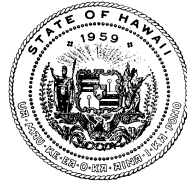


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In reply, please refer to:  
File:

Medicaid I/DD Waiver  
Memo No.: FY2019-01  
Date: July 25, 2018

TO: Medicaid I/DD Waiver Providers

FROM: Mary Brogan, Administrator  
Developmental Disabilities Division

SUBJECT: DDD Adverse Event Reports (AER) Progress Report

As part of the quality assurance requirements in the 1915(c) Home and Community Based Services Waiver for Individuals with Intellectual and Developmental Disabilities (I/DD Waiver), the Department of Health, Developmental Disabilities Division, (DOH/DDD) must track timeliness of AER documentation as a performance measure. In the waiver, the specific measure is “the number and percent of AERs initiated by the provider agency/CDPA and reported within required time frame (verbal report to DOH/DDD CM within 24 hours. Written report to DOH/DDD CM within 72 hours).”

When the statewide data for a performance measure is at 85% or below, the Centers for Medicare and Medicaid Services (CMS) requires the State to implement a remediation/corrective action plan (CAP). As part of the State’s corrective action plan, DDD will compile the data for each provider. Each provider will receive a DDD AER Progress Report on a quarterly basis (see attached sample report). The report displays the provider’s performance in reporting and the state average. Providers do not have access to other providers’ progress reports.

During this first year, providers are expected to familiarize themselves with the reports and begin using the quality management process to improve performance. We look forward to working with providers as active participants in ongoing quality improvement efforts related to reporting AERs.

Understanding the data in your agency’s report

The quarterly report will include the I/DD Waiver performance measure (combined verbal and written AER reporting) and two sub-measures to separately display verbal reporting and written reporting. The report consists of a table and bar graphs. The quarterly bar graphs display the agency’s performance in percentages compared to the

statewide average for all providers' performance. The solid line represents the CMS expectation of 86% and above. Each quarterly report will expand to show your agency's performance in percentages during the year. At the end of the fiscal year (four quarters), the report will include the annual average performance. This annual performance will be carried over to the first quarterly report in the new fiscal year. This will enable your agency to look for trends and patterns to use as part of the agency's quality management plan.

- **SUB-MEASURE 1: Verbal Reporting**

The AER Policy and Procedure requires reporting within 24 hours of the event or the next business day. The start time for this sub-measure is when the event happens or when the provider is informed of the event (only applies if the event occurred outside of the provider's waiver service delivery). The end time for tracking this sub-measure is when the provider speaks to the case manager or case manager on-duty or the unit supervisor.

- **SUB-MEASURE 2: Written Reporting**

The AER Policy and Procedure requires reporting within 72 hours of the event. The start time for this sub-measure is when the event happens or when the provider becomes aware of the event (only applies if the event occurred outside of the provider's waiver service delivery). The end time for tracking this sub-measure is when the provider submits the written AER form to the case manager (by fax or hand-delivered with date-stamp at the case management unit).

- **PERFORMANCE MEASURE: Combined Verbal and Written Reporting**

This summarizes the verbal and written data combined into one measure that is reported to CMS. On the annual DDD AER report that has the fiscal year quarters 1 through 4, the provider will be notified if their annual performance is below the 86% goal required by CMS and the I/DD Waiver.

#### How to use the data in your quality management program

Quality management is an on-going, continuous process. Refer to the Waiver Standards, sections 2.6 A and B, for more information.

- **Discovery**
  - Participant-specific information (AER form, progress notes, etc.)
  - DDD AER tables and graphs
  - Talk with staff, supervisors
- **Analysis**
  - Comparing the DDD data to the provider data
  - Look for discrepancies, errors, findings
  - Identify any barriers, challenges
- **Remediation/Action**
  - Determine the steps the provider can take to improve reporting AERs

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- Implement the steps
- Assess
  - Did the action steps work?
  - Did the provider see the expected improvement?
  - Go back through discovery to identify more opportunities for improvement

Next Steps

The initial distribution will include reports for FY17 (all 4 quarters) and FY18 (first 3 quarters) and will be emailed to each provider agency in a separate email. Thereafter during FY19 (July 1, 2018 through June 30, 2019), providers will receive quarterly reports and must begin to use this information as part of their quality management programs where there are opportunities to improve to reach the 86% waiver goal.

Providers should review their data and if they find any inconsistencies, report that through the [doh.dddcrb@doh.hawaii.gov](mailto:doh.dddcrb@doh.hawaii.gov) email. DDD will work with providers to learn how this new process is working.

Thank you for your assistance as we implement this new process in tracking the AER performance measure. If you have any questions, please contact Vivian Minamishin, Community Resource Management Section Supervisor, at 808-733-2136.

Attachment

c: Jon Fujii, DHS-MQD  
DDD Branch Chiefs