DEPARTMENT OF

ELDER
AFFAIRS
STATE OF FLORIDA

2004
Outcome Measures Notebook

DOEA Planning & Evaluation

Florida Department of Elder Affairs
Performance-Based Program Budget Measures (PB²)

SFY 2002-2003 Outcome Measures	SFY 2003-2004 Outcome Measures
Percent of elders CARES program determined eligible for nursing home placement who are diverted into the community [applies to CARES only] **(24.5%)**	Percent of elders the CARES program determined eligible for nursing home placement who are diverted into the community [applies to CARES only] **(30%)*****
Percent of CARES imminent risk referrals served **(90%)**	Percent of customers who are at imminent risk of nursing home placement who are served with community based services **(90%)*****
Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours **(95%)**	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours **(97%)** *****
Percent of most frail elders who remain at home or in the community instead of going into a nursing home **(93%)**	Percent of most frail elders who remain at home or in the community instead of going into a nursing home **(96%)*****
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups **($2,384)**	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups **($2,384)**
Percent of elders assessed with high or moderate risk environments who improved their environment score **(79.3%)**	Percent of elders assessed with high or moderate risk environments who improved their environment score **(79.3%)**
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved **(61.6%)**	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved **(66%)*****
Percent of new service recipients whose ADL assessment score has been maintained or improved **(63%)**	Percent of new service recipients whose ADL assessment score has been maintained or improved **(63%)**

SFY 2002-2003 Outcome Measures	SFY 2003-2004 Outcome Measures
Percent of new service recipients whose IADL assessment score has been maintained or improved **(62.3%)**	Percent of new service recipients whose IADL assessment score has been maintained or improved **(62.3%)**
Percent of family and family-assisted caregivers who self-report they are very likely to provide care **(88.9%)**	Percent of family and family-assisted caregivers who self-report they are very likely to provide care **(89%)**
	New Measure: Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assesor) **90%*****
Percent of Community Care for the Elderly clients defined as "probable Medicaid eligibles" who remain in state-funded programs *(*6.15%)	Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers **(2.8 months)*****
Percent of agency administration costs and positions compared to total agency costs and positions **(2.1%/19.6%)**	Agency administration costs as a percent of total agency costs/ agency administrative positions as a percent of total agency positions **(2.1%/19.6%)*****
Percent of Assisted Living Facility and Adult Family Care Home training participants passing the competency test [applies to ALF/AFCH training] **(80%)**	~~Percent of Assisted Living Facility and Adult Family Care Home training participants passing the competency test [applies to ALF/AFCH training]~~
Percent of complaint investigations initiated by the ombudsman within five working days *(*90%*)*	Percent of complaint investigations initiated by the ombudsman within five working days *(*91%)***
Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within 5 days of receipt of request **(90%)**	Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within 5 days of receipt of request **(95%)*****

*** = change to measure wording or to the standard

Highlighted measures apply to the AAAs and have Web-based outcome measure reports.

Statewide Outcomes Results
July 1, 2002 through June 30, 2003

Statewide, the Department did not achieve expected performance on 3 of the 8 outcome measures on which the area agencies are monitored. (Achieved means performance was within 5 percent of the standard.)

Measures Not Achieved 2002-2003		
Outcome Measure	Standard	Actual Performance
Percent of CARES imminent risk referrals served	90%	72.8%
Percent of Community Care for the Elderly clients defined as "probable Medicaid eligibles" who remain in state-funded programs	6.15%	9.85%
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	72.7%

The Department achieved expected performance on 5 of the 8 outcome measures on which the area agencies on aging are monitored

Measures Achieved 2002-2003		
Outcome Measure	Standard	Actual Performance
Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	95%	92.4%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	61.6%	64.0%
Percent of new service recipients whose ADL assessment score has been maintained or improved	63%	60.3%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	59.5%
Percent of family and family-assisted caregivers who self-report they are very likely to provide care	88.9%	87.2%

Discussion

Measure: Percentage of CARES imminent risk referrals served (not achieved)

DOEA program enrollment prioritization policy requires IM elders to be served after Adult Protective Services Referrals (APS) and applicants currently placed in nursing homes on a long-term care basis who want to move back to the community (Transition). APS referrals are usually served with state general revenue or Older American Act funded programs. On the other hand, Transition and IM customers are typically enrolled in Medicaid Waiver programs.

Not achieving this measure means that the number of nursing home diversions is not being maximized. Research shows that individuals classified by CARES as imminent risk (IM) have a risk of being placed in a nursing home that is three times larger than the risk of the average applicant. One of the statutory mandates for the Department is to divert elders from unneeded institutionalization. An obvious strategy to maximize the number of nursing home diversions is to prioritize services to imminent risk applicants. For this reason, the Legislature directs the Department to give service priority to elders who are frail and most at-risk of nursing home placement.

Funding availability under Medicaid programs effects IM enrollments. The primary reason the CARES IM referrals measure was not achieved relates to the management of Medicaid expenditures –the unexpected growth in the cost of individual care plans combined with erratic enrollment patterns, that limited the funding available to enroll new clients. The Department has been working with the AAAs to help to improve the forecasting of care plan costs to assist with the management of Medicaid expenditures. Continuing efforts to effectively anticipate care plan costs, particularly Medicaid care plans, and to efficiently use resources will be needed to achieve the standard in the future.

Measure: Percent of Community Care for the Elderly clients defined as "probable Medicaid eligibles" who remain in state-funded programs (not achieved.)

Statutorily, the elder services network must utilize state funds as the payment of last resort, after private, federal, and local sources have been exhausted. Nevertheless, there are many valid reasons that explain why many customers who are eligible for federal programs are funded with state general revenue dollars. For example, the process to qualify for Medicaid programs takes several weeks. For customers that are in need of immediate case management, general revenue programs such as CCE, are the only alternative. Also, there are

some customers that may qualify for Medicaid on the basis of their frailty, but may not be poor enough to meet the income or assets criteria to qualify.

Not achieving this measure signals that the state is not maximizing state general revenue monies by using federal matching funds through Medicaid, when appropriate, to serve nursing-home eligible elders.

However, there are other customers that linger longer than necessary in state programs because they may choose not to subject their assets to Medicaid recovery procedures, or because they are not identified by the lead agency as potential Medicaid candidates.

Finally, sometimes there are not enough funds in Medicaid to serve these customers.

Preliminary evidence suggests that the primary reason that the measure was not achieved relates to the management of Medicaid expenditures –the unexpected growth in the cost of individual care plans combined with erratic enrollment patterns, that limited the funding available to move clients from state funded programs to Medicaid.

The Department has been working with the AAAs to help better forecast care plan costs to assist with the management of Medicaid expenditures. AAAs are responsible for balancing allocation of resources appropriately while also trying to meet this outcome measure. It is important to keep in mind annualized care plan costs while enrolling as many Medicaid-eligible clients as possible that have been in state-funded programs. Although the measure has been changed in 2003-2004 to measure the length of time in the Community Care for the Elderly program, continued efforts to effectively anticipate care plan costs, particularly Medicaid care plans, and to efficiently use resources will be needed to achieve the standard in the future.

Measure: Percent of elders assessed with high or moderate risk environments who improved their environment score (not achieved).

The environment measure is important to the safety and well being of elder clients. Not meeting this measure means that we are not being proactive enough in preventing the decline in the living environment of elders. Ensuring that the environment is as free from fall-risk hazards, such as clutter, loose rugs or flooring tiles, and electrical wires that cross pathways are but a few of the aspects of the home that will help ensure safety. Other issues such as rodents and other pests that are health hazards, loose stair rails or stairs, and any other unsafe conditions in the home are checked and appropriate interventions included in the care plans. Air quality and temperature also contribute to the individual's health status.

Statistically speaking, this measure tends to be unstable because of the small size of the population found to have high and moderate risk environments during the assessment process-- only 275 people statewide. Therefore, we must allow a 5% margin between the

standard and the achievement to statistically differentiate "achieves" from "not achieves". This margin of error was exceeded.

We can only speculate on why this measure was not achieved. It seems that most people living in an unsafe environment are unwilling to move and the extent of repairs needed may be cost-prohibitive for the aging network to try to repair. If such is the case, it seems that for some customers, services that may be used include: homemaker, home repair, pest control, education on housing options for low income persons, EHEAP, assistive devices and environmental modifications, and chore services.

In addition, it is suggested that the AAAs and service providers work together to identify and encourage community resources to address common home repair needs through the larger advocacy efforts and local consortia. Local service groups and civic organizations, churches and associations such as builders and home repair professionals can be encouraged to volunteer time, resources and expertise.

Measure: Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours (achieved.)

The APS referral measure is important because these referrals are vulnerable individuals and in need of outside intervention. In addition, the Department is required by law to serve these individuals within 72 hours. Although the outcome was achieved for 2002-2003, there is room for improvement since performance was not at 100%. The increased efforts to focus attention on these individuals and the coordination with the Department of Children and Families has helped prevent vulnerable elders from "falling through the cracks" between the two agencies by providing appropriate services. The aging network needs to continue the increased coordination efforts to meet the standard in the future.

Measure: Percent of new service recipients with high-risk nutrition scores whose nutritional status improved (achieved.)

This measure is related to targeting. The Nutrition Risk Index (NRI) is a measure of risk, not a measure of malnutrition. Service interventions affect the NRI by increasing the availability of nutritious foodstuffs, by making referrals to oral health professionals, and by providing opportunities to socialize at meal-time.

The outcome standard was achieved for 2002-2003. Some services that contribute to positive elder nutrition status include: home delivered meals, weekend meals, nutrition education, nutrition counseling, transportation to grocery store, financial assistance to buy food, referral for medical assistance for physical problems, recruit volunteer dentists to help with dentures and other dental needs, therapeutic meals, and the farmer's market program where available.

In addition, it is suggested that the AAAs and service providers work together to identify and encourage community resources to address common needs such as dentures and dental care through the larger advocacy efforts and local consortia. Local service groups and civic organizations, churches and professional associations such as the Florida Dental Association can be encouraged to volunteer time, resources and expertise.

Measure: Percent of new service recipients whose ADL assessment score has been maintained or improved (achieved.)

The ADL measure is important because the ability to perform basic daily self-care tasks is a key factor in maintaining independence. The goal is to help individuals maintain their functioning as long as possible, help individuals to improve who have the potential for improvement, and to provide services when needed to fill in the gaps between the clients' abilities and their existing resources to meet their own needs. The outcome standard was achieved in 2002-2003.

To continue to meet the standard for the measure, services such as congregate or home delivered meals can help increase the client's strength and improve their health. Adult day care and adult day health care may be warranted to provide the level of stimulation and consistent support to increase the likelihood that an individual might improve. Other services that help individuals to maintain or improve their ADLs include assistive devices and appliances, physical or occupational therapy, caregiver training and education. In addition, use of rehabilitative/disabled service agency resources such as services offered through the Division of Blind Services and Florida Alliance for Assistive Services and Technology (FAAST) could be considered.

In addition to the above options, it is suggested that the AAAs and service providers work together to identify and encourage community resources to address common needs for services that help individuals improve their physical functioning through the larger advocacy efforts and local consortia. Local service groups and civic organizations, churches and associations can be encouraged to volunteer time, resources and expertise.

Non-traditional services and approaches that might help even frail clients to increase their functioning include development of volunteer programming to "coach" and motivate frail elders to incorporate increased movement in their daily lives. Studies of very frail elders in nursing homes have shown that even very old and frail individuals can increase in strength, stamina and overall functioning through exercise. Incorporating innovative ideas to help homebound elders to increase their movement and mobility may dramatically improve ADL scores for some individuals.

Percent of new service recipients whose IADL assessment score has been maintained or improved (achieved.)

The IADL measure is important because these daily living skills are part of what help keep an individual living independently. The standard for the IADL measure was achieved for 2002-2003.

Some of the services that address IADLs include: assistive devices and appliances, caregiver training, use of volunteers, escort service, and bill-payer programs. Telephone reassurance and any other efforts to provide social stimulation and help maintain a person's interaction with the world can help a person to maintain functioning skills. Please also refer to service suggestions for ADLs, since many of the same services would contribute to maintained and improved IADLs.

Percent of family and family-assisted caregivers who self-report they are very likely to provide care (89%) (achieved.)

The caregiver measure is important because caregivers are vital to keeping many frail individuals in the community who would otherwise be in a nursing home. Providing support and education to caregivers to help them provide quality care (while taking care of their own needs), keep their own health maintained, and also maintain their emotional health are extremely important. The standard was achieved for 2002-2003.

To continue achieving the caregiver standard for this and the new caregiver measure added in 2003-2004, services such as respite, caregiver support groups, adult day (health) care, caregiver training, and volunteer (individuals and organizations). The aging network needs to continue to introduce innovative approaches in response to caregiver feedback to meet the evolving needs of this vital group. The language of the measure added for 2003-2004 is: Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service interventions (as determined by the caregiver and the assessor).

