

Information Required for CMS Quality Improvement Performance Measures

DBHDS/DMAS must collect data and review each of these measures quarterly and report the results periodically to CMS.

VIDES:

1. Number and percent of all new enrollees who have a level of care prior to receiving waiver services.
2. The number and percent of VIDES (LOC) completed within 60 days of application for those for whom there is a reasonable indication that services may be needed in the future.
3. Number and percent of individuals who received an annual VIDES evaluation of eligibility within 12 months of their initial VIDES evaluation or within 12 months of their last annual LOF evaluation.
4. Number and percent of VIDES determinations that followed the required process, defined as completed by a qualified CM, conducted face-to-face with an individual and those who know him (if needed), and at least 3 criteria met.
5. Number and percent of VIDES determinations that use criteria appropriately to enroll or maintain a person in the waiver.

ISP:

1. Number and percent of individuals who have service plans that address their assessed needs, capabilities, and desired outcomes.
2. Number and percent of individual records that indicate that a risk assessment was completed.
3. Number and percent of individuals whose service plan includes a risk mitigation strategy when the risk assessment indicates a need.
4. Number and percent of service plans that include a back-up plan when required.
5. Number and percent of service plans developed in accordance with policies and procedures.
6. Number and percent of required assessments completed prior to the service planning meeting.
7. Number and percent of service plans reviewed and revised by the case manager by the individual's annual review date.
8. Number and percent of individuals whose service plan was revised by the case manager, as needed, to address changing needs.

Other:

1. Number and percent of individuals prescribed three or more psychotropic medications.
2. Number and percent of individuals receiving at least one PCP visit annually.

Department of Justice Settlement Agreement Provisions

For compliance with the Settlement Agreement, the ISP is a critical element. To date, the Commonwealth is out of compliance in most of the case management provisions as the following cannot be documented.

1. Case management initial team assessment team and team follow up at status changes
2. Case management assistance for accessing ALL services and all supports which should be listed in ISP, and not just waiver services
3. Case management is monitoring the ISP "to make timely additional referrals, service changes, and amendments to the plans as needed"

V.F.2: requires the following to be documented. If the case managers:

1. Assess for previously unidentified risks, injuries, needs, or other changes in status; assess the status of previously identified risks, injuries, needs, or other change in status;
2. Assess whether the individual's support plan is being implemented appropriately and remains appropriate for the individual;
3. Ascertain whether supports and services are being implemented consistent with the individual's strengths and preferences and in the most integrated setting appropriate to the individual's needs

Or, if any of these observations or assessments identifies an unidentified or inadequately addressed risk, injury, need, or change in status; a deficiency in the individual's support plan or its implementation; or a discrepancy between the implementation of supports and services and the individual's strengths and preferences, then the case manager shall

1. Report and document the issue, convene the individual's service planning team to address it, and document its resolution.

In addition, it needs to be determined if, in the ISP process, the case manager has performed the following.

1. Discussed employment and established employment goals
2. Promoted all integrated residential options
3. Discussed what to do if a crisis occurs
4. Performed any type of risk assessment
5. Created ISPs using person centered planning principles
6. Monitored providers for person centered service delivery as required by the Settlement Agreement