questions and get clarification on areas of difficulty. All providers receive technical assistance during the QMR exit interview. A final written response is issued to all providers detailing the findings of the QMR and includes recommendations to the provider.

When the deficiency is significant, the analyst may require the provider to develop a corrective action plan. The plan must include methods for remedying the areas of deficiency including timeframes to complete the actions. Corrective action plans must be submitted to DMAS for approval and it is approved within 30 days. A follow-up review is conducted with-in 45 days of the plan implementation to determine if the area of deficiency has been corrected.

In the event that the deficiency has not been corrected, the provider will receive additional technical assistance and in some cases, a new corrective action plan will be requested.

Other DMAS divisions also contribute to the quality monitoring process for the TA waiver. The Division of Program Operations ensures that standards for provider participation are met, and oversees provider enrollment. The Division of Program Integrity provides post payment audits and is responsible for recoupment of funds when necessary and for referring cases to the Medicaid Fraud Control Unit as appropriate.

Virginia's quality improvement process of discovery, remediation and action ensures continuing improvement. This evidence report includes data beginning in SFY 2014 and ending in SFY 2016.
Sample size for each fiscal year is determined by the enrollment for the January prior to the beginning of the Fiscal Year:

January 2013	7/1/13-6/30/14	FY14 - 351 individuals enrolled
January 2014	7/1/14-6/30/15	FY15 - 304 individuals enrolled
January 2015	7/1/15-6/30/16	FY16 - 297 individuals enrolled

A. Administrative Authority

The state must demonstrate that it retains ultimate administrative authority over the waiver program and that its administration of the waiver program is consistent with the approved waiver application. AUTHORITY: 42 CFR 441.303; 42 CFR 431; SMM 4442.6; SMM 4442.7.

Background

Virginia DMAS is the single State agency which maintains administrative and quality oversight of the Tech Waiver. DMAS contracts with the following entities:
1) Virginia Departments of Health and Social Services, through interagency agreements, to complete pre-admission screenings, including the dissemination of materials to potential waiver enrollees and assistance to individuals enrolling in the TA Waiver.
2) Keystone Peer Review Organization (KEPRO) is the DMAS services authorization (SA) contractor completing authorizations for all participants in the TA Waiver. Services requests are reviewed in relation to all waiver participants' plans of care to ensure that services are authorized within regulation and policy.
3) Xerox Corporation to perform all provider enrollment functions and for the management of the Virginia Medicaid Management Information System.

All services must be pre-authorized by the contractor and delivered in accordance with the participant's service plan. The average participant's expenditures for all waiver services shall not exceed the average Medicaid expenditures for nursing facility placement.

DMAS employs contract monitors to oversee the daily administrative operations of these contracted entities and to provide periodic evaluation of the outcomes and deliverables. Contract monitors are responsible for coordinating and overseeing the day-to-day delivery of services under the contract. DMAS contract monitors report any delivery failures or performance problems to the DMAS Contract Officer. Contract monitors ensure that contract terms and conditions are not extended, increased, or modified without proper authorization. In addition, contract monitors receive monthly, quarterly, and annual reports submitted ty the contractor in the format and timeframe specified in the contract.

DMAS contract monitors complete an evaluation of the contracted entity every six months. The six-month evaluations are submitted to the Office of Contract Management, which are maintained by the Office for five years. These evaluations are subject to yearly review by the State Auditor of Public Accounts. Contract monitors respond to each of the following evaluation measures in the six month evaluation:

- Has the contractor complied with all terms and conditions of the contract/interagency agreement during the period of the evaluation?
- Have deliverables required by the contract/interagency agreement been delivered on a timely basis?
- Has the quality of services required by the contract/interagency agreement been satisfactory during the evaluation period?
- From an overall standpoint, are you satisfied with the contractor/agency's performance?
- Where applicable, have all of the required Business Associate Agreement forms been completed and forwarded to the Office of Contract Management?

DMAS contract monitors, at each semi-annual contractor review, answer each of the questions and provide follow up information to address any concerns cited.

DMAS contract monitors may issue a request for corrective action plan at any time during the contract period when a contractor does not meet contract deliverables. Corrective action plans ensure deficiencies are remediated.

Sub-assurance A-i: 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.

Sub-assurance A-i (pre-2014 & post-2014)

Performance Measure:	Number and percent of satisfactory InterAgency Agreements (IAA) /Memoranda of Understanding (MOU) /contract evaluations.
Numerator:	N: # of satisfactory IAA/MOU/contract evaluations
Denominator:	D: Total # of IAA/ MOU/ contracts with entities performing functions related to the waiver
Description of Data Source:	Record Reviews, Onsite
Entity Responsible for Data Collection:	State Medicaid Agency (SMA)
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Semi-annually
Sampling Methodology:	100% Review

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	8	8	8
Sample Size:	4	4	4
% Compliant:	100%	100%	100%

State Analysis

For SFY 2014, 2015 and 2016 evidence was gathered for the four following interagency agreements/contracts: Virginia Department of Social Services, Virginia Department of Health, Xerox Corporation, and KEPRO.

The inter-agency agreements/contract evaluations occur every six months resulting in a total of eight reviews each SFY.

- **Virginia Department of Social Services**: Evaluation findings for SFYs 2014, 2015 and 2016 indicate that the agency consistently complied with all terms of the agreement. The contract monitor 100% of the time indicated overall satisfaction with the agency's performance.
- **Virginia Department of Health:** Evaluation findings for SFYs 2014, 2015 and 2016 indicate that the agency consistently complied with all terms of the agreement. The contract monitor 100% of the time indicated overall satisfaction with the agency's performance.
- **Xerox Corporation:** Evaluation findings for SFYs 2014, 2015 and 2016 indicate that the agency consistently complied with all terms of the agreement. The contract monitor 100% of the time indicated overall satisfaction with the agency's performance.
- **KEPRO:** Evaluation findings for SFYs 2014, 2015 and 2016 indicate that the agency consistently complied with all terms of the agreement. The contract monitor 100% of the time indicated overall satisfaction with the agency's performance.

Remediation
None Required
Quality Improvement Activities
None Required

B. State Conducts Level of Care Determinations Consistent with the Need for Institutionalization

The state must demonstrate that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, nursing facility, or intermediate care facility for persons with intellectual disabilities. AUTHORITY: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.5

Background
All individuals enrolled in the TA Waiver must meet the level of care of nursing facility, hospital, or medical long-term care facility. Prior to enrollment into the waiver, individuals for whom there is a reasonable indication that services may be needed in the future may request and receive an individual Level of Care (LOC) evaluation. This initial evaluation is conducted by a community or hospital based screening team. The community based teams are comprised of personnel from the local jurisdiction of the Department of Social Services and the Department of Health and includes a social worker, a registered nurse and a physician. Hospital-based teams are comprised of hospital staff, which may include a nurse,

discharge planner and attending physician. The social worker and nurse conducts a face-to-face assessment of the individual to determine their needs based on functional criteria, medical/nursing needs, and determines if the individual is "at risk" for placement into an institution in the absence of waiver services. This standardized assessment is documented on the Virginia Uniform Assessment Instrument (UAI), which guides the assessor in identifying the individual's appropriate level of care requirements based on medical needs and circumstances. The documentation of the face-to-face assessment is reviewed by the physician.

