

Appendix D. Operational Requirements Review Tool

Instructions

Instructions for OPs Tool:

This is the review tool used by Reviewers to assess the Wyoming CME's compliance during SFY 2019 in accordance with the language from the SFY 2019 SOW. Reviewers have populated the following areas in the Contract Review tab:

No: The unique number assigned to the goal in the tool. Note that many operational requirements have more than one goal.

Category: The Category of the performance measure as stated in the contract.

Contract Section: The Contract Section (OP-Number) as stated in the contract. Above each operational requirements is the category for that section.

Contract Requirement: The Contract Requirement as stated in the contract.

Performance Measure: The Performance Measure as stated in the contract to meet the Contract Requirement.

OP: The operational requirement number which aligns with the contract. Reviewers developed a naming convention by adding letters to each OP (e.g., OP-01a) to differentiate between the OP's reported measures/goals.

Reported Measure/ Goal: Reported goals included in the Quarterly Reports, if available, or goals as identified by WDH.

Goal Threshold: Thresholds identified by Magellan in the Quarterly Reports.

Reported Findings: Reported findings included in the reviewed document, if available, by SFY quarter for review.

Reported Barriers: Barriers included in the reviewed document, if available.

Reported Interventions: Interventions included in the reviewed document, if available.

Reviewer Comments: Any comments or concerns based on the review of the document.

Next Steps: Identification of next steps for review.

Review Findings: Reviewer's assessment of Magellan's compliance with the Contract Requirement. Review findings evaluate the answer to each review question.

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Summary of SFY 19 Compliance with Operational Requirements

Overview

| | |
|-----------------|----|
| Number of OPs | 31 |
| Number of Goals | 71 |

Level 1 Analysis - Does the supporting data meet the goal?

| Compliance Result | % of Goals |
|-------------------|------------|
| Goal Met | 59.2% |
| Goal Not Met | 38.0% |
| Not Applicable | 2.8% |
| Total | 100.0% |

Level 2 Analysis - Are all goals for the performance measure

| Compliance Result | % of Performance Measures |
|-------------------|---------------------------|
| Yes | 48.4% |
| No | 45.2% |
| Not Applicable | 6.5% |
| Total | 100.0% |

Level 3 Analysis - Does the goal address the performance measure

| Compliance Result | % of Goals |
|-------------------|------------|
| Yes | 98.6% |
| Partially | 0.0% |
| No | 1.4% |
| Total | 100.0% |

Level 4 Analysis - Is the performance measure fully address

| Compliance Result | % of Performance Measures |
|-------------------|---------------------------|
| Yes | 87.1% |
| No | 12.9% |
| Total | 100.0% |

Level 5 Analysis - Does the performance measure satisfy the

| Compliance Result | % of Performance Measures |
|-------------------|---------------------------|
| Yes | 61.3% |
| Partially | 38.7% |
| No | 0.0% |
| Total | 100.0% |

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Comparison of SFY18 and SFY19 Compliance with Operational Requirements

| Overview | SFY18 | SFY19 |
|-----------------|-------|-------|
| Number of OPs | 81 | 31 |
| Number of Goals | 156 | 71 |

Level 1 Analysis - Does the supporting data meet the goal?

| Compliance Result | % of Goals | |
|------------------------------------|------------|--------|
| | SFY18 | SFY19 |
| Goal Met | 58.3% | 59.2% |
| Goal Not Met | 32.1% | 38.0% |
| Not Applicable / Insufficient Data | 9.6% | 2.8% |
| Total | 100.0% | 100.0% |

Level 2 Analysis - Are all goals for the performance measure met?

| Compliance Result | % of Performance Measures | |
|-------------------|---------------------------|--------|
| | SFY18 | SFY19 |
| Yes | 51.9% | 48.4% |
| Partially | 9.9% | 0.0% |
| No | 38.3% | 45.2% |
| Not Applicable | 0.0% | 6.5% |
| Total | 100.0% | 100.0% |

Level 3 Analysis - Does the goal address the performance measure?

| Compliance Result | % of Goals | |
|-------------------|------------|--------|
| | SFY18 | SFY19 |
| Yes | 73.1% | 98.6% |
| Partially | 0.0% | 0.0% |
| No | 12.8% | 1.4% |
| Not Applicable | 14.1% | 0.0% |
| Total | 100.0% | 100.0% |

Level 4 Analysis - Is the performance measure fully addressed by the goals?

| Compliance Result | % of Performance Measures | |
|-------------------|---------------------------|--------|
| | SFY18 | SFY19 |
| Yes | 53.1% | 87.1% |
| No | 21.0% | 12.9% |
| Not Applicable | 25.9% | 0.0% |
| Total | 100.0% | 100.0% |

Level 5 Analysis - Does the performance measure satisfy the contract requirement?

| Compliance Result | % of Performance Measures | |
|-------------------|---------------------------|--------|
| | SFY18 | SFY19 |
| Yes | 87.7% | 61.3% |
| Partially | 2.5% | 38.7% |
| No | 9.9% | 0.0% |
| Total | 100.0% | 100.0% |

