
CRITICAL QUESTIONS WORKBOOK

Section IV

Quality Component Lists and Rating Forms



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Critical Questions Workbook

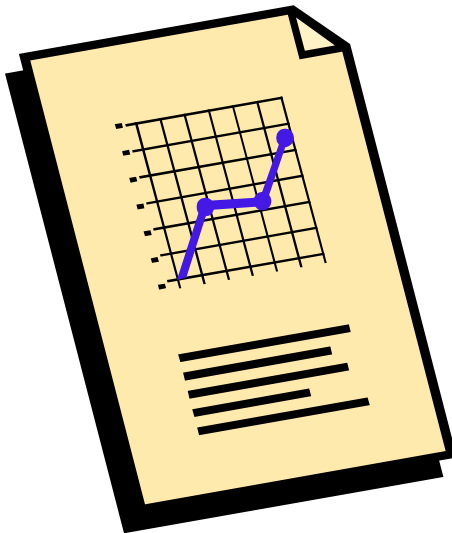
Section IV

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Introduction

This section of the *Critical Questions Workbook* includes one version of forms designed to be used by Quality Committee members to assist them in reviewing local systems and results related to each Critical Question's Desired Outcomes.



The forms list the Quality Assurance Components that SPD expects CDDPs will maintain related to assuring performance on each Desired Outcome. Through this means, it gives committee members a framework for each Desired Outcome, and helps them to understand what kinds of information they should expect to see. CDDPs are not required to present information from each Quality Assurance Component to the committee. However, CDDPs should seek to present the information that will be locally meaningful for answering the Critical Question. This will help you to meet the Quality Assurance Committee activity required by the Oregon Administrative Rule “Provide review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.” {411-320-0040(9)(e)(B)(iii)}

Quality Assurance Committee: Sample Forms Version: "Quality Component Lists and Rating Forms"

Instructions to Quality Assurance Coordinators

The forms in this section are designed to give QA Committee members a list of the types of quality components that CDDPs are required to implement either on an ongoing basis or periodically by Rule, Contract or at Department request related to each Desired Outcome and each Goal. Thus, each Desired Outcome within each goal includes a list of the Quality Components. The Quality Components reflect the range of types of information that the QA Committee members may expect to receive from CDDPs when reviewing each Desired Outcome.

If using these sheets, it is necessary to present actual data separately. This format only provides a list of Quality Components for Desired Outcomes and a space for rating their perception of performance on that Desired Outcome.

The forms give space for Committee members to:

1. Check off the types of evidence received
2. Record their overall evaluation of the local status on that Desired Outcome
3. Write notes on any major concerns they have about the information presented to them by the CDDP

That last section of the form—the evaluation—may be scored as a consensus of the full Committee or scored individually by Committee members, then compiled on the Summary of Desired Outcomes page.



Advantages of This Format	Disadvantages of This Format
<ul style="list-style-type: none"> • Empowers the QA Committee members to know which Quality Components apply to each Desired Outcome—so they can expect to see that data from the CDDP. • Gives QA Committee members a context for reviewing the data presented. • Includes a format for QA Committee members to rate performance on each Desired Outcome. 	<ul style="list-style-type: none"> • Format includes no space for entering actual data related to components. • Because ratings are included for each Desired Outcome, extra pages are required.

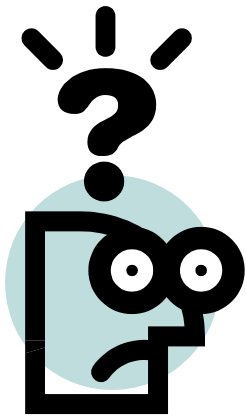
You may modify the forms to add space for data, to remove ratings, or any other change that will make these more useful to you. If you feel you need to modify these forms, be sure to check the other versions of sample forms for QA Committee members that also are included with these materials. Another sample version may better fit your needs.

Suggestions for How to Use the Quality Component Lists and Rating Forms:

1. Determine which Goal will be the focus of the QA Committee meeting. You may choose to do one or more goals during a single QA Committee meeting.
2. Determine the Desired Outcomes related to that goal that will be presented. You may choose to present some or all of the Desired Outcomes for any one Goal.
3. Determine what measures will be presented for each Desired Outcome selected. See the *Critical Questions Workbook* for suggested measures for each Desired Outcome.