If services are warranted, each member of the team must sign the Medicaid Funded Long-Term Care Service Authorization form that identifies the level of care of the individual. The individual and their family are given a choice of institutional or waiver services. If the waiver is chosen, the team sends the UAI to DMAS where it is reviewed by a registered nurse. The RN contacts the individual and completes an age-appropriate objective scoring criteria tool to ensure the individual

DMAS registered nurses use the Virginia Uniform Assessment Instrument and an age-appropriate Objective Scoring Criteria Tool for all initial and annual re-evaluations, and are the final decision makers for the LOC eligibility determinations.

There are multiple mechanisms in place to ensure that individuals meet the appropriate level of care prior to waiver enrollment. Information from the UAI is entered into a secure portal that electronically validates the assessment ensuring it meets the required level of care. Once the individual chooses a provider, that provider also conducts an assessment to ensure the individual continues to meet the level of care required for the waiver. Only those individuals passing all of the validation checks are enrolled in the waiver.

In the event that the screening criteria is not met when entered into the secure portal, the assessment is rejected and the team has the opportunity to review the screening to make sure all fields were entered correctly. If the screening team determines that the documents were incorrectly completed, corrections are made and the assessment is resubmitted for processing. If the corrections validate that the waiver individual does meet the required level of care for the waiver, then the individual is enrolled into the waiver.

If the screening team determines that the individual does not meet the level of care required for the waiver, they may submit the information to DMAS TA waiver staff for a third level review. TA waiver staff will provide a final determination on whether waiver services may be authorized for the individual. In the event that the individual does not meet the criteria for the waiver, no waiver services are authorized and the individual or their representative is provided notification of their right to appeal.

DMAS conducts annual level of care reviews on all individuals enrolled in the waiver. During this review, the service provider completes the Level of Care Eligibility Review Instrument (LOCERI). This instrument documents functional status, medical/nursing needs and the physical health of the individual. Each provider enters the assessment information into the automated LOCERI system. This system performs an analysis of the information entered to determine if the individual continues to meet the level of care necessary for the waiver. In the event this electronic validation check determines that the individual no longer meets the criteria for services, the individual is referred to a Registered Nurse (RN) in the DMAS Division

of Long-Term Care for a higher level review. If it is determined that the waiver individual does not meet the criteria, the waiver individual is removed from the waiver and notified of their right to appeal.

Sub-Assurance B-i: An evaluation for level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

Sub-assurance B-i (pre-2014 & post-2014)

Performance Measure:	Number and percent of all new enrollees who have a level of care indicating a need for institutional/waiver services.
Numerator:	N: # of new enrollees who have level of care indicating institutional/waiver eligibility]
Denominator:	D: # of new enrollees
Description of Data Source:	Record Reviews, On-site
Entity Responsible for Data Collection:	State Medicaid Agency
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	State Medicaid Agency
Frequency of Data Aggregation:	Annually
Sampling Methodology:	100% Review

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	149	150	148
Sample Size:	149	150	148
% Compliant:	100%	100%	100%

State Analysis
In FY 14, the state enrolled 149 individuals in the TA waiver; in FY 15, 150 individuals were enrolled and in FY 16, 148 individuals were enrolled in the waiver. For each year, 100% of individuals met the level of care prior to enrollment in the waiver.
Remediation
No remediation required

Quality Improvement Activities
None required

Sub-Assurance B-ii: The level of care of enrolled individuals is reevaluated at least annually or as specified in the approved waiver.

Sub-assurance B-ii (pre-2014)

Performance Measure:	Number and percent of waiver participants who received an annual LOC evaluation of eligibility within 365 days of their initial LOC evaluation or within 365 days of their last annual LOC evaluation using the states approved form(s).
Numerator:	N: # of participants who received a LOC review within the required time frame
Denominator:	D: Total # LOC reviews completed.
Description of Data Source:	Record reviews, on-site
Entity Responsible for Data Collection:	State Medicaid Agency
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	State Medicaid Agency
Frequency of Data Aggregation:	Annually
Sampling Methodology:	100% Review

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	445	375	174
Sample Size:	445	375	235
% Compliant:	100%	100%	74%

State Analysis
In SFY 2014, 445 LOC reviews were requested. Of those reviews, 445 individuals (100%) received a LOC review within the required timeframe. In SFY 2015, 375 LOC reviews were requested. Of those reviews, 375 individuals (100%) received a LOC review within the required timeframe. In SFY 2016, 235 LOC reviews were requested. Of those reviews, 174 individuals (74%) received a LOC review within the required timeframe. LOC.
Remediation

In 2016, provider compliance with annual LOC evaluation of eligibility within 365 days of initial LOC evaluation was significantly below the required 100% of enrollees. DMAS, during its discovery process, found the causal factor to be due to a LOCERI system issue. DMAS experienced a technical issue that caused a problem in the automation process of notification to providers requesting LOC reviews when due. This system issue occurred during the third and fourth quarters and was not immediately discovered.
Quality Improvement Activities
LTC has worked with the internal Information Management (IM) Division to identify and correct system issues associated with the level of care process. To date all identified issues have been corrected and the system is functioning properly. DMAS continues to monitor the LOC system to ensure no additional defects are identified. If any additional defects occur, immediate corrective action will be taken.

Sub-Assurance B-iii: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.

Sub-assurance B-iii (pre-2014 & post-2014)

Performance Measure:	Number and percent of completed LOC forms entered into LOCERI system for standardized LOC review.
Numerator:	N: # of completed LOC forms entered into LOCERI system for standardized LOC review
Denominator:	D: Total # LOC reviews forms completed.
Description of Data Source:	Record Reviews, Onsite
Entity Responsible for Data Collection:	State Medicaid Agency
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	State Medicaid Agency
Frequency of Data Aggregation:	Semi-Annually
Sampling Methodology:	100% Review

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	445	375	174
Sample Size:	445	375	174
% Compliant:	100%	100%	100%

State Analysis

In SFY 2014, 445 LOC reviews were completed. Of those reviews 100% of LOC forms were entered into the system for standardized LOC review. In SFY 2015, 375 LOC reviews were completed. Of those reviews 100% of LOC forms were entered into the system for standardized LOC review. In SFY 2016, 174 LOC reviews were completed. Of those reviews 100% of LOC forms were entered into the system for standardized LOC review.
Remediation
None required
Quality Improvement Activities
None required

Sub-Assurance B-iii: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.

