

# Community Pathways Waiver

## Appendix A: Waiver Administration and Operation

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### 1. State Line of Authority for Waiver Operation. Specify the state line of authority for the operation of the waiver (*select one*):

**X The waiver is operated by the state Medicaid agency.**

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one*):

☐ **The Medical Assistance Unit.**

Specify the unit name:

*(Do not complete item A-2)*

**X Another division/unit within the state Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

The Developmental Disabilities Administration (DDA)

*(Complete item A-2-a).*

☐ **The waiver is operated by a separate agency of the state that is not a division/unit of the Medicaid agency.**

Specify the division/unit name:

In accordance with 42 CFR § 431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to Centers for Medicare and Medicaid Services upon request. *(Complete item A-2-b).*

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## 2. Oversight of Performance.

### a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.**

When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:

The Maryland Department of Health is the Single State Medicaid Agency authorized to administer Maryland's Medical Assistance Program. Maryland Department of Health's Office of Long-Term Services and Supports is the Medicaid unit within the State Medicaid Agency that oversees the Community Pathways Waiver. In this capacity, the Office of Long-Term Services and Supports oversees the performance of the DDA, which is the Operating State Agency (OSA) for the Waiver program. The Office of Long-Term Services and Supports serves as the point of contact with the Centers for Medicare and Medicaid Services (CMS) with programmatic expertise and support provided by the DDA.

The DDA is responsible for the day-to-day operations of administering this Waiver program, including, but not limited to, facilitating the waiver application process to enroll into this Waiver program, reviewing and approving applications for potential providers, reviewing and monitoring claims for payment, and assuring participants receive quality care and services, based on the assurance requirements set forth in this waiver. The DDA is responsible for collecting, trending, prioritizing, and determining the need for system improvements.

The Office of Long-Term Services and Supports will meet regularly with the DDA to discuss waiver performance and quality enhancement opportunities with respect to this Waiver program. The DDA will provide the Office of Long-Term Services and Supports with regular reports on program performance. In addition, the Office of Long-Term Services and Supports will review all policies issued related to this Waiver program. The Office of Long-Term Services and Supports will continually monitor the DDA's performance and oversight of all delegated functions through a data-driven approach. The Office of Long-Term Services and Supports and the DDA meet monthly and more frequently on topic specific items. If any issues are identified, the Office of Long-Term Services and Supports will work collaboratively with the DDA to remediate such issues and to develop successful and sustainable system improvements. Office of Long-Term Services

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and Supports and the DDA will develop solutions, guided by the required Waiver program assurances and the needs of Waiver program participants. The Office of Long-Term Services and Supports will provide guidance to the DDA regarding recommended changes in policies, procedures, and systems.

A detailed Interagency Agreement outlines the roles and responsibilities related to Waiver program operation and those functions of the division within the Office of Long-Term Services and Supports with operational and oversight responsibilities.

**b. Medicaid Agency Oversight of Operating Agency Performance.**

When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

**As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the state. Thus, this section does not need to be completed.**

3. **Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

**X Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable)**

Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*

As further described below, the DDA currently contracts with community organizations for assistance and services in the following areas:

1. Participant Waiver Application

The DDA certifies independent community-based organizations and local health departments to provide Coordination of Community Services to perform intake

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activities, including taking applications to participate in the Waiver program and referrals to county, local, State, and federal programs, and resources.

## 2. Support Intensity Scale (SIS)®

The DDA contracts with an independent community organization to conduct the Support Intensity Scale (SIS) ®. The SIS® is an assessment of a participant's needs to support independence. It focuses on the participant's current level of support needs, instead of focusing on skills or abilities they may not currently demonstrate. The Coordinators of Community Service use each completed SIS® as a planning guide in the development of the participant's Person-Centered Plan.

## 3. Quality Assurance

The DDA contracts with independent community organizations to conduct and analyze results from the National Core Indicator (NCI) surveys.

## 4. System Training

The DDA contracts with independent community organizations to provide trainings for individuals, their family members, community providers, Coordinators of Community Services, Support Brokers, DDA staff, and others related to various topics to support service delivery (e.g., person-center planning), health and welfare (e.g., choking prevention), and workforce development (e.g., alternative communication methods).

