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# Discussion Paper

## Community Living Exchange

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### **Reporting:**

Managing and Using Home and  
Community-Based Services Data for  
Quality Improvement

Taryn Bowe  
Maureen Booth  
Stuart Bratesman  
Julie Fralich



UNIVERSITY OF SOUTHERN MAINE  
Muskie School of Public Service

This document was prepared by Taryn Bowe,  
Maureen Booth, Stuart Bratesman, and Julie Fralich  
of the Muskie School of Public Service.

Prepared for:



**Rutgers** Center for  
State Health Policy

Susan C. Reinhard & Marlene A. Walsh



Robert Mollica

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## Managing and Using Data for Quality Improvement

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The Data Management and Use Series represents the third in a group of papers synthesizing the ideas and practices of states as they improve the quality of home and community based services (HCBS) and supports for older persons and persons with disabilities.

In 2003, the Centers for Medicare & Medicaid Services (CMS) awarded grants to 19 states to enhance their quality management (QM) programs for HCBS programs.<sup>1</sup> CMS contracted with the Community Living Exchange Collaborative<sup>2</sup> to assist states in their grant activities by promoting information exchange and facilitating discussions on topics of common interest. As part of its work with the Community Living Exchange Collaborative, the Muskie School of Public Service, together with grantee states, identified three initial priority topics for working papers:

1. Quality Management (QM) Roles and Responsibilities
2. Discovery Methods for Remediation and Quality Improvement
3. **Managing and Using Data for Quality Improvement**

The Data Management and Use Series builds upon the concepts and techniques discussed in the two previous papers and provides additional resources for states as they seek to organize, analyze and report data in a way that informs decision making and supports quality management and improvement.

### Focus and Purpose of Data Use and Management Series

As 2003 Quality Grantees move into the third year of their projects, their methods for collecting and automating HCBS waiver data are continuously improving, and program and outcome data are becoming more readily available. One challenge that is frequently articulated by grantees is how to organize, analyze and report this data in a way that is timely, accurate and cost-effective. States are challenged to integrate information from a variety of separate systems and present data in a format that is meaningful, purpose-driven and often dependent on the audience or stakeholder. CMS's requirement that states report data in a way that directly addresses HCBS waiver assurances gives each of these challenges additional weight.

A number of specific issues and questions were identified through monthly conference calls and one-on-one discussions with grantees. These include the following:

- **Performance Measurement:** How do states construct and use performance measures to evaluate HCBS programs?
- **Data Quality and Analysis:** How do states validate, clean and analyze waiver data in a way that supports project management and informs decision-making?
- **Data Presentation:** What types of tables, charts and graphics are used to present data, and how does the effectiveness of these formats vary depending on the type of information and/or pattern being conveyed?
- **Reporting:** What types of reports are generated from HCBS waiver data and how do these reports vary depending on the audience and purpose?

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<sup>1</sup> QA/QI grantee states include: California, Colorado, Connecticut, Delaware, Georgia, Indiana, Maine, Minnesota, Missouri, North Carolina, New York, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Wisconsin, and West Virginia.

<sup>2</sup>The Community Living Exchange Collaborative is a partnership of the Rutgers Center for Health Policy, the National Academy for State Health Policy and Independent Living Research Utilization. Under contract with the Technical Exchange Collaborative, the Muskie School of Public Service is the lead for providing technical assistance in the area of quality assurance/quality improvement.

- **Data Integration:** How is data from different sources blended and linked to create a larger and more comprehensive data environment?

This paper is an attempt to address the challenges of reporting from a program manager's perspective. It is not meant to be an exhaustive research document, nor is it intended to single out any one correct approach. The paper is meant to facilitate communication between program units and analytic staff and serve as one reference for states as they continue to improve upon data collection techniques and use this information for ongoing quality management and improvement.

## Reporting

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Final reports are typically the end product of an involved process of data gathering, cleaning, integration and analysis. Effective reports present information in a structured way that highlights key messages, such as areas of poor or strong performance, and enables readers to make informed decisions about how to act on information provided. While the construction of reports is not necessarily the first chronological step in designing and thinking through data analyses, it is helpful to understand the final output that is desired when identifying data sources, selecting performance measures and developing the structure and scope of data analysis plans.

This paper walks through different types of HCBS waiver reports and includes steps for thinking through the purpose, content and format of each, while tailoring report presentation to meet the needs of specific audiences. Wherever possible, state examples are provided at the end of each section and are supplemented by sample reports that combine promising features of these and other examples.

Seven types of reports are highlighted that guide program management, inform policy development, measure program outcomes and identify areas for quality improvement. Each of these reports targets a specific set of questions (*e.g.*, Are states meeting CMS waiver assurances? Are participants satisfied with their quality of life and services?) and may vary in content and format depending on the audience.

Sample reports include:

- Annual Report
- HCBS Evidence Report
- Management Report
- Claims-Based Report
- Provider Specific Reports
- Critical Incident Reports
- Consumer Survey Reports

Please note that the reports presented in this paper are illustrative only and should not replace the process of soliciting input from stakeholders on what kind of information should be included in a report. These examples can provide a starting point for those discussions but should be adapted to a state's own needs and priorities to become useful and meaningful. In some cases, examples from other settings of care are included if the format has application to HCBS.

The reports highlighted in this document are intended primarily for HCBS program managers, legislators, and care providers. Reports specifically designed for consumers are beyond the scope of this paper and warrant additional considerations. The reader is advised to review the bibliography at the end of this paper for resources that may be helpful in developing consumer reports.

## I. Annual Report

An annual report is designed specifically to provide a diverse group of stakeholders with a formal statement of the previous year's activities. It may include contextual information, client demographic data and a statement of future goals and activities. It may also include detailed financial data, reports on select performance measures and other important facts about program operations. Typically, annual reports are written with the intention of providing an accessible snapshot of a program and its recent accomplishments. The report tends to be broad in scope, but may reference other products, reports and websites where additional information can be obtained.

| Annual Reports at a Glance |   |
|----------------------------|---|
| Purpose:                   | <ul style="list-style-type: none"><li>To provide stakeholders with an overview of the previous year's activities, expenditures and program performance.</li></ul>   |
| Audience:                  | <ul style="list-style-type: none"><li>Legislators</li><li>Committee, council and board members</li><li>Service agencies/provider organizations</li><li>Consumer advocacy groups</li></ul>                             |
| Sample content:            | <ul style="list-style-type: none"><li>Enrollment trends</li><li>Expenditures, cost per member</li><li>Program performance against goals, objectives</li><li>Comparison of program performance to benchmarks</li></ul> |
| Level of specificity:      | <ul style="list-style-type: none"><li>Simple, clear presentation</li><li>Short paragraphs, use of bullets</li></ul>   |
| Literacy:                  | <ul style="list-style-type: none"><li>Fifth grade literacy</li><li>No jargon</li></ul>  |
| Frequency:                 | <ul style="list-style-type: none"><li>Annual</li></ul>  |

### *State Examples:*

Maine's report, *Quality Indicators for Home and Community-Based Services: Older Adults and Adults with Disabilities*, provides summary information on the program design and performance of Maine's home and community-based waiver for older adults and adults with disabilities. The report is organized around the CMS Quality Framework and its seven focal areas. For each area of quality, the report includes the state's results on one to three core performance indicators. For more information, visit:

[http://www.hcbs.org/moreInfo.php/state/159/sby/Date/doc/1467/HCBS\\_Quality\\_Indicators\\_for\\_Home\\_and\\_Community-Bas](http://www.hcbs.org/moreInfo.php/state/159/sby/Date/doc/1467/HCBS_Quality_Indicators_for_Home_and_Community-Bas)

*Massachusetts Department of Mental Retardation Quality Assurance Report* presents the results of a series of outcome measures in the following ten areas: health, protection from harm, safe environments, human and civil rights, decision-making and choice, community integration, relationships, achievement of goals and work and qualified providers. The data that forms the basis of this report is drawn from a wide variety of quality assurance processes in which the department is routinely engaged. For more information, visit:

[http://www.hcbs.org/files/56/2788/Assurance\\_Report.pdf](http://www.hcbs.org/files/56/2788/Assurance_Report.pdf)

*2004 New York State Managed Care Plan Performance Report* is designed to help inform and educate health care consumers, providers and insurers as they make important decisions about health plans. Information is divided into the following sections: plan profiles, provider network, child and adolescent care, women's health, adults living with illness, behavioral health and access and services. Each section of the report contains groups of quality care performance measures with results for each plan and the statewide average. The last page of each section includes a graph showing New York's performance over time and comparable national benchmarks for the performance measures published in that section. While the report does not deal specifically with HCBS waiver programs, it is a good example of how complex information can be analyzed at different levels (state, plan, etc.) and presented to the public using clear, easy to read graphs and tables. For more information, visit: [http://www.health.state.ny.us/health\\_care/managed\\_care/qarrfull/qarr\\_2004/qarintro.htm](http://www.health.state.ny.us/health_care/managed_care/qarrfull/qarr_2004/qarintro.htm)

## II. HCBS Evidence Report

At the time of waiver renewal, states must document the performance of their waiver programs with respect to the six CMS waiver assurances. CMS uses this data to make a decision regarding continuation of the waiver program. The evidence report is intended primarily for CMS staff, but could be used on a more regular basis by state program managers in their assessment of waiver performance. In producing evidence, states are generally asked to (a) briefly describe the indicators and discovery methods they use to monitor performance against each waiver assurance, (b) report findings of this assessment and (c) explain how this data is used to make continuous quality improvements. In a case where a state has not implemented indicators and discovery methods to fully assess all aspects of each waiver assurance, the report identifies how the state plans to do so in the future.

