

Enhancing Health & Welfare of Individuals receiving HCBS

Findings & Recommendations of Two Federal Reports

Federal Panel (ACL, CMS, GAO, OCR, OIG)

NASUAD National HCBS Conference

August 28, 2018



Connecting the Dots



Ensuring Beneficiary Health and Safety in Group Homes

The graphic includes logos for the Department of Health & Human Services (USA), CMS (Centers for Medicare & Medicaid Services), ACL (Administration for Community Living), and the Office for Civil Rights. The background features a blue and white geometric pattern of triangles.

Purpose & Objectives of Webinar

- Present findings and model practices that were published in early 2018 in two separate federal reports:
 - Joint OIG-ACL-OCR report entitled, “[Ensuring Beneficiary Health & Safety in Group Homes](#)”
 - GAO report entitled, “[Improved Federal Oversight of Beneficiary Health & Welfare is Needed](#)”
- Discuss actions being proposed by CMS as a result of these inquiries
- A review of effective strategies that states are deploying to address, mitigate and prevent abuse & neglect in HCBS settings through improved critical incidence reporting and monitoring, highlighting the unique roles that ACL’s funded networks can play in implementing this work.

Key Themes

- Distinctions in Scope, Methodologies and Target Populations
- Generalizability of Key Findings and Application of Systems-Change Recommendations for Broader HCBS Sector
- Ongoing Commitment of Federal Partners to work with States, Providers, and Aging & Disability Advocacy Networks on Implementing Model Practices and Effective Strategies

Federal Panel

- Part I: GAO Presentation

Findings & Recommendations from [Improved Federal Oversight of Beneficiary Health & Welfare is Needed](#) (GAO-18-179)

- CMS: Reflections & Anticipated Activities Moving Forward
- ACL: ACL's Office of Elder Justice – Assuring the Health & Welfare of Older People in Various Settings

- Part II: OIG Presentation

Findings & Recommendations from [Ensuring Beneficiary Health & Safety in Group Homes](#)

- OCR: Implications of the Report from the Lens of our Federal Civil Rights Framework
- ACL: Effective Strategies for Engaging Aging & Disability Networks in Health & Welfare Systems Change Efforts
- UNH: Perspective of a State *Living Well* Grantee on Systems Change
- CMS: Reflections & Anticipated Activities Moving Forward

- Interactive Discussion/Q&A Session

Panelists/Contacts

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Evaluation of Medicaid Assisted Living Services

**Shirin Hormozi, Senior Analyst
U.S. Government Accountability Office
(Presentation to NASUAD)**

Overview of the U.S. Government Accountability Office

GAO Mission:

- Support the Congress in meeting its constitutional responsibilities and help improve the performance and ensure the accountability of the federal government for the benefit of the American people; and
- Provide the Congress with timely information that is objective, fact-based, nonpartisan, and non-ideological.

GAO Health Care Team

- The Health Care team leads efforts in supporting congressional oversight of federal health agencies and programs.
- We help Congress and federal agencies ensure federal health care programs provide access to quality care, protect the public, and remain fiscally sustainable.
- Collectively, federal health care programs' expenditures represent about one-quarter of all federal spending.

GAO Evaluation Methods

GAO uses a wide range of evaluation methods to study government agencies and programs, including:

- Interviews of agency officials and experts;
- Quantitative analysis of agency data such as spending, people served, benefits provided;
- Quantitative analysis of national databases and surveys on different health care issues;
- Review of published research on health policy issues;
- GAO-developed surveys on health care issues; and
- Case studies

GAO Coordination with other Federal Agencies

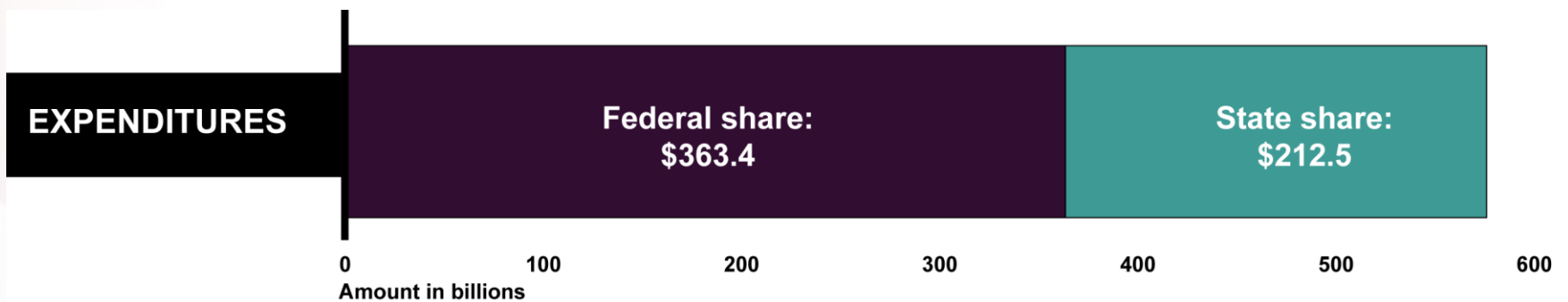
- HHS-OIG
- The National State Auditors Association
- Congressional Research Service (CRS)
- Congressional Budget Office (CBO)

