

**Department of Health and Social Services - Division of Senior and Disabilities Services
Proposed Medicaid Waiver Performance Measure Changes and Additions
August 3, 2015**

Level of Care

LOC 3	Number and percentage of level of care determinations completed by a Registered Nurse or Qualified Mental Retardation Professional as required in waiver changed to: Number and percentage of level of care determinations completed by a qualified, state assessor.
Numerator	Number of participant who received a level of care determination by a qualified state assessor in the reporting period.
Denominator	Number of participants who received a level of care determination in the reporting period.
Data set size	100% within reporting period
Data source(s)	DS3
NOTES:	Performance measure language changed to reflect expanded waiver assessor qualifications

LOC 4	Number and percentage of initial and annual level of care determined using approved forms
Numerator	Number of participants who received a level of care determination using approved forms in the reporting period.
Denominator	Number of participants who received a level of care determination in the reporting period.
Data set size	100% within reporting period
Data source(s)	DS3
NOTES:	Discontinued, no longer relevant because we only accept one form and this performance measure was always at 100% compliance.

LOC 6	Number and percentage of initial and annual level of care determination criteria applied by a registered nurse correctly changed to: Number and percentage of initial and annual level of care determination criteria applied correctly
Numerator	Number of initial and annual level of care determination criterion applied correctly.
Denominator	Number of participants who were included in the case review sample.
Data set size	Sample
Data source(s)	DS3, Case Record Review
NOTES:	Performance measure language changed to reflect expanded waiver assessor qualifications

Service Plan

SP 8	Number and percentage of waiver participants who have service plans that were adequate and appropriate based on the needs identified in the assessment (FY2012-FY 2013) changed to: Number and percentage of waiver participants who have service plans that have met the needs identified in the assessment.
Numerator	Number of participants whose service plans were adequate and appropriate based on the needs identified in the assessment.
Denominator	Number of participants who were included in the case review sample.
Data set size	Sample
Data source(s)	Case Record Review
NOTES:	Performance measure language changed; SDS could not quantify "adequate and appropriate" and changed the performance measure to reflect whether the plan is relevant to the needs identified and does the plan meet those needs.

SP 11	Number and percentage of completed service plans submitted to SDS within required regulatory timeframes (7 AAC 130.230 (h)) (FY2012 – FY 2013) changed to: Number and percentage of initial service plans received by DSDS within the required regulatory timeframe of 60 business days following the department’s notice of the recipient and the recipient’s care coordinator that the recipient meets the level of care requirement (7 AAC 130.217(a)(5)(A))
Numerator	Number of service plans submitted to SDS within the regulatory timeframes that were due for submissions within the reporting period.
Denominator	Number of initial service plans due for submission to SDS within the regulatory timeframes (reporting period).
Data set size	100% within reporting period
Data source(s)	DS3
NOTES:	Performance measure language has been modified; SDS changed this performance measure in order to distinguish between initial and renewal plans of care. Renewal plans of care are now tied to a specific date in time, and therefore this performance measure only applies to initial plans of care received within regulatory timeframes after 7/1/2013. The change in this measure will assist in more careful monitoring of new applicants that may not be receiving services before they are approved for waiver, while separating renewal applicants that are already in services and are simply updating plans. Initial plans receive more scrutiny by SDS reviewers because of the importance of person centered planning, appropriate goal development and quality plan structure.

SP 12	Number and percentage of service plans that were submitted on approved forms (FY 2012 – FY 2013) discontinued since
Numerator	Number of service plans that were submitted on approved forms and submitted within the reporting period.
Denominator	Number of service plans that were submitted within the reporting period.
Data set size	100% within reporting period
Data source(s)	DS3
NOTES:	Discontinued, no longer relevant because we only accept one form and this performance measure was always at 100% compliance.

SP 14	Number and percentage of service plans reviewed and updated as needed prior to the annual redetermination date (FY2012-FY2013) changed to: Number and percentage of renewal service plans received by DSDS prior to the set annual redetermination date.
Numerator	Number of service plans reviewed and updated as needed prior to the annual redetermination date, and due to be re-determined within the reporting period.
Denominator	Number of renewal service plans due for an annual redetermination within the reporting period.
Data set size	100% within reporting period
Data source(s)	DS3
NOTES:	Performance measure language has been modified; in July 2013, SDS changed its process around renewal plans of care. Before, the plan of care due date was tied to the level of care re-determination date. However, in keeping with the requirement to receive and review a plan of care annually, SDS discovered that it was automatically out of compliance if it did not re-determine level of care timely. To improve the process, and to assure that SDS receives and reviews renewal plans of care annually, SDS established a “set annual plan of care” date. This date now acts as the anniversary date for care participants and care coordinators to send SDS a completed plan of care. The Research and Analysis Team sends “Care Coordinator Status” reports to all care coordinators to assist in notifying them of specific timelines for recipients. The process changes, however, are fresh enough that many care coordinators are still non-compliant with timely submissions and need additional training or sanctions. SDS also updated its Medicaid waiver regulations to include language around the set annual plan of care date to operationalize the process. This change in regulation is expected to be in place starting July of 2015.

