

DEPARTMENT OF HEALTH AND HOSPITALS -
RELIABILITY AND RELEVANCE
OF PERFORMANCE INDICATORS



PERFORMANCE AUDIT
ISSUED AUGUST 3, 2011

**LEGISLATIVE AUDITOR
1600 NORTH THIRD STREET
POST OFFICE BOX 94397
BATON ROUGE, LOUISIANA 70804-9397**

LEGISLATIVE AUDIT ADVISORY COUNCIL
SENATOR EDWIN R. MURRAY, CHAIRMAN
REPRESENTATIVE NOBLE E. ELLINGTON, VICE CHAIRMAN

SENATOR WILLIE L. MOUNT
SENATOR BEN W. NEVERS, SR.
SENATOR KAREN CARTER PETERSON
SENATOR JOHN R. SMITH
REPRESENTATIVE CAMERON HENRY
REPRESENTATIVE CHARLES E. "CHUCK" KLECKLEY
REPRESENTATIVE ANTHONY V. LIGI, JR.
REPRESENTATIVE LEDRICKA JOHNSON THIERRY

LEGISLATIVE AUDITOR
DARYL G. PURPERA, CPA, CFE

**DIRECTOR OF PERFORMANCE AUDIT
AND ACTUARIAL SERVICES**
PATRICK W. GOLDSMITH, CIA, CGAP, MPA

FOR QUESTIONS RELATED TO THIS PERFORMANCE AUDIT, CONTACT
KAREN LeBLANC, PERFORMANCE AUDIT MANAGER,
AT 225-339-3800.

Under the provisions of state law, this report is a public document. A copy of this report has been submitted to the Governor, to the Attorney General, and to other public officials as required by state law. A copy of this report has been made available for public inspection at the Baton Rouge office of the Legislative Auditor.

This document is produced by the Legislative Auditor, State of Louisiana, Post Office Box 94397, Baton Rouge, Louisiana 70804-9397 in accordance with Louisiana Revised Statute 24:513. Eight copies of this public document were produced at an approximate cost of \$31.92. This material was produced in accordance with the standards for state agencies established pursuant to R.S. 43:31. This report is available on the Legislative Auditor's Web site at www.la.la.gov. When contacting the office, you may refer to Agency ID No. 9726 or Report ID No. 40100028 for additional information.

In compliance with the Americans With Disabilities Act, if you need special assistance relative to this document, or any documents of the Legislative Auditor, please contact Kerry Fitzgerald, Chief Administrative Officer, at 225-339-3800.



LOUISIANA LEGISLATIVE AUDITOR
DARYL G. PURPERA, CPA, CFE

August 3, 2011

The Honorable Joel T. Chaisson, II,
President of the Senate
The Honorable Jim Tucker,
Speaker of the House of Representatives

Dear Senator Chaisson and Representative Tucker:

This report provides the results of our performance audit on the relevance and reliability of performance information for Department of Health and Hospitals' Office of Aging and Adult Services and Office for Citizens with Developmental Disabilities.

The report contains our findings, conclusions, and recommendations. Appendix B contains the Department of Health and Hospitals' response to this report. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to the management and staff of the Department of Health and Hospitals for their assistance during this audit.

Sincerely,

A handwritten signature in blue ink that reads "Daryl G. Purpera". The signature is fluid and cursive.

Daryl G. Purpera, CPA, CFE
Legislative Auditor

DGP/dl

DHH 2011

Louisiana Legislative Auditor

Daryl G. Purpera, CPA, CFE, Legislative Auditor



Department of Health and Hospitals - Reliability and Relevance of Performance Information

August 2011

Audit Control # 40100028

Objectives and Overall Results

Louisiana Revised Statute (R.S.) 39:87.3 (D) (E) directs the Louisiana Legislative Auditor to provide an assessment of state agencies' performance data. To fulfill this requirement, we examined the relevance and reliability of performance information for the following programs within Department of Health and Hospitals (DHH):

- Office for Citizens with Developmental Disabilities (OCDD) - Community-Based Support Programs
- Office of Aging and Adult Services (OAAS) - Administration Protection and Support Program

Appendix A contains our scope and methodology and Appendix B contains DHH's response to the audit. The audit objectives and results of our work are as follows:

Objective 1: Is performance information for OCDD and OAAS relevant?

Results: Performance information for the two programs is generally relevant. However, we found that DHH could improve in ensuring that performance information is aligned. For example, five of the 14 (36%) objectives we reviewed did not provide information that would enable the agency to tell whether it met its goals. In addition, DHH could improve in ensuring its objectives contain specific targets and timeframes to achieve the objective.