Background: Medicaid at a Glance (Fiscal Year 2016)

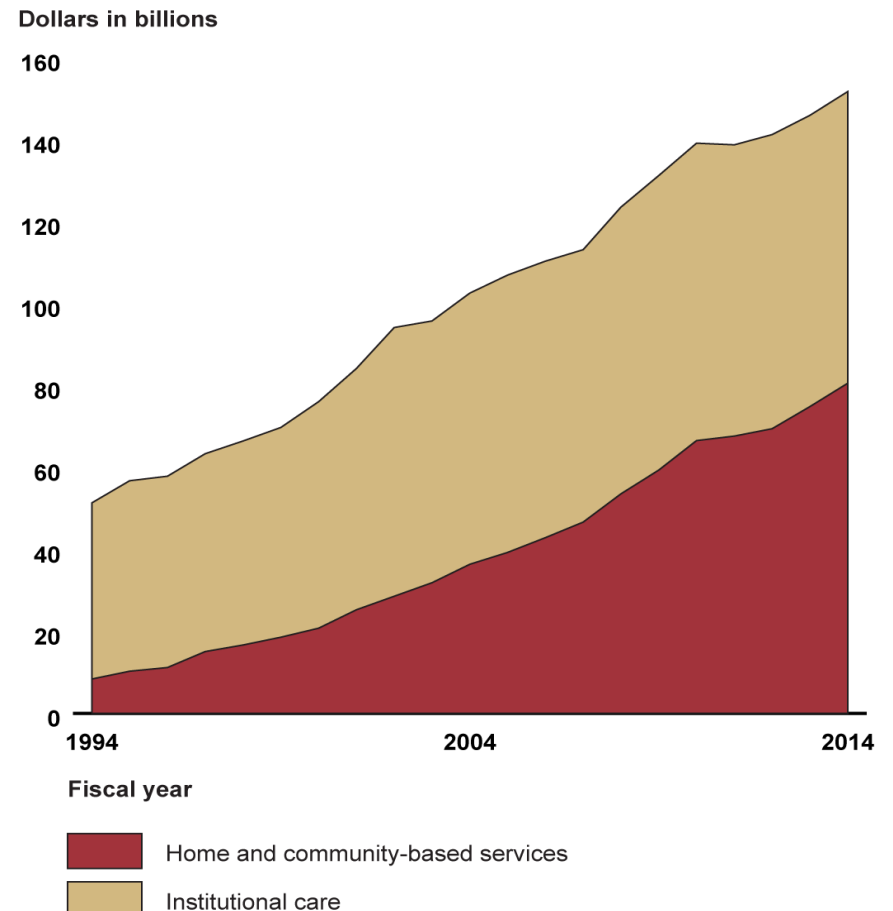
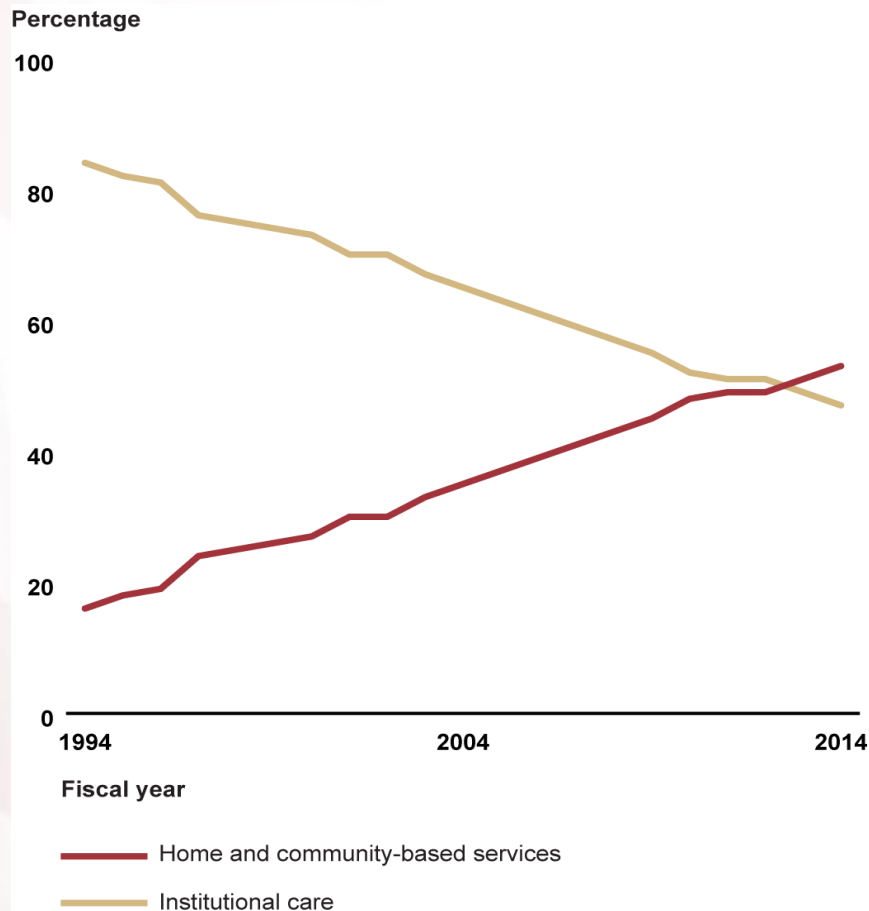
- 72.2 million beneficiaries enrolled



