

Date: September 19, 2019

DDSD-DDW Numbered Memo 2019-05

Page 1 of 2

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 KPI's established and included in Chapter 22 Quality Improvement Strategy (QIS) of the 2018 DD Waiver Service Standards will remain the same through December 2020. Additionally, this memo provides guidance on how to report the KPI's 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 Reports, include the numerator and denominator. Please see the examples below¹ and refer to the DD Waiver Service Standards and technical assistance guide for additional information. The provider and case management technical assistance guides are included with this memo

Please use the newly created KPI Reporting Template as a tool to gather and aggregate data as required in Provider Annual Reports and as part of the Provider Quality Assurance Committees. For more details, please refer to DD Waiver Service Standards Chapter 22.

This 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.

1. Percent (%) of individuals whose Individual Support Plans (ISP) are implemented as written.
 - The numerator is the total number of ISPs that are implemented based on the data described in number one.
 - The denominator is the total number of ISPs at an agency.

¹ Numerators and denominators are modified for case management agencies. See case management technical assistance guide for more information

This 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.

2. 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.

This KPI applies to the following provider types: Customized Community and Case Management agencies.

3. 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.

If you have any questions, please contact Chris Futey (505) 841-5507.