# **Attachment 1:**

# **Evidence Based Review (EBR) Measures**

The Evidence Based Review (EBR) measures fell into the following six major categories:

- Administrative Authority
- Level of Care
- Oualified Providers
- Service Plan
- Health & Welfare
- Financial Accountability

#### Measures:

## **Administrative Authority**

- AA-1: Number and percent of contractual obligations met by MCOs
- AA-2: Number and percent of functional eligibility determinations (FEDs) completed timely by the Independent Assessment Entity
- AA-3: Number and percent of contractual obligations met by the Outreach and Education vendor
- AA-4: Number and percent of contractual obligations met by the Independent Enrollment Broker
- AA-5: Number and percent of contractual obligations met by the Fiscal Employer Agent
- AA-6: Number and percent of contractual obligations met by the External Quality Review Organization (EQRO)
- AA-7: Number and percent of complaint reviews, 1st level complaints, 2nd level complaints and 1st level grievances that were resolved within required timeframe

#### Level of Care

- LOC-1: Number and percent of new enrollees who have an initial Functional Eligibility Determination (FED) completed prior to receipt of waiver services
- LOC-2: Number and percent of FEDs that were completed in accordance with policies and procedures

# **Qualified Providers**

- QP-1: Number and percent of newly enrolled providers who meet licensure and/or certification standards prior to service provision
- QP-2: Number and percent of enrolled licensed/certified waiver providers who continue to meet regulatory and applicable waiver standards
- QP-3: Number and percent of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards
- QP-4: Number and percent of non-licensed or non-certified waiver providers who continue to meet regulatory and applicable waiver standards
- QP-5: Number and percent of new HCBS providers meeting provider training requirements

#### Service Plan

- SP-1: Number and percent of CHC waiver participants who have Person-Centered Service Plans (PCSPs) adequate and appropriate to their needs, capabilities, and desired outcomes
- SP-2: Number and percent of CHC waiver participants with Person-Centered Service Plans (PCSPs) reviewed before the waiver participant's annual review date
- SP-3: Number and percent of CHC waiver participants with Person-Centered Service Plans (PCSPs) revised when warranted by a change in participants needs

- SP-4: Number and percent of CHC waiver participants who have received authorized services in the type, scope, amount, frequency, and duration specified in the Person-Centered Service Plan (PCSPs)
- SP-5: Number and percent of CHC waiver participants whose records documented an opportunity was provided for choice of waiver services and providers

#### Health & Welfare

- HW-1: Number and percent of unexplained deaths where appropriate follow-up or steps were taken [NOTE: No HW-2 or HW-3]
- HW-4: Number and percent of CHC waiver participants who were informed of the reporting process for abuse, neglect, and exploitation in initial and annual reviews
- HW-5: Number and percent of CHC waiver participants each month with more than 3 reported incidents within the current last 12 months where results of trend analysis were addressed by the CHC-MCO
- HW-6: Number and percent of critical incidents reported within the prescribed timeframe
- HW-7: Number and percent of critical incidents investigated within the prescribed timeframe
- HW 8: Number and percent incidents where either restraints or seclusion were used and appropriate follow up occurred by the CHC-MCO
- HW-9: Number and percent of substantiated cases of abuse, neglect and exploitation where potential issues related to health and welfare were addressed

## Financial Accountability

- FA-1: Number and percent of capitation payments reviewed by DHS or an independent auditor that are in accordance with the methodology approved by CMS
- FA-2: Capitation payments to the CHC-MCOs that are made in accordance with CMS approved actuarially sound rate methodology