- \$575.9 billion expenditures:



Background: Long Term Services and Supports (Medicaid Spending by Setting, Fiscal Years 1994-2014)



Source: GAO analysis of Centers for Medicare & Medicaid Services (CMS) and state data collected and published by Truven health Analytics, under contract with CMS. | GAO-17-28



GAO's Review of Medicaid Assisted Living



United States Government Accountability Office

Report to Congressional Requesters

January 2018

MEDICAID ASSISTED LIVING SERVICES

Improved Federal
Oversight of
Beneficiary Health
and Welfare Is
Needed

GAO-18-179

Study Questions

1. To what extent does Medicaid cover assisted living services, including the amount of spending, number of beneficiaries served, and types of services covered?
2. How do state Medicaid agencies oversee the health and welfare of beneficiaries receiving assisted living services in their largest programs?
3. To what extent does CMS oversee state Medicaid agencies' monitoring of the health and welfare of beneficiaries receiving assisted living services under HCBS waivers?

Study Methods

- **Developing Methods for Study**
 - Availability of data needed to answer research questions.
 - Variety of programs state Medicaid programs may administer that cover assisted living services.
 - Different rules and requirements at federal and state level that govern different types of programs.
 - Need to be responsive to the Congressional request in a timely manner.

Study Methods (2)

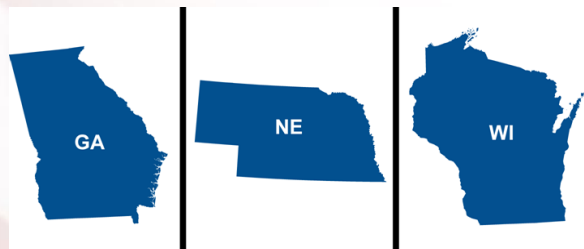


Surveyed all states and the District of Columbia (51 in total)



Reviewed federal requirements and oversight process

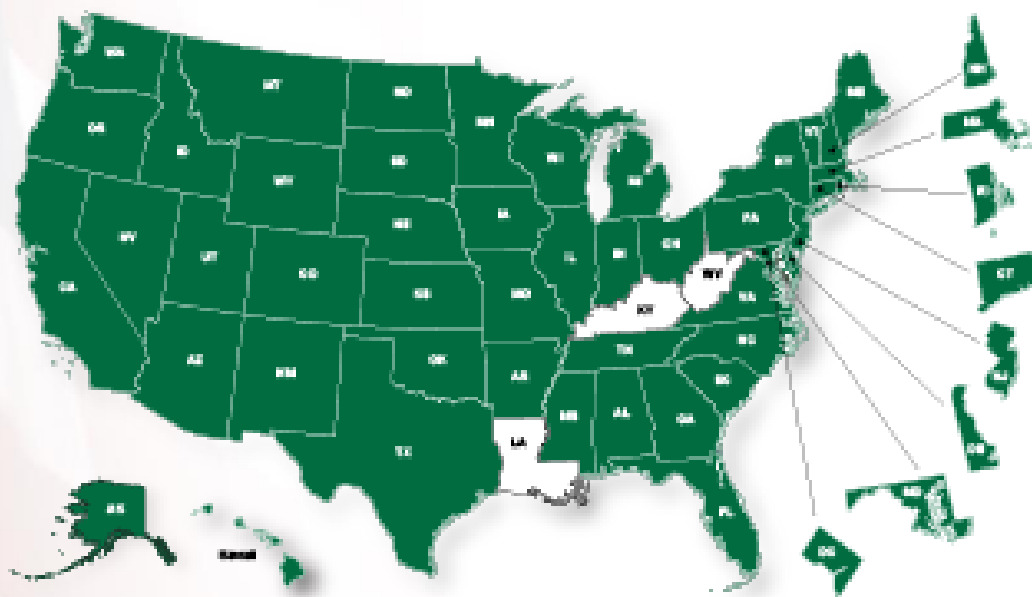
- Reviewed statute, regulations, and program guidance
- Interviewed CMS officials



Conducted case studies in 3 states

- Georgia
- Nebraska
- Wisconsin

Study Findings: Assisted Living Coverage and Spending



Medicaid Assisted Living Services NOT covered by State (3 states)
 Medicaid Assisted Living Services Covered by State (48 states)

