



HCBS Quality

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Administration for Community Living

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History and Background on HCBS Quality Measures

- Medical Model has dominated
- Some promising efforts underway:
 - NCI
 - POMS
 - HHS efforts with TEFT, PROMIS and others

HHS Community Living Council

- In 2013 Secretary Sebelius formed the CLC to help HHS promote community living in the U.S., with Kathy Greenlee (ACL) and Jon Blum (CMS) as co-chairs
- Participants include staff from ACL, AHRQ, CDC, CMS, HRSA, IHS, SAMHSA, OASH, ASPE, ASFR, ASPA, OCR, & ONC
- The CLC convened five workgroups to examine community living issues: *Developing a High-Performing Long-Term Services and Supports System, Integrated Care Models and Seamless Transitions, Evidence-Based Consumer Supports, Community Integration, and HCBS Quality*
- The HCBS Quality Workgroup is led ACL, CMS, and AHRQ

Goal 2 HCBS Quality Workgroup

Strategic Goal 2: Identify, Develop, and Implement Standardized Measures of Quality Community Living that can be used by HHS, States and other public and private entities to ensure the quality of, and access to, the services and supports being provided in the community for populations in need of, and/or who use, home and community based long- term services and supports (regardless of payer).

- Objective 1: Use the National Quality Strategy as an overarching HHS Framework for Measuring Quality Community Living
- Objective 2: Using the Framework Developed, Identify Gaps & Create a Work Plan to Develop HHS Standardized Measures of Quality Community Living
- Objective 3: Identify federal programs and their respective Authorities to Implement HHS Standardized Measures of Quality Community Living
- Objective 4: Operationalize a comprehensive approach to a quality community living across programs to ensure quality in the program design, implementation, reporting, and oversight

Why NCI expansion?

- Provides information to appraise service system performance, including the extent to which critical outcomes are being achieved.
- Provides an universal evaluation tool that measures whether or not services improve the lives of consumers and allow them to stay in their homes and communities longer.
- Very few tools available that are designed to both measure the consumers' quality of life and help state leaders compare their state's systems performance against other states' performance.
- NCI is a quality benchmarking tool that provides a voice for the consumer and caregiver. It is the only known tool that is validated for id-dd populations including non verbal and populations with cognitive disability (because proxy is allowed).
- NCI is a good tool through state system changes and reforms, including those moving to MLTSS.

Resources

National Quality Strategy: <http://www.ahrq.gov/workingforquality/>

HHS Community Living Initiative: <http://www.hhs.gov/od/community/index.html#activities>

NQF MAP: http://www.qualityforum.org/setting_priorities/partnership/measure_applications_partnership.aspx

NQF Prioritizing Measures: http://www.qualityforum.org/prioritizing_measures/

CMS HCBS Quality: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-HCBS.html>

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Ophelia McLain

AIDD/ACL



WHAT IS

NATIONAL CORE INDICATORS (NCI)?

NCI is a performance measurement system that enable states to make policy and funding decisions to support practices that work for people.

- Collaboration between NASDDDS – HSRI – participating state DD agencies
- Launched in 1997 in 13 participating states
- 41 states (including D.C.) and 22 sub-state regions and counties participate
- Data collected annually on 40,000 people and families
- Assesses performance in several areas, including: employment, community inclusion, choice, rights, and health and safety

AIDD'S COMMITMENT

- AIDD recognized the critical role that performance and outcome play in management, operation, and funding of state DD systems
- AIDD awarded a 5-year contract totaling \$1.5 million in 2011
- To strengthen the identification of service delivery trends, policy planning, and development of strategies to improve the well-being of those receiving services

NCI SYSTEM PERFORMANCE MEASURES

Individual Outcomes

- Employment
- Community Participation
- Choice & Decision making
- Personal Relationships



Family Outcomes

- Choice and Control
- Family Involvement
- Information & Planning
- Access, community connections



Health, Welfare, System

- Health and Welfare
- Respect for Rights
- Medications
- Safety
- Service Coordination
- Staff Stability



NCI MEASURES OFFER A UNIQUE VIEW

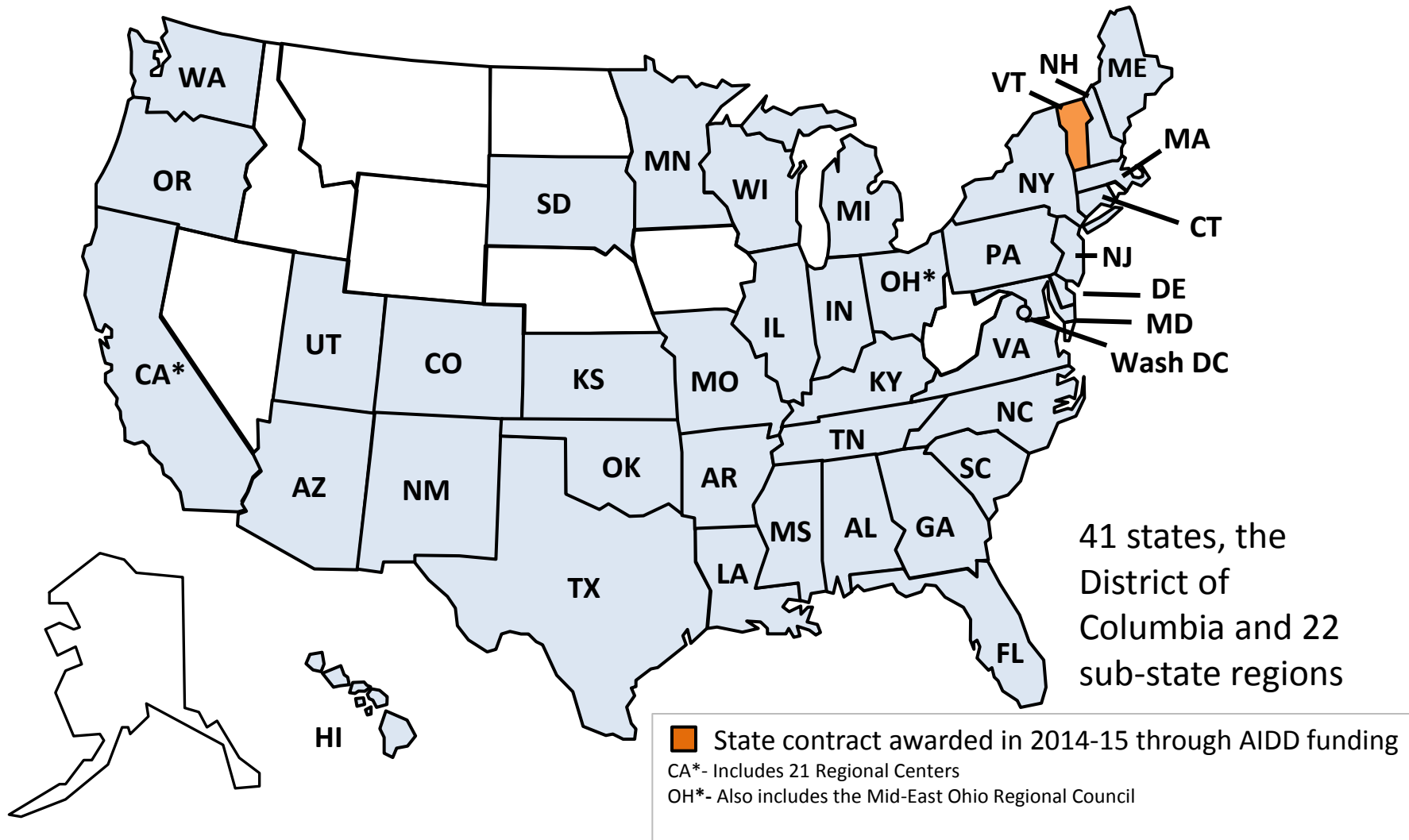
- Person-centered
- Individual characteristics of people receiving services
- The locations where people live
- The activities they engage in during the day including whether they are working
- The nature of their experiences with the supports that they receive (e.g., with case managers, ability to make choices, self-direction)
- The context of their lives – friends, community involvement, safety
- Health and well-being, access to healthcare



