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supports and services
THAT FOSTER self-determination.

Waiver Performance Measure Overview (Contracting Provider Related Performance Measures)

**Missouri DDD Waiver Performance
Measures as of July 7, 2022**



Presenters

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- 👤 Steve Laws – PR Lead: HSRO
- 👤 Sean Murphy – Information and
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- 👤 Appendixes and Sub-Assurances are determined by CMS
- 👤 All performance measures must have a statistically significant sample size
- 👤 CMS expects an improvement plan when at 86% or below
 - 👤 DDD completes an improvement plan when performance measures are at 87% and below
- 👤 Performance measures have been determined by MO DDD and take public input into account
 - 👤 Performance measures are approved by MO Healthnet & CMS
 - 👤 This will change with next application

- 👤 Provider contracts require adherence to waiver performance measures (section 3.4.13)
- 👤 Providers must individually meet 87% compliance
- 👤 Assigned DD staff review applicable performance measures on an annual basis
- 👤 Providers receive a personalized annual report highlighting applicable performance measures

Appendixes, Sub-Assurances and Performance Measures

- 👤 There are 5 Appendixes the Division Reports On
 - 👤 B – Level of Care
 - 👤 C – Qualified Provider
 - 👤 D – Individualized Support Plan (ISP)
 - 👤 G – Health & Safety
 - 👤 I – Financial Accountability

Appendix A

- 👤 Used by MO Healthnet for performance measures they are responsible for providing oversight of MO DDD Performance Measures

Appendix B - Evaluation/Reevaluation of Level of Care

- 🕒 The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

Appendix B - Evaluation/Reevaluation of Level of Care

- 👤 Sub-Assurance i: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.
- 👤 Sub-Assurance ii: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.

Appendix B - Evaluation/Reevaluation of Level of Care

- 👤 Sub-Assurance iii: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine the initial participant level of care.

Appendix C - Participant Services. Qualified Providers



- 🕒 The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Appendix C - Participant Services. Qualified Providers

- 👤 Sub-Assurance i: The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
- 👤 Performance Measure 1: The number and percent of licensed, accredited, or certified providers with authorizations to bill through the waiver. (Number of providers with authorizations to bill waiver services that are licensed, accredited, or certified divided by the number of providers with authorizations to bill waiver services)

Appendix C - Participant Services. Qualified Providers

Sub-Assurance i: Continued

-  Performance Measure 2: Number and percent of personnel records reviewed by Provider Relations during the time period identified meeting qualification requirements. (Number of personnel records reviewed by Provider Relations meeting qualification requirements divided by Number of personnel records reviewed by Provider Relations)
-  Performance Measure 3: Number and percent of providers surveyed by Licensure and Certification within established timelines. (Number of providers surveyed by Licensure and Certification within established timelines, within the time period identified divided by Number of providers due for Licensure and Certification survey within the identified time period.)

Appendix C - Participant Services. Qualified Providers



- 👤 Sub-Assurance ii: The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
- 👤 Performance Measure 1: Number and percent of non-licensed and non-certified self-directed employees meeting waiver provider qualifications. (Number of self-directed employees meeting waiver provider qualifications within the sample within the identified quarter divided by number of self-directed employees reviewed within the sample within the identified quarter.)

Appendix C - Participant Services. Qualified Providers

- 📍 Sub-Assurance iii: The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.
- 👤 Performance Measure 1: Number and percent of personnel records reviewed by Licensure and Certification during the time period identified meeting training requirements according to CSR. (Number of personnel records reviewed by Licensure and Certification during the time period meeting training requirements according to CSR divided by Number of personnel records reviewed by Licensure & Certification)