Source: GAO survey of state Medicaid agencies. | GAO-15-179

In 2014

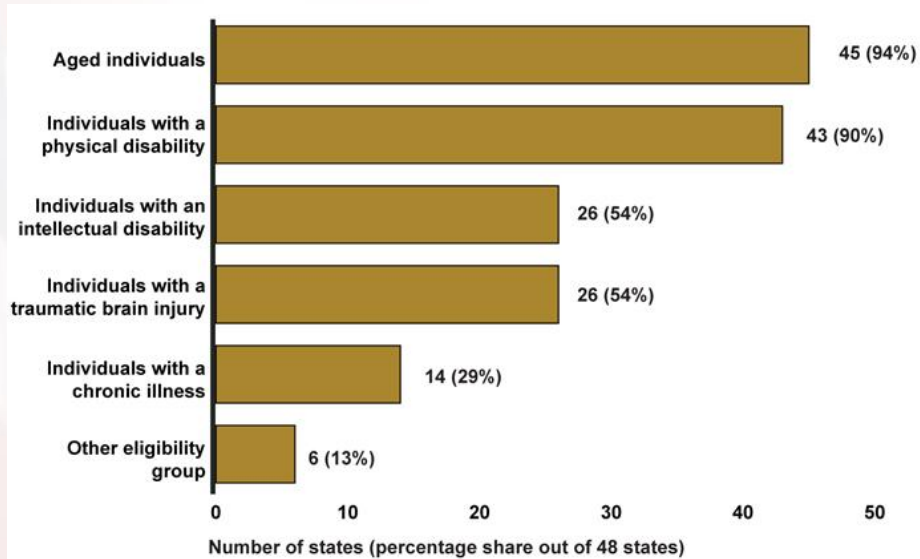
- States = **48 of 51**
- Medicaid Beneficiaries > **330,000**
- Spending > **\$10 billion**

Study Findings: Type and Number of State Programs, 2014

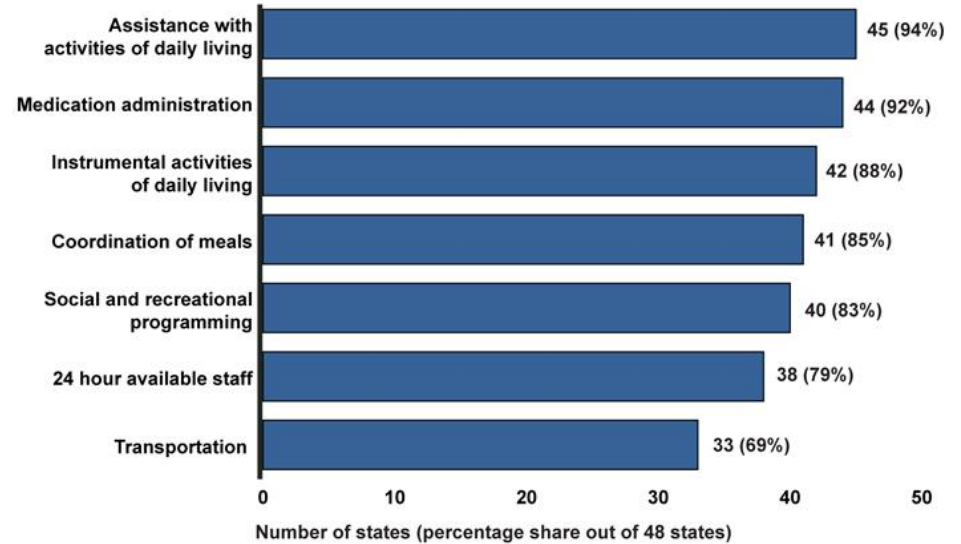
Type of Program	Number of states	Number of distinct programs (percent of programs)
Home- and Community-Based Services (HCBS) Waivers	39	91 (69%)
1115 Demonstrations	12	13 (10)
State Plan Home- and Community-Based Services	3	6 (5)
Community First Choice	1	2 (2)
General State Plan	9	11 (8)
Other	7	9 (7)
Total	48	132

Source: GAO survey of state Medicaid agencies. | GAO- 18-179

Study Findings: Types of Beneficiaries and Services Covered

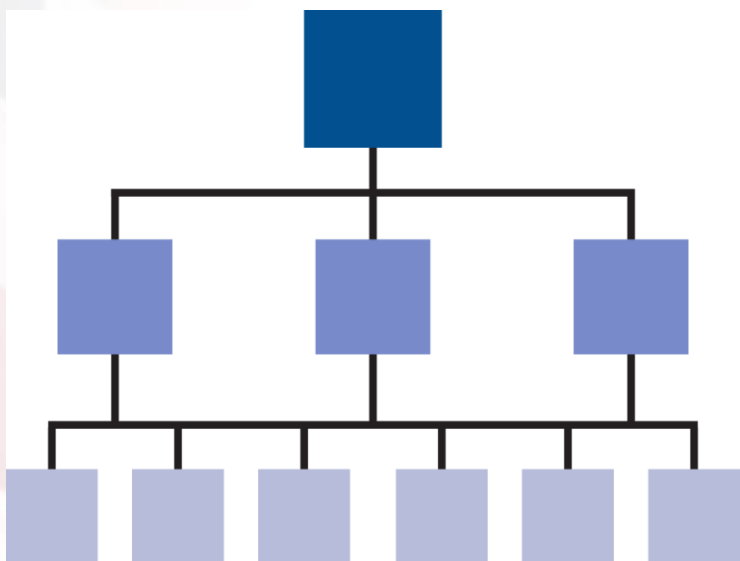


Source: GAO survey of state Medicaid agencies. | GAO-18-179



Source: GAO survey of state Medicaid agencies. | GAO-18-179

Study Findings: Program Administration



- Medicaid agencies may delegate the administration of programs to government or other agencies.
- Medicaid agencies that administer HCBS programs may delegate certain oversight responsibilities to other state or local agencies.
- State Medicaid agencies may not be notified by other agencies of oversight findings

Study Findings: State Reporting of Critical Incidents

Critical incidents are events or occurrences that caused actual harm or can potentially harm Medicaid beneficiaries residing in assisted living facilities.

