



## 2021 Quality Plan

Approved by:  
 Quality Steering Committee: 01/27/2021  
 CCI Board of Directors: 02/09/2021  
 WI Department of Health Services: 03/04/2021

Description	Scope	Goal(s)
<b>Quality Monitoring/Improvement</b>		
Assessment, Care Planning, Service Delivery	P, FCP, FC	A composite score of >90% for all indicators reviewed
Long Term Care Functional Screens	P, FCP, FC	Monitor and maintain the completeness, accuracy, and timeliness of functional screens
Monitoring of Home and Community Based Settings (HCBS) Rule	P, FCP, FC	100% of members living in settings that meet the HCBS rule
Care Management for Vulnerable High Risk Members (VHRM)	P, FCP, FC	<ul style="list-style-type: none"> <li>a) 100% accuracy in the identification of members who meet the DHS definition of “Vulnerable High Risk”</li> <li>b) 100% of care plans address supports and appropriate interventions are documented on the MCP to mitigate risk.</li> </ul>
Satisfaction – Member	P, FCP, FC	<ul style="list-style-type: none"> <li>a) Achieve thresholds for DHS pay-for-performance (FCP &amp; FC)</li> <li>b) Achieve high overall member satisfaction scores and 5 star member satisfaction ratings on the DHSMCO Scorecard</li> <li>c) Reduce rates of voluntary disenrollment due to lack of member satisfaction.</li> <li>d) See Formal Projects</li> </ul>
Satisfaction – Caregiver	P	Improve caregiver satisfaction.
Satisfaction – Provider	P, FCP, FC	Improve provider satisfaction
Member Incidents	P, FCP, FC	<ul style="list-style-type: none"> <li>a) &gt;90% reporting of incidents</li> <li>b) &gt;90% timely reporting of incidents</li> </ul>
Appeals and Grievances	P, FCP, FC	<ul style="list-style-type: none"> <li>a) 100% of appeals will be processed timely</li> <li>b) 100% of members/legal decision makers will be contacted for resolution</li> <li>c) ≥ 50% resolution rate will occur with appeals</li> </ul>

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		d) 100% of grievances will be processed timely e) ≥ 90% resolution rate will occur with grievances
Service Delivery – Provider Access	P, FCP, FC	100% compliance with provider access standards
Service Delivery - Verification that Services were Provided	P, FCP, FC	Ensure that 100% of services authorized were provided and assessed for effectiveness
Service Delivery - Provider Quality	P, FCP, FC	a) Caregiver background checks; b) Education or skills training for individuals who provide specific services c) Reporting of member incidents to Community Care d) Compliance with DQA standards, where applicable e) Appropriateness of staff providing medical services
Utilization Management	P, FCP, FC	a) Monitor and detect underutilization, overutilization, and mis-utilization of services. b) Assess the quality and appropriateness of care and services furnished to members. c) Provide key information to ensure the members’ individual outcomes are supported in an efficient and cost effective manner. d) Safeguard to prevent unnecessary or inappropriate use of Medicaid services available under this plan, and guard against excess payments
Participation in the Quality Management Program	P, FCP, FC	Increase participation in the Quality Management Program by members, community representatives of the target populations, staff, and providers
Restrictive Measures	P, FCP, FC	a) Ensure appropriate use of approved restrictive measures b) Reduction/elimination of restrictive measures
Competitive Integrated Employment (CIE) Pay for Performance (P4P)	FCP, FC	Maintain/Increase of the number of members in CIE between the first quarter 2021 cohort and the fourth quarter 2021 cohort.
<b>DHS Quality Indicators</b>		
Care Management Staff Turnover	P, FCP, FC	a) Decrease Care Team Turnover b) Maintain/Increase “Care Team Characteristic” Star Rating on the DHSADRC MCO Scorecard. c) Maintain staff turnover at or below the MCO average

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Influenza Vaccinations	P, FCP, FC	a) Increase influenza vaccination rate for members to >90% b) Increase influenza vaccination rate for staff to >90%
Pneumococcal Vaccinations	P, FCP, FC	Increase the pneumococcal vaccination for members to >90%
Dental Visits	P, FCP	Ensure appropriate access to dental services
<b>Formal Projects</b>		
Member Satisfaction (DHS non-clinical PIP)	P, FCP, FC	a) Show positive growth in member satisfaction b) Implement PDSA interventions for those member with low satisfaction to increase their overall satisfaction
Depression Screening (CMS CCIP, DHS clinical PIP)	P, FCP, FC	a) Complete the Patient Health Questionnaire-2 (PHQ-2) screen for 100% of members in the eligible population. b) Observe 100% of Mental/Emotional Care Plans accompanying a member's care plan who scored 'at risk' on the PHQ-2.
<b>Informal Projects</b>		
Increasing consistency of functional screen and MCO documentation	P, FCP, FC	Increase consistency of functional screen and Community Care documentation to >90%
Increase/monitoring of dementia screening	P, FCP, FC	Continue to increase/maintain dementia screening.
Advance Care Planning	P, FCP, FC	a) Prevent invalid, newly obtained advance directive documents from being scanned into the medical record. b) ACP referral recommended by ACP Expert for all invalid forms.