

**HSW PERFORMANCE MEASURES BY DATA SOURCES (effective 10/1/2010)**

PM	Narrative Description from Renewal	Data Source								
		Initial Cert	Recert	Site Review	HSW Database	Critical Incident Reporting	CHAMPS	Hearing Summaries	Trends & Remediation	EQR
A-1	# & % of LOC compliance issues that were remediated within 90 days. Numerator: Number of LOC compliance issues remediated within 90 days. Denominator: All LOC compliance issues.								X	
A-2	# & % of PIHPs that have filled all slots allocated. Numerator: Number of PIHPs that have filled all slots allocated. Denominator: All PIHPs.				X					
A-3	# & % of IPOS compliance issues that were remediated within 90 days. Numerator: # & % of IPOS compliance issues that were remediated within 90 days. Denominator: All IPOS compliance issues.								X	
A-4	# & % of PIHPs implementing prior authorizations according to established policy. Numerator: Number of PIHPs implementing prior authorizations according to policy. Denominator: All PIHPs.			X B.12.1						
A-5	# & % of administrative hearings related to utilization management issues. Numerator: Number of administrative hearings related to utilization management. Denominator: All hearings.							X		
A-6	# & % of compliance issues for provider qualifications that were remediated within 90 days. Numerator: Number of compliance issues remediated within 90 days. Denominator: All compliance issues.								X	
A-7	# & % of PIHPs that implement quality assurance/improvement activities as required by contract. Numerator: Number of PIHPs that implement required Q A/I activities. Denominator: All PIHPs.									X
B-1	# & % of newly enrolled waiver participants who have a need for an ICF/MR LOC prior to receipt of services. Numerator: Number of newly enrolled waiver participants who have received an ICF/MR LOC prior to receipt of services. Denominator: All new enrollees.	X								
B-2	# & % of enrolled participants whose LOC evaluations are completed within 365 days of the previous evaluation. Numerator: Number of enrolled participants with LOC evaluations completed within 365 days of the previous evaluation. Denominator: All enrolled participants.		X							
B-3	# & % of initial LOC evaluations that are documented on the HSW certification form. Numerator: Number of initial LOC evaluations that are documented on the HSW certification form at the time of initial application for HSW. Denominator: All LOC evaluations.	X								
B-4	# & % of LOC annual re-evaluations that are documented on the HSW certification form. Numerator: Number of LOC re-evaluations that are documented on the HSW certification form. Denominator: All LOC reevaluations.		X							

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<b>B-5</b>	# & % of initial LOC evaluations that are completed by a QMRP. Numerator: Number of initial LOC evaluations that are completed by a QMRP. Denominator: All LOC evaluations.	X								
<b>B-6</b>	# & % of LOC re-evaluations that are completed by a QMRP. Numerator: Number of LOC re-evaluations that are completed by a QMRP. Denominator: All LOC re-evaluations.		X							
<b>B-7</b>	# & % of LOC re-evaluations where the LOC criteria was accurately applied. Numerator: Number of LOC re-evaluations where the LOC criteria was accurately applied. Denominator: All LOC re-evaluations.		X							
<b>B-8</b>	# & % of initial LOC evaluations where the LOC criteria was accurately applied. Numerator: Number of initial LOC evaluations where the LOC criteria was accurately applied. Denominator: All initial LOC evaluations	X								
<b>C-1</b>	# & % of applicants for provision of HSW services that meet initial credentialing standards prior to provider enrollment. Numerator: Number of applicants for provision of HSW services that meet initial credentialing standards prior to provider enrollment. Denominator: All new provider applicants for provision of HSW services.			X E.1.7						
<b>C-2</b>	# & % of providers of HSW services that continue to meet credentialing standards. Numerator: # & % of providers of HSW services that continue to meet credentialing standards. Denominator: All providers of HSW services enrolled in the provider network.			X E.1.8						
<b>C-3</b>	# & % of non-licensed, non-certified waiver service providers that meet provider qualifications as stated in the Michigan Medicaid Provider Manual. Numerator: Number of non-licensed, non-certified waiver providers that meet qualifications. Denominator: All non-licensed, non-certified waiver providers.			X E.1.9						
<b>C-4</b>	# & % of waiver providers that meet staff training requirements. Numerator: Number of waiver service providers that meet staff training requirements. Denominator: All waiver providers.			X E.3.6						
<b>D-1</b>	# & % of enrolled participants whose IPOS include services and supports that align with the individual's assessed needs. Numerator: Number of enrolled participants whose IPOS include services and supports that align with their assessed needs. Denominator: All enrolled participants.			X C.2.2						