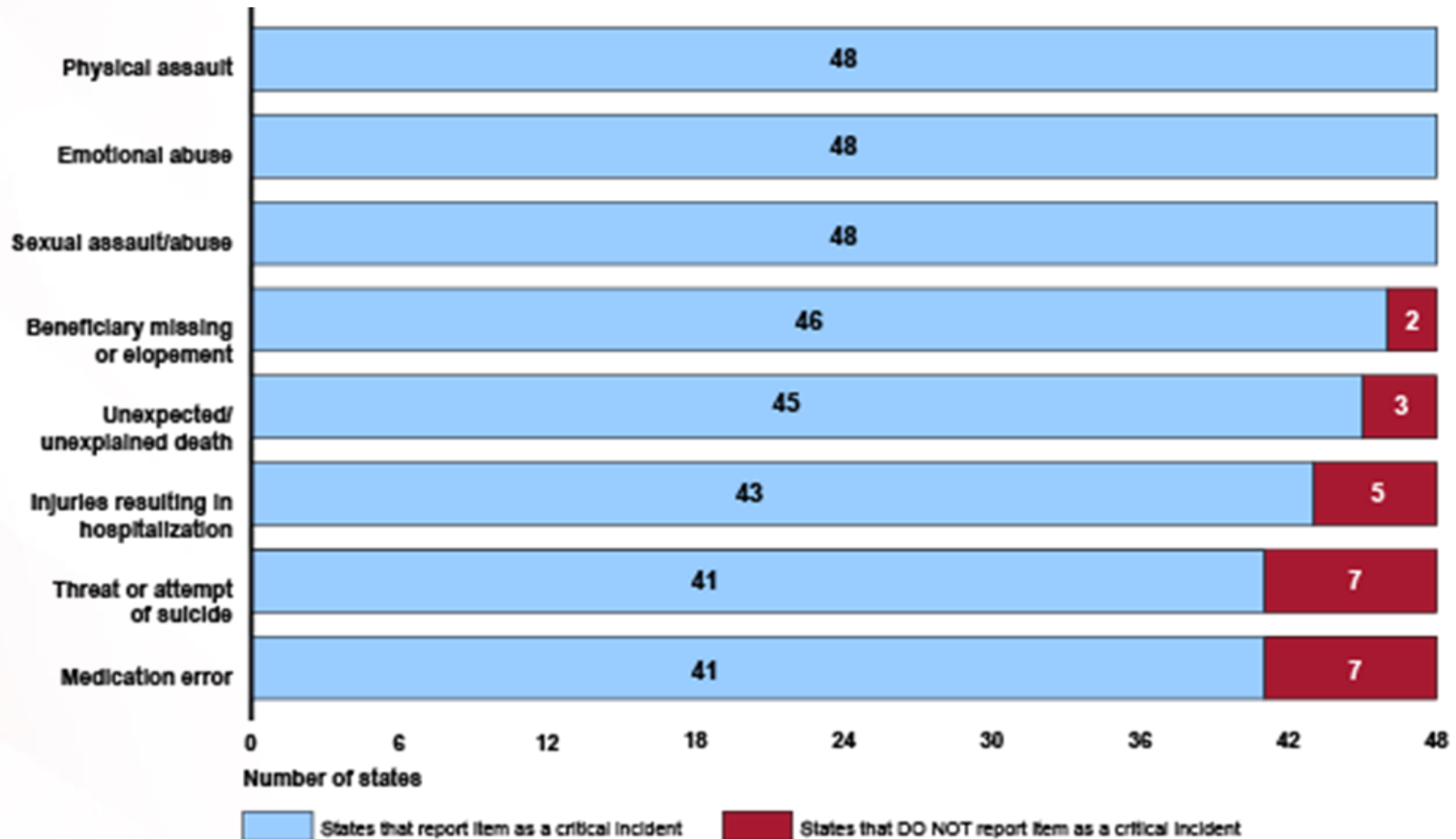
We found that the 48 states varied in

1. their ability to report the number of critical incidents;
2. how they defined critical incidents; and
3. the extent to which they made information on such incidents and other information readily available to the public.

Study Findings (2): State Reporting of Critical Incidents

- **26 of the 48 state Medicaid agencies** could not report to us the number of critical incidents that occurred in assisted living facilities in 2014.
- Reasons states gave for not being able to report critical incidents included
 - the inability to track incidents by provider type;
 - lack of a system to collect critical incidents; and
 - lack of a system that could identify Medicaid beneficiaries.

Study Findings: State Definition of Critical Incidents



Source: GAO survey of state Medicaid agencies. | GAO-18-179

Study Findings: State Examples of Oversight

- **The Wisconsin Coalition for Collaborative Excellence in Assisted Living**
 - Public/private coalition that identifies and implements agreed upon approaches designed to improve the outcomes of individuals living in Wisconsin assisted living communities.
- **Nebraska's Adult Protective Services**
 - Operates an electronic system that coordinates across state social service programs. When they initiate an investigation of reported harm to an assisted living resident, the state Medicaid agency is automatically notified.

