

## DRWG – Next Steps on Stakeholder Priorities

*Step 1. Refine stakeholder questions into researchable questions*

*Step 2. Identify measures that address the research questions*

### Step 1. Refine stakeholder questions into researchable questions

Category	Stakeholder Question(s)	Research Question(s)
<b>Quality Assurance</b>  <b>Volunteers:</b> Carrie Wendel-Hummell, Wen-Chieh Lin, Sydney McClendon	1. Are quality assurance measures in place to ensure that individuals receive the level of services they need?	1. Are home and community-based services (HCBS) populations receiving the level of services they need?

### Step 2. Identify measures that address the research questions

Measures	Data Sources
<i>Service Plan Measures</i>	
PM 1: Number and percent of waiver participants whose service plans address participants' goals	<a href="#">HCBS Quality Review Report</a> (pg. 16), MCO record review
PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment	<a href="#">HCBS Quality Review Report</a> (pg. 17), MCO record review
PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors	<a href="#">HCBS Quality Review Report</a> (pg. 18), MCO record review
PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver	<a href="#">HCBS Quality Review Report</a> (pg. 19), MCO record review
PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan	<a href="#">HCBS Quality Review Report</a> (pg. 20), MCO record review
PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date	<a href="#">HCBS Quality Review Report</a> (pg. 21), MCO record review
PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change	<a href="#">HCBS Quality Review Report</a> (pg. 22), MCO record review
PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan	<a href="#">HCBS Quality Review Report</a> (pg. 23), MCO record review
PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan	<a href="#">HCBS Quality Review Report</a> (pg. 24), Customer Interview
PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers	<a href="#">HCBS Quality Review Report</a> (pg. 25), MCO record review

Measures	Data Sources
PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services	<a href="#">HCBS Quality Review Report</a> (pg. 26), MCO record review
PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative	<a href="#">HCBS Quality Review Report</a> (pg. 27), MCO record review
PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care	<a href="#">HCBS Quality Review Report</a> (pg. 28), MCO record review
<i>Health &amp; Welfare Measures</i>	
PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes	<a href="#">HCBS Quality Review Report</a> (pg. 30), Adverse Incident Reporting
PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures	<a href="#">HCBS Quality Review Report</a> (pg. 31), Adverse Incident Reporting
PM 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken	<a href="#">HCBS Quality Review Report</a> (pg. 32), Adverse Incident Reporting
PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation	<a href="#">HCBS Quality Review Report</a> (pg. 33), MCO Record Review
PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames	<a href="#">HCBS Quality Review Report</a> (pg. 34), Adverse Incident Reporting
PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures	<a href="#">HCBS Quality Review Report</a> (pg. 35), Adverse Incident Reporting
PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver	<a href="#">HCBS Quality Review Report</a> (pg. 36), Adverse Incident Reporting
PM 8: Number and percent of unauthorized uses of restrictive interventions that were appropriately reported	<a href="#">HCBS Quality Review Report</a> (pg. 37), Adverse Incident Reporting
PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies	<a href="#">HCBS Quality Review Report</a> (pg. 38), MCO Record Review
PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan	<a href="#">HCBS Quality Review Report</a> (pg. 39), MCO Record Review
<i>Level of Care Measures</i>	
PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination	<a href="#">HCBS Quality Review Report</a> (pg. 6), Functional Assessor Record Review/State Data Systems
PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied	<a href="#">HCBS Quality Review Report</a> (pg. 9), Functional Assessor Record Review

Measures	Data Sources
<i>Others</i>	
<p>The number of KanCare members receiving PD or TBI waiver services who are participating in the WORK program.</p>	<p>MCO record review, Pay for Performance (P4P) (<a href="#">KFMC KanCare Evaluation</a>, year ending 12.31.18, page 27)</p>
<p>The number and percent of KanCare member waiver participants who had assessments completed by the MCO that included physical, behavioral, and functional components to determine the member's needs</p>	<p><a href="#">KFMC KanCare Evaluation</a>, year ending 12.31.18, table 28 MCO record review</p>
<p>HCBS population with increased preventive care and dental care, and decreased ED visits.</p> <p>Based on three HEDIS measures:</p> <ol style="list-style-type: none"> <li>1. Adults' Access to Preventive/Ambulatory Health Services (AAP)</li> <li>2. Annual Dental Visit (ADV)</li> <li>3. Emergency Department Visits (AMB)</li> </ol>	<p><a href="#">KFMC KanCare Evaluation</a>, year ending 12.31.18, table 29 HEDIS-like</p>
<p>HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS) topics:</p> <ul style="list-style-type: none"> <li>• Reliability and helpfulness of the personal assistance/behavioral health staff providing assistance to the members at their homes</li> <li>• Members' needs met</li> <li>• Treatment by the personal assistance/behavioral health staff</li> <li>• Communication with the personal assistance/behavioral health staff</li> <li>• Reliability and helpfulness of Targeted Case Managers</li> <li>• Reliability and helpfulness of MCO Care Coordinators</li> <li>• Personal safety of members</li> <li>• Ability to choose services</li> <li>• Availability and reliability of transportation services</li> <li>• Overall ratings of help received by personal assistance/behavioral staff, Targeted Case Managers, and MCO Care Coordinators</li> <li>• Members' access to medical care</li> <li>• Employment</li> </ul>	<p>HCBS CAHPS (<a href="#">Annual EQR Report</a>, begins on pg. 46)</p>