Appendix C - Participant Services. Qualified Providers

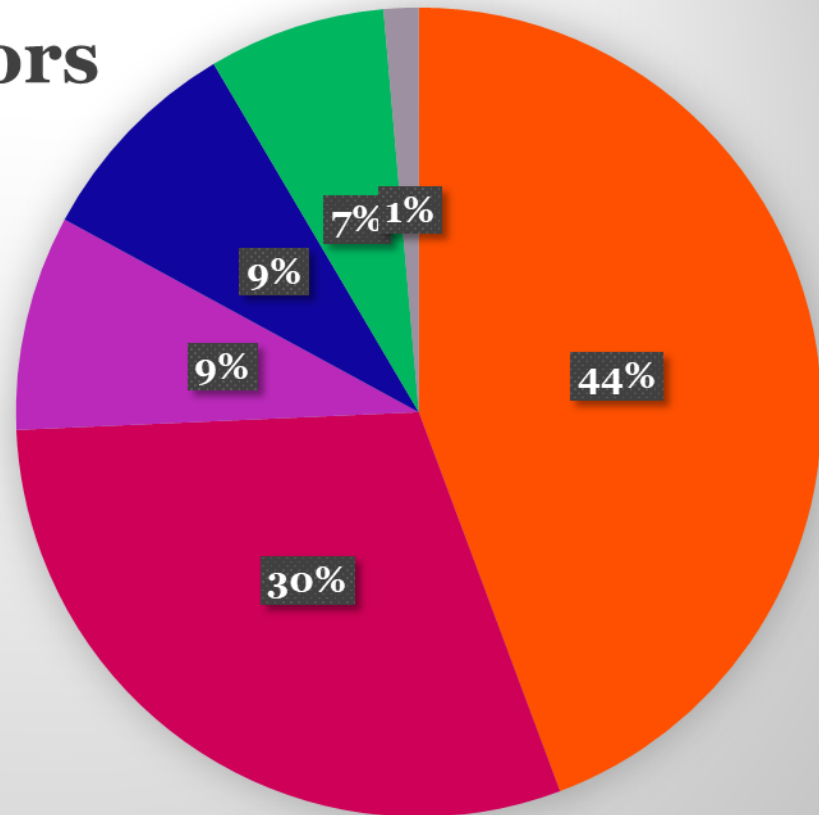
Sub-Assurance iii: Continued

-  Performance Measure 2: Number and percent of personnel records reviewed by Provider Relations (PR) during the time period identified meeting training requirements according to the waiver service definition. (Number of personnel records reviewed by PR during the time period meeting training requirements according to the waiver service definition divided by Number of personnel records reviewed by PR)
-  Performance Measure 3: # and % of staff records providing personal assistance (PA) and/or respite reviewed by Provider Relations (PR) during the time period identified meeting training requirements (Number of staff records providing PA and/or respite reviewed by PR during the time period meeting training requirements divided by number of staff records providing PA or respite reviewed by PR during the time period)

FY2022 Staff Training

Staff Training Errors

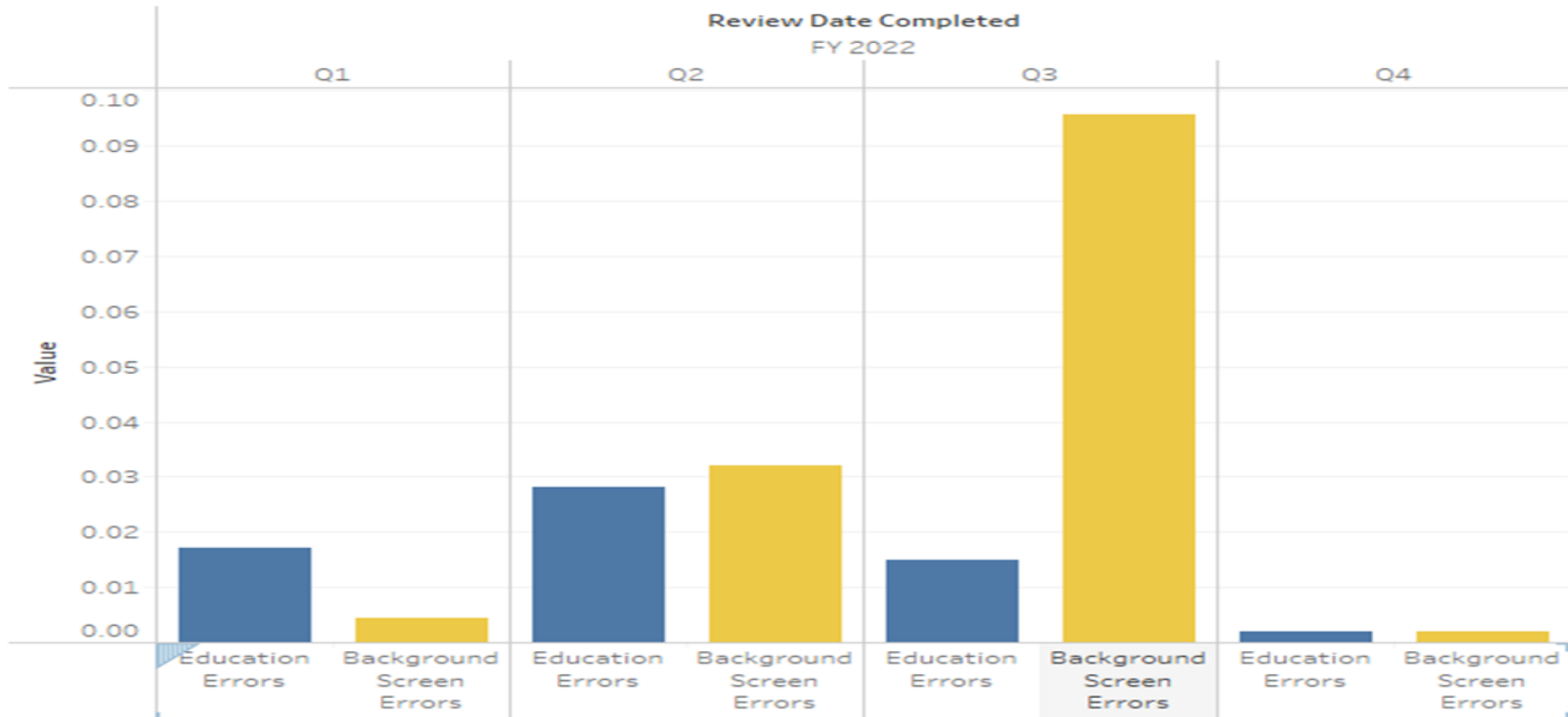
- ISP Errors
- PBS Errors
- CPR Errors
- First Aid Errors
- L1Med Aid Errors
- Abuse Neglect Errors