THROUGH THIS EFFORT 15 STATES HAVE JOINED NCI

- Colorado
- Connecticut
- Delaware
- Indiana
- Kansas
- Maine
- Maryland
- Michigan
- Minnesota
- Mississippi
- Oregon
- South Carolina
- Tennessee
- Virginia
- Wisconsin

NCI State Participation 2014-15



THE IMPACT OF THE DATA ON STATE SERVICES

State directors can track the state's progress



They can inform state agencies of their progress



Agencies can train their staff on the agency's strengths and weaknesses

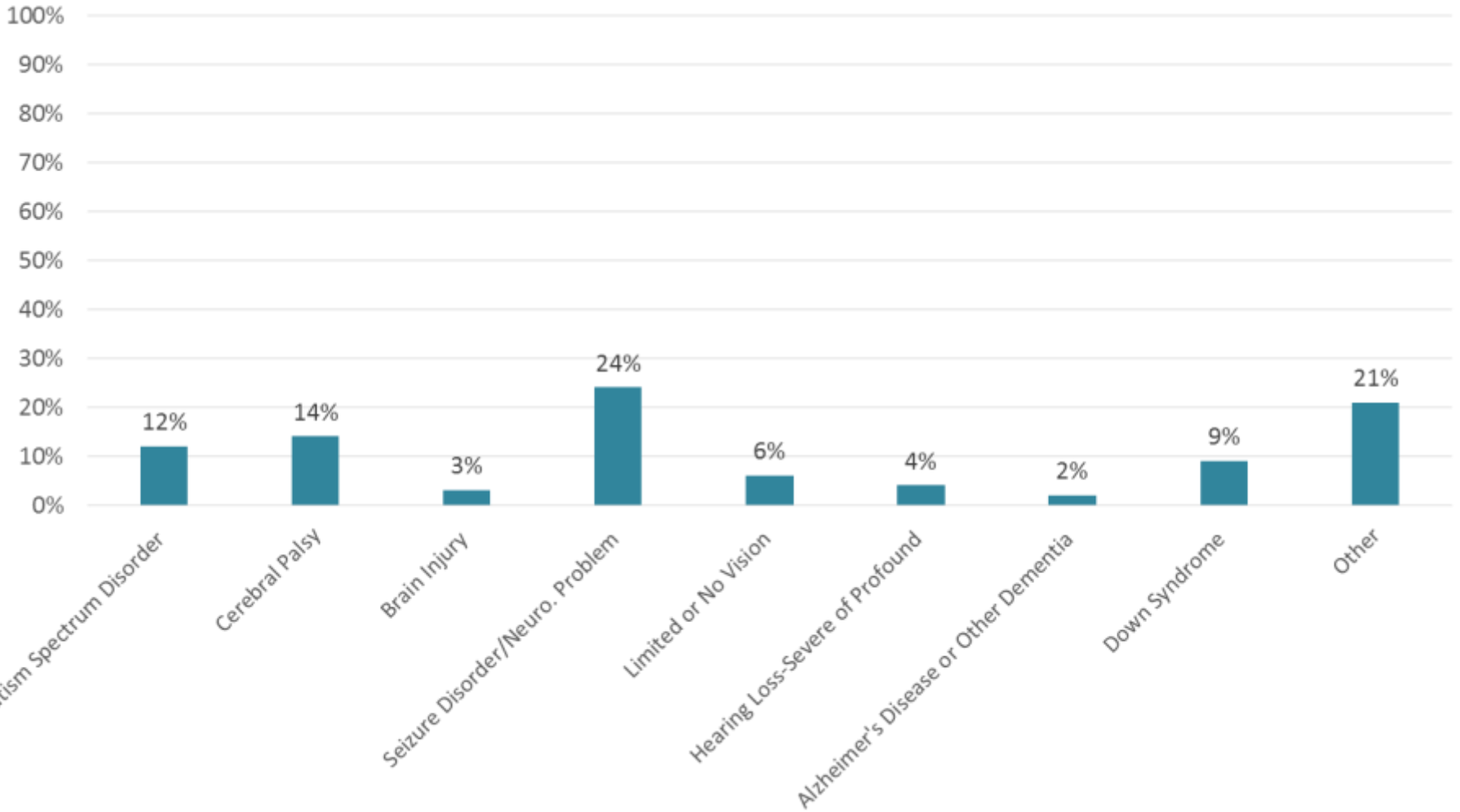


Staff, through their efforts, can change the lives of people with I/DD

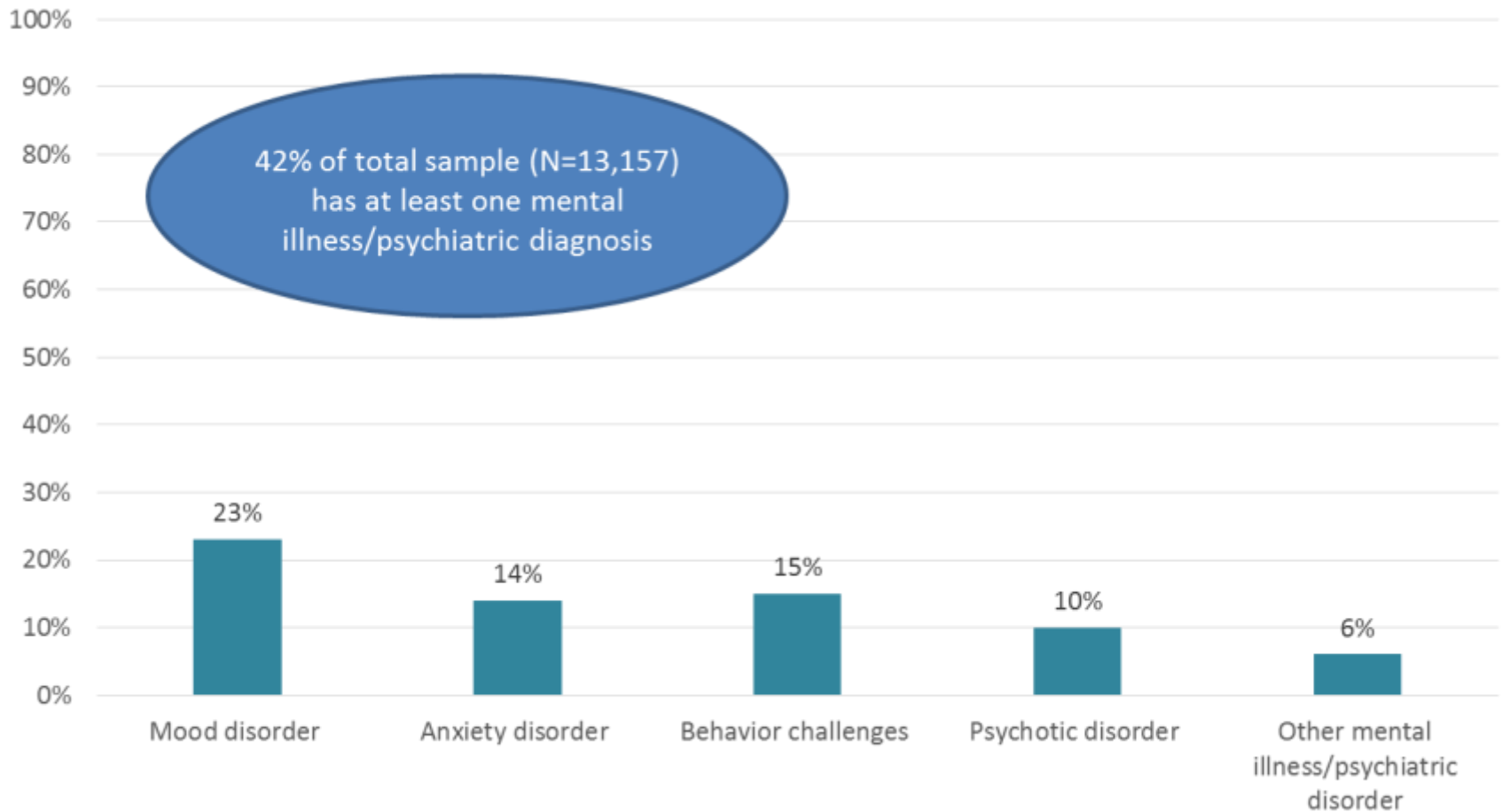
Use of Data to Identify Specific Policy Issues

