ACL/AoA Data Redesigns: "SPR" and "NORS"

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HCBS conference

August 31, 2015

Session Overview

- Introductions & Thank You
- ACL/AoA Administrative Data Reporting (ADR) Updates
  - Discussion Time
- NORS (National Ombudsman Reporting System) Updates
  - Questions
- Wrapup

ACL/AoA Administrative Data Redesign (ADR)

A Status update: revisions to the State Program Report

Current SPR/NAPIS Requirements

Current SPR data elements: Client Characteristics

Older Adults: registered clients	Caregivers: registered clients
Age	Age
Sex	Sex
Rural	Rural
Poverty	Race
Lives alone	Ethnicity
Race	CG Relationship
Ethnicity	# of care recipients under age 18
ADLs	# of care recipient with disabilities age 19 – 59
IADLs	

Current SPR data elements

Service Data Elements	Additional Data Elements:
# Service Providers	FTEs
# of AAAs Direct Service Provision	Providers
Unduplicated persons served	Focal Points
Service units	Senior Centers
# persons served at high nutrition risk	Accomplishments
Title III Expenditure	
Total service expenditure	
Program income received	
Title III Expend ($) by Part (B, C1, C2, D)	

Aggregate Data Complexity

SECTION I. Elderly Clients

C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services

(Report information for all Cluster 1 services combined and each service separately.)

_____	Total Cluster 1 Clients	_____	Personal Care	_____	Homemaker
_____	Chore	_____	Home Delivered Meals	_____	Adult Day Care/Health
_____	Case Management				

ADL SUMMARY FOR	All Ages* Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL
Total Clients																				
Clients with Age Data																				
Age Missing																				
ADLs Missing																				
Female																				
Male																				
Gender Missing																				
Rural																				
Rural Missing																				
Income below Poverty Level																				
Poverty Missing																				
Live Alone																				
Live Alone Missing																				
Clients by Ethnicity																				
Hispanic / Latino																				
Not Hispanic or Latino																				
Ethnicity Missing																				
Clients by Race or Ethnicity																				
White (Alone) – Non-Hispanic																				
Total Minorities																				
White (Alone) - Hispanic																				
American Indian or Alaskan Native (Alone)																				
Asian (Alone)																				
Black / African American (Alone)																				
Native Hawaiian or Pacific Islander (Alone)																				
Persons Reporting Some Other Race																				
Persons Reporting 2 or More Races																				
Race Missing																				

* Total includes OAA specified eligible meal participants under age 60.

Why a Redesign?

Goals for Redesign

ADMINISTRATIVE DATA REDESIGN TIMEFRAME

2014	2015-2016	2017-2018
Yesterday	Today	Tomorrow
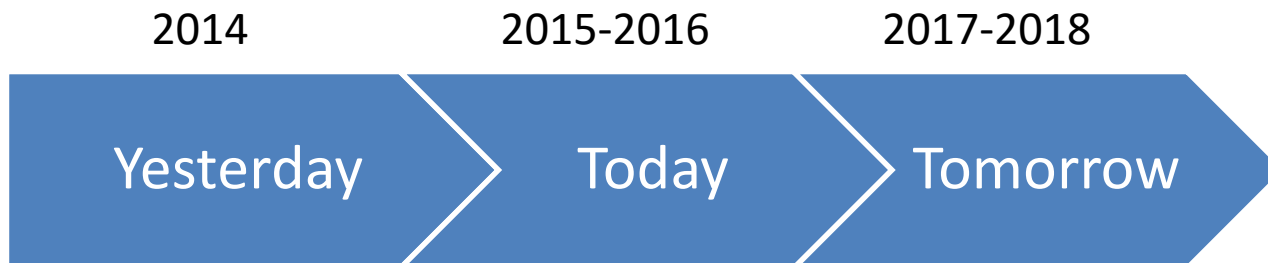
YESTERDAY

ADRW
(Administrative Data Redesign Workgroup)

MAJOR THEMES:

1) Need for clarification of definitions, 2) Need for greater consistency, 3) Getting the data we need to tell the Network's story, 4) Alignment with other data collection efforts

INPUT COMMITTEES (ICs):

1) Rural, 2) Poverty/income, 3) Transportation, 4) Nutrition Counseling & Nutrition Education, 5) Outreach/Information & Assistance, 6) Expenditure Reporting

ACT GROUPS:

1) NFCSP, 2) Other Services, 3) ADRC Reporting, 4) IIID program reporting, 5, Nutrition Risk Index, 6) Outcomes

TODAY

TOMORROW

Other ways we aim to improve aggregate data collection

- **CLARIFICATIONS**:
- Improve clarity of "SPR" definitions
    - Particular focus on IC and ACT groups input
- Provide more examples in "SPR" requirements document Increase consistency
    - Explore alignment with HCBS taxonomy
    - Explore alignment with other ACL data reporting

Other ways we aim to improve aggregate data collection

- **POSSIBLE CHANGES**:

- Reduce amount of crisscrossing ADLS/IADLS with demographic information

- Remove Developmental Accomplishments section

- Reduce reporting of AAA & State staff breakdowns

- Reduce information on focal points and senior centers

- Remove some "SPR" data elements that can be captured in the National Survey of Older Americans Act Participants (NSOAAP)

DISCUSSION TIME

Pilot Consumer-Level data

- Believe in the future it will be an easier/less burdensome way to report data

- Provides better information at the Federal, State, and Local levels for all to access

NORS Next:

The status of proposed revisions to the National Ombudsman Reporting System

Becky A. Kurtz
Director, Office of Long-Term Care Ombudsman Programs
August 31, 2015

Overview

- National Ombudsman Reporting System (NORS) and need for change

- Proposed approaches and data collection changes

- Process moving forward

What is NORS?

National Ombudsman Reporting System

- Data elements that State LTC Ombudsmen are required to collect and report to ACL:
- Cases, complaints
- Types of complaints received and outcome (resolution)
- Consultations

- Funds expended and sources
- Staff FTE
- Numbers of volunteers and hours
- Activities: e.g., training, facility coverage (visits), resident and family councils
- Major LTC issues (narrative)
- Legal assistance/remedies (optional narrative)

Why do we need to revise NORS?

- Improve reliability of data
  - "The first concern is the large number of inconsistencies across states on the major categories of NORS data. . .
  - These inconsistencies preclude one from distinguishing true differences in patterns of complaints from flaws in the data system."

  (HHS Assistant Secretary for Planning and Evaluation, 2010)

Why do we need to revise NORS?

- Improve clarity of ACL-provided instructions and definitions
  - 85% of surveyed ombudsmen stated that they do not consistently follow the NORS categories in reporting complaints.
  - Ombudsmen reported finding it difficult to categorize complaints when several categories apply.

  ("State Long-Term Care Ombudsman Data: Nursing Home Complaints," HHS Office of Inspector General, July 2003)

Why do we need to revise NORS?

- Enhance ACL's ability to understand and report on:
  - LTCO program operations,
  - experience of long-term care facility residents
- Update to reflect changes in:
  - in LTC Ombudsman program operations and
  - long-term supports and services policies, research, and practices

"NORS Next" Process

- Internal ACL workgroup met (2012)
  - focused on data needs as a federal agency
- External workgroup (2013) included:
  - 6 State Ombudsmen representing the National Association of State Ombudsman Programs (NASOP);
  - 4 representatives of the Office (i.e. "local ombudsmen"), including representation from National Association of Local Long-Term Care Ombudsman association (NALLTCO)
  - 3 ACL staff
- ACL work with contractor on data design (beginning October 2014)

ACL Goals in Designing "NORS Next"

- Improve accuracy and reliability of data,

- Simplify collection and reporting by programs,

- Only collect data that ACL uses,

- Collect data in a format that can be better analyzed to better understand:
  - LTC Ombudsman program operations
  - LTC residents' experiences

Proposed Approaches: Data Collection

- Simplify Complaint Data Collection:

- Complaint categories
  - reduce the number of categories (from 119 to 58)

- Complaint resolution ("disposition")
  - reduce the number of options (from 8 to 3)

Proposed Approaches: Data Collection

- Activities:
  - stop collecting information ACL doesn't use
  - e.g., % of time spent in technical assistance; advocacy

- Narratives:
  - improve consistency and quality by providing more structure and direction

- NORS instructions, terms and definitions to:
  - updated to more accurately reflect policy and practice
  - use more person-centered language

Proposed Approaches: Data Collection

- Eliminate State/local-level activity distinction
  - State and local-level entities may continue to collect data, but ACL does not use so no need to report below statewide level

- Identify information of value to ACL that isn't currently collected

Proposed Changes: New Data Elements

- Organizational location of Office of State LTC Ombudsman
  - e.g., state unit on aging, independent state agency, non-profit
- Organizational conflicts of interest
  - identified and brief narrative on steps taken to remedy/remove
  - Required by new LTCO Rule (effective 2016)
- Coordination between the Ombudsman program and other entities

Proposed Changes: New Data Elements

- Complaint-related information:

- Complaints referred
  - to which types of agencies complaints are referred

- Legal Assistance
  - whether the Ombudsman program consulted with an attorney on case

Proposed Changes: New Data Elements

- Certain activities reported by facility type
  - e.g., nursing home, residential care community
  - Would help ACL better understand to whom services are provided

- Number of facilities visited

Proposed Approaches: Data Transmission

- Move from a static report to the **transmission of data tables for cases and complaints**

Benefits:

- Transmission of data is more reliable (would eliminate manual data entry into Ombudsman Reporting Tool (ORT)

- National Association of State LTC Ombudsman Programs (Bader Report, 2002):

  NASOP should work with the Administration on Aging and others to plan a national reporting system that will incorporate **disaggregated data** that can be useful for comparisons, further study and research that supports advocacy, accountability, consumer information, and training through comparisons, further study, and research.