Sub-assurance B-iii (pre-2014 & post-2014)

Performance Measure:	Number and percent of LOC reviews that LOCERI indicate do not meet LOC criteria sent for higher level review (HLR).
Numerator:	N: # of LOC reviews that LOCERI indicate do not meet LOC criteria sent for higher level review (HLR).
Denominator:	D: Total # of LOC reviews that LOCERI indicate do not meet LOC criteria.
Description of Data Source:	Record Reviews, On-Site
Entity Responsible for Data Collection:	State Medicaid Agency
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	State Medicaid Agency
Frequency of Data Aggregation:	Annually
Sampling Methodology:	100% Review

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	6	4	15
Sample Size:	6	4	15
% Compliant:	100%	100%	100%

State Analysis

In SFY 2014, there were six LOC reviews that LOCERI indicated did not meet LOC criteria. Of those, six (100%) were sent for higher level review. In SFY 2015, there were four LOC reviews that LOCERI indicated did not meet LOC criteria. Of those, four (100%) were sent for higher level review. In SFY 2016, there were 15 LOC reviews that LOCERI indicated did not meet LOC criteria. Of those, 15 (100%) were sent for higher level review.
Remediation
None required
Quality Improvement Activities
None required

Sub-Assurance B-iii: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.

Sub-assurance B-iii (pre-2014 & post-2014)

Performance Measure:	Number and percent of waiver individuals who did not meet LOC criteria after HLR who were terminated from the waiver after completion of appeal process (if any).
Numerator:	N: # of waiver individuals who did not meet LOC criteria after HLR who were terminated from the waiver after completion of appeal process (if any).
Denominator:	D: Total # of waiver individuals who did not meet LOC criteria after HLR.
Description of Data Source:	Record Reviews, On-Site
Entity Responsible for Data Collection:	State Medicaid Agency
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	State Medicaid Agency
Frequency of Data Aggregation:	Annually
Sampling Methodology:	100% Review

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	0	0	0
Sample Size:	0	0	0
% Compliant:	100%	100%	100%

State Analysis

In SFY 2014, there were six LOC reviews that LOCERI indicated did not meet LOC criteria that were sent for higher level review. After higher level review, 0 individuals were found to not meet LOC criteria and 0 individuals were terminated from the waiver. In SFY 2015, there were four LOC reviews that LOCERI indicated did not meet LOC criteria that were sent for higher level review. After higher level review, 0 individuals were found to not meet LOC criteria and 0 individuals were terminated from the waiver. In SFY 2016, there were 15 LOC reviews that LOCERI indicated did not meet LOC criteria that were sent for higher level review. After higher level review, 0 individuals were found to not meet LOC criteria and 0 individuals were terminated from the waiver.
Remediation
None required
Quality Improvement Activities
None required

C. Qualified Providers Serve Waiver Participants

The state must demonstrate that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers. AUTHORITY: 42 CFR 441.302; SMM 4442.4

Background
DMAS assures that all providers of TA waiver services are qualified to meet the needs of the individuals in the waiver. In doing this, DMAS makes sure that all providers who enroll with Medicaid possess the necessary skills, competencies and qualifications prior to enrollment and prior to the provision of services to the individuals in their care. During the period of this evidence report, DMAS contracted with, Xerox Corporation to conduct provider enrollment functions. The vendor's role is to verify provider qualifications and ensure that provider applicants meet all required licensure and certification standards. Only those applicants meeting all the requirements will be provided a provider participation agreement. A provider participation agreement must be signed in order to enroll as a Medicaid provider. DMAS screens all providers for inclusion on the List of Excluded Individuals and Entities (LEIE). In addition, all agency providers must demonstrate the completion of criminal record checks for all staff as a part of the DMAS Provider Participation Agreement. Once enrolled, the provider is entered into the Virginia Medicaid Management System (MMIS), which verifies at the time of service authorization that the provider is enrolled by Medicaid to perform the requested service. System controls will prevent a service authorization or claims payment for TA waiver services if the provider does not have an active provider agreement at the time of service. When completing a quality management review, a minimum of 10 staff records are reviewed.

If there are not 10 employees who have provided services to the individuals in the review, then the number available are reviewed. DMAS QMR staff ensure the number of employees reviewed is commensurate to the number individuals reviewed in that waiver and service. Additionally, if the reviewer determines that there might be an issue with credentialing for a particular position, the sample may expand and more than 10 records will be reviewed.

Sub Assurance C-i: The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other state standards prior to their furnishing waiver services.

Sub-assurance C-i (pre-2014 & post-2014)

Performance Measure:	Number and percent of licensed/certified waiver agency provider enrollments for which appropriate licensure/certification were obtained in accordance with law and waiver requirements prior to service provision.
Numerator:	# New waiver agency provider enrollments with lic./cert. req. meeting all requirements before service provision.
Denominator:	Total # new enrolled waiver providers with lic./cert. requirements.
Description of Data Source:	Record reviews, onsite
Entity Responsible for Data Collection:	State Medicaid Agency
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA/Provider Enrollment Contractor
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	100% Review

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	443	352	305
Sample Size:	443	352	305
% Compliant:	100%	100%	100%

State Analysis
For FYs 14 - 16 DMAS enrolled 1,100 new waiver providers. DMAS conducted a review of all of these providers and 100% of these providers met the appropriate qualifications prior to service provision.

Remediation
None required
Quality Improvement Activities
None required

Sub Assurance C-i: The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other state standards prior to their furnishing waiver services.

Sub-assurance C-i (pre-2014 & post-2014)

Performance Measure:	Number and percent of licensed/certified provider agencies continuing to meet applicable licensure/certification following initial enrollment.
Numerator:	# licensed/certified providers continuing to meet applicable licensure/certification following initial enrollment.
Denominator:	Total # licensed/certified provider agencies reviewed.
Description of Data Source:	VAMMIS
Entity Responsible for Data Collection:	Other
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	100% Review

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	22	107	28
Sample Size:	22	107	28
% Compliant:	100%	100%	100%

State Analysis
In FY 14, 22 providers were reviewed to ensure continued compliance in licensure/certification following initial enrollment; in FY 15, 107 providers and in FY 16, 28 providers; During the review periods, DMAS found that each provider continued to meet licensure and certification standards in accordance with law and waiver requirements.
Remediation

None Required
Quality Improvement Activities
None Required

Sub Assurance C-i: The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other state standards prior to their furnishing waiver services.

Sub-assurance C-i (pre-2014 & post-2014)

Performance Measure:	# and % of lic/certified provider agency direct support staff who have criminal background checks as specified in policy/regulation with satisfactory results following initial enrollment.
Numerator:	# Lic./cert. provider direct support staff who have crim. background check w/ satisfactory results after initial enrollment.
Denominator:	Total # lic./cert. provider agency direct support staff records reviewed.
Description of Data Source:	Record Reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Less than 100% Review; Representative Sample, Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	102	76	179
Sample Size:	106	79	194
% Compliant:	96%	96%	92%

State Analysis

In SFY 2014 DMAS reviewed 106 staff records and found that in 102 instances (96%) provider staff had a criminal background check with satisfactory results per regulation. Instances of non-compliance resulted in remediation as detailed below.

In SFY 2015 DMAS reviewed 79 staff records and found that in 76 instances (96%) provider staff had a criminal background check with satisfactory results per regulation.

In SFY 2016 DMAS reviewed 194 staff records and found that in 179 instances (92%) provider staff had a criminal background check with satisfactory results per regulation.