Objective 2: Are the performance indicators for OCDD and OAAS reliable?

Results: In the first quarter of 2011, 9.5% of indicators were unreliable. In the second quarter of 2011, 14.3% of indicators were unreliable. The results of our analysis are summarized in the chart below.

Category	1 st Quarter	Percent	2 nd Quarter	Percent
Reliable	6	28.6%	11	52.4%
Reliable with Qualifications	0	0.0%	0	0.0%
Unreliable	2	9.5%	3	14.3%
Cannot Determine	13	61.9%	7	33.3%
Total	21		21	

Source: Prepared by legislative auditor's staff using reliability results from Appendix C.

Background on Programs

Office for Citizens with Developmental Disabilities (OCDD) - Community-Based Programs

The OCDD is responsible for the programmatic leadership in the design and development of all developmental disabilities services provided by the department either directly or pursuant to agreements with public and private providers. Specifically, the Community-Based Programs are responsible for the delivery of individualized community-based services that give people with developmental disabilities the opportunity to pursue a quality of life. In FY2011, the Community-Based Support Program within OCDD was appropriated \$45,316,196 and 227 authorized positions.

Office of Aging and Adult Services (OAAS) - Administration Protection and Support Program

The OAAS services is responsible for the programs and functions related to the long-term care of the elderly and the protection and long-term care of persons with adult onset disabilities. Specifically, the Administration Protection and Support Program is responsible for providing alternatives to institutional care, investigating adult abuse and neglect in the community and assuring timely admission to nursing facilities. In FY2011, the Administration Protection and Support Program within OAAS was appropriated \$28,588,684 and 143 authorized positions.

Objective 1: Is performance information for OCDD and OAAS relevant?

Overall, we found that performance information for OCDD and OAAS is relevant. However, DHH could improve in ensuring that goals and objectives can be fully answered by performance indicators. We used the following criteria from the state’s performance budgeting manual¹ to determine if these indicators were relevant:

- Performance information exists for all program activities required by law.
- Performance information is aligned (i.e., indicators answer objectives; objectives answer goals).
- Objectives are measurable and time-bound (provide a target date to accomplish).
- Objectives have at least one outcome indicator that shows progress toward meeting objectives.
- Performance information is understandable and does not contain jargon that is not explained by explanatory notes.

The results relating to each of the above criteria are summarized in Exhibit 1.

Exhibit 1 Summary of Results for Relevancy		
Criteria	OAAS	OCDD
Performance Information Exists	Yes	Yes
Aligned	Four of 11 (36%) objectives are not aligned with goals. Three of the 40 (8%) indicators are not aligned with objectives.	One of the three (33%) objectives is not aligned with goals.
Measurable and Time-bound	All objectives are measurable.* Four of 11 (36%) objectives are not time-bound.	All objectives are measurable.* None of the three objectives are time-bound.
Measures Outcomes	One of the 11 (9%) objectives does not include an outcome indicator.	Yes
Understandable	Yes	Yes
Source: Prepared by legislative auditor’s staff using results from Appendix C. *While all objectives are measurable, many only use the words “reduce” or “serve all recipients” which does not give a specific percentage or target for the agency to obtain.		

Appendix C provides performance information for OAAS and OCDD and detailed results on relevancy.

¹ *Manageware* is published by the state’s Office of Planning and Budget and provides requirements for agencies related to performance measures. The criteria we used to assess relevancy is from this manual.

Another issue that was prevalent in DHH's performance information was that four of its 14 (29%) objectives contained multiple performance aspects and the indicators did not answer all of these aspects. Therefore, the current indicators for these objectives would not allow the agency to fully determine whether it met its objectives.

Recommendation 1: For the seven objectives that are not time-bound, DHH should ensure that objectives contain measurable and specific targets and timeframes to accomplish those targets.

Recommendation 2: For the five objectives that are not aligned with goals, DHH should ensure that its goals can be answered by its objectives.

Recommendation 3: For the three indicators that are not aligned with objectives, DHH should ensure that its objectives can be answered by its indicators.

Recommendation 4: For the one objective that does not include an outcome indicator, DHH should ensure that its indicators include outcome measures that show whether the agency is making progress toward meeting objectives.

Recommendation 5: For the four objectives with multiple performance aspects, DHH should consider developing simpler objectives. If simpler objectives cannot be developed, DHH should ensure that it has an indicator for all aspects of performance mentioned in the objective.

Summary of Management's Response: DHH agrees with all of these recommendations.

Objective 2: Are the performance indicators for OCDD and OAAS reliable?

The reliability of DHH’s performance data varied significantly between the first and second quarters of FY2011. We reviewed and recalculated 21 key performance indicators in each quarter and classified our results into the following categories:

- **Reliable** - Reported performance is accurate within +/- 4% and it appears that controls are in place for collecting and reporting data.
- **Reliable with qualifications** - Reported performance is within +/- 4% but the controls over data collection and reporting are not adequate to ensure continued accuracy.
- **Unreliable** - Reported performance is not within +/- 4%.
- **Reliability undetermined** - Documentation is not available and controls are not adequate to ensure accuracy.

Exhibit 2 summarizes the results of our analysis.

Exhibit 2 Summary of Reliability Results				
Category	1st Quarter	%	2nd Quarter	%
Reliable	6	28.6%	11	52.4%
Reliable with Qualifications	0	0.0%	0	0.0%
Unreliable	2	9.5%	3	14.3%
Cannot Determine	13	61.9%	7	33.3%
Total	21		21	
Source: Prepared by legislative auditor’s staff using reliability results from Appendix D.				

Indicators were not reliable due to miscalculations by the agency, incorrect methodology, and regional offices not following correct protocol. Exhibit 3 summarizes the reasons the indicators were unreliable.

Exhibit 3 Explanation of DHH’s Unreliable Performance Indicators		
OCDD Performance Indicators	Quarter	Explanation
Percentage of persons referred for Single Point of Entry (SPOE) evaluations assessed within the mandated timelines	1 st and 2 nd	Two regional offices were not following correct protocol. According to DHH, the regional offices have been notified and corrective action has taken place to run correct queries used to support indicators.

Exhibit 3 Explanation of DHH’s Unreliable Performance Indicators		
OAAS Performance Indicators	Quarter	Explanation
Average cost per person	2 nd	Errors occurred because of a miscalculation by the agency.
Percentage of investigations completed within established timeframes	1 st and 2 nd	An incorrect methodology was used to calculate this indicator. DHH is averaging percentages instead of a percentage of the total.
Source: Prepared by legislative auditor’s staff using information from our analysis of performance indicators.		

We also found numerous reasons why we could not determine whether some indicators were reliable. Some of these reasons include the following:

- Indicator was generated from a database that produced real-time data only. DHH did not retain source documentation needed to recalculate the indicator value.
- DHH recently received a number of indicators from the Department of Children and Family Services (DCFS) when the program transferred from that agency. However, DHH could not determine how DCFS calculated some of these indicators.
- Indicator was based solely on source documents which in some cases were too voluminous to compile and recalculate.

Recommendation 6: For the “Percentage of persons referred for Single Point of Entry (SPOE) evaluations assessed within the mandated timelines” indicator, DHH should ensure its regional offices are following correct protocol.

Recommendation 7: For the “Average cost per person” indicator, DHH should have a review process in place to ensure the indicator is calculated correctly.

Recommendation 8: For the “Percentage of investigations completed within established timeframes” indicator, DHH should not average percentages when calculating indicator values.

Recommendation 9: DHH should retain source documentation for all indicators to ensure the indicators can be recalculated with accuracy.

Recommendation 10: For the indicators received from DCFS, DHH should determine the correct methodology for those indicators.

Recommendation 11: DHH should review indicator calculations to ensure the indicators were calculated correctly before being reported in the Louisiana Performance Accountability System.

Summary of Management’s Response: DHH agrees with all of these recommendations.

APPENDIX A: AUDIT INITIATION, SCOPE, AND METHODOLOGY

We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. R.S. 39:87.3 (D) (E) directs the Louisiana Legislative Auditor to provide an assessment of state agencies' performance data. To fulfill this requirement, we will periodically examine the relevance and/or the reliability of performance indicators and indicator data for various state agencies. Our audit focused on the relevance and reliability of the performance indicators and indicator data for the Department of Health and Hospitals' (DHH) Office of Aging and Adult Services (OAAS) and Office of Citizens with Developmental Disabilities (OCDD) for the 1st and 2nd quarters of FY2011.

1. Is performance information relevant?
2. Are performance indicators reliable?

We conducted this performance audit in accordance with generally accepted government auditing standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. To answer our objectives, we reviewed internal controls relevant to the audit objectives and performed the following audit steps for each objective:

Objective 1: Is performance information for OCDD and OAAS relevant?

