Key Performance Indicator	Data Sources	Case Management Measures (point in time, i.e. the site visit)	Examples for Using Measures for Quality Improvement
Percentage of individuals whose Individual Support Plans (ISP) are implemented as written.	Case Management Monthly Site Visit Form (home site, CCS site, community)	ISP implementation is defined by: 1. Presence of current ISP; 2. DSP being able to describe essential elements of the ISP; 3. DSP awareness of and ability to describe his/her role in implementing the ISP; AND 4. Work on Desired Outcomes is documented and demonstrated. There are four different implementation levels based on the site visit forms (yes, partial, no, unable to determine). Thus, there are four different calculations for each period: Number of site visits where ISP implementation has a "Yes" level Number of site visits conducted Number of site visits where ISP implementation has a "Partial" level Number of site visits conducted Number of site visits where ISP implementation has a "No" level Number of site visits conducted Number of visits where ISP implementation has an "Unable to Determine" level Number of site visits conducted **Reporting Measure for DDSD** Number of site visits where ISP implementation has a "Yes" level Number of Site Visits Conducted	Visits on caseload for the month= 45 Number of "yes" implementations for the month=23 Number of "partial implementations" for the month=10 Number of "unable to determine" for the month=5 Number of "no" for the month=7 **Yes: 23/45 =** **51%** **Partial implementations: 10/45=** **22%** **Unable to determine: 5/45=** **11%** **No: 7/45=** **16%** **Total =** **100%** Remediation: Remediation for 22 out of 45 (49%). Closely analyze ISP's that are partially or NOT implemented to determine impediments and root causes. Also analyze site visits where ISP implementation is "unable to determine" to explore opportunities for improving the ISP review process.

Key Performance Indicator	Data Sources	Case Management Measures (point in time, i.e. the site visit)	Examples for Using Measures for Quality Improvement
Percentage of appointments attended as recommended by medical personnel (physician, nurse, practitioner, specialist)	**Therap Health Tracking Appointment Search** (Go to individual's homepage, select Health Tracking on the left, scroll down and select 'Appointment Search', enter date range and appointment type) Case Management Monthly Site Visit Tool (home site, CCS site, community)	During the site visit, the overall performance for each individual's attendance at recommended medical appointments during the calendar month prior to this site visit is assessed using Therap Health Tracker, document review, and interviews. Numerator: Number of appointments completed Denominator: Number of appointments that should have been completed. **Reporting measure for DDSD**: Number of health-related appointments completed Number of health-related appointments that should have been completed	**Appointments that should have been completed =76** **Appointments completed =52** **52/76= 68% of recommended appointments are completed; 32% are not.** Remediation example: For 32% (n=24 appointments)—Identify barriers and -specify ways/ideas to improve appointment attendance; document improvement efforts and remeasure. Include these types of results in the annual report. **Note:** Decision Consultation Forms declining recommended appointments should be deducted from the denominator-number of appointments during the site visit.

Key Performance Indicator	Data Sources	Case Management Measures (point in time, i.e. the site visit)	Examples for Using Measures for Quality Improvement
Percentage of individuals accessing Customized Community Supports (CCS) in a non-disability specific setting	Case Management Monthly Site Visit Tool (home site, CCS site, community) Approved budget; provider reports	During the site visit, the overall performance for people accessing CCS in a non-disability specific setting is assessed through interviews, observations, and review of documentation. This information needs to be assessed by answering the question, "Are individuals accessing CCS in a non-disability specific setting?" There are three different measures calculated through the site visit form data ("yes", receiving CCS in a non-disability specific setting; "no", not receiving CCS in non-disability specific setting; and "does not receive CCS"): <u>Number of site visits resulting in "Yes"</u> Number of Site Visits conducted <u>Number of site visits resulting in "No"</u> Number of Site Visits conducted <u>Number of site visits resulting in "Does not receive CCS"</u> Number of Site Visits conducted **Reporting measure to DDSD:** <u>Number of visits resulting in "Yes"</u> (Number of site visits resulting in "Yes") + (the Number of visits resulting in "No")	A case manager has 100 site visits during a month. The following is what is observed. **50 visits identified CCS participants were receiving the service in a non-disability specific setting =50%** **26 visits identified CCS participants were not receiving the service in a non-disability specific setting =26%** **24 visits resulted in the participants not receive CCS services =24%** **Total =100%** Remediation example: For individuals receiving CCS NOT in a non-disability specific setting, look at barriers to community integration and look at opportunities to improve the process of Informed Choice.