

## Section 1115 Demonstration Performance Measures For Oregon Project Independence-Medicaid (OPI-M)

### A. Administrative Authority

**Sub-assurance A-i:** The State Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the demonstration program by exercising oversight of the performance of functions by other state and local/regional non-state agencies and contracted entities.

<b>Performance Measure:</b>	PM 1: Number and percent of other state and local/regional non-state agencies and contracted entities who meet 1115 reporting performance standards.
Numerator:	Number of other state and local/regional non-state agencies and contracted entities who meet 1115 reporting performance standards.
Denominator:	Total number of other state and local/regional non-state agencies and contracted entities.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input checked="" type="checkbox"/> State Medicaid Agency <input type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: Specify here
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input checked="" type="checkbox"/> State Medicaid Agency <input type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: Specify here
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: Specify here
Sampling Methodology:	<input checked="" type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input type="checkbox"/> Representative Sample with different parameter: Enter parameters used <input type="checkbox"/> Stratified: Enter stratification group <input type="checkbox"/> Other: Enter specifications

**Sub-assurance A-ii:** The State Medicaid Agency retains oversight of demonstration amendments, renewals, and financial reports.

<b>Performance Measure:</b>	PM 2: Number and percent of demonstration amendments, renewals, and financial reports approved by OHA prior to implementation.
Numerator:	Number of demonstration amendments, renewals and financial reports approved by OHA prior to implementation.
Denominator:	Total number of demonstration amendments, renewal and financial reports provided by ODHS.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input checked="" type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input checked="" type="checkbox"/> State Medicaid Agency <input type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Sampling Methodology:	<input checked="" type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input type="checkbox"/> Representative Sample with different parameter: <a href="#">Enter parameters used</a> <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

## B. Level of Care

**Sub-Assurance B-i:** Participants have an approved Level of Care prior to demonstration enrollment.

<b>Performance Measure:</b>	PM 3: Number and percent of demonstration participants who had an approved LOC prior to demonstration enrollment.
Numerator:	Number of demonstration participants who had an approved LOC prior to demonstration enrollment.
Denominator:	Number of demonstration participants reviewed.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Sampling Methodology:	<input type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input checked="" type="checkbox"/> Representative Sample with different parameter: 95%/10%/50% for all ODHS-operated and AAA offices <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

**Sub-Assurance B-ii:** The process and instruments described in the approved demonstration are applied appropriately and according to the approved description to determine participant Level of Care.

<b>Performance Measure:</b>	PM 4: Number and percent of Level of Care that were completed based on the instruments and processes in the approved demonstration.
Numerator:	Number of LOC that were completed based on the instruments and processes in the approved demonstration.
Denominator:	Number of LOCs reviewed.
Description of Data Source:	Record reviews-onsite
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Sampling Methodology:	<input type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input checked="" type="checkbox"/> Representative Sample with different parameter: 95%/10%/50% for all ODHS-operated and AAA offices <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

### C. Certified Providers

**Sub Assurance C-i:** The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other state standards prior to their furnishing services.

<b>Performance Measure:</b>	PM 5: Number and percent of providers meeting required licensure and/or certification standards.
Numerator:	Number of providers meeting required licensure and/or certification standards.
Denominator:	Total number of providers.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Sampling Methodology:	<input checked="" type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input type="checkbox"/> Representative Sample with different parameter: <a href="#">Enter parameters used</a> <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

**Sub-Assurance C-ii:** The state monitors non-licensed/non-certified providers to assure adherence to demonstration requirements.

<b>Performance Measure:</b>	PM 6: Number and percent of non-licensed/non-certified providers adhering to demonstration requirements.
Numerator:	Number of non-licensed/non-certified providers adhering to demonstration requirements.
Denominator:	Total number of non-licensed/non-certified providers.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Sampling Methodology:	<input checked="" type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input type="checkbox"/> Representative Sample with different parameter: <a href="#">Enter parameters used</a> <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

**Sub-Assurance C-iii:** The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved demonstration.

<b>Performance Measure:</b>	PM 7: Number and percent of provider training conducted in accordance with state requirements.
Numerator:	Number of provider training conducted in accordance with state requirements.
Denominator:	Total number of provider training.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Sampling Methodology:	<input checked="" type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input type="checkbox"/> Representative Sample with different parameter: <a href="#">Enter parameters used</a> <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

## D. Service Plan

**Sub-Assurance D-i:** Service plans are completed according to policies and procedures in the approved demonstration to address participants' needs.

