

8-7-1998

# The Quality Assurance Component of the Quality Management System

Demonstration Project for People with Disabilities

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## Recommended Citation

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Demonstration Project for People with Disabilities (DPPD)  
 THE QUALITY ASSURANCE COMPONENT OF THE QUALITY MANAGEMENT SYSTEM

Performance Measures

August 7, 1998

Measurement Categories: These are the ten categories under which all quality management will be organized.

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Priorities/Time Frame
1) <u>What</u> it is we want to know?	2) <u>How</u> we will answer the questions (rates, percentages, proportions)?	3) <u>Where</u> we will find the answer?	4) <u>Who</u> will this measure apply to? (Disability needs, age, other)	5) <u>When</u> will data collection for this measure begin?  <u>Why</u> is this important?  <u>By whom</u> and <u>how</u> will this information be used?

This document contains a list of performance measurement areas to be used in the DPPD. This document is developing from left to right, so the content of the columns to the right are less developed than those on the left. The Performance Measures are being developed by the Quality Management Workgroup of the DPPD Stakeholder's Advisory Committee. For more information, or to make comments, contact Joan Sykora, (651) 282-6646.

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DRAFT/August 7, 1998

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Demonstration Project for People with Disabilities (DPPD)  
 THE QUALITY ASSURANCE COMPONENT OF THE QUALITY MANAGEMENT SYSTEM  
 Performance Measures  
 August 7, 1998

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
1. Medication Category: Health and Well-Being (Self-Outcome)					
a. Health Status	Maintenance, improvement or deterioration: <ul style="list-style-type: none"> <li>• Proportion of consumers reporting that health status has improved in the last year.</li> <li>• Proportion of consumers reporting that care provided is good or excellent.</li> <li>• Proportion of consumers who believed their condition adversely affects their activity level.</li> <li>• Proportion of consumers who perceive their activity status is below that expected for a person with the same condition.</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer Survey</li> <li>• Functional Indicators</li> <li>• Olmsted Checklist</li> <li>• CAE Report</li> <li>• Focus Groups</li> </ul>	all	Goals in treatment plans	<ul style="list-style-type: none"> <li>• Routine QA</li> <li>• 6-12 months post-enrollment.</li> <li>• 12 month post-enrollment.</li> </ul>

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
b. Functional indicators <ul style="list-style-type: none"> <li>• How do they change?</li> </ul>	Functional scales: <ul style="list-style-type: none"> <li>• Improvement in symptom level</li> <li>• Decrease in symptom level maintenance</li> </ul> Critical Incidents: <ul style="list-style-type: none"> <li>• accidents</li> <li>• hospitalizations</li> <li>• suicide attempts</li> </ul>	Functional indicators <ul style="list-style-type: none"> <li>• CAFAS</li> <li>• Consumer Survey</li> <li>• QI tools used in sites</li> <li>• UM/Function Assessment Tool?</li> <li>• DD Screening Documents</li> <li>• Global assessment functioning</li> </ul>	all	Goals in treatment plans	
c. Quality of life indicators	(What is being done in the QI systems? Can we use this data?)	Functional Indicators <ul style="list-style-type: none"> <li>• Consumer Survey</li> <li>• Provider Survey</li> <li>• BRFS</li> <li>• DCFL Student Survey</li> <li>• Self Report</li> </ul>	all		<ul style="list-style-type: none"> <li>• Routine QA</li> <li>• 6-12 month post-enrollment.</li> </ul>

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
d. Appeals/complaints /grievances related to outcomes?	Number of appeals/complaints/ grievances regarding consumer outcomes.	<ul style="list-style-type: none"> <li>• Ombudsman's Office for MH/MR and PMAP Ombudsman.</li> <li>• Health Department Data</li> <li>• County Offices</li> <li>• Subcontractors</li> <li>• 1-800 number</li> <li>• postcard</li> </ul>	all	<ul style="list-style-type: none"> <li>• Monitor for resolution</li> <li>• Track numbers and types of complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Routine QA</li> <li>• On-going monitoring.</li> </ul>