**Review of Selected Findings from
the 2012-2013
Adult Consumer Survey**

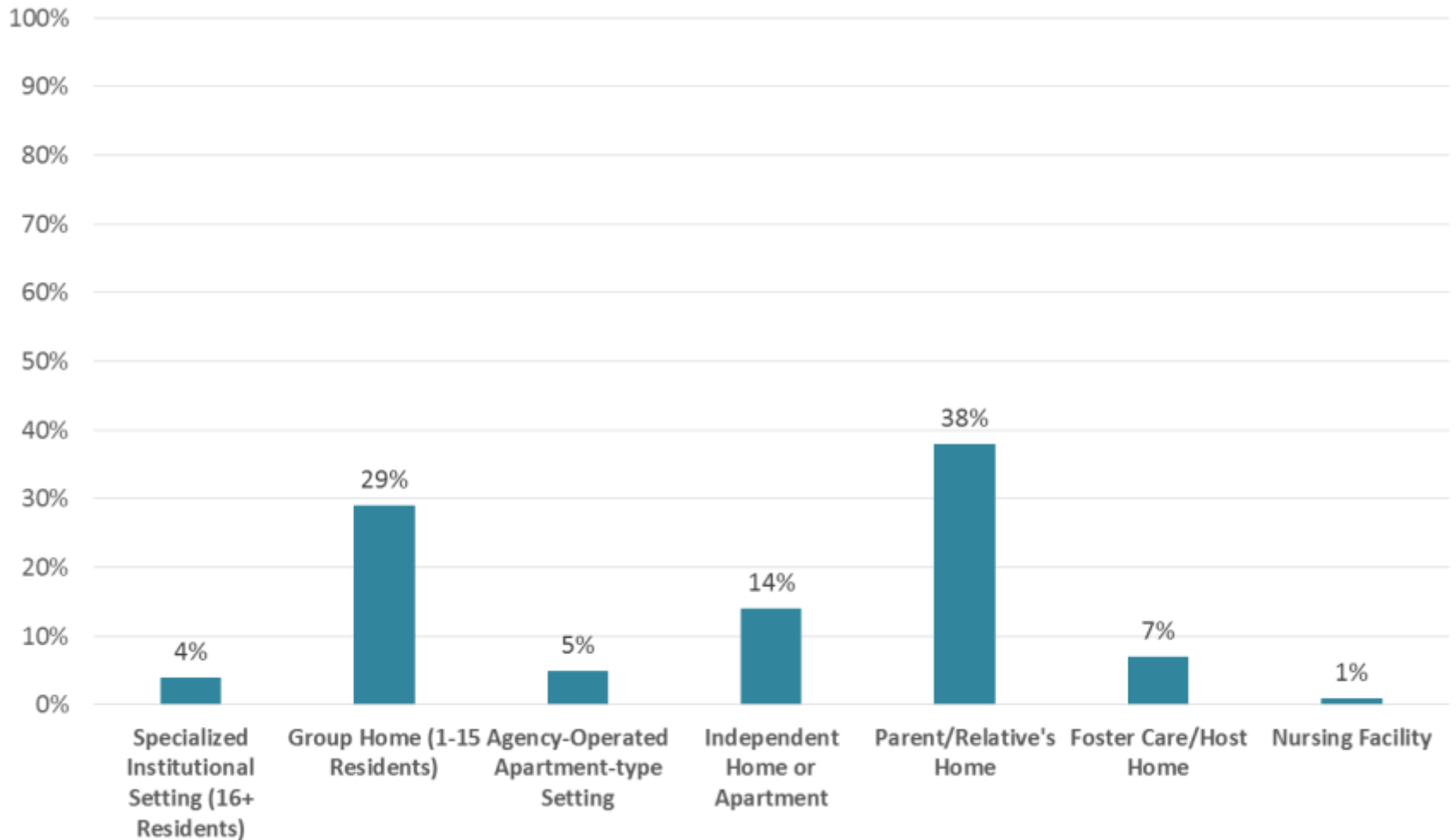
