

Instructions

QUALITY OUTCOME MEASURES

Care Management and Case Coordination and Support

FY 10/1/2019 - 9/30/2020

1. Participant Satisfaction Level

The area agency is expected to obtain the views of service participants about the quality of services received through various methods, including participant satisfaction surveys. The area agency may utilize whatever survey that it already has in use and (after adding the two additional questions found in number 2 below) is then able to derive the measure from tracking and categorizing the results.

The Measure

The percentage of the total participant satisfaction survey question responses that are positive; negative; or neutral for care management and for case coordination and support.

It is understood that there is no required common format for area agency participant satisfaction surveys, so survey question response categories are going to vary in number and terminology used across regions. That being said, please use the following as a guideline to record a response as either positive, negative or neutral:

Positive includes a satisfactory, good, very good, excellent and the like response.

Negative includes an unsatisfactory, poor, very poor and the like response.

Neutral includes a no opinion, neither positive or negative, neutral and the like response.

If response options are strictly a numerical ranking (such as a scale of 1-5), then divide the response number by the highest possible scoring number (a response of 3 divided by 5 = 60%) and record the response using the following guideline:

Positive: 51% and above
 Negative: 49% and below
 Neutral: 50 %

Tally the total number of all survey question responses that are positive; negative; or neutral for all participants. Take the sum of the total number of questions per survey times the number of participants who responded and divide that figure into the total number of all survey question responses that are positive; negative; or neutral to get the respective total percentage for each category.

Numerator

Total number of survey questions with a positive; negative; or neutral response

Sum of the total number of survey questions times the number of survey participants

Denominator

For example:

A survey has 20 questions. 100 case coordination and support participants complete the survey.

- $20 \times 100 = 2,000$ total survey question responses
- There are 1,700 positive responses (1,700 divided by 2,000 = 85%)
- There are 200 negative responses (200 divided by 2,000 = 10%)
- There are 100 neutral responses (100 divided by 2,000 = 5%)

Case Coordination & Support: **Positive—85% Negative—10% Neutral—5%**

2. Participant Quality of Life Satisfaction Level Before and After Receiving Services

As mentioned above, the area agency is asked to add the following two questions to its participant satisfaction surveys for care management and case coordination & support:

A. My quality of life prior to receiving services was:

Response examples: Very Dissatisfying / Dissatisfying / Neutral / Satisfying / Very Satisfying

B. My quality of life after receiving services is:

Response examples: Very Dissatisfying / Dissatisfying / Neutral / Satisfying / Very Satisfying

The Measure

The percentage of the total participant satisfaction survey question responses about their quality of life before and after receiving services that are positive; negative; or neutral.

Tally the total number of survey question 2.A responses that are positive; negative; or neutral for all participants. Take the number of participants who responded and divide that figure into the total number of question 2.A responses that are positive; negative; or neutral to get the respective total percentage for each category. Use the same process for question 2.B.

Numerator

Total number of participant responses to each question that are positive; negative; or neutral

Total number of all participant responses to each question

Denominator

For example, Care Management

Quality of Life	A Before Services	B After Services
Very Satisfying	5	20
Satisfying	20	65
Neutral	0	0
Dissatisfying	60	13
Very Dissatisfying	15	2
Total	100	100

Numerator	No. of Positive Responses Before Services = 25% ($5 + 20 = 25 \div 100 = .25$)
Numerator	No. of Positive Responses After Services = 85% ($65 + 20 = 85 \div 100 = .85$)
Numerator	No. of Negative Responses Before Services = 75% ($60 + 15 = 75 \div 100 = .75$)
Numerator	No. of Negative Responses After Services = 15% ($13 + 2 = 15 \div 100 = .15$)
Denominator	100 People who responded to both questions

For Quality Outcome Measures 3, 4 and 5:

The measuring process comes from questions that are part of the iHC Assessment that is used in both Care Management and the MI Choice Waiver and found in Compass. These three measures are used with the MI Choice Quality Management Plan. These measures are to be taken at each assessment and reassessment of the participant.

3. Prevalence of Social Isolation

The Measure

The percentage of all participants who are alone for long periods of time or always **AND** who also report feeling lonely **OR** Participants who are distressed by declining social activity, 90 days prior to assessment/reassessment (or since last assessment if less than 90 days) for:

- Care Management
- Case Coordination & Support

iHC: Length of time person is alone during the day (morning and afternoon)

- No Selection
- Less than 1 hour
- 1-2 hours
- **More than 2 hours but less than 8 hours**
- **8 hours or more**

The definition of participants who are alone for long periods of time or always = these last two responses in bold.

Person says or indicates that he/she feels lonely

- No Selection
- **Yes (this is the definition of participant reports feeling lonely)**
- No

Change in Social Activities in LAST 90 DAYS (Or since last assessment if less than 90 days ago)
Decline in the level of participation in social, religious, occupational or other preferred activities. If there was a decline, person distressed by this fact.

- No Selection
- No decline
- Decline, not distressed
- **Decline, distressed (This is the definition of participant who is distressed by declining social activity.)**

4. Prevalence of Emergency Room Visits and Hospital Stays

The Measure

The percentage of all participants who have had one or more hospitalizations or emergency room visits during the last 90 days of the assessment/reassessment (or since the last assessment if less than 90 days) for:

- Care Management
- Case Coordination & Support

Hospital Use, Emergency Room Use, Physician Visit Code for number of times during the LAST 90 DAYS (or since last assessment if less than 90 days):

The first two = the definition

- **Inpatient acute hospital with overnight stay**
- **Emergency room visit (not counting overnight stay)**
- Physician visit (or authorized assistant or practitioner)

5. Prevalence of inadequate meals and dehydration

The Measure

The percentage of all participants who in 4 of last 7 days prior to assessment/reassessment ate one or fewer meals for:

- Care Management
- Case Coordination & Support

In at least 4 of last 7 days, person ate one or fewer meals a day

- No Selection
- No
- **Yes (This is the definition of a participant who in at least 4 of last 7 days prior to assessment/reassessment ate one or fewer meals.)**

The Measure

The percentage of all participants who in the last 3 days prior to assessment/reassessment had fluid intake less than 1,000 cc per day (less than four 8 oz. cups/day) for:

- Care Management
- Case Coordination & Support

Fluid intake less than 1,000 cc per day (less than four 8 oz. cups/day)

- No Selection
- No
- **Yes (This is the definition of a participants who in the last 3 days prior to assessment/reassessment had fluid intake less than 1,000 cc per day (less than four 8 oz. cups/day.)**

Frequency of Data Collection: It is expected that the area agency will assure the above outcomes data is calculated on a quarterly basis for FY 2020. The area agency may be expected to provide a partial year progress report on the above outcomes for the FY 2021 AIP and a full FY 2020 report for the FY 2020-2021 AAA Annual Assessment.