Study Findings: Information Available to the Public

Critical Incidents

- 14 of the 48 states did not make critical incident information available to the public.
- For the remaining 34 states, information on critical incidents was available by either phone, website, or in person.

Complaints and Grievances

- 12 of 48 states did not make information on complaints and grievances involving specific facilities available to the public.

Medicaid Beneficiaries Accepted

- All 48 states had information on whether an assisted living facility accepted Medicaid beneficiaries.
- 8 states could not provide this information by phone and 22 states could not provide the information in person

Study Findings: Federal Reporting Requirements for Critical Incidents



Lack of requirements for states to annually provide CMS information on critical incidents.

- States **ARE required** to operate a critical incident reporting system.
- States **are NOT required** to report to CMS any data from these systems.

Study Findings: Monitoring and Reporting of Program Deficiencies



- States are required to annually report on “deficiencies” in their HCBS waiver programs.
- Guidance on what should be reported as “deficiency” is unclear.
- No assurance that deficiencies that could have adverse impacts on beneficiary health and welfare are monitored and reported to CMS.

Study Findings: State Submittal of Annual Reports



- States are required to submit a report to CMS annually for each HCBS waiver program.
- Annual reports are intended to provide CMS with information on how well the state is administering its HCBS waiver program.
- CMS enforcement of annual reporting is inconsistent.

GAO Recommendations

The Administrator of CMS should:

1. Provide guidance and clarify requirements regarding the monitoring and reporting of deficiencies that states using HCBS waivers are required to report on their annual reports.
2. Establish standard Medicaid reporting requirements for all states to annually report key information on critical incidents.
3. Ensure that states submit annual reports for HCBS waivers on time as required.

Media Coverage of Report Findings

New York Times: U.S. Pays Billions for ‘Assisted Living,’ but What Does It Get? Feb. 3, 2018

<https://www.nytimes.com/2018/02/03/us/politics/assisted-living-gaps.html>

McKnight's Senior Living: GAO report on assisted living could be a game changer Feb. 5, 2018

<https://www.mcknightsseniorliving.com/editors-columns/gao-report-on-assisted-living-could-be-a-game-changer/article/741880/>

Washington Examiner: States having big problems tracking safety issues at assisted living facilities, GAO finds Feb 5, 2018

<https://www.washingtonexaminer.com/states-having-big-problems-tracking-safety-issues-at-assisted-living-facilities-gao-finds>

Related Current GAO Work

Medicaid Home and Community Based Services

- decisions that influenced the structure of Medicaid HCBS programs
- challenges providing HCBS to Medicaid beneficiaries and efforts to respond to these challenges

Nursing Home Abuse

- CMS data related to prevalence, type, and trends of abuse in nursing homes and nursing home characteristics where abuse is alleged
- CMS and selected states' oversight of prevention, detection, reporting, and correction of abuses in nursing homes
- Challenges CMS, selected states, nursing homes, and law enforcement entities face in substantiating allegations of abuse in nursing homes

Federal Oversight of Elder Abuse



Available Informational Resources

- GAO on the Web

- Connect with GAO on [LinkedIn](#), [Facebook](#), [Flickr](#), [Twitter](#), [YouTube](#) and our Web site: <http://www.gao.gov/>
- Subscribe to our [RSS Feeds](#) or [E-mail Updates](#). Listen to our [Podcasts](#) and read [The Watchblog](#)

- Congressional Relations

- Orice Williams Brown, Managing Director, WilliamsO@gao.gov
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Reflections from CMS – Melissa Harris/Ralph Lollar

CMS RESPONSE



**ACL's OFFICE OF ELDER JUSTICE:
Assuring the Health & Welfare of Older
People in Various Settings**

HCBS Conference

August 29, 2018

Introduction – ACL's Office of Elder Justice Vision

A comprehensive, multidisciplinary system that effectively supports older adults and adults with disabilities so they can make their own choices and exercise their right to live where they choose, with the people they choose, and fully participate in their communities without threat of abuse, neglect, or financial exploitation

ACL's Elder Justice Portfolio



Pulling it all Together

- A case study – how can do the programs work together?
 - Ms. A is a 92 year old resident of the Most Wonderful Nursing Home.
 - She was discovered by a visiting volunteer moaning in pain and was found to be suffering from multiple decubitus ulcers and had suspicious signs of recent injuries.
 - While she was unable or perhaps too scared to say much about what had happened, it looked like many other residents also showed signs of neglect and possible abuse.
 - The facility has issued notices of involuntary discharge to 20 residents, including Ms. A., asserting their needs can no longer be accommodated at the Most Wonderful Nursing Home.

Office of Long-Term Care Ombudsman Program

The Long-Term Care (LTC) Ombudsman program is a person-centered consumer protection service that supports long-term care residents.

