

So You Think You Can Stratify: A State's Sampling Stratification Strategy



Questions We Will Answer Today

Why choose a stratified sample?

How do you stratify the sample?

What were the results of using a stratified sample?



What did we learn from this experience?

What will Delaware do next time?

What happens next?

Who Are We?

Your Dance Partners



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Why So Many Dance Partners?

Mercer

Supports DMMA as an External Quality Review Organization (EQRO) to administer or validate quality of care surveys

Vital Research

Supports DMMA by completing data collection and data submission to HSRI

HSRI and ADvancing States

NCI-AD Subject Matter Experts who provide technical assistance, particularly in survey cycle planning discussions



DMMA: Serves members in long-term care settings in a managed care delivery system

Poll Question #1

How many of you in the audience are:

- State Medicaid Agency staff?
- Quality Improvement staff?
- Health Equity staff?
- Service recipients or family members of service recipients?



Poll Question #2

How many of you:

- Primarily work in programs that serve people living with I/DD?
- Primarily work in programs that serve older adults?
- Primarily work in programs that serve adults with physical disabilities?
- Use NCI or NCI-AD in your work?

Poll Question #3

How many of you have worked in the Medicaid space:

- For less than 5 years?
- For 5 years to 10 years?
- For 10 years to 20 years?
- And are ready for retirement?

So Why Stratify?

A New Dance: CMS Guidance around the HCBS Quality Measure Set

As noted in SMD Letter [#22-003](#), CMS provides a framework around the HCBS Quality Measure Set

- Will be required for all MFP programs and 1115 demonstrations that include HCBS
- Will be encouraged for all HCBS authorized under 1915(c) waivers, 1915(i) State Plan options, 1915(j) self-directed personal assistance services, and 1915(k) Community First Choice authorities
- Includes measures derived from the NCI-AD



CMS Recommends

- ✓ At least biannual measurement
- ✓ State performance targets
- ✓ Development of a quality improvement plan to meet state targets

So Why Stratify?

A New Dance: CMS Guidance around the HCBS Quality Measure Set

CMS Guidance on Stratification

“States are strongly encouraged to oversample sufficiently to produce results” related to the following:

- Population and service delivery levels
- Identification and a plan to address disparities within a state’s HCBS programs related to demographic characteristics, health status, and social determinants of health



CMS Guidance identifies the HCBS Quality Measure Set as one way states can monitor and address inequities

What Did This Mean in Delaware?

Delaware's Dance

- Delaware provides HCBS under:
 - 1115 demonstration (Diamond State Health Plan Plus)
 - 1915(c) waiver
 - 1915(i) State Plan option
- Delaware uses NCI-AD on a regular basis to monitor participant experience for those receiving services in the community and in nursing facilities and managed care plan performance, as part of the EQRO work
- Delaware is a small state, with budget and resource limitations
- Delaware likes to be an early adopter to push its Medicaid program forward



How could Delaware be compliant with CMS expectations without breaking the bank?

The potential solution

A pilot year using a stratified sample could address CMS expectations within Delaware's existing budget and resource limitations.



Review of HCBS Quality Measure Set SMDL #22-003

HCBS Quality Measure Set Organization

Measures are arranged by the areas CMS is interested in:

1915(c) waiver assurance: Service Plans	1915(c) waiver assurance: Health and Welfare
Access	Rebalancing
Community Integration	

If a measure addresses more than one of these topics, they are indicated as such.



