



MODERNIZING CONGREGATE SETTINGS FOR A PERSON-CENTERED WORLD

Damon Terzaghi
Senior Director, NASUAD
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Introductions



2

- Damon Terzaghi, Senior Director of Medicaid Policy and Planning - NASUAD
- Rachel Shands, Policy Integration Manager – Minnesota Department of Human Services
- Jason Gerling, Associate Director – Navigant Consulting

NASUAD Overview



3

- National association that represents state agencies providing LTSS and other services and supports to older adults and people with disabilities
 - 56 members (50 states, District of Columbia, 5 territories)
- Led by a board of directors comprised of state agency officials
- Provides direct technical assistance, research, regulatory and policy analysis to states
- Facilitates state-to-state information sharing via teleconferences/webinars, e-mail surveys, policy committees, and national conferences
- Educates and advocates for state agency interests in front of Congress and the Federal government

NASUAD's Study Methodology

4

- National review adult day services (ADS) policy and oversight
- Review of NASUAD national survey of state agencies and ADS providers administered in fall of 2017:
 - ▣ Questions included items around promoting community integration and facilitating person-centered supports
- Review of national quality measurement strategies and data elements
- Review of selected state's ADS regulatory framework & policy
- Consideration of observations from Navigant's stakeholder engagement activities performed as part of this project
- Email and/or phone follow-up with specific providers, state officials, and association representatives

Adult Day Services: Basic Framework

- Two core ADS models in place nationally:
 - ▣ Adult day health
 - ▣ Adult day social
- Oftentimes, state regulations create a distinction between health and social models of ADS
 - ▣ In many cases, adult day health programs are required to have the same basic supports as social programs, with additional availability of medical (primarily nursing) supports.
- Some states do not have clear distinction between health and social; however, they may require higher levels of medical supports and/or staff ratios for centers serving individuals with higher needs.

ADS vs ADH Example from Washington State

6

- State regulations make a clear distinction between the social model of adult day and the health model of care, but jointly regulate the providers under the same section of the code
- Requires that adult day health providers must cover all of the supports included in the adult day care regulations, as well as the following:
 - ▣ Skilled nursing services other than routine health monitoring with nurse consultation; or
 - ▣ At least one of the following skilled therapy services: physical therapy, occupational therapy, or speech-language pathology or audiology, as defined under chapters 18.74, 18.59 and 18.35 RCW; and
 - ▣ Psychological or counseling services, including assessing for psychosocial therapy need, dementia, abuse or neglect, and alcohol or drug abuse; making appropriate referrals; and providing brief, intermittent supportive counseling. These services are provided by social services professionals.

See: [WAC 388-71-0701 through 388-71-0776](#)

Trouble on the Horizon?

7

- A 2018-2019 survey of state agencies found that, despite demographics increasing individuals seeking LTSS, several states saw decreased demand for certain services
- The top 3 services with states reporting decreased demand were all delivered in *congregate* settings

Rank	State Reported Services with Decreased Demand	Total Number of States Selecting
1	Congregate Meals	17
2	Adult Day Social Services	10
3	Adult Day Health Services	9

Basic Question:

8

- ***How do congregate settings fit into the framework of HCBS/LTSS that are delivered in person centered, individualized ways?***
- The 2014 HCBS final rule's integration mandate created new regulatory requirements for integration, but it was a reflection of the already changing preferences and demands of populations accessing LTSS
 - ▣ i.e.: even without the rule, states would need to take a critical look at their service offerings

Quality Measurement and Personal Experience

- Quality measures can help establish benchmarks for both health and social outcomes
- In HCBS, quality/outcomes measures are often person-based and focus on survey data and include:
 - ▣ Quality of life measures
 - ▣ Access to care
 - ▣ Member satisfaction
- Other measures look at institutional vs. HCBS placements, timeliness of care plans, and adverse incidents such as falls
- Personalized outcomes as well as health outcomes help balance the dual purpose of LTSS

