

1915(c) Waiver Assurances Simplified

1. Level of Care - Persons enrolled in the waiver have needs consistent with an institutional level of care –

- 3 Sub-assurances
 - a. An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future
 - **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percent of new waiver recipients who have a level of care evaluation prior to enrollment that indicates that they meet the criteria to receive services provided in an institution
 - b. The levels of care of enrolled participants are re-evaluated at least annually or as specified in the approved waiver
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients enrolled on the waiver who had a level of care determination within twelve months of the previous level of care determination.
 - c. The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care
 - **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
The number and percent of Level of Care Worksheets that were completed accurately.
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percentage of level of care worksheets that were completed using the instrument indicated in the waiver.

2. Service Plan - Participants have a service plan that is appropriate to their need and that they receive the services/supports specified in the plan

- 5 Sub-assurances
 - a. 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
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients whose service plans include supports and services consistent with assessed needs.
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*

- Number and percent of recipients whose service plans reflect supports and services necessary to address assessed risks.
- **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients whose service plans address the recipient's personal goals.
- b. The state monitors service plan development in accordance with its policies and procedures
- **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients' service plans that meet state requirements as included in the waiver.
- c. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs
- **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients whose service plans are updated within 12 months of their last service plan.
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients whose needs have changed that had service plans updated to address those changed needs.
- d. Services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the service plan
- **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients who receive the services by type, scope, amount, duration, and frequency identified in their support plans.
- e. Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers
- **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients afforded choice of services and supports.
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients annually given a choice of waiver services or institutional care.
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of recipients given a choice among service providers.

3. Qualified Providers - Waiver providers are qualified to deliver services/supports

- 3 Sub-assurances
 - a. 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
 - **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percent of new licensed facilities determined to meet or exceed the licensure standards as detailed in the Florida Administrative Code (F.A.C.).
 - **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percent of new licensed and certified (enrolled) providers have minimum educational requirements and levels of experience.
 - b. The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of non-licensed and non-certified (enrolled) providers meeting minimum educational requirements and levels of experience.
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percent of licensed facilities determined to meet or exceed the licensure standards as detailed in the Florida Administrative Code (F.A.C.).
 - c. The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.
 - **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percentage of new licensed and certified (enrolled) providers have received the required training.
 - **Performance Measure:** *Data Source – DF, Aggregation/Analysis – DF & APD*
Number and percentage of licensed and certified (enrolled) providers have received the required training.

4. Health and Welfare - Participants' health and welfare are safeguarded and monitored

- 1 Assurance
 - a. The state, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation

- **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percent of medication errors by type.
- **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percent of recipient deaths by category.
- **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percent of reactive strategies utilized by category.
- **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percent of reports of abuse, neglect, and exploration that have been reported by a provider within timelines specified in procedures.
- **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percent of critical incident reports that have been responded to in accordance with state policies and procedures.

5. Financial Accountability - Claims for waiver services are paid according to state payment methodologies –

- 1 Assurance
 - a. State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver
 - **Performance Measure:** *Data Source – APD, Aggregation/Analysis – APD*
Number and percentage of weekly data submittals from the operating agency authorizing services, rates, and units for each recipient.
 - **Performance Measure:** *Data Source – AHCA & DF, Aggregation/Analysis – AHCA & DF*
Number and percent of providers that are in compliance with billing procedures and the Medicaid provider agreement.

6. Administrative Authority - The State Medicaid agency is involved in the oversight of the waiver and is ultimately responsible for all facets of the program

- 1 Assurance
 - a. 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.
 - **Performance Measure:** *Data Source – AHCA, Aggregation/Analysis - AHCA*
Number and percent of operating agency drafted policies and procedures reviewed.
 - **Performance Measure:** *Data Source – AHCA, Aggregation/Analysis - AHCA*

Review of Interagency Agreement.

- **Performance Measure:** *Data Source – AHCA & APD, Aggregation/Analysis – AHCA & APD*
Number and percent of regular meetings between Medicaid Agency and operating agency (Agency for Persons with Disabilities) held annually.
- **Performance Measure:** *Data Source - DF, Aggregation/Analysis – AHCA*
Number and percent of person centered reviews of recipients coordinated annually.
- **Performance Measure:** *Data Source - DF, Aggregation/Analysis – AHCA*
Number and percent of provider performance reviews conducted annually.