HCBS Quality Measure Set Organization

Source

Vast majority of measures are drawn from consumer surveys

Flexibility

CMS permits states flexibility to determine which survey tool they implement:

NCI[®]-IDD

NCI-AD[™]

HCBS CAHPS[®] and

POM[®]

HCBS Quality Measure Set Organization

Multiple measures for each ‘topic’ means that states can use the consumer survey(s) of their choice to collect and report data on those topics, so that:

- a state that fields the NCI-AD™ survey would only use the applicable NCI-AD™ measures in the measure set to report to CMS on outcomes for older adult and persons with physical disabilities
- a state that fields the NCI-IDD™ survey would only use the applicable NCI-IDD™ measures in the measure set to report to CMS on outcomes for adults with intellectual or developmental disabilities



Key Takeaways



States that are already administering NCI-AD are better positioned to meet CMS reporting requirements

Many states are only surveying some waiver populations, not all, so additional work will be needed

Equity stratification will be a heavy lift



States with MLTSS programs could begin requiring MCOs to report the MLTSS measures in next contract cycle

Access NPRM Quality Section Overview

Requires adoption of HCBS Quality Measure Set

- Originally shared as guidance in CMS State Medicaid Director Letter #22-003
- Applies to all HCBS authorities (except state plan personal care) and all delivery systems as well as self-directed programs
- Requires stratification and sampling phase-in
- Set updated every other year by the Secretary
 - Process includes soliciting public comment

States must establish performance targets, reviewed and approved by CMS, of mandatory measures

- Performance targets must include quality improvement strategies states will pursue to achieve the performance targets

Several operational changes required of states to meet compliance

Reporting on the HCBS Quality Measure Set



Rule is intended to supersede and fully replace reporting expectations and the minimum 86% performance level (372 reporting) for states performance measures described in 2014 guidance.

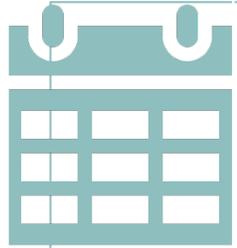


States report every other year on all measures in the HCBS Quality Measure Set that are identified by the Secretary (following phased in approach)



CMS will report on a subset of the measures

NCI-AD: An Overview



Established

- 2015
- Grew out of NCI-IDD



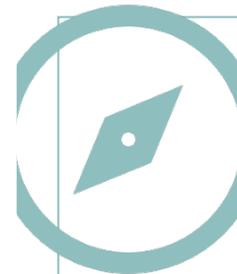
Participating states

- 24 in 2023-2024
- 35 throughout project



Population addressed

- Older adults and people with physical disabilities



Covers multiple domains

- AD domains and indicators
- New State of the Workforce Survey



Adult Consumer Survey (ACS) A Person-Centered Approach

- **Standardized survey with a sample of individuals receiving services**
 - No pre-screening procedures
- **Survey includes:**
 - Demographic and service-related characteristics typically from existing records
 - Main survey section conducted with person receiving services
 - Some questions may be answered by a proxy respondent
- **Survey conducted in-person, via video conference, over the phone**
- **Standardized surveyor training**
- **Allows questions to be reworded or rephrased using familiar names and terms**
- **Survey portions take 50 minutes on average**

Domains (Area of Interest)

Community Participation Access to Community Work Everyday Living Relationships	Safety Satisfaction Service Coordination Rights and Respect	Care Coordination Access to Technology Access to Needed Equipment Health Care	Medications Wellness Affordability Choice and Control
Self-Direction (Optional) Service Planning (Optional)			

Background Information (BI)

Key demographic characteristics:



Age	Gender	Race/Ethnicity	Marital Status
Preferred Language	Zip Code	Type of Residential Setting	Who Lives with Person
Guardian Status	Mobility	Falls	LTSS Services including SDS
Medicare Status	Conditions	Deaf/Hard of Hearing	Blind/Visually Impaired

Data can help measure disparities

Individual characteristics of people receiving services

Where people live

Gender

Race/Ethnicity

Disability

The nature of their experiences with services

Interaction with staff and case managers

Self-direction

Choice and Control

The context of their life

Involvement with family and friends

Access to community involvement

Safety

Health and well-being

Utilization of health services

Ability to manage chronic conditions

Mental healthcare

Data are used to...



Compare outcomes to other states



Compare specific groups or geographic regions within states



Identify areas for quality improvement



Share outcomes with stakeholders and advocates for feedback and strategic planning



Benchmark and track progress toward quality improvement goals over time



Researchers also use data to look more closely at specific topics

Delaware's Decision Points

How to Dance Differently

What information does the State already have and collect as part of the NCI-AD?