Remediation

In SFY 2014 DMAS found four instances in which provider staff did not have a criminal background check with satisfactory results check per regulation. In response, the following remediation actions were taken:

- Technical assistance was provided during an exit interview to educate providers of the importance ensuring staff criminal background checks are satisfactorily documented.
- Corrective action plans were requested and approved by DMAS from three providers.
- All three providers demonstrated 100% compliance during DMAS follow-ups to the corrective action plans.

In SFY 2015 DMAS found three incidents in which provider staff records did not have a criminal background check with satisfactory results per regulation. In response, the following remediation actions were taken:

- Technical assistance was provided during an exit interview to educate the provider of the importance of ensuring staff meet the training requirements.
- A corrective action plans was requested and approved by DMAS from one provider.
- The provider demonstrated 100% compliance during DMAS follow-up to the corrective action plan.

In SFY 2016 DMAS found 15 instances in which provider staff records did not have a criminal background check with satisfactory results per regulation. In response, the following remediation actions were taken:

- Technical assistance was provided during an exit interview to educate the provider of the importance of ensuring staff meet the training requirements.
- Corrective action plans were requested and approved by DMAS from six providers.
- Follow-ups to the corrective action plans are currently in progress

Quality Improvement Activities

In addition to individual provider remediation activities, the DMAS took the following actions: SFY 2014: Updated regulations that included expanded content related to program requirements including staffing requirements. SFY 2015: Revised the TA wavier policy manual to encompass expanded content included in the 2014 regulations. SFY 2016: TA waiver nurses conducted regional, on-site comprehensive provider training. Staff qualifications was among the topics covered. Follow-up letters were sent to agencies found non-compliant during the QMR visit.

Sub-Assurance C-ii: The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

Sub-assurance C-ii (pre-2014 & post-2014)

Performance Measure:	Number and percent of new nonlicensed/noncertified individual provider enrollments, who initially met waiver provider qualifications.
Numerator:	# New nonlicensed/noncertified individual provider enrollments, who initially met waiver provider qualifications.
Denominator:	Total # new nonlicensed/noncertified individual provider enrollments.
Description of Data Source:	VAMMIS
Entity Responsible for Data Collection:	SMA/VAMMIS
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	100% Review

State Data	FY 14	FY 15	FY 16
Sample Universe Numerator			
Sample Size:	--	--	--
% Compliant:			

State Analysis
All TA waiver providers are licensed. This performance measure is not applicable.
Remediation (2016 only)

N/A
Quality Improvement Activities
N/A

Sub-Assurance C-iii: The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

Sub-assurance C-iii (pre-2014 & post-2014)

Performance Measure:	Number and percent of provider staff meeting provider staff training requirements.
Numerator:	# Provider staff meeting provider staff training requirements.
Denominator:	Total # provider staff records reviewed.
Description of Data Source:	Record Review, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample; Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	92	64	110
Sample Size:	106	79	192
% Compliant:	87%	81%	57%

State Analysis
In SFY 2014 DMAS reviewed 106 staff records and found that in 92 instances (87%) provider staff met provider training requirements. Instances of non-compliance resulted in remediation as detailed below. In SFY 2015 DMAS reviewed 79 staff records and found that in 64 instances (81%) provider staff met provider training requirements. In SFY 2016 DMAS reviewed 192 staff records and found that in 110 instances (57%) provider staff met provider training requirements.
Remediation

In SFY 2014 DMAS found 14 instances in which provider staff records did not meet provider training requirements. In response, the following remediation actions were taken:

- Technical assistance was provided during an exit interview to educate providers on the importance of meeting staff training requirements.
- DMAS requested and approved corrective action plans from seven providers.
- DMAS conducted follow-up reviews of the seven providers. Five providers were found 100% compliant during the first follow-up. Two providers required an additional follow-up visit. Both providers corrected non-compliance by the second follow-up visit.

In SFY 2015 DMAS found 15 instances in which provider staff records did not meet provider training requirements. In response, the following remediation actions were taken:

- Technical assistance was provided during an exit interview to educate providers on the importance of meeting staff training requirements.
- DMAS requested and approved corrective action plans from five providers.
- DMAS conducted follow-up reviews of the five providers. All five providers demonstrated 100% compliance upon follow-up.

In SFY 2016 DMAS found 82 instances in which provider staff records did not meet provider training requirements. In response, the following remediation actions were taken:

- Technical assistance was provided during an exit interview to educate providers on the importance of meeting staff training requirements.
- DMAS requested and approved corrective action plans from 17 providers.
- DMAS conducted follow-up reviews of seven providers; four of these providers demonstrated 100% compliance upon follow-up. Two providers will receive a second follow-up. DMAS is in progress of completing the remaining ten provider follow-ups.

Quality Improvement Activities

During the discovery process, DMAS found that in most cases, the non-compliance was due to incomplete documentation on the DMAS 259 Skills Checklists documented by the provider. The DMAS 259 documents provider staff experience, training, and qualifications.

In addition to individual provider remediation activities, the DMAS took the following actions:

SFY 14: DMAS recorded and posted a "Technology Assisted Waiver Highlights 2013" training for providers which included information regarding completion of the DMAS 259 Skills Checklist form and reviewed experience requirements for TW nurses. Additionally, DMAS posted revised TA Waiver regulations that included expanded content related to program policy and requirements including documentation of skills, experience, training, orientation, etc. of staff nurses on the DMAS 259 form.
DMAS also revised the DMAS 259 form to allow for more documentation of training, skills and clarified instructions on the use of the form by RN Supervisors.

SFY 15: DMAS posted an updated TA waiver policy manual that included policies and requirements including documentation of staff skills, experience, training, and orientation on the DMAS 259 form.

SFY16: DMAS submitted an amendment to CMS requesting a modification to the experience and training qualifications for providers of private duty nursing. This amendment permitted LPNs and RNs without ventilator or specialized care experience to successfully complete a comprehensive training program in order to meet provider qualifications. This change was implemented on August 1, 2016. A Medicaid Memo was issued to providers to provide notification of the change. Regulatory changes are currently under weigh.

D. Service Plans are Responsive to Waiver Participant Needs

The state must demonstrate that it has designed and implemented an adequate system for reviewing the adequacy of service plans for waiver participants. AUTHORITY: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.6; SMM 4442.7 SECTION 1915(C) WAIVER FORMAT, ITEM NUMBER 13

Background

For each individual, and prior to the start of TA waiver services, a service plan is developed. The service plan is developed by an RN employed by a Medicaid enrolled provider in conjunction with the individual, their family or caregivers, discharge planners, and physicians. Prior to developing the service plan, the individual is provided with information about their options including the services and supports available through the waiver. The individual chooses the services and supports required to meet their needs and desires.

The RN conducts a comprehensive assessment that incorporates information taken from the Uniform Assessment Instrument (UAI) completed by the Pre-Admission Screening (PAS) Team, and other relevant social, psychological, and medical information. During the assessment, the RN notes any special considerations for service provision and supports available to the individual as well as personal goals of the individual. The RN also identifies primary and back-

up caregivers who will provide care for at least eight hours each day as required by the waiver.

Based on the information gathered, the RN completes the CMS-485 (Home Health and Certification and Plan of Care) form. The CMS- 485 must be signed by the individual's primary care physician to authorize the services on the plan.