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SFY19 Contract Review

| # | Contract Section | Contract Requirement | Performance Measure | OP | Reported Measure/Goal | Goal Threshold | Findings for SFY 19 | | | | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
|---|------------------|--|---|--------|---|----------------|---------------------|------|------|------|--------------|---------|---------|---------|-----------|-----|-----|
| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | | | |
| 1 | OP-01 | The Contractor must provide a provider network certification process focusing on ethical practices. Training components may be included within the required System of Care (SOC) and HFWA values training. Contractor should address ethical issues on a case-by-case basis and at re-credentialing. | The Contractor must provide percent of HFWA providers in the network who complete training including ethics. The AGENCY reserves the right to request additional information be included. Requested data must be included on the next quarterly report. | OP-01a | Rate of providers in network meeting all requirements | 100% | 100% | 92% | 91% | 87% | Goal Not Met | No | Yes | Yes | Partially | | |
| 2 | | | | OP-01b | Rate of providers in network who received training on abuse, neglect, and exploitation identification and reporting procedures annually as part of the re-certification process | 100% | 102% | 92% | 91% | 87% | Goal Not Met | | | | | Yes | |
| 3 | | | | OP-01c | Rate of providers completing annual recertification | 100% | 75% | 75% | 100% | 100% | Goal Not Met | | | | | | Yes |
| 4 | | | | OP-01d | Rate of new providers completing initial provider training | 100% | 100% | 100% | 83% | 79% | Goal Not Met | | | | | | |
| 5 | OP-02 | The Contractor must notify the youth and/or the families of admission to the CME. All successful and attempted contacts should be documented by the Contractor. | The Contractor must notify a youth and/or family of enrollment within two (2) working days of the final eligibility determination [1915(b) waiver] or date of the notification email from the State [1915(c) waiver]. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-02 | Rate of enrollment notification letters sent within 2 business days of determination | 100% | 100% | 98% | 98% | 100% | Goal Not Met | No | Yes | Yes | Yes | | |
| 6 | OP-03 | The Contractor must ensure Family Care Coordinators (FCC) complete a Strengths Needs and Cultural Discovery (SNCD) for each family according to the HFWA process. | The Contractor must provide a complete SNCD submitted prior to the first child and family team (CFT) meeting. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-03 | Rate of SNCDs completed prior to initial CFT meeting | 100% | 74% | 57% | 82% | 76% | Goal Not Met | No | Yes | Yes | Yes | | |
| 7 | OP-04 | After the family have selected their FCC, Contractor must ensure that FCC contact the family timely. | The Contractor must ensure that the FCC must contact every youth and/or family within three (3) working days after being chosen as the FCC to begin the HFWA process. | OP-04 | Rate of new referrals contacted by chosen FCC within 3 working days | 100% | 56% | 49% | 61% | 50% | Goal Not Met | No | Yes | Yes | Yes | | |

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|----|------------------|--|--|--------|---|----------------|---------------------|------|------|------|--------------|---------|---------|---------|-----------|
| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | |
| 8 | OP-05 | The Contractor must ensure the FCC works with the family, youth, and CFT at the start of the wraparound process to develop a POC based on the individual family and child or youth needs, strengths and preferences. All POC's must include team member signatures, specifically youth (if age appropriate) parent/guardian, along with FCC at a minimum. The FCC must collaborate with child and family serving agencies that are involved with the child or youth and his or her family. | The Contractor must ensure that a POC must be developed within forty-six (46) calendar days of initial youth enrollment. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-05 | Rate of enrollments with POCs developed within 46 days of enrollment | 100% | 86% | 68% | 78% | 76% | Goal Not Met | No | Yes | Yes | Partially |
| 9 | OP-06 | The Contractor must ensure each FCC establishes a crisis plan as part of the child's overall POC to assist in stabilizing the child and family while helping to manage crises. The initial crisis plan shall be developed during the initial SNCD process and updated with the POC. | The Contractor must develop a crisis plan with the HFWA team, which must be included with every POC for all enrolled youth. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-06 | Rate of POCs with crisis plans | 100% | 100% | 100% | 100% | 99% | Goal Not Met | No | Yes | Yes | Partially |
| 10 | OP-07 | The Contractor must ensure the FCC invites the chosen Family Support Partner (FSP) and/or Youth Support Partner (YSP) to participate in the wraparound process and CFT meetings. | The Contractor must provide the current number of enrollees and the percentage of youth enrolled with FSP and the percentage of youth enrolled that have YSP. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-07a | Rate of enrollees enrolled with FSP | 100% | 41% | 40% | 34% | 36% | Goal Not Met | No | Yes | Yes | Partially |
| 11 | | | | OP-07b | Rate of enrollees enrolled with YSP | 100% | 6% | 8% | 8% | 8% | Goal Not Met | | Yes | | |
| 12 | OP-08 | The Contractor must ensure the FCC/FSP to youth ratio is no more than one (1) FCC/FSP for a total of ten (10) youth (1:10), regardless of the youth's program or referral source. The YSP to youth ratio should be no more than one (1) YSP for a total of twenty-five (25) youth (1:25). | The Contractor must ensure that the FCC will not have more than ten (10) enrolled youth at a time. A provider will not have more than ten (10) enrolled youth as an FSP and will not have more than twenty-five (25) enrolled youth as a YSP. Percentage of individual providers showing this requirement is met will be reported quarterly. | OP-08a | Rate of FCC providers with ≤ 10 enrolled youth | 100% | 100% | 99% | 100% | 98% | Goal Not Met | No | Yes | Yes | Yes |
| 13 | | | | OP-08b | Rate of FSP/YSP providers with ≤ 10 enrolled youth under FSP and with ≤ 25 enrolled youth under YSP | 100% | 100% | 100% | 100% | 100% | Goal Met | | Yes | | |
| 14 | OP-09 | The Contractor must ensure the FCC holds regularly scheduled CFTs and updates to the POC based on the needs of the family, in accordance to the Agency- | The Contractor must hold a CFT and update the POC within the last thirty (30) days of a ninety (90) day authorization. Data showing compliance with this requirement | OP-09a | Rate of CFT meetings held during the last 30 days (two weeks prior to 7/1/2018) of the authorization period | 100% | 71% | 65% | 76% | 65% | Goal Not Met | No | Yes | Yes | Partially |