<b>Performance Measure:</b>	PM 8: Number and percent of assessments updated appropriately according to 1115 policies and procedures.
Numerator:	Number of assessments updated appropriately according to 1115 policies and procedures.
Denominator:	Number of demonstration participants reviewed.
Description of Data Source:	Record reviews-onsite
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Sampling Methodology:	<input type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input checked="" type="checkbox"/> Representative Sample with different parameter: 95%/10%/50% for all ODHS-operated and AAA offices <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>



**Sub-Assurance D-ii:** Service plans address participants' risks and safety.

<b>Performance Measure:</b>	PM 9: Number and percent of 1115 service plans in which risks and safety factors are addressed.
Numerator:	Number of 1115 service plans in which risks and safety factors are addressed.
Denominator:	Number of service plans reviewed.
Description of Data Source:	Record reviews-onsite
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Sampling Methodology:	<input type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input checked="" type="checkbox"/> Representative Sample with different parameter: 95%/10%/50% for all ODHS-operated and AAA offices <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

**Sub-Assurance D-iii:** Service plans address participants' personal goals and preferences.

<b>Performance Measure:</b>	PM 10: Number and percent of service plans in which goals and preferences are addressed.
Numerator:	Number of service plans in which goals and preferences are addressed.
Denominator:	Number of service plans reviewed.
Description of Data Source:	Record reviews-onsite
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Sampling Methodology:	<input type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input checked="" type="checkbox"/> Representative Sample with different parameter: 95%/10%/50% for all ODHS-operated and AAA offices <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

**Sub-Assurance D-iv:** Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

<b>Performance Measure:</b>	PM 11: Number and percent of 1115 participants who received services as authorized in their service plans.
Numerator:	Number of 1115 participants who received services as authorized in their service plans.
Denominator:	Number of participants with service plans reviewed.
Description of Data Source:	Record reviews-onsite
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Sampling Methodology:	<input type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input checked="" type="checkbox"/> Representative Sample with different parameter: 95%/10%/50% for all ODHS-operated and AAA offices <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

**Sub-Assurance D-v:** Participants are afforded choice between demonstration services and institutional care; and between/among demonstration services and providers.

<b>Performance Measure:</b>	PM 12: Number and percent of service plan agreements indicating choice.
Numerator:	Number of service plan agreements indicating choice.
Denominator:	Number of service plan agreements reviewed.
Description of Data Source:	Record reviews-onsite
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Sampling Methodology:	<input type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input checked="" type="checkbox"/> Representative Sample with different parameter: 95%/10%/50% for all ODHS-operated and AAA offices <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

## G. Health and Welfare

**Sub-Assurance G-i:** The state, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect, exploitation and unexplained death.

<b>Performance Measure:</b>	PM 13: Number and percent of 1115 participants and/or guardians who are informed about the ways in which to identify and report abuse, neglect, and exploitation.
Numerator:	Number of 1115 participants and/or guardians who are informed about the ways in which to identify and report abuse, neglect, and exploitation.
Denominator:	Total number of 1115 participants.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Sampling Methodology:	<input checked="" type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input type="checkbox"/> Representative Sample with different parameter: <a href="#">Enter parameters used</a> <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

**Sub-Assurance G-ii:** The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further incidents to the extent possible.