Sub-Assurance D-i: Service plans address all individuals' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Sub-assurance D-I (pre-2014 & post-2014)

Performance Measure:	Number and percent of waiver individuals who have a service plan in the record.
Numerator:	# of waiver individual's records who have a service plan.
Denominator:	Total # of waiver individual's records reviewed.
Description of Data Source:	Record reviews, on-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	173	101	155
Sample Size:	173	102	158
% Compliant:	100%	99%	98%

State Analysis
In SFY 2014 DMAS reviewed records of 173 waiver individuals and found that in 173 instances (100%) there was a service plan in the record. In SFY 2015 DMAS reviewed records of 102 waiver individuals and found that in 101 instances (99%) there was a service plan in the record. In SFY 2016 DMAS reviewed records of 158 waiver individuals and found that in 155 instances (98%) there was a service plan in the record.

Remediation
In SFY 2015 DMAS found one instance in which there was no service plan in the record. In response, the following remediation actions were taken: • Technical assistance was provided during an exit interview to educate the provider on the importance of meeting staff training requirements. • DMAS requested and approved a corrective action plans from one provider. • DMAS conducted a follow-up review and found the provider demonstrated 100% compliance with the performance measure. In SFY16 DMAS found three instances in which there were no service plans in the record. In response, the following remediation actions were taken: Technical assistance was provided during an exit interview to educate providers on the importance of meeting staff training requirements. • DMAS requested and approved a corrective action plans from three providers. • DMAS conducted a follow-up reviews and found that two providers demonstrated 100% compliance with the performance measure. A follow-up review has not been conducted for one provider.
Quality Improvement Activities
None required

Sub-assurance D-I (pre-2014 & post-2014)

Performance Measure:	Number and percent of waiver individuals who have service plans that are adequate and appropriate to their needs and personal goals, as indicated in the assessment.
Numerator:	# of individual records who have service plans that are adequate and appropriate to their needs and personal goals, as indicated in the assessment.
Denominator:	Total # of individual's records reviewed which include a service.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator:	150	75	109
Sample Size:	173	101	155
% Compliant:	87%	74%	70%

State Analysis
In SFY 2014 DMAS reviewed records of 173 waiver individuals that include a service plan and found that in 150 instances (87%) the service plan was adequate and appropriate to an individual's needs and personal goals, as indicated in the assessment in the record. In SFY 2015 DMAS reviewed records of 101 waiver individuals that include a service plan and found that in 75 instances (74%) the service plan was adequate and appropriate to an individual's needs and personal goals, as indicated in the assessment in the record. In SFY 2016 DMAS reviewed records of 155 waiver individuals that include a service plan and found that in 109 instances (70%) the service plan was adequate and appropriate to an individual's needs and personal goals, as indicated in the assessment in the record.
Remediation

In SFY 2014 DMAS found 23 instances in which the record of a waiver individual did not have a service plan that was adequate and appropriate to the individual's needs and personal goals, as indicated in the assessment in the record. In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved corrective action plans from four providers.
- Follow-up to the corrective action plans were conducted and DMAS found three providers in compliance. An additional follow up was conducted for one provider; the provider was found non-compliant with the measure and referred to the Program Integrity Division for further review.

In SFY 2015 DMAS found 26 instances in which the record of a waiver individual did not have a service plan that was adequate and appropriate to the individual's needs and personal goals, as indicated in the assessment in the record. In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved corrective action plans from four providers.

Follow-up to the corrective action plans were conducted and DMAS found all four providers in compliance with the measure.

In SFY 2016 DMAS found 54 instances in which the record of a waiver individual did not have a service plan that was adequate and appropriate to the individual's needs and personal goals, as indicated in the assessment in the record. In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved corrective action from 15 providers.
- DMAS conducted follow-ups for five providers; three providers demonstrated compliance with the measure. Additional follow ups will be conducted with two providers. Initial follow-ups will be conducted with the remaining ten providers.

Quality Improvement Activities

In addition to individual provider remediation activities, DMAS took the following actions:
SFY 2014: DMAS recorded and posted the "Technology Assisted Waiver Highlights 2013" training for providers. DMAS made revisions to the TA waiver regulations including expanded content related to program policy and requirements.
SFY 2015: DMAS updated the TA wavier policy manual to encompass expanded content included in the 2014 regulations.
SFY 2016: TA waiver nurses conducted regional, on-site comprehensive provider training. An E-blast campaign was initiated to inform TA waiver providers of the top four areas of non-compliance found during QMR visits. Additionally, TA waiver staff sent follow-up letters to agencies found non-compliant during the QMR visit.

Sub-Assurance D-ii: The state monitors service plan development in accordance with its policies and procedures.

Sub-assurance D-ii (pre-2014)

Performance Measure:	Number and percent of service plans developed in accordance with the State's regulations and policies.
Numerator:	# Service plans developed in accordance with State's regulations and policies.
Denominator:	Total # service plans reviewed.
Description of Data Source:	Record Reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	171	69	113
Sample Size:	173	78	155
% Compliant:	99%	88%	73%

State Analysis
In SFY 2014 DMAS reviewed records of 173 waiver individuals that include a service plan and found that in 171 instances (99%) the service plan was developed in accordance with the State's regulations and policies. In SFY 2015 DMAS reviewed records of 78 waiver individuals that include a service plan and found that in 69instances (88%) the service plan was developed in accordance with the State's regulations and policies. In SFY 2016 DMAS reviewed records of 155 waiver individuals that include a service plan and found that in 113 instances (73%) the service plan was developed in accordance with the State's regulations and policies.
Remediation

In SFY 2014 DMAS found two instances in which the service plan was not developed in accordance with the State's regulations and policies. In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved corrective action plans from two providers.
- Follow-up to the corrective action plans were conducted and DMAS found both providers in compliance with the performance measure.

In SFY 2015 DMAS found 11 instances in which the service plan was not developed in accordance with the State's regulations and policies. In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved corrective action plans from four providers.
- Follow-up to the corrective action plans were conducted and DMAS found all four providers in compliance with the performance measure.

In SFY 2016 DMAS found 42 instances in which the service plan was not developed in accordance with the State's regulations and policies. In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved corrective action plans from 12 providers.
- To date DMAS has conducted follow-ups for six providers; four providers demonstrated compliance with the measure. Additional follow ups will be conducted with two providers. Initial follow-ups will be conducted with the remaining six providers.

Quality Improvement Activities

In addition to individual provider remediation activities, DMAS took the following actions:

SFY 2014: DMAS recorded and posted the "Technology Assisted Waiver Highlights 2013" training for providers. DMAS made revisions to the TA waiver regulations including expanded content related to program policy and requirements.

SFY 2015: DMAS updated the TA wavier policy manual to encompass expanded content included in the 2014 regulations.

SFY 2016: TA waiver nurses conducted regional, on-site comprehensive provider training. An E-blast campaign was initiated to inform TA waiver providers of the top four areas of non-compliance found during QMR visits. Additionally, TA waiver staff sent follow-up letters to agencies found non-compliant during the QMR visit.