- Race/Ethnicity
- Gender
- Managed Care Plan
- HCBS or Nursing Facility

What is our preferred Sampling Design?

- Stratification in the sample for Gender and Managed Care Plan
- Support a ratio of 80/20 for participants in HCBS or in a nursing facility
- Complete analysis after data collection on race and ethnicity

How did this fit within Delaware's existing resources?

- Cost of the survey and analysis was increased but not significantly
- Number of surveys targeted for completion was increased but not significantly

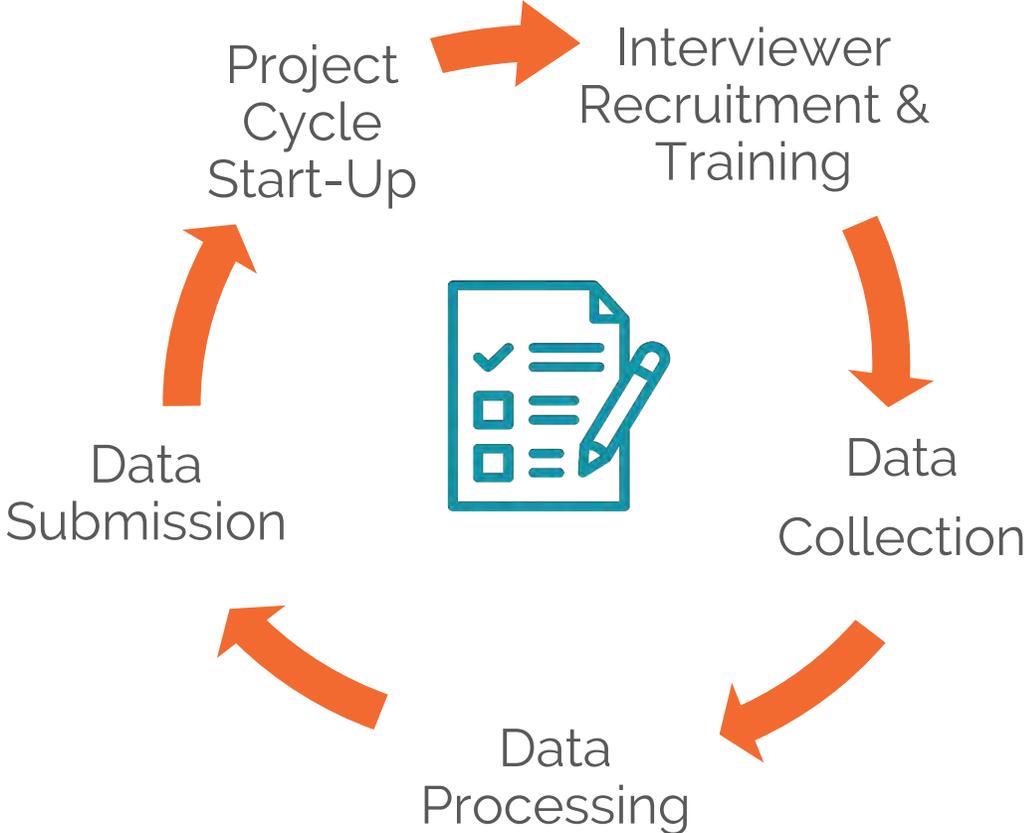


2022-2023
Delaware NCI-AD

Survey
Administration
August 2023

VITAL RESEARCH

Project Cycle - **PROCESS**



Overall Target: 719 Completed Surveys

Interviewer Recruitment and Training



Field Interviewers were recruited from a group of local Delaware residents.