| HCBS Evidence Report at a Glance |  |
|----------------------------------|--|
| Purpose:                         | <ul style="list-style-type: none"> <li>To provide an overview of discovery methods, program outcomes and quality improvement activities and demonstrate to CMS that required waiver assurances are being met.</li> </ul>   |
| Audience:                        | <ul style="list-style-type: none"> <li>CMS central and regional offices</li> <li>Medicaid agency</li> <li>Department heads</li> <li>Committee, council and board members</li> <li>State-level managers</li> <li>Service agencies/provider organizations</li> <li>Consumer advocacy groups</li> </ul> |
| Sample content:                  | <ul style="list-style-type: none"> <li>Quality indicators for each waiver assurance</li> <li>Discovery methods for collecting data to generate quality indicators</li> <li>Findings and interpretation of quality indicators</li> <li>Actions taken/proposed to address weaknesses</li> </ul>        |
| Level of specificity:            | <ul style="list-style-type: none"> <li>Concise descriptions with sufficient detail to understand methods for assessing performance, data interpretation, conclusions and actions taken</li> </ul>  |
| Literacy:                        | <ul style="list-style-type: none"> <li>No inside jargon or abbreviations</li> </ul>  |
| Frequency:                       | <ul style="list-style-type: none"> <li>One year prior to waiver renewal, usually every five years</li> </ul>   |

### **Example:**

There are no required formats for producing evidence and states vary in the level of detail they provide. To help guide states with a possible format, the following report structure was prepared for a single sub-domain within an assurance area. Please note that this is not intended as an all-inclusive list of evidence that demonstrates compliance with CMS 1915(c) waiver assurances, nor do these examples assure waiver compliance as assessed by CMS. For a complete list of the six CMS assurances and their sub domains, states should refer to the CMS *Interim Procedural Guidance* and the probing questions: [http://hcbs.org/files/36/1783/CMS\\_Interim\\_Guidance\\_B.pdf](http://hcbs.org/files/36/1783/CMS_Interim_Guidance_B.pdf)

## II. HCBS EVIDENCE REPORT SAMPLE

**Report Audience:** CMS and state-level managers  
**Purpose:** To document how the state waiver program monitors its performance with respect to the six CMS waiver assurances

|                          |   |
|--------------------------|---|
| <b>Waiver:</b>           | <b>HCBS Elderly</b>   |
| <b>Assurance:</b>        | <b>Plan of Care (POC)</b>   |
| <b>Sub-Assurance:</b>    | 2.1 Individual plans address needs and personal goals including health and welfare risk factors through waiver or other means   |
| <b>Indicator:</b>        | POC 2.1.1 Percent of participants with risk factors whose plan of care addresses risk factors.  |
| <b>Discovery Method:</b> | Program Audit staff annually review a 10 percent sample of all plans of care to determine whether participants have one or more risk factors and how the following risk factors are addressed: depression; 9+ medications; unintended weight loss; behavior-related factors; lives alone; and unsafe environment. |

### Findings

**Percent of at-risk population with a plan of care (POC) that addressed risk factor in 2005**  
*(The Program Audit staff sampled 359 plans of care out of a total of 3,590)*

| Risk Factor              | Number of participants with risk factor | Number of POCs addressing risk factor | % of at-risk participants with a POC that addressed risk factor |
|--------------------------|---|---------------------------------------|---|
| Lives alone              | 62                                      | 47                                    | 75.8%   |
| Unsafe environment       | 14                                      | 11                                    | 78.6%   |
| Depression               | 227                                     | 145                                   | 63.9%   |
| Behavior-related factors | 182                                     | 87                                    | 47.8%   |
| Unintended weight loss   | 217                                     | 184                                   | 84.8%   |
| 9+ Medications           | 280                                     | 127                                   | 45.4%   |

*Source: Record review of ten percent sample of Plans of Care*

### Actions Taken

- POC instrument revised to more specifically identify risk factors of interest.
- Training conducted with care coordinators to enhance knowledge and understanding about assessment of risk and services appropriate to address known risks.

### Barriers to Improvement

- Turnover of care coordinators continues to impact the collection of risk factors and identification of services to address those factors.
- More guidance is needed to help care coordinators determine how best to address risk factors in plans of care.
- The waiver program does not currently include services that address problems with medication management and incompatibilities.
- There are no benchmarks for evaluating the percent of participants that are expected to have risk factors.

### Status and Rationale

- This is considered a high priority for improvement since it is believed that risk factors play a critical role in the health and welfare of participants and the ability of the waiver to adequately address their needs.

### Recommendations for FY 2006

- Conduct further analysis through sample chart reviews of the dominant risk factors of our waiver participants.
- Bring in experts to assist program staff and care coordinators to better understand how to address and monitor priority risk factors.
- Continue to improve through training and meetings with care coordinators the reporting of risk factors in the plan of care.

### III. Management Report

This report provides an aggregate overview of how well the waiver program is meeting its targets with respect to eligibility determination, enrollment, service planning and cost. It can be used to identify trends, potential problems and areas that may require further investigation to understand underlying causes.

| <b>Management Reports at a Glance</b> |  |
|---------------------------------------|--|
| Purpose:                              | <ul style="list-style-type: none"> <li>To provide an overview of program operations and assess the extent to which HCBS programs are meeting their statutory and fiduciary responsibilities.</li> </ul>  |
| Audience:                             | <ul style="list-style-type: none"> <li>State-level program managers</li> <li>Medicaid agency</li> <li>Department heads</li> </ul>  |
| Sample content:                       | <ul style="list-style-type: none"> <li>Level of care determination (number, turnaround time, denials)</li> <li>Enrollment change</li> <li>Service plans (number, turnaround time)</li> <li>Cost per member per month</li> <li>Notations on unusual developments that may influence trends</li> <li>Complaints</li> </ul> |
| Level of specificity:                 | <ul style="list-style-type: none"> <li>This report is fairly detailed and can speak in “shorthand” so as to provide maximum information within limited space. How measures are calculated should be documented to assure consistency over time.</li> </ul>   |
| Literacy:                             | <ul style="list-style-type: none"> <li>Given the limited audience, jargon is permissible.</li> </ul>   |
| Frequency:                            | <ul style="list-style-type: none"> <li>Produced routinely, perhaps quarterly</li> </ul>  |

#### *Example:*

The following example is a composite of ideas from several states about the types of information program managers could review on a regular basis to anticipate or detect potential problems. Some of the data elements may come from other reports (such as Evidence Reports) but are included here to encourage more regular monitoring of the relationship among indicators, over time and across geographic or agency designations.

### III. MANAGEMENT REPORT SAMPLE (Report 1 of 1)

**Report Audience:** State managers

**Purpose:** Track changes in key indicators and identify areas where improvements are needed.

#### ALL REGIONS: HCBS Waiver Management Report by Region

**Description:** Tracks key management issues, including enrollment rates, recertification of waiver participants, program costs, appeals and complaints.

**Data Source:** Administrative data collected by the regional offices and system management database

**Reporting Period:** 2004 and percent change from the previous year

| Data Category  | [Note: "Percent change" is the change from previous year] | Data/Information by State Region |         |           |         |            |         |        |         | Notes and Recommendations  |
|--|---|----------------------------------|---------|-----------|---------|------------|---------|--------|---------|--|
|  |   | Region I                         |         | Region II |         | Region III |         | Total  |         |  |
|  |   | Number                           | % Chng. | Number    | % Chng. | Number     | % Chng. | Number | % Chng. |  |
| <b>1. Enrollment</b>   |   |                                  |         |           |         |            |         |        |         |  |
| Total number of participants   |   | 1,247                            | 11.3%   | 898       | 8.3%    | 1,445      | 17.6%   | 3,590  | 13.1%   | An unanticipated 1-1/2 month staff vacancy at the Region II office delayed the processing of waiver applications and home assessments for members of the waiting list. Having filled the vacant position in mid-December, the Region II manager expects to reduce the application backlog to normal before the start of the next year.                                   |
| Number of new participants   |   | 316                              | 3.7%    | 137       | -5.6%   | 408        | 2.4%    | 861    | 1.6%    |  |
| Number of disenrollments   |   | 189                              | 2.9%    | 68        | 6.7%    | 192        | -1.3%   | 449    | 1.7%    |  |
| Due to death   |   | 48                               |         | 12        |         | 31         |         | 91     |         |  |
| Nursing home entry   |   | 35                               |         | 21        |         | 53         |         | 109    |         |  |
| Loss of eligibility  |   | 63                               |         | 24        |         | 56         |         | 143    |         |  |
| Other reasons  |   | 43                               |         | 11        |         | 52         |         | 106    |         |  |
| Number of applicants on waitlist   |   | 31                               | 4.2%    | 47        | 14.6%   | 54         | 3.2%    | 132    | 7.5%    |  |
| Waitlist as percent of current enrollment                                  |   | 2.5%                             |         | 5.2%      |         | 3.7%       |         | 3.7%   |         |  |
| <b>2. Level of Care</b>  |   |                                  |         |           |         |            |         |        |         |  |
| Number of new applications   |   | 529                              | 2.8%    | 268       | -3.4%   | 564        | 3.5%    | 1,361  | 1.9%    | See note above on how Region II's backlog has been addressed. Region I has been showing great improvement for two consecutive years in reducing the number of days between initial application and the completion of a level of care authorization following their July 7th site visit to the Region I office to learn from their methods of organization and procedure. |
| Number of new applications denied  |   | 208                              | -5.7%   | 88        | -7.2%   | 176        | 3.7%    | 472    | -2.5%   |  |
| Initial Level of Care (LOC) authorizations                                 |   | 315                              | 5.4%    | 135       | -4.7%   | 392        | 4.2%    | 842    | 3.2%    |  |
| Average time from date of application to final LOC authorization (in days) |   | 3                                | -1.2%   | 14        | 12.4%   | 4          | -2.3%   | 5      | 7.7%    |  |
| Number of LOC authorizations due for annual re-evaluation during the year  |   | 952                              | 1.8%    | 647       | 2.1%    | 822        | 3.7%    | 2,421  | 2.5%    |  |
| Percent of LOC annual re-evaluations completed on-time                     |   | 98.5%                            |         | 96.2%     |         | 99.2%      |         | 98.1%  |         |  |
|  |   |                                  |         |           |         |            |         |        |         |  |