Sub-Assurance D-iii: Service plans are updated/revised at least annually or when warranted by changes in waiver individual needs.

Sub-assurance D-iii (pre-2014 & post-2014)

Performance Measure:	Number and percent of individuals whose service plan was updated/revised at least every 60 days, as specified in the Waiver application.
Numerator:	# of individuals whose service plan was updated/revised at least every 60 days.
Denominator:	Total # records reviewed which include a service plan.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	164	101	154
Sample Size:	173	101	155
% Compliant:	95%	100%	99%

State Analysis
In SFY 2014 DMAS reviewed records of 173 waiver individuals that include a service plan and found that in 164 instances (95%) the service plan was updated/revised at least every 60 days. In SFY 2015 DMAS reviewed records of 101 waiver individuals that include a service plan and found that in 101 instances (100%) the service plan was updated/revised at least every 60 days. In SFY 2016 DMAS reviewed records of 155 waiver individuals that include a service plan and found that in 154 instances (99%) the service plan was updated/revised at least every 60 days.
Remediation

In SFY 2016 DMAS found one instance in which the service plan was updated/revised at least every 60 days. In response, the following remediation actions were taken: • Technical assistance was provided during the exit interview • DMAS requested and approved corrective action plans from one provider. • Follow-up to the corrective action plan was conducted and DMAS found the provider non-compliant with the measure. A second follow-up will be conducted.
Quality Improvement Activities
None required

Sub-assurance D-iii (pre-2014 & post-2014)

Performance Measure:	Number and percent of individuals whose service plan was revised as needed, to address changing needs.
Numerator:	# individuals whose service plan was revised as needed, to address changing needs.
Denominator:	Total # individual service plans reviewed where the record indicated a change in needs.
Description of Data Source:	Record reviews, on-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	--	--	41
Sample Size:	--	--	43
% Compliant:	--	--	95%

State Analysis
In SFY 2014 and SFY 2015 DMAS was not successful in capturing adequate data on this measure. QMR analyst often assessed this measure within the previous performance measure ensuring plans were updated at least every 60 days. The QMR tool was revised during the second quarter of SFY 2016 and information was provided to analyst on the correct way to capture data for the measure. The sample size for FY 2016 is lower than that of other measure due to the timing of QMR tool revision. In SFY 2016 DMAS reviewed records of 43 waiver individuals that included a service plan and found that in 41 instances (95%) the service plan was revised as needed.
Remediation

In SFY 2016 DMAS found two instances in which the service plan was not revised as needed to address changing needs. In response, the following remediation actions were taken: • Technical assistance was provided during the exit interview • DMAS requested and approved a corrective action plan from one provider. • Follow-up to the corrective action plan was conducted and DMAS found the provider compliant with the measure.
Quality Improvement Activities
DMAS QIT had on-going discussions to determine the best way to capture the data. During SFY 2016, the QMR tool was revised and the QMR supervisor provided training to all QMR analysts on the correct procedure to use when determining compliance with the measure. The QMR supervisor continues to monitor this performance measure and data collected by the analyst.

Sub-Assurance D-iv: Services are delivered in accordance with the service plan, including in the type, scope, amount, duration, and frequency specified in the service plan.

Sub-assurance D-iv (pre-2014 & post-2014)

Performance Measure:	Number and percent of individuals who received services of the type specified in the service plan.
Numerator:	# Individuals who received services of the type specified in the service plan.
Denominator:	Total # records reviewed which include a service plan.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	173	101	154
Sample Size:	173	101	156
% Compliant:	100%	100%	99%

State Analysis

In SFY 2014 DMAS reviewed 173 service plans and found 173 instances (100%) in which individuals received services of the type specified in the service plan. In SFY 2015 DMAS reviewed 101 service plans and found 101 instances (100%) in which individuals received services of the type specified in the service plan. In SFY 2016 DMAS reviewed 156 service plans and found 154 instances (99%) in which individuals received services of the type specified in the service plan
Remediation
In SFY 2016 DMAS found two instances in which the individuals did not receive services of the type specified in the service plan. In response, the following remediation actions were taken: • Technical assistance was provided during the exit interview • DMAS requested and approved a corrective action plan from two providers. • DMAS conducted an initial follow-up with one provider. The provider was found non-compliant with the measure. A second follow-up will be conducted. An initial follow-up will be conducted with the other provider.
Quality Improvement Activities
None required

Sub-assurance D-iv (pre-2014 & post-2014)

Performance Measure:	Number and percent of individuals who received services in the scope specified in the service plan.
Numerator:	# individuals who received services in the scope specified in the service plan.
Denominator:	Total # records reviewed which include a service plan.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence =95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	172	99	139
Sample Size:	173	101	156
% Compliant:	99%	98%	89%

State Analysis
In SFY 2014 DMAS reviewed 173 service plans and found 172 instances (99%) in which individuals received services in the scope specified in the service plan. In SFY 2015 DMAS reviewed 101 service plans and found 99 instances (98%) in which individuals received services in the scope specified in the service plan. In SFY 2016 DMAS reviewed 156 service plans and found 139 instances (89%) in which individuals received services in the scope specified in the service plan
Remediation

In SFY 2014 DMAS found one instance in which the individual did not receive services in the scope specified in the service plan.
In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved a corrective action plan from one provider.
- DMAS conducted a follow-up with one provider in which the provider was found to be in compliance.

In SFY 2015 DMAS found two instances in which the individual did not receive services in the scope specified in the service plan.
In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved a corrective action plan from one provider.
- DMAS conducted a follow-up with one provider in which the provider was found to be in compliance

In SFY 2016 DMAS found 17 instances in which the individual did not receive services in the scope specified in the service plan.
In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved a corrective action plan from seven providers.
- DMAS conducted initial follow-ups with one provider. The provider was found non-compliant with the measure. A second follow-up will be conducted. Initial follow-ups will be conducted with the other six providers.

Quality Improvement Activities

The QIT reviewed and discussed data from SFY 2016. As a result, TA waiver nurses sent follow-up letters to the specific agencies falling below the established threshold for the measure. Future training efforts will address the importance of providing services in the scope specified on the service plan.