Other Diagnoses



Dual Diagnosis: MI and ID/DD

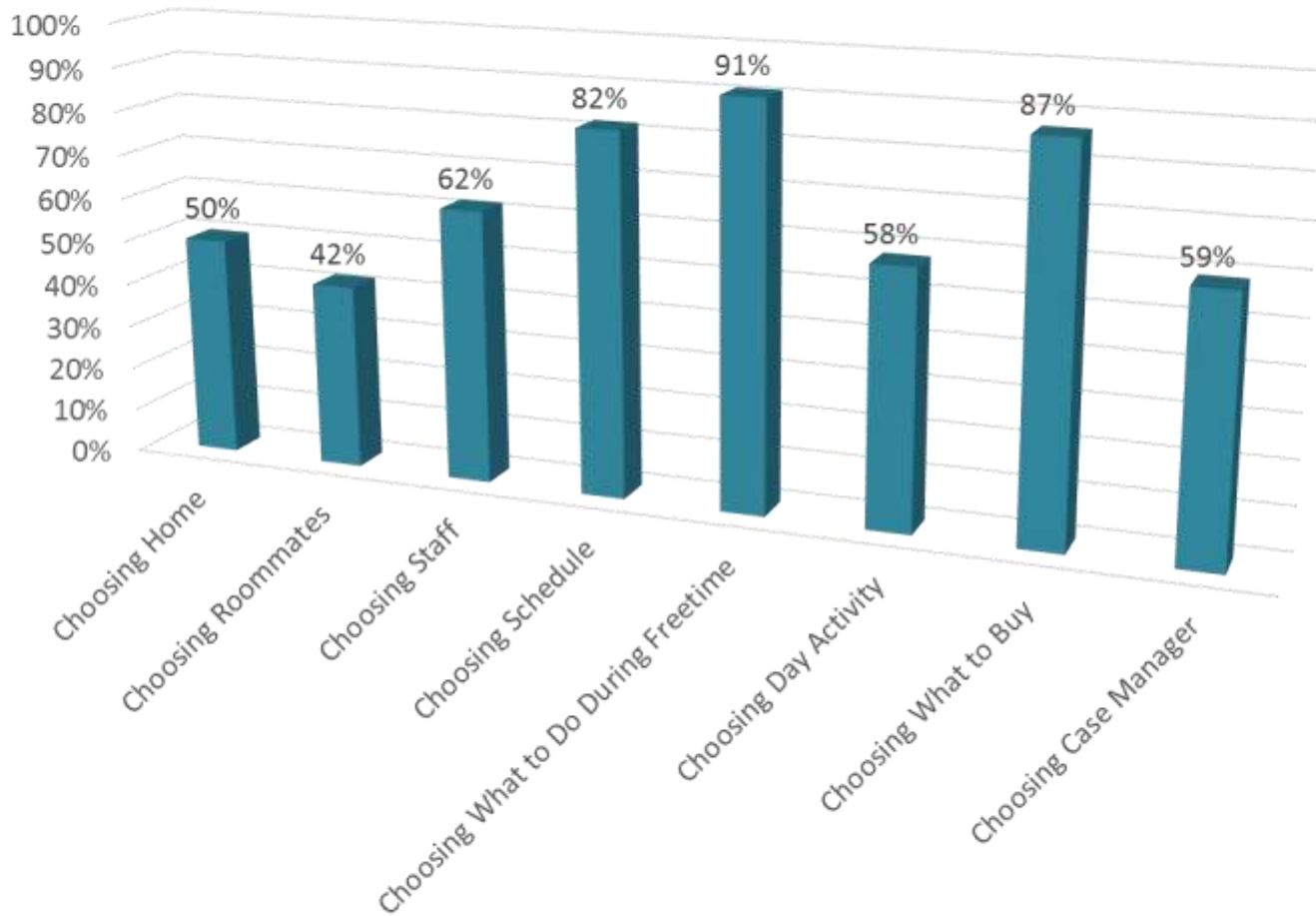


Type of Residence

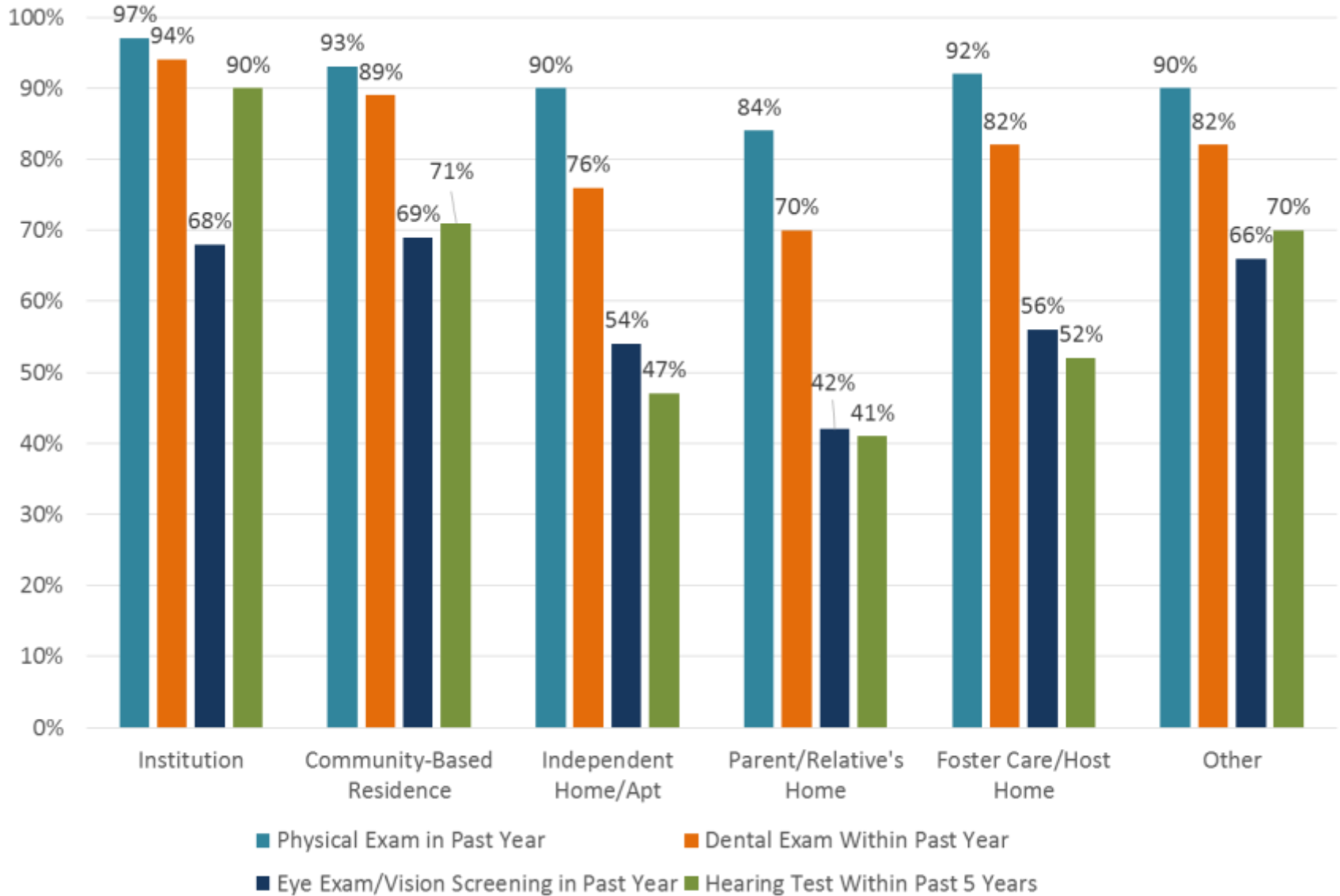


Choice

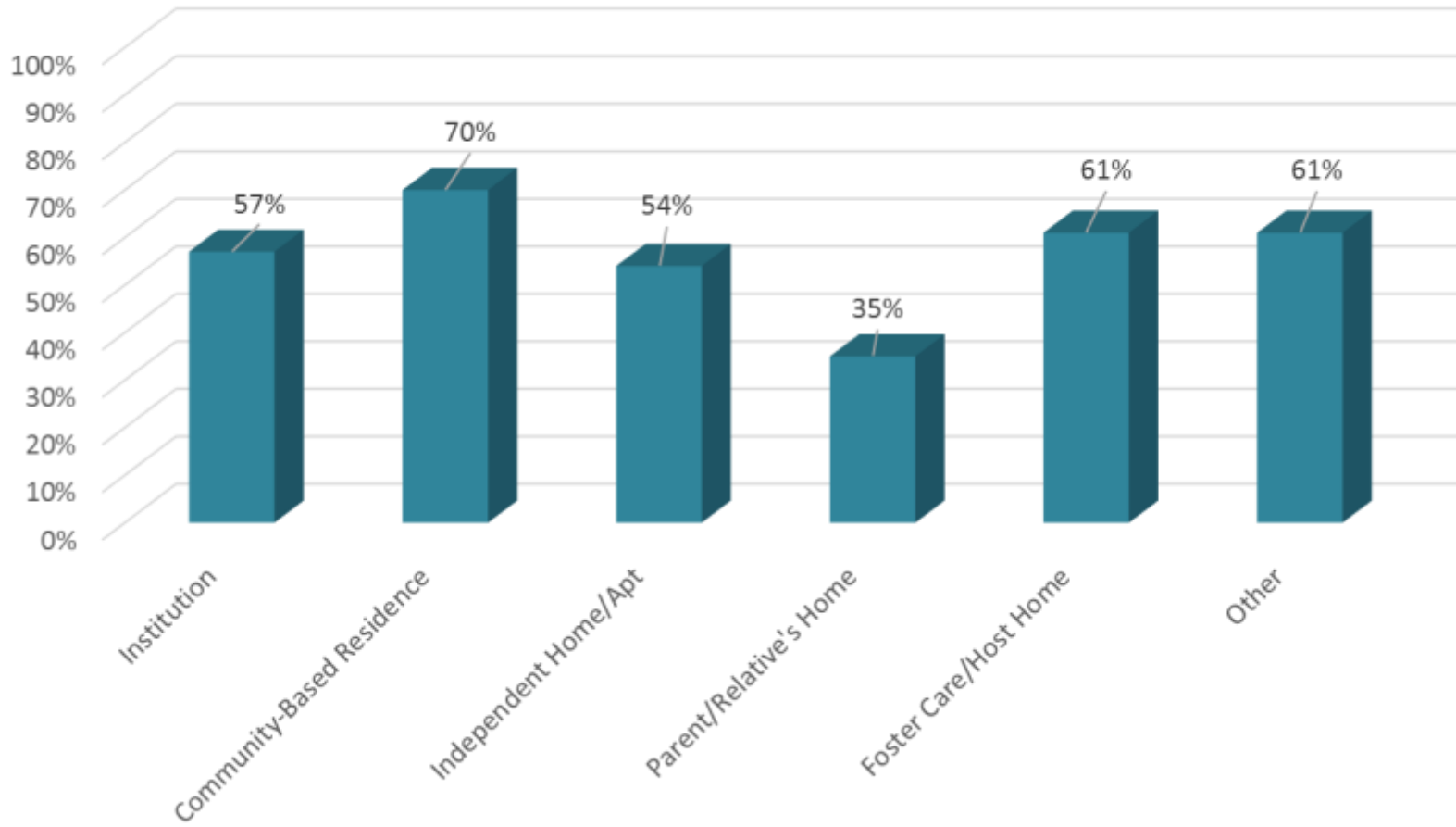
Respondent had at least some input in....