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
<b>25 Measurement Category: Access to Services (Routine and Specialist)</b>					
<b>A. General Access Issues:</b>					
a. Is the benefit set (services included in the capitation rate) adequate?		<ul style="list-style-type: none"> <li>CAE Report</li> </ul>	CAE		<ul style="list-style-type: none"> <li>Prior to enrollment</li> <li>6-12 months post-enrollment.</li> </ul>
b. Certificate of coverage (total package of services covered by CAE)—is it adequate? <ul style="list-style-type: none"> <li>care management</li> <li>medications</li> <li>exclusions (excluded services)</li> <li>habilitation as well as rehabilitation</li> <li>transportation</li> <li>CD and dual diagnosis</li> <li>Alternative and non-traditional treatment</li> <li>methadone</li> <li>Crisis intervention</li> <li>EPSDT</li> <li>How and when may consumers change their Primary Care Physicians?</li> </ul>	Proportion of consumers and providers who report that they have access to the set of services they believe they need.  <u>Number who are able to access</u> Number in target population	<ul style="list-style-type: none"> <li>Consumer Survey</li> <li>Provider Survey</li> <li>CAE Report</li> </ul>	all		<ul style="list-style-type: none"> <li>Routine QA</li> <li>6-12 months post-enrollment</li> </ul>

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
<p>c. Are consumers able to access the services they need?</p>	<p>Proportion of consumers who report adequate access to:</p> <ul style="list-style-type: none"> <li>• Services; Routine &amp; Specialist</li> <li>• DMG's</li> <li>• DMG's suited to the technology needs of the consumer.</li> </ul> <p><u>Number who are able to access</u> Number in target population</p>	<ul style="list-style-type: none"> <li>• Consumer Survey</li> <li>• Provider Survey</li> <li>• Advocacy organizations Survey</li> </ul>	all		<ul style="list-style-type: none"> <li>• 6-12 months post-enrollment.</li> </ul>
<p>d. Are services provided</p> <ul style="list-style-type: none"> <li>• Community based?</li> <li>• Easy to access?</li> <li>• Available when needed?</li> <li>• (This refers to all services, including drug formularies, home health care, personal care attendants and therapies (OT, PT...))</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of consumers who report ability to access</li> <li>• CAE's report their efforts</li> </ul>	<ul style="list-style-type: none"> <li>• CAE report</li> <li>• Consumer Survey</li> </ul>	all	<ul style="list-style-type: none"> <li>• Monitor</li> </ul>	<ul style="list-style-type: none"> <li>• 6-12 months post-enrollment</li> </ul>
<p>e. Access to care management</p> <ul style="list-style-type: none"> <li>• are those who need it receiving it?</li> <li>• does this service achieve the goal of coordinating the continuum of care?</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of community providers who state that those who need this service are receiving it.</li> <li>• Care-givers</li> <li>• Consumers</li> <li>• Community Providers</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer Survey</li> <li>• Provider Survey</li> <li>• Encounter Data; contacts per 6 months</li> <li>• CAE Report</li> </ul>	all		<ul style="list-style-type: none"> <li>• 6-12 months post-enrollment</li> </ul>

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
<p>f. Are services provided in a consumer/family-centered way? (i.e., are providers sensitive and responsive to the needs of the family, when this is applicable?)</p>	<ul style="list-style-type: none"> <li>• Number or percentage of services provided in home or community settings.</li> <li>• Proportion of consumers who believe services are family-oriented.</li> </ul>	<ul style="list-style-type: none"> <li>• CAE report</li> <li>• Consumer Survey</li> <li>• Provider Survey</li> </ul>	<p>all services? all</p>		
<p>g. Are the unique or special needs of consumers responded to?</p> <ul style="list-style-type: none"> <li>• hearing impairments</li> <li>• communications difficulties</li> <li>• wheel chair access</li> <li>• language</li> <li>• visual impairments</li> <li>• dual diagnosis</li> <li>• pair management</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of people who report reasonable accommodations are made</li> <li>• Evidence of access to special support services if needed or requested.</li> <li>• Evidence that the treatment plan identifies and addresses special needs.</li> <li>• Service animals</li> <li>• Transportation services</li> </ul>	<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> <li>• Trained Observers</li> <li>• Independent Audit</li> </ul>	<p>All consumers with special needs</p>		<ul style="list-style-type: none"> <li>• 6-12 months post-enrollment.</li> </ul>



Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
<b>B: Access to Providers:</b>					
h. Provider network—Are consumers able to access the providers they need? <ul style="list-style-type: none"> <li>• Specialists</li> <li>• Primary Care Providers</li> <li>• Pediatric Specialists</li> <li>• Other age or disability appropriate services</li> <li>• To a continuum of care</li> <li>• Culturally competent Service Providers</li> </ul>	<ul style="list-style-type: none"> <li>• Portion of children who need staff who have specialized training and receive it.</li> <li>• Portion of consumers referred to specialty services who receive those services. (copy from 2L)</li> </ul> <p>Number who are able to access Number in target population</p>	<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> <li>• Advocacy Organization Survey</li> <li>• Family Survey</li> </ul>	all		<ul style="list-style-type: none"> <li>• CAE Report prior to enrollment</li> <li>• All report 6-12 months post-enrollment.</li> </ul>
i. How do consumers select their primary care provider (PCP)? <ul style="list-style-type: none"> <li>• When/how may they change their PCP?</li> <li>• When consumers have a choice, is there an unusually high or low selection of a provider?</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of people who believe they are able to choose?</li> </ul>	<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> </ul>	all		<ul style="list-style-type: none"> <li>• 6-12 months post-enrollment.</li> </ul>
<b>C: Access to Special Services:</b>					
j. Are services/specialty services which are available appropriate to level of need of the consumer? <ul style="list-style-type: none"> <li>• Age-appropriate (pediatric) institutional or out-of-home care</li> <li>• Are pediatricians able to be primary care providers?</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer opinion about services</li> <li>• number of days per year spent in placement setting relative to treatment plan</li> </ul>	<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> </ul>	all		

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
k. Are wrap-around services available to children who are in need of them?	Ratio of funds spent on; <ul style="list-style-type: none"> <li>• Children</li> <li>• Wrap-around</li> </ul>	<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> </ul>	Children		
l. Are preventative services provided when appropriate? <ul style="list-style-type: none"> <li>• Is outreach done?</li> <li>• Is follow-up done when people don't show up?</li> </ul>	Prenatal care <ul style="list-style-type: none"> <li>• immunizations</li> <li>• others</li> </ul>	<ul style="list-style-type: none"> <li>• CAE Report</li> </ul>	all		
<b>D. Timeliness of Access:</b>					
m. How does timeliness of approval effect access? <ul style="list-style-type: none"> <li>• Prior Authorization</li> <li>• Pre-admission Screening</li> <li>• Utilization Review</li> </ul>		<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> </ul>	all		
n. Availability of convenient/evening services (including week-ends and holidays)?		<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> </ul>	all		

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
o. What is the time delay from referral and/or PA until a specialist can be seen? • Is service authorization simple and flexible?	• Time from referral to first appointment (routine and emergency)	• CAE Report • Consumer Survey	all		
<b>E: Appeals/complaints/grievances:</b>					
p. Appeals/complaints/grievances which specify denial of access (medical necessity definition is pertinent)	Number of appeals/complaints/grievances filed and their outcomes.	• Ombudsman's offices • 1-800 number • Postcard	all		• Routine QA • on-going monitoring
<b>F: Measurement of Quality Responsiveness of CAE and Provider:</b>					
a. Personal empowerment: • Do consumers feel empowered regarding their health care? • Do consumers feel involved in all aspects of their care? • Are consumers satisfied with the degree to which they have direction over their care plans?	• Number of consumers for whom there is a formal care plan. • Percent of those who are satisfied with responsiveness • Proportion of consumers who believe they are: 1) Meaningfully involved. 2) Consulted regarding important decisions involving their care 3) Listened to by the CAE/their Provider	• CAE Report • Consumer Survey	all		

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<p>b. Do consumers have access to appeals/complaints/grievances, through the:</p> <ul style="list-style-type: none"> <li>• Plan/CAE</li> <li>• State</li> <li>• Outside/external/independent</li> <li>• Mediation services</li> </ul>		<ul style="list-style-type: none"> <li>• CAE report</li> <li>• Consumer Survey</li> <li>• Random questions on a focus group</li> </ul>	all		
<p>c. Are appeals/complaints/grievances procedures culturally respectful, responsive and provided in alternative media or language(s)?</p>		<ul style="list-style-type: none"> <li>• CAE report</li> <li>• Consumer Survey</li> <li>• Random questions on a focus group</li> </ul>	all		
<p>d. How and by whom are appeals/complaints/grievances monitored?</p> <ul style="list-style-type: none"> <li>• Is this process working?</li> <li>• Are <u>all</u> phone calls tracked for trends?</li> <li>• Monitor trends to assess the age, gender, diagnosis, etc. of who is filing appeals/complaints/grievances.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people who file</li> </ul>	<ul style="list-style-type: none"> <li>• CAE report</li> <li>• Consumer Survey</li> <li>• focus group</li> </ul>			