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|----|------------------|---|---|--|---|----------------|---------------------|------|------|--------------|--------------|---------|---------|---------|---------|
| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | |
| 15 | | defined timeframes. | shall be included in the quarterly data report. | OP-09b | Rate of POCs completed during the last 30 days (two weeks prior to 7/1/2018) of the authorization period | 100% | 66% | 58% | 75% | 73% | Goal Not Met | | Yes | | |
| 16 | | | | OP-09c | Rate of POCs in which services authorized and reflect participants' needs | 100% | 98% | 92% | 91% | 90% | Goal Not Met | | Yes | | |
| 17 | | | | OP-09d | Rate of POCs with participant/guardian signature affixed | 100% | 98% | 92% | 92% | 90% | Goal Not Met | | Yes | | |
| 18 | | | | OP-09e | Rate of POCs where services and supports are provided in type, scope, amt, duration, frequency | 100% | 98% | 93% | 91% | 90% | Goal Not Met | | Yes | | |
| 19 | | | | OP-09f | Rate of POCs approved with verification of choice | 100% | 100% | 100% | 100% | 100% | Goal Met | | Yes | | |
| 20 | | | | OP-09g | Rate of application authorized enrollees who verified they received training on rights, recognition of, and reporting processes for instances of abuse, neglect, and exploitation | 100% | 100% | 100% | 100% | 100% | Goal Met | | Yes | | |
| 21 | OP-10 | The Contractor must ensure the FCC maintains regular in-person and telephone contact with both the youth and his or her caregiver based on the Agency-defined timeframes. The CFT is considered face-to-face contact. | The Contractor must ensure that after HFWA enrollment begins, The FCC will contact both the youth, dependent upon age, and his/her caregiver at least one (1) time per week via phone and will have face-to-face contact with the child and his caregiver a minimum of two (2) times per month. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-10a | Rate of enrollees contacted by phone at least once a week | 100% | 35% | 44% | 62% | 57% | Goal Not Met | No | Yes | Yes | Yes |
| 22 | OP-10b | | | Rate of enrollees contacted in person at least twice a month | 100% | 80% | 82% | 86% | 83% | Goal Not Met | Yes | | | | |
| 23 | OP-11 | The Contractor must document whether or not an enrolled youth has an identified primary care provider (PCP). | The Contractor must demonstrate the percentage of enrolled youth with a PCP. Percentages of data showing compliance with this requirement shall be included in the quarterly data report. | OP-11 | Rate of enrollees with PCP documented | 100% | 98% | 99% | 99% | 99% | Goal Not Met | No | Yes | Yes | Yes |
| 24 | OP-12 | The Contractor must ensure the FCC engages representatives from other child serving systems that have involvement within their community. Example: DFS, permanency planning, foster care, changes in custody, are evident in the POC. | The Contractor must provide a quarterly report showing the percentage of CFTs held with invited formal supports. | OP-12 | Rate of CFT meetings with invited formal supports | 100% | 56% | 54% | 57% | 56% | Goal Not Met | No | Yes | Yes | Yes |