- Conducted background research and a risk assessment, including reviewing state and federal laws relating to performance accountability
- Identified the federal and state legal authority for OAAS and OCDD, including its missions, goals, and objectives
- Reviewed and identified OAAS's and OCDD's performance indicators, mission, goals, and objectives in the Executive Budget Documents of FY2011, as well as its major activities (initiatives)
- Reviewed all 40 OAAS performance indicators of FY2011 for relevancy
- Reviewed all 16 OCDD performance indicators of FY2011 for relevancy
- Interviewed DHH staff and management to determine how they use performance data to make decisions and manage its programs
- Reviewed *Manageware*, the Office of Planning and Budget's guidance documentation on performance indicators

Objective 2: Are performance indicators for OCDD and OAAS reliable?

- Assessed the control structure and reliability for 15 of OAAS's key performance indicators for FY2011. Note: We did not access the reliability of one indicator because it factors in supporting and general indicators. For our reliability work, we reviewed only key performance indicators.
- Assessed the control structure and reliability for six of OCDD's key performance indicators for FY2011.
- Each indicator was classified into one of four different categories:
 - **Reliable** - Reported performance is accurate within +/- 4% and it appears that controls are in place for collecting and reporting data.
 - **Reliable with qualification** - Reported performance is within +/- 4% but the controls over data collection and reporting are not adequate to ensure continued accuracy.
 - **Unreliable** - Reported performance is not within +/- 4%.
 - **Reliability undetermined** - Documentation is not available and controls are not adequate to ensure accuracy.
- Interviewed DHH staff and management on OAAS and OCDD's performance indicators, their processes and calculations, and use of their results
- Conducted an online survey and interviewed management to assess performance indicator input, process, and review controls
- Examined OAAS and OCDD's policies and procedures relating to our audit objectives
- Compared OAAS and OCDD's performance indicators in the Executive Budget Documents to the Louisiana Performance Accountability System (LaPAS)
- Obtained and analyzed performance indicator source data for accuracy and completeness, including database report coding
- Analyzed performance indicator calculation methodology for accuracy
- Recalculated the performance indicators based on established calculation methodology
- Reviewed LaPAS reported results for entry errors
- Assessed performance indicator names and data for clarity
- Calculated the percentage difference between the actual performance and reported performance and if the percentage difference was more than 4%, considered the value to be inaccurate.

APPENDIX B: MANAGEMENT'S RESPONSE



State of Louisiana
Department of Health and Hospitals
Office of Aging and Adult Services

July 21, 2011

Daryl G. Purpera, CPA, CFE
Legislative Auditor
P.O. Box 94397
Baton Rouge, La 70804-9397

Dear Mr. Shawhan:

Please accept this as the Louisiana Department of Health and Hospitals' (DHH) response to the July, 2011 Louisiana Legislative Auditor report regarding the relevance and reliability of performance information for the Department of Health and Hospital's Office of Aging and Adult Services (OAAS) and Office for Citizens with Developmental Disabilities (OCDD).

We appreciate the review of the performance information in these two offices. Many of the performance indicators in question were newly developed and your input is helpful. We agree with your recommendations and we will incorporate them into our performance indicators going forward.

Sincerely,

A handwritten signature in cursive script, appearing to read "Hugh Eley".

Hugh Eley
Assistant Secretary, OAAS

A handwritten signature in cursive script, appearing to read "Julia Kenny".

Julia Kenny
Assistant Secretary, OCDD

HE:jb

APPENDIX C: SUMMARY RESULTS FOR RELEVANCY

OCDD Performance Information - Relevancy Results							
Mission	To effectively implement the Office’s community-based programs in a manner that is responsive to people with developmental disabilities and their families.						
	Performance Information	Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions
Goals	<ol style="list-style-type: none"> To manage the delivery of individualized community-based supports and services through assessment, information/choice, planning, and referral, in a manner that affords opportunities for people with developmental disabilities to achieve their personally defined outcomes in the pursuit of quality of life, well-being and meaningful relationships. To increase community provider capacity through the provision of opportunities for training, technical assistance, and consultation based on the identified needs of people with developmental disabilities. 	N/A	Both are aligned with mission; however, Goal 2 has no objective to measure it.	N/A	N/A	N/A	N/A
Objective 1 and Associated Indicators	<ol style="list-style-type: none"> Through the OCDD Central Office Community Program Development and Management activity, to provide effective/efficient management and delivery of statewide Community Program/Services and Waiver Programs through OCDD’s Central Office supervision to five Regional Community Offices and nine Regional Waiver Units to optimize the use of community-based care while decreasing reliance on more expensive institutional care. 	YES	YES	YES	NO (Time-bound)	YES	N/A

