



rtc on home and community
based services outcome
measurement

ICI

INSTITUTE *on*
COMMUNITY
INTEGRATION



UNIVERSITY OF MINNESOTA
Driven to Discover™

RRTC/OM Partners and Funding

- Primary partners
 - University of Minnesota – Institute on Community Integration
 - Temple University
 - University of California–San Francisco
 - The Ohio State University
 - Lurie Institute Brandeis University
- Funded by
 - National Institute on Disability, Independent Living and Rehabilitation Research NIDILRR

RRTC/OM Project Phases

- **Phase 1:** Soliciting broad stakeholder input – NQF Measurement Framework
- **Phase 2:** Gap analysis – NQF Measurement Framework & Current Instruments
- **Phase 3:** Identification of high quality/fidelity implementation data practices
- **Phase 4:** Refinement and development of measures (cognitive testing & piloting)
- **Phase 5:** Ascertaining Reliability, Validity & Sensitivity to Change of Measures
- **Phase 6:** Identification & testing of risk adjusters

Measure Development Goals Based on...

- Ability to elicit data:
 - For individuals with a variety of disabilities
 - Utility at different levels...
 - Federal
 - State
 - Provider
 - Individual
 - For different stakeholder groups
 - That is “actionable.”

Person Centered Measures

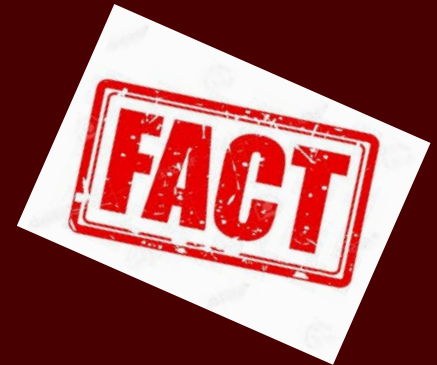
- Balance what is important...
 - **For** the person &
 - **To** the person

These can often be very different things



Types of Measures

- What is important *for* the person...
 - Can typically be measured by questions that focus on
 - Directly observable
 - *Factual* information



Types of Measures

- What is important **to** the person...
 - Cannot typically be measured only by questions that focus on factual information
 - Must be ***person-centered***



What is a Person Centered Measure?

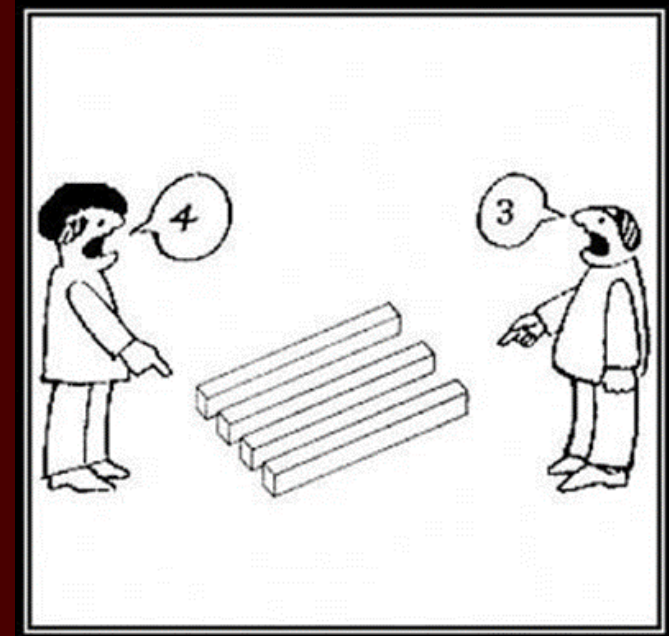
- Person with a disability
 - Is the respondent
 - Expresses a preference, desire, a need, want and/or whether those have been met (*Do you currently work the number of hours you desire? Do you like working there?*)
 - A degree of satisfaction or feeling/emotional state (*Do you have as many opportunities as you want to do the things you like to do in the community?*)



What is a Person Centered Measure (item)?

On social issues... "There is NO Truth, only Perception."

"Perception is what we believe... reality is what we experience."



Person Centered Choice & Control Item

- **Domain: Choice & Control**
- Tell me about what you do in your free time?
 - Is what you do in your free time important for you to have control over
 - How much control do you have over what you do in your free time?
 - Is this amount of control...
not enough/about right/too much



Why are Person-Centered Items Important?

- HCBS supports are intended to facilitate people achieving personally desire life outcomes
 - What's important **for** AND **to** a person
- Person centered measures have higher social validity
- They respect the voice and preferences of persons with disabilities
- They are consistent with the HCBS final rule

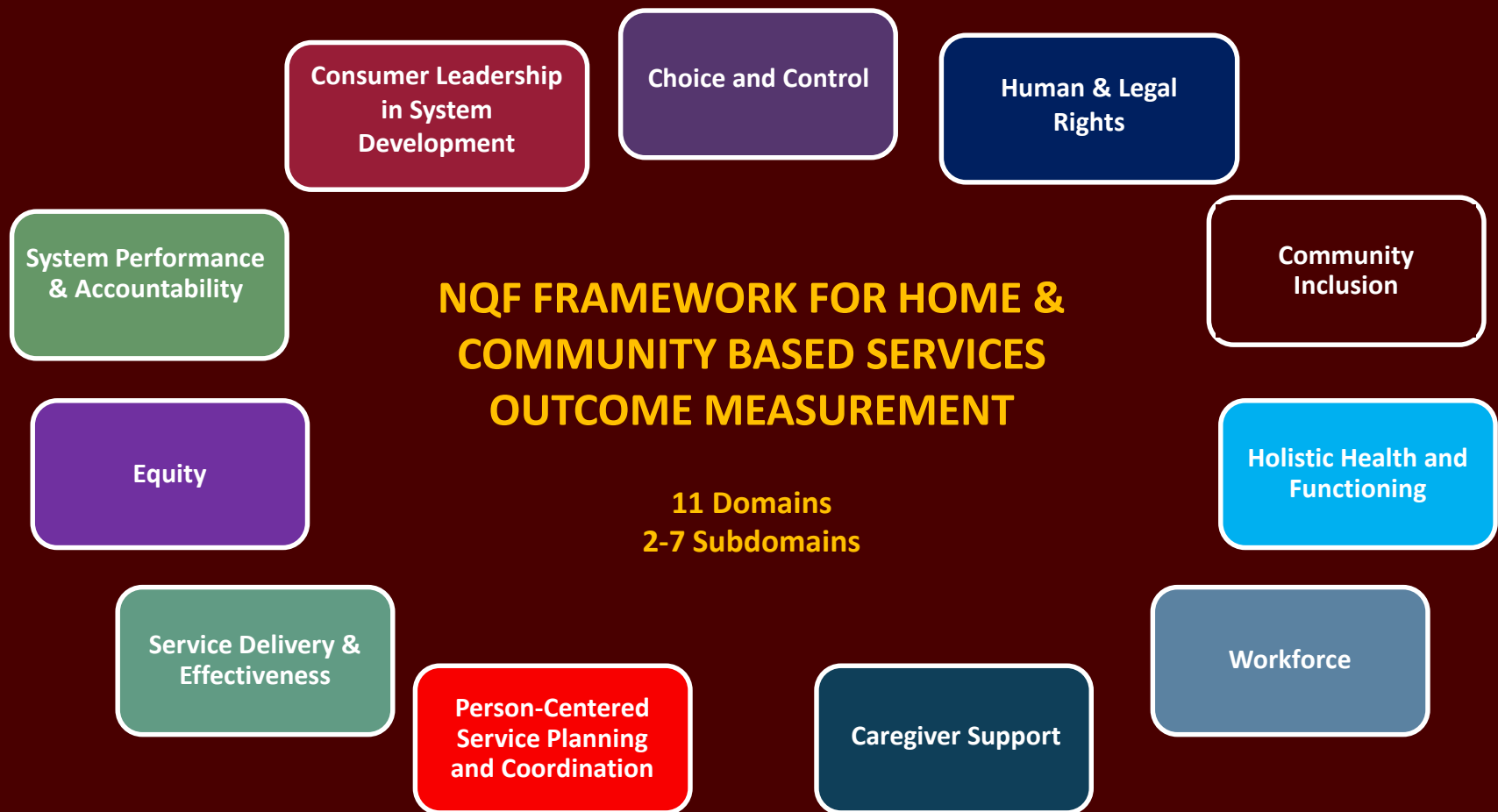


Purpose of Phase 1

- Stakeholder input for NQF Framework
 - Persons with disabilities
 - Family members
 - Providers
 - Program administrators
- Disability populations:
 - ID/DD, PD, TBI, MH, AR



National Quality Forum Framework



PPDM Priority Ratings for NQF Domains

	Domain	M	SE
Above Average	Person-Centered Service Planning and Coordination	94.9	0.62
	Service Delivery and Effectiveness	94.9	0.60
	Choice and Control*^T	94.9	0.59
	Human and Legal Rights*^{PT}	94.5	0.56
Average	Workforce	92.8	0.89
	Equity	92.6	0.70
	Holistic Health and Functioning*^T	91.9	0.67
	Community Inclusion*^P	91.5	0.69
Below Average	System Performance and Accountability	89.8	0.98
	Consumer Leadership in System Development	89.3	0.87
	Caregiver Support	89.0	0.92

Note: n = 277; * = group difference; P = disability population group difference; T = stakeholder type group difference

Phase 1-Takeaways

- Content validation of the NQF framework
 - Several modifications (Employment, Meaningful Activities, Transportation as separate domains/subdomains)
 - Demonstrated that the framework may apply differently to various disability populations
 - Some differences in how stakeholders viewed the importance of domains
 - See webinar on RTCOM website for more details

Phase 2: Gap Analysis Method and Results

- Over 148 assessments/instruments across the 5 target populations were coded
- 8,931 items coded across all surveys
 - Items coded into domains / subdomains
 - Based on NQF framework (Final revision)
 - Items were coded by two research assistants for reliability
- 10,124 codes were assigned to items

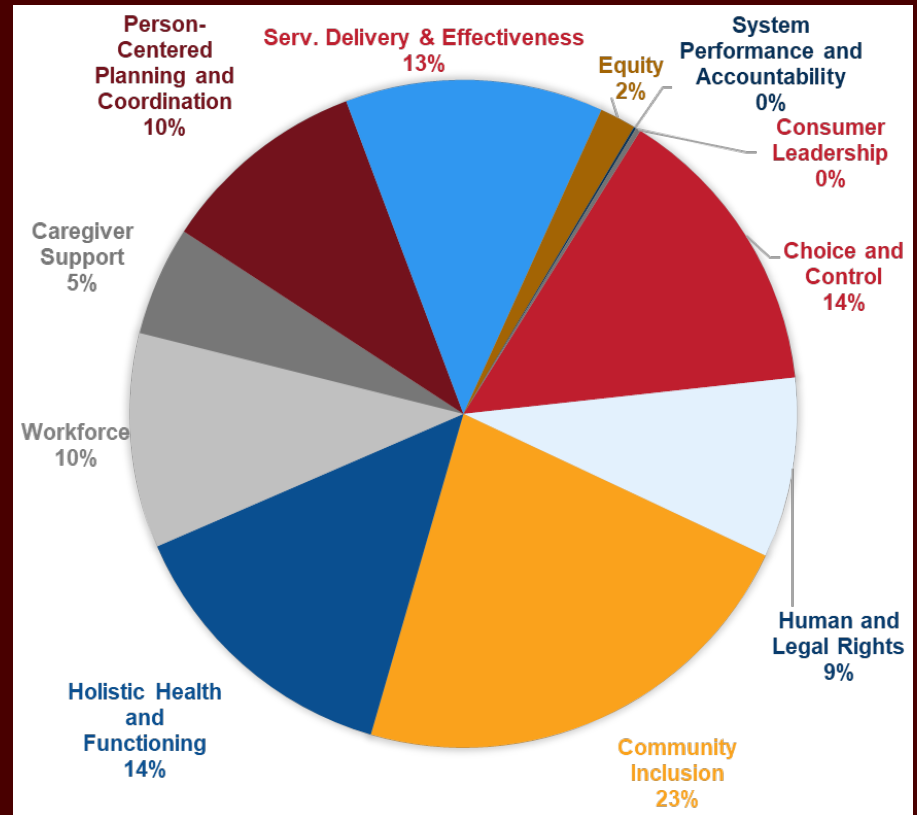


How well are we Measuring Person Centered Outcomes?

- Total # of coded items = 8,958
- Overall percentage of person-centered items = 24.1%
- Tremendous variation among measures
- What are we measuring?
 - Much more likely to be measuring what's others think is important **for** the person rather than what is important **to** them.
 - EX: **Community Inclusion**: How many times has the person gone shopping, to a movie, out to eat, to a recreational event...in the past month

How Well are We Covering NQF Domains?

Instrument	Codes
Community Inclusion	972
Choice and Control	621
Holistic Health and Functioning	606
Service Delivery and Effectiveness	540
Workforce	449
Person-Centered Planning and Coordination	436
Human and Legal Rights	377
Caregiver Support	229
Equity	76
Consumer Leadership in System Development	10
System Performance and Accountability	5



Phase 4: Measure Development - Prioritized Areas

- ***Choice & Control:***
 - Personal Choices & Goals
 - Choice of Services & Supports
 - Self-Direction
- ***Community Inclusion:***
 - Transportation
 - Meaningful Activity
 - Social Connectedness
- ***Employment***
 - Currently employed
 - Not employed looking for work
 - Not seeking employment
- ***Human/Legal Rights***



Methodology: Iterative process

Step 1: Measurement domains prioritized based on input of stakeholders.

Step 2: Guiding questions (claim statements) developed based on the specific policy and practice related questions we wanted measures to be able to answer?) ✓

Step 3: Blueprints created for measure concepts ✓

- Conceptual basis for measure concept
- Importance of Concept
- Guiding Questions
- Operational definition of Construct
- Measure Concept Specification
- Item Development Process
- Measure Administration

Step 4: Item development ✓

Step 5: Cognitive testing ✓

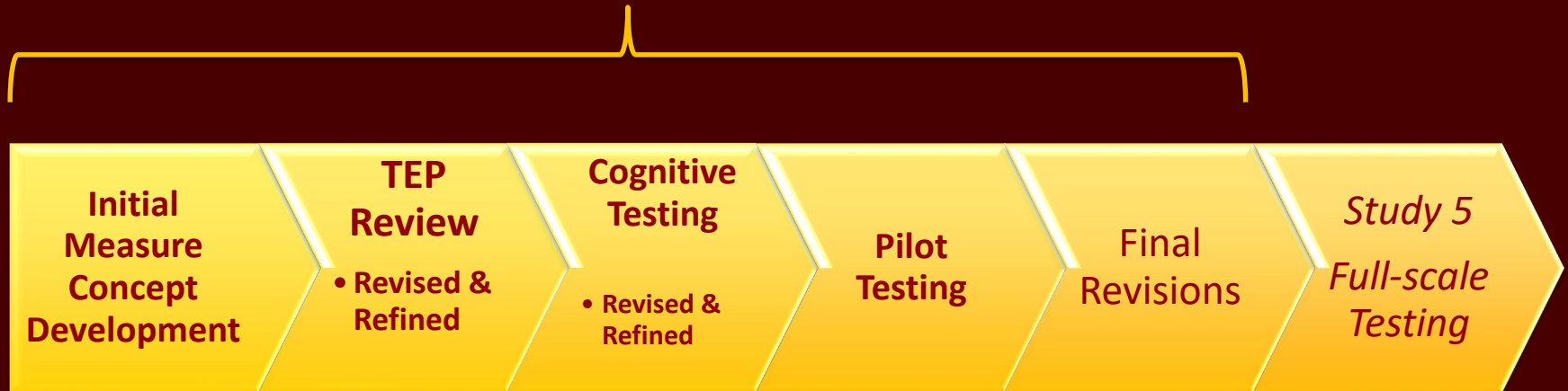
Step 6: Piloting ✓

Step 7: Field-testing



Measure Revision and Refinement Process

Iterative process



Phase 5: Ascertaining Psychometric Quality of Measure Constructs

- Multi-state investigation of psychometric properties of prioritized HCBS measure constructs based on previous RTC/OM studies including:
 - **Reliability** (*inter-rater, test-retest, inter-source, internal consistency*)
 - **Validity** (*concurrent, predictive, discriminant, content, construct, inter-source*)
 - **Measure discrimination**
 - **Sensitivity to change**
- Stratified random sample of 1,000 individuals (16+ years) receiving HCBS drawn from the target populations with PD, IDD, TBI, MH challenges, and ARD



Wrap Up

Questions, Comments?
Thank you!

As always please contact us with your ideas and questions!

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Renata Ticha: tich0018@umn.edu

HCBS Quality Part 1: Recent Advancements in HCBS Quality Measure Development



*Melanie Brown, Center for Medicaid
& CHIP Services*

Michael Corrothers, Westat

*Shawn Terrell, Administration for
Community Living*

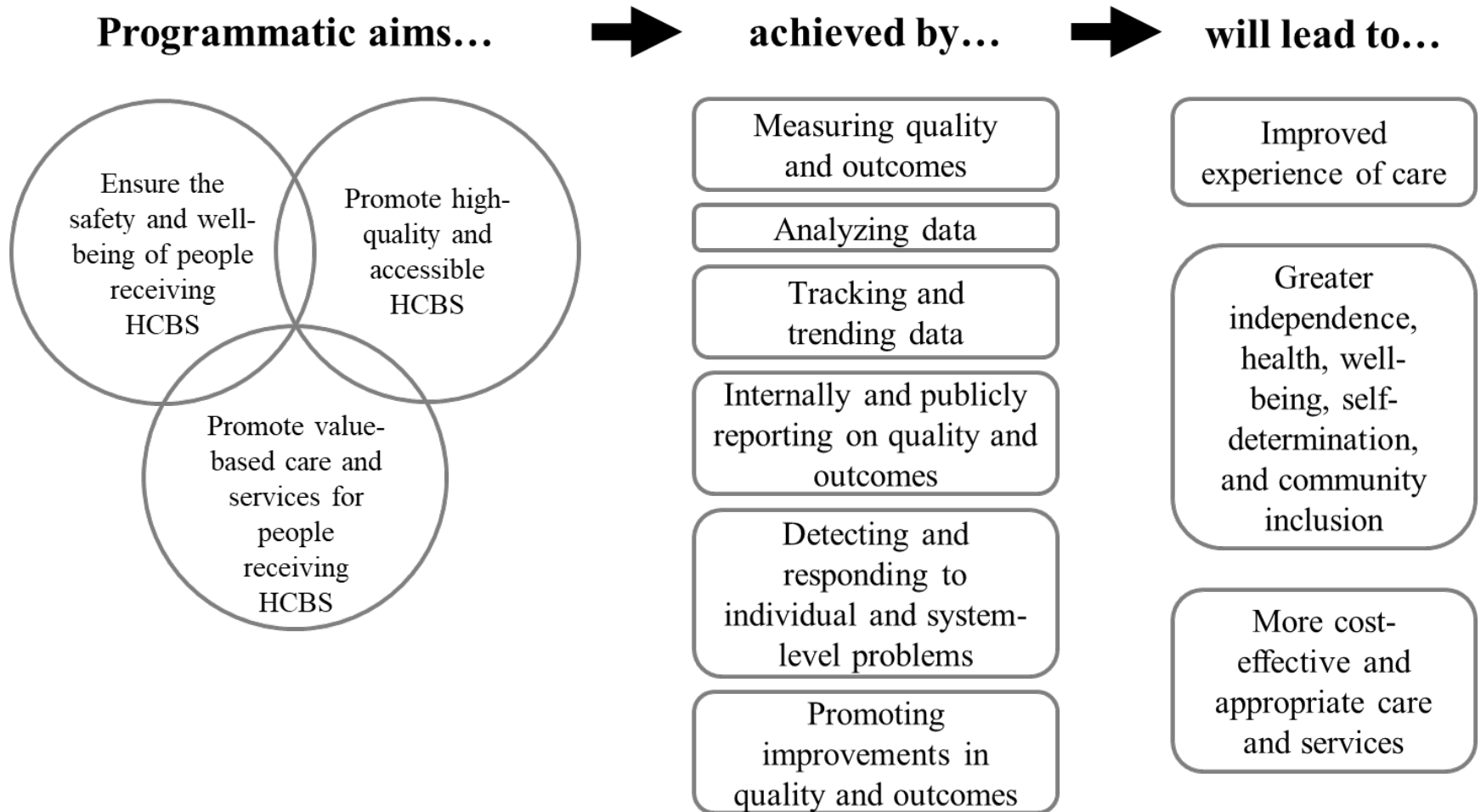
*Brian Abery, University of
Minnesota*

Agenda

Session Purpose

- Describe current and recent federal efforts to address gaps in HCBS quality measurement
- Share information on new HCBS quality measures that are being developed and tested through these efforts
- Questions and Discussion

HCBS Quality Framework



HCBS Quality Strategy Elements

1. Promote development and use of standardized, validated, and meaningful quality measures.
2. Align, coordinate, and address gaps in federal and state measurement, reporting, and monitoring requirements, activities, and systems.
3. Develop, implement, and support use and availability of a comprehensive set of quality improvement, quality assurance, and technical assistance strategies, activities, and tools.
4. Improve oversight and enforcement, address gaps in regulations and oversight/enforcement, and better support states to comply with federal regulations, policies, and guidance.
5. Support development, testing, and implementation of value-based purchasing and alternative payment models.

HCBS Quality Initiatives: FASI

- Functional Assessment Standardized Items (FASI)
- A set of standardized person-centered assessment items that measure functional ability and need for assistance
 - Aligned with federally standardized items for measuring function in the Medicare program and adapted for the LTSS population
 - Self-care activities (e.g., eating, dressing)
 - Mobility activities (e.g., bed mobility and transfers, ambulation, wheelchair use)
 - Additional items specific to long-term services and supports (LTSS) needs
 - Instrumental Activities of Daily Living (IADLs) (e.g., making a light meal, answering the telephone)
 - Need for caregiver assistance
 - Personal goals related to functioning

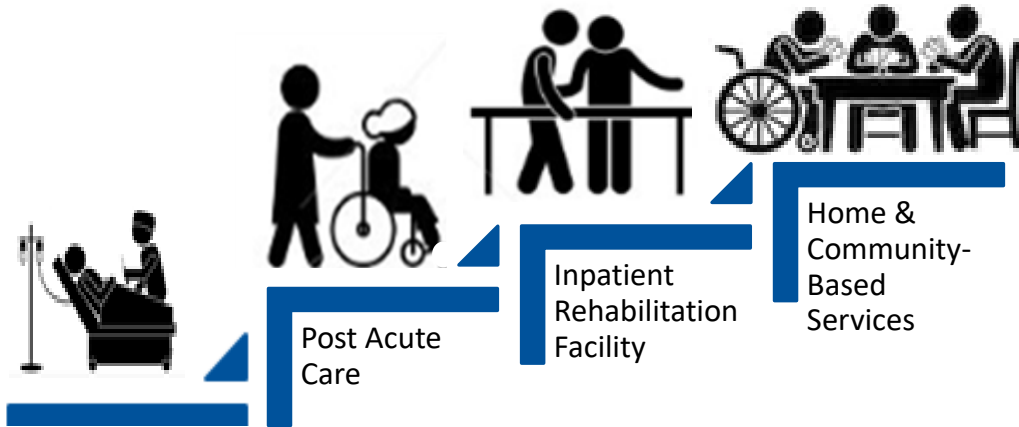
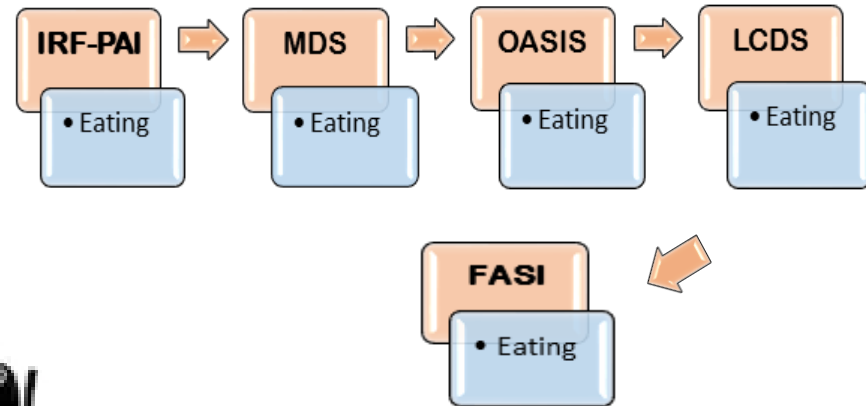
FASI Performance Measures

- Two standardized measures to assess and compare state or program performance related to person-centered planning
 - Percentage of individuals **18 years or older** who received community-based LTSS with **documented needs determined by a FASI** AND who have **identified at least 3 personal priorities** related to self-care, mobility, or IADL functional needs within the reporting period
 - Percentage of individuals **18 years or older** who received community-based LTSS with **documented functional needs as determined by the FASI assessment** AND documentation of a **comprehensive person-centered service plan that addressed identified functional needs** within the reporting period

FASI USE CASE The Data Elements Library

Standardization and Interoperability
Standardized, Interoperable, Reusable EHR Data: Supports CMS and Multiple Other Users' Needs

The Data Elements Library is the centralized resource for CMS assessment instrument data elements (e.g., questions, responses) and their associated health information technology (IT) standards.
<https://del.cms.gov/DELWeb/pubHome>



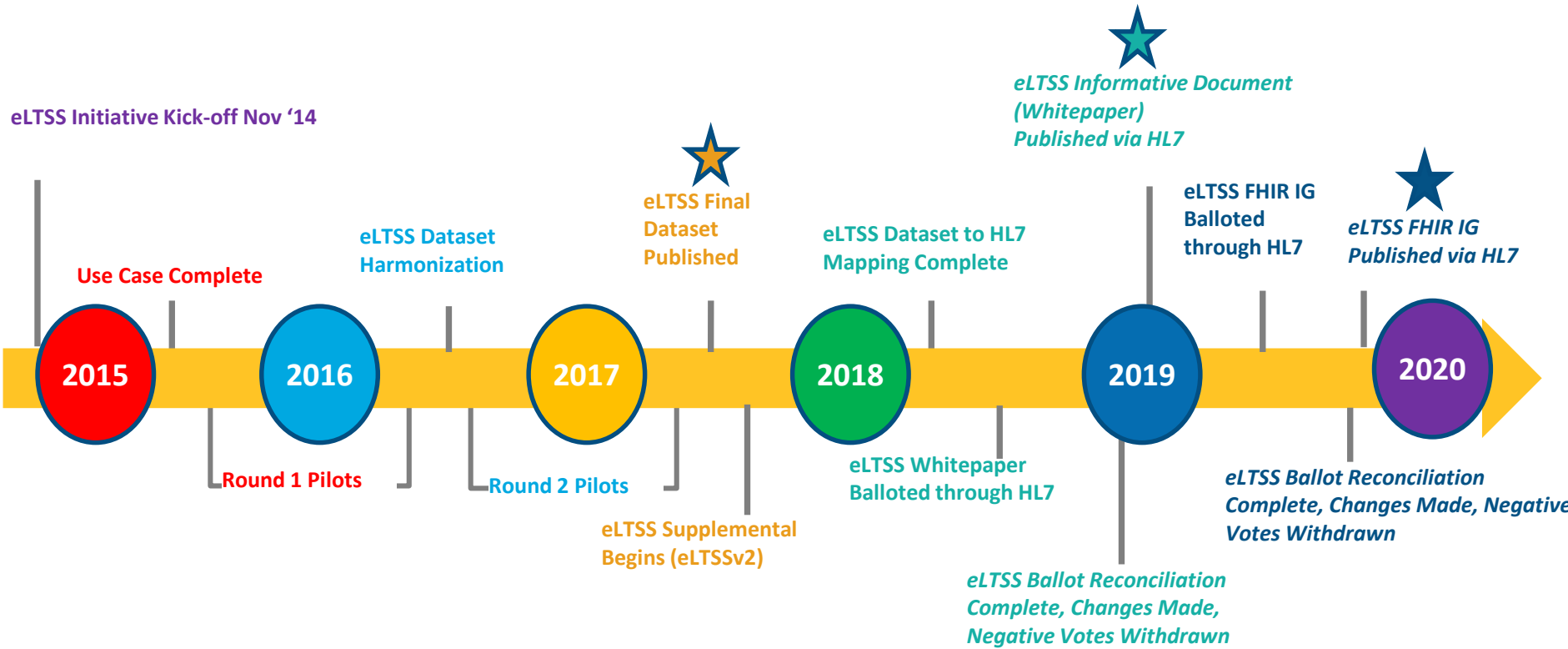
Data Follows the Person

Performance Level Enter Codes in Boxes		
A Usual	B Most Dependent	
<input type="checkbox"/>	<input type="checkbox"/>	6a. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
<input type="checkbox"/>	<input type="checkbox"/>	6b. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]

HCBS Quality Initiatives: eLTSS

- Launched in November 2014 as a **joint quality project** between CMS and ONC.
- Driven by the requirements of the CMS Testing Experience and Functional Tools (TEFT) in Medicaid community-based long term services & supports (LTSS) Planning and Demonstration Grant Program.
 - **6 of 9** TEFT grantees participate in the eLTSS component of TEFT:
CO, CT, GA, KY, MD, MN
- Supports CMS Requirements for Person-Centered Service Plans (PCSPs) as defined within the 2014 HCBS Final Rule.

Timeline



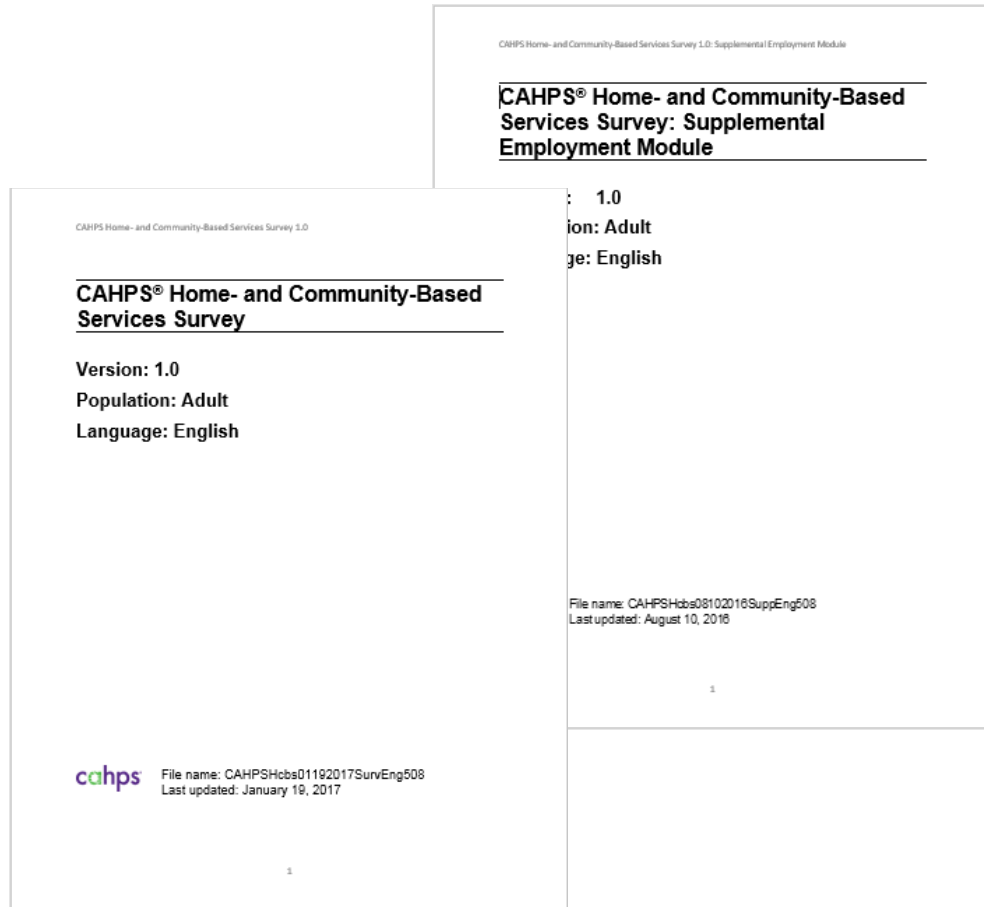
* *Italics text = future proposed dates (subject to change)*

HCBS Quality Initiatives: HCBS CAHPS® Survey

- Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey
- Cross-disability consumer experience survey for eliciting feedback from beneficiaries receiving Medicaid HCBS services and supports
 - Focus on participant experience, not satisfaction
- Allows for comparisons across programs serving different target populations
 - Individuals who are frail elderly
 - Individuals with a physical disability
 - Individuals with an intellectual or developmental disability
 - Individuals with a brain injury
 - Individuals with a serious mental illness

HCBS CAHPS® Survey Instruments

- Core instrument
- Supplemental employment module
- English and Spanish versions of both
- Available publicly on Medicaid.gov



HCBS Quality Initiatives: NQF Endorsed Measures

- 19 NQF endorsed HCBS measures (NQF#2967)
 - Derived from the HCBS CAHPS[®] Survey
 - Consist of 7 composite measures, 3 global ratings, 3 recommendation measures, and 6 single-item measures (5 unmet need and 1 physical safety)
 - Fully endorsed for inclusion in the core measurement sets for Medicaid adults and for dual-eligible beneficiaries



CAHPS Home and Community-Based Services Survey Database

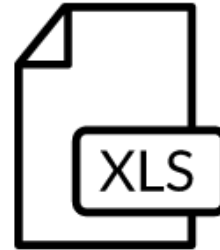
CAHPS Database Overview

- Central repository of data for selected CAHPS surveys
 - ▶ CAHPS Health Plan (HP) Survey
 - ▶ CAHPS Clinician & Group (CG) Survey
 - ▶ **NEW**: CAHPS Home and Community-Based Services (HCBS) Survey
- Two major applications:
 - ▶ Program-level data to assess patient experiences
 - ▶ De-identified data for research
- Participation is voluntary and open to all users
- Funded by AHRQ and administered by Westat through CAHPS User Network

CAHPS Database Products



Online Reporting System (ORS):
View, print, and download data reports



Private Feedback Reports: Compare your results to the Database average



Chartbook:
Displays summary-level Database results



Research Datasets:
De-Identified data files that can help answer researcher questions related to patient experience of care

- Collaborative initiative between AHRQ and Centers for Medicare & Medicaid Services (CMS)
- Will facilitate comparisons of HCBS CAHPS survey findings by individual states and HCBS program types
- Participation is free and open to all states on a voluntary basis
- Expected to be operational in early 2020

Benefits of Participation

- Private Feedback Report:
 - ▶ **Receive a customized report** that compares your state and individual program type results to overall HCBS-CAHPS DB results
 - ▶ Report will include case-mix adjusted tests of statistical differences for each composite measure and question
- Assistance in using other reporting products:
 - ▶ Online reporting system -- aggregated HCBS results
 - ▶ Chartbooks
- Research Database:
 - ▶ Contribute to a new research database for HCBS-CAHPS

Example Private Excel Report

	A	B	C	D	E	F	G
1	Adult 1.0 with Employment Module Combined Report for State A						
2			Question 35: Rating of Personal Assistance and Behavioral Health Staff				
3	Agency ▼	Program ▼	Valid Responses	0-6	7-8	9-10	Significance Test
4	2020 HCBS-CAHPS Database Average		358,351	5%	15%	80%	2
5	State A	Overall	17,338	4%	12%	84%	2
6	Dept. of Aging	Frail Elderly Program	37	8%	19%	73%	2
7	Dept. of Mental Health	Mental Health Services Program	209	1%	7%	92%	3
8	Dept. of Health and Human Services	Physical Disability Assistance Program	177	12%	23%	65%	1
9	Dept. of Health and Human Services	TBI Program	185	4%	11%	85%	2
10	Dept. of Health and Human Services	IDD Program	209	7%	17%	76%	1

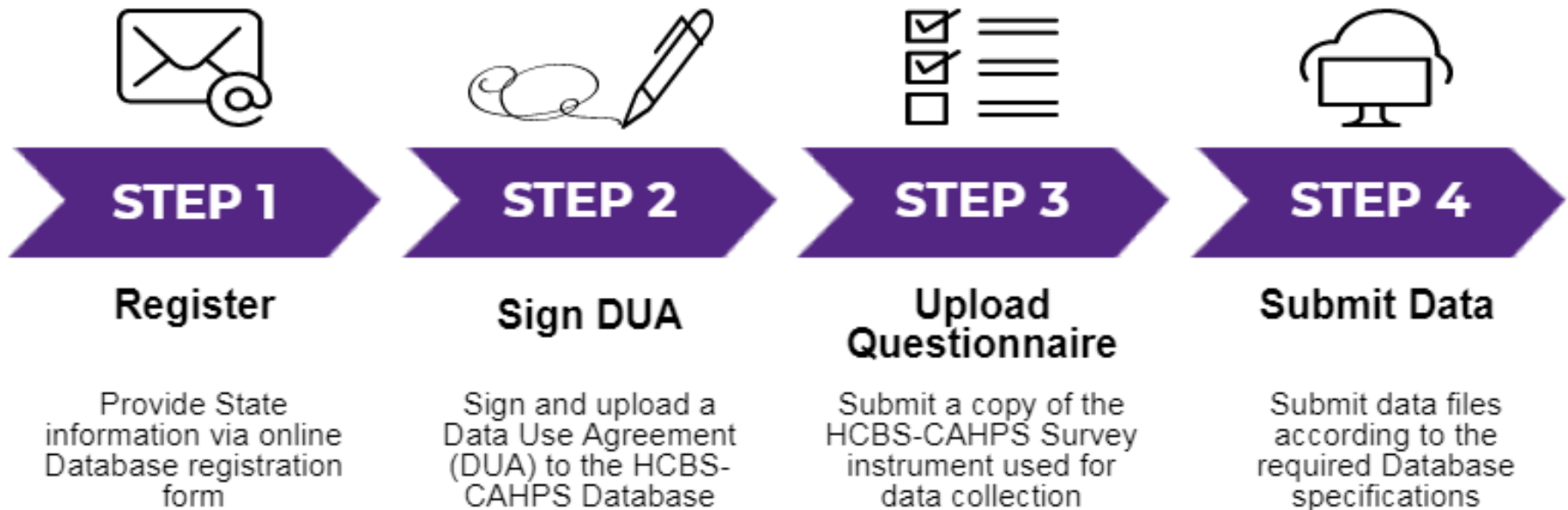
Online Reporting System Display

2020 Adult HCBS Survey 1.0 Overall Top Box Scores

Global Ratings Measures	HCBS DB Overall
Global Rating of Personal Assistance and Behavioral Health Staff	67%
Global Rating of Homemaker	77%
Global Rating of Case Manager	87%
Recommendation Measures	HCBS DB Overall
Recommendation of Personal Assistance and Behavioral Health Staff	88%
Recommendation of Homemaker	79%
Recommendation of Case Manager	80%
Composite/Item	HCBS DB Overall
Staff are reliable and helpful	67%
Staff come to work on time	68%
Staff work as long as they are supposed to	73%
Someone tells you if staff cannot come	60%
Staff make sure you have enough privacy for dressing, showering, bathing	68%
Homemakers come to work on time	73%
Homemakers work as long as they are supposed to	60%

Submitting Data

- The CAHPS Database Online Submission System opens once a year to receive data collected during the previous year.
- Organizations interested in submitting data complete four easy steps:



Data Confidentiality

HCBS programs can be assured that their data are kept confidential and no identifying information is ever made available.

Questions?

Contact the HCBS-CAHPS Database



E-mail: HCBSCAHPSDatabase@westat.com



Phone: 855-580-4657

Questions and Discussion

THANK YOU!

Thank you for attending.