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|---|---|----------------------------------|---------|-----------|---------|------------|---------|---------|---------|---|
|   |   | Region I                         |         | Region II |         | Region III |         | Total   |         |   |
|   |   | Number                           | % Chng. | Number    | % Chng. | Number     | % Chng. | Number  | % Chng. |   |
| <b>3. Plans of Care</b>   |   |                                  |         |           |         |            |         |         |         |   |
| Number of initial Plan of Care (POC) approvals                                |   | 320                              | 4.7%    | 108       | -3.6%   | 420        | 2.3%    | 848     | 2.5%    |   |
| Average time from date of initial LOC authorization to approved POC (in days) |   | 22                               | -2.1%   | 19        | -4.3%   | 14         | -5.6%   | 18      | -3.8%   |   |
| Number of POCs due for annual re-evaluation during the quarter                |   | 950                              | 1.8%    | 653       | 2.1%    | 818        | 3.7%    | 2,421   | 2.5%    |   |
| Percent of POC annual re-evaluations completed on-time                        |   | 96.6%                            |         | 92.0%     |         | 99.4%      |         | 96.3%   |         |   |
| <b>4. Cost per Member per Month</b>   |   |                                  |         |           |         |            |         |         |         |   |
| Waiver cap per member per month <sup>†</sup>                                  |   | \$2,800                          |         | \$2,800   |         | \$2,800    |         | \$2,800 |         | The lower cost per member per month in Region II resulted primarily from a worker shortage and fewer hours of service available to members.   |
| Average cost per member per month <sup>†</sup>                                |   | \$2,183                          | -0.3%   | \$2,087   | -0.1%   | \$2,291    | 0.7%    | \$2,202 | 0.2%    |   |
| Average cost as percent of cap  |   | 78.0%                            |         | 74.5%     |         | 81.8%      |         | 78.7%   |         |   |
| <b>5. Administrative Hearings</b>   |   |                                  |         |           |         |            |         |         |         |   |
| Number of new LOC appeals filed   |   | 52                               | -7.1%   | 32        | 14.3%   | 32         | -20.0%  | 116     | -4.8%   | Appeals are being upheld at a much higher rate in Region II than in the other two. The state office is performing a record review to determine if the successful appeals indicate a need for better training for the LOC assessment staff or for provider agency care managers. |
| Number of LOC appeals denied  |   | 36                               | 28.6%   | 16        | 0.0%    | 24         | -20.0%  | 76      | 7.2%    |   |
| Number of LOC appeals awaiting resolution at the end of the year              |   | 4                                | 100.0%  | 1         | -50.0%  | 2          | 0.0%    | 7       | 50.0%   |   |
| Number of new service denial appeals filed                                    |   | 44                               | -15.4%  | 16        | -20.0%  | 28         | 0.0%    | 88      | -11.3%  |   |
| Number of service appeals denied  |   | 32                               | -11.1%  | 12        | 0.0%    | 24         | -20.0%  | 68      | -12.3%  |   |
| Number of service denial appeals awaiting resolution at the end of the year   |   | 4                                | 0.0%    | 1         | -66.7%  | 2          | 0.0%    | 7       | -9.5%   |   |

<sup>†</sup> This hypothetical example assumes that the State of Franklin has opted to assign every elderly waiver participant the same individual monthly cap of \$2,800 and that many participants do not come close to reaching it.

## ALL REGIONS: HCBS Waiver Management Report by Region

**Description:** Tracks key management issues, including enrollment rates, recertification of waiver participants, program costs, appeals and complaints.

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| Data Category                          | Data/Information by State Region |         |           |         |            |         |        |         | Notes and Recommendations |
|--|----------------------------------|---------|-----------|---------|------------|---------|--------|---------|---------------------------|
|  | Region I                         |         | Region II |         | Region III |         | Total  |         |                           |
|  | Number                           | % Chng. | Number    | % Chng. | Number     | % Chng. | Number | % Chng. |                           |
| <b>6. Complaints</b>                   |                                  |         |           |         |            |         |        |         |                           |
| Number of complaints received          | 261                              | 4.0%    | 254       | -6.5%   | 222        | 2.1%    | 737    | -0.2%   |                           |
| Most frequent complaints for the year  |                                  |         |           |         |            |         |        |         |                           |
| Missing hours                          | 72                               |         | 55        |         | 63         |         | 190    |         |                           |
| No help on weekends                    | 29                               |         | 15        |         | 22         |         | 66     |         |                           |
| Agency changes my workers too often    | 35                               |         | 34        |         | 27         |         | 96     |         |                           |
| Family not notified of assessment date | 15                               |         | 13        |         | 21         |         | 49     |         |                           |
| Agency won't let worker drive me       | 11                               |         | 5         |         | 9          |         | 25     |         |                           |
| Inconvenient hours - late meals        | 21                               |         | 33        |         | 17         |         | 71     |         |                           |
| No replacement for worker no-show      | 16                               |         | 21        |         | 19         |         | 56     |         |                           |
| Suspected theft / missing valuables    | 6                                |         | 9         |         | 5          |         | 20     |         |                           |
| Durable equipment not delivered        | 4                                |         | 5         |         | 2          |         | 11     |         |                           |
| Other complaints                       | 52                               |         | 64        |         | 37         |         | 153    |         |                           |

#### IV. Claims-Based Report

This report uses claims data to review health service use and outcomes of waiver participants. To conduct this analysis, states must have access to Medicaid claims data and, to the extent that waiver participants are dually eligible, Medicare claims data as well. This combined data set allows a state to capture diagnoses, emergency room visits, avoidable hospitalizations and other service use indicators. Findings can be used to think through how the waiver program may link with participants' health care providers to assure that they are receiving appropriate preventive and primary care.

Note that if your waiver is administered by an agency other than the state Medicaid agency, you may need to execute a formal data use agreement with the state Medicaid agency before you can obtain access to the Medicaid claims data. A typical data use agreement describes the data to be used, the approved purpose and uses for the data, and sets conditions for its use and for the protection of the confidentiality of individually identifiable medical information. If your waiver population includes persons who are dually eligible for Medicaid and Medicare, you will need to request a data use agreement from CMS to allow the use of Medicare claims records. The CMS website provides more information on Medicare data use agreements:

<http://www.cms.hhs.gov/PrivProtectedData/TOR/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS040634>

| Claims-Based Reports at a Glance |   |
|----------------------------------|---|
| Purpose:                         | <ul style="list-style-type: none"> <li>To measure and trend health related outcomes of participants.</li> </ul>   |
| Audience:                        | <ul style="list-style-type: none"> <li>State program managers who can use the data to assess whether and how the waiver program can address health-related conditions</li> <li>Provider agencies who may be unaware of the health-related conditions of participants</li> </ul> |
| Sample content:                  | <ul style="list-style-type: none"> <li>Identification of standardized measures and findings</li> <li>Explanatory text when numbers are too small to be significant</li> <li>Interpretation of findings and what they mean for the waiver program</li> </ul>                     |
| Level of specificity:            | <ul style="list-style-type: none"> <li>For small waiver programs, statewide aggregate numbers</li> <li>Larger waiver programs may have sufficient caseload to breakdown indicators by region.</li> </ul>  |
| Literacy:                        | <ul style="list-style-type: none"> <li>Intended for a professional audience</li> </ul>  |
| Frequency:                       | <ul style="list-style-type: none"> <li>Annual</li> </ul>  |

#### *Example:*

The attached report contains quality indicators in common use within other health care settings, such as hospitals and managed care organizations, but have application to HCBS. Some of the most nationally recognized health measurement data sets include:

- AHRQ (Agency for Health Research and Quality): <http://www.qualityindicators.ahrq.gov/>  
The AHRQ quality indicators consist of three modules measuring various aspects of quality:
  - Prevention QIs** identify hospital admissions that evidence suggests could have been avoided, at least in part, through high-quality outpatient care.
  - Inpatient QIs** reflect quality of care inside hospitals including inpatient mortality for medical conditions and surgical procedures.

- **Patient Safety Indicators** also reflect quality of care inside hospitals, but focus on potentially avoidable complications and iatrogenic events.
- HEDIS (Health Plan Employer Data Information Set):  
<http://www.health.state.mn.us/divs/hpsc/mcs/hedishome.htm>  
Measures focus on quality of care, access to care and member satisfaction with the health plan and doctors.

**IV. CLAIMS-BASED REPORT SAMPLE** (Report 1 of 1)

**Report Audience:** State managers

**Purpose:** Use key measures to monitor quality of health care for waiver participants.

**ALL REGIONS: HCBS Waiver Claims-Based Quality Indicators**

**Description:** Tracks key claims-based indicators to ensure that participants are provided with appropriate health care services.

