



MEDICAID WAIVER SPECIALIST REPORT GUIDE

MEDICAID WAIVER SPECIALIST REPORT GUIDE

MONTHLY PROVIDER NETWORK REPORT

PERFORMANCE MEASURE REFERENCES:

Aged and Disabled Adult Waiver

QP A3: Percentage of licensed providers by type, within program provider network, that meet provider qualifications prior to delivering services.

QP A4: Percentage of licensed providers by type, within program provider network, that meet provider qualifications continually.

QP B1: Percentage of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications prior to delivering services.

QP B2: Percentage of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications continually.

Assisted Living Waiver

QP A3: Percentage of licensed assisted living facilities in program provider network that meet provider qualifications prior to delivering services.

QP A4: Percentage of licensed assisted living facilities in program provider network that meet provider qualifications continually.

QP B1: Percentage of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications prior to delivering services.

QP B2: Percentage of non-licensed/non-certified providers, by type, within the program provider network satisfying waiver service provider qualifications continually.

QP C3: Percentage of case managers that are verified by DOEA as having received Uniform Client Assessment Training (UCAT) and ALF Core Training.

REPORT PURPOSE:

The purpose of the report is to verify that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to furnishing waiver services.

FREQUENCY & DUE DATES:

- Data Reporting Frequency: Monthly
- Format: Microsoft Excel spreadsheet

- Due Date: The Report must be **received** by the Department within five (5) calendar days after the end of the reporting month. If the due date falls on a weekend day or holiday, the report is due on the following business day.

SUBMISSION:

- The MWS shall submit the report in conformance with the frequency and due dates of this guide.
- The MWS shall submit the reports via email using the provided template. There are three tabs to the spreadsheet template that must be completed/updated with each report submission.
- The reports shall be submitted by email to the DOEA contract manager.
- Naming Convention: PSA _ Provider Network Report 201_._ - 201_._.xls (example: PSA 1 Provider Network Report 2012.11 - 2013.02.xls)

REPORT TEMPLATE

Aged & Disabled Adult Waiver Program Monthly Provider Network Report Template								
Provider Name	Provider Medicaid ID	Licensed (Mark with "X" if Licensed)	License Type	License Expiration Date	Unlicensed (Mark with "X" if Unlicensed)	Services Provided	Meets Provider Qualifications	Provider Status (Please use this column to note any corrective actions or terminations)
Case Management Agencies	Provider Medicaid ID	Licensed (Mark with "X" if Licensed)	License Type	License Expiration Date	Unlicensed (Mark with "X" if Unlicensed)	Services Provided	Meets Provider Qualifications	Provider Status (Please use this column to note any corrective actions or terminations)

Assisted Living Waiver Program Monthly Provider Network Report Template							
Provider Name	Provider Medicaid ID	Licensed (Mark with "X" if Licensed)	License Type	License Expiration Date	Unlicensed (Mark with "X" if Unlicensed)	Meets Provider Qualifications	Provider Status (Please use this column to note any corrective actions or terminations)
Case Management Agencies	Provider Medicaid ID	Licensed (Mark with "X" if Licensed)	License Type	License Expiration Date	Unlicensed (Mark with "X" if Unlicensed)	Meets Provider Qualifications	Provider Status (Please use this column to note any corrective actions or terminations)

Assisted Living Waiver Program Monthly Case Manager Training Report				
Case Manager Full Name	Case Management Agency	Case Manager Date of Hire	Date of UCAT Training Completion	Date of ALF Core Training Completion

MEDICAID WAIVER SPECIALIST REPORT GUIDE

ADVERSE INCIDENT REPORT

PERFORMANCE MEASURE REFERENCE:

Health and Welfare (HW) 4: Percentage of health safety and welfare issues appropriately reported in adverse incident reports within 48 hours.

REPORT PURPOSE:

The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect, and exploitation by collecting an Adverse Incident Report to ensure that within 48 hours, all adverse incidents were appropriately reported and documented, and the necessary services provided to resolve all health, safety, and welfare issues.

FREQUENCY & DUE DATES:

- Data Reporting Frequency: Within 48 hours of an adverse incident
- Format: Microsoft Excel spreadsheet
- Due Date: The report must be received by the Department within 48 hours of the occurrence of an adverse incident.

SUBMISSION:

- The MWS shall submit the report in conformance with the frequency and due dates of this guide.
- The MWS shall submit the reports via email using the provided template.
- The reports shall be submitted by secure email to the DOEA contract manager.
- Naming Convention: PSA _ Adverse Incident Report 201_.__.xls (example: PSA 1 Adverse Incident Report 2012.11.xls)

DEFINITIONS:

Adverse Incident Reporting

A definition of adverse incidents that affect the health, safety, and welfare of recipients include:

(1) Injuries/ Situations:

- (a) Death;
- (b) Brain or spinal damage;
- (c) Permanent disfigurement;
- (d) Fracture or dislocation of bones or joints;
- (e) Any condition requiring medical attention to which the recipient has not given informed consent;
- (f) Any condition that requires the transfer of the recipient, within or outside an Assisted Living facility,

to a unit providing a more acute level of care due to the adverse incident, rather than the recipient's condition prior to the adverse incident.

(2) If one or more of the injuries/situations listed above occurred, and the event was one over which service provider staff could have had control (prevented or influenced the occurrence or extent of injury/situation to the recipient.)

(3) If one or more of the injuries/situations listed above occurred, and the event is associated completely or partly with the service provider staff's intervention or lack of intervention and not the result of a pre-existing condition that the intervention was trying to correct or control. For example, transfer of a recipient to the hospital because a pre-existing condition of heart failure worsened, is not an adverse incident if staff intervention or lack of intervention was not directly or indirectly related to worsening of the condition. An expected death of a hospice patient is not an adverse incident, unless staff intervention or lack of intervention contributed to the death.

Automatically Defined as Adverse

Any one of the following is automatically defined as an "adverse incident":

- (a) Abuse, neglect, or exploitation as defined in s. 415.102, F.S.;
- (b) Resident elopement; or
- (c) An event that is reported to law enforcement. (Does not include notification for Baker Act transport, or required notification of a death determined to be from natural causes.)

Adverse incidents involving abuse, neglect, and exploitation must be reported to the Department of Children and Families Adult Protective Services for investigation and resolution. The Medicaid Waiver Specialist shall submit notification of adverse incidents to the Contract Manager in the Adverse Incident Report.

REPORT TEMPLATE

Adverse Incident Report Template										
Month: _____										
Year: _____										
Client First Name	Client Last Name	Client SSN	Waiver Program	Incident Summary (including persons or agencies notified)	Date of Incident	Time of Incident	Date Reported to DOEA	Time Reported to DOEA	Services Provided to Address Issue	Reported to APS (if applicable)