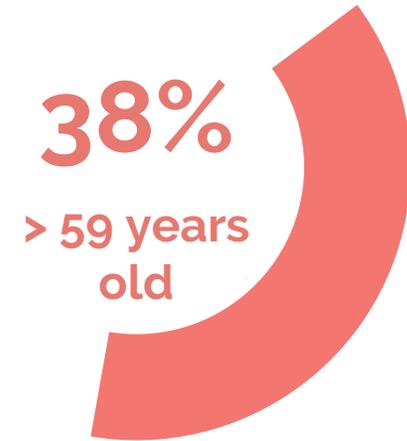
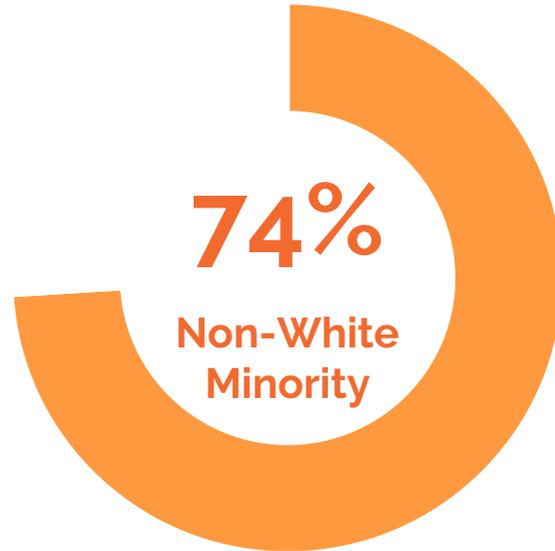
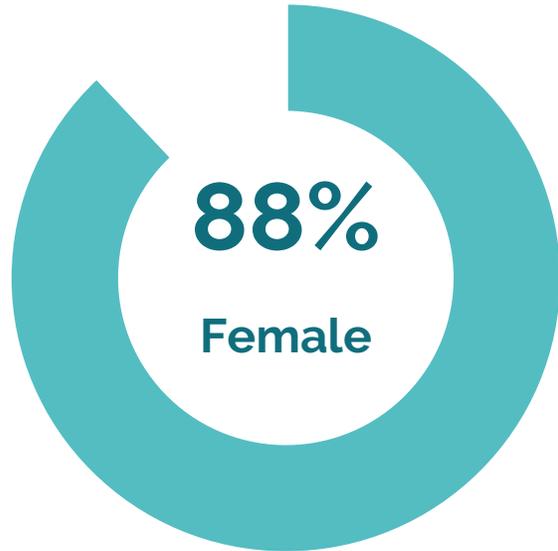
Two-Stage Selection Process

- Selected 11 successful interviewers from DE 22-23 NCI-IPS project
- Recruited 23 new interviewers
- Carried over 2 experienced QAMs from IPS project

Delaware-Based & Experienced

- 52% lived in New Castle, 24% in Kent, and 24% in Sussex
 - 1 in 3 were "Returners," and 32% of them had 5 or more cycles of experience
- 

Field Interviewers were ethnically diverse and 38% were over 59 years old.



Interviewer Training

- **3-day Virtual Training**

- Project Targets
- Survey Administration: Survey questions and domains
- Proxy Determination
- State Specific Protocols: Abuse, Neglect, Exploitation, and Unmet Needs
- Quality Assurance
- Cultural Competency

