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DDSD-DDW Numbered Memo 2018-17

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To: All DD Waiver Providers, Community-Based Service Providers, and Interested Parties

From: Jim Copeland, DDSD Director



Subject: Provider Key Performance Indicator Technical Assistance Guide

Based on a review of the 2017 Quality Management Bureau, Incident Management Bureau, Individual Quality Review Data and the Centers for Medicare and Medicaid Services 2014 Final Settings Rule, NMDOH-DDSD is requiring identified service providers to include three specific Key Performance Indicators (KPIs) in their Quality Improvement (QI) Plans.

- Percentage of individuals whose Individual Support Plans (ISP) are implemented as written.
- Percentage of appointments attended as recommended by medical personnel (physician, nurse, practitioner, specialist).
- Percentage of people accessing Customized Community Supports (CCS) in a non-disability specific setting.

These KPIs must also be included in the annual report submitted to DDSD (DDW Standards, Chapter 22).

DDSD has received a number of questions and feedback from providers and have created the attached Provider Key Performance Indicator Technical Assistance Guide to assist service providers in gathering and reporting the requested KPI information and results. The sample guide offers simple suggestions on data sources to consider, factors needed and numerical examples of data collection on the KPIs.

This technical assistance guide is intended for DD Waiver providers. There will be a case manager specific guide sent out in the future.

DDSD appreciates all the feedback and hopes you find the attached QI technical assistance guide to be helpful.

If you have any questions, please contact Chris Futey, 505-841-5507, Christopher.futey@state.nm.us.

Provider Key Performance Indicator Technical Assistance Guide: August 2018

QI Key Performance Indicator	Sample Data Sources	Sample Considerations and Factors Needed	Examples
<p>Percentage of individuals whose Individual Support Plans (ISP) are implemented as written.</p>	<ul style="list-style-type: none"> ● Outcome Tracking Forms 	<ul style="list-style-type: none"> ● Current ISP: Assess the overall completeness of each individual ISP implementation considering the following determinations: plan is present at site; vision statements relate to outcomes; teaching support strategies, action steps and, written direct support instructions are being followed; outcome frequencies are being met. ● Taken together, this information needs to be assessed or “graded” by answering the question, “Is the ISP being implemented as written?” Yes=1 No=0 ● Total number of ‘yes’ becomes the Numerator ● Denominator is the total number of agency ISPs ● Divide numerator by denominator: $\frac{\text{Number of ISPs implemented as written}}{\text{Total Agency ISPs}}$ ● Multiply by 100 to obtain the percentage of ISP’s implemented as written. 	<p>Agency ISPs=50</p> <p>After considering all data sources it’s determined that 41 of 50 ISPs are being implemented as written</p> <p>(41/50) x 100 = 82% of ISPs are being implemented as written, 18% are not.</p> <p>Review patterns of non-implementation and develop specific ways/ideas to improve implementation of ISPs; document improvement efforts and measure periodically. Include these plans for remediation in annual report if below 80%.</p>
<p>Percentage of appointments attended as recommended by medical personnel (physician, nurse, practitioner, specialist)</p>	<ul style="list-style-type: none"> ● Therap Health Tracking Appointment Report: Health Appt. by Appt. Type ● Physician documentation/referrals ● Provider reports ● Decision Consultation Forms 	<ul style="list-style-type: none"> ● The overall rate of attendance of medical appointments. ● Count the total number of scheduled medical appointments attended (for all individuals that you serve). ● Count the total number of appointments scheduled as recommended (for all individuals that you serve). ● Calculate as follows: $\frac{\text{Number of recommended appointments attended}}{\text{Number of appointments scheduled as recommended}}$ ● Multiply by 100 to obtain the percentage of scheduled appointments attended. 	<p>Appointments Scheduled=76 Appointments Attended=52</p> <p>(52/76) x 100= 68% of recommended appointments are attended, 32% are not.</p> <p>Review non-attendance patterns and develop specific ways/ideas to improve medical appointment attendance; document improvement efforts and measure periodically. Include these plans for remediation in annual report.</p> <p>Note: Appointments not attended that are documented on a Decision Consultation Form should not be included in either the numerator or denominator.</p>
<p>Percentage of people accessing Customized Community Supports (CCS) in a non-disability specific setting</p>	<ul style="list-style-type: none"> ● Forms (home site, CCSG site, community) ● Billing Data; provider reports ● SELN monthly reports 	<p>Assess the overall performance for people accessing CCS in a non-disability specific setting</p> <ul style="list-style-type: none"> ● Taken together, this information needs to be assessed or “graded” by answering the question, “Are individuals accessing CCS in a non-disability setting?” Yes=1 No=0. ● Denominator is total number of individuals in a CCS setting; Numerator is number of CCS individuals in non-disability setting ● Divide numerator by denominator: 	<p>84 of 111 individuals at the agency receive CCS in a non-disability setting.</p> <p>84/111= 76% are receiving CCS in non-disability setting, 24% are not.</p> <p>Review patterns of participation in disability-specific settings to develop and implement strategies to improve participation in appropriate settings; document</p>

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		<p style="text-align: center;"><u>Number of Individuals in Non-disability CCS setting</u> Number of Individuals in CCS</p> <ul style="list-style-type: none">● Multiply by 100 to obtain the percentage of CCS participants in a non-disability setting.	improvement efforts and measure periodically. Include these plans for remediation in annual report.
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