Definitions

- *Outcome:* **The result or impact of program activities on the client/customer.**

- *Outcome Measures:* **Metrics providing evidence related to achieving outcomes.**

- *Outputs:* **Services or products delivered to clients or customers (units of service).**

- *Standard:* **An entity's expected level of achievement of an outcome or output measure.**

- *Performance Measures:* **Outcomes and outputs.**

- *Inputs:* **Resources used to produce outputs (dollars, staff, etc.).**

FREQUENTLY ASKED QUESTIONS

GENERAL INFORMATION

1. **What is the main data source for the outcome reports?**

   - Unless specifically noted, the data used to produce the outcome measures comes from the Client Information Registration Tracking System (CIRTS). CIRTS contains a significant amount of the information contained in the 701A and 701B forms. In addition, customer level, services provided data under most programs, including Medicaid waiver services is contained in CIRTS.

2. **Which programs are included in the outcomes reports?**

   All DOEA-funded programs are included; however, some of the outcome reports vary regarding certain parameters as follows:

   - Outcome*: **Percentage of customers who are at imminent risk of nursing home placement who are served with community based services** – Based on Client Information Registration Tracking System (CIRTS) tables, this report verifies whether services were provided under any program (except EHEAP) to clients designated as imminent risk referrals.

   - Outcome: **Percent of family and family-assisted caregivers who self report that they are very likely to provide care** – This report includes every elder with a caregiver who has had a 701B assessment conducted under any DOEA funded program.

   - Outcome: **Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention** – This report includes elders, with caregivers, that have been enrolled for at least a year and that have 701B assessments conducted under any DOEA funded program.

- Outcome: ***Percentage of elders assessed with high or moderate risk environments who improved their environment score*** – This report includes every elder who has had a 701B assessment conducted under any DOEA funded program and who has been enrolled for at least one year.

3. How are the performance standards for the Planning and Service Areas (PSAs) established?

The PSAs are held to the same standards as the Department. The Department's standards are established by the legislature in keeping with the state's performance based budgeting process. In a nutshell this process is as follows:

1) During September of a given year, as part of its Long Range Program Plan (LRPP) and its Legislative Budget Request (LBR), DOEA submits suggested performance standards to the Legislature.

   a. For existing performance measures, the proposed standards are based on the funding requested and are in keeping with historical performance data.

   b. For new measures, the DOEA requests a baseline standard based on its historical performance, if any is available. If no performance data is available, DOEA requests approval of the outcome measure, with a standard to be established after a mechanism is developed to gather relevant data and establish a baseline.

2) During the Legislative session, the performance measures and their standards are established by the Legislature. While the legislature considers the measures and the standards proposed by DOEA, the Legislature has the last word and they may accept, reject, or modify DOEA's proposals. For example, the Legislature will sometimes establish a higher standard based on reports of prior year performance, or because it plans to enhance funding.

3) Later during the month of June, following the Legislative session, DOEA may request an adjustment to the established standards if the Legislatively approved funding of relevant programs is significantly different from the funding level requested in the LBR. Also, DOEA may request an adjustment to the standards if sustaining high prior performance is not expected due to changes in circumstances. However, the Legislature will not necessarily approve the Department's request.

4. How can the outcome measures or standards be changed?

In general, as stated above, performance measures, whether outcomes or outputs, and the methodologies for calculating the measures are approved by the Legislature. Any significant changes in how measures are calculated must be approved by the Legislature.

5. What are the specific baseline standards for performance measures for each PSA?

Specific baseline standards for each outcome measure are located in the *Outcome Measure Reports* section of this notebook. The baselines for several measures were established in 1997-98.

6. Can the AAAs get the scripts DOEA is using to extract CIRTS data for the Web-based outcome reports?

Yes, the LAN Administrators in each PSA should be able to provide a copy of the script to appropriate staff at the AAA. Another option is to contact Laurie Koburger at DOEA through the OMC Manager for the specified PSA to obtain the script. The *Documentation* section of this notebook provides the major parameters for the reports.

7. What if the AAA staff runs a report and do not understand the results, or have other outcome related questions?

The assigned OMC Manager can provide assistance or obtain technical assistance within the DOEA. The OMC manager should promptly forward the information responding to the AAA request.

8. **USING THE 2003-04 OUTCOME MEASURE REPORTS SELECTIONS, CAN REPORTS BE RUN THAT COVER PRIOR YEARS?**

Yes, but results will not be directly comparable. The script for each year only links to specific appropriate years. For instance, the scripts for 2003-04 link to specific tables in the 2002-03 and 2003-04 fiscal years. Due to the sizes of tables in CIRTS, any given script does not extract data for any more than the necessary two years of service data. Covering prior years or changing other parameters requires modification of the scripts. While this is entirely possible, it requires computer programming expertise.

Statewide, PSA and Provider reports

9. What are the differences between the Statewide, PSA and Provider reports?

The Statewide report is a summary of the PSA data for each outcome measure. No client-specific information is included. The PSA report is a summary of data for that specific PSA only. No client-specific information is included. The Provider report lists, by specified provider, clients who did not meet the standards (exceptions). For example, the provider report for the outcome *Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours* will list the clients who were not served within 72 hours. This report will list the clients by provider. Clients served by more than one provider will show up more than one time. On the other hand, the PSA and Statewide reports provide an unduplicated client count for the outcome in question –not client level data.

10. Why is there a discrepancy between the results of Provider, PSA, and Statewide reports?

Again, provider reports are actually exception reports listing client names who do not meet report parameters. Another major difference is that the Provider level report does not draw from Medicaid Waiver or Assisted Living Waiver service data. The PSA and Statewide reports look at both enrollment and service data for all major programs, including Medicaid and Assisted Living Waivers. Therefore, discrepancies occur because PSA and Statewide reports draw from this additional data source.

11. Why do people who have been served sometimes appear in Provider reports as if they did not meet report parameters?

The Provider report is limited to enrollment data (not services data) for Medicaid Waiver (MW) and the Assisted Living Waiver (ALW.) As a result, sometimes a client who has been receiving services in MW or ALW may appear in a provider report because the client was incorrectly classified as "new." This can happen if the client does not have a current enrollment in MW or ALW. Because of the complexities of dealing with multiple enrollments of many clients, the script for the report relating MW/ALW looks only at enrollments in the current fiscal year. Once a client has been identified as incorrectly appearing in the report, information about the error should be maintained for

future reference, since the name will continue to incorrectly appear in subsequent Provider reports.

12. Who can run reports?

There are four levels of access established for running the Web-based outcome reports.

- Provider – individuals given access to run provide level reports. Generally, these will be individuals authorized by the provider agency, the area agency and DOEA. A provider can only access data pertaining to its own customers. When run from the AAA or DOEA level all relevant providers in the PSA would appear in the report.
- PSA – individuals given access to run the PSA level reports are authorized at the area agency and Department of Elder Affairs level.
- Statewide – individuals given access to run the statewide level reports are authorized at DOEA. The Department is working on a policy to enable others to access to the statewide report.
- DOEA Employee – individuals given access to run reports at all three levels as appropriate for their position. Generally, this will mean Department of Elder Affairs program managers. When the Provider report is run from the DOEA level, it is not necessary to enter a provider number; all relevant providers in the PSA would appear in the report.

ACTIVITIES OF DAILY LIVING, INSTRUMENTAL ACTIVITIES OF DAILY LIVING

13. ADL/IADL – Why are the "existing resources" side of the assessments not included in the ADL/IADL scoring for outcome measure purposes?

When the Department originally developed the ADL and IADL measures, the assessment instrument only measured client limitations in physical functioning and not the client resources for meeting those needs. The performance measures, standards and methodologies for calculating the measures were approved as such by the Legislature and are in continuing use to permit comparisons with the baseline data. More than one AAA has requested that the Department includes the resources scoring for client reassessment, to reflect services provided to assist the client to remain independent. The

Department is considering this change to the methodology for ADL and IADL outcome measures, but may require Legislative approval to make the change.

AVERAGE TIME IN THE COMMUNITY CARE FOR THE ELDERLY PROGRAM FOR PROBABLE MEDICAID ELIGIBLES

14. Why is there an option to select a program other than the Community Care for the Elderly program and why must a number of ADL limitations be selected when running the Web-based reports for this measure?

Including the other programs and the number of ADL limitations as options in the report provides a greater degree of flexibility for data analysis by DOEA.

15. What about clients who look Medicaid eligible but who are determined ineligible or refuse to apply for Medicaid but remain in CCE?

CIRTS coding has been changed to help identify CCE Medicaid probables who, after an assessment, are found not eligible or refuse to apply for Medicaid, and they are no longer included in the count.

OUTCOME REPORTS AND MONITORING

16. What are the plans for the 2003-04 monitoring process?

The Planning and Evaluation Unit will be participating in the monitoring of AAAs this year. The purpose for the *Planning and Evaluation Unit* participation will be to learn what each AAA does to track provider performance on outcome measures and to assist them in meeting the challenges they face in meeting outcome measures standards. Improved targeting of new clients has resulted in much frailer and more needy clients than when the outcome measure process was started for DOEA. The Department will gather information about how the increased frailty of new clients affects outcome measure performance compared to baseline data and how it varies by area.
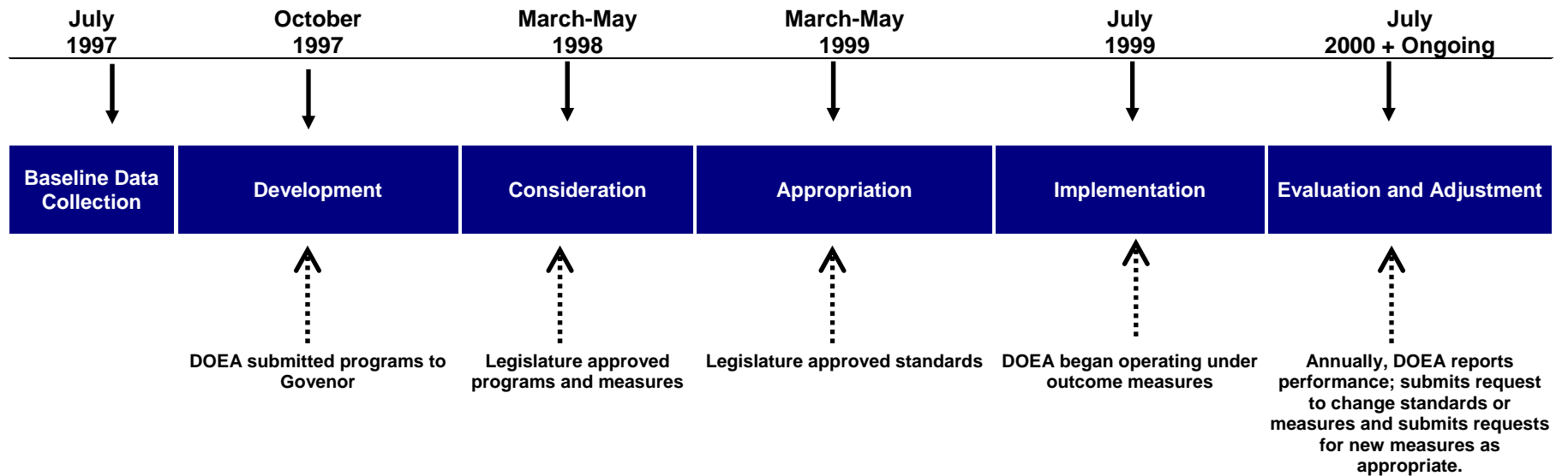
Performance Measurement

The Key to Successful Program Management

Performance measures:

- Help you know if programs are successful

- Are used to justify expenditure of public funds to the Legislature and Citizens