## 5. Research and Analysis

The DDA contracts with independent community organizations and higher education entities for research and analysis of the ~~Medicaid waiver~~ ~~Waiver~~ program's service data, trends, options to support the ~~Medicaid waiver~~ ~~Waiver~~ program assurances, financial strategies, and rates.

## 6. Financial Management and Counseling Services

The DDA contracts with independent community organizations for Financial Management and Counseling Services to support participants that are enrolled in the DDA's Self-Directed Services Delivery Model, as described in Appendix E.

## 7. Health Risk Screen Tool

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The DDA contracts with IntellectAbility for training and the use of an electronic Health Risk Screen Tool to identify health and safety risk factors for participants and to assist with determining health related support needs and training.

## 8. LTSSMaryland - Long Term Services and Supports Information System

The Maryland Department of Health contracts with information technology organizations for design, revisions, and support of the electronic software database that supports the Waiver program's administration and operations.

## 9. Behavioral and Mental Health Crisis Supports

The DDA contracts with independent community organizations for crisis hotline services, mobile crisis services, and behavioral respite services to support participants and families during a participant's behavioral and mental health crisis.

## 10. Organized Health Care Delivery System providers

Participants can select to use an Organized Health Care Delivery System (OHCDs) provider to purchase goods and services from community-based individuals and entities that are not Medicaid providers. The Organized Health Care Delivery System provider's administrative services to support this action is not charged to the participant.

## 11. Provider Search Directory

The DDA contracts with an agency to develop a web-based provider searchable database of its licensed service providers by service location and type. The end user can search providers by typing the name of the provider, selecting a county, selecting a waiver type and service or a combination of county/waiver type/service.

## 12. Person Centered Planning, Training, and System Enhancement

The DDA contracts with LifeCourse Nexus Training and Technical Assistance Center from University of Missouri Kansas City to assist with the enhancement of the Person-centered process to gather input from stakeholders in making our process meaningful for the participant and their families.

## 13. Positive Behavioral Supports Implementation, Training, and Capacity Building

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The DDA contracts with the Institute on Community Integration (ICI) at the University of Minnesota including (1) building capacity to transfer expertise in the implementation of Positive Behavior Support; and (2) expanding training for professional development and competency-based training of direct support professionals.

## 14. Self-Direction Information, Technical Assistance and Support

The DDA ~~contract~~ **contracts** with Applied Self Direction for information, technical assistance and support related to national policies and requirements; discussion forums on best practices; topic consultation; and projects.

## 15. Change Management

To promote the effective implementation of key change initiatives, the DDA contracts with change management consultants to support the diagnosis, design, assessment, and delivery of change strategies and stakeholder engagement.

## 15. Quality Improvement Organization

The DDA contracts with a certified Quality Improvement Organization or Quality Improvement Organization-like organization to support administrative functions related to technical assistance, quality assurance, and utilization review.

☐ **No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

**X Not applicable**

☐ **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions.

Check each that applies:

- ☐ **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level.  
There is an **interagency agreement or memorandum of**

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**understanding** between the state and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

☐ **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

*Specify the nature of these entities and complete items A-5 and A-6:*

5. **Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

The Maryland Department of Health, including the Office of Long-Term Services and Supports, and the DDA is responsible for monitoring all contracts pertaining to administration and operations supporting this waiver.

6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

The Maryland Department of Health in general, and the DDA individually, each have a dedicated procurement function providing oversight of all legal

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agreements, including contracts and memoranda of understanding, into which they enter.

In accordance with the State's applicable procurement laws, a contract monitor is assigned to provide technical oversight for each agreement, including specific administration and operational functions supporting the Waiver program as required in the agreement. Performance and deliverable requirements are set forth in each agreement, delineating service expectations and outcomes, roles, responsibilities, and monitoring.

DDA staff monitor each agreement and assess contract performance on an ongoing basis, depending on the specific contract requirements, but no less frequently than annually.

