

CROSSWALK

12-13 Indicators Cross-walked to 13-14

Please Note: There are minor editorial changes throughout the document.

Administrative Issues		
12-13	13-14	
A1-01	A1-01	
A1-02	A1-02	
A1-03	A1-03	
A1-04	A1-04	
A1-05	A1-05	
A1-06	A1-06	
A1-07	A1-07	
A1-08	A1-08	
A1-09	A1-09	
A1-10	A1-10	
A1-11	A1-11	
A1-12	A1-12	
A1-13	A1-13	
A1-14	A1-14	
A1-15	A1-15	
A1-16	A1-16	Added to Guidance: (4th bullet added) <ul style="list-style-type: none"> submits timely initial and final reports for all ANE Allegations through the DDSN Incident Management System according to DDSN Directive 534-02-DD.
A1-17	A1-17	Added to Guidance: (4th bullet added) <ul style="list-style-type: none"> submits timely initial and final reports for all Critical Incidents through the DDSN Incident Management System according to DDSN Directive 100-09-DD.
A1-18	A1-18	Added to Guidance: (4th bullet added) <ul style="list-style-type: none"> submits timely initial and final reports for all Deaths through the DDSN Incident Management System according to DDSN Directive 505-02-DD.
A1-19	A1-19	Added to Guidance: <u>The method for calculating medication error rate has been defined in DDSN Directive 100-29-DD.</u>
A1-20	A1-20	

A1-21	A1-21	
A1-22	A1-22	
A1-23	A1-23	
A1-24	A1-24	
A1-25	A1-25	
A1-26	A1-26	

12-13	13-14	Fiscal Issues
A2-01	A2-01	
A2-02	A2-02	
A2-03	A2-03	

General Agency			
Service Coordination Non-Waiver Indicators			Potential Recoup/or notes
* Please note there are no changes to G1's Key Indicators. *			
12-13	13-14		
G1-01	G1-01		R
G1-02	G1-02		
G1-03	G1-03		
G1-04	G1-04		
G1-05	G1-05		
G1-06	G1-06		
Service Coordination			
		Revision to Guidance: (Bullet A)	
		a) Face-to-face visits occur every 6 months and are with the person receiving services and/or legal guardian.	
G2-01 W	G2-01 W		
G2-02 W	G2-02 W		
G2-03	G2-03		
G2-04	G2-04		
G2-05	G2-05		
G2-06	G2-06		
G2-07	G2-07		
G2-08	G2-08		
Employment / Day Services			
Please note that references to "participant", "individual", and "person" have been replaced with "consumer".			
G3-01	G3-01		
G3-02	G3-02		
G3-03	G3-03		
G3-04	G3-04		
G3-05	G3-05	Revision to Key Indicator: Based on the results of the assessment, within thirty (30) calendar days of the first day of attendance and annually thereafter, a plan is developed with participation <u>input</u> from the individual <u>consumer</u> and/or his/her legal guardian	
G3-06	G3-06	Revision to Guidance: (3rd Bullet) <ul style="list-style-type: none"> Medications taken by the consumer during day services must be listed and any assistance in medicating must be documented (self- medicate or assisted medication). All known relevant medication information <u>known to the Day Program</u> must be documented. All specific instructions concerning individual reactions, side effects or restrictions to medicine must be documented 	
G3-07	G3-07		
G3-08	G3-08	Revision to Guidance: (delete "persons") Goals and objectives are not required for Support Center persons.	
G3-09	G3-09		
G3-10	G3-10	Revision to Guidance: (1st Bullet) <ul style="list-style-type: none"> The interventions in the plan are implemented as 	