- Allow you to compare programs

- Helps you identify effective providers

- Highlight best practices

- Help to improve planning
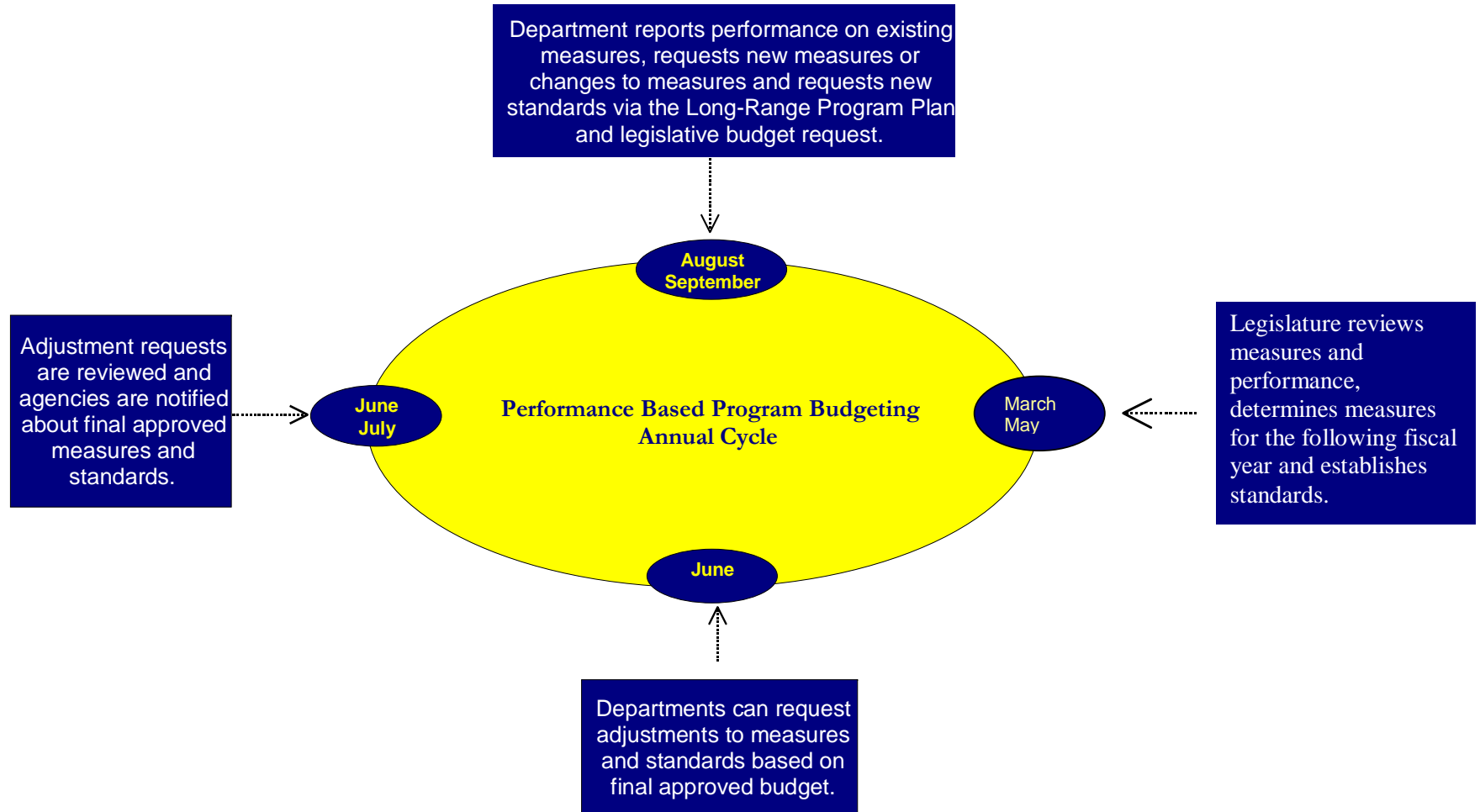
- Provide organizational Focus

Performance-Based Program Budgeting Implementation Time Line

July 1997	October 1997	March-May 1998	March-May 1999	July 1999	July 2000 + Ongoing
Baseline Data Collection	**Development**	**Consideration**	**Appropriation**	**Implementation**	**Evaluation and Adjustment**
	DOEA submitted programs to Govenor	Legislature approved programs and measures	Legislature approved standards	DOEA began operating under outcome measures	Annually, DOEA reports performance; submits request to change standards or measures and submits requests for new measures as appropriate.

Chapter 216 of the Florida Statutes addresses requirements for performance measures

* Please see next page for annual calendar

Performance Based Program Budgeting

Annual Cycle

Department reports performance on existing measures, requests new measures or changes to measures and requests new standards via the Long-Range Program Plan and legislative budget request.

August September

Adjustment requests are reviewed and agencies are notified about final approved measures and standards.

June July

Performance Based Program Budgeting Annual Cycle

March May

Legislature reviews measures and performance, determines measures for the following fiscal year and establishes standards.

June

Departments can request adjustments to measures and standards based on final approved budget.

DOEA Performance Measures Over 5 years - Measures Applied to AAAs										
Outcome	Measure	Baseline		Fiscal Year						
				1998-99	1999-00	2000-01	2001-02	2002-03		2003-04
		Standard	Year Set	Actual				Standard	Actual	Standard
CARES Imminent Risk Referrals Served Report	Percent of CARES imminent risk referrals served	72.3%	1997-98	87.7%	84.0%	83.6%	84.4%	90.0%	72.8%	N/A
	New wording of measure: *Percent of customers who are at imminent risk of nursing home placement who are served with community-based services*									90.0%
Percentage of APS Referrals Served Report	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	94.0%	2000-2001	N/A	N/A	94.0%	97.8%	95.0%	92.4%	97.0%
Environment Report	Percent of elders assessed with high or moderate risk environments who improved their environment score	81.2%	1996-98	65.8%	65.9%	79.3%	74.2%	79.3%	72.7%	79.3%
Nutrition Report	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	58.6%	1997-99	58.6%	61.6%	69.5%	66.0%	61.6%	64.0%	66.0%
ADL Report	Percent of new service recipients whose ADL assessment score has been maintained or improved	59.1%	1997-99	59.1%	63.0%	59.0%	60.0%	63.0%	60.3%	63.0%
IADL Report	Percent of new service recipients whose IADL assessment score has been maintained or improved	58.0%	1997-99	58.0%	62.3%	59.0%	59.3%	62.3%	59.5%	62.3%
Caregiver Likelihood Report	Percent of family and family-assisted caregivers who self-report they are very likely to provide care	90.2%	1997-98	88.6%	88.9%	90.1%	89.0%	88.9%	87.2%	89.0%
Caregiver Ability Report	*New measure: Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)*									90.0%
Probable Medicaid Eligibles Report	Percent of CCE clients defined as "probable Medicaid eligibles" who remain in state-funded programs	16.0%	1997-98	24.4%	12.3%***	13.4%	13.6%	6.15%	9.85%	N/A
	New wording of measure: *Average time in the Community Care for the Elderly program for Medicaid Waiver-probable customers*									2.8 months

*** 13 months of data

List of Performance Measures Tables for 2002-2003

#	Measure	Standard	Performance	Difference	%Difference
1	Outcome: Percentage of CARES imminent risk referrals served	90.0%	72.8%	-17.2%	-19.1%
2	Outcome: Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	95.0%	92.4%	-2.6%	-2.7%
3	Outcome: Percentage of Elders assessed with high or moderate risk environments who improved	79.3%	72.7%	-6.6%	-8.3%
4	Outcome: Percentage of new service recipients with high-risk nutrition scores whose nutritional status improved	61.6%	64.0%	2.4%	3.9%
5	Outcome: Percentage of new service recipients whose ADL assessment score has been maintained or improved	63.0%	60.3%	-2.7%	-4.3%
6	Outcome: Percentage of new service recipients whose IADL assessment score has been maintained or improved	62.3%	59.5%	-2.8%	-4.5%
7	Outcome: Percentage of family and family-assisted caregivers who self-report they are very likely to provide care	88.9%	87.2%	-1.7%	-1.9%
8	Outcome: Percentage of Community Care for the Elderly clients defined as "probable Medicaid eligibles" who remain in state-funded programs	6.15%	9.85%	-3.7%	-60.2%

CARES IMMINENT RISK REFERRALS SERVED REPORT

Outcome Measure: *The percentage of CARES imminent risk referrals served*

Table # 1	Baseline Year 1997-98			Actual Performance July 2001 - June 2002			Actual Performance July 2002 - June 2003			Current Status	
PSA	Total IR * Referrals	# IR Referrals Served	% IR * Referrals Served	Total IR * Referrals	# IR Referrals Served	% IR * Referrals Served	Total IR * Referrals	# IR Referrals Served	% IR * Referrals Served	2002-2003 targets	Difference
1	37	23	62.1%	79	48	60.8%	77	39	50.7%	90%	-39.3%
2	25	19	76.0%	96	84	87.5%	138	110	79.7%	90%	-10.3%
3	33	27	81.8%	207	187	90.3%	249	198	79.5%	90%	-10.5%
4	25	18	72.0%	221	209	94.6%	280	251	89.6%	90%	-0.4%
5	133	98	73.7%	487	409	84.0%	498	293	58.8%	90%	-31.2%
6	76	42	55.3%	109	104	95.4%	105	87	82.9%	90%	-7.1%
7	158	135	85.4%	500	389	77.8%	357	267	74.8%	90%	-15.2%
8	107	48	44.8%	118	97	82.2%	140	112	80.0%	90%	-10.0%
9	397	339	85.4%	370	314	84.9%	139	100	71.9%	90%	-18.1%
10	58	10	17.2%	114	103	90.4%	104	94	90.4%	90%	0.4%
11	21	15	71.4%	154	127	82.5%	192	107	55.7%	90%	-34.3%
STATE	1,070	774	72.3%	2,455	2,071	84.4%	2,279	1,658	72.8%	90%	-17.2%

* IR = Imminent Risk referrals from CARES to DOEA service providers

PERCENTAGE OF ADULT PROTECTIVE SERVICES (APS) REFERRALS SERVED REPORT

Outcome Measure: *Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served+ within 72 hours*

	APS Referrals served							
Table # 2	**Actual Performance**						**Current Status**	
	July 1,2001- June 30, 2002			**July 2002- June 2003**				
PSA	Total APS referrals in need of immediate services	Total APS referrals in need of immediate services served within 72 hours	Percent of APS referrals in need of immediate services served within 72 hours	Total APS referrals in need of immediate services	Total APS referrals in need of immediate services served within 72 hours	Percent of APS referrals in need of immediate services served within 72 hours	2002-03 target	Difference
1	30	28	93.3%	58	37	63.8%	95.0%	-31.2%
2	4	4	100.0%	23	21	91.3%	95.0%	-3.7%
3	154	153	99.4%	163	160	98.2%	95.0%	3.2%
4	92	92	100.0%	111	111	100.0%	95.0%	5.0%
5	86	86	100.0%	161	153	95.0%	95.0%	0.0%
6	146	142	97.3%	181	178	98.3%	95.0%	3.3%
7	47	46	97.9%	43	42	97.7%	95.0%	2.7%
8	49	48	98.0%	92	89	96.7%	95.0%	1.7%
9	236	221	93.6%	255	253	99.2%	95.0%	4.2%
10	29	29	100.0%	18	16	88.9%	95.0%	-6.1%
11	203	203	100.0%	341	276	80.9%	95.0%	-14.1%
STATE	1076	1052	97.8%	1446	1336	92.4%	95.0%	-2.6%

Please Note: Prior to the 2000 legislative session, the outcome measure was worded: Percentage of Adult Protective Services Served. During the session, the outcome measure was changed to the existing language. The report is based on the revised language.
+ Served means they were provided services other than case management or short-term case management.

ENVIRONMENT REPORT

Outcome Measure: *Percent of elders assessed with high or moderate risk environments who improved*

Table # 3	Percentage of Elders Assessed With High or Moderate Risk Environments Who Improved *												Current Status	
	People who were assessed in 1996-97 and reassessed in 1997-98 Baseline				People who were assessed in 2000-01 and reassessed in 2001-02 July 01 - June 30, '02				People who were assessed in 2001-02 and reassessed in 2002-03 July 02 - June 30, '03					
PSA	Total # assessed	Total # high/mod	# high/mod improved*	% high/mod improved*	Total # assessed	Total # high/mod	# high/mod improved *	% high/mod improved *	Total # assessed	Total # high/mod	# high/mod improved *	% high/mod improved *	2002-2003 targets	Difference
1	643	74	56	75.7%	789	20	17	85.0%	698	12	10	83.3%	79.3%	4.0%
2	1329	351	249	70.9%	1,836	45	29	64.4%	1,822	31	22	71.0%	79.3%	-8.3%
3	1885	137	105	76.6%	2,343	31	19	61.3%	2,434	43	27	62.8%	79.3%	-16.5%
4	1438	231	197	85.3%	1,832	25	14	56.0%	2,051	29	20	69.0%	79.3%	-10.3%
5	1319	195	159	81.5%	1,554	35	28	80.0%	1,740	28	24	85.7%	79.3%	6.4%
6	1507	167	136	81.4%	2,160	46	36	78.3%	2,619	38	27	71.1%	79.3%	-8.3%
7	1265	113	88	77.9%	1,593	27	23	85.2%	1,889	28	20	71.4%	79.3%	-7.9%
8	1293	73	59	80.8%	1,563	22	18	81.8%	1,641	15	9	60.0%	79.3%	-19.3%
9	1558	102	78	76.5%	1,894	27	18	66.7%	2,136	24	18	75.0%	79.3%	-4.3%
10	967	168	144	85.7%	1,717	12	11	91.7%	1,763	6	6	100.0%	79.3%	20.7%
11	3280	288	263	91.3%	3,003	32	26	81.3%	3,004	21	17	81.0%	79.3%	1.7%
STATE	16,484	1,899	1,534	80.8%	20,284	322	239	74.2%	21,797	275	200	72.7%	79.3%	-6.6%

Environment Scores: No Risk =   0
                          Low Risk =   5
                          Moderate Risk = 15
                          High Risk =   25

* Improved = Year 1 > Year 2
Based on comprehensive assessment (701B)

NUTRITION REPORT

Outcome Measure: *Percentage of new service recipients with high-risk nutrition scores whose nutritional status improved*