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|----|------------------|--|---|--------|---|----------------|---------------------|------|------|------|--------------|---------|---------|---------|-----------|
| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | |
| 25 | OP-13 | The Contractor must ensure FCCs communicate an out-of-home placement and work with children and youth who are in out-of-home placements to determine if services and supports can be safely, effectively, and appropriately provided in the community. | The Contractor must provide the number of enrolled youth in out-of-home placement during the reporting period and the percentage of youth disenrolled due to out-of-home placement. | OP-13a | Number of enrollees in OOH placements | Report | 6.7 | 4.3 | 5.7 | 7.3 | Goal Met | Yes | Yes | Yes | Partially |
| 26 | | | | OP-13b | Rate of enrollees disenrolled due to OOH placements | Report | 1% | 2% | 1% | 1% | Goal Met | | | | |
| 27 | OP-14 | The Contractor shall ensure that children and youth placed out-of-home settings are evaluated through the CASII and ESCII and level of care (LOC). | <p>The Contractor must demonstrate the following:</p> <p>Total number of enrollees with a documented level of care satisfying Agency criteria for participation in the program/Total number of enrollees. This metric shall be reported as a percentage.</p> <p>Total number of annual re-evaluations conducted on or prior to the expiration date of the previous evaluation/assessment/Total number of re-evaluations conducted. This metric shall be reported as a percentage.</p> <p>New evaluations are required, a new CASII/ECSII upon return to community. Show the percent of youth returned to the community from out-of-home, with a new evaluation. Report showing number of new evaluations quarterly.</p> | OP-14a | Rate of enrollees meeting all evaluation requirements (LOC, CASII, CANS) for enrollment | 100% | 58% | 65% | 66% | 80% | Goal Not Met | No | Yes | Yes | Yes |
| 28 | | | | OP-14b | Rate of annual re-evaluations conducted prior to or on expiration date | Report | 33% | 0% | 0% | 0% | Goal Met | | | | |
| 29 | | | | OP-14c | Rate of OOH placements returned to community with new LOC evaluations | Report | N/A | N/A | 25% | 71% | Goal Met | | | | |
| 30 | | | | OP-14d | Rate of enrollees with a valid CASII/ ESCII | 100% | 71% | 72% | 73% | 85% | Goal Not Met | | | | |
| 31 | | | | OP-14e | Rate of enrollees with a valid CANS | 100% | 83% | 92% | 92% | 95% | Goal Not Met | | | | |
| 32 | | | | OP-14f | Rate of enrollees with a valid LOC attestation | 100% | 100% | 100% | 99% | 100% | Goal Not Met | | | | |
| 33 | | | | OP-14g | Rate of assessments completed by qualified evaluator | 100% | 100% | 100% | 100% | 100% | Goal Met | | | | |
| 34 | OP-15 | The Contractor must ensure each FCC has knowledge of the current medications for children and youth they serve. If there is a concern, CME will consult with Seattle Children's Hospital (SCH). | The Contractor must provide a quarterly report with the number of consultations CME has with SCH. | OP-15 | Number of consultations with Seattle Children's Hospital | Report | 0 | 0 | 0 | 0 | Goal Met | Yes | Yes | Yes | Partially |
| 35 | OP-16 | The Contractor must assist families with the application or admission process for children and youth referred to the Contractor | The Contractor must report quarterly to the Agency on the number of children and youth referred, and turnaround time for referrals. The | OP-16a | Rate of referrals responded to within 3 working days | 100% | 100% | 100% | 100% | 100% | Goal Met | Yes | Yes | Yes | Yes |

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|----|------------------|--|--|--------|--|----------------|---------------------|------|------|------|--------------|---------|---------|---------|-----------|
| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | |
| 36 | | youth referred to the Contractor. Report quarterly to the Agency on the number of children and youth referred, and turnaround time for referrals. | turnaround time for referrals. The Contractor must respond to any referral or request for enrollment within three (3) working days. The Agency reserves the right to request that additional information be included. Requested data must be included on the next quarterly report. | OP-16b | Average turnaround time for referrals | Report | 1 | 1 | 1 | 1 | Goal Met | | Yes | | |
| 37 | OP-17 | The Contractor must ensure FSPs hold monthly family support group meetings with enrolled youth in every county/region in Wyoming, and YSPs hold monthly youth support meetings in all counties/regions. During the monthly meetings, FSPs should include information regarding family voice and choice. | The Contractor must provide a quarterly report identifying all FSP and YSP support group meetings held in the previous quarter including the location and attendees. | OP-17 | Submission of Family Support Group Meetings Data | Report | 64 | 13 | 57 | 28 | Goal Met | Yes | Yes | Yes | Partially |
| 38 | OP-18 | The Contractor must serve all geographic areas and target populations within the State. Contractor will have staff physically available throughout the regions of the State as indicated by the growth and needs of the Contract. Additional populations may be added or modified as appropriate and agreed upon by both parties in writing. | The Contractor must provide a quarterly report of all enrolled youth and families served in the reporting period and a report of Contractor's staff's presence in each geographic region. | OP-18a | Number of enrollees served (paid claims) | Report | 195 | 180 | 159 | 145 | Goal Met | Yes | Yes | Yes | Yes |
| 39 | | | | OP-18b | Rate of regions with staff member present | 100% | 100% | 100% | 100% | 100% | Goal Met | | | | |
| 40 | OP-19 | The Contractor will only conduct prior authorization (PA)/utilization management (UM) of HFWA, respite and Youth and Family Training (YFT) and Support Services provided to enrolled youth. The Agency currently has an alternate agreement in place for conducting PA and UM for children and youth requiring a PRTF level of care or acute psychiatric stabilization according to the Agency's criteria. The Contractor must work with this vendor | The Contractor must issue service authorizations and/or adverse action notifications as a result of the concurrent review no later than fourteen (14) calendar days after receipt of the plan, with a possible extension of fourteen (14) calendar days if the provider or enrollee requests an extension or the Contractor justifies the need for additional information and how the extension is in the enrollee's best interest. If the Contractor extends the fourteen (14) calendar day | OP-19a | Rate of standard auth decisions within timeframe | 100% | 100% | 96% | 100% | 100% | Goal Not Met | No | Yes | No | Yes |