**Data Source:** Medicare and Medicaid claims data

**Reporting Period:** 2004

| Data Category   | Region I |      |                      | Region II |        |         | Region III |        |         | Total |        |         |
|---|----------|------|----------------------|-----------|--------|---------|------------|--------|---------|-------|--------|---------|
|   | Den.     | Num. | Percent <sup>‡</sup> | Den.      | Number | Percent | Den.       | Number | Percent | Den.  | Number | Percent |
| <b>Claims-Based Indicators</b>  |          |      |                      |           |        |         |            |        |         |       |        |         |
| <b>Hospital Use</b>   |          |      |                      |           |        |         |            |        |         |       |        |         |
| Participants with at least one emergency room (ER) visit not resulting in a hospital stay   | 1,247    | 629  | 50%                  | 898       | 502    | 56%     | 1,445      | 696    | 48%     | 3,590 | 1,827  | 51%     |
| Average number of ER visits not resulting in a hospital stay among participants with at least one ER visit  | 401      | 2.4  |                      | 299       | 2.5    |         | 497        | 2.2    |         | 1,197 | 2.3    |         |
| Avoidable hospitalizations (Including: asthma, pneumonia, kidney and urinary tract infections, severe nose and throat infections, gastroenteritis, congestive heart failure) <sup>†</sup> | 1,247    | 200  | 16%                  | 898       | 158    | 18%     | 1,445      | 195    | 13%     | 3,590 | 553    | 15%     |
| <b>Prevention and Screening</b>   |          |      |                      |           |        |         |            |        |         |       |        |         |
| Cervical cancer screening in last 2 years (percent of women ages 21-64)**   | 59       | 9    | 16%                  | 42        | 5      | 12%     | 68         | 10     | 14%     | 169   | 24     | 14%     |
| Breast cancer screening in the last year (percent of women age 52+)**   | 749      | 210  | 28%                  | 539       | 129    | 24%     | 867        | 278    | 32%     | 2,155 | 617    | 29%     |
| Diabetes - hemoglobin test in last year (percent of participants with diabetes)**   | 436      | 300  | 69%                  | 314       | 189    | 60%     | 506        | 351    | 69%     | 1,257 | 840    | 67%     |
| <b>Use of Medications</b>   |          |      |                      |           |        |         |            |        |         |       |        |         |
| Use of medications that are potentially inappropriate for persons age 65+*  | 774      | 325  | 42%                  | 557       | 212    | 38%     | 896        | 412    | 46%     | 2,227 | 949    | 43%     |
| Use of psychotropic medications   | 1,247    | 734  | 59%                  | 898       | 522    | 58%     | 1,445      | 799    | 55%     | 3,590 | 2,055  | 57%     |
| Use of nine or more different medications   | 1,247    | 444  | 36%                  | 898       | 343    | 38%     | 1,445      | 594    | 41%     | 3,590 | 1,381  | 38%     |
| Use of fifteen or more different medications  | 1,247    | 95   | 8%                   | 898       | 82     | 9%      | 1,445      | 114    | 8%      | 3,590 | 291    | 8%      |
| Use of five or more prescribing physicians  | 1,247    | 87   | 7%                   | 898       | 41     | 5%      | 1,445      | 98     | 7%      | 3,590 | 226    | 6%      |

<sup>†</sup> AHRQ indicators: [http://www.qualityindicators.ahrq.gov/downloads/pqi\\_guide\\_v30.doc](http://www.qualityindicators.ahrq.gov/downloads/pqi_guide_v30.doc)

<sup>‡</sup> Percent of total number of participants in region unless specified otherwise

\* Fick, Donna M, et.al., "Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults,". Archives of Internal Medicine, 12/8/2003

\*\* HEDIS measures

## V. Provider-Specific Reports

This is a series of four reports showing how one data source can be used to satisfy multiple monitoring needs. A preliminary report presents an overview of the caseload and characteristics of each provider agency participating in a waiver program. Data presented in remaining reports are presumed to come from participant assessment records. Aggregate reports allow state managers to compare the performance of provider agencies or other sub-state entities against each other and against state averages to identify high and poor performing entities. Data on individual provider agencies (or sub-state entities) can be used by state managers and providers to identify specific areas where performance varies from statewide averages. At the person-level, reports can focus on specific participants where need for more intensive care management or support may be needed.

| <b>Provider Specific Reports at a Glance</b> |  |
|--|--|
| Purpose(s):                                  | <ul style="list-style-type: none"> <li>To assess performance of service agencies against program goals and objectives.</li> <li>To identify providers, participants and/or target areas (such as falls and depression) where closer monitoring and attention may be needed.</li> </ul>   |
| Audience:                                    | <ul style="list-style-type: none"> <li>State-level program managers</li> <li>State quality reviewers</li> <li>Service agency managers</li> <li>Care coordinators; frontline staff</li> </ul>   |
| Sample content:                              | <ul style="list-style-type: none"> <li>Performance scores on select quality indicators by service agencies.</li> <li>Graphics comparing one service agency's performance to state and/or regional benchmarks.</li> <li>Identification of service agencies with good and poor performance scores.</li> <li>Identification of target areas, such as falls or depression, where further improvement and remediation are needed.</li> <li>Identification of participants within an agency who are flagging on key indicators and displaying the most cause for concern.</li> </ul>   |
| Level of specificity:                        | <ul style="list-style-type: none"> <li><b>State-level managers</b> require performance information on all service agencies on a small set of key indicators that reflect the most critical aspects of home and community-based services and allow for comparisons across agencies.</li> <li><b>State quality reviewers</b> require an additional layer of detail to target reviews to particular problem areas within an agency (e.g., prevalence of inadequate meals) and/or consumers who are displaying a cause for concern (e.g., prevalence of social isolation).</li> <li><b>Service agency managers</b> are interested in a comprehensive breakdown of agency performance on a number of quality indicators representing the full scope of home and community-based services. Comparisons to a peer group or statewide average are helpful in identifying specific issues for improvement and remediation.</li> </ul> |

| <b>Provider Specific Reports at a Glance (cont'd)</b> |   |
|---|---|
| Level of specificity (cont'd):                        | <ul style="list-style-type: none"> <li>• <i>Care coordinators</i> need information on client characteristics and risk factors, as well as guidance in developing a plan of care that addresses these issues.</li> </ul>   |
| Literacy:   | <ul style="list-style-type: none"> <li>• Limited jargon acceptable for sake of brevity</li> </ul>   |
| Frequency:  | <ul style="list-style-type: none"> <li>• Produced routinely.</li> <li>• Exact frequency will depend on data source; <i>e.g.</i>, survey-based quality measures are generally reported annually, while measures based on operations data, such as claims, assessments, incidents, etc., are likely to be available on a more regular basis.</li> </ul> |

**Examples:**

The following reports are a composite of forms and formats used by different states in HCBS and other settings of care. They are meant to be read sequentially with each subsequent report “drilling down” on the details of the former report. The data used in these reports are less significant than is the method of taking a single source of information and viewing it from multiple perspectives or units of analysis. Reports included in this package are:

1. ***HCBS Waiver Participant Demographics and Characteristics***: displays basic demographic data and other characteristics of the provider agency’s waiver participants.
2. ***HCBS Waiver Participant Assessment-Based Indicators – All Agencies***: compares agency-specific quality indicators across all provider agencies and to the state average.
3. ***HCBS Waiver Participant Assessment-Based Indicators – Single Agency***: compares a provider agency’s quality indicators to the statewide average for all assessment-based measures.
4. ***HCBS Waiver Participant Assessment-Based Indicators – Individual Participant***: lists out all participants within a provider agency and identifies which participants are triggering certain quality flags.

**V. PROVIDER-SPECIFIC REPORTS SAMPLE** (Report 1 of 4)**Report Audience:** Program managers and provider agencies**Purpose:** Summarize an agency's waiver participants and provide a context for evaluating other measures.**SINGLE AGENCY: HCBS Waiver Participant Demographics and Characteristics****Description:** Displays basic demographic data and other characteristics of the provider agency's waiver participants.**Data Source:** Each member's most recently completed assessment as of the closing date of the year**Reporting Period:** Calendar Year 2004**Agency:** Acme Home Care Services, Inc.**County:** Farmingdale**Town:** New Bryher

|  | Agency     |             | State Average |             |
|--|------------|-------------|---------------|-------------|
|  | Number     | Percent     | Number        | Percent     |
| <b>Number of participants</b>  | <b>125</b> | <b>100%</b> | <b>1,348</b>  | <b>100%</b> |
| <b>Gender</b>  |            |             |               |             |
| Male   | 43         | 34%         | 431           | 32%         |
| Female   | 82         | 66%         | 917           | 68%         |
| <b>Average Age (in years)</b>  | 81         |             | 79            |             |
| <b>Top Diagnoses<sup>†</sup></b>   |            |             |               |             |
| Hypertension   | 81         | 65%         | 849           | 63%         |
| Arthritis  | 79         | 63%         | 741           | 55%         |
| Depression   | 55         | 44%         | 580           | 43%         |
| Diabetes   | 53         | 42%         | 472           | 35%         |
| Cerebrovascular accident   | 40         | 32%         | 445           | 33%         |
| Any dementia   | 45         | 36%         | 404           | 30%         |
| Congestive heart failure   | 35         | 28%         | 337           | 25%         |
| Anxiety disorder   | 34         | 27%         | 283           | 21%         |
| <b>Behavior Symptoms<sup>†</sup></b> (exhibited in last 7 days before assessment)                                  |            |             |               |             |
| Wandering  | 11         | 9%          | 94            | 7%          |
| Verbally Abusive   | 8          | 6%          | 81            | 6%          |
| Physically Abusive   | 4          | 3%          | 27            | 2%          |
| Socially Inappropriate Behavior  | 4          | 3%          | 54            | 4%          |
| Resists Care   | 14         | 11%         | 121           | 9%          |
| Intimidating Behavior  | 5          | 4%          | 67            | 5%          |
| <b>Mean Number of Medications</b>  | 11.5       |             | 10.0          |             |
| <b>Activities of Daily Living<sup>†</sup> (ADL)</b> (Number of persons requiring hands-on assistance with the ADL) |            |             |               |             |
| Bed Mobility   | 98         | 78%         | 1,119         | 83%         |
| Transfer   | 116        | 93%         | 1,308         | 97%         |
| Locomotion   | 105        | 84%         | 1,186         | 88%         |
| Dressing   | 119        | 95%         | 1,321         | 98%         |
| Eating   | 26         | 21%         | 297           | 22%         |
| Toileting  | 116        | 93%         | 1,281         | 95%         |
| Bathing  | 119        | 95%         | 1,321         | 98%         |

<sup>†</sup> Participants who have more than one diagnosis, behavioral symptom or ADL appear multiple times in the same table.



