Measure Title and Description	Numerator / Denominator	Notes	Data Source	Responsible Party- Data Collection	Frequency of Data Collection	Sampling Approach	Data Analysis Responsible Party	Data Analysis Frequency	Community Living Waiver	Intensive Supports Waiver	Adult Supports Waiver
Administrative Authority											
Assurance: 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.											
~~Waiver participants and family members are able to have input into program design and policies as evidenced through their participation on Area Office Advisory Boards~~	~~As evidenced by a report of the number of waiver participants/family members serving on Area Office Advisory Boards~~	DELETE	Delete	Delete	Delete	Delete	Delete	Delete	Delete/ Not even there	Delete/ Not even there	Delete/ Not even there
~~Development of Quality Assurance standards and Quality Improvement strategies involve input from all key stakeholders as evidenced by Quality Council meeting agendas, attendance and meeting minutes.~~	~~As evidenced by Quality Council meeting agendas, attendance and meeting minutes.~~	DELETE	Delete	Delete	Delete	Delete	Delete	Delete	Delete/ Not even there	Delete/ Not even there	Delete/ Not even there
OOM, DDS and the Fiscal Management Service agencies (FMS) work collaboratively to ensure systematic and continuous data collection and analysis of the FMS entity functions and systems as evidenced by the timely and appropriate submission of required data reports.	Numerator: Number of FMS reports submitted on time and in the correct format. Denominator: Number of FMS reports due.	KEEP	Other- FMS Reports	Financial Management Service Agency	Quarterly	100% review	State Medicaid Agency	Annually	No change	No change	No change
The Medicaid Agency and DDS work collaboratively to improve quality of services, by, in part, ensuring that service provider oversight is conducted in accordance with policies and procedures.	Numerator: Number of service provider reviews conducted in accordance with waiver policies and procedures. Denominator: Total number of service provider reviews due during the period.	KEEP	Other- Quality Enhancement Database	State Medicaid Agency	Annually	100% review	State Medicaid Agency	Annually	No change	No change	No change
~~The Medicaid Agency and DDS work collaboratively to improve quality of services by, in part, conducting systematic and continuous data collection and analysis on their services and system.~~	~~Numerator: Number of Area Offices with case management process deficiencies who have successfully addressed these deficiencies. Denominator: Number of Area Offices with case management process deficiencies.~~	DELETE	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete
% of individuals who have an annual LOC re-assessment.	Numerator: Number of individuals who have an LOC re-assessment within 12 months of their initial assessment or of their last re-assessment. Denominator: Number of individuals enrolled in the waiver.	MOVED FROM LOC.	DMRIS Consumer Database	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	Moved but same	Moved but same	Moved but same
Participants are supported by competent and qualified case managers.	Numerator: Number of Case manager evaluations completed as required. Denominator: Number of Case Managers due for performance evaluation	ADD	Other- Performance Evaluations	State Medicaid Agency	Annually	100% Review	State Medicaid Agency	Annually	New	New	New
~~OOM/DDS work collaboratively to improve quality of services through the submission and review of management reports, such as the Annual Mortality Report, Semi-Annual: licensure and certification management reports, SC Supervisor Tool Aggregate Report and MAP Report and Quarterly Trigger Analysis Report.~~	~~Numerator: Number of DDS QA reports submitted to OOM for review. Denominator: Number of reports due.~~	DELETE	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete

Measure Title and Description	Numerator / Denominator	Notes	Data Source	Responsible Party- Data Collection	Frequency of Data Collection	Sampling Approach	Data Analysis Responsible Party	Data Analysis Frequency	Community Living Waiver	Intensive Supports Waiver	Adult Supports Waiver
Level of Care											
Assurance: The State demonstrates 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											
Sub-Assurance: An evaluation for level of care (LOC) is provided to all applicants for whom there is reasonable indication that services may be needed in the future.											
~~% of individuals who applied for DDS services and received an initial LOC assessment.~~	~~Numerator: Number of individuals who receive an LOC assessment. Denominator: Number of applicants for DDS services.~~		Delete	Delete	Delete	Delete	Delete	Delete	Not in CL	Not in IS	Not in Adult
% of applicants who received an initial LOC assessment within 90 days of waiver application.	Numerator: Number of individuals who received an initial LOC assessment within 90 days of waiver application. Denominator: Number of individuals who received an initial LOC assessment.	KEEP	Other- DMRIS Consumer Database	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	No change	No change	No change
% of individuals who have an annual LOC re-assessment.	Numerator: Number of individuals who have an LOC re-assessment within 12 months of their initial assessment or of their last re-assessment. Denominator: Number of individuals enrolled in the waiver.	Re-assessment Sub-assurance no longer required by CMS. MOVE TO ADMINISTRATIVE AUTHORITY	Move	Move	Move	Move	Move	Move	Move	Move	Move
Sub-Assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant initial level of care.											