1. Participant Waiver Application – DDA reviews all applications daily for completeness as per DDA policy and provide technical assistance, training, or request corrective action as needed.
2. Support Intensity Scale (SIS)® - DDA's contract monitor reviews submitted invoices and documentation monthly related to completed Support Intensity Scale SIS®. Corrective actions are taken for discrepancies.
3. Quality Assurance – DDA's contract monitor reviews submitted data with the National Core Indicator (NCI) Reports upon receipt and initiates corrective actions as needed.
4. System Training – DDA staff review supporting documentation including attendance sheets upon receipt prior to approval of invoices.
5. Research and Analysis – DDA staff review activity reports and supporting documentation upon receipt prior to approval of invoices.
6. Financial Management and Counseling Services – Maryland Department of Health's Financial Management and Counseling Services Program Manager oversees contract requirements. The Quality Improvement Organization conducts audits of Financial Management and Counseling Services records for compliance with operational tasks annually and provides technical assistance, training, or request corrective action as needed.
7. Health Risk Screening Tool– DDA's contract monitor reviews submitted invoices and documentation related to completed Health Risk Screening Tool's upon receipt prior to approval of invoices. Corrective actions are taken for discrepancies. Quality Improvement Organization conducts quality reviews.



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8. LTSSMaryland - Long Term Services and Supports Information System – DDA staff review and authorize service deliverables based on work orders upon receipt.

9. Behavioral and Mental Health Crisis Supports - DDA's contract monitor reviews submitted invoices and documentation related to delivered services as per the contract upon receipt prior to approval of invoices. Corrective actions are taken for discrepancies.

10. Crisis hotline services, mobile crisis services, and behavioral respites services - DDA's contract monitor reviews submitted invoices and documentation related to delivered services as per the contract upon receipt prior to approval of invoices. Corrective actions are taken for discrepancies.

11. Organized Health Care Delivery System providers - Quality Improvement Organization audits service providers for compliance with DDA policy and regulation and provide technical assistance, training, or request corrective action as needed.

12. Provider Search Directory - DDA staff review activity reports and supporting documentation upon receipt prior to approval of invoices.

13. Person Centered Planning, Training, and System Enhancement - DDA staff review invoice and supporting documentation upon receipt prior to approval of invoices.

14. Positive Behavioral Supports Implementation, Training, and Capacity Building - DDA staff review invoices and supporting documentation upon receipt prior to approval of invoices.

15. Self-Direction Information, Technical Assistance and Support - DDA staff review invoices and supporting documentation upon receipt prior to approval of invoices.

16. Change Management – DDA staff review invoices and supporting documentation upon receipt prior to approval of invoices.

17. Quality Improvement Organization – DDA Quality Improvement Organization Program Manager oversees contract requirement and review invoices and supporting documentation upon receipt prior to approval of invoices.

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The DDA and Office of Long-Term Services and Supports meet monthly and discuss any issues that may require additional guidance.

7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Contracted Entity
Participant waiver enrollment	X	X
Waiver enrollment managed against approved limits	X	
Waiver expenditures managed against approved levels	X	X
Level of care waiver eligibility evaluation	X	X
Review of Participant service plans	X	X
Prior authorization of waiver services	X	
Utilization management	X	X
Qualified provider enrollment	X	X
Execution of Medicaid provider agreements	X	
Establishment of a statewide rate methodology	X	X
Rules, policies, procedures and information development governing the waiver program	X	X
Quality assurance and quality improvement activities	X	X

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## Quality Improvement: Administrative Authority of the Single State Medicaid Agency

*As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.*

**a. Methods for Discovery: Administrative Authority**

***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.***

**i. Performance Measures**

**For each performance measure the state will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:**

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver for all persons except where approved reserved capacity is designated for specific regions or circumstances
- Compliance with HCB settings requirements and other **new** regulatory components (for waiver actions submitted on or after March 17, 2014)

***Where possible, include numerator/denominator.***

*For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

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**AA - PM1: # and % of annual Quality Reports submitted by the DDA, to the Office of Long-Term Services and Supports, in the correct format and timely. N = # of Quality Reports submitted by the DDA in the correct format and timely. D = # of Quality Reports required by the Office of Long-Term Services and Supports.**