- **Field training**

- Mock Interviews
- Practice Participants
- Zoom Training



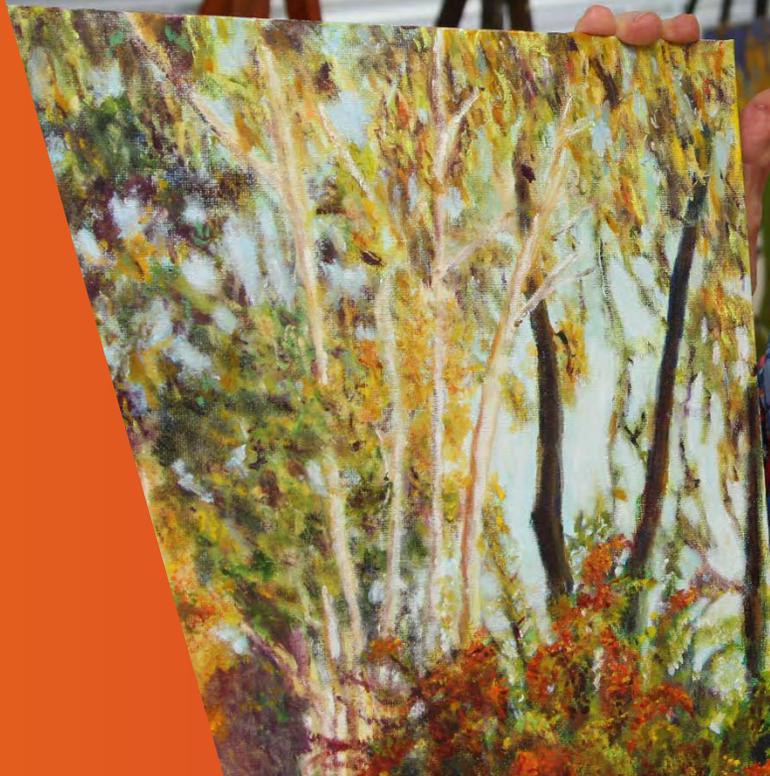
90% on Interview Skills Checklist

90% Inter-rater Agreement

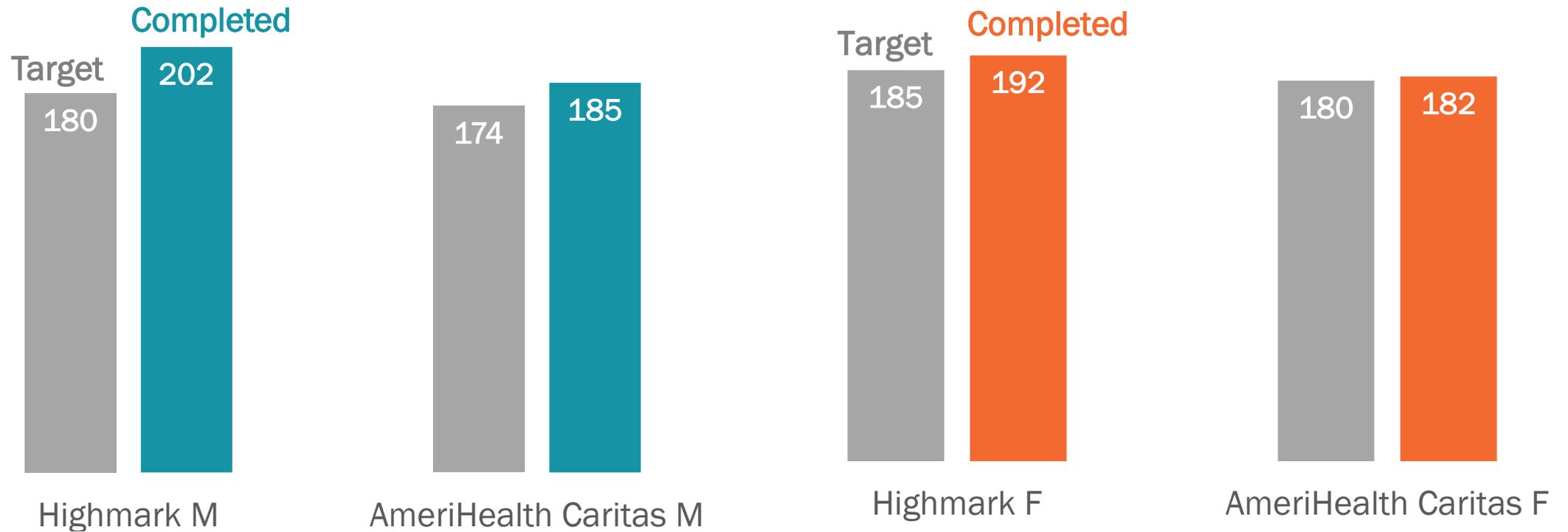
80% Knowledge Test



Data Collection Targets



Data collection was stratified by MCO and gender, with all targets exceeded for **male** and **female** participants.