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<p>e. Are consumers involved in the operations of the managing entity to an optimal degree?</p>	<ul style="list-style-type: none"> <li>• Compliance with DPPD Consumer Strategy</li> <li>• Consumer Advisory Committee in place?</li> </ul>	<ul style="list-style-type: none"> <li>• DHS Monitoring</li> <li>• CAE report</li> <li>• Consumer Survey</li> <li>• Contract Managers</li> <li>• 62D and 62N - MDH</li> </ul>	all		
<p>21 Major in its category satisfaction with the quality and results of care</p>					
<p>a. How do consumers rate the results of the care they receive?</p> <ul style="list-style-type: none"> <li>• For those who have access, how do consumers believe their health status is improving, decreasing, or staying the same?</li> <li>• For those who don't have access</li> </ul>		<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> <li>• Phone survey or phone-in capacities</li> <li>• Focus Groups</li> </ul>			
<p>b. How do consumers rate satisfaction with quality of care?</p>	<ul style="list-style-type: none"> <li>• Proportion of consumers who rate quality as average or above.</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Groups</li> <li>• Consumer Survey</li> <li>• Functional assessment</li> </ul>	all		

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c. How do family members (e.g., parents and guardians) perceive or rate the quality and results of care?	<ul style="list-style-type: none"> <li>Proportion of family members who rate quality as average or above.</li> </ul>	<ul style="list-style-type: none"> <li>Families/Parent Survey</li> <li>Advocacy Organization Survey</li> </ul>	all		
d. How do advocacy organizations perceive the results of the care that their constituents receive?	<ul style="list-style-type: none"> <li>Proportion of advocacy organizations who rate quality as average or above.</li> </ul>	<ul style="list-style-type: none"> <li>Families/Parent Survey</li> </ul>	all		
e. Are providers knowledgeable and competent? <ul style="list-style-type: none"> <li>Do they meet optimal professional qualifications?</li> <li>Are non-traditional providers licensed when appropriate?</li> </ul>		<ul style="list-style-type: none"> <li>CAE Report</li> <li>Consumer Survey</li> <li>Appeals/complaints/grievances</li> <li>CSSA Plan (for Social Services)</li> </ul>	all		
<b>5. Identification of Issues - Expenses</b>					
a. Cost-shifting: <ul style="list-style-type: none"> <li>MA</li> <li>county dollars</li> <li>school district dollars</li> </ul>		<ul style="list-style-type: none"> <li>Focus Groups</li> <li>Surveys</li> </ul>	all		

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
b. Cost of services and impact of purchasing strategy.			all		
c. Cost per individual service package, by PMI and by diagnosis. (Cost doesn't come with encounter claims. We will estimate with algorithms off of EIS.)		<ul style="list-style-type: none"> <li>Encounter Data</li> </ul>	all		

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<b>6. Measurement Category: Service Utilization (Reporting should include a distinction between long term care services and acute care services)</b>					
<p>a. Utilization tracked through Encounter Data (by age, gender and disability group)</p> <ul style="list-style-type: none"> <li>• type of service</li> <li>• location of service (home-based, wrap-around, institution or other)</li> <li>• intensity of service</li> <li>• frequency (including re-admits)</li> <li>• duration</li> <li>• amount</li> <li>• admits</li> <li>• ALOS</li> <li>• Hospitalizations</li> <li>• Institutional Care</li> <li>• immunizations</li> <li>• dental care</li> <li>• durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• evidence of screening mechanisms to identify members of high-needs populations who may be under utilizing services.</li> </ul>	<ul style="list-style-type: none"> <li>• Encounter Data</li> </ul>	Track by specific target population.		
<b>7. Measurement Category: Involvement</b>					
<p>a. "Care"-shifting: is an increased burden falling on the family under DPPD?</p>	<ul style="list-style-type: none"> <li>• evidence of screening mechanisms to identify family members at risk.</li> <li>• service utilization across different agencies by parents, children or siblings.</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer Survey</li> <li>• Family Survey</li> <li>• Provider Survey</li> <li>• Focus group</li> </ul>	all		



