Waiver Quality Measure (WQM) 1

The purpose of this measure is to ensure that all applicants' clinical eligibility is assessed by the ASAP RN within 10 business days of the identified need.

Revision History:

Date	Ver.	Description	Author
4-25-2018	1.2	o Update of Status Reasons o Update Report Monitoring by ASAP	Devon Garon
8-10-2017	1.1	o Purpose of measure o Update of Numerator / Denominator language to reflect changes in waiver application o Detail on completing Activity & Referral using a previously completed OSA o Addition of status reasons o Update in CDS required questions o Addition of CDS-3-RN assessment o Addition of explanation of workflow process o Definitions added to Reporting section	Devon Garon
10-14-2010	1.0	o WQM 1 Business Rule Created	Susan Tompkins-Hunt

Performance Measure (as defined in Frail Elder Waiver [FEW] application)

Applicants' initial clinical eligibility was assessed by an RN on the approved tool within 10 business days of their identified need.

Numerator / Denominator

Numerator: Number of waiver applicants in the reporting period whose initial clinical eligibility was assessed within 10 business days of their identified need.

Denominator: Number of waiver applicants in the reporting period.

The population is defined as all consumers referred to the ASAP RN for a clinical assessment MINUS all withdrawn referrals, closed cases and suspended cases.

An applicant is defined as a consumer who is potentially eligible for waiver services and has been referred to an ASAP RN to be assessed for clinical eligibility. The ASAP RN has 10 business days or 14 calendar days from the formal communication to complete the on-site assessment (OSA).

SIMS Documentation in the Consumer Record:

Activity & Referral: WQM - Waiver Initial Referral is the action utilized to document the **status** of the waiver initial referral, the date the referral was formally communicated to the ASAP RN (**status date**), the **due date** of the OSA and the **completion date** of the OSA.

- If the OSA is **delayed** due to a **consumer suspension or consumer request**, the Activity & Referral **status with** the **appropriate status reason** is required to be updated, using the following status reasons, along with documentation in a journal entry.
    - **Not Started (status)**
        - **Status Reasons:**
            - **On Hold - Consumer Suspension (NS)**
            - **On Hold - Consumer Request (NS)**

- If the OSA is **completed** later than the **due date**, the Activity & Referral **status** is required to be **completed** using one of the following **status reasons**, along with documentation in a journal entry.
    - **Completed (Status)**
        - **Status Reasons:**
            - **Completed Late**
            - **Completed Late - Suspension**
            - **Completed Late - Consumer Request**
            - **Completed - Withdrawn**

- If a consumer is not expected to be returning to the community, refuses, or is otherwise unavailable or ineligible, the Activity & Referral **status** is required to be **completed** using the **status reason** of **completed - withdrawn**; documentation in the journal entry is required.

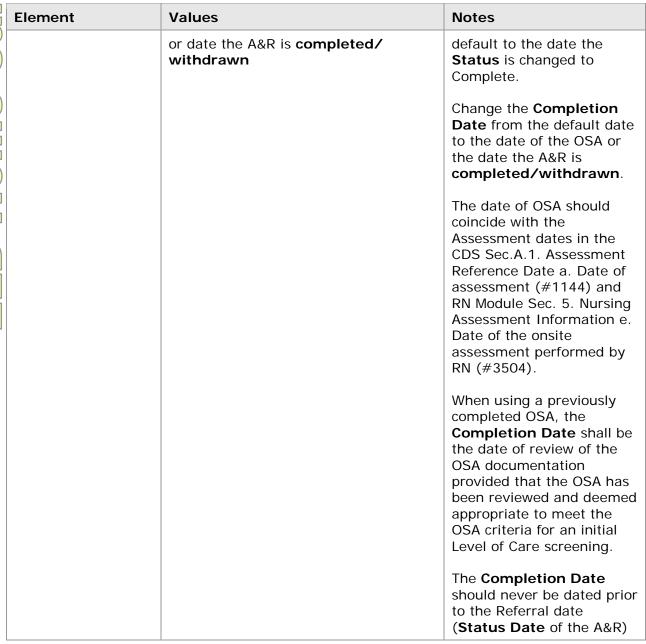**Refer to CDS Completion Requirements Below**

SIMS Data entry instruction:

To ensure accurate reporting across the state, it is imperative that the identified data elements are entered as instructed.