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|----|------------------|---|--|--------|---|----------------|---------------------|------|------|------|--------------|---------|---------|---------|---------|
| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | |
| 41 | | frequently to ensure timely and efficient referral between programs. The PA/UM process referenced above will require the Contractor to implement Medical Necessity reviews and decisions for eligibility into the CME. During the approved period this will include a concurrent review process to monitor clinical intervention tied to eligibility justification, delivery of benefits (HFWA, Respite, and YFT) and adherence to any benefit limitations. The mechanism and documents to be reviewed for the concurrent review will include the plan of care (POC), crisis plan, CASII, and CANS. | service authorization notice timeframe, it must give the enrollee written notice of the reason for the extension and inform the enrollee of the right to file a grievance if he or she disagrees with the decision. If the provider indicates or the Contractor determines, that following the standard authorization and/or adverse action decision time frame could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, the Contractor must make an authorization decision and | OP-19b | Rate of extended standard auth decisions made within timeframe | 100% | 98% | 99% | 100% | 100% | Goal Not Met | | Yes | | |
| 42 | | | provide notice no later than three (3) working days after receipt of the request for service. This may be extended up to fourteen (14) calendar days if the enrollee requests an extension or the Contractor justifies a need for additional information and is able to demonstrate how the extension is in the enrollee's best interest. If the Contractor's review results in an adverse action, the Contractor shall provide a thirty (30) calendar day advance notification to the enrollee and the enrollee's family care coordinator prior to implementing a change in program eligibility and/or service amount, duration or frequency. | OP-19c | Rate of expedited auth decisions within timeframe | Report | N/A | 100% | 100% | N/A | Goal Met | | Yes | | |
| 43 | | | The Contractor must report quarterly on the status of the Contractor's relationship with the PA/UM vendor. The Agency reserves the right to request that additional information be included. Requested data must be included on the next quarterly report. | OP-19d | Rate of extended expedited auth decisions made within timeframe | Report | 100% | N/A | 100% | 100% | Goal Met | | Yes | | |

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| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | |
| 44 | OP-20 | Flex funds are funds used for expenditures in support of the youth and family's POC for a youth and family receiving services from providers. A reasonable cost for flex funding is one that, in its nature and amount, does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. Unallowable costs include, but are not limited to the following: A. Alcoholic Beverages; B. Bad Debts; C. Contributions and Donations; D. Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringement; E. Entertainment Costs (unless specific written approval has been provided in advance by the Agency); F. Fines and Penalties; G. Interest on Borrowed Capital/Lines of Credit; H. Costs of Organized Fundraising; I. Costs of Investments Counsel/Management; J. Lobbying; and K. Renovation/remodeling and Capital Projects (unless specific written approval has been provided in advance by the Agency). | The Contractor must provide a quarterly report describing how flex funds were spent. The report should include the recipient, the amount, reason for the flex fund distribution, the date of distribution, and a brief description of the flex funds use/purpose. | OP-20a | Number of enrollees receiving flex funds | Report | 0.3 | 0.3 | 0.4 | 0.7 | Goal Met | Yes | Yes | No | Yes |
| 45 | | | | OP-20b | Reasons for flex fund requests | Report | N/A | N/A | N/A | N/A | Goal Met | | Yes | | |
| 46 | | | | OP-20c | Uses of flex funds | Report | N/A | N/A | N/A | N/A | Goal Met | | Yes | | |
| 47 | OP-21 | The Contractor must notify the Agency immediately and in writing of the following: Any event that affects the health, safety, and welfare of an individual, as well as administrative and quality of care complaint. | The Contractor shall notify the Agency within two (2) working days of any critical incident event. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-21 | Rate of QOC incident notification timeliness | 100% | 0% | 0% | 0% | 0% | Not Applicable | Not Applicable | Yes | Yes | Partially |

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| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | | |
| 48 | OP-22 | The Contractor must send complaints received about the Contractor to the Agency. | The Contractor must respond to any complaint received directly or by the Agency in regard to Contractor performance within five (5) working days after receiving the complaint. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-22 | Rate of contractor complaint response timeliness | 100% | N/A | N/A | N/A | N/A | Not Applicable | Not Applicable | Yes | Yes | Partially | |
| 49 | OP-23 | The Contractor is responsible for the accurate and timely submission of all quarterly reporting requirement metrics outlined in the following sections of the Quality Monitoring, Improvement, Assessment, and Federal Reporting Requirements in Attachment A: Statement of Work: A. Initial and Re-evaluation for Enrolled Enrollees: Level of Care B. Application of Evaluation Instruments: CASII, ECSII, CANS, and Level of Care C. Qualified Providers D. Service Coverage and Individual Plan of Care E. Health and Welfare | The Contractor must provide quarterly reports to the Agency that demonstrates alignment with reporting metrics in the identified sections. In addition, the Contractor must submit an annual report that summarizes all quarterly findings to the Agency. | OP-23 | Submission of Quarterly and Annual Reports | Report | N/A | N/A | N/A | N/A | Goal Met | Yes | Yes | Yes | Partially | |
| 50 | OP-24 | The Contractor must report all critical incidents. | The Contractor must report all critical incidents in accordance to Wyoming State Statute and processes defined in the 1915(b) and 1915(c) program waivers. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-24a | Number of critical incidents reported | Report | 13.3 | 10.7 | 9.7 | 12.7 | Goal Met | Yes | Yes | Yes | Yes | |
| 51 | | | | OP-24b | Rate of critical incidents followed up on | Report | 0% | 0% | 0% | 0% | Goal Met | | | | | Yes |
| 52 | | | | OP-24c | Rate of critical incidents that were addressed according to state statute | Report | 100% | 100% | 100% | 100% | Goal Met | | | | | Yes |
| 53 | | | | OP-24d | Rate of deaths resulting in provider corrective action | Report | N/A | N/A | N/A | N/A | Goal Met | | | | | Yes |