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4. Prepare the data for presentation. See Chapter 4 of the *Local Quality Assurance Resource Manual* for suggestions on how to compile, analyze and present data.
 5. For the QA Committee meeting, provide copies of the relevant **Quality Component Lists and Rating Forms** sheets to each committee member.
 6. Present the relevant compiled/analyzed data for one Desired Outcome.
 7. Hold a discussion about the data and performance related to that Desired Outcome.



8. You may choose to ask committee members to formally rate the process and results related to that Desired Outcome. There is space included under each Desired Outcome for Committee members to note comments about specific issues, concerns, if they rated the Desired Outcome as “Don’t Know” or “Needs Improvement.” They can use the table at the end of each goal for summarizing their ratings when there are multiple Desired Outcomes for a single goal.

9. After completing the above process for all Desired Outcomes for a single Goal, compile the results across Committee members, or otherwise come to a consensus around the status of each Desired Outcome.

10. Decide with the QA Committee if the CDDP needs to establish a Quality Improvement Project related to this Goal and one of the Desired Outcomes. If Committee members rated performance, you may use the compiled results to determine if a project is needed. (See Chapter 6 of the *Local Quality Assurance Resource Manual* for suggestions on how to carry out a Quality Improvement Project.

The following pages are organized to include one Desired Outcome per page.

_____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Individuals live in safe physical environments.

Quality Components:

- Licensing, Certification Reviews
- SERT Records
- Service Coordinator Monitoring Results
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 2:

Date Reviewed:

Individuals are protected from abuse.

Quality Components:

- OIT data and Local Investigator Information about Protective Services Investigations
- SERT Records
- PSI Investigator Training, Technical Assistance, Mentoring
- Death Reports
- Special Project Training Records
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 3:

Date Reviewed:

Grievances and complaints are resolved in a timely fashion.

Quality Components:

- Records of Individual Complaints, including Contested Case
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 4:

Date Reviewed:

Individual risk and safety considerations are identified and appropriate interventions designed taking into account individual informed and expressed choices.

Quality Components:

- Service Coordinator Monitoring
- Licensing, Certification Reviews
- Special Training Project Records
- Other:

Status of Desired Outcome 4 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 5:

Date Reviewed:

There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.

Quality Components:

- SERT Records
- Other:

Status of Desired Outcome 5 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 6:

Date Reviewed:

There are safeguards in place to protect and support participants in the event of natural disasters and other public emergencies.

Quality Components:

- Licensing, Certification Reviews
- Other:

Status of Desired Outcome 6 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					
#3					
#4					
#5					
#6					

Notes:

_____ County Quality Assurance Committee

Date: _____

Goal # 2: Developing, Monitoring, and Reviewing Plans of Care

CRITICAL QUESTION: Are home and community-based waiver services and supports planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Comprehensive information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized plan.

Quality Components:

- Individual File Reviews
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 2: Developing, Monitoring, and Reviewing Plans of Care

CRITICAL QUESTION: Are home and community-based waiver services and supports planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 2:

Date Reviewed: _____

Individuals freely choose between waiver services and institutional care, and among waiver services and providers.

Quality Components:

- Annual Sample File Review using HCB Waiver Service Review Checklist
- Individual File Reviews
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 2: Developing, Monitoring, and Reviewing Plans of Care

CRITICAL QUESTION: Are home and community-based waiver services and supports planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 3:

Date Reviewed:

Individuals receive services required to meet needs.

Quality Components:

- CDDP Records
- Service Coordinator Monitoring Results
- Licensing, Certification Reviews
- Employment Outcomes Report
- Other:

Status of Desired Outcome 3 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____County Quality Assurance Committee

Date: _____

Goal # 2: Developing, Monitoring, and Reviewing Plans of Care

CRITICAL QUESTION: Are home and community-based waiver services and supports planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 4:

Date Reviewed:

Individuals are satisfied with plans and outcomes.