FY2022 Staff Qualifications

Qualified Staff

Staff Background Screens and Education Requirements Errors



FY2022 Providers of Personal Assistance & Respite Training Requirements

PA/Respite Staff Errors Chart by Qtr

	Review Date Completed FY 2022			
	Q1	Q2	Q3	Q4
ISP Errors in PA/Respite	0.0%	34.6%	25.0%	0.0%
PBS Errors in PA/Respite	0.0%	7.7%	25.0%	100.0%
First Aid Error PA/Respite	0.0%	26.9%	15.0%	0.0%
CPR Errors in PA/Respite	0.0%	26.9%	15.0%	0.0%
AbuseNeglect PA/Respite	100.0%	0.0%	20.0%	0.0%
L1MA Errors PA/Respite	0.0%	3.8%	0.0%	0.0%

Appendix D - Participant-Centered Planning and Service Delivery: Service Plan


- 👤 The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

Appendix D - Participant-Centered Planning and Service Delivery: Service Plan

- 👤 Sub-Assurance i: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Appendix D - Participant-Centered Planning and Service Delivery: Service Plan

Sub-Assurance i: Continued



-  Performance Measure 4: Number and percent of support plans reflecting safety risk factors and measures in place to minimize them, including individualized backup plans and strategies. (Number of plans addressing participants' safety risk factors divided by the Total number of support plans reviewed in the identified quarter)

Appendix D - Participant-Centered Planning and Service Delivery: Service Plan

- 👤 Sub-Assurance ii: The state monitors service plan development in accordance with its policies and procedures.
 - 👤 Performance Measure 1: Number and percent of support plans are reviewed in accordance with the Division's ISP review policy for monitoring (Number of support plans reviewed in the identified timeframe with complete summaries as required for the previous 12 months divided by the Number of support plans reviewed in the identified timeframe.)

Appendix D - Participant-Centered Planning and Service Delivery: Service Plan

Sub-Assurance ii: Continued

-  Performance Measure 2: Number and percent of support plans in which the person participated in their plan development. (Number of support plans in which the person participated in their plan development in the identified timeframe over the Number of support plans reviewed in the identified timeframe)
-  Performance Measure 3: Number and percent of plans in which the person/person's guardian signed and dated the plan prior to implementation. (Number of support plans where the person/person's guardian signed and dated prior to the implementation date divided by the number of plans reviewed within the identified quarter.)

Appendix D - Participant-Centered Planning and Service Delivery: Service Plan

- 👤 Sub-Assurance iii: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.
 - 👤 Performance Measure 2: Number and percent of support plans that were updated to reflect current identified changes in need (Number of support plans reflecting current identified changes in need from quarterly reviews divided by the Number of support plans reviewed within the identified quarter.)