		specified in the plan. This includes: <ul style="list-style-type: none"> ○ The type and frequency of supervision as well as, ○ Specific training. 	
G3-11	G3-11		
G3-12	G3-12		
G3-13	G3-13	Revision to Guidance: (Note) NOTE: Amendments must be made using a separate form identified as a plan amendment, indicating the date of the amendment, the name and date of birth, the reason for the amendment, and description of how the plan is being implemented amended.	
Employment - Individual Placement			
<i>*Please note that references to “participant”, “individual”, and “person” have been replaced with “consumer”.</i>			
G4-01	G4-01		
G4-02	G4-02	Revision to Guidance : (2nd Bullet) <ul style="list-style-type: none"> • The record must reflect that the individual consumer participated in made decisions regarding his/her services as evidenced by required signatures in the individual plan of employment as in Section 4, Terms and Conditions of the IPSE. 	
G4-03	G4-03		
G4-04	G4-04		
G4-05	G4-05		
G4-06	G4-06		
HASCI Division Rehabilitation Supports			
<i>*Please note there are no changes to the HASCI Key Indicators*</i>			
G5-01	G5-01		
G5-02	G5-02		
G5-03	G5-03		
G5-04	G5-04		
G5-05	G5-05		
G5-06	G5-06		
G5-07	G5-07		
Residential Services			
G6-01	G6-01		
G6-02	G6-02		
G6-03 W	G6-03 W		
G6-04	G6-04		
G6-05	G6-05		
G6-06	G6-06	Added to Guidance: Score “Met” if there is documentation that training on rights and responsibilities is occurring that the person has received training on rights and responsibilities at least once every three months. Documentation must be available to verify that the person was present during such trainings and must include the person’s signature or mark. If the person has a formal training objective, the data collected will be sufficient documentation.	

G6-07	G6-07		
N/A	G6-07.1 NEW	<p>New Key Indicator: In SLP sites, the person’s medication must be safely stored in their apartment unless there are contraindications.</p> <p>New Guidance: Contraindications (documented reasons as to why storing medication in the person’s apartment would be a health/safety risk) must be determined by the team and documented in the person’s file. Contraindications may include, but not be limited to: documented attempts to overdose, inability to keep medication safe, inability to store medication under proper conditions, etc. Medications must not be kept in a centralized location for convenience.</p>	
G6-08	G6-08	<p>Revision to Guidance: People should receive a regular accounting of their funds receive an accounting of their funds, at least quarterly (amount, what it is spent for, where it is kept, how to access it, etc.)</p>	
G6-09	G6-09	<p>Revision to Guidance: Score “Met” if there is documentation that training on abuse is occurring on an on-going basis. Ongoing, is at a minimum, once every three months. On-going Training means that information about abuse/neglect should be is incorporated into all aspects of the training program, not just a one-time, large group training experience. Training may occur at meetings within residences, “rap sessions”, self-advocates’ meetings, etc. as well as in formal training objectives. Documentation including the person’s signature/mark must be available to show that the person attended. If the person has a formal training objective, the data collected is sufficient documentation.</p>	
G6-10	G6-10		
G6-11	G6-11		
Health & Behavior Support Services			
<i>*Please note there are no changes to the Health & Behavior Support Services Key Indicators*</i>			
G7-01 W	G7-01 W		
G7-02	G7-02		
G7-03	G7-03		
G7-04	G7-04		
G7-05	G7-05		
G7-06	G7-06		
G7-07	G7-07		
G7-08	G7-08		
HASCI Waiver			
G8-01	G8-01		R
G8-02	G8-02		

G8-03	G8-03		R
G8-04	G8-04		
G8-05	G8-05		
G8-06	G8-06		
G8-07 W	G8-07 W	Revision to Guidance: A face-to-face meeting with the person receiving services and/or legal guardian for the purpose of performing a core service coordination function.	
G8-08	G8-08		
G8-09	G8-09		
G8-10 W	G8-10 W		
G8-11	G8-11		
G8-12	G8-12		
G8-13	G8-13		
G8-14	G8-14		
G8-15	G8-15		
G8-16	G8-16		
G8-17	G8-17		R
G8-18	G8-18 R	This key indicator has changed to a recoupable indicator.	R
G8-19	G8-19		
G8-20 W	G8-20 W		
G8-21	G8-21		
G8-22	G8-22 R	Revision to Key Indicator: (This key indicator has changed to a recoupable indicator.) Waiver services properly authorized prior to provision of services Authorization forms are completed for services as required, prior to service provision. Revision to Guidance: All information deleted except: Authorization forms are required for all HASCI Waiver services except Prescribed Drugs. The following information was added: Review the person's Plan to ensure that Authorization forms for services received are present and note a "start date" for services that is the same or after the date of the Service Coordinator's signature. Ensure that authorization forms are addressed to the appropriate entity (i.e., the DHHS-enrolled or contracted provider) and accurately indicate the entity to be billed (i.e., DHHS or the Financial Manager). Ensure that the amount and frequency are consistent with the plan.	R
G8-23 W	G8-23 W		
G8-24	G8-24		R
G8-25	G8-25	KEY INDICATOR DELETED	R
G8-26	G8-26	Key Indicator number change only (change from G8-26 to G8-25)	
G8-27 W	G8-27 W	Key Indicator number change only (change from G8-27 to G8-26)	
G8-28	G8-28	Key Indicator number change only (change from G8-28 to G8-27)	
G8-29	G8-29	Key Indicator number change only (change from G8-29 to G8-28)	
G8-30	G8-30	Key Indicator number change only (change from G8-30 to G8-29)	
G8-31	G8-31	Key Indicator number change only (change from G8-31 to G8-30)	