% of initial LOC assessments completed that were applied appropriately and according to the DDS policies and procedures.	Numerator: Number of exception reports completed by licensed psychologists of LOC instruments that are returned for cause. Denominator: Total number of initial LOC assessments administered.	KEEP	Exception Reports generated by psychologists	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	No change	No change	No change
~~% of annual re-assessments (reviews) of LOC that were completed according to the approved DDS policies and procedures.~~	~~Numerator: Number of annual re-assessments/reviews completed according to the approved DDS policies and procedures. Denominator: Number of annual re-assessments reviewed.~~	Re-assessment Sub-assurance no longer required by CMS. DELETE	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete
Qualified Provider											
Assurance: The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.											
Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.											
% of new providers that received an initial license to provide supports.	Numerator: Number of new providers that received a license to operate within 6 months of initial review. Denominator: Number of new providers that were selected to provide support.	KEEP	Other- Survey and Certification Database	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	No change	No change	No change
% of licensed clinicians that meet applicable licensure requirements	Numerator: Number of licensed clinicians with appropriate credentials. Denominator: Number of licensed clinicians providing services.	KEEP	Other- FMS tracking database	Other- Fiscal Management Service	Continuously and Ongoing	100% Review	Other- Fiscal Management Service	Monthly	No change	No change	No change
% of providers that continue to meet applicable licensure or certification standards.	Numerator: Number of providers that continue to meet applicable licensure or certification standards. Denominator: Number of providers subject to licensure/certification.	KEEP	Other- Licensure and Certification Database Report	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Monthly	No change	No change	No change
% of providers that have corrected identified deficiencies.	Numerator: Number of providers that have corrected deficiencies. Denominator: Number of providers with identified deficiencies.	KEEP	Other- Licensure and Certification Database Report	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Monthly	No change	No change	No change

Measure Title and Description	Numerator / Denominator	Notes	Data Source	Responsible Party- Data Collection	Frequency of Data Collection	Sampling Approach	Data Analysis Responsible Party	Data Analysis Frequency	Community Living Waiver	Intensive Supports Waiver	Adult Supports Waiver
Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements											
~~% of individuals self-directing supports reporting that their staff come when they are scheduled.~~	~~Numerator: Number of individuals self-directing supports reporting that their staff comes when they are scheduled. Denominator: Number of individuals interviewed who are self-directing.~~	DELETE	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete
% of individual providers not subject to licensure or certification who are offering self-directed services who meet requirements to provide supports.	Numerator: Number of individual providers not subject to licensure or certification who meet the qualification requirements to provide services. Denominator: Number of individual providers providing services.	KEEP	Other- Fiscal Management Service Tracking Database	Other- Fiscal Management Service	Continuously and Ongoing	100% Review	State Medicaid Agency and Other- Fiscal Management Service	Monthly	No change	No change	No change
% of SSQUAL agency providers that meet the qualifications to provide services	Numerator: Number of SSQUAL agency providers that meet qualifications to provide services. Denominator: Number of SSQUAL agency providers providing services.	KEEP	Provider Performance Monitoring	State Medicaid Agency	Other- Semi-annually	100% Review	State Medicaid Agency	Other- Semi-annually	No change	No change	No change
~~% of performance based objectives achieved by the FMS.~~	~~Numerator: Number of performance based objectives achieved by the FMS. Denominator: Total number of performance based objectives measured.~~	Another measure in Administrative Authority addresses this. DELETE	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete
Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.											
% of licensed/certified providers that have staff trained and current in required trainings including medication administration, CPR, first aid, restraint utilization and abuse/neglect reporting.	Numerator: Number of providers that have staff trained. Denominator: Number of providers reviewed through survey and certification.	KEEP	Training verification records	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	No change	No change	No change
% of individual providers who have received training in reporting of abuse, neglect and incidents	Numerator: Number of individual providers who have received training. Denominator: Number of individual providers providing services.	KEEP	Training verification records	Other- Fiscal Management Service	Continuously and Ongoing	100% Review	State Medicaid Agency and Other- Fiscal Management Service	Quarterly	Same	Same	Same
Service Plan											
Assurance: The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.											