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b. Are families moving to access better services?	Changes in county of residence	<ul style="list-style-type: none"> <li>• State demographic trends</li> <li>• CAE report</li> <li>• Consumer Survey</li> <li>• 1-800 number</li> </ul>	all		
<b>8. Measurement Category: Structure of the managing entities</b>					
a. The CAE is appropriately linked to other service systems with which consumers need to interact. <i>Does teamwork exist?</i>	<ul style="list-style-type: none"> <li>• Proportion of consumers, advocates and families who experience teamwork.</li> </ul>	<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> <li>• Family Survey</li> <li>• Provider Survey</li> </ul>	all CAE's and service providers		
b. Are services coordinated between primary care, specialty care and continuing care?	<p>Documentation of link between services.</p> <ul style="list-style-type: none"> <li>• Proportion of consumers reporting that their providers communicate with each other to coordinate care.</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer Survey</li> </ul>			

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
<p>c. Coordination with other systems:</p> <ul style="list-style-type: none"> <li>• Coordination with public health services.</li> <li>• Coordination with social/human services.               <ul style="list-style-type: none"> <li>a) Housing and housing support services</li> <li>b) Vocational/employment Services</li> </ul> </li> <li>• Coordination with Court Services</li> <li>• School-age children will have health services co-ordinated with the child's educational plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Portion of adults who have services coordinated</li> <li>• Portion of school age children who have services coordinated</li> <li>• Proportion of Special Education Parents who report that they received a personal contact from the CAE, offering to participate in the development of the IEP</li> </ul>	<ul style="list-style-type: none"> <li>• CAE report</li> <li>• Consumer Survey</li> <li>• Parent Survey</li> </ul>			
<p>d. When a child is in out-of-home placement, how well are services coordinated?</p> <ul style="list-style-type: none"> <li>• Will they be disenrolled?</li> <li>• Will they go on and off DPPD?</li> </ul>	<p>Can they be in a "suspended" category?</p>	<ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Consumer Survey</li> </ul>			
<p>e. How are subcontractors monitored and by whom (a full range of information must be tracked here)?</p> <ul style="list-style-type: none"> <li>• financial arrangements</li> <li>• quality monitoring</li> <li>• Do they have to report services denied?</li> <li>• Are all sub-contractors monitored?               <ul style="list-style-type: none"> <li>a) How?</li> </ul> </li> <li>• Are clients given choices between sub-contractors?</li> </ul>	<ul style="list-style-type: none"> <li>• Descriptive in CAE Report</li> </ul>	<ul style="list-style-type: none"> <li>• 62 D and 62N</li> <li>• Contract</li> <li>• CAE Report</li> </ul>			

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f. There is a single fixed point of responsibility for each client.	<ul style="list-style-type: none"> <li>• Descriptive in CAE Report</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer Survey</li> <li>• Focus Groups</li> <li>• CAE Report</li> </ul>			
g. What is done to assure that retaliation won't take place when appeals/complaints/grievances are filed?	<ul style="list-style-type: none"> <li>• Descriptive in CAE Report</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer survey</li> <li>• CAE Report</li> </ul>			
h. Is the CAE in compliance with ADA?	<ul style="list-style-type: none"> <li>• Descriptive in CAE Report</li> </ul>	<ul style="list-style-type: none"> <li>• CAE Report</li> </ul>			
i. Is internal quality improvement system effective at improving the service delivery system? <ul style="list-style-type: none"> <li>• Are subcontractors required to CQI?</li> </ul>		<ul style="list-style-type: none"> <li>• CAE Report</li> </ul>			

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j. Does the CAE have a cultural competence plan in place?	Is the plan in place enforced? <ul style="list-style-type: none"> <li>• Number of staff receiving training?</li> <li>• Plan for recruiting, retaining and promoting</li> <li>• Number of staff from racial/ethnic backgrounds representative of the target population.</li> </ul>	<ul style="list-style-type: none"> <li>• CAE Report</li> </ul>			
k. How are external reviews of Sub-contractors conducted?		<ul style="list-style-type: none"> <li>• CAE Report</li> </ul>			
l. How are confidentiality and data privacy issues handled? <ul style="list-style-type: none"> <li>• What are requirements of sub-contractors?</li> </ul>		<ul style="list-style-type: none"> <li>• Consumer survey</li> </ul>			
m. Can the CAE change the certificate of coverage at any time?					