G8-32	G8-31	Key Indicator number change only (change from G8-32 to G8-31)	
G8-33	G8-32	Key Indicator number change only (change from G8-33 to G8-32)	
G8-34	G8-33	Key Indicator number change only (change from G8-34 to G8-33)	
G8-35	G8-34	Key Indicator number change only (change from G8-35 to G8-34)	
G8-36	G8-35	Key Indicator number change only (change from G8-36 to G8-35)	
G8-37	G8-36	Key Indicator number change only (change from G8-37 to G8-36)	
G8-38	G8-37	Revision to Guidance: <i>(Key Indicator Number Change from G8-38 to G8-37)</i> Review Service Notes and other documentation to verify Service Coordinator obtained copies of nurse supervision reports at least once every four months in review period, reviewed them, and addressed any service provision issue.	
G8-39	G8-38	Revision to Guidance: <i>(Key Indicator Number Change from G8-39 to G8-38)</i> For participant receiving HASCI Waiver Self-Directed Attendant Care (UAP Option), review Service Notes and other documentation to verify Service Coordinator obtained copies of Attendant Care Daily Logs for each Attendant at least monthly in review period, reviewed them, and addressed any service provision issue.	
ID/RD Waiver			
G9-01	G9-01		R
G9-02	G9-02		R
G9-03 W	G9-03 W		
G9-04	G9-04		
G9-05	G9-05		
G9-06	G9-06		
G9-07	G9-07		
G9-08	G9-08		
G9-09 W	G9-09 W	Revision to Guidance: (Bullet A) a) Face-to-face visits occur every 6 months and are with the person receiving services and/or legal guardian.	
G9-10	G9-10		
G9-11	G9-11		
G9-12 W	G9-12 W		
G9-13	G9-13		
G9-14	G9-14		
G9-15	G9-15		
G9-16	G9-16		
G9-17	G9-17		
G9-18 W	G9-18 W		
G9-19	G9-19		
G9-20	G9-20		R
G9-21	G9-21 R	This key indicator has changed to a recoupable indicator.	R
G9-22	G9-22		R
G9-23	G9-23		
G9-24	G9-24		
G9-25	G9-25		R

G9-26	G9-26		
G9-27	G9-27 R	This key indicator has changed to a recoupable indicator.	R
G9-28	G9-28		
G9-29	G9-29		
G9-30 W	G9-30 W		
G9-31	G9-31		
G9-32	G9-32		
G9-33	G9-33		
G9-34	G9-34		
G9-35	G9-35		
G9-36	G9-36		

PDD Program			
G10-01	G10-01		
G10-02	G10-02		
G10-03	G10-03		
G10-04	G10-04		R
G10-05 W	G10-05 W		
G10-06	G10-06		
G10-07	G10-07		
G10-08	G10-08		
G10-09	G10-09 R	<p>This key indicator has changed to a recoupable indicator.</p> <p>Revision to Guidance: Review the child's budget and Plan to ensure that Authorization for Services forms are present and <u>compare the Date Authorization Issued to the Enrollment Date and Authorization Effective Date</u> note a "start date" for services that is the same or after the date of the Case Manager's signature. Authorization forms are required for all services.</p>	R
G10-10	G10-10		
G10-11	G10-11		
N/A	G10-11.1 New	<p>New Key Indicator: The Plan is amended/ updated as needed</p> <p>New Guidance: Review all plans and service notes in effect during the review period to determine if:</p> <ol style="list-style-type: none"> a. updates are made when new service needs or interventions are identified, b. there have been significant changes in the person's life, c. a service is determined to not be effective, d. a need/s has/have been met, e. the person is not satisfied. <p>When any part of the "Needs/Interventions" section (Section D) of the plan is no longer current, an amendment/update must be completed using the CAP module of CDSS. It is acceptable to have a brief service note provided the</p>	

