

ISAC Performance Measure (PM) Changes – Part 2



August 2022

Background Refresh

- ✓ Based on *feedback from ISAC* during annual report review
- ✓ Continued *collaboration with NASDDDS* to improve QA&I tools used to see how AEs, SCOs and Providers are doing
- ✓ One main objective - *shift* some things we measure from "compliance focused" to more "*person-centered outcomes focused*" (direct impact on people served)
- ✓ Some ISAC performance measures are *informed by QA&I*

ISAC Performance Measure Changes – Part 2

On the following slides, we will review the remainder of the proposed edits to ISAC performance measures with recommended changes.



ISAC #1: Assure Effective Communication

Current	Proposed Replacement	Reason
<p>#5. Percent of individuals for whom the Supports Coordinator (SC) explores with the individual options for communication assistance when appropriate and supports the individual to choose. (QA&I)</p>	<p>Percent of individuals whose ISP includes information about how the individual communicates, and the communication supports and services the individual may need to assure effective communication. (QA&I)</p>	<p>This better reflects that the team, and not just the SC, are supporting and addressing communication needs.</p>
<p>#6. Number of individuals who received the Enhanced Communication Rate for services (with 'U1' procedure modifier.) (Data Warehouse)</p>	<p>The Provider implements communication supports and services as specified in the individual's ISP to ensure effective communication. (QA&I)</p>	<p>Old performance measure provided very small data that was not useful. New PM measures ISP implementation as it relates to communication strategies in the ISP.</p>

ISAC #2: Promote Self-Direction, Choice & Control

Current	Proposed <i>Revision</i>	Reason
#5 Percent of individuals who report they always carry a form of identification.	Remove	PM is not useful.

ISAC #3: Increase Employment

Current	Proposed <i>Revision</i>	Reason
<p>#2. Number of individuals Employed vs Number of Individuals Employed Receiving ODP Employment Services. ODP Employment Comprehensive Report</p>	<p>Number of individuals employed vs. number of individuals employed <u>and authorized to receive</u> ODP employment services. <u>(HCSIS)</u></p>	<p>Clarifies PM and changes data source for accuracy.</p>
<p>#3. Top 5 Most Utilized Job Types Among ODP Enrolled individuals Ages 18-25 Reporting Competitive Integrated Employment.</p>	<p>Remove</p>	<p>PM does not tie back to any strategies in Rec #3.</p>
<p>N/A</p>	<p>#8. Number and percent of individuals enrolled with ODP and receiving subminimum wage. (<i>OVR Data Sharing Memorandum of Understanding</i>)</p>	<p>Measures progress directly related to two strategies in Rec #3.</p>

ISAC #5: Promote Health, Wellness & Safety

Current	Proposed <i>Revision</i>	Reason
#4. Percent of individuals and self-advocates who routinely engage in physical activity at least once a week for at least 10 minutes.	Remove	Not useful - 10 minutes of physical activity at least weekly is not associated with specific or recognized health outcomes.
#6. When asked how hard it is to get health care services in their community, percent of individuals who reported it was very easy or pretty easy, in-between, or very hard or hard.	Remove	PM had limited value and was not useful for creating actionable information due to the subjectivity of terms used and not having a standardized definition of the ratings "very easy" through "very hard."
#9. Percent who reported they were able to see a medical specialist if they needed to.	Remove	This PM had limited value in terms of measuring quality or creating action plans based on the subjective nature of the reporting and an unintended bias against those who may not recognize the need for discussion with a medical specialist.

ISAC #5: Promote Health, Wellness & Safety

Current	Proposed <i>Revision</i>	Reason
#10. Percent who reported they have the opportunity to discuss health concerns with the psychiatrist.	Remove	These PMs have limited value in terms of measuring quality or creating action plans based on the subjective nature of the reporting and an unintended bias against those who may not recognize the need for discussion with a psychiatrist.
#11. Percent who reported they do not have the opportunity to discuss health concerns with the psychiatrist.	Remove	

ISAC #5: Promote Health, Wellness & Safety

Current	Proposed <i>Revision</i>	Reason
N/A	Percent of individuals in residential services with diabetes, hypertension and/or obesity. (HRST)	Diabetes, hypertension, and obesity are medical conditions with standardized definitions which are all associated with significant health risks if untreated. The conditions can be reflective of general health status of an individual or population and as such are useful measures for planning interventions and education, as well as assessing response.

ISAC #6: Support People with Complex Needs

Current	Proposed <i>Revision</i>	Reason
#1. Number of people with authorized nursing services.	Remove	While these may be valuable stats to track as an office, these PMs are not good PMs for ISAC, as they don't add much to the understanding of support for individuals with complex needs.
#2. Number of people who use nursing services.	Remove	
#3. Number of people with ID, with authorized behavioral support services.	Remove	Removal is recommended because the results do not speak to the quality of services or reflect how well the goals of Recommendation #6 are being achieved.

