A systematic random sampling of the active case population was drawn. The population size is 3439 with a sample size of 93. For each assurance (level of care, plan of care, provider qualifications, health and welfare, financial accountability) several measures have been identified to determine if the operating agency is in compliance with the approved waiver document.

<table>
<thead>
<tr>
<th>Assurance</th>
<th>% COMPLIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Care (LOC)</td>
<td>94%</td>
</tr>
<tr>
<td>Plan of Care (POC)</td>
<td>87%</td>
</tr>
<tr>
<td>Provider Qualifications</td>
<td>92%</td>
</tr>
<tr>
<td>Health and Welfare</td>
<td>77%</td>
</tr>
<tr>
<td>Financial Accountability</td>
<td>84%</td>
</tr>
</tbody>
</table>

For all assurances the DDS Alternative Community Services Waiver was found to be 86% in compliance with all applicable rules, regulations, policies and procedures.

**Recommended Remediation:**

Over the course of the past year, the following recommendations were made by DMS to DDS. These recommendations were made in an effort to bring the operating agency into compliance with all waiver assurances. DMS will monitor the following in the forthcoming year to determine if the actions specified by the operating agency were implemented.

1. Implement an internal policy whereby there is documentation of choice between waiver services and institutional services offered by DDS to each waiver applicant.
   - DDS responded that effective July 1, 2007 at each annual review a 102 Choice form would be properly executed by each DDS Specialist.

2. Implement an internal policy whereby the DDS Specialists distribute appropriate brochures for Adult Protective Services or Child Protective Services during both the initial assessment and at each reassessment.
   - DDS responded that by October 1, 2007, a fact sheet delineating the waiver participant’s rights would be developed for the waiver participant or legally responsible person to be distributed at the initial assessment and reassessment. The waiver participant or legally responsible person will sign acknowledging receipt of the fact sheet and awareness of abuse, neglect and exploitation reporting.

3. Implement an internal policy whereby DDS Specialists document that waiver participants and/or their legal guardians have been informed of their appeal rights and the fair hearing process.
   - DDS responded that by October 1, 2007, a fact sheet delineating the waiver participant’s rights would be developed for the waiver participant or legally responsible person to be distributed at the initial assessment and reassessment. The waiver participant or legally responsible person will sign acknowledging receipt of the fact sheet and awareness of their right to appeal any adverse action and whom to contact regarding their appeal rights.

4. Implement a system whereby DDS monitors compliance with prior authorizations and plans of care.
   - As of March 2007, all DDS Specialist have access to MMIS and can monitor utilization of prior authorizations against the waiver participant’s Plan of Care

5. Implement training for providers and DDS staff about compliance with health and welfare assurances.
   - DDS responded that DMS would be invited to training sessions. DMS is requesting a schedule of trainings along with the sign-in sheets since June 1, 2007 and a schedule of all future training sessions. This is to be provided no later than December 31, 2007.

6. DDS was requested to advise how the health and welfare of waiver participants are being assured given the underutilization of a large percentage of Plans of Care as well as an outline of actions that the DDS Specialists take when they discover underutilization of Plans of Care.
   - DDS responded that access to MMIS has been problematic and that the Specialists have not been able to monitor the prior authorizations against Plans of Care. Training was given by EDS to DDS staff during September 2007. As a result of training, DDS can review the payments made by MMIS to each provider and compare it to the previous year’s Plan of Care prior to approving the new year’s Plan of Care. DDS Specialists will request clarification of under/over utilization

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October 24, 2007
Updated: February 4, 2008

from the waiver participant’s provider prior to approving the new year’s request and make adjustments to the amount as needed.

Each of the above will be part of the quarterly monitoring process beginning January 1, 2008. In addition, the following remediation steps should be made by the operating agency:

**Operating Agency’s Remediation Plan:**

1. DDS failed to provide a number of final reports during the third quarter. The operating agency had 30 days to provide its final report as a result of DMS’ case record review and subsequent summary report. The operating agency must provide reports in a timely manner.

   **Remediation Plan:** Reference “Operating Agency’s Remediation Plan, October 10, 2007. The plan was implemented 1/1/2008 with area managers responsible for audit response and Jeff Gonyea, Waiver Program Director responsible for review prior to submission to the DMS auditor. The formalized procedure is delayed due to the Operations Administrator assuming the responsibility for the Technical Support Unit (internal re-organization by the DDS Director). The first draft is due March 3, 2008, with comments and final procedure implementation by April 1, 2008. This timeframe allows for comment and change based on experience by the Area Managers.

2. DDS will need to finalize and implement its Quality Management Strategy and begin providing DMS with reports on the outcomes of the Quality Management Strategy. This is to be finalized by December 31, 2007 so implementation can begin January 1, 2008 with the first report to DMS by May 1, 2008.

   **Remediation Plan:** QMS strategy after review and comment by DDS and DMS was submitted January 31, 2008. Reports are due as contained in the plan, “Timelines, Milestones” column.

3. DDS will need to finalize and sign the Interagency Agreement by January 31, 2008 so implementation can begin February 1, 2008.

   **Remediation Plan:** DDS finalized with Director Signature January 31, 2008. Final agreement with signature by Roy Jeffus, Director, DMS, is not received by DDS Waiver Section.

4. DDS will review and sign the DMS Case Review Guidelines by January 31, 2008 so implementation can begin February 1, 2008.

   **Remediation Plan:** Revised Guidelines signed by Carole Cromer 2/20/08 (separate cover) and forwarded to DMS

5. DDS will provide DMS with monthly updates regarding serious incidents and deaths that have occurred as soon as possible but no later than February 1, 2008. DDS will need to actively seek out a final resolution regarding these reported incidents.

   **Remediation Plan:** DDS Quality Assurance Section agrees to provide Tami Harlan and Rachael Fitzhugh access to the IRIS system so that incident reports can be viewed upon entry. All reports are in the system and DMS will have the capability to extract as needed.

   Until IRIS access is granted, monthly updates will continue to be provided by the DDS Quality Assurance Section. Death investigations are conducted upon notification and final reports will be sent to DMS as completed.

6. DDS will provide DMS with a monthly report of newly approved waiver participants as well as those waiver participants whose cases have been closed. This is to begin as soon as possible but no later than January 1, 2008.

   **Remediation Plan:** Access to the DDS Waiver data base has been granted to DMS. System has the capability for ad hoc reporting and DMS will formulate and generate reports as they deem necessary. DMS clarification for identification of reporting elements have not been received. Additional tabs may be added upon request.

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