## V. PROVIDER-SPECIFIC REPORTS SAMPLE (Report 2 of 4)

**Report Audience:** State-level program managers

**Purpose:** Compare participant risk factors across all agencies.

### ALL AGENCIES: HCBS Waiver Participant Assessment-Based Indicators

**Description:** Agency-specific QI scores compared to the state average.

**Data Source:** Most recent participant assessments performed during the reporting period (and the prior assessment for some measures)

**Reporting Period:** Fourth quarter 2004 (9/1 to 12/31)

| Prevalence of inadequate meals   |              |            |            |         | Prevalence of weight loss  |              |            |            |         |
|--|--------------|------------|------------|---------|--|--------------|------------|------------|---------|
| <b>Description:</b> Measures the number and percentage of persons who ate one or less meals per day over the last three days |              |            |            |         | <b>Description:</b> Measures the number and percentage of persons who have had an unintended weight loss of 5%-or-more in the last 30 days, or 10%-or-more in the last 180 days. |              |            |            |         |
| Lower percentages indicate better outcomes ←   |              |            |            |         | Lower percentages indicate better outcomes ←   |              |            |            |         |
| Home Care Agency   | Den.         | Nom.       | Pct.       | Percent | Home Care Agency   | Den.         | Nom.       | Pct.       | Percent |
| <b>State Average</b>   | <b>3,510</b> | <b>401</b> | <b>11%</b> |         | <b>State Average</b>   | <b>2,994</b> | <b>563</b> | <b>19%</b> |         |
| Acme Home Care Services, Inc. 🏠  | 352          | 60         | 17%        |         | Acme Home Care Services, Inc. 🏠  | 301          | 87         | 29%        |         |
| Apple Valley Home Care ☆   | 179          | 11         | 6%         |         | Apple Valley Home Care 🏠   | 151          | 34         | 22%        |         |
| Columbia HomeServ  | 566          | 50         | 9%         |         | Columbia HomeServ  | 483          | 82         | 17%        |         |
| Community Home Care, Inc. 🏠  | 484          | 86         | 18%        |         | Community Home Care, Inc. ☆  | 417          | 42         | 10%        |         |
| ELDOR, Inc. ☆  | 56           | 4          | 7%         |         | ELDOR, Inc.  | 48           | 9          | 18%        |         |
| Excel Elder Services ☆   | 489          | 13         | 3%         |         | Excel Elder Services   | 423          | 93         | 22%        |         |
| Happy Family Home-Aid  | 225          | 24         | 10%        |         | Happy Family Home-Aid 🏠  | 190          | 65         | 34%        |         |
| Helping Hands at Home  | 148          | 18         | 12%        |         | Helping Hands at Home  | 125          | 22         | 18%        |         |
| Home Care Agency of Jackson  | 562          | 64         | 11%        |         | Home Care Agency of Jackson ☆  | 469          | 71         | 15%        |         |
| In-Your-Home, Inc. 🏠   | 116          | 32         | 28%        |         | In-Your-Home, Inc. ☆   | 98           | 7          | 7%         |         |
| UniTrust Help-at-Home  | 183          | 15         | 8%         |         | UniTrust Help-at-Home  | 158          | 25         | 16%        |         |
| Visiting Home Aides of Durham  | 150          | 25         | 16%        |         | Visiting Home Aides of Durham  | 130          | 28         | 22%        |         |

### Legend

- ☆ Indicates provider agency scores that were in the **best** quintile (lowest 1/5th) of all agencies.
- 🏠 Indicates provider agency scores that were in the **worst** quintile (highest 1/5th) of all agencies.

**V. PROVIDER-SPECIFIC REPORTS SAMPLE** (Report 3 of 4)

**Report Audience:** Provider agency managers and state quality reviewers

**Purpose:** Compare participant risk factors for one agency to the statewide average.

**SINGLE AGENCY: HCBS Waiver Participant Assessment-Based Indicators<sup>†</sup>**

**Description:** An individual home care agency's indicators compared to the state average for all participant assessment-based measures.

**Data Source:** Most recent consumer assessments performed during the reporting period (and the prior assessment for some measures)

**Reporting Period:** Fourth quarter 2004 (9/1 to 12/31)

Agency: **Acme Home Care Services, Inc.**

County: Farmingdale

Town: New Bryher

| Lower percentages indicate better outcomes ←                                     |          |       |       |      | Lower percentages indicate better outcomes ←                |          |       |       |      |
|--|----------|-------|-------|------|---|----------|-------|-------|------|
| Quality Indicator  |          | Den.  | Num   | Pct. | Quality Indicator   |          | Den.  | Num   | Pct. |
| Prevalence of inadequate meals   | Agency   | 352   | 60    | 17%  | Prevalence of social isolation                              | Agency   | 351   | 147   | 42%  |
|  | St. Avg. | 3,510 | 389   | 11%  |   | St. Avg. | 3,416 | 982   | 29%  |
| Prevalence of weight loss  | Agency   | 301   | 87    | 29%  | Incidence of cognitive decline                              | Agency   | 354   | 45    | 13%  |
|  | St. Avg. | 2,994 | 574   | 19%  |   | St. Avg. | 3,411 | 647   | 19%  |
| Prevalence of dehydration  | Agency   | 351   | 5     | 1%   | Prevalence of delirium                                      | Agency   | 351   | 17    | 5%   |
|  | St. Avg. | 3,409 | 122   | 4%   |   | St. Avg. | 3,409 | 124   | 4%   |
| Prevalence of not receiving a medication review by a physician                   | Agency   | 355   | 3     | 1%   | Prevalence of negative mood                                 | ☆ Agency | 354   | 83    | 23%  |
|  | St. Avg. | 3,412 | 224   | 7%   |   | St. Avg. | 3,417 | 1,587 | 46%  |
| Failure to improve/Incidence of bladder continence                               | Ⓜ Agency | 136   | 43    | 32%  | Failure to improve/Incidence of difficulty in communication | Agency   | 37    | 22    | 59%  |
|  | St. Avg. | 3,413 | 538   | 16%  |   | St. Avg. | 457   | 294   | 64%  |
| Failure to improve/Incidence of skin ulcers                                      | Agency   | 65    | 7     | 11%  | Prevalence of disruptive or intense daily pain              | Agency   | 352   | 9     | 3%   |
|  | St. Avg. | 3,420 | 192   | 6%   |   | St. Avg. | 3,416 | 142   | 4%   |
| Prevalence of no assistive devices among clients with difficulties in locomotion | Ⓜ Agency | 122   | 47    | 39%  | Prevalence of inadequate pain control among those with pain | Ⓜ Agency | 142   | 87    | 61%  |
|  | St. Avg. | 945   | 129   | 14%  |   | St. Avg. | 3,408 | 1,007 | 30%  |
| Prevalence of ADL rehab potential and no therapies                               | Agency   | 122   | 34    | 28%  | Prevalence of neglect/abuse                                 | Agency   | 355   | 4     | 1%   |
|  | St. Avg. | 2,987 | 1,002 | 34%  |   | St. Avg. | 3,411 | 99    | 3%   |
| Failure to improve/Incidence of decline on ADL long form                         | ☆ Agency | 129   | 39    | 30%  | Prevalence of any injuries                                  | Agency   | 354   | 13    | 4%   |
|  | St. Avg. | 3,411 | 1,920 | 56%  |   | St. Avg. | 3,420 | 45    | 1%   |
| Failure to improve/Incidence of impaired locomotion in the home                  | Agency   | 98    | 35    | 36%  | Prevalence of not receiving influenza vaccination           | Agency   | 351   | 95    | 27%  |
|  | St. Avg. | 957   | 389   | 41%  |   | St. Avg. | 3,414 | 1,149 | 34%  |
| Prevalence of falls  | Agency   | 351   | 12    | 3%   | Prevalence of hospitalization                               | Agency   | 353   | 4     | 1%   |
|  | St. Avg. | 3,419 | 254   | 7%   |   | St. Avg. | 3,420 | 129   | 4%   |

**Legend**

- ☆ Indicates agency scores that were in the **best** quintile (lowest 1/5th) of all agencies.
- Ⓜ Indicates agency scores that were in the **worst** quintile (highest 1/5th) of all agencies.
- Single agency percentage.
- Average percentage for all home care agencies across the state.

<sup>†</sup> All indicators are from the InterRAI Home Care Quality Indicators for MDS-HC Version 2.0 See: <http://www.interrai.org/section/view/?fnode=15>

### V. PROVIDER-SPECIFIC REPORTS SAMPLE (Report 4 of 4)

**Report Audience:** Care coordinators and state quality reviewers

**Purpose for Agencies:** Identify which participants are triggering certain quality flags so that they may be more closely monitored for improved care.

**Purpose for State Quality Reviewers:** Improve home care reviews and inspections by being able to focus on those participants who are displaying the most cause for concern.

#### SINGLE AGENCY: HCBS Waiver Participant Assessment-Based Indicators by Individual Participant

**Description:** A single agency's participants are listed by name, and checkmarks indicate areas of potential concern for each participant.

**Data Source:** Most recent participant assessments performed during the reporting period (and the prior assessment for some measures)

**Reporting Period:** Fourth quarter 2004 (9/1 to 12/31)

**Facility:** Acme Home Care Services, Inc.

**County:** Farmingdale

**Town:** New Bryher

| Participant's Name                               | Enrollment Date | Level of Care | Age | Assessment Variable |             |                                     |  |   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   | Individual's total num. of flags |               |            |  |                 |    |
|--|-----------------|---------------|-----|---------------------|-------------|-------------------------------------|--|---|---|---------------------------------------|--|---|-------|------------------|-------------------|----------|---------------|---|----------------------------------|---|----------------------------------|---------------|------------|--|-----------------|----|
|  |                 |               |     | Weight loss         | Dehydration | No medication review by a physician | Failure to improve/Incidence of bladder incontinence | Failure to improve/Incidence of skin ulcers | No assistive device among clients with difficulty in locomotion | ADL/ rehab potential and no therapies | Failure to improve/Incidence of decline on ADL long form | Failure to improve/Incidence of impaired locomotion in the home | Falls | Social isolation | Cognitive decline | Delirium | Negative mood | Failure to improve/Incidence of difficulty in communication | Disruptive or intense daily pain | Inadequate pain control among those with pain |                                  | Neglect/abuse | Any injury | Failure to receive influenza vaccination | Hospitalization |    |
| Adams, Abigail                                   | 4/21/2005       | NF            | 100 |                     |             |                                     |  |   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   |                                  |               |            |  | 3               |    |
| Franklin, Benjamin                               | 6/16/2005       | NF            | 55  | v                   |             |                                     |  | v   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   |                                  |               |            |  |                 | 6  |
| Harrison, William H.                             | 7/5/2005        | NF            | 70  |                     |             |                                     |  |   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   |                                  |               |            | v  | v               | 2  |
| Jefferson, Thomas                                | 4/27/2005       | NF            | 65  |                     |             |                                     | v  |   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   |                                  |               |            |  |                 | 2  |
| Ross, Betsy                                      | 5/23/2005       | NF            | 56  |                     |             |                                     |  |   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   |                                  |               |            |  |                 | 3  |
| Washington, Martha                               | 5/16/2005       | NF            | 96  |                     |             |                                     |  |   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   |                                  |               |            |  |                 | 1  |
|  |                 |               |     |                     |             |                                     |  |   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   |                                  |               |            |  |                 |    |
|  |                 |               |     |                     |             |                                     |  |   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   |                                  |               |            |  |                 |    |
|  |                 |               |     |                     |             |                                     |  |   |   |                                       |  |   |       |                  |                   |          |               |   |                                  |   |                                  |               |            |  |                 |    |
| <b>Total # of participants with quality flag</b> |                 |               |     | 1                   | 0           | 0                                   | 1  | 1   | 1   | 0                                     | 0  | 1   | 3     | 1                | 3                 | 0        | 1             | 0   | 0                                | 2   | 0                                | 0             | 1          | 1  |                 | 17 |

