| QI Key Performance Indicator | Sample Data Sources | Sample Considerations and Factors Needed | For Example |
|---|---|---|---|
| Percentage of individuals whose Individual Support Plans (ISP) are implemented as written. | ● Outcome Tracking Forms | ●Current ISP: Assess the overall completeness of each individual ISP implementation considering the following determinations:<br>●For example, plan is present at site, vison statements relate to outcomes, teaching support strategies, action steps and, Written Direct Support Instructions are being followed. Outcome frequencies are being met.<br>●Taken together, this information needs to be assessed or "graded" by answering the question, **"Is the ISP being implemented as written?"** Yes=1   No=0<br>●Total number of 'yes' becomes the **Numerator**<br>● **Denominator** is the total number of agency ISPs<br>● Divide numerator by denominator:<br><div align="center">Number of ISPs implemented as written<br>Total Agency ISPs</div> | Agency ISPs=50<br><br>After considering all data sources it's determined that 41 of 50 ISPs are being implemented as written<br><br>**41/50= 82% of ISPs are being implemented as written, 18% are not**<br><br>Remediation needed for 18% (n=9)---specify ways/ideas to improve implementation of ISPs; document improvement efforts and remeasure. Include these plans for remediation in annual report:<br>*Note: DDSD considers compliance to be at 86% and above based on CMS criteria. Agencies should always seek to improve overall compliance. DDSD requests to see remediation activities specified in quarterly and annual reports for measures that fall below 86%. |
| Percentage of appointments attended as recommended by medical personnel (physician, nurse, practitioner, specialist) | ● Therap Health Tracking Appointment Report: Health Appt. by Appt. Type<br>● Physician documentation/referrals<br>● Provider reports<br>● Decision Consultation Forms | ●Assess the overall performance for each individual's attendance at recommended medical appointments<br>●Taken together, this information needs to be assessed or "graded" by answering the question, "**Are appointments being kept?**" Yes=1   No=0<br>● **Denominator** is the total number of appointments scheduled<br>●Total number of yes' becomes the **Numerator**<br>● Divide numerator by denominator:<br><div align="center">Number of recommended appointments attended<br>Number of appointments recommended by the healthcare professional.</div> | Client Appointments Scheduled=76<br>Client Appointments Attended=52<br><br>**52/76= 68% of individuals are attending recommended appointments. Thirty-two percent are not.**<br><br>Remediation for 32% (n=24)---specify ways/ideas to improve appointment attendance; document improvement efforts and remeasure. Include these types of results in annual report.<br><br>**\*Note:** Decision Consultation Forms dealing with appointments should be deducted from the denominator-number of appointments<br><br>**\*Note:** DDSD considers compliance to be at 86% and above based on CMS criteria. Agencies should always seek to improve overall compliance. DDSD requests to see remediation activities specified in quarterly and annual reports for measures that fall below 86%. |
| Percentage of people accessing Customized Community Supports (CCS) in a non-disability specific setting | ● Forms (home site, CCSG site, community)<br>● Billing Data; provider reports<br>● SELN monthly reports | Assess the overall performance for people accessing CCS in a non-disability specific setting<br>●Taken together, this information needs to be assessed or "graded" by answering the question, "**Are individuals accessing CCS in a non-disability setting?**" Yes=1   No=0.<br>● **Denominator** is total number of individuals in a CCS setting; N**umerator** is number of CCS individuals in non-disability setting<br>● Divide numerator by denominator:<br><div align="center">Total Number of people accessing the service in non-disability specific setting<br>Number of people in these services at a provider agency</div> | 84 of 111 individuals at the agency receive CCS in a non-disability setting.<br><br>**84/111= 76% are receiving CCS in non-disability setting. Twenty-four percent are not.**<br><br>Remediation for 24% (n=27)---specify ways/ideas to improve participation in non-disability CCS settings; document improvement efforts and remeasure. Include these types of results in annual report.<br><br>**\*Note:** DDSD considers compliance to be at 86% and above based on CMS criteria. Agencies should always seek to improve overall compliance. DDSD requests to see remediation activities specified in quarterly and annual reports for measures that fall below 86%. |