ISAC #6: Support People with Complex Needs

Current	Proposed <i>Revision</i>	Reason
#4. Number of people with ID who use behavioral support services.	Remove	Removal is recommended because the results do not speak to the quality of services or reflect how well the goals of Recommendation #6 are being achieved.
#5. Number of people with Autism, with authorized behavioral support services.	Remove	
#6. Number of people with Autism, who use behavioral support services.	Remove	

ISAC #6: Support People with Complex Needs

Current	Proposed <i>Revision</i>	Reason
N/A	Number of individuals in residential service who require treatments which are considered inherently *high risk . (<i>HRST, Item Q</i>)	High risk treatments, as defined through HRST Item Q, are reflective of medical complexity of individuals. By using measurable conditions, ODP can better measure the number of individuals with complex medical conditions receiving residential services.

***High risk treatments** are defined through HRST as including:

- 1) Tracheotomy that requires suction
- 2) Ventilator dependent
- 3) Nebulizer treatments one or more times daily
- 4) Deep suction
- 5) Requires complex medication calculations for insulin given via insulin pump or injection.
- 6) Has an unstable condition that requires ongoing (usually daily or more frequent) assessment and treatment by a licensed health care professional.
- 7) 1:1 staffing for behavioral issues: Requires 1:1 staffing 16 or more hours EACH day due to behavioral issues.

ISAC #6: Support People with Complex Needs

Current	Proposed <i>Revision</i>	Reason
N/A	Number of children with medical complexities registered with ODP. (HCSIS & PROMISE)	The addition of this measure is necessary given the recent inclusion for supports of children with medical complexities.
N/A	Percentage of ODP registered children with medical complexities living in family settings. (HCSIS)	The addition of this measure is necessary given ODP's goals to improve supports to families (birth, adoptive, foster) or create family-based alternatives (lifesharing), so that children can grow to adulthood living in a family home with a bond to a loving adult.

ISAC #7: Develop and Support Qualified Staff

Current	Proposed <i>Revision</i>	Reason
N/A	Percentage of staff that are trained in the individual's communication profile or formal communication system. (QA&I)	Increased training on an individual's communication plan will enhance support by allowing DSPs to be more effective at addressing expressed wants and needs.
N/A	Percentage of agencies that are using tiered DSP credentialing/training. (Annual provider survey)	In line with strategy #4 and #5, this new PM will inform the field about the adoption of DSP credentialing strategies.

ISAC #10: Expand Options for Community Living

Current	Proposed <i>Revision</i>	Reason
N/A	Number of people who transition from residential habilitation to life-sharing or supported living. (PROMISE)	Indicator of importance to ODP as it shows movement of people from more restrictive to less restrictive settings.

ISAC #11: Increase Community Participation

Current	Proposed <i>Revision</i>	Reason
<p>#2. Percent of Provider sites that provided services in community settings. (PROMISE)</p>	<p>#3 – Percent of <u>authorized CPS service locations</u> that <u>delivered CPS</u> in community settings. (PROMISE)</p>	<p>The language was clarified to match the data being pulled and focus on the CPS Community service.</p>
<p>#3. Who chooses what the individual does during the day (individual or someone else)?</p>	<p>#5 – Percent of individuals who report that they choose what they do during the day. (IM4Q)</p>	<p>Using IM4Q data helped frame the PM.</p>
<p>#4. Options for work or day activity in locations where people without disabilities go.</p>	<p>#6 – Percent of individuals who report that when they choose what they do during the day, they are given a choice to go where people without disabilities go. (IM4Q)</p>	<p>Using IM4Q data helped frame the PM.</p>

ISAC #11: Increase Community Participation

Current	Proposed <i>Revision</i>	Reason
#5. Options on where to go during the day.	#7 – Percent of people who report that they were given options of where to go during the day. (IM4Q)	Ensuring choice is given to individuals on where they go so, they control their schedule. Using IM4Q data helped frame PM.
#6. Percent of people with weekly participation.	#8 – Percent of individuals who report that they visit with friends, relatives, or neighbors at least weekly. (IM4Q)	Using IM4Q data helped frame the PM, specifically indicating who is visited to replace the ambiguous usage of “participation”.
#7. Percent of people who have friends.	#9 – Percent of individuals who report that they have friends who are not staff and family. (IM4Q)	Includes the clarification that “friends” are not staff and family to align with the IM4Q question, but also dives deeper into if the individual feels they have made/developed friendships and relationships with people outside of those two groups, who are more likely to represent community members.

ISAC #11: Increase Community Participation

Current	Proposed <i>Revision</i>	Reason
#8. Percent of respondents who said their relative had enough opportunities to participate in activities in the community.	10 – Percent of respondents who say their relative has enough opportunities to participate in activities outside of where they live. (IM4Q)	Replacing the vague use of “community” expands the location to anywhere outside where they live. Using IM4Q data helped frame the change.
N/A	#11 – Percent of respondents who say their relative has the opportunity to learn new things. (IM4Q)	Learning new things, or being given the opportunity to, ties in with participating in the community and the activities that are available there.

ISAC #12: Provide Community Services to Everyone

Current	Proposed <i>Revision</i>	Reason
#3. Number of people moving from state-operated facilities, Private ICFs/ID, state hospitals, and nursing homes. HCSIS & PROMISe	Remove	Removed as a stand-alone PM and incorporated into PM #2 (c).