		change/update is explained in detail on the “needs change” form printed from the CAP module of CDSS for the file. For new needs identified during the course of the year, needs assessment and identification of the need will be in the service notes and, if applicable, a new “needs/interventions” page will be added to the plan using the CAP module of CDSS. Plan must be current at all times.	
G10-12	G10-12		
G10-13	G10-13		
G10-14	G10-14	Revision to Guidance Reference: <u>Refer to Conditions of Participation in Chapter 8 of the PDD Manual, items 1-5.</u> the contract between SCDHHS and SCDDSN (amended January 2010) pertaining to The Purchase and Provision of Home and Community Based Pervasive Developmental Disorder Waiver Services.	
G10-15	G10-15	Revision to Guidance Reference: <u>Refer to Conditions of Participation in Chapter 8 of the PDD Manual, items #6.</u> the contract between SCDHHS and SCDDSN (amended January 2010) pertaining to The Purchase and Provision of Home and Community Based Pervasive Developmental Disorder Waiver Services. Appendix B, Case Management Services, Conditions of Participation #6	
G10-16	G10-16	Revision to Guidance: Review <u>the Monthly Progress Report and Therapy Documentation Sheet</u> established goals and monthly progress reports received from the provider to determine progress or the lack of progress.	
G10-17	G10-17	Revision to Guidance: (3rd Bullet) <ul style="list-style-type: none"> If the most recent EIBI service provider <u>Quarterly Treatment/Progress Plan Report</u> quarterly data report was reviewed and discussed 	
G10-18 W	G10-18 W		
G10-19	G10-19		R
G10-20	G10-20		R
G10-21	G10-21		
G10-22	G10-22		
G10-23	G10-23		
G10-24	G10-24		
G10-25	G10-25		
G10-26	G10-26		
G10-27 W	G10-27 W	Revision to Guidance: A reference to Service Coordinator/Coordination has been replaced with Case Manager/Management.	
EIBI Providers Only			
G10-28	G10-28	Revision to Guidance: “related field” has been added to EIBI Consultant educational requirements <ul style="list-style-type: none"> A master’s degree in behavior analysis, education, psychology, special education; or <u>related field</u> A bachelor’s degree in behavior analysis, education, psychology, special education; or <u>related field</u> A bachelor’s degree in behavior analysis, education, psychology, special education; or <u>related field</u> 	

		<p>Statement deleted from guidance: Successfully complete the initial approval process which includes an interview and the submission of a Work Sample that is reviewed and critiqued for competency by the DDSN interview team.</p>	
G10-29	G10-29		
G10-30	G10-30	<p>Revision to Guidance: Guidance includes criteria for Level I and Level II Line therapist. All individuals who serve as <u>Level I</u> Line Therapist must meet the following requirements:</p> <ul style="list-style-type: none"> Be able to speak, read and write English (removed from guidance) <p><u>All individuals who serve as Level II Line Therapist must meet the following requirements:</u></p> <ul style="list-style-type: none"> <u>Have an Associate Degree or two years post-secondary education, or two years of EIBI Line Therapy experience.</u> <p><u>Line Therapist at all levels must have documentation of meeting the following requirements prior to providing services:</u> (The following bullets were added to the guidance and/or combined with other bullets.)</p> <ul style="list-style-type: none"> <u>Criminal Record Checks and Reference Checks of Direct Caregivers (refer to DDSN policy 404-04-DD) (combined bullets related to background checks)</u> <u>At least 12 hours of training to include topic areas per chapter 10 of the PPD Manual, page 3.</u> <u>Have documentation of receiving the required annual in-service training of at least 12 5 hours in implementation of applied behavior analysis, autism or PDD specific training.</u> <p><i>Please note that documentation of annual in-service training has changed from 5 to 12 hours in the above topics.</i></p>	
G10-31	G10-31	<p>Revision to Guidance: <i>(All bullets deleted except EIBI Certification. The following two bullets were added to the guidance.)</i></p> <p>All EIBI providers should have the following documentation on file for the initial approval process:</p> <ul style="list-style-type: none"> <u>Contract with DHHS to provide waiver services</u> <u>Contract with DDSN to provide State Funded services</u> 	
G10-32	G10-32	<p>Revision to Key Indicator: Individual/entities that become approved providers of EIBI services <u>Approved Consultants of EIBI services must</u> submit required data to the child's Case Manager and the Autism Division within the timeframes specified.</p> <p>Revision to Guidance:</p> <ul style="list-style-type: none"> <u>EIBI Monthly Progress Report and EIBI Therapy Documentation Sheet:</u> Progress reports: must be submitted monthly and demonstrate/document that drills are conducted as scheduled <u>EIBI Quarterly Treatment/Progress Plan Report:</u> Data reports: must be submitted quarterly and contain cumulative graphs of target areas demonstrating progress or areas of concern 	