Appendix D. Operational Requirements Review Tool

| # | Contract Section | Contract Requirement | Performance Measure | OP | Reported Measure/Goal | Goal Threshold | Findings for SFY 19 | | | | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
|----|------------------|--|--|--------|---|----------------|---------------------|-------|-------|-------|----------|---------|---------|---------|---------|-----|
| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | | |
| 54 | OP-25 | The Contractor must ensure all providers within its provider network are enrolled Medicaid providers. | The Contractor must ensure new and existing providers are enrolled as Medicaid Providers. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-25 | Rate of in-network providers enrolled in Medicaid | 100% | 100% | 100% | 100% | 100% | Goal Met | Yes | Yes | Yes | Yes | |
| 55 | OP-26 | The Contractor must provide an annual report to the Agency detailing the Contractor's expanding availability and service capacity from the past year. | The Contractor must provide an annual report to the Agency detailing the Contractor's expanding availability and service capacity from the past year. Data reported annually. | OP-26 | Submission of Scalability Report | Report | N/A | N/A | N/A | N/A | Goal Met | Yes | Yes | Yes | Yes | |
| 56 | OP-27 | The Contractor must demonstrate a relationship with multiple agencies, organizations, and resources (at the State and local level), including, but not limited to: Family-based or family-run organizations; State and local agencies serving population of focus; Community-based organizations; Schools; Informal resources in the community, including SOC resources; Child Welfare and Juvenile Justice stakeholders and systems; and Current resources such as 211 (resource to human services referrals). | The Contractor must provide quarterly reports that include number of meetings with stakeholders, agencies, organizations, and resources across the State. This includes all QIC and Advisory council meetings. | OP-27a | Number of advisory council meetings | Report | 0.3 | 0.3 | 0.3 | 0.3 | Goal Met | Yes | Yes | No | Yes | |
| 57 | | | | OP-27b | Number of attendees with family-based representation | Report | 327.3 | 210.7 | 205.3 | 361.0 | Goal Met | | | | | Yes |
| 58 | | | | OP-27c | Number of attendees with State or local agency representation | Report | 3.7 | 51.0 | 14.3 | 9.7 | Goal Met | | | | | Yes |
| 59 | | | | OP-27d | Number of attendees with community-based org. representation | Report | 46.3 | 207.7 | 264.0 | 446.0 | Goal Met | | | | | Yes |
| 60 | | | | OP-27e | Number of attendees with school representation | Report | 0.7 | 78.0 | 5.0 | 0.0 | Goal Met | | | | | Yes |
| 61 | | | | OP-27f | Number of attendees with informal resource representation | Report | 4.0 | 122.3 | 24.0 | 0.0 | Goal Met | | | | | Yes |
| 62 | | | | OP-27g | Number of attendees with child welfare/ juvenile stakeholder representation | Report | 3.3 | 72.7 | 0.0 | 0.7 | Goal Met | | | | | Yes |
| 63 | | | | OP-27h | Number of attendees with other representation | Report | 166.7 | 0.0 | 0.0 | 0.0 | Goal Met | | | | | Yes |

Appendix D. Operational Requirements Review Tool

| # | Contract Section | Contract Requirement | Performance Measure | OP | Reported Measure/Goal | Goal Threshold | Findings for SFY 19 | | | | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
|----|------------------|---|---|--------|--|----------------|---------------------|------|------|------|----------|---------|---------|---------|-----------|-----|
| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | | |
| 64 | OP-28 | The Contractor must work closely with the Agency for referring children and youth to the appropriate waiver. | The Contractor will demonstrate that the Contractor will make referrals to the Agency for all youth in need of CMH waiver within two (2) calendar days of discovery. | OP-28 | Rate of referral to C Waiver within timeframe | 100% | 100% | 100% | 100% | 100% | Goal Met | Yes | No | Yes | Yes | |
| 65 | OP-29 | The Contractor must use its IT System track and report claims data via line level detail per unit of service. Data shall be submitted to the Agency's MMIS. | The Contractor must track utilization data at least monthly. Report the percent of providers submitting claims within ninety (90) calendar days. Data showing compliance with this requirement shall be included in the quarterly data report. | OP-29a | Total number of paid encounters processed by Magellan (date of adjudication) | Report | 2296 | 2029 | 1541 | 1695 | Goal Met | Yes | Yes | Yes | Partially | |
| 66 | | | | OP-29b | Total number of encounters sent to the State during the reporting period (date of submission) | Report | 2860 | 2011 | 1704 | 1786 | Goal Met | | | | | Yes |
| 67 | | | | OP-29c | Total number of paid encounter units processed by Magellan (date of adjudication) | Report | 9008 | 8099 | 5931 | 6859 | Goal Met | | | | | Yes |
| 68 | | | | OP-29d | Total number of encounter units sent to the State during the reporting period (date of submission) | Report | 10622 | 7756 | 6551 | 7176 | Goal Met | | | | | Yes |
| 69 | | | | OP-29e | Rate of claim encounters submitted by providers within 90 days of service end date | Report | 96% | 98% | 99% | 97% | Goal Met | | | | | Yes |
| 70 | OP-30 | The Contractor must conduct satisfaction surveys for both enrolled enrollees and all network providers. | The Contractor must provide results of enrollee satisfaction surveys to the Agency for guardians/parents and youth 18 or older upon transition from HFVA asking specifically if they would recommend HFVA to anyone else. These results will be required annually and utilized to inform the performance improvement process. The Contractor will also provide results of provider satisfaction surveys to all current network providers throughout Wyoming, annually. | OP-30 | Submission of Satisfaction Surveys Results | Report | N/A | N/A | N/A | N/A | Goal Met | Yes | Yes | No | Yes | |