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
<p>n. When consumers have a choice, is there an unusually high or low selection of Service Providers?</p>					
<p>o. Are emergency/crisis/urgent care streamlined?</p> <ul style="list-style-type: none"> <li>• Available 24 hours?</li> <li>• Wait time?</li> <li>• Are follow-up appointments scheduled?</li> <li>• Available in accessible and appropriate settings?</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clients who need after-hours, or crisis services.</li> <li>• Number of clients who receive after-hours, or crisis services.</li> <li>• CAE report on hours</li> <li>• Track wait time</li> </ul>	<ul style="list-style-type: none"> <li>• CAE report</li> <li>• Consumer Survey</li> </ul>			
<p>p. Geographic and physical access:</p> <ul style="list-style-type: none"> <li>• travel distance</li> <li>• travel time</li> <li>• adequate parking</li> <li>• wheel-chair (and other special needs) accessible</li> <li>• transportation to needed services adequate?</li> <li>• linguistic services available?</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to enrollment, CAE submits to DEPARTMENT OF HUMAN SERVICES a geographic &amp; physical access plan which identifies how these areas will be addressed.</li> <li>• Compliance with 62 D and N</li> </ul>	<ul style="list-style-type: none"> <li>• CAE report</li> <li>• Consumer Survey</li> <li>• Provider Survey</li> </ul>			

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
<b>9. Measurement Category: Enrollment, Orientation and Education</b>					
<p>a. Are enrollment procedures consumer-friendly and understandable?</p> <ul style="list-style-type: none"> <li>• Including translation/interpretive services?</li> <li>• Provided in alternative formats, whenever possible?</li> <li>• Available in multi-languages?</li> <li>• What else is done to assure that special needs are met (including cognitive, impairments, outreach to homeless individuals)</li> </ul>	<p><b>a-b.</b></p> <ul style="list-style-type: none"> <li>• CAE submits monthly enrollment reports to DHS that indicate for each enrollee:               <ol style="list-style-type: none"> <li>1. the date of enrollment</li> <li>2. the date of orientation</li> <li>3. results or enrollee satisfaction survey regarding the enrollment and education process</li> <li>4. action plans for improvement based upon the evaluation</li> </ol> </li> <li>• does the consumer understand their certificate of coverage?</li> <li>• is the written material "user-friendly"?</li> <li>• does the consumer understand options?</li> <li>• does the consumer understand choices?</li> </ul>	<p><b>a-b.</b> (The Enrollment Survey is a separate survey from the Consumer Survey and is completed at the time of enrollment/orientation.)</p> <ul style="list-style-type: none"> <li>• CAE Report</li> <li>• Enrollment Survey</li> <li>• Consumer Survey</li> <li>• Advocacy Organization Survey</li> </ul> <p>• Proportion of people who...</p> <p>• Proportion of People who...</p>	All enrollees		<ul style="list-style-type: none"> <li>• Periodic QA - done during initial enrollment and then only as people are enrolled</li> <li>• Advocacy organizations will have a question on their annual survey regarding</li> </ul>

Performance Issues & Questions	Quality Indicators	Data Source	Target Populations	Benchmark	Priorities/Time Frame
b. Are local level orientation efforts and general education and information efforts satisfactory?	<ul style="list-style-type: none"> <li>• effective communication to meet all needs?</li> <li>• information on benefits, providers, exclusions, limitations, external advocacy, mediation, grievances and confidentiality?</li> <li>• Is information available when choosing health plans, not just after enrollment?</li> <li>• Is the certificate of coverage understandable?</li> </ul>				
c. Appointment wait-time for non-emergencies	<ul style="list-style-type: none"> <li>• track wait time</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer Survey</li> </ul>			

Reference list:

1. DHS; Consumer Safeguards Document (which references PMAP contract specifications). 1997.
2. Dual Eligibility workgroup of the M.A. Managed Care TAG; Managed Care Purchasing Specifications for Dually Eligible Adults. DRAFT 7-12-96.
3. Monahan, Colleen; A Guide for Quality Assurance Measures for Children with Special Health Care Needs, Including Pertinent Measures for Medicaid HEDIS. 1997
4. Ibid; Developing A Monitoring and Quality Assurance System for Connecticut's Children with Special Health Care Needs Program. 1997.
5. DHS; Demonstration Project for People with Disabilities - Project Goals.
6. Pumariega, Andres, American Academy of Child and Adolescent Psychiatry; Best Principles for Measuring Outcomes in Managed Care Medicaid Programs. 1997.
7. Western Interstate Commission for Higher Education; Cultural Competence Standards; Pre-publication copy, 1998.
8. Ohio State University; Evaluating Managed Care Plans for Children with Special Health Needs: A Purchaser's Tool, 1998.
9. American College of Mental Health Administration; Preserving Quality and Value in the Managed Care Equation, 1998.
10. HCFA; Key Approaches to the Use of Managed Care Systems for Person's with Special Health Care Needs, 1998.