HCBS-Related Quality Measures



10

Organization	Quality Measures / Initiative
Centers for Medicare and Medicaid Services (CMS)	HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS)
NASUAD	National Core Indicators for Aging and Disability Services (NCI-AD)
National Association of State Directors of Developmental Disabilities Services (NASDDDS)	National Core Indicators (NCI)
Administration for Community Living (ACL) – Research Center on Outcomes Measures	Performance Measurement Outcomes Project
Managed Long-Term Services and Supports (MLTSS) Health Plan Association	Model LTSS Performance Measurement and Network Adequacy Standards for States
National Adult Day Services Association (NADSA)	Task Force on Outcomes Levels of Practice and Measures

CMS Workgroup on HCBS Outcomes



11

- In 2019, CMS engaged in a process with state agencies and associations to establish a core set of voluntary measures related to HCBS/LTSS
- Discussions include framing the measures using the National Quality Forum's eleven HCBS quality domains (https://www.qualityforum.org/Measuring_HCBS_Quality.aspx)

Service Delivery and Effectiveness	Person-Centered Planning and Coordination
Choice and Control	Community Inclusion
Caregiver Support	Workforce
Human and Legal Rights	Equity
Holistic Health and Functioning	System Performance and Accountability
Consumer Leadership in System Development	

Where do Congregate Centers fit In?

- Framework to consider: What do ADS & other congregate providers do well and how can they demonstrate value and outcomes?
 - LTSS rebalancing
 - Family/caregiver support and respite
 - Cognitive functioning and memory care
 - Self-management
 - Community integration/socialization
 - Therapies
 - Medication management
 - Access to other services (i.e. dental)
- Where do congregate settings provide holistic supports, and where are they a component of a broader array of services promoting community integration?

Key Takeaways

13

- Quality measurement in LTSS is hard
- Ongoing development of LTSS measures is likely to continue through the future
 - ▣ Some standardization may occur but much will remain state-driven – both in terms of developing their own measures and/or selecting which measures or tools to use
- State agencies, providers, and stakeholders can collaborate to determine the intended outcomes of congregate settings and develop core measures for the providers

Closing Thoughts

- ADS are fairly unique in the way that they provide both social and health related services:
 - ▣ This service model is extremely valuable to many older adults and people with complex health conditions.
 - ▣ However, the model creates challenges with clearly articulating the desired outcomes.
 - ▣ Similarly, the center-based nature of the model may result in some barriers to community living that should be addressed through strong person-centered practices.
- There are limited “best practices” for overall service delivery; however, there are promising practices, innovations, and ideas that can be emulated and modified to improve participant supports and person-centered practices.
- Proactively articulating the desired outcomes and the strategies to achieve these outcomes can help the providers and states agree on:
 - ▣ Regulatory framework
 - ▣ Service requirements
 - ▣ Outcomes measures



Minnesota's Experience Considering Quality within Adult Day Services

Rachel Shands, Policy Integration Manager

The backdrop: why DHS initiated a study

- HCBS settings rule fundamentally changed aspects of adult day services and how it will function in the future
- Growth in adult day services utilization and spending
- Meeting the needs of a more diverse population of older adults
- HCBS providers sought rate increases from the legislature
- Federal HHS Office of Inspector General conducted a review of MN adult day centers (report released 5/30/18)


2017 legislative direction

2017 legislation directed Minnesota Department of Human Services to study adult day services, as part of a larger rate reform package

DHS shall:

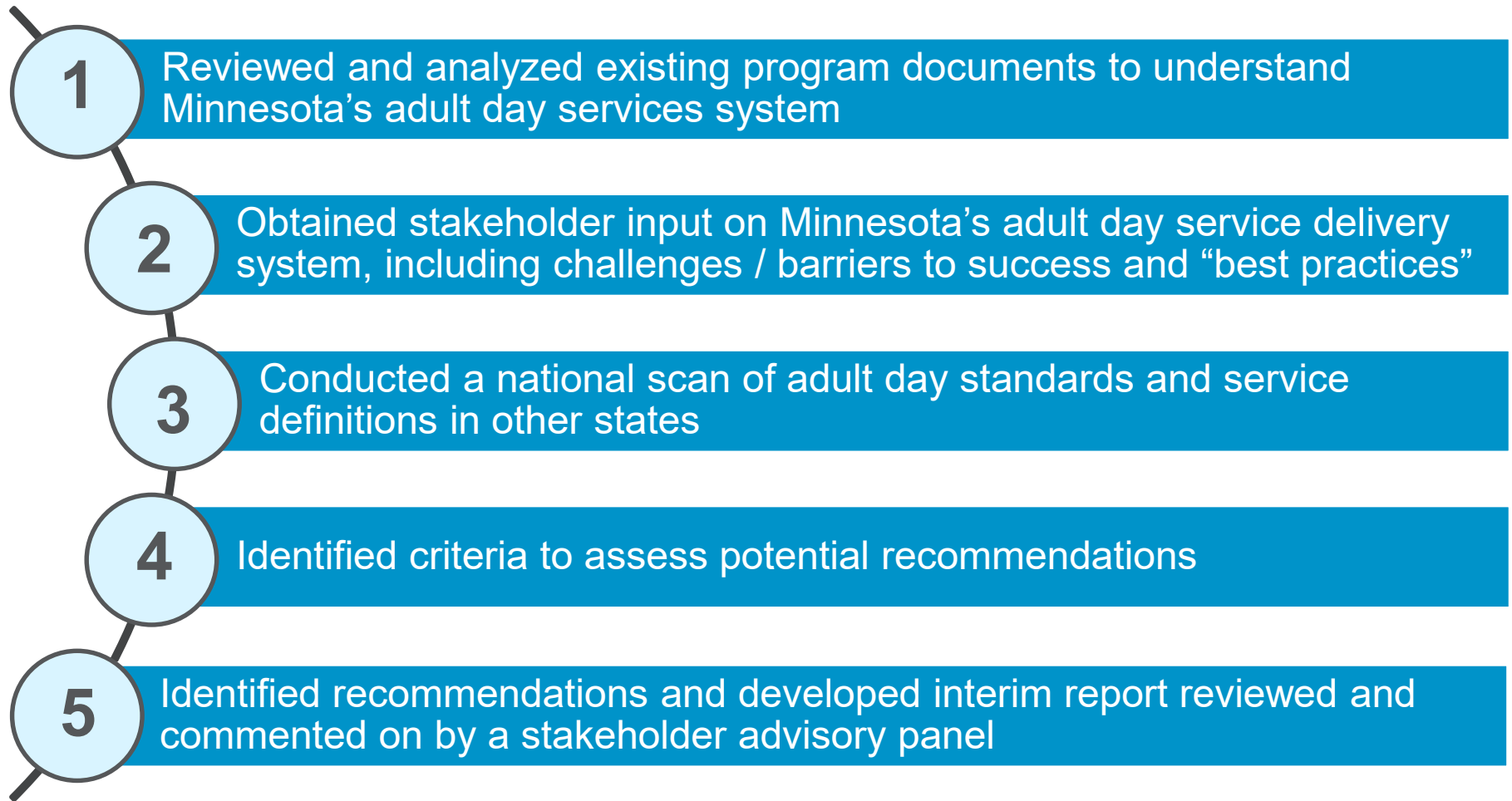
- 1) Study existing adult day service models, including resident acuity, staffing and support levels, and quality assurance
- 2) Project demand for adult day services into the future
- 3) Report to the legislature by January 1, 2019

DHS addressed adult day demand projections, staffing ratios, and participant acuity in a separate rate evaluation.



NAVIGANT'S STUDY OF
QUALITY MEASUREMENT IN
MN ADULT DAY SERVICES

STUDY METHODOLOGY



STAKEHOLDER ENGAGEMENT METHODS USED



Regulator’s Roundtable: Roundtable included key state staff, responsible for maintaining waiver provider standards, analyzing participant experience data (such as NCI-AD data), monitor performance of adult day service providers or who investigate fraud, waste, and abuse



Site Visits: Navigant visited three “best practice” adult day service providers as identified by DHS. Determination of “best practice” included: the providers’ compliance with the HCBS Final Rule of 2014; excellence in person-centered delivery of adult day services; and the use of evidence-based outcomes



Focus Group: Focus group was conducted in a Minneapolis Adult Day program and included ~15 participants and care partners who attended that center



POST-STUDY
RECOMMENDATIONS

RECOMMENDATIONS – LICENSING STANDARDS

Licensing

Standards/Regulations:

Recommendations pertain to elements in Minnesota Statutes and Administrative Rules that govern ADS licensure.