## VI. Critical Incident Reports

Critical incident reports track the prevalence and patterns of serious adverse events in the program population and inform strategies for risk management, error prevention and focused quality improvement projects. Incident data is aggregated and can be sliced in a number of different ways to show incidents by region, incidents by county or service agency and/or incidents by category. Incident reports may be generated on a regular or ad-hoc basis depending on whether they are produced as part of a routine management report or created in response to a specific probing question.

| Critical Incident Reports at a Glance |   |
|---------------------------------------|---|
| Purpose(s):                           | <ul style="list-style-type: none"> <li>To track the prevalence and patterns of serious adverse events in the program population.</li> <li>To identify problems and inform strategies for risk reduction, error prevention and focused quality improvement projects.</li> </ul>  |
| Audience:                             | <ul style="list-style-type: none"> <li>Legislators</li> <li>Committee, council and board members</li> <li>State-level program managers</li> <li>Service agencies/provider organizations</li> <li>Care coordinators; frontline staff</li> </ul>  |
| Sample content:                       | <ul style="list-style-type: none"> <li>Frequency of critical incidents in the state by incident type.</li> <li>Frequency of critical incidents within specific service agency by incident type.</li> <li>Identification of agencies with particularly high or low rates of reported incidents.</li> <li>Tabular or graphic presentation of trends over time by state and/or agency.</li> </ul>  |
| Level of specificity:                 | <ul style="list-style-type: none"> <li><b>State-level managers</b> are interested in a breakdown of critical incidents by region and/or service agency, geographic and service specific trends and some indication of whether mandated reporters understand how and when to file an incident report.</li> <li><b>State agencies and care coordinators</b> will be interested in any program alerts or guidance issued by the state. Additionally, they will want to generate agency specific incident reports and review reports on repeat incidents, i.e. incidents involving the same consumer and/or provider or types of incidents occurring repeatedly.</li> </ul> |
| Literacy:                             | <ul style="list-style-type: none"> <li>Limited jargon acceptable for sake of brevity</li> </ul>   |
| Frequency:                            | <ul style="list-style-type: none"> <li>Routine management level reports</li> <li>Ad-hoc reports on specific problem areas or areas of interest</li> </ul>   |

### State Examples:

The *Ohio Department of Mental Retardation and Developmental Disabilities* has an internet-based centralized reporting system to report and track major and unusual incidents. Major and unusual incident reports on topics such as total incidents, total deaths, reporting rates and individuals with more than five incidents can be viewed at <http://www.hcbs.org/moreInfo.php/nb/doc/1471>.

North Carolina's Division of Mental Health, Developmental Disabilities and Substance Abuse Services prepares detailed quarterly management-level reports on critical incidents. A number of these reports are available on the Division's webpage: <http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm>.

**Other Examples:**

The following are a composite of forms and formats used by different states in HCBS and other settings of care as they report on critical incidents. These reports are meant to be read sequentially with each subsequent report "drilling down" on details of previous reports. Reports in this package include:

1. **HCBS Waiver Quarterly Confirmed Incident Rates per 1,000:** presents statewide HCBS waiver-related critical incident rates over time.
2. **HCBS Waiver Annual Confirmed Critical Incidents by Type:** provides an annual summary of the number and types of critical incidents in the program population.
3. **HCBS Waiver Suspicious Deaths Among Participants:** drills down to the types and causes of all suspicious deaths occurring within a given year.
4. **HCBS Waiver Alleged and Confirmed Critical Incidents by Agency:** summarizes the number and level of critical incidents by provider agency for one year.
5. **HCBS Waiver Confirmed Critical Incidents by Participant:** identifies, within a single provider agency, which participants were involved in one or more confirmed incidents during the year.

**VI. CRITICAL INCIDENT REPORTS SAMPLE** (Report 1 of 5)

**Report Audience:** State program managers

**Purpose:** Identify trends in confirmed critical incident rates and assess changes in response to a targeted intervention.

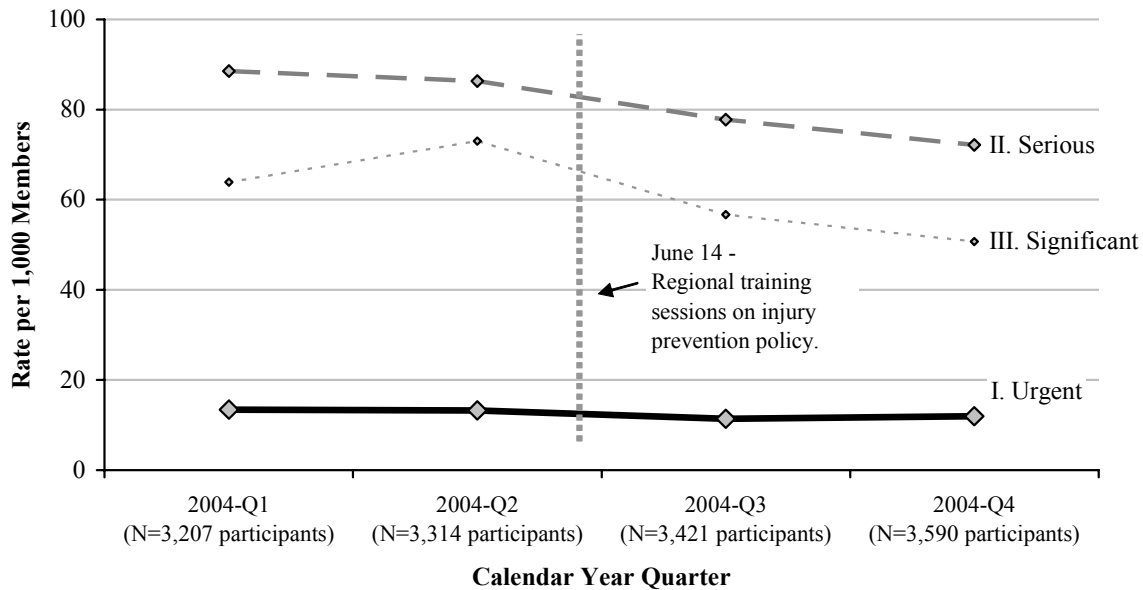
**STATE TRENDS: HCBS Waiver Quarterly Confirmed Critical Incident Rates per 1,000**

**Description:** Displays the statewide HCBS waiver-related critical incidents rates as reported to DMS and confirmed by the DMS Quality Review Board.

**Data Source:** Confirmed critical incident reports

**Reporting Period:** 2004

**Statewide Confirmed Critical Incident Rate per Thousand Participants, by Incident Level for 2004**



| Number of Participants | 3,207 | 3,314 | 3,421 | 3,590 |
|------------------------|-------|-------|-------|-------|
|------------------------|-------|-------|-------|-------|

| Statewide Confirmed Critical Incident Rate per 1,000 Participants by Incident Level |         |         |         |         |
|---|---------|---------|---------|---------|
|   | 2004-Q1 | 2004-Q2 | 2004-Q3 | 2004-Q4 |
| Level I – Urgent  | 13      | 13      | 11      | 12      |
| Level II – Serious  | 89      | 86      | 78      | 72      |
| Level III – Significant   | 64      | 73      | 57      | 51      |

**Note:** The incident chart counts the number of distinct incidents occurring in each quarter. If one person suffered serious injuries on two different dates within the same quarter, then those injuries would have been counted as two separate serious injury incidents.