Sub-Assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.											
% of service plans that reflect needs ~~and personal goals~~ identified through the assessment process.	Numerator: Number of service plans that address needs ~~and personal goals~~ identified during the assessment process. Denominator: Number of service plans reviewed.	REVISED	Other- Service Coordinator Supervisor Review Tool/ISP Checklist	State Medicaid Agency	Quarterly	Less than 100% Review and Stratified Sample of each service coordinator's caseload	State Medicaid Agency	~~Semi-annually~~ Annually	Change data analysis frequency; Measure revised	Change data analysis frequency; Measure revised	Change data analysis frequency; Measure revised
% of service plans that reflect personal goals identified through the assessment process.	Numerator: Number of service plans that address personal goals identified during the assessment process. Denominator: Number of service plans reviewed.	NEW	Other- Service Coordinator Supervisor Review Tool/ISP Checklist	State Medicaid Agency	Quarterly	Less than 100% Review and Stratified Sample of each service coordinator's caseload	State Medicaid Agency	Annually	New measure	New measure	New measure

Measure Title and Description	Numerator / Denominator	Notes	Data Source	Responsible Party- Data Collection	Frequency of Data Collection	Sampling Approach	Data Analysis Responsible Party	Data Analysis Frequency	Community Living Waiver	Intensive Supports Waiver	Adult Supports Waiver
% if individuals reporting that they get the services that they need.	Numerator: Number of individuals reporting they get the services they need. Denominator: Number of individuals interviewed.	KEEP	Other- National Core Indicators Survey	State Medicaid Agency	Other- Every two years	Less than 100% review And Other- Random Sample	Other- Human Services Research Institute	Other- Every two years	No change	No change	Change data source to National Core Indicators Survey
% of service plans that have required assessments.	Numerator: Number of service plans with required assessments. Denominator: Number of service plans reviewed.	KEEP	Other- Service Coordinator Supervisor Review Tool/ISP Checklist	State Medicaid Agency	Quarterly	Less than 100% Review and Stratified Sample of each service coordinator's caseload	State Medicaid Agency	~~Semi-annually~~ Annually	Change data analysis frequency	Change data analysis frequency	Change data analysis frequency
% of service plans (ISP) that have been developed in accordance with waiver requirements as indicated by the inclusion of all required components, including all required assessments, support strategies, choice forms, LOC & POC.	Numerator: Number of service plans developed in accordance with waiver requirements as indicated by the inclusion of all required components. Denominator: Number of service plans reviewed.	KEEP	Other- Service Coordinator Supervisor Review Tool/ISP Checklist	State Medicaid Agency	Quarterly	Less than 100% Review and Stratified Sample of each service coordinator's caseload	State Medicaid Agency	Annually	Change data analysis frequency	Change data analysis frequency	Change data analysis frequency
Sub-Assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.											
% of service plans that are completed and/or updated annually.	Numerator: Number of individuals whose service plans are completed and/or updated annually. Denominator: Number of individuals with service plans.	KEEP	~~Other- Standard Management Report generated by DMRIS~~ Other- Service Coordinator Supervisor Review Tool/ISP Checklist	State Medicaid Agency	~~Continuously and Ongoing~~ Quarterly	~~100%~~ Less than 100% Review and Stratified Sample of each service coordinator's caseload	State Medicaid Agency	~~Monthly~~ Annually	New data collection	New data collection	New data collection
% of service plans updated when warranted by changes in participants' needs.	Numerator: Number of service plans updated when needs change. Denominator: Number of participants reviewed with changing needs.	KEEP	~~Other- Standard Management Report generated by DMRIS~~ Other- Service Coordinator Supervisor Review Tool/ISP Checklist	State Medicaid Agency	~~Continuously and Ongoing~~ Quarterly	~~100%~~ Less than 100% Review and Stratified Sample of each service coordinator's caseload	State Medicaid Agency	~~Monthly~~ Annually	New data collection	New data collection	New data collection
Sub-Assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.											