G10-33	G10-33	Revision to Key Indicator: Individual/entities that become approved providers of EIBI services Approved Consultants of EIBI services must submit required assessments to the child's Case Manager and the Autism Division within the timeframes specified.	
N/A	G10-34 New	New Key Indicator: Assessment Authorization: When an EIBI Provider accepts a case, the Provider must complete the Assessment within 30 days of the Assessment Authorization Effective Date New Guidance: Completion means the Assessment report is written and disseminated to all necessary parties.	
N/A	G10-35 New	New Key Indicator: Program Development and Training Authorization: Within 30 days of the Program Development and Training Authorization Effective Date, the Provider is expected to complete the Program Development and Training component (i.e. develop an individualized plan, identify a Lead Therapist for the child, and hire and train sufficient number of Line Therapists to provide established EIBI hours). New Guidance: Although the Plan Implementation, Lead Therapist, and Line are authorized they should not be provided until Program Development has been completed and Training is conducted for the family members and EIBI therapists.	
Community Supports Waiver			
G11-01	G11-01		R
G11-02	G11-02		R
G11-03	G11-03		
G11-04	G11-04		
G11-05	G11-05		
G11-06	G11-06		
G11-07	G11-07		
G11-08	G11-08		
G11-09 W	G11-09 W	Revision to Guidance: (Bullet A) a) Face-to-face visits occur every 6 months and are with the person receiving services and/or legal guardian.	
G11-10	G11-10		
G11-11	G11-11		
G11-12 W	G11-12 W		
G11-13	G11-13		
G11-14	G11-14		
G11-15	G11-15		
G11-16	G11-16		
G11-17	G11-17		
G11-18	G11-18		
G11-19	G11-19		
G11-20	G11-20		R

G11-21	G11-21 R	This key indicator has changed to a recoupable indicator.	R
G11-22	G11-22		R
G11-23	G11-23		
G11-24	G11-24		
G11 -25	G11 -25		
G11-26	G11-26 R	This key indicator has changed to a recoupable indicator.	R
G11-27	G11-27		
G11-28	G11-28		
G11-29	G11-29		
G11-30	G11-30		
G11-31	G11-31		
G11-32	G11-32		
G11-33	G11-33		
G11-34	G11-34		

Residential Observation		
<i>*Please note there are no changes to the Residential Observation Tool*</i>		
RO-01	RO-01	
RO-02	RO-02	
RO-03	RO-03	
RO-04	RO-04	
RO-05	RO-05	
RO-06	RO-06	
RO-07	RO-07	
RO-08	RO-08	
RO-09	RO-09	

Early Intervention			
12-13	13-14	BabyNet Only BabyNet/DDSN DDSN Only	Potential Recoup / or notes
BabyNet Only			
E1-01	E1-01		
E1-02	E1-02		
E1-03	E1-03		
E1-04	E1-04		R
E1-05	E1-05		
E1-06	E1-06	Deleted Duplicate Key Indicator	
E1-06	E1-06		
E1-07	E1-07		
E1-08	E1-08		
E1-09	E1-09		
E1-10	E1-10		
E1-11	E1-11		
E1-12	E1-12		
E1-13	E1-13		
E1-14	E1-14		
E1-15	E1-15		
E1-16	E1-16	Revision to Guidance: <i>(added an underline)</i> Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed <u>every 6 months or as changes warrant</u> (i.e., significant improvement or regression).	
E1-17	E1-17		
E1-18	E1-18		
E1-19 W	E1-19 W	Added to Guidance: Review Family summary sheets and Service Notes to ensure that the parent/caregiver participated in training sessions. To state that the parent/caregiver was present <u>and encouraged the child</u> is NOT sufficient.	
E1-20	E1-20	Added to Key Indicator: Family Training activities should vary. <u>Activities planned must be based on identified outcomes on the IFSP</u>	
E1-21	E1-21		
E1-22	E1-22		
E1-23	E1-23		
E1-24	E1-24	KEY INDICATOR DELETED	
E1-25	E1-24	Key Indicator number change only (change from E1-25 to E1-24)	
E1-26	E1-25	Key Indicator number change only (change from E1-26 to E1-25)	
E1-27	E1-26	KEY INDICATOR DELETED (number change from E1-27 to E1-26)	
E1-28	E1-26	Key Indicator number change only (change from E1-28 to E1-26)	
E1-29	E1-27	Key Indicator number change only (change from E1-29 to E1-27)	
E1-30 Not included in score	E1-28 Not included in score	Key Indicator number change only (change from E1-30 to E1-28)	