<b>Performance Measure:</b>			AA - PM1: # and % of annual Quality Reports submitted by the DDA, to the Office of Long-Term Services and Supports, in the correct format and timely. N = # of Quality Reports submitted by the DDA in the correct format and timely. D = # of Quality Reports required by the Office of Long-Term Services and Supports		
<b>Data Source (Select one) (Several options are listed in the on-line application):</b> Other					
<b>If 'Other' is selected, specify:</b> DDA Quality Report					
<b>Responsible Party for data collection/generation (check each that applies)</b>		<b>Frequency of data collection/generation: (check each that applies)</b>		<b>Sampling Approach (check each that applies)</b>	
<input checked="" type="checkbox"/> State Medicaid Agency		<input type="checkbox"/> Weekly		<input checked="" type="checkbox"/> 100% Review	
<input type="checkbox"/> Operating Agency		<input type="checkbox"/> Monthly		<input type="checkbox"/> Less than 100% Review	
<input type="checkbox"/> Sub-State Entity		<input type="checkbox"/> Quarterly		<input type="checkbox"/> Representative Sample; Confidence Interval = 95% +/-5%	
<input type="checkbox"/> Other Specify:		<input checked="" type="checkbox"/> Annually		<input type="checkbox"/> Stratified: Describe Group:	
		<input type="checkbox"/> Continuously and Ongoing		<input type="checkbox"/> Other Specify:	
		<input type="checkbox"/> Other Specify:			

## Data Aggregation and Analysis:

<b>Responsible Party (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

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<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>				
<input type="checkbox"/> <b>Other</b> Specify: <table border="1"> <tr><td>Quality Improvement</td></tr> <tr><td>Organization</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Quality Improvement	Organization			<input checked="" type="checkbox"/> <b>Annually</b>
Quality Improvement					
Organization					
	<input type="checkbox"/> <b>Continuously and Ongoing</b>				
	<input type="checkbox"/> <b>Other</b> Specify: <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> </table>				

<b>Performance Measure:</b>	AA - PM2: # and % of providers with Medicaid Provider Agreements that are executed in accordance with standards established by the Medicaid agency. N = # of providers with Medicaid Provider Agreements that are executed in accordance with standards established by the Medicaid agency. D = # of providers.	
<b>Data Source (Select one) (Several options are listed in the on-line application):</b> Reports to State Medicaid Agency on delegated Administrative functions		
<b>If 'Other' is selected, specify:</b>		
<b>Responsible Party for data collection/generation (check each that applies)</b>	<b>Frequency of data collection/generation: (check each that applies)</b>	<b>Sampling Approach (check each that applies)</b>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval = 95% +/-5%
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group:

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	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

## Data Aggregation and Analysis:

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div></div>

<b>Performance Measure:</b>	AA - PM3: # and % of waiver <del>manuals policies</del> approved by the Office of Long-Term Services and Supports. N = Number of waiver <del>manuals policies</del> approved by the Office of Long-Term Services and Supports. D = Total number of waiver policies issued.	
<b>Data Source (Select one) (Several options are listed in the on-line application):</b> <i>OTHER: Presentation of manuals or procedures</i>		
<b>If 'Other' is selected, specify:</b>		
<b>Responsible Party for data collection/generation (check each that applies)</b>	<b>Frequency of data collection/generation: (check each that applies)</b>	<b>Sampling Approach (check each that applies)</b>

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<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval = 95% +/-5%
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group:
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

## Data Aggregation and Analysis:

<b>Responsible Party</b> (check each that applies):	<b>Frequency of data aggregation and analysis</b> (check each that applies):
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> <b>Annually</b>
	<input checked="" type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<b>Performance Measure:</b>	AA - PM4: # and % of quarterly meetings held over a fiscal year to specifically monitor progress of performance measures. N = # of quarterly meetings held during the fiscal year that focused on monitoring of
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	<i>performance measures. D = # of quarterly meeting scheduled focused on monitoring of performance measures during the fiscal year.</i>	
<b>Data Source (Select one) (Several options are listed in the on-line application):</b> Meeting Minutes		
<b>If 'Other' is selected, specify:</b>		
<b>Responsible Party for data collection/generation (check each that applies)</b>	<b>Frequency of data collection/generation: (check each that applies)</b>	<b>Sampling Approach (check each that applies)</b>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval = 95% +/-5%
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