Qualified Providers

QP 23a	Number and percentage of providers who are certified prior to providing waiver services
Numerator	Number of providers who are certified prior to providing waiver services within the reporting period.
Denominator	Number of providers who are currently certified within the reporting period. The actual reporting period is 365 back from the current month; this 365-day look back is based on the fact that providers have up to one year to bill for services.
Data set size	100% within reporting period
Data source(s)	MMIS
NOTES:	Discontinued. Edit in the MMIS does not allow payment on claims unless an active certification record is present. This built-in quality control check denies claims and flags them for review if the service was rendered before the provider was certified and enrolled in Medicaid.

Health & Welfare

HW 26	Number and percentage of critical incident reports that were reported by a provider within required timeframes (split into two, see a and b below)
Numerator	Number of critical incident reports that were reported by a provider within required timeframes, and the critical incident reports were submitted to SDS by a provider within the reporting period.
Denominator	Number of critical incident reports that were submitted to SDS by a provider within the reporting period.
Data set size	100% within reporting period
Data source(s)	Critical Incident Reporting System
NOTES:	Discontinued. This performance measure was split into two measures (please see below), HW 26a and HW26b in order to more adequately track the timely submission of reports that have different regulatory submission timeframes.

HW 26a	Number and percentage of central intake reports involving possible abuse, neglect, or exploitation of adults 18 years old or older that providers submitted within the required timeframe.
Numerator	Number of central intake reports involving possible abuse, neglect, or exploitation of adults 18 years old or older that providers submitted within the required timeframes.
Denominator	Number of central intake reports involving possible abuse, neglect or exploitation of adults 18 years old or older that providers submitted during the reporting period.
Data set size	100% within reporting period
Data source(s)	Centralized Intake Reporting System
NOTES:	Please see Notes for HW26

HW 26b	Number and percentage of central intake reports involving critical incidents, as referenced in 7AAC 130.224, that providers submitted within the required
Numerator	Number of central intake reports involving critical incidents, as referenced in 7 AAC 130.224, that providers submitted within the required timeframes during the reporting period.
Denominator	Number of central intake reports involving critical incidents, as referenced in 7 AAC 130.224, that providers submitted during the reporting period.
Data set size	100% within reporting period
Data source(s)	Centralized Intake Reporting System
NOTES:	Please see Notes for HW26

HW 27a	Number and percentage of central intake reports involving possible abuse, neglect, or exploitation of adults 18 years old or older reviewed within one business day of receipt.
Numerator	Number of central intake reports involving possible abuse, neglect, or exploitation of adults 18 years old or older reviewed within one business day of receipt.
Denominator	Number of central intake reports involving abuse, neglect, or exploitation of adults 18 years old or older submitted during the reporting period.
Data set size	100% of central intake reports involving possible abuse, neglect, or exploitation of adults 18 years old or older submitted during the reporting period
Data source(s)	Centralized Intake Reporting System
NOTES:	Performance measure language was modified in order to reflect the user of the new Centralized Reporting system. Same data is being reported with a new data source.

HW 27b	Number and percentage of central intake reports referred to the Office of Children’s Services within one business day of receipt involving children under the age of 18.
Numerator	Number of central intake reports referred to the Office of Children’s Services within one business day of receipt involving children under the age of 18.
Denominator	Number of central intake reports involving children under the age of 18 submitted during the reporting period.
Data set size	100% of central intake reports involving children under the age of 18 submitted during the reporting period
Data source(s)	Centralized Intake Reporting System
NOTES:	Performance measure language was modified in order to reflect the user of the new Centralized Reporting system. Same data is being reported with a new data source.

HW 30	Number and percentage of deaths reviewed by Mortality Review Task Committee (FY2012-FY2013), changed to: HW 30a: Number and percentage of deaths reported by providers (not able to get this data from Vital stats)
Numerator	Number of participant deaths reported by providers within the reporting period.
Denominator	Number of deaths reported to State of Alaska Vital Statistics within the reporting period.
Data set size	100% within reporting period. Reporting period is quarterly, based on availability of data from Vital Statistics
Data source(s)	Centralized Intake Reporting System, Vital Statistics data sets
NOTES:	Performance measure language was modified and the performance measure has been discontinued at this time. In December 2013, in an attempt to clarify the performance measure SDS modified it to read the number and percentage of participant deaths reported by providers. However, beginning October 2013 with the implementation of the Alaska Medicaid Health Enterprise system vital stats was unable to match the recipients in their database with the SDS database as SDS does not collect social security numbers. In the old system vital stats had created a report to first obtain the social security numbers of the SDS database recipients and then compare the social security numbers in their database to see if there were any matches. SDS is collaborating with vital stats to develop a new process for matching recipients or creating a new report in the Enterprise system to obtain the social security numbers.

HW 30b	Number and percentage of CIRs reporting provider medication errors that resulted in the need for medical intervention
Numerator	Number of critical incident reports reporting provider medication errors that resulted in the need for medical intervention.
Denominator	Number of critical incident reports submitted to SDS within the reporting period.
Data set size	100% within reporting period.
Data source(s)	Centralized Intake Reporting System
NOTES:	Performance measure language was modified to specify that the focus of the measure is on provider related medication errors. Also the language was modified to reflect the use of the new Centralized Reporting system. Same data is being reported with the new definition and data source.