Preventive Care Exams



At Least One Psychotropic Medication By Residence Type

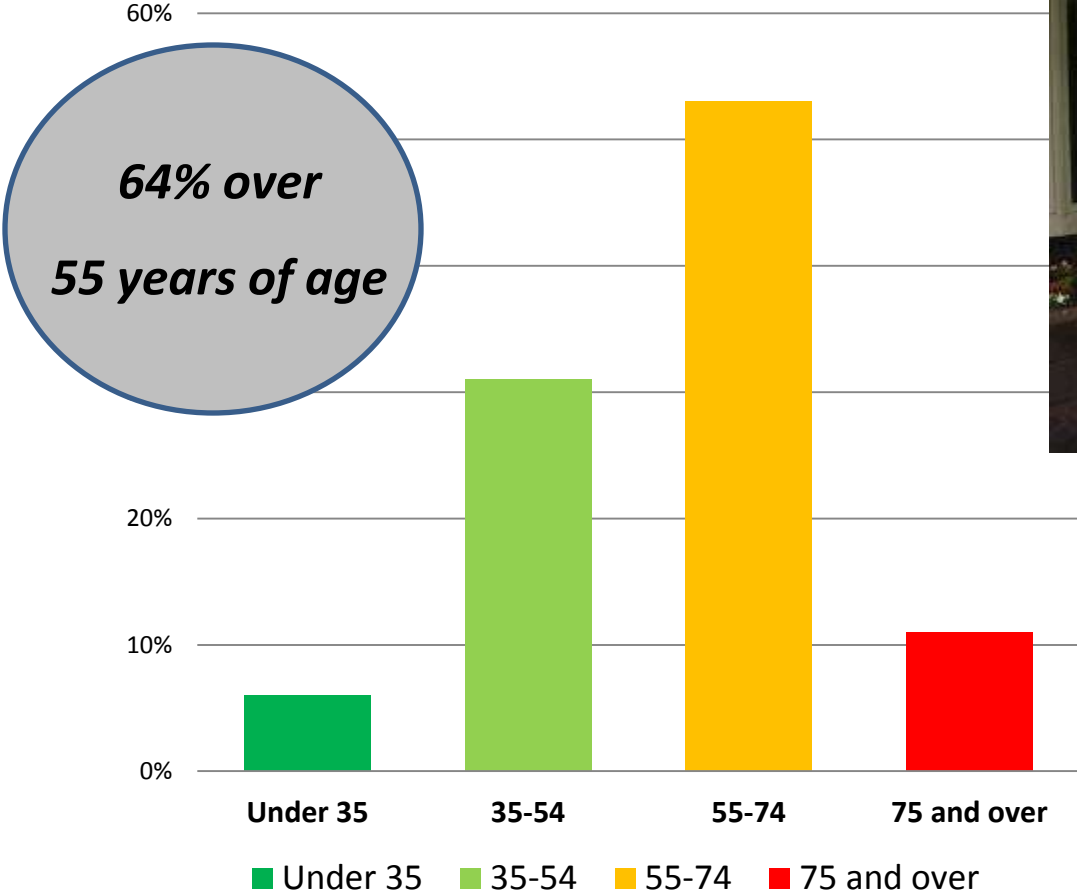


Families with Adults with ID/DD Living at Home

**Selected Findings from the 2010-
2011 Adult and Child Family
Surveys**

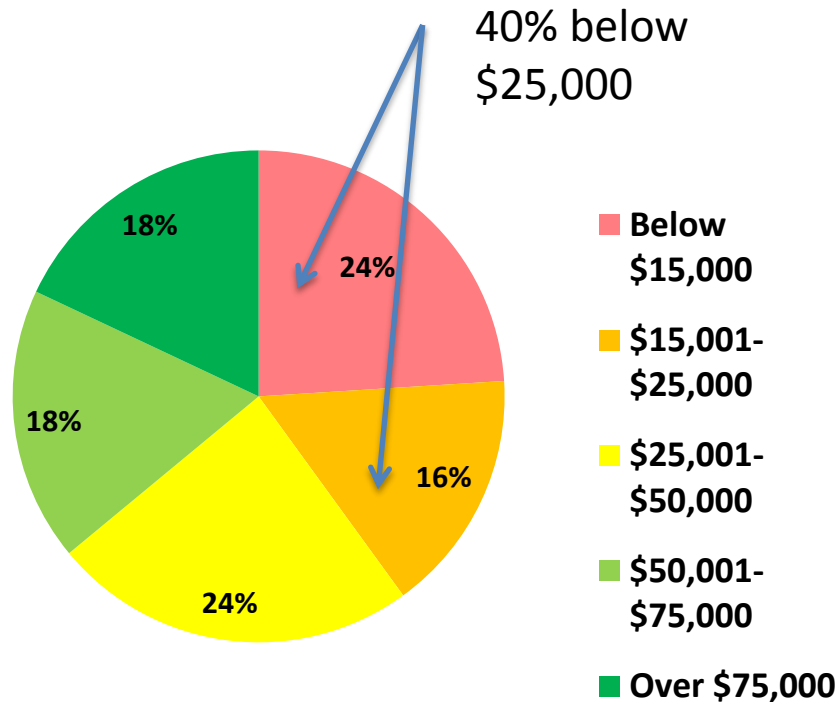
The Majority of Care Givers are Older

Caregiver Age

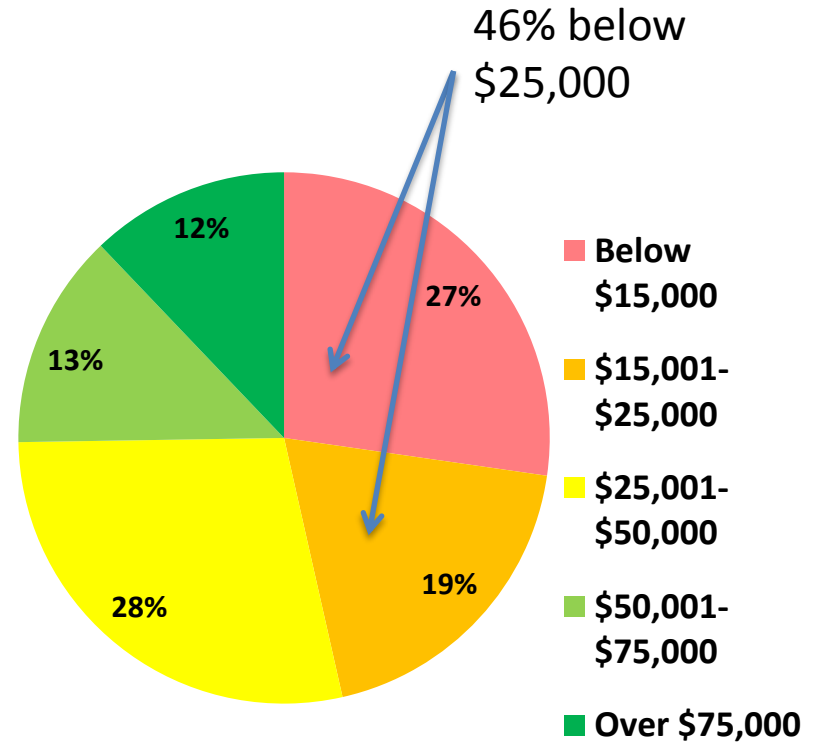


Family Income

Child Family Survey



Adult Family Survey



2011 HHS Poverty Guidelines for a Family of Four: \$22,350

HOW STATES USE NCI DATA



NCI Performance Indicators: Evidence for New HCBS Requirements and Revised HCBS



Prepared by Elizabeth Pell
HSRI

How does the guide work

Identifies the HCBS Requirements

For each requirement, determines:

- NCI data can be useful in demonstrating compliance
- NCI data can be used in part for demonstrating compliance
- NCI does not address the requirement

SECTION 1: New HCBS Requirements and NCI Data

- New HCBS Setting Requirements (Residential and Day Services)
- New HCBS Setting Requirements for Provider Owned/Operated Residential Settings
- New HCBS Person-centered Service Plan Process Requirements
- New HCBS Person-centered Service Plan Documentation Requirements

How States Use NCI Data

New York

- Publishes comparison data against other states
- Targets campaigns to decrease obesity rates

Arizona

- Prioritizes actions and quality efforts on case manager choice, wellness, health, loneliness, employment

Kentucky

- Issues formal report on service quality and community participation

Washington State

- State DD agency issues report back on strategies to address recommendations.