Sub-assurance D-iv (pre-2014 & post-2014)

Performance Measure:	Number and percent of individuals who received services in the amount specified in the service plan.
Numerator:	# individuals who received amount specified in the service plan.
Denominator:	Total number records reviewed which include a service plan
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	173	101	155
Sample Size:	173	101	156
% Compliant:	100%	100%	99%

State Analysis
In SFY 2014 DMAS reviewed 173 service plans and found 173 instances (100%) in which individuals received services in the amount specified in the service plan. In SFY 2015 DMAS reviewed 101 service plans and found 101 instances (100%) in which individuals received services in the amount specified in the service plan. In SFY 2016 DMAS reviewed 156 service plans and found 155 instances (99%) in which individuals received services in the amount specified in the service plan.
Remediation
In SFY 2016 DMAS found one instances in which the individual did not receive services in the amount specified in the service plan. In response, the following remediation actions were taken: • Technical assistance was provided during the exit interview • DMAS requested and approved a corrective action plan from one provider. • DMAS conducted an initial follow-up with the provider. The provider was found non-compliant with the measure. A second follow-up will be conducted.
Quality Improvement Activities
None Required

Sub-assurance D-iv (pre-2014 & post-2014)

Performance Measure:	Number and percent of individuals who received services for the duration specified in the service plan.
Numerator:	# individuals who received services for the duration, specified in the service plan.
Denominator:	Total # records reviewed which include a service plan.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	173	101	155
Sample Size:	173	101	156
% Compliant:	100%	100%	99%

State Analysis
In SFY 2014 DMAS reviewed 173 service plans and found 173 instances (100%) in which individuals received services for the duration specified in the service plan. In SFY 2015 DMAS reviewed 101 service plans and found 101 instances (100%) in which individuals received services for the duration specified in the service plan. In SFY 2014 DMAS reviewed 156 service plans and found 155 instances (99%) in which individuals received services for the duration specified in the service plan.
Remediation
In SFY 2016 DMAS found one instances in which the individual did not receive services for the duration specified in the service plan. In response, the following remediation actions were taken: • Technical assistance was provided during the exit interview • DMAS requested and approved a corrective action plan from one provider. • DMAS conducted an initial follow-up with the provider. The provider was found non-compliant with the measure. A second follow-up will be conducted.

Quality Improvement Activities
None required

Sub-assurance D-iv (pre-2014 & post-2014)

Performance Measure:	Number and percent of individuals who received services in the frequency specified in the service plan.
Numerator:	Number individuals who received services in the frequency specified in the service plan.
Denominator:	Total # records reviewed which include a service.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	169	100	132
Sample Size:	173	101	156
% Compliant:	98%	99%	85%

State Analysis
In SFY 2014 DMAS reviewed 173 service plans and found 169 instances (98%) in which individuals received services in the frequency specified in the service plan. In SFY 2015 DMAS reviewed 101 service plans and found 100 instances (99%) in which individuals received services in the frequency specified in the service plan. In SFY 2016 DMAS reviewed 156 service plans and found 132 instances (85%) in which individuals received services in the frequency specified in the service plan.
Remediation

In SFY 2014 DMAS found four instances in which the individual did not receive services in the frequency specified in the service plan.
In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved a corrective action plan from one provider.
- DMAS conducted a follow-up with the provider in which the provider was found to be in compliance with the measure.

In SFY 2015 DMAS found one instance in which the individual did not receive services in the frequency specified in the service plan.
In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved a corrective action plan from one provider.
- DMAS conducted an follow-up with the provider in which the provider was found to be in compliance with the measure

In SFY 2016 DMAS found 24 instances in which the individual did not receive services in the frequency specified in the service plan.
In response, the following remediation actions were taken:

- Technical assistance was provided during the exit interview
- DMAS requested and approved a corrective action plan from nine providers.
- DMAS conducted initial follow-ups with four providers in which three were found to be in compliance with the measure. A second follow-up will be conducted with one provider. Initial follow-ups will be scheduled for five providers.

Quality Improvement Activities

The QIT reviewed and discussed data from SFY 2016. As a result, TA waiver nurses sent follow-up letters to the specific agencies falling below the established threshold for the measure. Future training efforts will address the importance of providing services in the frequency specified on the service plan.

Sub-Assurance D-v: Participants are afforded choice between/among waiver services and providers.

Sub-assurance D-v (pre-2014)

Performance Measure:	Number and percent of individuals whose records contain an appropriately completed and signed form that specifies choice was offered between institutional care and waiver services.
Numerator:	Total # of records that contain documentation of choice between institutional care and waiver services.
Denominator:	Total # of records reviewed.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	173	102	157
Sample Size:	173	102	158
% Compliant:	100%	100%	98%

State Analysis
In SFY 2014 DMAS reviewed 173 records and found 173 instances (100%) containing documentation of choice between institutional care and waiver services. In SFY 2015 DMAS reviewed 102 records and found 102 instances (100%) containing documentation of choice between institutional care and waiver services. In SFY 2016 DMAS reviewed 158 records and found 157 instances (99%) containing documentation of choice between institutional care and waiver services.
Remediation

In SFY 2016 DMAS found one instance in which documentation of choice between institutional care and waiver services was not in the record. In response, the following remediation actions were taken: • Technical assistance was provided during the exit interview • DMAS requested and approved a corrective action plan from one provider. • DMAS conducted a follow-up with the provider and found the provider in compliance with the measure.
Quality Improvement Activities
None Required

Sub-assurance D-v (pre-2014)

Performance Measure:	Number and percent of individuals whose records contain an appropriately completed and signed form that specifies choice was offered among waiver services.
Numerator:	Total # of records that contain documentation of choice among waiver services.
Denominator:	Total # of records reviewed.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	173	102	157
Sample Size:	173	102	158
% Compliant:	100%	100%	99%

State Analysis

In SFY 2014 DMAS reviewed 173 records and found 173 instances (100%) containing documentation of choice among waiver services. In SFY 2015 DMAS reviewed 102 records and found 102 instances (100%) containing documentation of choice among waiver services. In SFY 2016 DMAS reviewed 157 records and found 158 instances (99%) containing documentation of choice among waiver services.
Remediation
In SFY 2016 DMAS found one instance in which documentation of choice among waiver services was not in the record. In response, the following remediation actions were taken: • Technical assistance was provided during the exit interview • DMAS requested and approved a corrective action plan from one provider. • DMAS conducted a follow-up with the provider and found the provider in compliance with the measure.
Quality Improvement Activities
None required

Sub-assurance D-v (pre-2014)

Performance Measure:	Number and percent of individuals whose records documented that choice of waiver providers was provided to the individual.
Numerator:	Total # of records that contain documentation that choice of the waiver providers was offered to the individual.
Denominator:	Total # of case management records reviewed.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence = 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	173	102	157
Sample Size:	173	102	158
% Compliant:	100%	100%	100%

State Analysis
In SFY 2014 DMAS reviewed 173 records and found 173 instances (100%) containing documentation of choice among waiver provider. In SFY 2015 DMAS reviewed 102 records and found 102 instances (100%) containing documentation of choice among waiver provider. In SFY 2016 DMAS reviewed 157 records and found 158 instances (99%) containing documentation of choice among waiver provider.
Remediation
In SFY 2016 DMAS found one instance in which documentation of choice among waiver services was not in the record. In response, the following remediation actions were taken: • Technical assistance was provided during the exit interview • DMAS requested and approved a corrective action plan from one provider. • DMAS conducted a follow-up with the provider and found the provider in compliance with the measure.
Quality Improvement Activities
None required

G. Health and Welfare [pre-2014]

The state must demonstrates, on an ongoing basis, that it identifies, addresses, and seeks to prevent instances of abuse, neglect and exploitation. AUTHORITY: 42 CFR 441.302; CFR 441.303; SMM 4442.4; SMM 4442.9

