

HOME and COMMUNITY BASED WAIVER PROGRAM  
Outcome report October 2014 through September 2015

**Program Review**

The Home and Community Based Waiver Program (HCBS) is designed to ensure that Mainstream Living's mission, vision and values are honored and supported in the lives of the individuals we serve.

Our Home and Community Based Waiver Program has provided exceptional supported community living and community housing services for individuals with intellectual disabilities and brain injuries. Our focus for the next year will be maintaining quality while learning, implementing and providing services in a changing environment. We are committed to developing and organizing the necessary steps to meet MCO requirements and to cultivate strong working relationships with the four MCO companies operating in the state of Iowa starting January 1, 2016.

During this past year, the HCBS program served 205 individuals; 54 individuals in our hourly program, 136 individuals in daily services at 49 sites and 15 individuals in our medically fragile program in three sites. The needs of these individuals were met by over 300 employees.

The HCBS program continues to focus on providing quality services that enhance the lives of our members; at the same time, paying strict attention to being fiscally responsible, monitoring specifically identified outcomes for members and modifying systems to be more effective.

In addition, we are working on incorporating changes to Federal Rule 1915(c) on Home and Community Based Service settings. The purpose of the changes include a shift towards defining HCBS settings or living arrangements by the nature and quality of the members' experiences. The provisions in this rule establish a more outcome-oriented definition of home and community-based settings. We are reviewing our settings and practices to ensure that we meet the purpose and intent of these rule changes.

Focusing on outcomes will be essential for successfully monitoring and executing the settings rule and developing systems to work with the four Managed Care Companies. The four companies overseeing the Medicaid system in Iowa are: AmeriHealth Caritas, Amerigroup, WellCare and United Health Care of the Heartland. Our system will become more data-driven and payment for services will depend on our ability to meet the requirements of the managed care companies.

Over the course of the upcoming year, we will continue to monitor service documentation and use this information as a means to determine our billing. Staff performance, in this area, is monitored for accuracy, thoroughness, and timeliness. To date, 94.99% of notes are completed on a timely basis or within 3 days of direct service provision. This year, we plan to set up more strict guidelines for staff and will be changing our acceptable level of performance to writing notes on day of service or day after. Supervisors are also working with staff to increase the amount of service documentation that is goal related.

## Outcome Review

- Satisfaction:** Satisfaction as reported by members, family members and other stakeholders will be high in the HCBS program.
- Objective:** HCBS will receive an average score of 95% or higher on satisfaction survey tools. Scores from member, family and case manager satisfaction surveys will be combined to determine an overall satisfaction score. The VP of Waiver and designee will send out the surveys and collate the data.
- Outcome:** Overall satisfaction among members, guardians and stakeholders is 94.53%. Members rated their satisfaction at 94.93%, guardian satisfaction was 95.01%, while stakeholders scored satisfaction at 90.52%. Although we met this goal for members and guardians again this year, we continue to struggle in overall satisfaction levels for stakeholders. However, our rating improved this year over last year with stakeholders, increasing from 84.96% last year to 90.52%.  
Comments from members, guardians and stakeholders include: "I like my staff." "They teach me some good life lessons." "Mainstream is a great fit." "The staff are upbeat and patient."
- Contact:** Team Leaders will maintain adequate communication with families/guardians, Case Managers and other Stakeholders
- Objective:** Team Leaders will have contact with families/guardians, Case Managers and other stakeholders and these individuals will rate that they are satisfied with communication as determined by survey questions at 90% or better.  
Satisfaction survey information will be used to determine how parents/guardians and Case Managers perceive our communication.
- Outcome:** Overall, satisfaction in regards to communication is 86.96%. This is a decrease from last year's performance in this area of 93.70% and points out that improved communication continues to be an essential area of development for HCBS.  
Comments from members, guardians and stakeholders include: "I can talk to my staff about anything." "I like being able to talk with staff." "Staff do not always communicate with each other." "The current staff communicates extremely well."
- Hourly Units:** HCBS Service Revenue is compared to budget for FY 2014-2015 for hourly HCBS Services.
- Objective:** Hourly units will be reviewed monthly and compared to expectations, 90% of member projected hours will be provided/billed for the fiscal year.
- Outcome:** 94.02% of possible units billed were captured. Unbilled units were not provided and often occurred due to member absence, refusal to participate or lack of staff. Our performance in this area improved from the previous year's percentage of 91.63%.
- Negative dis-enrollments:** Decrease the number of members negatively dis-enrolled from program
- Objective:** Less than 50% of members dis-enrolled will be for negative reasons
- Outcome:** 23.5% of individuals leaving HCBS services dis-enrolled for negative reasons. These dis-enrollments generally were due to refusal to participate in services.
- Goals:** Increase the number of times that staff document on member goals.
- Objective:** Staff will write about member goals in Prognosis 90% of the time.
- Outcome:** Over the past year, staff are writing about goals 80.43% of the time. While we have not reached acceptable levels, we have shown improvement since measuring this outcome.