Quality Components:

- Individual/family satisfaction surveys
- Other:

Status of Desired Outcome 4 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 2: Developing, Monitoring, and Reviewing Plans of Care

CRITICAL QUESTION: Are home and community-based waiver services and supports planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					
#3					
#4					

Notes:

_____ County Quality Assurance Committee

Date: _____

Goal # 3: Services Provided by Qualified Providers

CRITICAL QUESTION: Do all agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Individual and agency providers are qualified to provide waiver service.

Quality Components:

- Licensing, Certification Reviews
- CDDP Records
- Service Coordinator Monitoring Results
- SERT Records
- Records of provider sanctions and contested case hearings
- Direct Care staff turnover records
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 3: Services Provided by Qualified Providers

CRITICAL QUESTION: Do all agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 2:

Date Reviewed:

Staff of agency providers receive training to provide waiver services.

Quality Components:

- Licensing, Certification Reviews
- Special Training Project Records
- Records of Foster Provider Training and Testing
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 3: Services Provided by Qualified Providers

CRITICAL QUESTION: Do all agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 3:

Date Reviewed:

Service Coordinators possess skills, competencies, and qualifications to provide waiver services.

Quality Components:

- CDDP Records
- Service Coordinator and provider training surveys
- Other:

Status of Desired Outcome 3 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 3: Services Provided by Qualified Providers

CRITICAL QUESTION: Do all agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					
#3					

Notes:

_____ County Quality Assurance Committee

Date: _____

Goal # 4: Determining Level of Care Need

CRITICAL QUESTION: Is each individual's need and eligibility for home and community-based waiver services assessed and determined promptly and accurately?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Level of care assessments are completed accurately and on time.

Quality Components:

- CDDP Records
- Annual Sample File Review using HCB Waiver Service Review Checklist
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 4: Determining Level of Care Need

CRITICAL QUESTION: Is each individual's need and eligibility for home and community-based waiver services assessed and determined promptly and accurately?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome2 :

Date Reviewed:

Level of care assessments are completed by qualified persons.

Quality Components:

- CDDP Records
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 4: Determining Level of Care Need

CRITICAL QUESTION: Is each individual's need and eligibility for home and community-based waiver services assessed and determined promptly and accurately?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					

Notes:

_____ County Quality Assurance Committee

Date: _____

Goal # 5: State Administrative Authority over the Waiver

CRITICAL QUESTION: Does the Department carry out its duties and responsibilities as Oregon's single state Medicaid Agency with regard to home and community-based waiver services?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Providers of home and community-based waiver services receive information regarding Medicaid-specific requirements.

Quality Components:

- CDDP Records
- SERT Records

- Annual Sample File Review using HCB Waiver Service Review Checklist
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 5: State Administrative Authority over the Waiver

CRITICAL QUESTION: Does the Department carry out its duties and responsibilities as Oregon's single state Medicaid Agency with regard to home and community-based waiver services?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 2:

Date Reviewed:

Individuals are informed of, and exercise, the right to due process associated with waiver services.

Quality Components:

- Records of individual complaints, including contested case as well as other types
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 5: State Administrative Authority over the Waiver

CRITICAL QUESTION: Does the Department carry out its duties and responsibilities as Oregon's single state Medicaid Agency with regard to home and community-based waiver services?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					

Notes:

_____ County Quality Assurance Committee

Date: _____

Goal # 6: State Financial Accountability

CRITICAL QUESTION: Does the Department maintain, and participate in, systems and procedures that promote financial accountability at all home and community-based waiver service levels?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Expenditures for waiver services are accurately and appropriately assigned and reported.

Quality Components:

- Audits, financial reports, special inquiries/investigations re: state or local operations
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

-
- Don't Know (Need additional information)
 - Exceeds Standards
 - Meets Standards
 - Needs Improvement
 - Priority Problem Area

If “Don't Know,” “Priority Problem Area,” or “Needs Improvement,” list major **concerns**:

_____ County Quality Assurance Committee

Date: _____

Goal # 6: State Financial Accountability

CRITICAL QUESTION: Does the Department maintain, and participate in, systems and procedures that promote financial accountability at all home and community-based waiver service levels?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					

Notes: