on home and community based services outcome measurement
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 desired 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

NQF FRAMEWORK FOR HOME & COMMUNITY BASED SERVICES
OUTCOME MEASUREMENT

11 Domains
2-7 Subdomains
<table>
<thead>
<tr>
<th>Domain</th>
<th>M</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-Centered Service Planning and Coordination</td>
<td>94.9</td>
<td>0.62</td>
</tr>
<tr>
<td>Service Delivery and Effectiveness</td>
<td>94.9</td>
<td>0.60</td>
</tr>
<tr>
<td>Choice and Control*T</td>
<td>94.9</td>
<td>0.59</td>
</tr>
<tr>
<td>Human and Legal Rights*PT</td>
<td>94.5</td>
<td>0.56</td>
</tr>
<tr>
<td>Workforce</td>
<td>92.8</td>
<td>0.89</td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holistic Health and Functioning*T</td>
<td>91.9</td>
<td>0.67</td>
</tr>
<tr>
<td>Community Inclusion*P</td>
<td>91.5</td>
<td>0.69</td>
</tr>
<tr>
<td>System Performance and Accountability</td>
<td>89.8</td>
<td>0.98</td>
</tr>
<tr>
<td>Consumer Leadership in System Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Support</td>
<td>89.0</td>
<td>0.92</td>
</tr>
</tbody>
</table>

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 may 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?

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

Person-Centered Planning and Coordination 10%
Serv. Delivery & Effectiveness 13%
Holistic Health and Functioning 14%
Community Inclusion 23%
Choice and Control 14%
Human and Legal Rights 9%
System Performance and Accountability 0%
Consumer Leadership 0%
Equity 2%
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

- Initial Measure Concept Development
- TEP Review • Revised & Refined
- Cognitive Testing • Revised & Refined
- Pilot Testing
- Final Revisions
- Study 5 Full-scale Testing
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
Questions, Comments?
Thank you!

As always please contact us with your ideas and questions!

Brian Abery: abery001@umn.edu
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

Programmatic aims...

Ensure the safety and well-being of people receiving HCBS
Promote high-quality and accessible HCBS
Promote value-based care and services for people receiving HCBS

achieved by...

Measuring quality and outcomes
Analyzing data
Tracking and trending data
Internally and publicly reporting on quality and outcomes
Detecting and responding to individual and system-level problems
Promoting improvements in quality and outcomes

will lead to...

Improved experience of care
Greater independence, health, well-being, self-determination, and community inclusion
More cost-effective and appropriate care and services
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
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](https://del.cms.gov/DELWeb/pubHome)
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.
eLTSS Project Overview:
Timeline

- **2015**
  - eLTSS Initiative Kick-off Nov ‘14
  - Use Case Complete

- **2016**
  - Round 1 Pilots
  - eLTSS Dataset Harmonization

- **2017**
  - Round 2 Pilots
  - eLTSS Final Dataset Published

- **2018**
  - eLTSS Dataset to HL7 Mapping Complete
  - eLTSS Supplemental Begins (eLTSSv2)

- **2019**
  - eLTSS Whitepaper Balloted through HL7
  - eLTSS Ballot Reconciliation Complete, Changes Made, Negative Votes Withdrawn

- **2020**
  - eLTSS FHIR IG Balloted through HL7
  - eLTSS Ballot Reconciliation Complete, Changes Made, Negative Votes Withdrawn

*Italic 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

Chartbook: Displays summary-level Database results

Private Feedback Reports: Compare your results to the Database average

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

• 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
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult 1.0 with Employment Module Combined Report for State A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Agency</strong></td>
<td><strong>Program</strong></td>
<td><strong>Valid Responses</strong></td>
<td><strong>0-6</strong></td>
<td><strong>7-8</strong></td>
<td><strong>9-10</strong></td>
<td><strong>Significance Test</strong></td>
</tr>
<tr>
<td><strong>2020 HCBS-CAHPS Database Average</strong></td>
<td></td>
<td>358,351</td>
<td>5%</td>
<td>15%</td>
<td>80%</td>
<td>2</td>
</tr>
<tr>
<td><strong>State A</strong></td>
<td><strong>Overall</strong></td>
<td>17,338</td>
<td>4%</td>
<td>12%</td>
<td>84%</td>
<td>2</td>
</tr>
<tr>
<td><strong>Dept. of Aging</strong></td>
<td><strong>Frail Elderly Program</strong></td>
<td>37</td>
<td>8%</td>
<td>19%</td>
<td>73%</td>
<td>2</td>
</tr>
<tr>
<td><strong>Dept. of Mental Health</strong></td>
<td><strong>Mental Health Services Program</strong></td>
<td>209</td>
<td>1%</td>
<td>7%</td>
<td>92%</td>
<td>3</td>
</tr>
<tr>
<td><strong>Dept of Health and Human Services</strong></td>
<td><strong>Physical Disability Assistance Program</strong></td>
<td>177</td>
<td>12%</td>
<td>23%</td>
<td>65%</td>
<td>1</td>
</tr>
<tr>
<td><strong>Dept of Health and Human Services</strong></td>
<td><strong>TBI Program</strong></td>
<td>185</td>
<td>4%</td>
<td>11%</td>
<td>85%</td>
<td>2</td>
</tr>
<tr>
<td><strong>Dept of Health and Human Services</strong></td>
<td><strong>IDD Program</strong></td>
<td>209</td>
<td>7%</td>
<td>17%</td>
<td>76%</td>
<td>1</td>
</tr>
</tbody>
</table>
## 2020 Adult HCBS Survey 1.0 Overall Top Box Scores

<table>
<thead>
<tr>
<th>Global Ratings Measures</th>
<th>HCBS DB Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Rating of Personal Assistance and Behavioral Health Staff</td>
<td>67%</td>
</tr>
<tr>
<td>Global Rating of Homemaker</td>
<td>77%</td>
</tr>
<tr>
<td>Global Rating of Case Manager</td>
<td>87%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation Measures</th>
<th>HCBS DB Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation of Personal Assistance and Behavioral Health Staff</td>
<td>88%</td>
</tr>
<tr>
<td>Recommendation of Homemaker</td>
<td>79%</td>
</tr>
<tr>
<td>Recommendation of Case Manager</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>HCBS DB Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff are reliable and helpful</strong></td>
<td>67%</td>
</tr>
<tr>
<td>Staff come to work on time</td>
<td>68%</td>
</tr>
<tr>
<td>Staff work as long as they are supposed to</td>
<td>73%</td>
</tr>
<tr>
<td>Someone tells you if staff cannot come</td>
<td>60%</td>
</tr>
<tr>
<td>Staff make sure you have enough privacy for dressing, showering,</td>
<td>68%</td>
</tr>
<tr>
<td>bathing</td>
<td></td>
</tr>
<tr>
<td>Homemakers come to work on time</td>
<td>73%</td>
</tr>
<tr>
<td>Homemakers work as long as they are supposed to</td>
<td>60%</td>
</tr>
</tbody>
</table>
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:

  1. **STEP 1**: Register
     - Provide State information via online Database registration form
  2. **STEP 2**: Sign DUA
     - Sign and upload a Data Use Agreement (DUA) to the HCBS-CAHPS Database
  3. **STEP 3**: Upload Questionnaire
     - Submit a copy of the HCBS-CAHPS Survey instrument used for data collection
  4. **STEP 4**: Submit Data
     - Submit data files according to the required Database specifications
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
Thank you for attending.