Massachusetts

- Tracks and acts on health and wellness and safety data



Employment

MD ranks higher than average in individuals who would like a job in the community.

MD also ranks higher than average in individuals who have community employment as a goal in their service plan.

People would like a job in the community				
State	Overall In State	Community-Based	Individual Home	Parent's Home
MD	64%	68%	n/a	59%
NCI Average	49%	51%	45%	48%
People have community employment as a goal in their service plan.				
State	Overall In State	Community-Based	Individual Home	Parent's Home
MD	40%	25%	61%	52%
NCI Average	24%	21%	37%	23%

Special Projects

NCI can be used beyond the sample size of 400 when...

- States want to track a particular population
- States want to compare systems within the state
- States want to ask additional questions

Strengthening Service Delivery and Quality System-Wide

- Providing NCI survey findings to state and regional quality councils for review, analysis and feedback
- Identifying quality concerns and prioritizing service improvement activities
- Comparing the state's performance against that of other states
- Targeting areas for remediation and improvement at the state and system levels in line with CMS requirements



The NCI-AD State Initiative

Background

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- Joint project of NASUAD, HSRI and NASDDDS
 - ▣ With help from the Muskie School of Public Service, University of Southern Maine
- In 2012, NASUAD's Board voted to begin work to expand the scope of the current NCI to include older adults and adults with physical disabilities.
- Grew out of a concern about the limited information currently available to help states assess the quality of life and outcomes of this population receiving LTSS through state programs.
- Began with the revision of the in-person Consumer Survey.
- Received funding from the Administration for Community Living to support pilot work and expect additional funding to help finalize the survey and support Year 1 rollout.

Development Process

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- June 2013 – Meeting with Steering Committee to discuss each potential indicator
 - Homework: Rank each indicator from 0 (not important) to 3 (critical)
- June – August
 - Draft background and survey questions
- September 2013 – Steering Committee met for to discuss the draft survey
 - Total of 7 revisions based on several avenues of feedback
- November 2013 – Focus groups with older adults and individuals with disabilities receiving state services in Massachusetts
- December 2013 – In-person testing of the survey with service recipients in Maine
- December 31, 2013 – Final draft of NCI-AD Consumer Survey, version 1

- 3 pilot states: Minnesota, Georgia, and Ohio
- Sample could include recipients of Medicaid state plan and waiver services (aging or non-I/DD disability), Older Americans Act services, and state-funded only services
 - ▣ Must be receiving case management and one additional service
- Each state to collect at least 400 interviews
- Oct 2013 – Jan 2014 – TA Calls with each state individually
- Jan 2014 – First round of interviewer training in Georgia
 - ▣ Feb 2014 – Minnesota & Apr 2014 – Ohio
- Gave until the end of September 2014 to complete pilot
 - ▣ As of beginning of Aug 2014 all states had submitted data

Next Steps

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- Analyze pilot results, report
- Revise survey
 - ▣ Analysis of pilot data
 - ▣ Interviewer comments
 - ▣ Direct vendor and interviewer feedback
 - ▣ Shadowing observations
 - ▣ Expert feedback
- Small-sample testing of revised survey
 - ▣ Cognitive testing
 - ▣ Reliability study

Final Revision

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- Final revision
- Spanish translation
- ODESA

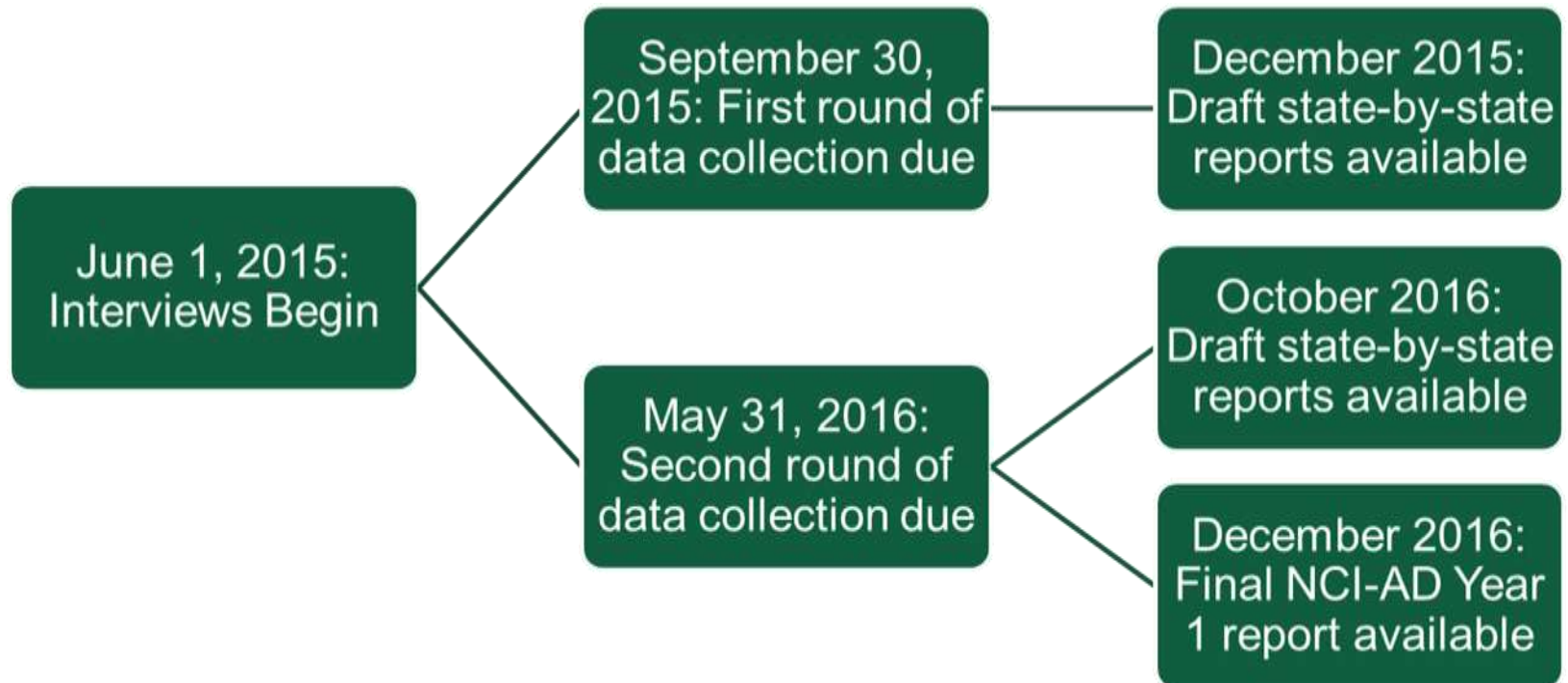
- Rollout!!!

Nationwide Rollout

What's Happening Now?