% of individuals who are receiving services according to the type, amount, frequency and duration identified in their plan of care.	Numerator: Number of individuals who are receiving services according to the type, amount, frequency and duration in their plan of care. Denominator: Number of individual plans of care reviewed.	KEEP	Other- Service Coordinator Supervisor Review Tool/ISP Checklist	State Medicaid Agency	Quarterly	Less than 100% Review and Stratified Sample of each service coordinator's caseload	State Medicaid Agency	~~Semi-annually~~ Annually	Change data analysis frequency	Change data analysis frequency	Change data analysis frequency

Measure Title and Description	Numerator / Denominator	Notes	Data Source	Responsible Party- Data Collection	Frequency of Data Collection	Sampling Approach	Data Analysis Responsible Party	Data Analysis Frequency	Community Living Waiver	Intensive Supports Waiver	Adult Supports Waiver
Sub-Assurance: Participants are afforded choice ~~: Between waiver services and institutional care; and~~ between/among waiver services and providers.											
~~% of initial service plans that contain signed "choice" form choosing community over institutional care, from individuals and/or their guardians.~~	~~Numerator: Number of individuals with an initial signed choice form in their record. Denominator: Number of individuals enrolled in the waiver.~~	No longer required in sub-assurance. DELETE	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete
% of individuals reporting that they were given a choice of services and service providers.	Numerator: Number of individuals reporting that they were given a choice of services and providers. Denominator: Number of individuals surveyed.	KEEP	Other- National Core Indicators Survey	State Medicaid Agency	Other- Every two years	Less than 100% review And Other- Random Sample	Other- Human Services Research Institute	Other- Every two years	No change	No change	No change
% of service plans that contain a signed form indicating that participant was informed of his/her choice between service providers and method of service delivery.	Numerator: Number of service plans that contain a signed form indicating that participant was informed of his/her choice between service providers and method of service delivery. Denominator: Number of service plans reviewed	KEEP	Other- Service Coordinator Supervisor Review Tool/ISP Checklist	State Medicaid Agency	Quarterly	Less than 100% Review and Stratified Sample of each service coordinator's caseload	State Medicaid Agency	~~Semi-annually~~ Annually	Change data analysis frequency to annually	Change data analysis frequency to annually	Change data analysis frequency to annually
Health and Welfare											
Assurance: The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.											
Sub-Assurance: The State demonstrates, on an ongoing basis, that it identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.											
No. and rate of substantiated ~~complaints~~ investigations by type.	Numerator: Number of substantiated ~~complaints~~ investigations by type. Denominator: Number of total adults served and rate per 1000 adults.	KEEP; REVISE	Critical events and incident reports	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Annually	Measure revised	Measure revised	Measure revised
No. of intakes screened in for investigation of abuse where the need for protective services were reviewed /Total no. of intakes where a review for protective services were recommended by the senior investigator.	Numerator: Number of intakes screened in for investigation of abuse where the need for protective services were reviewed. Denominator: Total number of intakes where a review for protective services were recommended by the senior investigator.	KEEP	Other- HCSIS Investigations database	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	No change	No change	No change
% of individuals receiving services subject to licensure and certification who know how to report abuse and/or neglect.	Numerator: Number of individuals receiving services subject to licensure and certification who know how to report abuse and neglect. Denominator: Number of individuals reviewed.	KEEP	Provider Performance Monitoring	State Medicaid Agency	Continuously and Ongoing	Less than 100% review and Representative sample (CI= 95%)	State medicaid Agency	Other- Semi-annually	No change	No change	No change
% of providers, subject to licensure and certification, that report abuse and neglect as mandated	Numerator: Number of providers that report abuse and neglect as mandated. Denominator: Number of providers reviewed.	KEEP; REVISE	Provider Performance Monitoring	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	Measure revised	Measure revised	Measure revised
% of medication occurrences	Numerator: Number of medication occurrences report. Denominator: Number of medication doses administered.	KEEP	Medication administration data reports, logs	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	No change	No change	No change
% of deaths that are required to have a clinical review that received a clinical review.	Numerator: Number of deaths that have a clinical review. Denominator: Total number of deaths required to have a clinical review.	KEEP	Mortality Reviews	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Annually	No change	No change	No change
% of providers who conduct CORI's of prospective employees and take appropriate action when necessary.	Numerator: Number of providers that conduct CORI's of prospective employees and take required action. Denominator: Total number of providers reviewed.	KEEP	Records review, on site	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Annually	No change	Change data analysis responsible part to State medicaid Agency	No change

Measure Title and Description	Numerator / Denominator	Notes	Data Source	Responsible Party- Data Collection	Frequency of Data Collection	Sampling Approach	Data Analysis Responsible Party	Data Analysis Frequency	Community Living Waiver	Intensive Supports Waiver	Adult Supports Waiver
Sub-Assurance: 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.											