Element	Values	Notes
Activity & Referral	**WQM - Waiver Initial Referral**	**required**
Subject		This cannot be a blank field; enter according to Agency business practice
Program	**Optional**	Not recommended by ELD due to added complexities when using the Status Wizard to close/transfer enrollments
Status	**Not Started** **Completed** **Client Closed** (Status Wizard default when closing a consumer) **In Progress**	Default is **Not Started**. ELD requires change of status when A&R is **Completed** or **Client Closed**. **In Progress** is optional. Enter according to agency

ELD Home Care

Element	Values	Notes
		business practice. **Do not use other Statuses**

Status Reasons	• **Not Started (status)**
	   o **On Hold - Consumer Suspension (NS)**
	   o **On Hold - Consumer Request (NS)**
	
	• **In Progress (status)**
	   o **On Hold - Consumer Suspension**
	   o **On Hold - Consumer Request**
		Default status is **Not Started**. ELD requires change of status reason when A&R is **delayed due to consumer suspension or consumer request**
		
		In Progress is an optional status. Enter according to agency business practice. If using, enter the appropriate status reason when A&R is delayed due to consumer suspension or consumer request.

Status Reasons	• **Completed (status)**
	   o **Completed - Withdrawn**
	   o **Completed Late**
	   o **Completed Late - Suspension**
	   o **Completed Late - Consumer Request**
		ELD requires change of status when A&R is **Completed** or **Client Closed.**
		
		Enter the appropriate **status reason** if the clinical eligibility assessment is **completed late** (after **due date**) or **withdrawn**, whether or not an OSA is completed.
		
		Other **Status Reasons** or leaving the field blank is acceptable when the OSA is completed on time. Enter according to agency business practice.

Status Date	Date A/R is created = formal communication to RN (waiver referral)	**Status date (Anchor date) is always the date ELD is basing the report time frame on.**
Due Date	14 calendar days from status date	14 calendar days is equal to 10 business days
Start Date	Optional	**Not required by ELD**
Date Completed	Date of OSA (On-Site Assessment)	**Completion date** will

Element	Values	Notes
	or date the A&R is **completed/ withdrawn**	default to the date the **Status** is changed to Complete. Change the **Completion Date** from the default date to the date of the OSA or the date the A&R is **completed/withdrawn**. The date of OSA should coincide with the Assessment dates in the CDS Sec.A.1. Assessment Reference Date a. Date of assessment (#1144) and RN Module Sec. 5. Nursing Assessment Information e. Date of the onsite assessment performed by RN (#3504). When using a previously completed OSA, the **Completion Date** shall be the date of review of the OSA documentation provided that the OSA has been reviewed and deemed appropriate to meet the OSA criteria for an initial Level of Care screening. The **Completion Date** should never be dated prior to the Referral date (**Status Date** of the A&R)

Other Activity & Referral data elements not mentioned in the above instruction are available for agency use, but not required by ELD.

Required CDS Data elements

Elements	Values	Notes
CDS-3-RN	**CDS including Nursing Module**	**Required**
CDS-3-RN	• **Question #5490 (Nursing Module) Indicate the Type of Request (Community)**	**Required**

	•**Question #13888 (Nursing Module) Enter the referral date for this Community Screening request** • **Question #3504 (Nursing Module) Date of onsite assessment performed by ASAP RN**	

In conjunction with the release of the CDS-3-RN, SAMS will now include a "workflow". A "workflow" is an automated process that will prompt ASAP RNs to complete a "WQM- Waiver Initial Referral" Activity & Referral when saving a CDS-3-RN, if the CDS question **#5490 Indicate Type of Request (Community)** response **"Waiver Initial Determination"** is selected. This workflow will remain in the assessor's Dashboard until the user acknowledges completion of the required task.

Reporting:

Report Period:
The reporting period is defined according to report parameters:
- **Monthly:** The monthly report includes A&Rs with an action of "WQM - waiver initial referral" and a status date in the reporting month.
- **Yearly:** The yearly report includes A&Rs with an action of "WQM - waiver initial referral" and a status date in the reporting year.

Report Method:
- HCBS Explorer Report – Level of Care 1(LOC1) - Required
- ART (Agency Reporting Tool) – Optional

Report Monitoring:
- ASAP – Monthly
- EOEA – Quarterly and as needed