- Ongoing introductory conversations with interested states
- Interested in including all payers and all settings in each state's sample
- June 2014 – Now: All-state technical assistance calls
- Beginning state-specific TA and project planning calls
- 8 new states and 3 pilot states committed to Year 1
- Accepting up to 15 new state to the project for Year 1

Two Rounds of Data Collection



First Glance at Pilot Results

Preliminary analysis of two states

Pilot results – sample

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- Two states:
 - “State 1”
 - 33% in physical disability waiver/s
 - 48% in older adults waiver/s
 - 19% in OAA program
 - “State 2”
 - 23% in physical disability waiver/s
 - 68 in older adults waiver/s
 - 9% in OAA program

Selected results – Services and supports

- Most common services people said they were getting:

	PCA	Homemaker	Transportation	Meal assistance
State 1	52%	70%	53%	62%
State 2	85%	76%	44%	53%

- How people first learned about services:

	Friend	Family	AAA	ADRC	LTSS provider	State agency	Doctor	Case manager	Other
State 1	7%	17%	1%	2%	3%	12%	9%	22%	16%
State 2	15%	22%	9%	2%	8%	4%	12%	5%	11%

Selected results – Services and supports

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- Did person get enough info?

	no	maybe, not sure	yes
State 1	5%	5%	87%
State 2	5%	8%	82%

- Did person help plan services?

	no	yes, some	yes, all
State 1	30%	19%	48%
State 2	25%	16%	53%

Selected results – Services and supports

- Services meet needs:

	no	some needs/ some services	yes
State 1	2%	12%	84%
State 2	3%	16%	80%

- Additional services needed: PCA, transportation, homemaker, nutritional assistance, health/mental/dental care, housing assistance, environmental adaptations, social/relationships

Selected results – Services and supports

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- Case manager talked to person about services that might help meet need:

	no	maybe, not sure	yes
State 1	36%	13%	49%
State 2	36%	9%	52%

- Person is in charge of services:

	no	sometimes, some services	yes
State 1	16%	11%	67%
State 2	9%	13%	74%

- Most people know who to call with a question (85% in both states) or a complaint (80% in State 1, 85% in state 2)

Selected results – Services and supports

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■ Person can reach CM:

	no	sometimes	yes
State 1	4%	8%	87%
State 2	6%	11%	81%

■ General satisfaction with services:

	very dissatisfied	somewhat dissatisfied	neutral	somewhat satisfied	very satisfied
State 1	2%	3%	5%	19%	69%
State 2	1%	4%	3%	27%	65%

Selected results – Services and supports

■ Primary support:

	paid direct care worker	paid relative	paid friend	unpaid relative	unpaid friend or volunteer	other
State 1	57%	6%	1%	26%	5%	4%
State 2	54%	7%	1%	33%	2%	1%

■ Paid workers change too often:

	no	some	yes
State 1	67%	9%	20%
State 2	64%	16%	17%

Selected results – Services and supports

- Can change paid workers if want to:

	no	maybe, not sure	yes
State 1	17%	7%	67%
State 2	3%	7%	87%

- Paid workers come and leave when supposed to:

	no, never or almost never	usually	yes, always
State 1	3%	7%	89%
State 2	3%	13%	80%

Selected results – Services and supports

- Paid workers do things the way person wants:

	no, never or almost never	usually	yes, always
State 1	3%	20%	76%
State 2	4%	15%	77%

- Person feels safe around paid workers:

	no, never or almost never	usually	yes, always
State 1	0%	3%	98%
State 2	1%	7%	89%

Selected results – Access

- Person would prefer to live somewhere else:

	no	yes
State 1	69%	25%
State 2	66%	31%

- What prevents from living somewhere else:
 - ▣ Finances
 - ▣ “too much trouble to move”
 - ▣ Health/physical/mental condition
 - ▣ Accessibility (11% and 12%)

Selected results – Access

- Person would have to live somewhere else without current services:

	no	maybe, not sure	yes	dk
State 1	30%	12%	47%	7%
State 2	41%	18%	35%	3%

- Person may need to move in next year:

	no	yes	dk
State 1	73%	20%	6%
State 2	73%	21%	5%

- Where would like to move:

- Own home/apt (46%, 66%), assisted living (26%, 9%), nursing facility (7%, 4%)

Selected results – Access

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- Most common home modifications people need:
 - ▣ Grab bars (6% and 14%), bathroom modifications (5% and 20%)
- Most common assistive devices people need:
 - ▣ Glasses, hearing aids, scooter, wheelchair
- Many people afraid of falling;
- Someone has worked with person to reduce risk of falling:

	no	maybe, not sure	yes
State 1	57%	3%	37%
State 2	40%	4%	53%

Selected results – Community Participation

- Person participated in some social activity in last 30 days (either inside of home or outside of home):

	no	yes
State 1	28%	72%
State 2	41%	59%

- Why hasn't participated:
 - ▣ Did not want to (31%, 42%)
 - ▣ Health/physical limitations (26%, 47%)
 - ▣ Transportation (20%, 15%)
 - ▣ Accessibility (10%, 16%)

Selected results – Community Participation

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- Gets to do things outside of home when wants to:

	no	sometimes	yes	n/a - doesn't want to
State 1	11%	9%	76%	4%
State 2	16%	14%	58%	10%

- Why not:
 - ▣ Health/physical limitations (39%, 54%)
 - ▣ Transportation (43%, 46%)
 - ▣ Accessibility (21%, 26%)
 - ▣ Cost (16%, 25%)

Selected results – Employment

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- Most people do not work (92%, 99%)
- However, many people would like a job (16%, 14%)
- Person likes how they typically spend time during the day:

	no, never	some days, sometimes	yes, always
State 1	8%	23%	68%
State 2	9%	29%	60%

Selected results – Relationships

- Most people can see their friends, family (if there are friends and family)
- How often is the person lonely:

	never or almost never	not often	sometimes	often
State 1	36%	23%	25%	14%
State 2	34%	18%	32%	14%

- How often is the person sad/depressed:

	never or almost never	not often	sometimes	often
State 1	34%	18%	33%	14%
State 2	31%	19%	32%	16%

Selected results – Care Coordination

59

- Person felt ready to go home after ER visit or hospital stay:

	no	in-between	yes
State 1	12%	4%	79%
State 2	8%	8%	84%

- Someone followed up:

	no	yes
State 1	16%	79%
State 2	18%	73%

Selected results – Functional Competence

60

- Person feels as independent as they can be:

	no	in-between	yes
State 1	8%	8%	82%
State 2	9%	10%	80%

- Person feels in control of life:

	no	in-between	yes
State 1	11%	12%	74%
State 2	11%	14%	73%

Data powered by HSRI

Project managed by NASUAD

For Additional Information:

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<http://nasuad.org/initiatives/national-core-indicators-aging-and-disabilities>