Table #4 Percentage of Elders Newly Assessed With High-Risk Nutrition Scores Whose Nutritional Status **Improved ***													
	People who were newly assessed in 1997-98 and reassessed in 1998-99 Baseline				People who were newly assessed in 2000-01 and reassessed in 2001-02 **July 01 - June 30, '02**				People who were newly assessed in 2000-01 and reassessed in 2002-03 **July 02- June 30, '03**				Current Status	
PSA	Total #	Total # high	# high improved *	% high improved *	Total #	Total # high	# high improved *	% high improved *	Total #	Total # high	# high improved *	% high improved *	2002-03 target	Difference
1	1,402	377	206	54.6%	323	139	92	66.2%	167	96	58	60.4%	61.6%	-1.2%
2	2,124	985	634	64.4%	765	389	219	56.3%	739	372	218	58.6%	61.6%	-3.0%
3	3,150	1,371	799	58.3%	973	365	249	68.2%	1,148	516	344	66.7%	61.6%	5.1%
4	2,996	1,097	585	53.3%	1,156	422	265	62.8%	1,376	561	345	61.5%	61.6%	-0.1%
5	2,433	1,002	584	58.3%	1,089	545	364	66.8%	1,159	546	381	69.8%	61.6%	8.2%
6	2,629	1,029	630	61.2%	1,127	507	336	66.3%	1,487	685	421	61.5%	61.6%	-0.1%
7	2,461	952	578	60.7%	887	425	307	72.2%	1,240	668	473	70.8%	61.6%	9.2%
8	1,631	651	370	56.8%	585	188	125	66.5%	699	279	188	67.4%	61.6%	5.8%
9	2,532	1,340	788	58.8%	1,177	475	347	73.1%	1,442	554	389	70.2%	61.6%	8.6%
10	2,327	1,221	798	65.4%	499	238	146	61.3%	628	302	162	53.6%	61.6%	-8.0%
11	5,957	2,422	1,327	54.8%	1,739	839	543	64.7%	2,414	1327	802	60.4%	61.6%	-1.2%
STATE	29,642	12,447	7,299	58.6%	10,320	4,532	2,993	66.0%	12,499	5,906	3,781	64.0%	61.6%	2.4%

Nutrition Scores: Range   0 - 21
High Risk =   5.5-21   (Prior to 9/1/2000, high was 6-21)
* Improved = Year 1 > Year 2
Prior to 9/1/2000, based on the Comprehensive, Older Americans Act and Congregate Meals assessments.
After 9/1/2000, based on the Assessment Instrument (701B) or Congregate Meals Assessment (701C).
"New" means a 701B or C assessment for the first time; began receiving services again after having been inactive for a year from a state-funded program; or began receiving services again after having been inactive for two years from an Older Americans Act program

ACTIVITIES OF DAILY LIVING (ADL) REPORT

Outcome Measure: *Percentage of new service recipients whose ADL assessment score has been maintained or improved*

Table #5	Percentage of New Service Recipients Whose ADL Assessment Score Has Been Maintained **or Improved** *										
	People who were newly assessed in 1997-98 and reassessed in 1998-99 Baseline			People who were newly assessed in 2000-01 and reassessed in 2001-02 **July 01 - June 02**			People who were newly assessed in 2000-01 and reassessed in 2002-03 **July 02 - June 03**			Current Status	
PSA	Total #	# maintained or improved *	% maintained or improved *	Total #	# maintained or improved *	% maintained or improved *	Total #	# maintained or improved *	% maintained or improved *	2002-03 target	Difference
1	1,215	792	65.2%	208	113	54.3%	132	79	59.9%	63.0%	-3.15%
2	1,879	1,254	66.7%	586	328	56.0%	546	320	58.6%	63.0%	-4.39%
3	2,526	1,587	62.8%	707	459	64.9%	839	545	65.0%	63.0%	1.96%
4	2,065	1,143	55.4%	661	399	60.4%	874	509	58.2%	63.0%	-4.76%
5	1,651	869	52.6%	778	421	54.1%	892	436	48.9%	63.0%	-14.12%
6	2,143	1,265	59.0%	974	614	63.0%	1,152	696	60.4%	63.0%	-2.58%
7	2,003	1,064	53.1%	693	406	58.6%	1,003	605	60.3%	63.0%	-2.68%
8	1,458	886	60.8%	395	222	56.2%	493	275	55.8%	63.0%	-7.22%
9	2,168	1,079	49.8%	781	468	59.9%	834	513	61.5%	63.0%	-1.49%
10	2,135	1,275	59.7%	500	285	57.0%	553	311	56.2%	63.0%	-6.76%
11	3,313	2,124	64.1%	1,188	767	64.6%	1,647	1,118	67.9%	63.0%	4.88%
STATE	22,556	13,338	59.1%	7,471	4,482	60.0%	8,965	5,407	60.3%	63.0%	-2.7%

ADL Scores: Range   0 – 24
Maintained or Improved = Year 1 > or = Year 2
Prior to 9/1/2000, based on the comprehensive and Older Americans Act assessments. After 9/1/2000, based on the Assessment Instrument (701B.)
"New" means a 701B assessment for the first time; began receiving services again after having been inactive for a year from a state-funded program; or began receving services again after having been inactive for two years from an Older Americans Act program.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) REPORT

Outcome Measure: *Percentage of new service recipients whose IADL assessment score has been maintained or improved*

Table #6	Percentage of New Service Recipients Whose IADL Assessment Score Has Been Maintained or Improved *										
	People who were newly assessed in 1997-98 and reassessed in 1998-99 Baseline			People who were newly assessed in 2000-01 and reassessed in 2001-02 **July 01 - June 02**			People who were newly assessed in 2001-02 and reassessed in 2002-03 **July 02 - June 03**			Current Status	
PSA	Total #	# maintained or improved *	% maintained or improved *	Total #	# maintained or improved *	% maintained or improved *	Total #	# maintained or improved *	% maintained or improved *	2002-03 target	Difference
1	1,215	725	59.7%	208	124	59.6%	132	80	60.6%	62.3%	-1.69%
2	1,879	1,073	57.1%	586	353	60.2%	546	300	55.0%	62.3%	-7.35%
3	2,526	1,511	59.8%	707	375	53.0%	839	509	60.7%	62.3%	-1.63%
4	2,065	1,191	57.7%	662	381	57.6%	874	546	62.5%	62.3%	0.17%
5	1,651	872	52.8%	779	444	57.0%	892	486	54.5%	62.3%	-7.82%
6	2,143	1,195	55.8%	974	591	60.7%	1,152	678	58.9%	62.3%	-3.45%
7	2,003	1,065	53.2%	695	391	56.3%	1,003	580	57.8%	62.3%	-4.47%
8	1,458	919	63.0%	395	224	56.7%	493	262	53.1%	62.3%	-9.16%
9	2,168	1,161	53.6%	781	488	62.5%	834	517	62.0%	62.3%	-0.31%
10	2,135	1,256	58.8%	500	304	60.8%	553	345	62.4%	62.3%	0.09%
11	3,313	2,107	63.6%	1,188	759	63.9%	1,647	1,030	62.5%	62.3%	0.24%
STATE	22,556	13,075	58.0%	7,475	4,434	59.3%	8,965	5,333	59.5%	62.3%	-2.8%

IADL Scores: Range   0 – 32

* Maintained or Improved = Year 1 > or = Year 2

Prior to 9/1/2000, based on the comprehensive and Older Americans Act assessments. After 9/1/2000, based on the Assessment Instrument (701B.)

"New" means a 701B assessment for the first time; began receiving services again after having been inactive for a year from a state-funded program; or began receiving services again after having been inactive for two years from an Older Americans Act program.

CAREGIVER LIKELIHOOD REPORT

Outcome Measure: *Percentage of family and family-assisted caregivers who self-report they are very likely to provide care*

Table # 7	Percentage of Caregivers Who Self-Report They Are Very Likely to Provide Care										
	Baseline Year 1997-98			July 01 - June 02			July 02 - June 03			Current Status	
PSA	Total # of caregivers	# very likely to provide care	% very likely to provide care	Total # of caregivers	# very likely to provide care	% very likely to provide care	Total # of caregivers	# very likely to provide care	% very likely to provide care	2002-2003 targets	Difference
1	347	322	92.8%	455	387	85.1%	438	379	86.5%	88.9%	-2.4%
2	773	690	89.3%	951	863	90.7%	980	850	86.7%	88.9%	-2.2%
3	1142	1045	91.5%	1278	1,190	93.1%	1,534	1,345	87.7%	88.9%	-1.2%
4	1092	969	88.7%	1429	1,193	83.5%	1,385	1,157	83.5%	88.9%	-5.4%
5	788	699	88.7%	1060	922	87.0%	1,051	866	82.4%	88.9%	-6.5%
6	1077	985	91.5%	1934	1,747	90.3%	1,809	1,636	90.4%	88.9%	1.5%
7	875	857	97.9%	1386	1,258	90.8%	1,261	1,105	87.6%	88.9%	-1.3%
8	891	758	85.1%	956	787	82.3%	1,016	787	77.5%	88.9%	-11.4%
9	1262	1120	88.7%	1824	1,624	89.0%	1,704	1,492	87.6%	88.9%	-1.3%
10	1132	943	83.3%	1088	924	84.9%	1,177	1,046	88.9%	88.9%	0.0%
11	2327	2168	93.2%	1966	1,853	94.3%	2,049	1,895	92.5%	88.9%	3.6%
STATE	11,706	10,556	90.2%	14,327	12,748	89.0%	14,404	12,558	87.2%	88.9%	1.7%

Note: includes existing and new customers

Caregivers do not include people who are paid caregivers working through DOEA provider agencies.

Based on comprehensive assessment (701B)

Probable Medicaid Eligibles Report

Outcome Measure: *Percentage of Community Care for the Elderly clients defined as "probable Medicaid eligibles" who remain in state-funded programs*

Table # 8	Percentage of "Probable Medicaid Eligibles" *								
	Baseline Year 1997-98 % of Probable Medicaid Eligibles	# of CCE Clients	Probable Medicaid Eligibles		# of CCE Clients	Probable Medicaid Eligibles		Current Status	
			#	%		#	%		
PSA		June 2001 - June 30, 2002			June 2002 - June 30, 2003			2002-2003 targets	Difference
1	10.73%	479	54	11.27%	403	23	5.71%	6.15%	0.4%
2	14.46%	801	83	10.36%	636	39	6.13%	6.15%	0.0%
3	14.64%	2095	226	10.79%	1,575	151	9.59%	6.15%	-3.4%
4	23.96%	1268	176	13.88%	1,116	134	12.01%	6.15%	-5.9%
5	14.21%	864	50	5.79%	853	50	5.86%	6.15%	0.3%
6	13.83%	1296	163	12.58%	1,782	234	13.13%	6.15%	-7.0%
7	12.35%	809	53	6.55%	964	44	4.56%	6.15%	1.6%
8	16.81%	1413	139	9.84%	1,324	87	6.57%	6.15%	-0.4%
9	15.15%	1221	145	11.88%	1,059	42	3.97%	6.15%	2.2%
10	16.08%	1253	223	17.80%	1,267	44	3.47%	6.15%	2.7%
11	18.77%	1175	412	35.06%	1,106	342	30.92%	6.15%	-24.8%
STATE	16.04%	12,674	1,724	13.60%	12,085	1,190	9.85%	6.15%	-3.7%

* CCE clients with limitations in 2 or more ADLs, assets are less than or equal to $2,000 and income less than or equal to $1,635. (Income and assets based on individual's data.)
** This was calculated using the earlier methodology which included clients who had applied for Medicaid and were awaiting eligibility determination.
Note: The following clients are not counted in the "Probable Medicaid Eligible" count: clients designated as MW or ALW wait list, Applicant, Terminated not Eligible, Terminated from Wait List not eligible, and clients active in MW or ALW. Also excluded are clients receiving basic subsidies, clients who receive only case management, short-term case management or case aide, and clients who received a service after months before the end date. (Allows 6 months for eligibility processing.)

Imminent Risk Provider Outcome Report

Outcome:

Percent of imminent risk referrals served. (2003 – 2004 target 90%)

Purpose:

This outcome report measures the percent of imminent risk clients served after the referral date. There are no restrictions on the timeframe for service delivery or the type of service being provided. The result is compared to the legislatively approved performance target for the fiscal year.

Conditions for inclusion in the report:

The client must have been referred as an imminent risk, Upstream/imminent risk, CARES/nursing home transition or Upstream/nursing home transition client. The referral date must be within the fiscal year. If more than one imminent risk referral occurs during the fiscal year, the last referral is selected.

The client must receive a service after the referral date. For waiver, an active assessment is used in place of service. The enrollment must be active or the enrollment's ending occurs after the imminent risk referral date.

APS Provider Outcome Report

Outcome:

Percent of Adult Protective Services (APS) referrals needing immediate services to prevent further harm who are served within 72 hours. (2003 – 2004 target 97%)

Purpose:

This outcome report measures the percent of high-risk, APS referred clients served within 72 hours. An additional condition excludes case management services from meeting the 72-hour requirement. The result is compared to the legislatively approved performance target for the fiscal year.