BabyNet / DDSN			
E2-01	E2-01		
E2-02	E2-02		
E2-03	E2-03		
E2-04	E2-04		
E2-05	E2-05		R
E2-06	E2-06		
E2-07	E2-07		
E2-08	E2-08		
E2-09	E2-09		
E2-10	E2-10		
E2-11	E2-11		
E2-12	E2-12		
E2-13	E2-13		
E2-14	E2-14		
E2-15	E2-15		
E2-16	E2-16		
E2-17	E2-17		
E2-18	E2-18		
E2-19	E2-19		
E2-20	E2-20	Revision to Guidance: <u>Review assessment dates on chosen assessment tool(s) and IFSP/FSP to ensure they are completed every 6 months or as changes warrant (i.e., significant improvement or regression).</u>	
E2-21 W	E2-21W		
E2-22	E2-22		
E2-23 W	E2-23 W	Added to Guidance: Review Family summary sheets and Service Notes to ensure that the parent/caregiver participated in training sessions. To state that the parent/caregiver was present <u>and encouraged the child</u> is NOT sufficient.	
E2-24	E2-24	Added to Key Indicator: Family Training activities should vary. <u>Activities planned must be based on identified outcomes on the IFSP</u>	
E2-25	E2-25		
E2-26	E2-26		
E2-27	E2-27		
E2-28	E2-28	KEY INDICATOR DELETED	
E2-29	E2-29 28	Key Indicator number change only (change from E2-29 to E2-28)	
E2-30	E2-30 29	Key Indicator number change only (change from E2-30 to E2-29)	
E2-31	E2-30	KEY INDICATOR DELETED (number change from E2-31 to E2-30)	
E2-32	E2-32 30	Key Indicator number change only (change from E2-32 to E2-30)	
E2-33	E2-33 31	Key Indicator number change only (change from E2-33 to E2-31)	
E2-34 Not included in score	E2-34 32 Not included in score	Key Indicator number change only (change from E2-34 to E2-32)	

DSN Only			
E3-01	E3-01		
E3-02	E3-02		
E3-03	E3-03		
E3-04	E3-04		
E3-05	E3-05		R
E3-06	E3-06		
E3-07	E3-07		
E3-08	E3-08		
E3-09	E3-09		
E3-10	E3-10		
E3-11	E3-11		
E3-12	E3-12		
E3-13	E3-13		
E3-14	E3-14		
E3-15	E3-15	<p>Revision to Guidance: <u>Review assessment dates on chosen assessment tool(s) and IFSP FSP to ensure they are completed every 6 months or as changes warrant (i.e., significant improvement or regression).</u></p> <p><u>Note: Applies to Assessments completed 1/1/10</u></p>	
E3-16 W	E3-16 W		
E3-17	E3-17		
E3-18 W	E3-18 W	<p>Added to Guidance: Review Family summary sheets and Service Notes to ensure that the parent/caregiver participated in training sessions. To state that the parent/caregiver was present <u>and encouraged the child</u> is NOT sufficient.</p>	
E3-19	E3-19	<p>Added to Key Indicator: Family Training activities should vary. <u>Activities planned must be based on identified outcomes on the IFSP</u></p>	
E3-20	E3-20		
E3-21	E3-21		
E3-22	E3-22		
E3-23	E3-23		
E3-24	E3-24	KEY INDICATOR DELETED	
E3-25 W	E3-25 24 W	No longer a weighted indicator (number change from E3-25 to E3-24)	
E3-26	E3-26-25	Key Indicator number change only (change from E3-26 to E3-25)	
E3-27	E3-26	KEY INDICATOR DELETED (number change from E3-27 to E3-26)	
E3-28	E3-28 26	Key Indicator number change only (change from E3-28 to E3-26)	
E3-29 Not included in score	E3-29-27 Not included in score	Key Indicator number change only (change from E3-29 to E3-27)	