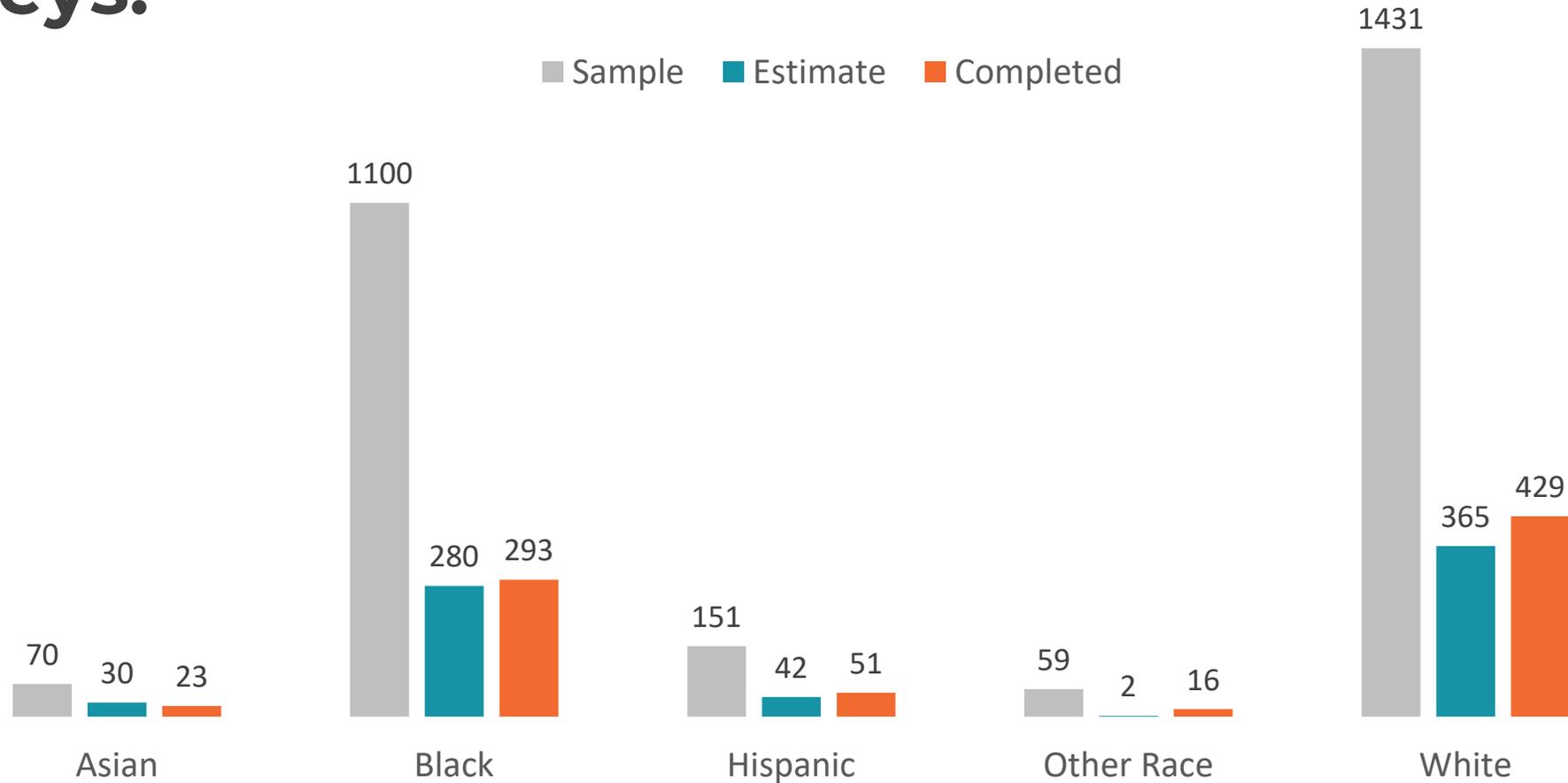


Hitting our Targets – Assignment Adjustments

- Weekly review of target progress
- Weekly review of interviewer progress
- Assignment distribution strategies
 - Increasing assignment distribution of unmet targets
 - Removing assignments from select interviewers for targets >90%.
 - Isolating assignment distribution to high performing interviewers for more difficult targets
 - Utilization of software that allows immediate removal of participants once target is met



With Delaware's small Asian population, it was challenging to obtain the estimated number of surveys.