**VI. CRITICAL INCIDENT REPORTS SAMPLE** (Report 2 of 5)

**Report Audience:** State program managers

**Purpose:** Provide an annual summary of the number and patterns of critical incidents in the program population.

**STATE TOTALS: HCBS Waiver Annual Confirmed Critical Incidents by Type**

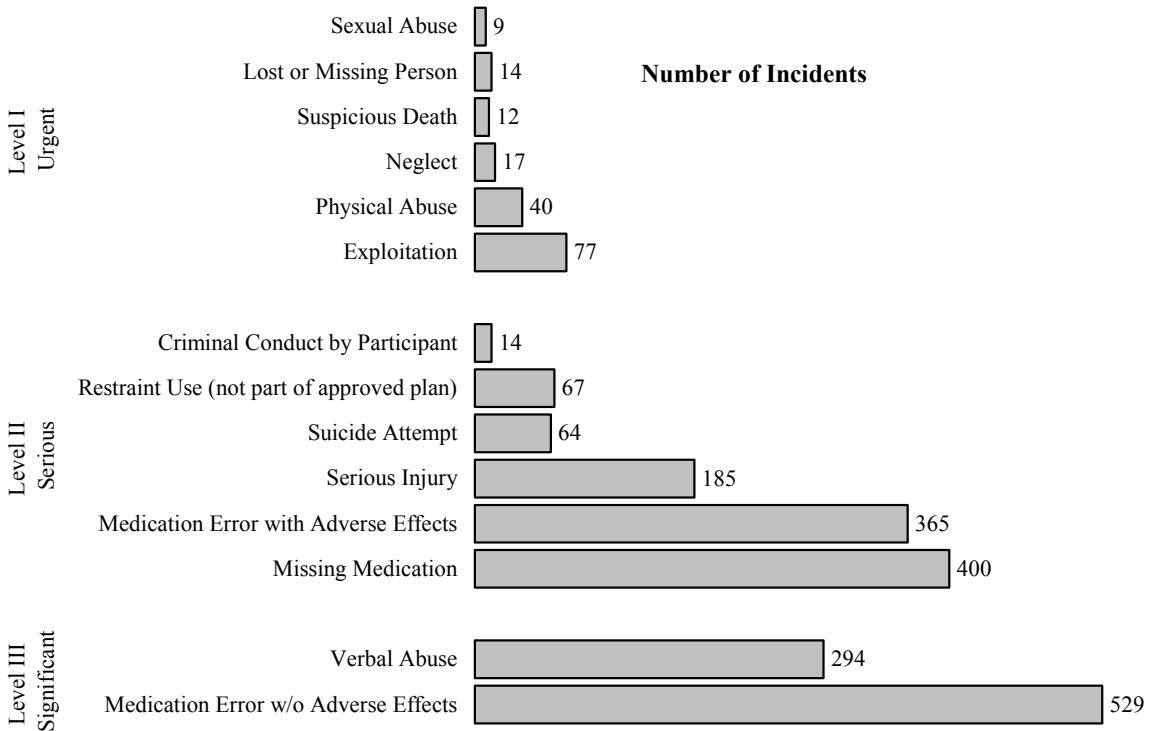
**Description:** Displays the statewide number of HCBS waiver-related critical incidents reported to DMS and confirmed by the DMS Quality Review Board.

**Data Source:** Confirmed critical incident reports

**Reporting Period:** 2004

**Statewide Count of Confirmed Critical Incidents for 2004**

(Unduplicated count of participants: 3,842)



| <b>Confirmed Incident Level</b> | <b>Number of incidents</b> | <b>Unduplicated number of participants involved</b> |
|---------------------------------|----------------------------|---|
| Level I: Urgent                 | 169                        | 133   |
| Level II: Serious               | 1,095                      | 752   |
| Level III: Significant          | 823                        | 711   |
| <b>Total</b>                    | <b>2,087</b>               | <b>1,404</b>  |

**Note:** The incident table counts the number of distinct incidents occurring throughout the year. If one person suffered serious injuries on two different dates, then those injuries would have been counted as two separate serious injury incidents.

**VI. CRITICAL INCIDENT REPORTS SAMPLE** (Report 3 of 5)**Report Audience:** State program managers**Purpose:** Track suspicious deaths by type.**STATE TOTALS: HCBS Waiver Suspicious Deaths Among Participants****Description:** Drills down to types and causes of suspicious deaths.**Data Source:** Confirmed critical incident reports**Reporting Period:** 2004

| Data Category   | Number       | Percent of all suspicious deaths | Status of Investigation and Follow-Up |
|---|--------------|----------------------------------|---------------------------------------|
| <b>Suspicious Deaths</b>  |              |                                  |                                       |
| Due to accident or injury   | 5            | 42%                              |                                       |
| Due to homicide   | 0            | 0%                               |                                       |
| Due to suicide  | 2            | 17%                              |                                       |
| With multiple pressure ulcers   | 1            | 8%                               |                                       |
| With no physician in attendance <sup>†</sup>  | 1            | 8%                               |                                       |
| Due to malnutrition or dehydration in the absence of either cancer or an advanced directive for palliative care | 0            | 0%                               |                                       |
| Due to other suspicious causes  | 3            | 25%                              |                                       |
| <b>Total number of suspicious deaths</b>  | <b>12</b>    | <b>100%</b>                      |                                       |
| <b>Total number of participants</b>   | <b>3,590</b> |                                  |                                       |
| <b>Total suspicious deaths as a percent of all participants</b>   | <b>0.3%</b>  |                                  |                                       |

<sup>†</sup> Under state law, "no physician in attendance" means the decedent had not been seen by a physician within the 15 days prior to the date of death.



**VI. CRITICAL INCIDENT REPORTS SAMPLE** (Report 4 of 5)**Report Audience:** State program managers**Purpose:** Summarize the number and level of critical incidents by agency for one year.**ALL AGENCIES: HCBS Waiver Alleged and Confirmed Critical Incidents by Agency****Description:** Displays the number of HCBS waiver-related critical incidents, by home care agency, reported to DMS and confirmed by the DMS Quality Review Board.**Data Source:** Confirmed critical incident reports**Reporting Period:** 2004

| Home Care Agency              | Participants Served | Level I: Urgent |            | Level II: Serious |              | Level III: Significant |            |
|-------------------------------|---------------------|-----------------|------------|-------------------|--------------|------------------------|------------|
|                               |                     | Alleged         | Confirmed  | Alleged           | Confirmed    | Alleged                | Confirmed  |
| Acme Home Care Services, Inc. | 360                 | 28              | 19         | 188               | 99           | 92                     | 62         |
| Apple Valley Home Care        | 180                 | 9               | 8          | 56                | 50           | 56                     | 44         |
| Columbia HomeServ             | 593                 | 33              | 30         | 219               | 181          | 147                    | 136        |
| Community Home Care, Inc.     | 490                 | 45              | 18         | 187               | 163          | 103                    | 97         |
| ELDOR, Inc.                   | 58                  | ‡               | 0          | ‡                 | 0            | 10                     | 10         |
| Excel Elder Services          | 498                 | 53              | 40         | 245               | 187          | 199                    | 150        |
| Happy Family Home-Aid         | 226                 | ‡               | 0          | 89                | 69           | 62                     | 57         |
| Helping Hands at Home         | 154                 | 20              | 14         | 45                | 25           | 39                     | 30         |
| Home Care Agency of Jackson   | 564                 | 28              | 19         | 203               | 185          | 157                    | 135        |
| In-Your-Home, Inc.            | 120                 | 16              | 11         | 41                | 33           | 22                     | 21         |
| UniTrust Help-at-Home         | 191                 | 22              | 10         | 62                | 58           | 66                     | 42         |
| Visiting Home Aides of Durham | 156                 | ‡               | 0          | 49                | 45           | 45                     | 39         |
| <b>State Total</b>            | <b>3,590</b>        | <b>254</b>      | <b>169</b> | <b>1,384</b>      | <b>1,095</b> | <b>998</b>             | <b>823</b> |

**Legend**

‡ No reports received

**Incident Levels****Level I - Urgent**

Suspicious Death  
 Physical Abuse  
 Sexual Abuse  
 Exploitation  
 Neglect  
 Lost or Missing Person

**Level II - Serious**

Serious Injury  
 Restraint Use (not part of approved plan)  
 Suicide Attempt  
 Medication Error with Adverse Effects  
 Missing Medication  
 Criminal Conduct by Participant

**Level III - Significant**

Medication Error without  
 Adverse Effects  
 Verbal Abuse

**VI. CRITICAL INCIDENT REPORTS SAMPLE** (Report 5 of 5)**Report Audience:** Provider agency managers and state reviewers**Purpose:** Within an agency, identify which participants were involved in confirmed incidents during the year.**SINGLE AGENCY: HCBS Waiver Confirmed Critical Incidents, by Participant** (sample page from longer report)**Description:** Lists critical incidents confirmed by DMS Quality Review Board for a single agency by participant.**Data Source:** Confirmed critical incident reports**Reporting Period:** 2004**Agency:** Acme Home Care Services, Inc. **County:** Farmingdale **Town:** New Bryher

| Participant Name   | Level             | Type                              | Reported by   | Date Reported | Review Date | Special Circumstances                            | Action                                   |
|--------------------|-------------------|-----------------------------------|---------------|---------------|-------------|--|--|
| Ross, Betsy        | I – Urgent        | Neglect                           | Family member | 11/13/2003    | 1/7/2004    |  | Employee terminated;<br>Provider audit   |
|                    | II – Serious      | Med. Error                        | Family member | 11/16/2004    | 12/29/2004  | Third incident of this type in<br>past 12 months | Remediation plan<br>approved             |
| Washington, Martha | II - Serious      | Suicide Attempt                   | Police        | 03/13/2004    | 4/4/2004    |  |  |
|                    | III - Serious     | Med. Error w/o<br>Adverse Effects | Worker        | 08/20/2004    | 10/19/2004  |  | Remediation plan<br>approved             |
| Webster, Daniel    | II - Serious      | Serious Injury                    | Worker        | 01/08/2004    | 3/2/2004    | Injury resulted in<br>hospitalization            | Root cause<br>analysis/case review       |
|                    | III - Significant | Verbal Abuse                      | Worker        | 12/10/2003    | 1/7/2004    |  | Referral to adult<br>protective services |
| Adams, Abigail     | II - Serious      | Missing Medication                | Family Member | 09/02/2004    | 9/25/2004   | Criminal conduct suspected                       | Police contacted                         |
| Franklin, Benjamin | III - Significant | Med. Error w/o<br>Adverse Effects | Participant   | 10/07/2004    | 10/21/2004  | Repeat incident by same<br>employee              | Employee terminated                      |

**Total Confirmed Incidents for the Year**

|                         |            |
|-------------------------|------------|
| Level I - Urgent        | 19         |
| Level II - Serious      | 99         |
| Level III - Significant | 62         |
| <b>Total Incidents</b>  | <b>180</b> |

## VII. Consumer Survey Reports

A consumer survey report presents the results of participant survey and provides important information about the degree to which services meet participants' requirements and expectations. Typically, indicators representing key quality domains, such as access, choice and safety, are calculated from survey data. Survey-based quality indicators are used to identify areas where program participants are experiencing unmet needs and/or other quality problems.