Background
The Virginia Department of Social Services (VDSS) and the Department of Aging and Rehabilitative Services (DARS) are the state agencies responsible for receiving and investigating all reports of critical incidents of abuse, neglect or exploitation for children and adults. VDSS has dedicated staff at the local and state levels for these programs. Both agencies have staff dedicated at the local and state level for these programs. Any person may voluntarily report suspected "abuse, neglect and exploitation" (in various forms) to DARS offices of Adult Protective Services (APS) or VDSS Child Protective Services (CPS). The Code of Virginia requires those designated as mandated reporters, including Medicaid service providers, to immediately report any suspected instances of abuse, neglect, or exploitation of adults and children (§ 63.2-1606 and §63.2-1509, respectively) to the local department of social services, VDSS, DARS or the protective services hotline. There is a civil penalty for failure to report at first suspicion. Other state agencies having licensing responsibilities also monitor allegations of abuse, neglect or exploitation including the Virginia Departments of Health, and the Department of Health Professions. All DMAS Long-Term Care Division staff are required to complete a standardized annual training on identifying and reporting adult or child abuse and neglect. In addition, a DMAS employed registered nurse conducts an initial assessment as well as semi-annual follow up visits with each individual. This visit provides an additional level of oversight to ensure the individual's health and welfare.

The TA Waiver renewal in 2013 continued the DMAS and VDSS initiative to share protective service data as it relates to waiver individuals. This data sharing initiative, also known as the DataBridge, allows DMAS to run monthly reports on reported allegations of abuse, neglect and exploitation of TA waiver individuals. This data helps DMAS identify incidents of abuse, neglect and exploitation and to identify trends and a need for targeted prevention initiatives.

Sub-Assurance G-i: On an ongoing basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.

Sub-assurance G-i (pre-2014)

Performance Measure:	Number and percent of waiver individual's records with indications of abuse, neglect or exploitation documenting appropriate actions taken.
Numerator:	# of individual's records with indications of abuse, neglect or exploitation documenting appropriate actions taken.
Denominator:	Total # of individual's records with indications of abuse, neglect or exploitation.
Description of Data Source:	Record review, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	1	0	2
Sample Size:	1	0	2
% Compliant:	100%	100%	100%

State Analysis

In SFY 2014 DMAS reviewed 173 records and found one record with indications of abuse, neglect or exploitation. This record contained documentation that appropriate actions were taken. In SFY 2015 DMAS reviewed 101 records and found no records with indications of abuse, neglect or exploitation. In SFY 2016 DMAS reviewed 158 records and found two records with indications of abuse, neglect or exploitation. Both records contained documentation that appropriate actions were taken.
Remediation
None required
Quality Improvement Activities
None required

Sub-assurance G-i (pre-2014)

Performance Measure:	Number and percent of waiver individual's records with indications of safety concerns documenting appropriate actions taken.
Numerator:	# of individual's records with indications of safety concerns documenting appropriate actions taken.
Denominator:	Total # of individual's records with indications of safety concerns.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Quarterly
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	1	2	1
Sample Size:	1	2	1
% Compliant:	100%	100%	100%

State Analysis

In SFY 2014 DMAS reviewed 173 records and found one record with indications of safety concerns. This record contained documentation that appropriate actions were taken. In SFY 2015 DMAS reviewed 101 records and found two records with indications of safety concerns. Both records contained documentation that appropriate actions were taken. In SFY 2016 DMAS reviewed 158 records and found two records with indications of safety concerns. Both records contained documentation that appropriate actions were taken.
Remediation
None required
Quality Improvement Activities
None required

Sub-assurance G-i (pre-2014)

Performance Measure:	Number and percent of waiver individual's records with indications of risk in the physical environment documenting appropriate actions taken.
Numerator:	# of individual's records with indications of risk in the physical environment documenting appropriate actions taken.
Denominator:	Total # of individual's records with indications of risk in the physical environment.
Description of Data Source:	Record reviews, off-site
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Quarterly
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	Representative Sample, Confidence 95%, 5%

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	1	2	1
Sample Size:	1	2	1
% Compliant:	100%	100%	100%

State Analysis

In SFY 2014 DMAS reviewed 173 records and found one record with indications of risk in the physical environment. This record contained documentation that appropriate actions were taken. In SFY 2015 DMAS reviewed 101 records and found two records with indications of risk in the physical environment. Both records contained documentation that appropriate actions were taken. In SFY 2016 DMAS reviewed 158 records and found two records with indications of risk in the physical environment. Both records contained documentation that appropriate actions were taken.
Remediation
None required
Quality Improvement Activities
None required

I. Financial Accountability

The state must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program. AUTHORITY: 42 CFR 441.302; 42 CFR 441.303; 42 CFR 441.308; 45 CFR 74; SMM 4442.8; SMM 4442.10

Background
The Virginia Medicaid Management Information System (VaMMIS) has built in controls (system edits) to ensure provider billings are in accordance with state and federal regulations prior to claims being approved for payment. System edits assure that, when claims are paid, the individual receiving waiver services is Medicaid eligible at the time the services were rendered and the services being billed are approved services for that individual. All services must be pre-authorized by the contracted service authorization entity, which includes a review of the VaMMIS eligibility file to ensure the individual is enrolled in the TA Waiver prior to service authorization. Prior to payment, all claims are processed using automated edits in the VaMMIS that: • Checks for a valid service authorization • Verifies there is no duplicate billing • Verifies that the provider submitting the claim has a valid participation agreement with DMAS • Checks for valid service coding and any service limits • Verifies individuals' eligibility DMAS ensures financial integrity and accountability through multiple processes occurring across several divisions. The Fiscal and Purchases Division is responsible for timely and accurate processing and recording of financial transactions to include collection of provider and recipient overpayments. DMAS undergoes an annual independent audit through the Virginia Auditor of Public

Accounts, to ensure compliance with state and federal accounting practices. The Virginia Auditor of Public Accounts is the entity responsible for conducting the periodic independent audit of the waiver program under the provisions of the Single Audit Act. DMAS is also subject to audits from CMS through the medical integrity audits.

Sub assurance I-i: The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

Sub-assurance I-i (pre-2014 & post-2014)

Performance Measure:	Number and percent of adjudicated waiver claims that were submitted using the correct rate as specified in the waiver application.
Numerator:	# of adjudicated claims submitted using the correct rate.
Denominator:	Total # of adjudicated claims.
Description of Data Source:	Financial records (including expenditures)
Entity Responsible for Data Collection:	SMA
Frequency of Data Collection:	Quarterly, Continuously and Ongoing
Entity Responsible for Data Aggregation:	SMA
Frequency of Data Aggregation:	Quarterly
Sampling Methodology:	100% Review

State Data	**FY 14**	**FY 15**	**FY 16**
Sample Universe Numerator	126,137	122,816	122,098
Sample Size:	126,137	122,816	122,098
% Compliant:	100%	100%	100%

State Analysis
In SFY 14, DMAS adjudicated 126,137 financial claims, 100% of claims were submitted using the correct rate. In SFY 15, DMAS adjudicated 122,816 financial claims, 100% of claims were submitted using the correct rate. In SFY 16, DMAS adjudicated 122,098 financial claims, 100% of claims were submitted using the correct rate.
Remediation
None required

Quality Improvement Activities
None required