- Ombudsmen resolve problems and advocates for the rights of individuals in order to maximize the independence, well-being, and health of individuals residing in nursing facilities; assisted living & similar adult care facilities.
- Ombudsmen represent the interests of residents before governmental agencies and seek administrative, legal and other remedies to protect residents; and
- The National Ombudsman Resource Center (at the Consumer Voice for Quality Long-term Care) provides information and resources to Ombudsman and the general public. <http://ltcombudsman.org/>

Support for Legal Assistance

ACL-funded legal programs in every state provide civil legal counsel and representation to older people with economic or social need in order to preserve their independence, choice, and financial security.

- Legal Assistance for the Elderly Programs - priority service that is formula-funded by Title III-B, Older Americans Act, <https://www.acl.gov/node/832>
- Model Approaches to Statewide Legal Assistance - a grant program, <https://www.acl.gov/node/833>
- The National Center on Law and Elder Rights (NCLER) – national resource center, <https://ncler.acl.gov/>

Adult Protective Service (APS)

If Ms. A lived in an assisted living facility, she could call APS

APS is a social services program provided by state and local governments serving older adults and adults with disabilities who need assistance because of abuse.

ACL supports APS through:

- State Grants to Enhance APS, <https://www.acl.gov/node/16>
- Voluntary Consensus Guidelines for APS, <https://www.acl.gov/node/17>
- National Adult Maltreatment Reporting System (NAMRS), <https://www.acl.gov/node/18>
- National APS Technical Assistance Resource Center, <https://www.acl.gov/node/19>

Economic Security

Economic security is critical to a high quality of life for older adults. ACL supports economic security through:

- The Pension Counseling and Information Programs, <https://www.acl.gov/programs/retirement-planning-support/pension-counseling-and-information-program>
- The National Education and Resource Center on Women and Retirement Planning, <http://www.wiserwomen.org/index.php?id=38&page=National Resource Center on Women and Retirement Planning>



**Joint Report: Ensuring Beneficiary
Health and Safety in Group Homes
Through State Implementation of
Comprehensive Compliance Oversight
– January 2018**

**Megan Tinker
HHS Office of Inspector General**





Who Is HHS OIG

- The Office of Inspector General is an independent and objective oversight agency
- OIG is responsible for identifying fraud, waste, and abuse and promoting the economy, efficiency, and effectiveness of HHS programs





HHS OIG

Why We Did These Audits

- Congressional request
 - prompted by series of media reports regarding abuse and neglect of individuals residing in group homes
- Performed audits in CT, MA, NY, and ME
- Reviews focused on Medicaid beneficiaries
 - Criteria: HCBS Waiver, App. G Participant Safeguards
 - Data matching





Results of Audits in CT, ME, and MA: Findings

- The State agencies did not comply with Federal waiver and State requirements on reporting and monitoring **critical incidents**.
- State agencies did not ensure that:
 - All critical incidents were reported.
 - All critical incident data was analyzed to detect unreported incidents.





Results of Audits in CT, ME and MA: Recommendations

We made several recommendations to the Medicaid State agencies including:

- Develop and provide training on critical incident reporting
- Update their policies and procedures
- Provide access to Medicaid claims data.





HHS OIG Planned Work

- Conducting similar audits in 9 additional States.
- May issue roll-up report to CMS regarding audit results.
- Expanding this work to look at other settings – SNFs.





Inter-Agency Partnership

- Created to address problems found during OIG audits.
- Provide multiple perspectives and depth of expertise across knowledge areas.





Inter-Agency Partnership (2)

- Members include representatives from:
 - HHS OIG
 - HHS Office for Civil Rights
 - HHS Administration for Community Living
 - Department of Justice





Inter-Agency Partnership (3)

- A roadmap for States to implement better health and safety practices
- Many of which are already required in the 1915(c) Medicaid HCBS Waiver, Appendix G.





Inter-Agency Partnership

Coordination and Outreach

- Coordination with CMS:
- Outreach to State stakeholders
- Eye on Oversight, Panel Discussion, Congressional Briefings





Model Practices: A Roadmap for States

4 Model Practices:

- Incident Management and Investigations
- Quality Assurance
- Mortality Reviews
- Incident Management Audits





Model Practices (2): A Roadmap for States

- Key Goals of the Model Practices:
- Meaningful State and Federal oversight
 - Identify and report
 - Investigate
 - Remedy
 - Transparency and accountability



Office for Civil Rights (OCR) Role in the Joint Report



- ▶ OCR was an active partner with OIG, ACL, and DOJ in developing the recommendations
- ▶ As the HHS enforcer of disability rights under Title II of the ADA and Section 504 of the Rehabilitation Act, Olmstead is a critical part of OCR's enforcement, policy, and outreach efforts
- ▶ Quality of care in the community is an Olmstead issue
- ▶ Report recommendations represent first-time consensus between HHS agencies, with stakeholder input, on comprehensive quality assurance mechanisms
- ▶ Recommendations include integration in the community as one of the measureable criteria

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ADVANCING HEALTH AND SAFETY PRACTICES IN STATE HCBS SYSTEMS



The Need for Systemic Improvement

- Individual with developmental disabilities are at greater risk for abuse and neglect for a variety of reasons
- Abuse and neglect occurs in a variety of settings and environments and **not** just in group homes

Importance of Home and Community Based Services

- Research shows people living in the community have better quality-of-life outcomes related to their health, independence, privacy, and social engagement.
- People with developmental disabilities and their families have an increasing desire to live in the community
- Ensuring group homes are an option to support people to live in the community is a vital strategy for reducing the risk of abuse and neglect

Administration on Disabilities (AoD)

- The Administration on Disabilities (AoD) is the coordinating body that oversees the administration of several programs within the:
 - Administration on Intellectual and Developmental Disabilities (AIDD)
 - Independent Living Administration (ILA)

Administration on Disabilities (AOD)

Creating Change, Improving Lives

- Equipping individuals with disabilities of all ages with opportunities, tools and supports to lead lives of their choice in their community.