Tracking Participation



Over 1 in 3 contacted participants completed the survey, resulting in a 38% success rate.

- Participants from both MCOs were equally likely to participate (49% AmeriHealth vs. 52% Highmark).
- Overall, the sample had a higher proportion HCBS utilizers, but participation varied somewhat in each group.
- Non-participants were a result of various outcomes (participant and guardian refusals, technical and staff barriers, bad contact information, deceased).



Age, Gender, and Race/Ethnicity were not factors in participation.

- Males and females were equally likely to participate or not participate.
- Participation across racial/ethnic groups was similar.
- Average ages of participants and non-participants was similar.

62

Non-Participant
Average Age

65

Participant
Average Age



Although a smaller group, over half of nursing facility residents participated when contacted.

2038 Contacted

HCBS

82%

(n=1681)

Participated

34%

(n=570)

Nursing Facility

18%

(n=357)

Participated

54%

(n=195)

Lessons
Learned &
Suggestions



Keys to Successful Project Implementation

- **Interviewer Recruitment Distribution Strategies**
 - Map sample list and onboard interviewers proportionally
 - **Interviewer Training and Support**
 - Provide one-on-one and group support immediately after training
 - Utilize Quality Assurance Mentors
 - **Data Collection Tracking**
 - Invest in technology that allows for real-time tracking and changes to interviewer assignments
 - Identify high performers by monitoring outreach outcomes closely and assign them to where highest response rates are needed
- 

Stratified Sampling: Lessons Learned

Dance Lessons

Choreography

- Start planning early; discussions and good decisions take time.
 - Data collection requires more time when more targets are added.
- As part of planning, recognize that the smaller the group of participants, the larger the proportion of surveys to complete for accurate results.

Dance Partners

- Delaware had existing relationships with project partners to get technical assistance and to implement the sampling design.



What dances do we already know?

Start with what is already available in the State:

- What data is already collected?
- What is the atmosphere in the State about collecting more data along more demographic factors?
- What is the messaging around how data collected will support Medicaid operations?

Dance big

Plan on oversampling to ensure the targets for each sample scenario are met.

- Delaware identified a universe of participants that was three times what was needed to ensure sampling targets were met.

Now What?

For our next dance...

Data analysis continues, but
Delaware plans to:

- Identify areas where the managed care plans fell short — what is not working?
- Identify any specific demographic categories where the performance of the managed care plans was lower than expected — who are we failing?
- Require managed care plans to write a plan to improve performance in the areas identified.
- Give managed care plans concrete items to work on.

Next survey cycle will
revisit these data points

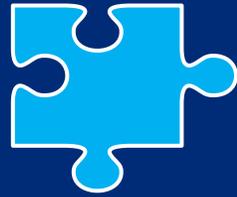


What Will Delaware Plan in the Next Survey Cycle?

Dancing Again Next Season...

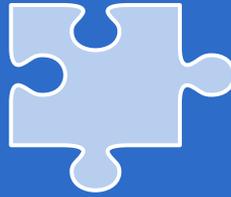


Planning discussions are underway



Next survey cycle

Delaware alternates including participants receiving services with the Division of Services for the Aging and Adults with Physical Disabilities every other cycle



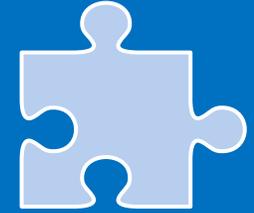
Will continue to stratify by:

- Managed care plan
- Gender



Will continue to include:

- 80% HCBS and 20% nursing facility participants on sample list
- Back-end analysis by race/ethnicity



Still discussing:

- How/if sexual orientation and gender identity data will be collected and analyzed

Questions?



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