Conditions for inclusion in the report:

The client must have been referred as an APS high-risk client. The referral date must be within the fiscal year. If more than one APS high-risk referral is made the last referral is selected.

The client must receive a service, excluding case management services, within three days of the referral date.

The assessment type is not considered for this outcome report.

Environment Provider Outcome Report

Outcome:

Percent of elders assessed with high or moderate risk environment scores showing improved environment scores at reassessment. (2003 – 2004 target 79.3%)

Purpose:

This outcome report compares the client's prior moderate or high environment score with the reassessed score. The report measures the percent of clients with improved scores in the second fiscal year. The result is compared to the legislatively approved performance target for the fiscal year.

Conditions for inclusion in the report:

The client must have been assessed in the prior fiscal year and the current fiscal year. The client's prior assessment must have an environmental score showing a "moderate or high" risk. (See definitions below.)

Only comprehensive assessments are included in this report. If there are multiple comprehensive assessments within the same year, the earliest assessment is selected.

The client must have an active enrollment for some portion of each fiscal year. (Termination statuses are included if the ending enrollment falls into the appropriate fiscal year.) For comprehensive assessments, applicable program enrollments are CCE, ADI, NDP, HCE, MW, ALW, OAA programs (excluding O3C1), and CDC.

The client must have received services in the prior and current fiscal year. For waiver programs, an active enrollment status is substituted for receipt of services. Any service meets the receipt of services requirement for non-OAA programs. For OAA and LSP programs, services are limited to in-home services and include: Home Delivered Meals, Respite, Respite in Facility,

Personal Care, Homemaker, Adult Day Care, Home Health Aide and,
Screening and Assessment.

Definitions:

Moderate or High Environmental Score – An environment score with a value
greater than or equal to 15.

Nutrition Provider Outcome Report

Outcome:

Percent of new service recipients with high-risk nutrition scores whose nutritional status improved (2003 – 2004 target 66%)

Purpose:

This outcome report compares new clients with a previous high-nutrition score to their score at reassessment, in the current fiscal year. The measurement evaluates the percent of clients with improved scores from initial assessment to reassessment. The result is compared to the legislatively approved performance target defined for the fiscal year.

Conditions for inclusion in the report:

The client must have been assessed in the prior fiscal year and the current fiscal year. In addition, the client must have met the definition of a "new client" with a "high-nutrition score" for the prior fiscal year. (See definitions below.)

The earliest assessment selection is based upon the type of assessment administered. The most detailed assessment available is selected. For example, if a client received a comprehensive assessment, this assessment is included in the report. If a client received an OAA assessment but not a comprehensive assessment, this assessment is selected for the report. If a client received a congregate meal assessment but neither a comprehensive nor an OAA assessment, this assessment is selected for the report. The comprehensive, OAA and congregate meal assessments are the only types included in this report.

The client must have an active enrollment for some portion of each fiscal year. (Termination statuses are included if the ending enrollment falls into the appropriate fiscal year.) For comprehensive assessments, applicable programs enrollments are CCE, ADI, NDP, HCE, MW, ALW, OAA programs (excluding O3C1), and CDC. With respect to an OAA assessment, the

program list is expanded to include LSP. Programs are further expanded for congregate meal assessments to include O3C1.

The client must have received services in the prior and current fiscal year. For waiver programs, an active enrollment status is substituted for receipt of services. Any service meets the receipt of services requirement for non-OAA programs. For OAA and LSP programs, services are limited to in-home services and include: Home Delivered Meals, Respite, Respite in Facility, Personal Care, Homemaker, Adult Day Care, Home Health Aide, Screening and Assessment. Services are expanded for congregate meal assessments to include congregate meals.

Definitions:

New Client – Three separate conditions qualify a client for the "new client" definition. First, if the client receives their first assessment during the prior fiscal year, they are considered new. The "new client" definition includes congregate meal assessments. Secondly, if a non-OAA client, currently receiving services, did not receive a service in the prior fiscal year, they are deemed a "new client". Lastly for OAA clients, the non-service condition is expanded to not receiving services in the two prior years. OAA's expanded time frame attempts to compensate for OAA's once yearly reporting requirement. If an OAA client meets this condition they are considered a "new client". Note: for the second and last conditions the only criteria being considered is their services received. The assessment type is not taken into consideration.

High Nutrition Score – A nutrition score with a value of 5.5 or greater.

ADL Provider Outcome Report

Outcome:

Percent of new service recipients having an ADL assessment score showing a maintained or improved score at reassessment. (2003 –2004 target 63%)

Purpose:

This outcome report compares a new client's ADL score, from the prior fiscal year, to the ADL score at reassessment, in the current fiscal year. The measurement evaluates the percent of clients with maintained or improved scores from initial assessment to reassessment. The result is compared to the legislatively approved performance target defined for the fiscal year.

Conditions for inclusion in the report:

The client must have been assessed in the prior fiscal year and the current fiscal year. In addition, the client must have met the definition of "new client" for the prior fiscal year. (See definitions below.)

The assessment selection is based upon the type of assessment administered. The intent is to obtain the assessment containing the most detail. For example, if a client received a comprehensive assessment, this assessment is included in the report. If a client received an OAA assessment (excluding congregate meal assessments) but not a comprehensive assessment, this assessment is selected for the report. Only the comprehensive and OAA assessments types are included in this report.

In the event of multiple assessments within the same category, i.e., comprehensive or OAA, the earliest assessment is selected.

The client must have an active enrollment for some portion of each fiscal year. (Termination statuses are included if the ending enrollment falls into the appropriate fiscal year.) For comprehensive assessments, applicable program enrollments are CCE, ADI, NDP, HCE, MW, ALW, OAA programs

(excluding O3C1), and CDC. With respect to an OAA assessment, the program list is expanded to include LSP.

The client must have received services in the prior and current fiscal year. For waiver programs, an active enrollment status is substituted for receipt of services. Any service meets the receipt of services requirement for non-OAA programs. For OAA and LSP programs, services are limited to in-home services and include: Home Delivered Meals, Respite, Respite in Facility, Personal Care, Homemaker, Adult Day Care, Home Health Aide and, Screening and Assessment.

Definitions:

New Client – Three separate conditions qualify a client for the "new client" definition. First, if the client receives their first assessment during the prior fiscal year, they are considered new. The "new client" definition includes congregate meal assessments. Secondly, if a non-OAA client, currently receiving services, did not receive a service in the prior fiscal year, they are deemed a "new client". Lastly, for OAA clients, the non-service condition is expanded to not receiving services during the prior two years. OAA's expanded time frame attempts to compensate for OAA's once yearly reporting requirement.   If an OAA client meets this condition, they are considered a "new client". Note: for the second and last conditions the only criteria being considered is the services received information. The assessment type is not taken into consideration.

IADL Provider Outcome Report

Outcome:

This is a measurement of the percent of new service recipients whose IADL assessment score has been maintained or improved. (2003 –2004 target 62.3%)

Purpose:

This outcome report compares a new client's IADL score, from the prior fiscal year, to the IADL score at reassessment, in the current fiscal year. The measurement evaluates the percent of clients with maintained or improved scores from initial assessment to reassessment. The result is compared to the legislatively approved performance target defined for the fiscal year.

Conditions for inclusion in the report:

The client must have been assessed in the prior fiscal year and the current fiscal year. In addition, the client must have met the definition of "new client" for the prior fiscal year. (See definitions below.)

The earliest assessment selection is based upon the type of assessment administered. The most detailed assessment available is selected. For example, if a client received a comprehensive assessment, this assessment is included in the report. If a client received an OAA assessment (excluding congregate meal assessments) but not a comprehensive assessment, this assessment is selected for the report. The comprehensive and OAA assessments are the only types included in this report.

The client must have an active enrollment for some portion of each fiscal year. (Termination statuses are included if the ending enrollment falls into the appropriate fiscal year.) For comprehensive assessments, applicable programs enrollments are CCE, ADI, NDP, HCE, MW, ALW, OAA programs (excluding O3C1), and CDC. With respect to an OAA assessment, the program list is expanded to include LSP.

The client must have received services in the prior and current fiscal year. For waiver programs, an active enrollment status is substituted for receipt of services. Any service meets the receipt of services requirement for non-OAA programs. For OAA and LSP programs, services are limited to in-home services and include: Home Delivered Meals, Respite, Respite in Facility, Personal Care, Homemaker, Adult Day Care, Home Health Aide and, Screening and Assessment.

Definitions:

New Client – Three separate conditions qualify a client for the "new client" definition. First, if the client receives their first assessment during the prior fiscal year, they are considered new. The "new client" definition includes congregate meal assessments. Secondly, if a non-OAA client, currently receiving services, did not receive a service in the prior fiscal year, they are deemed a "new client". Lastly, for OAA clients, the non-service condition is expanded to not receiving services in the two prior years. OAA's expanded time frame attempts to compensate for OAA's once yearly reporting requirement.   If an OAA client meets this condition, they are considered a "new client". Note: for the second and last conditions the only criteria being considered is the services received information. The assessment type is not taken into consideration.

Caregiver Provider Outcome Report

Outcome:

Percent of family and family-assisted caregivers stating they are very likely to provide care. (2003 – 2004 target 88.9%)

Purpose:

This outcome report applies to the current fiscal year. The measure is the percent of caregivers stating they are very likely to continue providing care to the client. Note: This report does not represent the case manager's estimate of whether the caregiver is capable of continuing care but reflects the caregiver's answer to the question. The result is compared to the legislatively approved performance target for the fiscal year.

Conditions for inclusion in the report:

The client must be have received a comprehensive assessment in the current fiscal year. If there are multiple comprehensive assessments, the earliest date is selected.

The client must have an active enrollment for some portion of each fiscal year. (Termination statuses are included if the ending enrollment falls into the appropriate fiscal year.) For comprehensive assessments, applicable programs enrollments are CCE, ADI, NDP, HCE, MW, ALW, OAA programs (excluding O3C1), and CDC.

The client must have received services in the current fiscal year. For waiver programs, an active enrollment status is substituted for receipt of services. Any service meets the receipt of services requirement for non-OAA programs. For OAA and LSP programs, services are limited to in-home services and include: Home Delivered Meals, Respite, Respite in Facility, Personal Care, Homemaker, Adult Day Care, Home Health Aide and, Screening and Assessment.

Caregiver Ability Provider Outcome Report

Outcome:

Percent of elders whose ability to continue to provide care is maintained or improved at the time of reassessment, as determined by the caregiver and the assessor.
 (2003 – 2004 target 90%) **Note: The lesser percentage of the two (caregiver /assessor) will be used.**

Purpose:

This outcome report compares the client's prior ability to continue to provide care field value with the reassessed value. The report measures the percent of clients whose ability to continue to provide care is maintained or improved in the second fiscal year. The result is compared to the legislatively approved performance target for the fiscal year.

Conditions for inclusion in the report:

The client must have been assessed in the prior fiscal year and the current fiscal year. The measure is the percent of caregivers and assessors stating their ability to continue to provide care to the client. Note: This report does not represent the case manager's estimate of whether the caregiver has the ability to continue to provider care to the client but reflects the caregiver's answer to the question.

Only comprehensive assessments are included in this report. If there are multiple comprehensive assessments within the same year, the earliest assessment is selected.

The client must have an active enrollment for some portion of each fiscal year. (Termination statuses are included if the ending enrollment falls into the appropriate fiscal year.) For comprehensive assessments, applicable program enrollments are CCE, ADI, NDP, HCE, MW, ALW, OAA programs (excluding O3C1), and CDC.

The client must have received services in the prior and current fiscal year. For waiver programs, an active enrollment status is substituted for receipt of services. Any service meets the receipt of services requirement for non-OAA programs. For OAA and LSP programs, services are limited to in-home services and include: Home Delivered Meals, Respite, Respite in Facility, Personal Care, Homemaker, Adult Day Care, Home Health Aide and, Screening and Assessment.

Probable Medicaid Eligible Outcome Report
(Active Clients Only)

Outcome:

This is not a legislatively approved outcome measure as it only considers CCE active clients.

Purpose:

This report compares CCE actively enrolled clients, with assessments showing deficits reflecting Medicaid Waiver program eligibility requirements, and tracks their transition to Medicaid Waiver funding. The measure reflects the percent of clients whose service costs remain under CCE funding. By identifying active CCE clients, the official outcome measure report can show improvements.

Conditions for inclusion in the report:

The clients must have a CCE active enrollment. The actual outcome measure includes terminated clients with minimum enrollment duration of six months. If termination has occurred for reasons other than transfer to a waiver program, the provider cannot change the result. This report will identify clients where improvements can occur.

The client must have received a comprehensive assessment within fifteen months prior to the report's end of the period date.

The client must have a minimum of two ADL deficits and meet federal poverty guidelines consistent with Medicaid Waiver eligibility requirements.

