

LTC Waiver Amendment Guide B
Performance Measure Revisions

Appendix	Section	Description of Change
Appendix A	Item A-a, Page 23	<p>First performance measure deleted since CMS guidance allowed Medicaid to stop reporting on completed level of care determinations.</p> <p>Percentage of LTC program level of care determinations processed by DOEA CARES by the effective date of enrollment. N: Number of LTC level of care determinations by DOEA CARES by the effective date of enrollment. D: Number of LTC Level of care determinations processed by DOEA CARES.</p>
Appendix B	Item B-a, Page 56	<p>First performance measure deleted since CMS guidance allowed Medicaid to stop reporting on completed level of care determinations.</p> <p>Percentage of new applicants receiving a level of care evaluation prior to enrollment. N: Number of new applicants receiving a level of care prior to enrollment D: Number of new applicants.</p>
Appendix D	Item D-c, Page 97	<p>New remediation language underlined.</p> <p>LTC plans are required to verify subcontractors within their provider networks to determine if the service providers meet qualifications continually. If the LTC plans' provider network report indicates the <u>use of unqualified service providers</u>, the state will require the plan to submit a corrective action within stated time frames to address the provider network deficiency and <u>correction</u> to the LTC plans' credentialing process for service providers. The LTC plans enrolling the unqualified service providers would be subject to sanctions.</p> <p>If LTC plans do not continue to satisfy waiver service provider qualifications on an annual basis, the State requires a corrective action be developed and implemented to correct the deficiencies within established timeframes. <u>Adequate provider networks must be maintained. These networks are reviewed and approved by the State. LTC plans whose networks fail to maintain the full range of required qualified service providers are informed of the deficiencies and requested to submit a corrective action within established time frames based upon the severity of the deficiency. If the corrective action is not implemented timely, the LTC plan is subject to sanctions. DOEA has been delegated responsibility for program monitoring and will approve corrective actions in consultation with the Medicaid agency.</u></p>

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Appendix D	Item D-b 1, Page 194	Percentage of enrollees' plans of care being distributed within 10 days of development to the primary care physician (PCPs). N: Number of enrollees' plans of care being distributed within 10 days of development to the enrollees' PCPs. D: Total number of enrollee records reviewed.
	Item D-b 2, Page	Percentage of plan of care/summaries where enrollee participation is verified by signatures. N: Number of plans of care/summaries where enrollee participation is verified by signatures. D: Total number of enrollee plans of care/summaries reviewed.
	Item D-B 3	Percentage of enrollees' care plans reviewed on a face-to-face basis at least every three months and updated as appropriate. N: Number of enrollees' care plans reviewed on a face-to-face basis at least every three months and updated as appropriate. D: Number of enrollee records reviewed.
	Item D- B 1, Page 183	New consolidated measure. Percentage of care plans reviewed with the plan member on a face-to-face basis at least every three months and updated as appropriate and where member participation is verified by signatures. N: Number of care plans reviewed face-to-face basis at least every three months and updated as appropriate and where member participation is verified by signatures. D: Number of enrollee records reviewed.
	Item D-e- 2, Page 200	Percentage of new enrollees with freedom of choice forms indicating choice between waiver services and institutional care in their case records. N: Number of new enrollees with freedom of choice forms indicating choice between waiver services and institutional in their case records. D: Total number of records reviewed.
	Item G-1, Page 14	<u>By contract, enrollees must be provided with handbooks containing directions on reporting abuse, neglect and exploitation problems. If the annual contract review reveals a handbook deficiency, the LTC plan must develop a corrective action within established time frames based upon the severity of the deficiency. If the corrective action is not implemented timely, the LTC plan is subject to sanctions.</u>
	Appendix G	

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	Item G -2, Page 226	Percentage of enrollees provided with handbooks containing directions on reporting abuse, neglect and exploitation. N: Number of enrollees who received handbooks containing directions on reporting abuse, neglect and exploitation. D: Total number of enrollee records reviewed.
	Item G-8, Page 227	Percentage of enrollee case files that include evidence advance directives were discussed with the enrollee. N: Number of case enrollee files with advance directives discussion evidence in files. D: Number of records reviewed.
	Item I-, Page 241	Percentage of approved monthly <u>quarterly</u> capitation payments made to capitated MCPs for qualified enrollees. N: Number of approved quarterly capitation payments made to capitated MCPs for qualified enrollees. D: Number of quarterly LTC capitation payments.