OCDD Performance Information - Relevancy Results							
Mission	To effectively implement the Office’s community-based programs in a manner that is responsive to people with developmental disabilities and their families.						
Performance Information	Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions	
<ul style="list-style-type: none"> a. Number of people on the Request for Services Registry b. Percentage of utilization of all waiver opportunities (slots) which become available through funding allocation or conversion of ICF/DD beds c. Percentage of available state general funding utilized annually for developmental disability community-based services d. Percentage of increase in people reporting an overall improvement in health and safety and/or quality of life post-implementation of the OCDD Guidelines for Planning, electronic Individual Service Plan (ISP), and Support Intensity Scale/Louisiana Plus needs-based assessment tools e. Number of allocated New Opportunities Waiver f. Number of allocated Children's Choice Waiver slots g. Number of allocated Supports Waiver slots h. Number of allocated Residential Options Waiver (ROW) slots 							

OCDD Performance Information - Relevancy Results							
Mission	To effectively implement the Office’s community-based programs in a manner that is responsive to people with developmental disabilities and their families.						
Performance Information	Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions	
Objective 2 and Associated Indicators	1. Through the OCDD Regional Community Programs and Management activity, to provide effective/efficient regional level management and delivery of Community Programs/Services and Waiver Programs through OCDD’s five Regional Community Offices and nine Regional Waiver Units to optimize the use of community-based care while decreasing reliance on more expensive institutional care. <ul style="list-style-type: none"> a. Percentage of persons referred for Single Point of Entry (SPOE) evaluations assessed within the mandated timelines b. Percentage of Individual Support Plans (ISPs) completed for New Opportunities Waiver (NOW) participants utilizing Support Intensity Scale/Louisiana Plus Assessments c. Percentage of available cash subsidy stipends utilized in accordance with the Community and Family Support Act d. Percentage of people surveyed reporting they had overall satisfaction with services received e. Percentage of people surveyed reporting that they had choice in the services they received 	YES	YES	YES	NO (Time-bound)	YES	N/A

OCDD Performance Information - Relevancy Results							
Mission	To effectively implement the Office’s community-based programs in a manner that is responsive to people with developmental disabilities and their families.						
Performance Information	Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions	
Objective 3 and Associated Indicators	1. Through the Early Steps activity, to provide supports to infants and toddlers with disabilities and their families in order to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards. <ul style="list-style-type: none"> a. Percentage of children not requiring special education and related services upon school entry b. Number of children served c. Average cost per child served 	YES	NO, Objective is not aligned with goals.	YES	NO (Time-bound)	YES	The objective measures multiple performance aspects, but the indicators do not measure all aspects.

OAAS Performance Information - Relevancy Results							
Mission	To empower older adults and individuals with disabilities by providing the opportunity to direct their lives and to live in his or her chosen environment with dignity.						
	Performance Information	Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions
Goals	<ol style="list-style-type: none"> To develop alternatives to institutional care. To timely complete investigations of adult abuse, neglect, exploitation and extortion in the community. To assure timely and appropriate admission to nursing facilities. 	N/A	YES	N/A	N/A	N/A	N/A
Objective 1 and Associated Indicators	<p>Through the Elderly and Adults with Disabilities Long-Term Care activity, to "Optimize the use of community-based care while also decreasing reliance on more expensive institutional care" (Better Health Goal, Indicator 1) to meet or exceed national averages for institutional versus community-based spending by 2015.</p> <ol style="list-style-type: none"> Percentage of Medicaid spending for elderly and disabled adult long term care that goes towards community-based services rather than nursing homes Average expenditure per person for community-based long term care as a percentage of the average expenditure per person for nursing home care Percentage of available Healthcare Effectiveness Data Information Set (HEDIS)/Agency for Healthcare Quality (ARHQ) Prevention measures on which Medicaid community-based programs perform the same or better than the Medicaid nursing home program 	YES	YES	YES	YES	YES	The objective has a total of 24 indicators which make it difficult for reader to comprehend.

OAAS Performance Information - Relevancy Results							
Mission	To empower older adults and individuals with disabilities by providing the opportunity to direct their lives and to live in his or her chosen environment with dignity.						
Performance Information	Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions	
4. Program operation cost as a percentage of service cost 5. Percentage change in nursing facility utilization 6. Percentage change in nursing facility spending 7. Number of recipients receiving PCS-LTC 8. Number of recipients whose cost does not exceed average cost of long term care 9. Percentage of recipients whose cost does not exceed average cost of long term care 10. Percent of individuals on ADHC Request for Services Registry who are receiving other HCBS 11. Percent of individuals on EDA Request for Services Registry who are receiving other HCBS 12. Percentage of available ADHC waiver opportunities utilized 13. Percentage of available EDA waiver opportunities utilized 14. Percentage of entry requests completed within established timelines for OAAS access system Note: There are an additional nine output indicators that we did not include here because of space limitations.							