## Data Aggregation and Analysis:

<b>Responsible Party</b> (check each that applies):	<b>Frequency of data aggregation and analysis</b> (check each that applies):
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input checked="" type="checkbox"/> <b>Quarterly</b>



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<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<b>Performance Measure:</b>	AA-PM5: #/% of Type 1 Priority A incidents of abuse, neglect or exploitation reviewed that did not require technical assistance or intervention by the Office of Long-Term Services and Supports. N = # of Type 1 Priority A incidents of abuse, neglect or exploitation reviewed that did not require technical assistance or intervention by the Office of Long-Term Services and Supports. D = # of Type 1 Priority A incidents of abuse, neglect or exploitation reviewed by the Office of Long-Term Services and Supports.	
<b>Data Source (Select one) (Several options are listed in the on-line application):</b> Other		
<b>If 'Other' is selected, specify:</b> PCIS2, PORII Module		
<b>Responsible Party for data collection/generation (check each that applies)</b>	<b>Frequency of data collection/generation: (check each that applies)</b>	<b>Sampling Approach (check each that applies)</b>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval = 95% +/-5%

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<input checked="" type="checkbox"/> Other Specify: OHCQ	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

## Data Aggregation and Analysis:

Responsible Party( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

<b>Performance Measure:</b>	AA - PM6: # and % of on-site death investigations conducted by the OHCQ and reviewed by OLTSS that met requirements. N = # of OHCQ on-site death investigations reviewed by the Office of Long-Term Services and Supports that met requirements. D = # of OHCQ on-site death investigations reviewed by the Office of Long-Term Services and Supports.
<b>Data Source (Select one) (Several options are listed in the on-line application):</b> Record Reviews, off-site	
<b>If 'Other' is selected, specify:</b>	
<b>Responsible Party for</b>	<b>Frequency of data</b>
<b>Sampling Approach</b>	

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data collection/generation (check each that applies)	collection/generation: (check each that applies)	(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval = 95% +/-5%
<input checked="" type="checkbox"/> Other Specify: OHCQ	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

## Data Aggregation and Analysis:

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px;"></div>

# Community Pathways Waiver

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies, and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.

The Maryland Department of Health's Office of Long-Term Services and Supports within the State Medicaid Agency is responsible for ensuring that the DDA performs its assigned operational and administrative functions in accordance with the Waiver program's requirements. To this end, the Office of Long-Term Services and Supports has developed communication and reporting mechanisms to track performance measures as detailed herein.

The DDA submits an Annual Quality Report to the Office of Long-Term Services and Supports. It is a report on the status of the Waiver program's performance measures and includes discovery findings, remediation strategies, challenges, and system improvements associated with each waiver assurance including Level of Care, Service Plan, Qualified Providers, Health and Welfare, Financial Accountability, and Administrative Authority. The report includes any barriers to data collection and remediation steps.

The Office of Long-Term Services and Supports, upon review of the report, will meet with the DDA to address challenges and barriers. Guidance from the Office of Long-Term Services and Supports to the DDA regarding changes in policies, procedures, or other system changes will be dependent upon the challenges or barriers identified. The Office of Long-Term Services and Supports and the DDA communicate regularly and meet quarterly to discuss performance measures. If problems are identified regarding delegated functions, The Office of Long-Term Services and Supports and the DDA develop solutions guided by waiver assurances and the needs of waiver participants with the Office of Long-Term Services and Supports exercising ultimate authority to approve such solutions.

- ii. **Remediation Data Aggregation**

# Community Pathways Waiver

## Remediation-related Data Aggregation and Analysis (including trend identification) WS

Responsible Party (check each that applies)	Frequency of data collection/generation: (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <del>OHCEQ</del>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

### c. Timelines

When the state does not have all elements of the quality improvement strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

☒ **No**

☐ **Yes**

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.