Appendix D. Operational Requirements Review Tool

| # | Contract Section | Contract Requirement | Performance Measure | OP | Reported Measure/Goal | Goal Threshold | Findings for SFY 19 | | | | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|----|------------------|---|--|-------|--------------------------------|----------------|---------------------|-----|-----|-----|----------|---------|---------|---------|---------|
| | | | | | | | Q1 | Q2 | Q3 | Q4 | | | | | |
| 71 | OP-31 | The Contractor must submit, annually, an independently audited financial statement that attests to the fair and accurate presentation of the Contractor's financial position. | The Contractor must provide an audited financial statement, which includes, but is not limited to, cash flow statement, statement of activities/income statement and statement of financial position, or balance sheet and expenses specific to this contract to demonstrate solvency. The audit must be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards and to the Agency on an annual basis. | OP-31 | Submission of Financial Report | Report | N/A | N/A | N/A | N/A | Goal Met | Yes | Yes | Yes | Yes |

Appendix D. Operational Requirements Review Tool

Quarterly Summary of Measures

| OP | Performance Measure Description | GOAL | Q1 | Q2 | Q3 | Q4 |
|--------|---|---------|---------|---------|---------|---------|
| OP-01a | Rate of providers in network meeting all requirements | 100.00% | 100.00% | 91.79% | 90.82% | 87.00% |
| OP-01b | Rate of providers in network who received training on abuse, neglect, and exploitation identification and reporting procedures annually as part of the re-certification process | 100.00% | 101.62% | 91.79% | 90.82% | 87.00% |
| OP-01c | Rate of providers completing annual recertification | 100.00% | 75.00% | 75.00% | 100.00% | 100.00% |
| OP-01d | Rate of new providers completing initial provider training | 100.00% | 100.00% | 100.00% | 83.33% | 78.57% |
| OP-02 | Rate of enrollment notification letters sent within 2 business days of determination | 100.00% | 100.00% | 98.46% | 98.11% | 100.00% |
| OP-03 | Rate of SNCDs completed prior to initial CFT meeting | 100.00% | 74.00% | 57.38% | 81.58% | 75.93% |
| OP-04 | Rate of new referrals contacted by chosen FCC within 3 working days | 100.00% | 55.56% | 49.32% | 60.94% | 50.00% |
| OP-05 | Rate of enrollments with POCs developed within 46 days of enrollment | 100.00% | 85.71% | 67.74% | 78.26% | 75.76% |
| OP-06 | Rate of POCs with crisis plans | 100.00% | 100.00% | 100.00% | 100.00% | 99.10% |
| OP-07a | Rate of enrollees enrolled with FSP | 100.00% | 40.62% | 39.80% | 34.18% | 36.33% |
| OP-07b | Rate of enrollees enrolled with YSP | 100.00% | 5.76% | 7.50% | 8.18% | 7.55% |
| OP-08a | Rate of FCC providers with ≤ 10 enrolled youth | 100.00% | 100.00% | 98.51% | 100.00% | 98.06% |
| OP-08b | Rate of FSP/YSP providers with ≤ 10 enrolled youth under FSP and with ≤ 25 enrolled youth under YSP | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| OP-09a | Rate of CFT meetings held during the last 30 days (two weeks prior to 7/1/2018) of the authorization period | 100.00% | 70.77% | 64.80% | 76.19% | 65.22% |
| OP-09b | Rate of POCs completed during the last 30 days (two weeks prior to 7/1/2018) of the authorization period | 100.00% | 66.15% | 57.60% | 75.24% | 73.04% |
| OP-09c | Rate of POCs in which services authorized and reflect participants' needs | 100.00% | 98.17% | 91.83% | 91.46% | 90.29% |
| OP-09d | Rate of POCs with participant/guardian signature affixed | 100.00% | 98.17% | 92.31% | 92.46% | 90.29% |
| OP-09e | Rate of POCs where services and supports are provided in type, scope, amt, duration, frequency | 100.00% | 98.17% | 92.79% | 91.46% | 90.29% |
| OP-09f | Rate of POCs approved with verification of choice | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| OP-09g | Rate of application authorized enrollees who verified they received training on rights, recognition of, and reporting processes for instances of abuse, neglect, and exploitation | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| OP-10a | Rate of enrollees contacted by phone at least once a week | 100.00% | 34.98% | 43.93% | 61.69% | 57.09% |
| OP-10b | Rate of enrollees contacted in person at least twice a month | 100.00% | 79.96% | 81.53% | 85.78% | 83.41% |
| OP-11 | Rate of enrollees with PCP documented | 100.00% | 98.03% | 99.36% | 98.90% | 99.45% |
| OP-12 | Rate of CFT meetings with invited formal supports | 100.00% | 55.69% | 53.58% | 56.80% | 56.44% |
| OP-13a | Number of enrollees in OOH placements | Report | 6.7 | 4.3 | 5.7 | 7.3 |
| OP-13b | Rate of enrollees disenrolled due to OOH placements | Report | 1.03% | 1.63% | 1.45% | 0.72% |
| OP-14a | Rate of enrollees meeting all evaluation requirements (LOC, CASII, CANS) for enrollment | 100.00% | 57.75% | 65.42% | 66.36% | 80.40% |
| OP-14b | Rate of annual re-evaluations conducted prior to or on expiration date | Report | 33.33% | 0.00% | 0.00% | 0.00% |
| OP-14c | Rate of OOH placements returned to community with new LOC evaluations | Report | N/A | N/A | 25.00% | 71.43% |
| OP-14d | Rate of enrollees with a valid CASII/ ESCII | 100.00% | 71.05% | 72.43% | 73.27% | 85.43% |
| OP-14e | Rate of enrollees with a valid CANS | 100.00% | 83.31% | 91.68% | 91.82% | 94.78% |
| OP-14f | Rate of enrollees with a valid LOC attestation | 100.00% | 100.00% | 99.51% | 99.09% | 100.18% |
| OP-14g | Rate of assessments completed by qualified evaluator | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