OAAS Performance Information - Relevancy Results							
Mission	To empower older adults and individuals with disabilities by providing the opportunity to direct their lives and to live in his or her chosen environment with dignity.						
Performance Information		Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions
Objective 2 and Associated Indicators	<p>Through the Permanent Supportive Housing activity, by 2013, to stabilize and reduce acute and institutional care for 2,000 high-need elders and adults with disabilities, impacted by hurricanes Katrina and Rita in the Gulf Opportunity (GO) Zone, through the use of PSH individualized in-home supportive services in affordable, community-based housing.</p> <ol style="list-style-type: none"> 1. Percentage of participants who remain stabilized in the community 2. Percentage of participants who obtain a source of or increase in income 	YES	YES	YES	YES	YES	N/A
Objective 3 and Associated Indicators	<p>Through the Elderly and Adults with Disabilities Long-Term Care activity, to expedite access to a flexible array of home- and community-based services in accordance with the Barthelemy Settlement Agreement and through June 30, 2011.</p> <ol style="list-style-type: none"> 1. Number on registry(ies) for OAAS HCBS waivers 2. Percentage on registry(ies) for OAAS HCBS waivers who are receiving other Medicaid LTC 3. Number served in all OAAS HCBS programs 	YES	YES	YES	YES	YES	Since the objective primarily deals with expediting access to home- and community-based services, an indicator for average waiting time for services may be useful.

OAAS Performance Information - Relevancy Results							
Mission	To empower older adults and individuals with disabilities by providing the opportunity to direct their lives and to live in his or her chosen environment with dignity.						
Performance Information		Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions
Objective 4 and Associated Indicators	<p>Through the Independent Living - Community and Family Support and PCA for Adults with Disabilities activity, to enable persons with significant disabilities to function more independently in home, work, and community environments. To serve additional recipients at existing funding in FY11 and to establish a consumer-directed care option to provide more choice and more cost-effective use of funds.</p> <ol style="list-style-type: none"> 1. Percentage of expenditures going to direct services 2. Average cost per person 3. Percentage of consumers rating services as satisfactory 	YES	YES	YES	YES	YES	Since the objective strives to enable persons to function more independently, an indicator that measures that would be useful.
Objective 5 and Associated Indicator	<p>Through the Adult Protective Services activity, to ensure that disabled adults are protected from abuse and neglect by completing investigations within timelines as established in DHH Policy for those investigations.</p> <ol style="list-style-type: none"> 1. Percentage of investigations completed within established timeframes 	YES	YES	YES	NO (Time-bound)	YES	N/A

OAAS Performance Information - Relevancy Results							
Mission	To empower older adults and individuals with disabilities by providing the opportunity to direct their lives and to live in his or her chosen environment with dignity.						
	Performance Information	Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions
Objective 6 and Associated Indicator	Through the Adult Protective Services activity, to complete investigations of assigned reports of abuse, neglect, exploitation, and extortion for disabled adults aged 18 through 59 in accordance with policy; and make appropriate referrals for interventions to remedy substantiated cases; and will follow up to ensure cases are stabilized each year through June 30, 2013. 1. Number of clients served	YES	NO indicator does not align with objective	YES	YES	NO, has input measure only	The objective measures multiple performance aspects, but the indicators do not measure all aspects.
Objective 7 and Associated Indicator	Through the Elderly and Adults with Disabilities Long-Term Care activity, to timely facilitate access to nursing facilities for eligible applicants. 1. Percentage nursing facilities admissions applications determined within established timeframes for OAAS access systems	YES	YES	YES	NO (Time-bound)	YES	N/A
Objective 8 and Associated Indicators	Through the Executive Administration activity, to ensure that OAAS operates in compliance with all legal requirements, that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing long term care services in a sustainable way, reaching/exceeding appropriate national benchmarks by 2015. 1. Percentage of OAAS performance indicators that meet or exceed performance standard 2. Administrative cost as percentage of service cost	YES	NO, objective does not align with goals and one indicator does not align with objective.	YES	YES	YES	The objective measures multiple performance aspects but the indicators do, not measure all aspects.