Appendix D - Participant-Centered Planning and Service Delivery: Service Plan

- 👤 Sub-Assurance iv: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.
- 👤 Performance Measure 1: Number and percent of waiver participants who receive services in the type, amount, frequency, and duration authorized in their support plan. (Number and percent of waiver participants who receive services as authorized in their support plan divided by the Number of waiver participants with authorized services within the identified timeframe.)

Appendix D - Participant-Centered Planning and Service Delivery: Service Plan

- 👤 Sub-Assurance v: Participants are afforded choice:
Between/among waiver services and providers.

Appendix G -Participant Safeguards: Health and Welfare


- 👤 The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Appendix G -Participant Safeguards: Health and Welfare

- 👤 Sub-Assurance i: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death
 - 📌 Performance Measure 1: Number of participant records that document the participant has been informed of how to report suspected abuse/neglect/misuse of funds. (Number of participant records that document the participant has been informed of how to report suspected abuse/neglect/misuse of funds divided by the number of participant records reviewed within the identified timeframe.)
 - 📌 Performance Measure 2: # & % of unexpected deaths meeting criteria for a DD Mortality Review, closed at the Division level with a closed plan of action. (# & % of unexpected deaths meeting criteria for a DD Mortality Review, closed at the Division level with a closed plan of action divided by # of unexpected deaths meeting criteria for a DD Mortality review closed at the Division level with a plan of action identified)

Appendix G -Participant Safeguards: Health and Welfare

Sub-Assurance i: Continued

-  Performance Measure 3: Number and percent of EMT system events with a complaint or suspicion of abuse, neglect, misuse of funds or property, reported in the required timeframes (Number of events with a complaint or suspicion of abuse, neglect, misuse of funds or property reported in the required timeframes divided by Number of events with a complaint or suspicion of abuse, neglect, and/or misuse of funds or property)

Appendix G -Participant Safeguards: Health and Welfare



- 👤 Sub-Assurance ii: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.
 - 👤 Performance Measure 1: Number and percent of moderate or severe med errors with a closed clinical QE review (Number of moderate and severe med errors from EMT with a closed clinical QE review divided by Number of moderate and severe med errors from EMT)
 - 👤 Performance Measure 2: Number and percent of choking events with a closed clinical QE review (Number of choking events entered in EMT with a closed clinical QE review divided by Number of choking events entered in EMT)