| <b>Consumer Survey Reports at a Glance</b> |  |
|--|--|
| Purpose:                                   | <ul style="list-style-type: none"> <li>To assess the performance of the program on features of particular interest to participants.</li> </ul>   |
| Audience:                                  | <ul style="list-style-type: none"> <li>Legislators</li> <li>Committee, council and board members</li> <li>State-level program managers</li> <li>Service agencies/provider organizations</li> <li>Consumer advocacy groups</li> <li>Program participants and family members</li> </ul>  |
| Sample content:                            | <ul style="list-style-type: none"> <li>Discussion of survey methodology</li> <li>Participant experience indicators in focal areas such as: access; choice and control; respect; community inclusion; staff competence; health, welfare and rights; etc.</li> <li>Comparison of consumer responses by service agency (<i>e.g.</i>, consumer report card)</li> <li>Comparison of agency or state responses to state and/or national benchmarks</li> <li>Trends over time</li> <li>Recommendations for quality improvement</li> </ul> |
| Level of specificity:                      | <ul style="list-style-type: none"> <li><b><i>State-level program managers and provider agencies</i></b> will be interested in survey-results across all quality domains and indicators and may want to break-out results by region and/or by agency.</li> <li><b><i>Program participants and family members</i></b> may be more interested in comparing participant responses across service agencies on a small number of key indicators, such as health promotion, community involvement and respectful staff.</li> </ul>        |
| Literacy:                                  | <ul style="list-style-type: none"> <li>Fifth grade literacy</li> <li>No jargon</li> </ul>  |
| Frequency:                                 | <ul style="list-style-type: none"> <li>Annual</li> </ul>   |

### ***State Examples:***

*Georgia's 2005 Child and Adolescent Mental Health Family Survey* measures the degree to which Georgia's Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) engages families in the planning, delivery and evaluation of the service delivery system. Families are asked questions in the following five domains: access; cultural sensitivity; family participation; overall satisfaction and outcomes. This report summarizes fiscal year 2005 survey results and compares those

findings to state data from previous years as well as the most recent national benchmarks. For more information, visit <http://www.survey.uga.edu/permes/dhrreportsindex.cfm>.

*Results of Maine's Experience Survey: Adults with Physical Disabilities Consumer-Directed Waiver – A Statewide Summary.* This report presents the results of an in-person survey of adults on Maine's consumer directed physically disabled waiver. For more information, visit: [http://www.hcbs.org/moreInfo.php/state/159/sby/Date/doc/1463/Results\\_of\\_the\\_Maine\\_Experience\\_Survey\\_Adults\\_with](http://www.hcbs.org/moreInfo.php/state/159/sby/Date/doc/1463/Results_of_the_Maine_Experience_Survey_Adults_with).

*North Carolina Consumer Satisfaction Survey Report – Statewide Summary and Information on Local Programs* displays information from a Consumer Satisfaction Survey of the state's mental health, developmental disabilities and substance abuse services programs. The report is organized around six general areas of consumer satisfaction: overall satisfaction, access to services, participation in treatment, cultural sensitivity of staff, appropriateness of services and self-assessed outcomes. For each area, the report provides information on state levels of consumer satisfaction, as well as satisfaction levels for particular local programs. For more information, visit <http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm>.

*Independent Monitoring for Quality – a Statewide Summary* presents a statewide overview of information collected from fact-to-face interviews with 5,298 individuals receiving supports through Pennsylvania's Office of Mental Retardation. For more information, visit <http://www.openminds.com/indres/padata.pdf>.

*The Core Report: Factors Influencing Access to Health Care* uses consumer survey data collected as part of the National Core Indicators project ([www.hsri.org/nci](http://www.hsri.org/nci)) to investigate variables that may affect access to health care. Factors such as race, access to transportation, presence of a mental health diagnosis and type of living arrangement are explored. The analysis also compares findings from the National Core Indicators to national norms. For more information, visit [http://www.hsri.org/docs/786\\_Core\\_Report\\_4.1\\_Health\\_Access.pdf](http://www.hsri.org/docs/786_Core_Report_4.1_Health_Access.pdf).

#### ***Other Examples:***

Two additional examples provide a one page snapshot of statewide and regional survey results:

1. ***HCBS Waiver Survey-Based QI Results Compared to National Averages:*** presents state and national QI scores from annual participant and family surveys.
2. ***HCBS Waiver Survey-Based Quality Indicator Scores by Region:*** compares specific survey-based measures by region.

**VII. CONSUMER SURVEY REPORTS SAMPLE** (Report 1 of 2)

**Report Audience:** State waiver program managers, legislators, program participants, others

**Purpose:** Assess waiver program quality from participants' and families' perspective and target issues and services for remediation and improvement.

**STATEWIDE: HCBS Waiver Survey-Based QI Results Compared to National Averages**

**Description:** Statewide and national QI scores from the annual National Core Indicators survey.

**Data Source:** Consumer and family versions of the Core Indicators survey conducted with a random sample of HCBS MR/DD waiver participants and families and compared to the 2003-2004 national results published by the Core Indicators Project at: <http://www.hsri.org/nci>

**Reporting Period:** Surveys conducted between November 10 and December 18, 2004

**Number of MR/DD waiver participants and number of surveys completed**

| Number of...                  | State |
|-------------------------------|-------|
| Waiver participants           | 3,590 |
| Participant surveys completed | 402   |
| Family surveys completed      | 326   |

**Quality Domain: Participant-centered service planning and delivery**

Higher percentages indicate better outcomes →

| Indicator  |          | Den. <sup>†</sup> | Num.  | Percent |
|--|----------|-------------------|-------|---------|
| The proportion of people reporting that service coordinators help them get what they need.                                 | State    | 394               | 280   | 71%     |
|  | National | 5,409             | 4,165 | 77%     |
| The proportion of people who report that their service coordinators asked about their preferences.                         | State    | 397               | 317   | 80%     |
|  | National | 5,241             | 3,606 | 69%     |
| The proportion of people who know their service coordinators.  | State    | 400               | 374   | 94%     |
|  | National | 5,694             | 4,709 | 83%     |
| The proportion of families who report they have the information needed to skillfully plan for their services and supports. | State    | 322               | 139   | 43%     |
|  | National | 4,416             | 2,292 | 52%     |
| The proportion of families reporting that their support plan includes or reflects things that are important to them.       | State    | 301               | 247   | 82%     |
|  | National | 3,950             | 2,915 | 74%     |

<sup>†</sup> The denominator varies for each question because some interview subjects did not answer every question

**VII. CONSUMER SURVEY REPORTS SAMPLE** (Report 2 of 2)

**Report Audience:** State-level program managers

**Purpose:** Compare specific survey-based quality measures by region.

**ALL REGIONS: HCBS Waiver Survey-Based Quality Indicator Scores by Region**

**Description:** Region-specific QI scores compared to the state average.

**Data Source:** Consumer and family versions of the Core Indicators survey conducted with a stratified<sup>†</sup> random sample of HCBSMR/DD waiver participants and families in each region<sup>‡</sup>

**Reporting Period:** Surveys conducted between November 10 and December 18, 2004

**Number of MR/DD waiver participants and number of surveys completed**

| Number of...                  | State |
|-------------------------------|-------|
| Waiver participants           | 3,590 |
| Participant surveys completed | 402   |
| Family surveys completed      | 326   |

**Quality Domain: Participant-centered service planning and delivery**

| The proportion of people reporting that service coordinators help them get what they need. |      |      |         | The proportion of people who report that their service coordinators asked about their preferences. |      |      |         |
|--|------|------|---------|--|------|------|---------|
| Higher percentages indicate better outcomes →  |      |      |         | Higher percentages indicate better outcomes →  |      |      |         |
| State Regions  | Den. | Num. | Percent | State Regions  | Den. | Num. | Percent |
| State Average  | 394  | 280  | 71%     | State Average  | 397  | 317  | 80%     |
| Region 1   | 131  | 89   | 68%     | Region 1   | 130  | 91   | 70%     |
| Region 2   | 128  | 107  | 84%     | Region 2   | 134  | 124  | 93%     |
| Region 3   | 135  | 84   | 62%     | Region 3   | 133  | 102  | 77%     |

| The proportion of people who know their service coordinators. |      |      |         | The proportion of families who report they have the information needed to skillfully plan for their services and supports. |      |      |         |
|---|------|------|---------|--|------|------|---------|
| Higher percentages indicate better outcomes →                 |      |      |         | Higher percentages indicate better outcomes →  |      |      |         |
| State Regions   | Den. | Num. | Percent | State Regions  | Den. | Num. | Percent |
| State Average   | 400  | 374  | 94%     | State Average  | 322  | 139  | 43%     |
| Region 1  | 133  | 130  | 98%     | Region 1   | 118  | 66   | 56%     |
| Region 2  | 131  | 126  | 96%     | Region 2   | 106  | 35   | 33%     |
| Region 3  | 136  | 118  | 87%     | Region 3   | 98   | 38   | 39%     |

<sup>†</sup> To enable a better comparison between state regions, all waiver participants were first divided into groups by state region. Then, random sampling was used to select 140 participants from each region. Statewide averages were computed as weighted averages.  
<sup>‡</sup> The closest relative or legal guardian was interviewed when a participant was unable to participate due to disability.

## References

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- Freedman, R. and Taub, S. (March 2006) Sampling: A practical guide for quality management in home and community-based waiver programs. Human Services Research Institute and The MEDSTAT Group, Inc.: Cambridge, MA.
- Hibbard, J. and Peters, E. (2003) Supporting informed consumer health care decisions: Data presentation approaches that facilitate the use of information in choice. *Annual Review of Public Health*, 24(4): 413-433.
- Marshall, M., Romano, P. and Davies, H. (2004) How do we maximize the impact of the public reporting of quality of care? *International Journal for Quality in Health Care*, 16(1): i57-i63.
- Mor, V. (2005) Improving the quality of long-term care with better information. *The Milbank Quarterly*, 83(3): 333-364.
- Shaller, D., Sofaer, S., Findlay S., Hibbard, J., Lansky, D., and Delbanco, S. (2003) Consumers and quality-driven health care: A call to action. *Health Affairs*, 22(2): 95-101.
- Staugaitis, S. (February 2005) General principles for using data as a quality improvement tool: A user's guide for the Massachusetts DMR Quality Councils. University of Massachusetts Medical School, E.K. Shriver Center, Center for Developmental Disabilities Evaluation and Research: Waltham, MA.