OAAS Performance Information - Relevancy Results							
Mission	To empower older adults and individuals with disabilities by providing the opportunity to direct their lives and to live in his or her chosen environment with dignity.						
	Performance Information	Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions
Objective 9 and Associated Indicators	<p>Through the Executive Administration activity, to implement an integrated IT system to support Long-Term Care system access, quality enhancement, and accountability.</p> <ol style="list-style-type: none"> Percentage of in-house and contracted OAAS IT systems that improve on the federal Medicaid Information Technology Architecture (MITA) maturity scale 	YES	NO, objective does not align with goals.	YES	NO (Time-bound)	YES	Since the objective aims to implement an integrated IT system, an indicator related to implementation would be useful.
Objective 10 and Associated Indicators	<p>Through the Elderly and Adults with Disabilities Long-Term Care activity, to implement a comprehensive, data-driven quality management system consistent with the Centers for Medicare and Medicaid Services (CMS) Quality Framework.</p> <ol style="list-style-type: none"> Percentage of identified quality indicators for which data is available Number of cases assigned to investigators (statewide) 	YES	NO, objective does not align with goals, and one indicator does not align with objective.	YES	NO (Time-bound)	YES	Since the objective aims to implement a quality management system, an indicator related to implementation would be useful.

OAAS Performance Information - Relevancy Results							
Mission	To empower older adults and individuals with disabilities by providing the opportunity to direct their lives and to live in his or her chosen environment with dignity.						
Performance Information		Legal Authority	Aligned	Easy to Understand	Measurable and Time-bound (Objectives only)	Has Outcome Measure (Indicators only)	Other Issues and Suggestions
Objective 11 and Associated Indicators	<p>Through the Traumatic Head and Spinal Cord Injury Trust Fund activity, in Fiscal Year 2011, to maintain independence and improve quality of life for survivors of traumatic brain and/or spinal cord injury who receive services through the Traumatic Brain Injury Trust Fund and to serve as many as possible at the current level of funding via improved mission alignment and the opportunity to coordinate and leverage funds through the transfer of the program to the DHH Office of Aging and Adult Services.</p> <p>1. Percent of consumers who maintain independence as a result of services</p>	YES	NO, objective is not aligned with goals.	YES	YES	YES	The objective measures multiple performance aspects, but the indicators do not measure all aspects.

This page is intentionally blank.

APPENDIX D: OVERVIEW OF PERFORMANCE INDICATOR RELIABILITY

OCDD Indicators	Amount entered in LaPAS 1 st Quarter	Amount entered in LaPAS 2 nd Quarter	Our Calculation 1 st Quarter	Our Calculation 2 nd Quarter	1 st Quarter Variance	2 nd Quarter Variance	Assessment 1 st Quarter	Assessment 2 nd Quarter	Explanation
Number of people on the Request for Services Registry	9838	10080	9924	10080	.9%	0.0%	Reliable	Reliable	N/A
Percentage of utilization of all waiver opportunities (slots) which become available through funding allocation or conversion of ICF/DD beds	82.0%	87.0%	83.0%	85.0%	1.2%	-2.3%	Reliable	Reliable	N/A
Percentage of available state general funding utilized annually for developmental disability community-based services	58.7%	80.0%	N/A	82.5%	N/A	3.1%	Could Not Determine	Reliable	The agency did not retain the source documentation needed to recalculate the indicator value.
Percentage of increase in people reporting an overall improvement in health and safety and/or quality of life post-implementation of the OCDD Guidelines for Planning, electronic Individual Service Plan (ISP), and Support Intensity Scale/Louisiana Plus	0.0%	0.0%	N/A	N/A	N/A	N/A	Could Not Determine	Could Not Determine	The agency is in the process of implementing a new system and it is not currently reporting data for this indicator.
Percentage of persons referred for Single Point of Entry (SPOE) evaluations assessed within the mandated timelines	91.2%	80.0%	83.0%	73.0%	-9.0%	-8.8%	Unreliable	Unreliable	Errors occurred because regional offices were not following protocol.

RELIABILITY AND RELEVANCE OF PERFORMANCE INFORMATION

OCDD Indicators	Amount entered in LaPAS 1 st Quarter	Amount entered in LaPAS 2 nd Quarter	Our Calculation 1 st Quarter	Our Calculation 2 nd Quarter	1 st Quarter Variance	2 nd Quarter Variance	Assessment 1 st Quarter	Assessment 2 nd Quarter	Explanation
Percentage of children not requiring special education and related services upon school entry	34.0%	37.0%	N/A	N/A	N/A	N/A	Could Not Determine	Could Not Determine	This indicator is calculated using real-time data that is calculated at one point in time.

