

**Date:** May 27, 2022

**DDSD-DDW Numbered Memo 2022-08**

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**To:** All DD Waiver Providers and Case Management Agencies

**From:** Jason Cornwell, DDSD Director



**Subject:** DDW Standards Chapter 22.2: QI Plan and Key Performance Indicators (KPI)

The purpose of this memo is to inform you that the KPIs established and included in Chapter 22 Quality Improvement Strategy (QIS) of the 2021 DD Waiver Service Standards will remain the same through December 2022. Additionally, this memo provides guidance on how to report the KPIs in the required Provider Annual Report.

As required by the DD Waiver Service Standards, your agency is required to have a system in place to consistently collect and analyze data as part of your quality assurance/quality improvement process and to report the findings to DDSD in the Provider Annual Report.

When reporting data in your Provider Annual Report, please report a rate to include both the numerator and denominator. Please see the examples below<sup>1</sup> and refer to the DD Waiver Service Standards and technical assistance guide for additional information. \* Case Managers refer to TA Guide for calculations using site visit tool data. The provider and case management technical assistance guides are included with this memo.

DDSD will be releasing the 2022 calendar year annual report template that is required for all DDW provider agencies. 2022 Annual reports are due on 2-15-2023. The 2022 template is currently being finalized with updated changes. A link to the report will be sent out at a later date.

1. The following KPI applies to the following provider types: Living Supports service providers (Supported Living, Family Living and Intensive Medical Living), Customized In-Home Supports, Community Inclusion service providers and Case Management agencies. Case Management agencies are only required to report KPI #1 ISP Implementation and #3 CCS in a Non-Disability Specific Setting.

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<sup>1</sup> Numerators and denominators examples available for residential and CCS providers. \* Case Managers refer to TA Guide for calculations using site visit tool data

Percent (%) of individuals whose Individual Support Plans (ISP) are implemented as written.\*

- The **numerator** is the total number of ISPs that are implemented.
  - The **denominator** is the total number of ISPs at an agency (i.e., total number of individuals served as each individual is required to have an ISP).
  - The **rate** is the numerator divided by the denominator x 100.
2. The following KPI applies to the following provider types: Living Supports service providers (Supported Living, Family Living and Intensive Medical Living), Customized In-Home Supports and Case Management agencies.

Percent (%) of appointments attended as recommended by medical professionals (physician, nurse practitioner or specialist). \*

- The **numerator** is the total number of appointments attended.
  - The **denominator** is the total number of appointments recommended by the healthcare provider.
  - The **rate** is the numerator divided by the denominator x 100.
3. The following KPI applies to the following provider types: Customized Community and Case Management agencies. \*

Percent (%) of individuals accessing Customized Community Supports in a non-disability specific setting.

- The **numerator** is the total number of people accessing the service in a non-disability specific setting.
- The **denominator** is the total number of people in these services at a provider agency.
- The **rate** is the numerator divided by the denominator x 100.

If you have any questions, please contact Chris Futey at (505) 216-8691 or [Christopher.futey@state.nm.us](mailto:Christopher.futey@state.nm.us).

\* Case Managers refer to TA Guide for calculations using site visit tool data