<b>Performance Measure:</b>	PM 14: Number and percent of incidents logged and responded to according to policies and procedures.
Numerator:	Number of incidents logged and responded to according to policies and procedures.
Denominator:	Total number of incidents.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Sampling Methodology:	<input checked="" type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input type="checkbox"/> Representative Sample with different parameter: <a href="#">Enter parameters used</a> <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

**Sub-Assurance G-iii:** The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.

<b>Performance Measure:</b>	PM 15: Number and percent of allegations regarding wrongful restraint and involuntary seclusion where appropriate actions and follow up occurred.
Numerator:	Number of allegations regarding wrongful restraint and involuntary seclusion where appropriate actions and follow up occurred.
Denominator:	Total number of files that included allegations of wrongful restraint and involuntary seclusion.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Sampling Methodology:	<input checked="" type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input type="checkbox"/> Representative Sample with different parameter: <a href="#">Enter parameters used</a> <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

**Sub-Assurance G-iv:** The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved demonstration.

<b>Performance Measure:</b>	PM 16: Number and percent of participants with risk(s) identified on the risk assessment and monitoring instrument where there is evidence of follow up.
Numerator:	Number of participants with risk(s) identified on the risk assessment and monitoring instrument where there is evidence of follow up.
Denominator:	Total number of participants reviewed with risks(s) identified on the risk assessment and monitoring instrument where there is evidence of follow up.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input checked="" type="checkbox"/> Other: Biennially
Sampling Methodology:	<input type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input checked="" type="checkbox"/> Representative Sample with different parameter: 95%/10%/50% for all ODHS-operated and AAA offices <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>



## I. Financial Accountability

**Sub assurance I-i:** The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved demonstration and only for services rendered.

<b>Performance Measure:</b>	PM 17: Number and percent of claims coded and paid in accordance with reimbursement methodology.
Numerator:	Number of claims coded and paid in accordance with reimbursement methodology.
Denominator:	Total number of claims.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
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**Sub assurance I-ii:** The state provides evidence that rates remain consistent with the approved rate methodology throughout the five-year demonstration cycle.

<b>Performance Measure:</b>	PM 18: Number and percent of rates consistent with the approved rate methodology.
Numerator:	Number of rates consistent with the approved rate methodology.
Denominator:	Total number of rates.
Description of Data Source:	Operating agency performance monitoring
Entity Responsible for Data Collection:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Collection:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Entity Responsible for Data Aggregation:	<input type="checkbox"/> State Medicaid Agency <input checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity <input type="checkbox"/> Other: <a href="#">Specify here</a>
Frequency of Data Aggregation:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Continuously & Ongoing <input type="checkbox"/> Other: <a href="#">Specify here</a>
Sampling Methodology:	<input checked="" type="checkbox"/> 100% review <input type="checkbox"/> Less than 100% with standard parameters (95%, +-5 & 50/50) <input type="checkbox"/> Representative Sample with different parameter: <a href="#">Enter parameters used</a> <input type="checkbox"/> Stratified: <a href="#">Enter stratification group</a> <input type="checkbox"/> Other: <a href="#">Enter specifications</a>

For Experience of Care surveys, the National Core Indicator – Aging/Disability (NCI-AD) Survey will be used for 1115 participants by 2028, which is in line with the Centers for Medicare and Medicaid Services (CMS) Ensuring Access to Medicaid Services (Access Rule). As of 2024, the following questions/measures are applicable to this requirement.

**Assurance: Service Plan**

- Percentage of people who can choose or change what kind of services they get.
- Percentage of people who can choose when and how often they get their services.
- Percentage of people whose service plan includes their preferences and choices.
- Percentage of people whose support staff do things the way they want them done.
- Percentage of people whose support staff show up and leave when they are supposed to.
- Percentage of people who can choose or change their support staff.

**Assurance: Health and Welfare**

- Percentage of people who feel safe around their support staff.
- Percentage of people who are ever worried for the security of their personal belongings.
- Percentage of people whose money was taken or used without their permission in the last 12 months.
- Percentage of people who know how to manage their chronic conditions.
- Percentage of people who had somebody talk or work with them to reduce their risk of falling or being unstable.

Of note:

- Health and Welfare data for OPI-M will be included in/reported under Oregon's 0185 Waiver.