

The logo consists of a red square with the letters 'TN' in white, serif font. Below the red square is a thin blue horizontal bar.

TN

Compliance Isn't Quality:

Building an Authentic Quality Framework
in Managed Long-Term Services and
Supports Programs

TM

Who We Are

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Our Focus

- **The MLTSS Provider Network**
 - HCBS Providers
- **The people receiving services and supports**
 - Yes, their health and safety, but more importantly, **their lives** (choice and decision making, opportunities for integrated employment, relationships and community membership, rights, respect and dignity, and how their services and supports help them achieve those things)
- **The people who support them –**
 - Direct support professionals (DSPs)



Context: Managed Care System in Tennessee

- TennCare managed care demonstration began in 1994
- Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (1.4 million) in managed care since 1994 (including individuals with I/DD)
- Three health plans (MCOs) operating statewide
- Physical/behavioral health integrated beginning in 2007
- Managed LTSS began with the CHOICES program in 2010
 - Older adults and adults with physical disabilities *only*
 - LTSS (3 Section 1915(c) waivers and ICF/IID services) for individuals with I/DD carved out (people carved in for physical/behavioral health services)
 - **New MLTSS program for individuals with I/DD began July 1, 2016:
*Employment and Community First CHOICES***

Legacy LTSS System for People with ID in TN

- 3 longstanding Section 1915(c) waivers
 - Statewide HCBS/Comprehensive Aggregate Cap/Self-Determination Waivers
- ~ \$700 million annual 1915(c) expenditures for ~7,800 people
- All large State ICF/IID facilities now closed
- Significant system-wide impact from decades-long federal de-institutionalization lawsuits
 - High per person cost of services (twice the national average); yet individual outcomes don't match
 - Prescribed, intensive staffing ratios supplant natural supports and typical opportunities for independence/community involvement
 - Extensive focus on “protection from harm” inadvertently restricts individual freedoms, opportunities for growth and “dignity of risk”
 - Incrementally greater number – and more restrictive – policies and rules
 - Expansive *definitions* of abuse, neglect, exploitation
 - Critical incident and “Quality” assurance processes viewed as policing by providers, focused on establishing blame/fault rather than learning culture

Quality Monitoring in Legacy System

- QM approach encompasses **compliance** with federal waiver assurances and provider manual/contract requirements across 10 domains
- Also embeds CQL basic personal outcome and basic assurance indicators
- Intensive onsite survey; significant focus on document review
- “Findings” versus “opportunities for improvement”
- Performance ratings belie focus on compliance rather than quality:
 - SC= Substantial Compliance
 - PC= Partial Compliance
 - MC= Minimal Compliance
 - NC= Noncompliance

Compliance Isn't Quality

- Following the rules is **not** enough to excel at the game.



No Penalties



Does Not Equal



Touchdowns

What is Compliance in MLTSS Programs?

- Meeting contractual requirements
- All providers in a network must be **compliant** to remain in the network in good standing
- Compliance is really a **minimum standard**, not a sign of quality performance and outcomes

How is Compliance Ensured in MLTSS Programs?

- Ensuring compliance is the responsibility of the contract holder: the Managed Care Organization
- Ensuring compliance is primarily a function of credentialing and **re-credentialing** and ongoing provider monitoring in a managed care environment

Are Compliance Standards Focused on Quality?

- Typically no...
- States are loathe to add compliance requirements they are not sure most all providers can immediately meet
- Failing to meet compliance standards means a provider cannot be contracted with the State, MCO, etc.
- No state wants to do things that may limit what is perceived to be an already limited provider network

Traditional Quality Monitoring

- We are weary of playing the never ending game of “Gotcha!” with the providers (they are tired of it too)
- Policing providers is not consistent with the learning culture necessary for continuous quality improvement
- Too much focus on following rules undermines critical thinking
- Providers, including direct support professionals, don’t understand *why* they are doing things, other than because it’s a rule, because “*they have to*”
- Providers and in turn their staff are hesitant (even fearful) of being truly person-centered for fear of being found “*non-compliant*”

Definition of Insanity

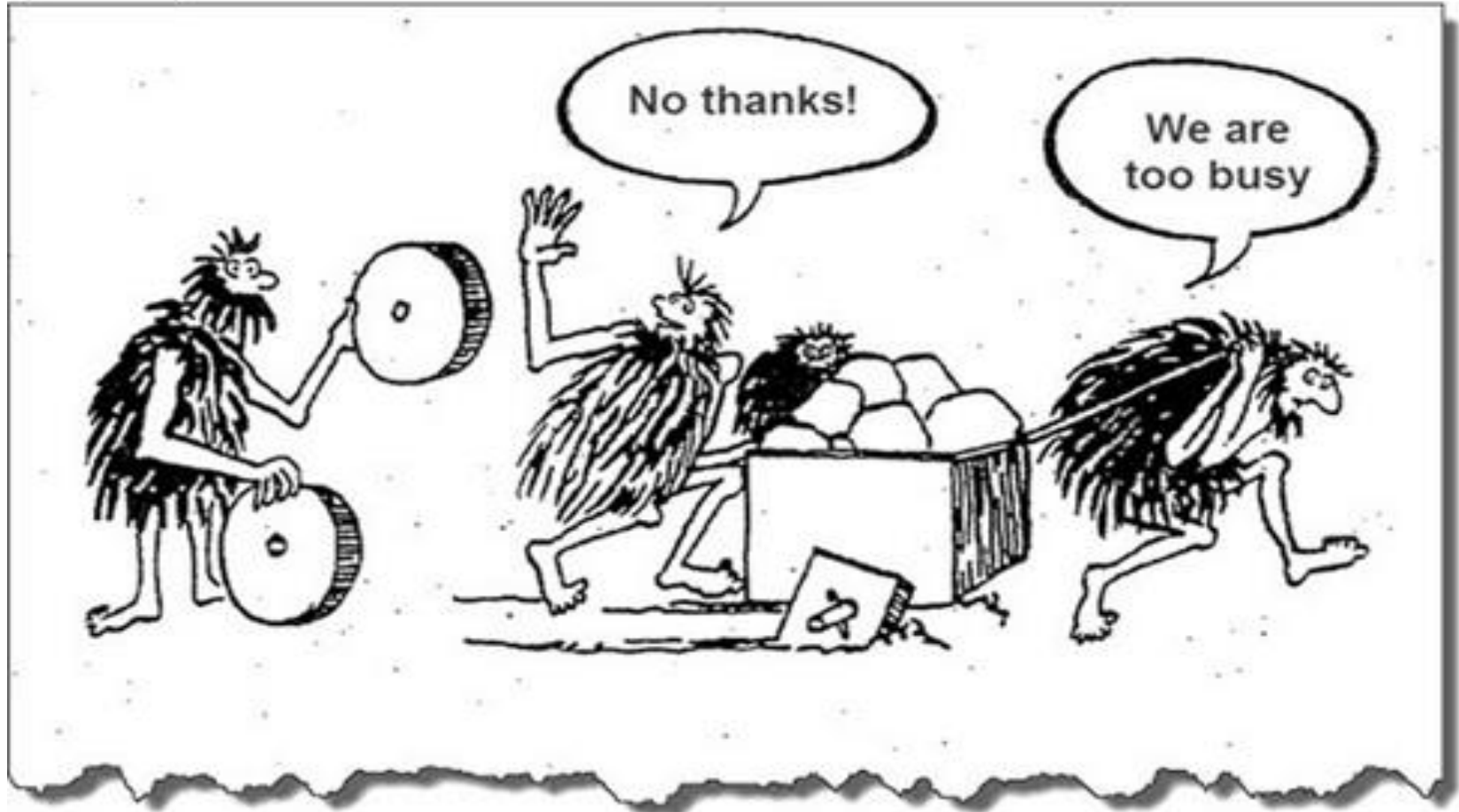
- Doing same thing, time after time, and expecting (BUT NEVER GETTING) a different result
- If monitoring compliance must be done in perpetuity in order to ensure compliance, are our monitoring efforts really working?
- How much is the “any willing provider” requirement in traditional HCBS programs driving the typical approach?

Million Dollar Questions

- How do we incentivize and build **real quality** among MLTSS service providers?
- Do the things we are measuring really matter to the people we serve?
Are they making a positive difference in anyone's life?
 - If not, why are we measuring them?
- **Why isn't quality monitoring focused on QUALITY?**



The Biggest Barrier to Changes that Make Sense



Distinguishing Quality from Compliance

- A quality provider is one that performs above minimum compliance requirements
- Some providers will be high flyers
- It's important that the MCO (and in turn, members) can identify which providers are more than compliant
- Goal to make quality monitoring about QUALITY and keep compliance monitoring as part of re-credentialing and MCO ongoing contract oversight & management

MLTSS Quality Monitoring

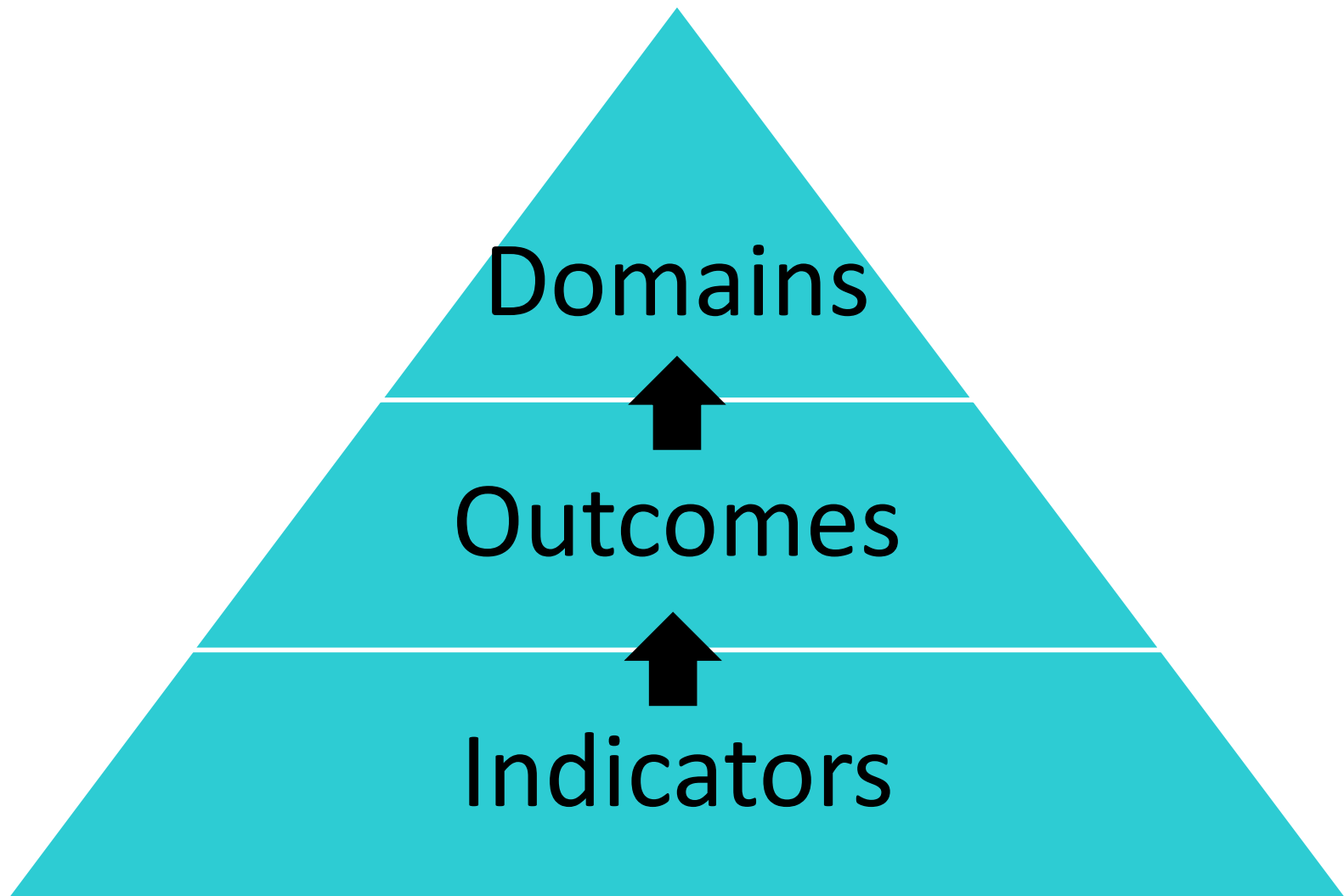
Designed to determine a provider's status:

1. Is the provider performing in a way that makes them a “preferred provider”?
2. Among providers performing as “preferred providers”, how does one particular provider stack up against all other preferred providers?

An Important Distinction

- MCOs use “Preferred **Contracting** Standards” (established by TennCare) when selecting providers for the network.
- Quality Monitoring focuses on “Preferred **Performance** Standards” when evaluating providers in the network.
- Ongoing provider status will be based on performance.

MLTSS Quality Monitoring Evaluation & Scoring



MLTSS Quality Monitoring Tool

- Outcomes defined under each Domain:
 - Standard outcomes
 - Exemplary practice outcomes

Developing Outcome Statements for Each Domain

- **If we know what compliance means:**
 - What would represent quality performance that is **above** compliance?
 - What would represent **exemplary** quality performance that is **above** compliance?

Weighting to be Used in Scoring Quality Surveys

Domain	Total # of Outcomes	Standard Outcomes	Exemplary Outcomes	Given Greatest Weight in Overall Score
Access & Orientation for Services	6	3	3	
PCSP Implementation & Support Delivery	9	7	2	✓
Choice & Decision Making	5	3	2	
Opportunities for Integrated Work	5	3	2	✓
Relationships & Community Membership	4	3	1	✓
Rights, Respect, Dignity	5	4	1	
Health	6	5	1	
Safety & Security	6	5	1	
Direct Support Staff	5	4	1	✓

Actual Weighting Used: Maximum Overall Score = 100

Domain	Total # of Outcomes	Standard Outcomes	Exemplary Outcomes	Maximum Score Possible
Access & Orientation for Services	6	3	3	6
PCSP Implementation & Support Delivery	9	7	2	16
Choice & Decision Making	5	3	2	10
Opportunities for Integrated Work	5	3	2	15
Relationships & Community Membership	4	3	1	15
Rights, Respect, Dignity	5	4	1	8
Health	6	5	1	8
Safety & Security	6	5	1	8
Direct Support Staff	5	4	1	14

MLTSS Quality Surveys: Four (4) Possible Performance Levels Based on Overall Score

Overall Performance Levels
Best
Better than Good
Good
OK

Note: All performance levels are above compliance.

Overall Score & Corresponding Performance Level

Overall Score (Range: 0-100)	OK	Good	Better Than Good	Best
<i>Preferred Provider Status (Effective from first Annual Survey)</i>	No	Preferred	Highly Preferred	Most Preferred
Consultative Survey (Score does not effect preferred provider status)	0-25*	26-50	51-75	76+
Annual Survey (Years 1-2)	0-30	31-60	61-80	81+
Annual Survey (Year 3 & onward)	TBD	TBD	TBD	TBD

*This score expects provider to develop and submit a Quality Improvement Plan to their MCO(s) in response to the survey. The provider's implementation of this plan is monitored by the MCO(s) with training or technical assistance provided as needed. The goal is to ensure that the provider achieves at least a "Good" score on their first Annual Survey.

Annual Survey Scores

- Will be publicly available
 - MCOs will include on provider scorecards along with the preferred provider status based on the Annual Survey score
 - MCOs will publish scores on their websites (or link to published scores on state agency website)

Lessons Learned

- **Quality vs Compliance**

- Designed to measure quality **above** minimum compliance standards
 - Highest quality providers will be expected to demonstrate strong policies and related strategies that are being appropriately and consistently implemented by all staff, for all people receiving services, **with quality outcomes** resulting for those served
 - Designed to encourage and assist providers to engage in continuous quality improvement
- Scoring Methodology
 - Anticipate average Consultative Survey score between 26-50, out of possible 100, with Performance Level of “Good”
 - New program/services/quality indicators – **will and should** take time to **achieve highest quality**

Lessons Learned

- **Set Clear Expectations**

- Involve MCOs, providers, and people receiving services and their families in the process of creating approach
- Evaluation of quality should be consistently carried out
 - Ensure interrater reliability (across survey teams and regions)
- Training
 - Approach is different from typical methods of monitoring compliance such as credentialing and re-credentialing, or program/financial audits
 - Consultative (Initial) Survey Process to help surveyors, providers, and MCOs learn and offer feedback to TennCare
 - Set appropriate expectations for scoring
- Administrative burden on providers
 - Consider other quality/compliance assessments when scheduling

Lessons Learned

- **Process**

- Include a process for notifying people receiving services and their families of QM process and interview/observation
- **Ensure most time focused on people, not paper and policy**
 - Collect and archive policies that meet expectations (don't recheck)
 - Reduce time spent on policy review and increase time spent exploring implementation and impact on people receiving services
- Quality assessment takes time
 - Policy review
 - Interviews with administrators and direct support staff
 - Interviews with people receiving services
 - Interviews with families, conservators, MCO support coordinators, provider relations staff
 - Observation of service provision
 - Conciliation and finalizing report
- Expect MCO participation in the process, even if 3rd party conducting the quality surveys on their behalf

Lessons Learned

- **Quality Tool**

- Design indicators/guidance so quality can be measured both before and after implementation of a policy in practice
 - Still want to assess and offer feedback on policy and planned process/approach, before evidence of implementation may be available
- Exemplary Practice
 - Include highest quality standards, even though not all providers will want, or be able, to achieve them
- Language is important
 - “Opportunity for improvement” rather than “finding” or “issue” or “problem”
 - Also point out quality successes
 - Share quality policies and practices across network (with permission of providers being highlighted)

Lessons Learned

- **System Change**

- Continued focus on person-centered thinking, **helping people have meaningful and fulfilling lives**, and the role “dignity of risk” plays in this
 - Traditional systems, too focused on safety, protection and supervision, may cause initial resistance to some of the state’s goals for MLTSS, including how quality is defined for the provider network
- Natural link to HCBS Settings Rule
 - Quality Monitoring Process is a useful tool to **move providers beyond compliance focus** to implementing true spirit and intent of the HCBS Settings Rule
 - Goals and intent of HCBS Settings Rule well aligned with how quality needs to be defined and measured in MLTSS

Questions?