OAS Indicators	Amount entered in LaPAS 1 st Quarter	Amount entered in LaPAS 2 nd Quarter	Our Calculation 1 st Quarter	Our Calculation 2 nd Quarter	1 st Quarter Variance	2 nd Quarter Variance	Assessment 1 st Quarter	Assessment 2 nd Quarter	Explanation
Percentage of Medicaid spending for elderly and disabled adult long term care that goes towards community-based services rather than nursing homes	28.0%	25.3%	28.2%	25.3%	0.6%	0.2%	Reliable	Reliable	N/A
Average expenditure per person for community-based long term care as a percentage of the average expenditure per person for nursing home care	54.0%	48.8%	54.8%	48.8%	1.5%	0.0%	Reliable	Reliable	N/A
Percentage of available Healthcare Effectiveness Data Information Set (HEDIS)/Agency for Healthcare Quality (ARHQ) Prevention measures on which Medicaid community-based programs perform the same or better than the Medicaid nursing home program	100.0%	100.0%	N/A	N/A	N/A	N/A	Could Not Determine	Could Not Determine	We are unable to calculate this indicator because it is a national indicator with a three-year lag time. This indicator has no new data since 2007.

OAAS Indicators	Amount entered in LaPAS 1 st Quarter	Amount entered in LaPAS 2 nd Quarter	Our Calculation 1 st Quarter	Our Calculation 2 nd Quarter	1 st Quarter Variance	2 nd Quarter Variance	Assessment 1 st Quarter	Assessment 2 nd Quarter	Explanation
Percentage of participants who remain stabilized in the community	94.0%	98.4%	N/A	98.5%	N/A	0.1%	Could Not Determine	Reliable	The OAAS contact for these indicators was not involved in the first quarter calculations.
Percentage of participants who obtain a source of or increase in income	7.6%	6.3%	N/A	6.3%	N/A	-0.2%	Could Not Determine	Reliable	
Number on registry(ies) for OAAS HCBS waivers	19,707	19,346	19,707	19,346	0.0%	0.0%	Reliable	Reliable	N/A
Percentage on registry(ies) for OAAS HCBS waivers who are receiving other Medicaid LTC	30.0%	28.9%	N/A	28.9%	N/A	0.0%	Could Not Determine	Reliable	This indicator is calculated using real-time data that is calculated at one point in time.
Percentage of expenditures going to direct services	90.0%	77.0%	N/A	77.3%	N/A	0.3%	Could not determine	Reliable	This indicator came from DCFS for first quarter and DHH does not know how it calculated this indicator.
Average cost per person	\$17,283.00	\$4,734.00	N/A	\$5,083.25	N/A	7.4%	Could Not Determine	Unreliable	This indicator came from DCFS for first quarter and DHH does not know how it calculated this indicator. The second quarter is unreliable because of a miscalculation by the agency.

RELIABILITY AND RELEVANCE OF PERFORMANCE INFORMATION

OAAS Indicators	Amount entered in LaPAS 1 st Quarter	Amount entered in LaPAS 2 nd Quarter	Our Calculation 1 st Quarter	Our Calculation 2 nd Quarter	1 st Quarter Variance	2 nd Quarter Variance	Assessment 1 st Quarter	Assessment 2 nd Quarter	Explanation
Percentage of consumers rating services as satisfactory	90.0%	0.0%	N/A	N/A	N/A	N/A	Could Not Determine	Could Not Determine	DHH did not conduct any customer satisfaction surveys for the first two quarters.
Percentage of investigations completed within established timeframes	89.0%	82.1%	79.3%	73.9%	-10.9%	-9.9%	Unreliable	Unreliable	Incorrect methodology was used to calculate indicator.
Number of clients served	848	1456	N/A	N/A	N/A	N/A	Could Not Determine	Could Not Determine	This indicator is calculated using real-time data that is calculated at one point in time.
Percentage nursing facilities admissions applications determined within established timeframes for OAAS access systems	100.0%	90.0%	N/A	N/A	N/A	N/A	Could Not Determine	Could Not Determine	This indicator was calculated manually from 9,000 applications; because of time constraints, we did not recalculate.
Administrative cost as percentage of service cost	0.2%	0.2%	N/A	N/A	N/A	N/A	Could Not Determine	Could Not Determine	This indicator is calculated using real-time data that is calculated at one point in time.
Percent of consumers who maintain independence as a result of services	100.0%	100.0%	100.0%	99.3%	0.0%	-0.7%	Reliable	Reliable	N/A