Moving from:

- Institutionalization
- Isolation
- Poverty/joblessness
- Dependency

To:

- Community living
- Inclusion & participation
- Increased employment & financial well being
- Independence & Self-Determination

ACL PROGRAMS WORKING TOWARDS SYSTEMS IMPROVEMENTS

State Councils on Developmental Disabilities

- Councils are required to support development of self advocacy
- Several Councils, like Georgia, Ohio and North Carolina, are supporting professional development and capacity building in the direct support workforce as a way of addressing issues related to health, safety and well-being of individuals with developmental disabilities.
- Other Councils – such as Utah – are supporting collaborative projects to help reduce and prevent the abuse, exploitation and neglect of people with developmental disabilities.

Protection and Advocacy Systems

- Several P&As (Kentucky, Louisiana) have issued monitoring reports if group homes
- Others (South Dakota, Massachusetts) are developing statewide monitoring processes and/or tools to strengthen monitoring systems
- The Washington state P&A receives funding from the state for the Washington Developmental Disabilities Ombuds Program, which includes systemic level monitoring, investigating, and reporting.

University Centers for Excellence in Developmental Disabilities

- The University Centers Michigan and Pennsylvania that are helping states to monitor people living in the community.
- Several UCEDDs are building capacity of criminal justice system (law enforcement and legal system) (Alaska, Minnesota, Ohio, Pennsylvania, Virginia)
- Many are building capacity through training of DSPs

Projects of National Significance

- *Living Well-Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of Home and Community Based Services for Individuals with Developmental Disabilities* projects to develop and test one or more model approaches of a coordinated and comprehensive system that includes two interrelated core components:
 - (1) Community Monitoring and
 - (2) Community Capacity Building.

Living Well Model Approaches (1)

- Partnership for People with Disabilities at Virginia Commonwealth University is creating a replicable and sustainable model of regional leadership teams that is centered on four core elements:
 - Capacity building (e.g., training, support, coaching),
 - Monitoring (e.g., facilitated review of multi-level data to make changes, for quality continuous improvement, and to develop benchmarks).
 - Policy feedback loops connect policy to practice. Regional successes, barriers, and outcomes learned through ground level implementation will be translated to state-level policy and regulatory conversations and decision-making.
 - Organized, expert implementation support

Living Well Model Approaches (2)

- The Institute on Human Development and Disability at the University of Georgia is working with five HCBS provider organizations to:
 - Increase staff knowledge and skill in supporting people with IDD to be self-determined through targeted training in Supporting Informed Decision Making and Supporting Social Roles;
 - Create career paths for direct support staff through the implementation of Directcourse's College of Direct Support and engagement with the NADSP;
 - Enhance monitoring using Therap's Business Intelligence platform for data aggregation and trending
- The Institute on Disability at the University of New Hampshire:
 - Developing self-advocate led trainings and improving training for service providers
 - Evaluating and improving the use of the Health Risk Screening Tool for monitoring
 - Developing quality indicators to apply to the components of the state's quality assurance system using indices outlined in the OIG and National Association of State Directors of Developmental Disabilities Services report as a beginning framework.


Living Well Model Approaches (2)

- Open opportunity:

<https://www.grants.gov/web/grants/view-opportunity.html?oppId=303673>


Protecting Rights and Preventing Abuse Pillar

Living Well grants


- AIDD funded three 5-year grants under the Projects of National Significance (September 2017)
 - Grantees: UCEDDs at UGA, UNH, VCU
 - Purpose: to develop and test model approaches for enhancing the quality, effectiveness, and monitoring of home and community-based services (HCBS) for people with developmental disabilities.
 - Focused on building the capacity of HCBS systems and enhancing community monitoring to prevent abuse, neglect, and exploitation.
- 

Living Well: NH Quality Frameworks

The UNH Institute on Disability/UCEDD in collaboration with key partners:

- NH Council on Developmental Disabilities
 - Community Support Network, Inc. (provider network)
 - ABLE NH (self-advocate and family led organization)
 - People First NH (self-advocate organization)
 - Disability Rights Center NH (P&A)
 - NH Bureau of Developmental Services (state agency)
- 

Use of OIG-ACL-OCR Joint Report in NH

- Meeting with grantees to discuss key recommendations, policy and practice.
 - NH approach:
 - Utilizing four model practices
 1. Incident Management and Investigation Program
 2. Quality Assurance Program
 3. Mortality Review Program
 4. Incident Management Audit Program
 - Partner with Human Services Research Institute (HSRI) to develop Quality Indicators Tool.
 - Use the tool in continuous quality improvement process.
- 

Reflections from CMS – Melissa Harris/Ralph Lollar

CMS RESPONSE PART II

Questions?