

**New Hampshire Department of Health and Human Services.
Monitoring and Tracking Guidelines for ServiceLink Contractors**



In addition to the Program and Financial Data Reporting Schedule, the Department will monitor the Contractor’s compliance with the contract requirements using the monitoring and tracking guidelines in the table below.

The following table identifies a number of metrics Contractors will be required to monitor and track during the contract period. The table below is not limited to the data listed below. Identified below is a sample of the data to be monitored and the metrics or data sources. Additionally, Contract evaluation results will be used to shape future contracting requirements as well as shared with policy makers.

The metrics (data sources) by which this information will be captured includes but is not limited to: DHHS Quality Management Review activities, Contract site review, Refer7, Consumer Satisfaction Survey, SHIPNPR, SIRS, and other State of NH and ServiceLink developed templates and systems. The Department reserves the right to modify and update these Monitoring and Tracking Guidelines.

The Contractor shall, upon request of the Department, provide all or some of the metrics to the Department within two (2) working days and in a format or form provided by the Department.

The Contractor shall monitor and track the following metrics:

Criteria	Metrics (data sources)
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of unduplicated individuals served	Refer7
Number of customer satisfaction surveys sent (annual)	Customized Report
Number and percent of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in (annual)	Customized Report
Number and percent of AIRS certified staff	Customized Report
Number of contacts (annual)	Refer7
Staff follows policies and procedures for the ServiceLink Network Refer7 system, and other DHHS supported systems, such as but not limited to, New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits (annual)	Refer7
Number of follow ups performed (annual)	Refer7
Number and percent of contact and client types by type (as defined by BEAS)	Refer7
Number and percent of referrals made for services not provided by the SLRC (annual)	Refer7
Number of 'unmet need' provisions documented (annual)	Refer7



Options Counseling (OC) and Person Centered Transition Support	
SLRC adheres to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual level feedback documenting their personal experience,

Criteria	Metrics (data sources)
Number and percent of staff who provide Options Counseling are Nationally Certified	documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, measured through DHHS Quality Reviews, consumer satisfaction surveys, customized reports, and Refer7.
Number and percent of individuals that report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	
Number and percent of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	
Number and percent of individuals to have had the opportunity to self-direct their services and supports	
Number and percent of individuals who report they have made optimal use of their own private resources and their informal support systems	
Number of unduplicated individuals served	Refer7
Number and percent of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number and percent of Options Counseling assessments conducted (annual)	Refer 7
Number of developed action plans (annual)	Refer 7
Number of partnerships with major pathways that has been established.	Customized Report
Number and percent of individuals receiving eligibility coordination (annual)	Refer 7
Number and percent of screenings for public programs performed	Refer7
Number and percent of Medicaid appointments scheduled by the SLRC	New Heights

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NH Family Caregiver Support Program	
Number of unduplicated individuals served	Refer7
Number and percent of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted y (six-week session = 1) (annual)	Customized Report
Number of other caregiver specific training sessions conducted (annual)	Customized Report
Number and percent of community outreach/information sessions conducted (annual)	Customized Report
Number and percent of individuals who received Title III-E respite services (annual)	Customized Report, Refer7
Number and percent of caregiver support group meetings held in the community by the SLRC staff (annual)	Customized Report
Number of support group meetings; average number of attendees at support group meetings	Customized Report
Number and percent of family caregivers who receive I&R (access assistance) (annually)	Refer7
Number and percent of one-on-one counseling sessions	Refer7
Number and percent of in-person Options Counseling	Refer7
Criteria	Metrics (data sources)
assessments of the family caregiver needs completed (annual)	
State Health Insurance Assistance Program (SHIP)	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of unduplicated individuals served	Refer7
Number and percent of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the SLRC Region.	Customized Report/Refer7
Number and percent of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 1,000 Medicare beneficiaries in SLRC Region.	Customized Report/Refer7
Number and percent of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more), in person office, in person home per 1,000 Medicare beneficiaries in SLRC Region.	Customized Report/Refer7

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Number and percent of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the SLRC Region.	Refer 7
Number and percent of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the SLRC Region.	Refer 7
Number and percent of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the SLRC Region.	Refer 7
Number and percent of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the SLRC Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Number of unduplicated individuals served.	Refer7
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program.	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SIRS reporting system, OIG monitoring elements, and ACL's performances.	Work plan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SIRS database.	