Medicaid Waiver and Assisted Living Waiver clients are excluded from the report if their enrollment status falls under one of the following categories:
- Active
- Assessed Prioritized Client List
- Applicant
- Pending
- Terminated From the Wait List Not Eligible
- Terminated From the Assessed Priority List Not Eligible
- Terminated From Pending Status
- Terminated From the Assessed Priority List for Level of Care

Also, the report excludes terminated Medicaid Waiver and Assisted Living Waiver clients if their enrollment ends during the fiscal year.

Outcome Measurement Reports 2003 – 2004

Table of Contents

Single Sign-On

Each user will be issued a Single Sign-On username and password to log into the server.

Oracle Single Sign-On (SSO) is an Oracle authentication technology that enables Web users to log in to different Web applications using a single SSO username and password.

Melanie Foster assigns single Sign-On (SSO) passwords to users.

To login to the SSO server:

- o Enter your username and password into the appropriate text fields and click on the login button.

- o The user is then directed to the Enterprise Report Server Page.

Note: The Single Sign-on password is case sensitive.

Enterprise Reports Service
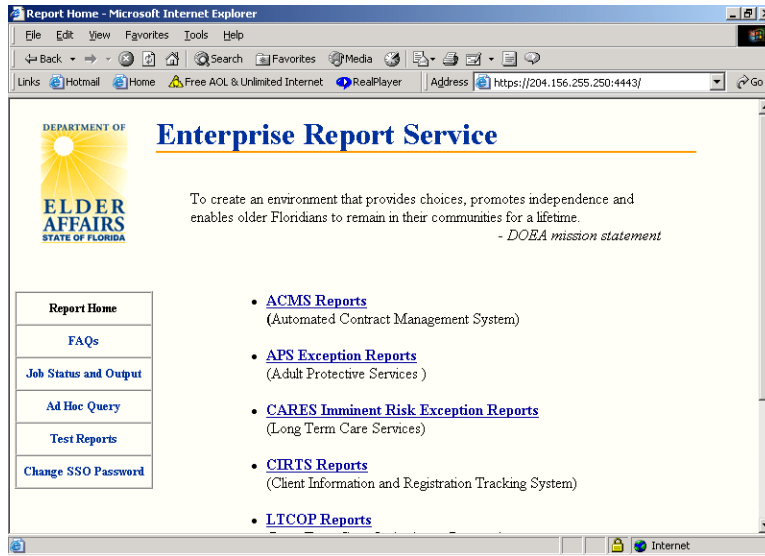
The Enterprise Report Service provides a centralized reporting environment for various business areas of the Department of Elder Affairs.

> o Scroll down and click on the Outcome Measurement Reports link.

Outcome Measurement Reports
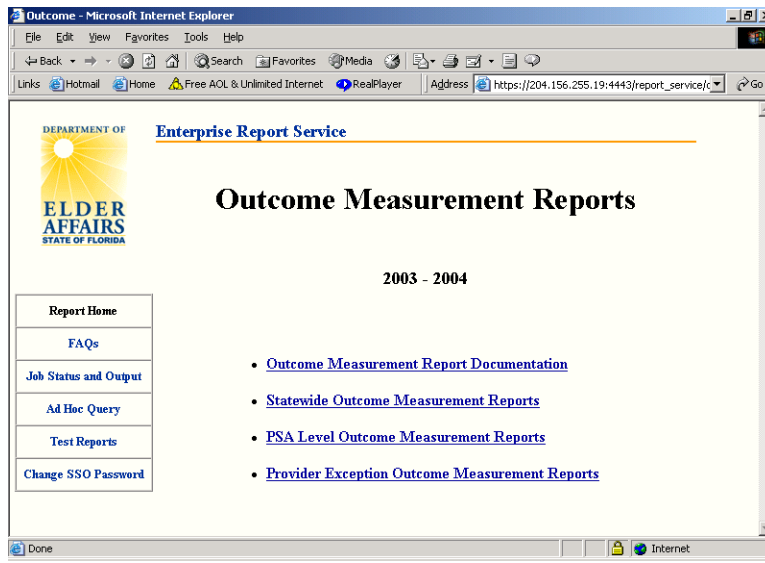
Note: It is highly recommended that when running reports, only run one type of report at a time. For example, do not run 2 APS reports (a statewide and PSA level) simultaneously, however you may run the APS statewide and the Environment report simultaneously.

Description of Outcome Reports

OUTCOME REPORT	TYPE OF REPORT	DESCRIPTION OF REPORT
ADL	Statewide	Percent of new service recipients having an ADL assessment score showing a maintained or improved score at reassessment.
	PSA Level	
	Provider Level	
APS Referrals	Statewide	Percent of Adult Protective Services (APS) referrals needing immediate services to prevent further harm who are served within 72 hours.
	PSA Level	
	Provider Level	
Caregiver Ability	Statewide	Percent of Elders whose ability to continue to provide care is maintained or improved at the time of reassessment, as determined by the caregiver and the assessor.
	PSA Level	
	Provider Level	
Caregiver Likelihood	Statewide	Percent of family and family-assisted caregivers stating they are very likely to provide care.
	PSA Level	
	Provider Level	
Environment	Statewide	Percent of Elders assessed with high or moderate risk environment scores showing improved environment scores at reassessment.
	PSA Level	
	Provider Level	
IADL	Statewide	This is a measurement of the percent of new service recipients whose IADL assessment score has been maintained or improved.
	PSA Level	
	Provider Level	
Imminent Risk	Statewide	Percent of imminent risk referrals served.
	PSA Level	
	Provider Level	
Nutrition	Statewide	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.
	PSA Level	
	Provider Level	
Average Time in CCE for MW Probable Clients	Statewide	Average time in the Community Care for the Elderly (CCE) program for MW probable elders.
	PSA Level	
	Provider Level	

Comprehensive Assessment *** *** Not actual outcome report but used for monitoring.	Provider Level	Provides a list of newly active clients in the state grant programs and their priority information.
APCL Only Clients *** Not actual outcome report but used for monitoring.	Provider Level	Provides a list of assessed prioritized clients in the state grant programs and their priority information.
Owner APS Referral *** Not actual outcome report but used for monitoring.	Provider Level	Provides a list of APS Clients actually "owned" by the owner provider. (This differs from the APS outcome report, which shows all APS client a provider served.)
Owner Imminent Risk Referral *** Not actual outcome report but used for monitoring.	PSA Level	Provides a count of Imminent Risk Referred Clients actually "owned" by the owner provider. (This differs from the Imminent Risk Referral outcome report, which shows all Imminent Risk Referral clients a provider served.)

Users may either view documentation, run Statewide reports, run PSA Level reports, or run Provider Level Exception reports.

For example purposes, let's use the APS Exception Outcome Measurement report.

To view documentation for a report
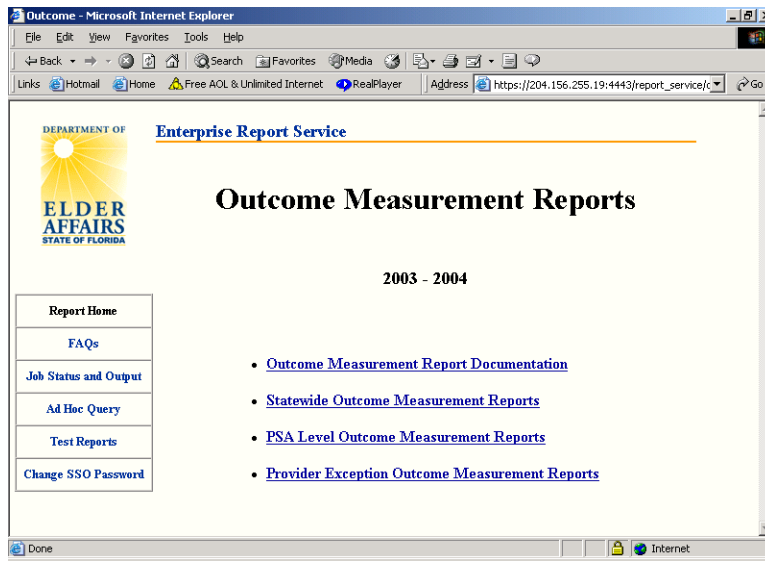
o   Click on the Outcome Measurement Report Documentation link and the documentation page will display. (See figure below)
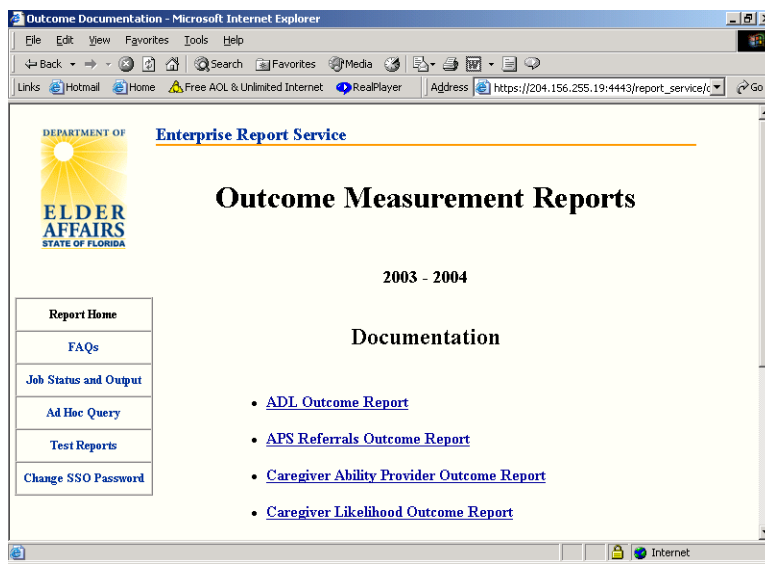
o   Click on the APS Referrals Outcome Report link and the documentation page for the report will be displayed. (See figure below.)
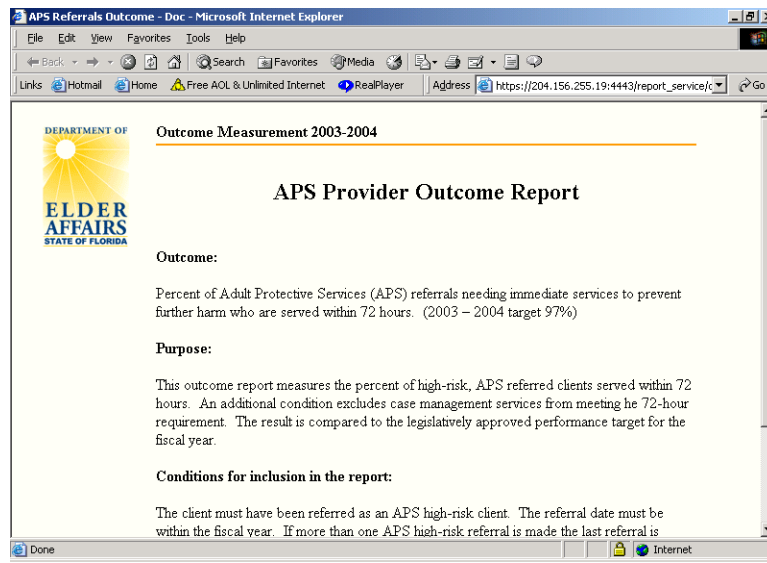
To run a Statewide Report
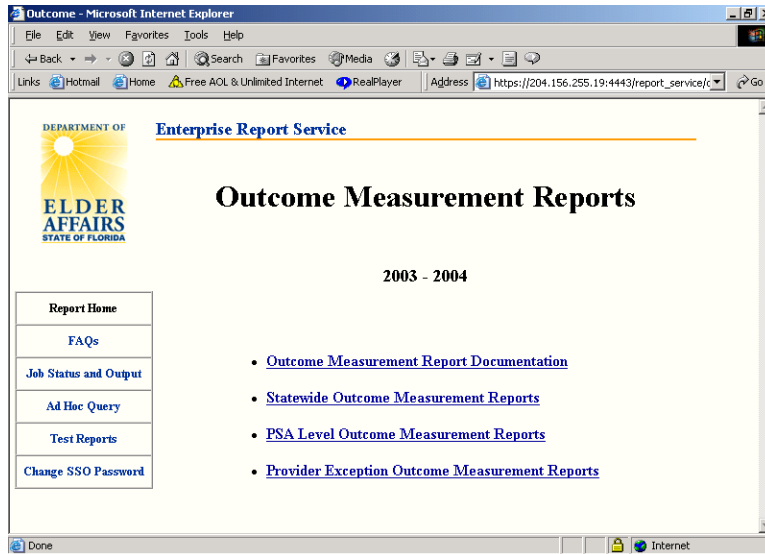
o Click on the Statewide Outcome Measurement Reports link and the Statewide Reports page will be displayed. (See figure below)
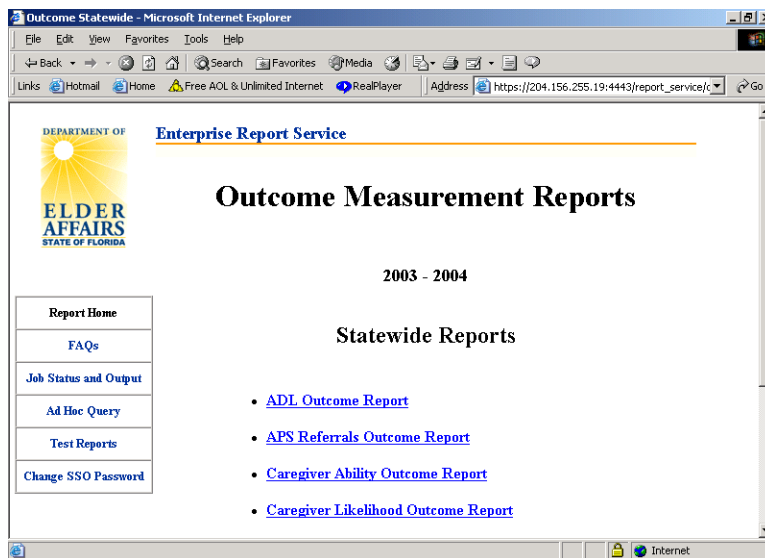
o Click the APS Referral Outcome Report link and the APS Referrals Outcome Report parameter page will be displayed. (See figure below)

Note: For the Average Time in CCE for MW Probable Clients Outcome Reports, a zero does not precede the ADL Count parameter. For example, enter 2 not 02.