1. Update licensure standards to reflect modern ADS operations
2. Consider updated standards regarding physical plant to include features that support participant comfort
3. Update licensure regulations to better reflect person-centered principles and individualized participant service
4. Better articulate expected elements required in an individualized service plan
5. Clarify the role of ADS providers versus case managers as it relates to offering other community-based services to participants to address participants' community-based service needs
6. Consider revising the Positive Supports Rule training requirements for providers who primarily serve the aging population and/or serve a small number of individuals with intellectual or developmental disabilities (I/DD)

RECOMMENDATIONS – PROVIDER GUIDANCE AND ASSISTANCE

Provider Guidance and Assistance:

Recommendations pertain to the implementation of regulations and how DHS communicates expectations to providers.

1. Develop a licensing self-assessment tool for ADS providers that includes all licensing requirements pertaining to ADS

2. Implement a recurring provider call to provide technical assistance to ADS providers on an ongoing basis

3. Develop an ADS provider handbook separate from licensure regulation that provides guidance and more detailed interpretation for providers to support case-specific considerations and operationalize key requirements

4. Expand opportunities for training/education

RECOMMENDATIONS – SERVICE DEFINITION

Service Definitions:

Recommendation pertains to the manner in which ADS are defined in HCBS 1915(c) waivers and applicable statutes.

1. Conduct study in the future of the need for a definition and/or rate distinction between adult day health models and adult day social models.



RECOMMENDED ADS QUALITY MEASURES

RECOMMENDATIONS – QUALITY MEASUREMENT

Recommendations include 10 proposed quality measures that Minnesota may consider using to monitor the demonstrated impact of ADS.

Proposed Measures
1. Percent of service plans reviewed in which services are delivered in accordance with the service plan (e.g., scheduled days, transportation arrangements, nutritional needs, role of caregiver, etc.)
2. Average length of stay across all participants *
3. Percent of participants responding “yes” to: “Can you see your friends when you want to?”
4. Percent of participants responding “true” to: “I have control over what I do and how I spend my time.”
5. Percent of caregivers responding “disagree” or “strongly disagree” to: “During the past 12 months, my overall health suffered because of my caregiving responsibilities.”

RECOMMENDATIONS – QUALITY MEASUREMENT (CONT'D)

Recommendations include 10 proposed quality measures that Minnesota may consider using to monitor the demonstrated impact of ADS.

Proposed Measures
6. Percent of caregivers responding “rarely” or “never” to: “In your experience as a caregiver, how often do you feel that caregiving causes you stress?”
7. Average staff retention rate *
8. Percent of participants rating overall health as good or better
9. Percent of participants reporting that they feel lonely, sad, or depressed “not often,” “almost never,” or “never”
10. Percent of participants responding “yes” to: “Do you have access to learning opportunities and/or continuing education activities when/if you want them?”



Next Steps: Acting on Recommendations

Minnesota's next steps

- Issued ADS report to the legislature January 2019
 - Focused on most impactful recommendation: “Update licensing standards for adult day service”
- The licensing standards have been in place for many years. Adult day participants, providers, and the state would benefit from a comprehensive review and update
- Provides an opportunity for Minnesota to clearly and directly express the expectation that adult day services are delivered in a person-centered manner, and that participants have opportunities for community engagement

Developing new standards

- Formed internal workgroup: partnership between aging and disability policy staff, and licensing staff
- External stakeholder group: providers, advocates, case managers, and other interested groups
 - Ensure the voices of participants and family members inform discussions
- The work ahead of us:
 - Develop a shared vision for adult day services in Minnesota
 - Document priorities and work through areas of disagreement
 - Develop new licensing standards
- Goal: bring standards forward for legislative approval in 2021



QUESTIONS?

CONTACTS

JASON GERLING

Associate Director

404.602.3477

Jason.Gerling@Navigant.com

DAMON TERZAGHI

Senior Director of Medicaid Policy and
Planning; NASUAD

202.898.2578

dterzaghi@nasuad.org

navigant.com