% of incident "trigger" reports that have had follow up action taken.	Numerator: Number of incidents that reach the "trigger" threshold for which action has been taken. Denominator: Total number of incidents that reach the "trigger" threshold.	KEEP	Critical events and incident reports	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Quarterly	No change	Same; moved to sub-assurance	No change
Percent of substantiated investigations where actions have been implemented.	Numerator: Number of action plans implemented for substantiated investigations. Denominator:Total number of action plans written for substantiated investigations	KEEP	Other- HCSIS Investigations database	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	No change	Same; moved to sub-assurance	No change
Sub-Assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.											
% of providers that are in compliance with requirements concerning restrictive interventions.	Numerator: Number of providers that are in compliance with requirements concerning restrictive interventions. Denominator: Number of providers reviewed by survey and certification with restrictive interventions.	KEEP	Provider Performance Monitoring	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Other- Semi-annually	Same	Same; moved to sub-assurance	Same
% of individuals with high utilization of restraints (10 or more per quarter) whose incidents of restraints have been reviewed by the Director of Office of Human Rights.	Numerator: Number of individuals with high utilization of restraints that have been reviewed. Denominator: Total number of individuals with high utilization of restraints.	KEEP	Other- HCSIS Restraint reporting database	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Quarterly	No change	Same; moved to sub-assurance	No change
Sub-Assurance: 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											
% of individuals who have had an annual physician visit in the last 15 months	Numerator: Number of individuals with a documented physician visit in the past 15 month. Denominator: Number of individuals reviewed.	ADD	Provider Performance Monitoring	State Medicaid Agency	Continuously and Ongoing	Less than 100% review and Representative sample (CI= 95%)	State Medicaid Agency	Annually	New	New	New
% of individuals who have had an annual dental visit in the last 15 months	Numerator: Number of individuals with a documented dental visit in the past 15 month. Denominator: Number of individuals reviewed.	ADD	Provider Performance Monitoring	State Medicaid Agency	Continuously and Ongoing	Less than 100% review and Representative sample (CI= 95%)	State Medicaid Agency	Annually	New	New	New
% of physicians' orders and treatment protocols followed	Numerator: Number of individuals for whom a treatment protocol/physicians' orders are followed. Denominator: Number of individuals reviewed with treatment protocols/physicians' orders	ADD	Provider Performance Monitoring	State Medicaid Agency	Continuously and Ongoing	Less than 100% review and Representative sample (CI= 95%)	State Medicaid Agency	Annually	New	New	New
Financial Accountability											
Assurance: The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.											
Sub-Assurance: 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.											
Services are billed in accordance with the plan of care. % of claims submitted to and paid by MMIS will be monitored and reported by the Dept. ~~using remittance advices.~~	Numerator: Approved and paid MMIS claims. Denominator: Total service claims submitted.	KEEP; REVISE	Financial records (including expenditures)	State Medicaid Agency and Other- UMass Revenue Unit	Continuously and Ongoing	100% Review	State Medicaid Agency and Other- UMass Revenue Unit	Annually	Measure revised	Change Data collection frequency to Continuously and Ongoing; Measure revised	Measure revised
Services are billed in accordance with the plan of care. % of claims for services with the Fiscal Intermediary Service that are filed appropriately.	Numerator: Approved claims filed with the Fiscal Intermediary Service. Denominator: Total number of claims filed with the Fiscal Intermediary Service.	KEEP	Financial records (including expenditures)	Other- Fiscal Management Service	Quarterly	100% Review	State Medicaid Agency and Other- Fiscal Management Service	Annually	No change	Change Data collection frequency to Quarterly and Data analysis frequency to annually	Change Responsible Party data collection to Other- Fiscal Management Service

Measure Title and Description	Numerator / Denominator	Notes	Data Source	Responsible Party- Data Collection	Frequency of Data Collection	Sampling Approach	Data Analysis Responsible Party	Data Analysis Frequency	Community Living Waiver	Intensive Supports Waiver	Adult Supports Waiver
~~Services are coded and paid for in accordance with the reimbursement methodology specified in the waiver application.~~	~~Numerator: Dollar value of claims denied. Denominator: Total dollar value of claims submitted.~~	DELETE	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete	Delete
Sub-assurance: The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.											
Services are coded and paid for in accordance with the reimbursement methodology specified in the waiver application.	Numerator: number of services with rates derived from and consistent with rate regulations. Denominator: Number of services for which claims were submitted.	ADD	Financial records (including expenditures)	State Medicaid Agency	Continuously and Ongoing	100% Review	State Medicaid Agency	Annually	New	New	New