Team Leaders and other supervisory staff continue to work with direct care employees in improving this outcome and having staff write about goals in addition to supports.

**Somatic Care:** HCBS members will have somatic care during the reporting period.

**Objective:** 90% of members will receive a physical during the reporting period.

**Objective:** 90% of members will receive a dental check-up during the reporting period.

**Outcome:** 86.47% of members received a physical during the reporting period and 67.91% of members had a dental check-up.

The performance in this area was higher for members served out of the Des Moines office than the Ames office due to Polk Co instituting outcome expectations in this area. This will be an important factor to improve in the Ames location as we move towards MCOs.

### **Outcome Goals for 2015-2016**

**MCO Outcome Data:** HCBS staff will meet outcome criteria as identified by the MCO companies.

**Objective:** Community Inclusion – 95% of members will meet the community inclusion standards as determined by the state; 3 community activities per year that meets the specific criteria of access and categories.  
See attached definition sheet.

**Objective:** Community Housing – 80% of members will meet the community housing standards as determined by the state; housing that meets the four criteria points.  
See attached definition sheet.

**Objective:** Employment/ Engagement toward Employment – 40% of members will meet the employment standards; employable members are working 5 or more hours per week at minimum wage.  
See attached definition sheet.

**Objective:** Somatic Care – 95% of members will have involvement with a physician during the year  
80% of members will have a physical during the year.  
80% of members will have a dental appointment during the year.

**Communication:** HCBS staff will maintain adequate communication with members, families/guardians and stakeholders.

**Objective:** HCBS staff will have contact with members, families/guardians, and stakeholders. These individuals will rate that they are satisfied with communication as determined by survey results at 90% or better. Satisfaction survey information will be used to determine how members, families/guardians and stakeholders perceive our communication.

**Satisfaction:** Satisfaction as reported by members, family members/guardians and stakeholders will be high in the HCBS program

**Objective:** HCBS will receive an average score of 95% or higher on satisfaction survey tools. Scores from members, family members/guardians and stakeholders satisfaction surveys will be combined to determine an overall satisfaction score.

**Goals:**

HCBS Direct Support Professional staff will document on goals.  
Audits of direct support staff documentation will be used to determine the percentage of notes on goal related activities.

**Objective:**

Staff will write about member goals in Prognotus or other documentation system 90% of the time.

## Definition Sheet

1. Community Inclusion – Activities that meet the following criteria:
  - a. Community Activity Types
    - i. Spiritual (e.g. church)
    - ii. Civic (e.g. local politics, volunteerism)
    - iii. Cultural (e.g. community events, clubs, classes, groups)
  - b. Community Based
    - i. The activity needs to be community based, not sponsored by a provider agency or specifically disability related (e.g. Special Olympic events would not count)
    - ii. The activity needs to be person directed
    - iii. The activity needs to be integrated
  - c. Measurement
    - i. Must have 3 community activities that meet above criteria and all 3 must be the same type.
2. Community Living
  - a. Safe
    - i. Must have safety equipment (e.g. smoke detectors)
    - ii. There must be no evidence of illegal activity (e.g. selling / using drugs)
    - iii. Individual know what to do in emergency or has 24-hour support / equivalent)
    - iv. Free of health risks and free of neglect and / or abuse
  - b. Affordable
    - i. No more than 40% of the individual's income is spent on total housing needs (if more than 40%, justification must be provided)
  - c. Accessible
    - i. Allows for freedom of movement
    - ii. Supports communication
    - iii. Supports community involvement (e.g. able to reach job and community without use of paratransit / cabs if not supported by level of support)
  - d. Acceptable
    - i. Individual (not guardian) chooses where to live and with whom. If the individual has a guardian, the individual should have input to the greatest extent possible.
    - ii. Past choices may limit choices, should be acceptable at the point in time when choices are presented
  - e. Measurement (change-based)
    - i. Meets criteria listed above / Doesn't meet criteria
    - ii. Unstable Housing (e.g. individual moves frequently)
    - iii. Homeless (e.g. nights spent on the street or in a homeless shelter)
3. Community Employment
  - a. Not in labor force are exempt if:
    - i. Person is 55 years old or older
    - ii. Part of our Medically Fragile Program
    - iii. Member's internal team determines work is not viable option
  - b. Must be employed 5+ hours per week and earning at least minimum wage
4. Somatic Care
  - a. Must have some type of appointment with medical professional (e.g. physical, appointment due to illness with regular physical or urgent care)