- o Enter the Begin date for the report in the MM/DD/YYYY format
- o Enter the End date for the report in the MM/DD/YYYY format
- o Enter the Email address you wish to have the results sent
- o Enter a Job Name for the report – **optional** (This specifies the name of the job when the report is complete.)
- o Specify the Output Format for the report (PDF is recommended)

(See figure below)

o Click the Submit Job button to run the report and the
   following page will be displayed.

o An email notification will be delivered to the specified Email
   Address when the report is complete. (See page 22)

To run a PSA Level Report
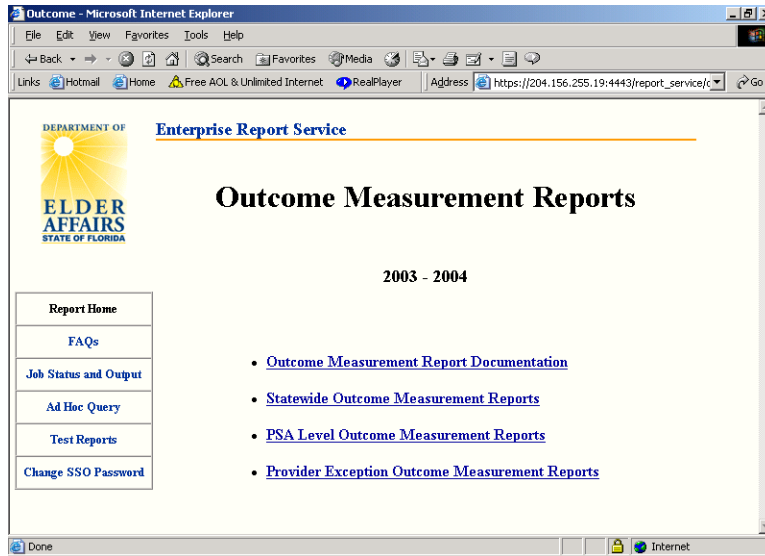
o Click on the PSA Level Outcome Measurement Reports link and the PSA Level Reports page will be displayed. (See figure below)
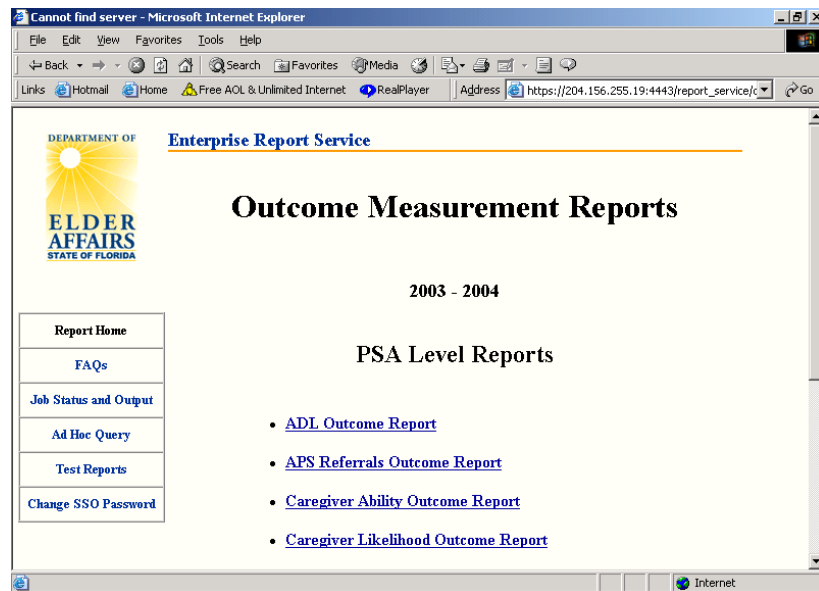
o Click on the APS Referrals Outcome Report link and the PSA Level APS Referrals Outcome Report parameter page will be displayed. (See figure below)

Note: For the Average Time in CCE for MW Probable Clients Outcome Reports, a zero does not precede the ADL Count parameter. For example, enter 2 not 02.

o   Enter the Begin date for the report in the MM/DD/YYYY format
o   Enter the End date for the report in the MM/DD/YYYY format
o   Select the PSA for which you wish to run the report (See figure below)

o   Enter the Email address you wish to have the results sent
o   Enter a Job Name for the report – **optional** (This specifies the name of the job when the report is complete.)

o Specify the Output Format for the report (PDF is recommended)

(See figure below)

o Click on the Submit Job button to run the report and the following page will be displayed.

o An email notification will be delivered to the specified Email Address when the report is complete. (See page 22)

To run a Provider Level Exception Report
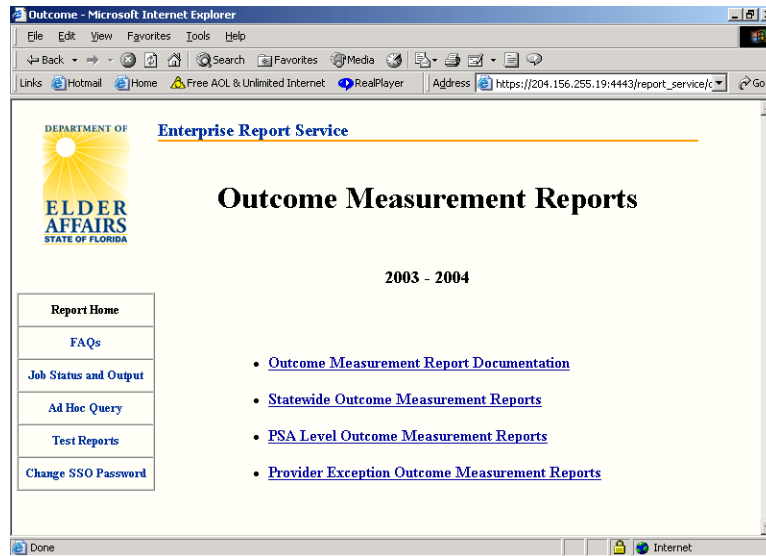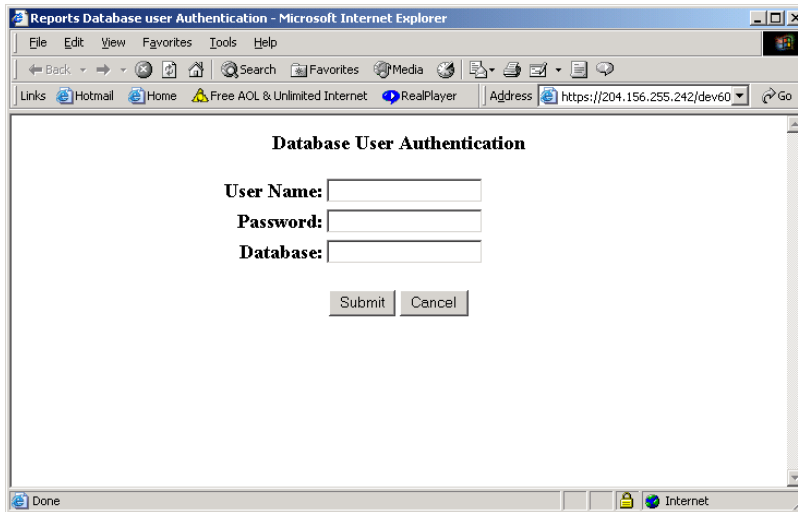
o   Click on the Provider Exception Outcome Measurement Reports link and the Provider Exception Reports page will be displayed.
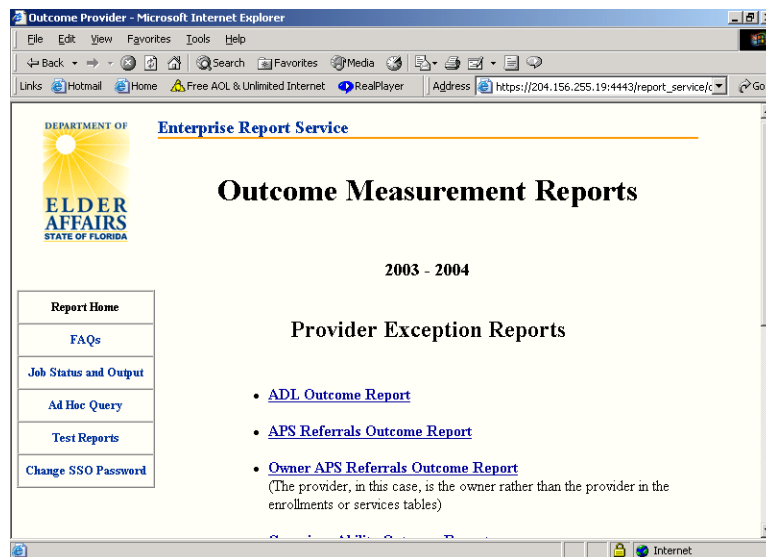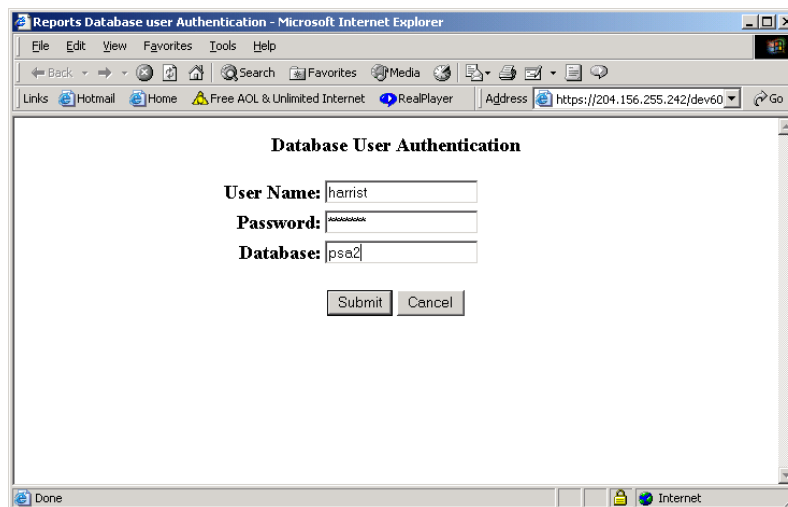
o   Click on the APS Referrals Outcome Report link and the Database User Authentication page will be displayed. (See figure below)

Note: For the Average Time in CCE for MW Probable Clients Outcome Reports, a zero does not precede the ADL Count parameter. For example, enter 2 not 02.

- o Enter your User Name and password in the appropriate text fields.
- o Enter the Database name for which you wish to run the Provider Level Exception report. (See figure Below)

- o Click on the Submit button and the Provider Level APS Referral Outcome report parameter page will be displayed. (See figure below)

- ○ Note: An additional database login is needed for Provider Exception reports because these reports are run on individual PSA servers. (Users will use their CIRTS login for this screen)

- ○ Enter the Begin date for the report in the MM/DD/YYYY format
- ○ Enter the End date for the report in the MM/DD/YYYY format
- ○ Enter the Provider Number for which you wish to run the report. If the Provider Number parameter is left blank, then all providers will be displayed on the report. (See figure below)

o   Click on the Submit Job button to run the report the report
     results page will be displayed. (See figure below)

Note: The Provider Level reports will be displayed once the report is
complete. Provider Level reports may NOT be viewed using the Job Status
and Outputs option.