Appendix G -Participant Safeguards: Health and Welfare

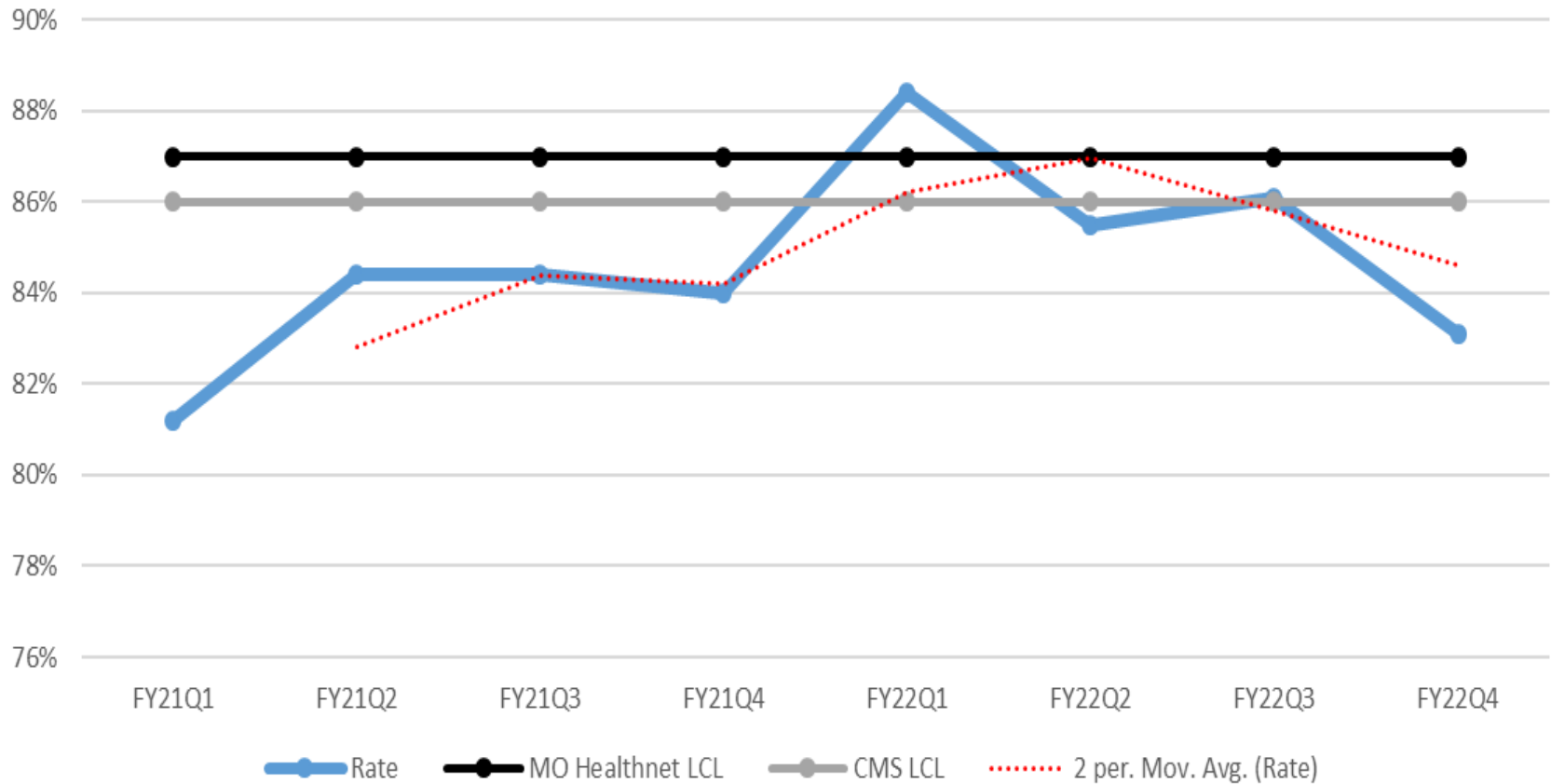
- 👤 Sub-Assurance iii: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.
- 👤 Performance Measure 1: The number and percent of individuals who did not experience a reported event indicating a prohibited procedure. (The total # of individuals who did not have a reported event where a prohibited procedure was identified divided by the total number individuals in the waiver)

Appendix G -Participant Safeguards: Health and Welfare

Sub-Assurance iii: Continued

-  Performance Measure 2: The number and percent of individuals who did not experience a reported event indicating the use of an emergency procedure. (The total # of individuals who did not have a reported event where an emergency procedure was identified used divided by the total number individuals in the waiver)
-  Performance Measure 3: The number and percent of individuals who were afforded due process for a restrictive intervention. (The number of individuals who were afforded due process for a restrictive intervention divided by total number who were referred for due process for a restrictive intervention.)

Due Process Performance Measure Waiver Years 2021-2022



Appendix G -Participant Safeguards: Health and Welfare

- 👤 Sub-Assurance iv: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.
- 👤 Performance Measure 1: Individuals have completed Health Risk Support Plans (HRSP) in accordance with the annual Health Risk Screening process. (Individuals with completed Health Risk Support Plan (HRSP) in accordance with the annual Health Risk Screening process divided by the Number of individuals meeting the criteria for a HRSP)

Appendix H -Quality Improvement Strategy

- 🕒 No performance measures in Appendix H
- 🕒 Description of the Division's quality processes

Appendix I – Financial Accountability

- 🕒 The state must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

Appendix I – Financial Accountability

- 👤 Sub-Assurance i: The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.
 - 👤 Performance Measure 1: Number and percent of paid claims for individuals enrolled in the waiver with the appropriate waiver modifier (Number and percent of paid claims for individuals enrolled in the waiver with the appropriate waiver modifier divided by Number and percent of paid claims for individuals enrolled in the waiver)
 - 👤 Performance Measure 2: Number and percent of waiver service claims paid that did not exceed the maximum allowable rate (Number of paid waiver service claims by procedure code that did not exceed the maximum reimbursement allowance divided by total number of paid waiver service claims)

Appendix I – Financial Accountability

- 🕒 Sub-Assurance ii: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.

- 👤 MO Healthnet reviews DDD performance measure and Appendix H data quarterly
- 👤 MO Healthnet does their own audit quarterly, which is aggregated for an annual review
- 👤 DDD reports to CMS annually and a three year report two years before the waiver renewal
- 👤 Any performance measure consistently below 86% shows non-compliance with the waiver



Place questions in chat