Appendix D. Operational Requirements Review Tool

| OP | Performance Measure Description | GOAL | Q1 | Q2 | Q3 | Q4 |
|--------|--|---------|---------|---------|---------|---------|
| OP-15 | Number of consultations with Seattle Children's Hospital | Report | 0 | 0 | 0 | 0 |
| OP-16a | Rate of referrals responded to within 3 working days | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| OP-16b | Average turnaround time for referrals | Report | 100.00% | 100.00% | 100.00% | 100.00% |
| OP-17 | Submission of Family Support Group Meetings Data | Report | 64.0 | 13.0 | 57.0 | 28.0 |
| OP-18a | Number of enrollees served (paid claims) | Report | 195.3 | 179.7 | 159.0 | 145.0 |
| OP-18b | Rate of regions with staff member present | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| OP-19a | Rate of standard auth decisions within timeframe | 100.00% | 100.00% | 96.15% | 100.00% | 100.00% |
| OP-19b | Rate of extended standard auth decisions made within timeframe | 100.00% | 97.73% | 99.42% | 100.00% | 100.00% |
| OP-19c | Rate of expedited auth decisions within timeframe | Report | N/A | 100.00% | 100.00% | N/A |
| OP-19d | Rate of extended expedited auth decisions made within timeframe | Report | 100.00% | N/A | 100.00% | 100.00% |
| OP-20a | Number of enrollees receiving flex funds | Report | 0 | 0 | 0 | 1 |
| OP-20b | Reasons for flex fund requests | Report | N/A | N/A | N/A | N/A |
| OP-20c | Uses of flex funds | Report | N/A | N/A | N/A | N/A |
| OP-21 | Rate of QOC incident notification timeliness | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| OP-22 | Rate of contractor complaint response timeliness | 100.00% | N/A | N/A | N/A | N/A |
| OP-23 | Submission of Quarterly and Annual Reports | Report | N/A | N/A | N/A | N/A |
| OP-24a | Number of critical incidents reported | Report | 13.3 | 10.7 | 9.7 | 12.7 |
| OP-24b | Rate of critical incidents followed up on | Report | 0.00% | 0.00% | 0.00% | 0.00% |
| OP-24c | Rate of critical incidents that were addressed according to state statute | Report | 100.00% | 100.00% | 100.00% | 100.00% |
| OP-24d | Rate of deaths resulting in provider corrective action | Report | N/A | N/A | N/A | N/A |
| OP-25 | Rate of in-network providers enrolled in Medicaid | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| OP-26 | Submission of Scalability Report | Report | N/A | N/A | N/A | N/A |
| OP-27a | Number of advisory council meetings | Report | 0.3 | 0.3 | 0.3 | 0.3 |
| OP-27b | Number of attendees with family-based representation | Report | 327.3 | 210.7 | 205.3 | 361.0 |
| OP-27c | Number of attendees with State or local agency representation | Report | 3.7 | 51.0 | 14.3 | 9.7 |
| OP-27d | Number of attendees with community-based org. representation | Report | 46.3 | 207.7 | 264.0 | 446.0 |
| OP-27e | Number of attendees with school representation | Report | 0.7 | 78.0 | 5.0 | 0.0 |
| OP-27f | Number of attendees with informal resource representation | Report | 4.0 | 122.3 | 24.0 | 0.0 |
| OP-27g | Number of attendees with child welfare/ juvenile stakeholder representation | Report | 3.3 | 72.7 | 0.0 | 0.7 |
| OP-27h | Number of attendees with other representation | Report | 166.7 | 0.0 | 0.0 | 0.0 |
| OP-28 | Rate of referral to C Waiver within timeframe | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| OP-29a | Total number of paid encounters processed by Magellan (date of adjudication) | Report | 2296.3 | 2029.0 | 1541.3 | 1695.3 |
| OP-29b | Total number of encounters sent to the State during the reporting period (date of submission) | Report | 2860.0 | 2011.3 | 1704.0 | 1786.3 |
| OP-29c | Total number of paid encounter units processed by Magellan (date of adjudication) | Report | 9008.3 | 8099.3 | 5931.0 | 6858.7 |
| OP-29d | Total number of encounter units sent to the State during the reporting period (date of submission) | Report | 10622.0 | 7755.7 | 6551.3 | 7176.0 |
| OP-29e | Rate of claim encounters submitted by providers within 90 days of service end date | Report | 96.38% | 97.81% | 98.97% | 97.34% |
| OP-30 | Submission of Satisfaction Surveys Results | Report | N/A | N/A | N/A | N/A |
| OP-31 | Submission of Financial Report | Report | N/A | N/A | N/A | N/A |