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D-2	# & % of enrolled participants whose IPOS had adequate strategies to address their assessed health and safety risks. Numerator: Number of enrolled participants whose IPOS had adequate strategies to address their assessed health and safety risks. Denominator: all enrolled participants with identified health and safety risks			X C.1.8						
D-3	# & % of enrolled participants whose IPOS reflect their goals and preferences. Numerator: Number of enrolled participants whose IPOS reflect their goals and preferences. Denominator: All enrolled participants.			X C.1.2						
D-4	# & % of IPOS for enrolled participants that are developed in accordance with policies and procedures established by MDCH. Numerator: Number of IPOS for enrolled participants that are developed in accordance with policies and procedures established by MDCH. Denominator: All IPOS for enrolled participants.			X C.1.6						
D-5	# & % of enrolled participants whose IPOS are updated within 365 days of their last plan of service. Numerator: Number of enrolled participants whose IPOS were updated within 365 days of their last plan of service. Denominator: All enrolled participants.			X B.12.4						
D-6	# & % of enrolled participants whose IPOS changed when the individual's needs changed. Numerator: Number of enrolled participants whose IPOS was changed when the individual's needs changed. Denominator: All enrolled participants whose needs changed.			X C.1.5						
D-7	# & % of IPOS for enrolled participants in which services and supports are provided as specified in the plan, including type, amount, scope, duration and frequency. Numerator: Number of IPOS for enrolled participants with services and supports provided as specified in the plan, including type, amount, scope, duration and frequency. Denominator: All IPOS for enrolled participants.			X C.2.4						
D-8	# & % of waiver applicants who are offered the choice between receiving waiver services and institutional care prior to initial enrollment in the HSW. Numerator: Number of waiver applicants who are offered the choice between receiving waiver services and institutional care. Denominator: All waiver applicants.	X								
D-9	# & % of enrolled participants who are offered the choice between receiving waiver services and institutional care. Numerator: Number of enrolled participants who are offered the choice between receiving waiver services and institutional care. Denominator: All enrolled participants.		X							

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D-10	# & % of enrolled participants who are informed of their right to choose among the various waiver services. Numerator: Number of enrolled participants who are informed of their right to choose among the various waiver services. Denominator: All enrolled participants.			X B.12.2						
D-11	# & % of enrolled participants who are informed of their right to choose among waiver providers. Numerator: Number of enrolled participants who are informed of their right to choose among waiver providers. Denominator: All enrolled participants.			X B.12.3						
G-1	# & % of critical incidents reported for HSW enrollees. Numerator: Number of critical incidents reported for HSW enrollees. Denominator: All HSW enrollees.					X				
G-2	# & % of enrollees requiring emergency medical treatment or hospitalization d/t injury related to the use of a restrictive intervention. Numerator: Number of enrollees requiring emergency medical treatment or hospitalization d/t injury related to the use of a restrictive intervention. D: all enrollees with reported incidents of emergency medical treatment or hospitalization for injuries or medication errors					X				
G-3	# & % of enrollees requiring emergency medical treatment or hospitalization due to medication error. Numerator: Number of enrollees requiring emergency medical treatment or hospitalization due to medication error. Denominator: all enrollees with reported incidents of emergency medical treatment or hospitalization for injuries or medication errors.					X				
I-1	# & % of capitation payments made to the PIHP only for HSW participants with active Medicaid eligibility. Numerator: Number of capitation payments made to the PIHP for HSW participants with active Medicaid eligibility. Denominator: All capitation payments for HSW participants.						X			
I-2	# & % of HSW participants whose capitation payment was recouped for a service month d/t not receiving an HSW service (i.e., no valid encounter in the data warehouse). Numerator: Number of HSW participants whose capitation payment was recouped for a service month due to no valid encounter. Denominator: All HSW participants with no valid encounter for a service month.						X			