To check the status of a report
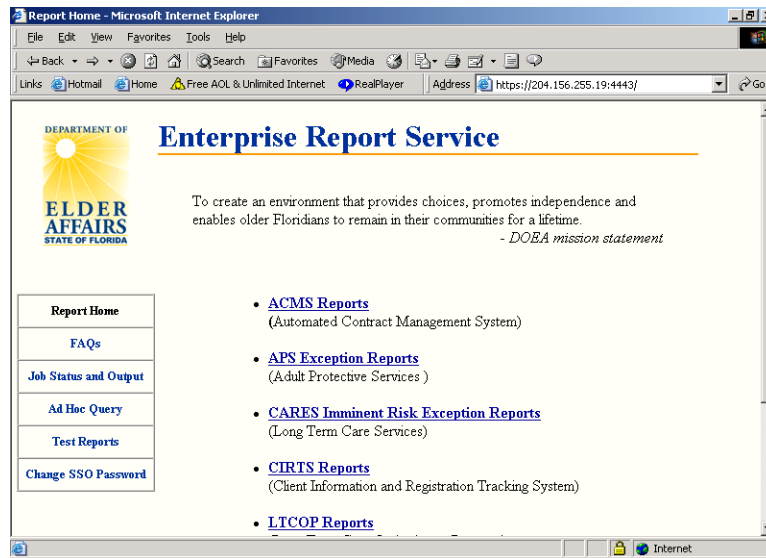
o   From the Enterprise Report Service page, click on the Job Status and Output link in the left panel of the page and the Job Status and Output page will be displayed. (See figure below)

o   **Note: Users may only check the Job Status for the Statewide and PSA Level reports**
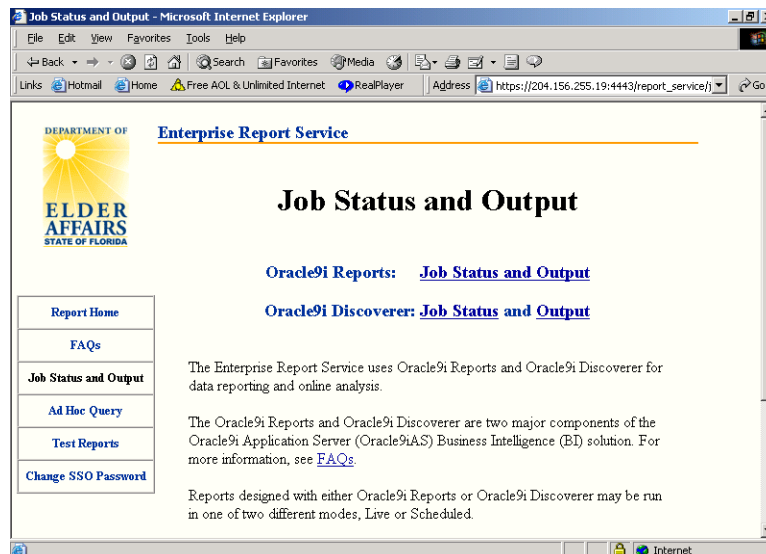
o   Click on the Job Status and Output link for Oracle9i Reports and the Reports Server Queue Status page will be displayed. (See figure below)
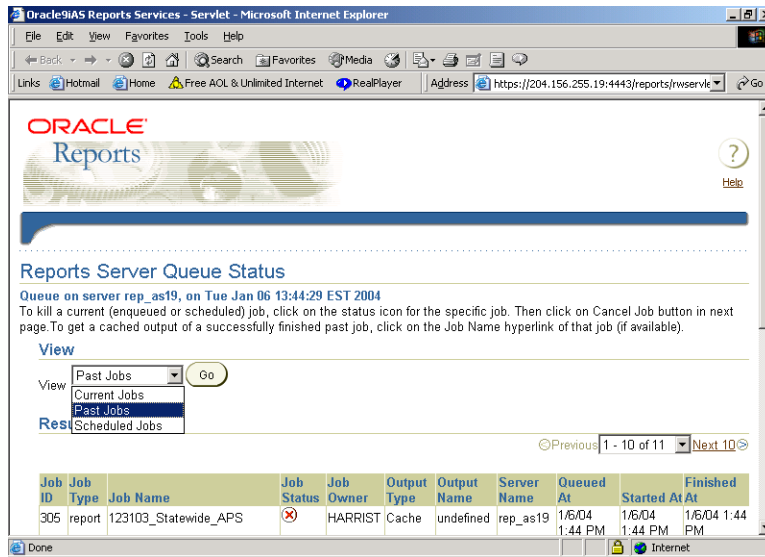
o   Select the Current Jobs option and click on the Go button and all current jobs will be displayed on the page. (See figure below)

Note: The Current Jobs option lists any jobs that are currently running, and the Past Jobs option lists all jobs that have completed execution.
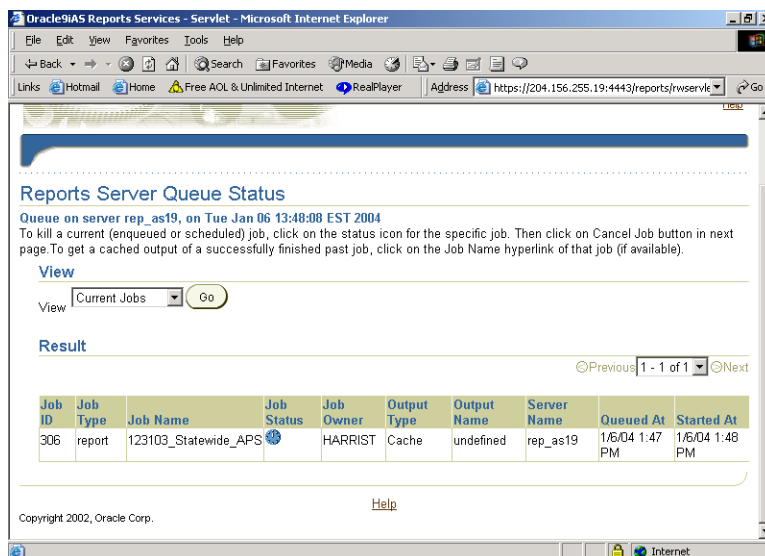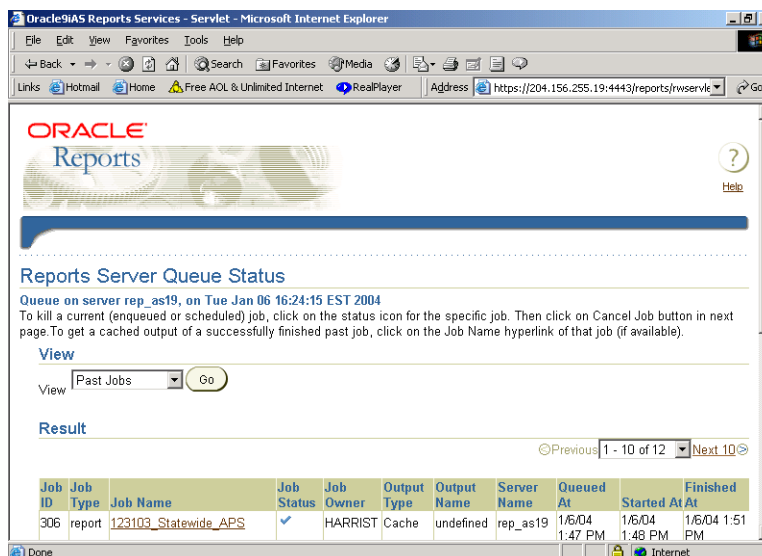
To retrieve report results from Email

An email notification will be delivered to the email Address specified in the report parameter page.
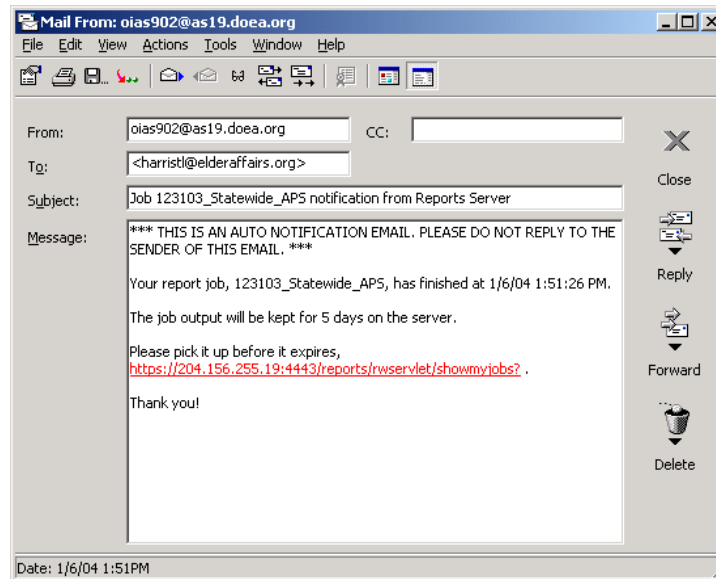

- o Click on the link or copy the URL into your browser (Internet Explorer or Netscape)
- o The Reports Server Queue Status page will be displayed. (Note: The system may prompt you to log into the Single Sign-On server)
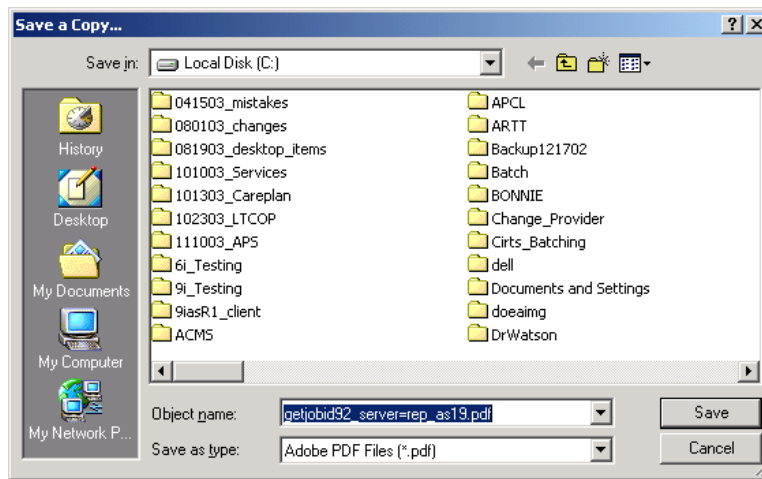
o   Click on the job name specified in the report parameter page and the report results will be displayed on the screen.
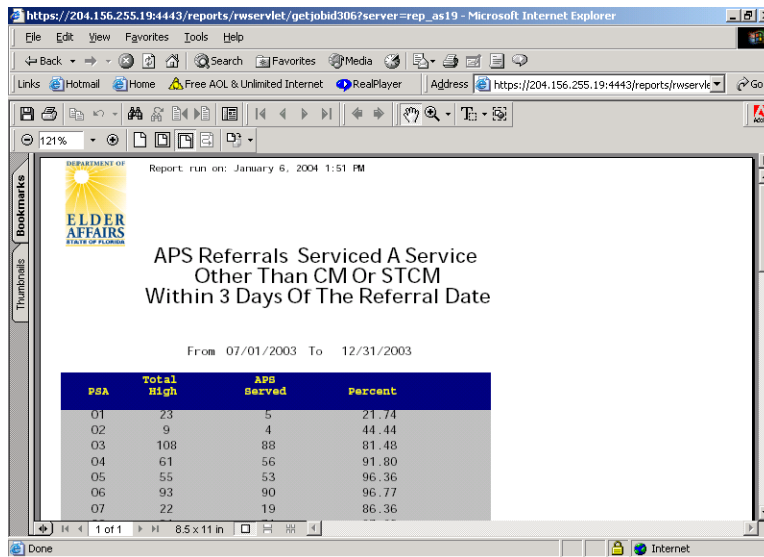
o   To save the report results to your local computer, click on the save icon (disk) in the left corner of the screen. (See figure below)
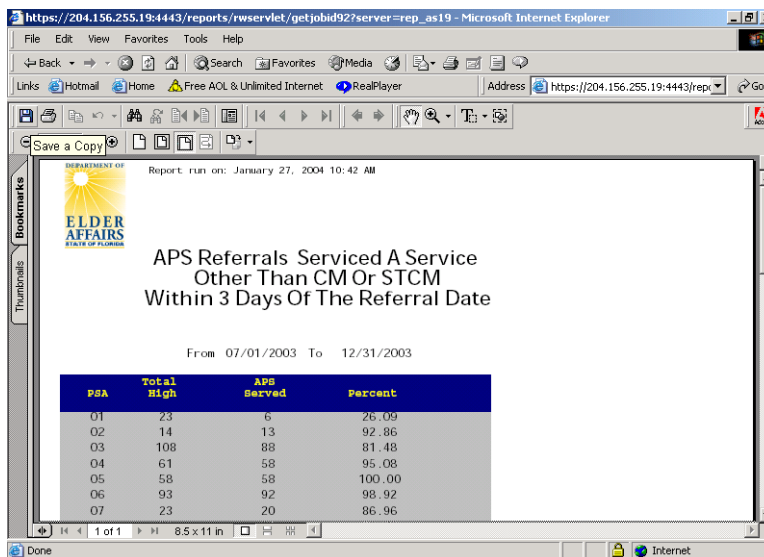
o A file dialog box will appear. (See figure below)

o Specify the location and the file name of the report and click on the Save button.

Forms 701A, B and C should be inserted here, along with the Assessment Instructions, Form 701D.