Improved Complaint Analysis Example

ACL would be able to analyze resolution by type of complaint

Complaint Category	Complaints	Verified	% Verified	Resolved	% Resolved
Abuse& Neglect, Exploit	165	57	35%	44	77%
Transfer/Discharge	373	329	88%	283	86%
Care	668	564	84%	526	93%

NORS "Next" will . . .

- be used for data receipt, data processing, and data storage.

- allow States to transmit and submit data sets, track their submissions, and review the quality of their data sets.

- enable ACL to review submissions from States and access data for improved analysis and processing.

- utilize a web-based platform;
  - data transmission will be in a common format (such as XML)

Next Steps

- Current NORS and Ombudsman Reporting Tool to be extended through July 2017

- Completing work on final design products

- Plans for a future contract to develop the new reporting tool software

- Publication of design plans
  - ACL plans to submit a Paper Work Reduction Act (PRA) request to the Office of Management and Budget (OMB) for publication in the Federal Register

- . . . and opportunity for public comment – we want YOURS!

Next Steps

- We recognize that states will need training and technical assistance both on the data collection changes and the technical aspects.

- For specific questions about NORS current or future contact: Louise Ryan, Ombudsman Program Specialist, Louise.Ryan@acl.hhs.gov or (202) 357-3503

Questions?

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Assessment of State Systems

For compliance with
the HCBS settings rule

Purpose of this Presentation

- Review foundations of useful, comprehensive assessment that will satisfy CMS HCBS settings rule requirements

- Review CMS sub-regulatory guidance and recommendations for assessment of state systems and settings

- Review current status of assessments across the statewide transition plans

- Answer questions

Assessment Components

STEP ONE

- Review of rules, regulations, policy, the administrative foundation for a state's system

What does the Toolkit Say?

"CMS expects that states must first determine their current level of compliance with the settings requirements and provide a written description to CMS. Included in the written description should be the state's assessment of the extent to which its <u>standards, rules, regulations, or other requirements comply with the Federal HCBS settings requirements</u> and the description of the state's oversight process to ensure continuous compliance.

Two Results:

"A state may determine that existing state standards meet the Federal settings requirement, the state's oversight process is adequate to ensure compliance, and, therefore, any settings currently approved under the state's standards meet the Federal settings requirement."

OR…

"The state determines that its standards may not meet the Federal settings requirements. In this scenario, the state includes in the Statewide Transition Plan the specific actions to be taken to come into compliance.

- These actions might include proposing new state laws or regulations or revising existing ones;

- Revising provider requirements;

- Conducting statewide provider training on the new state standards;

- Adjusting reimbursement rates, definitions, or provider qualifications"

A Good Process

- State conducts an exhaustive review of all the code sections, waivers, provider manuals, etc., describing service settings and practices

- Identifies where their rules and regulations conflict with the HCBS Rule, or are silent and should be amended to more explicitly support the Rule

- Propose changes; identify the process needed; (regulatory change process, legislation, provider manual policy change for example); sets a deadline for changes

Best Examples

- STP included an active link to the code sections so any consumer could open it and see how it compared with the rule

- States that did a thorough job early on – you can't change provider practice unless the rules allow it

- Some states passed overarching HCBS policy that became the framework for implementation (see next slide)

"This rule will specify the settings in which HCBS may not be provided and will include a requirement that individuals be offered the opportunity to choose among services or a combination of services and settings that address the individual's assessed needs in the least restrictive manner, promote the individual's autonomy and full access to the broader community, and minimize the individual's dependency on paid support staff. This rule will also outline the elements required in written agreements for individuals choosing to receive services in provider-owned or controlled settings."

Good example

- **The first two pages of the transition plan contained links to all relevant rules, regulations and policies for the waiver programs, making it very easy for the public to go behind the plan and read the state's existing policies.** The administrative and regulatory review proceeds component by component of the federal rule, and then for each setting by waiver; identified the current status, identified the gaps between the Rule and the current status and proposed remediation.

Good example 2

- It includes brief descriptions of the state's processes in place and how they will be employed toward continual assessment and assurance of compliance. The coverage includes:
- Licensure and certification process
- Area Office Oversight
- Service Coordinator Supervisor Tool:
- Incident Reporting:
- Human Rights System:
- Site Feasibility:
- Quality Councils:
- National Core Indicator Surveys

STEP 2

ASSESSMENT OF INDIVIDUAL SETTINGS

What Did the Toolkit Say?

"States may also administer surveys to providers to determine whether the settings in which those providers operate meet the home and community-based settings requirements."

- Providers could "self-assess" their compliance with the Federal requirements or provide information required by the state to make a determination of compliance.

- States could perform assessments of individual settings to <u>verify compliance</u>.

Tools for Assessment

"States may conduct – or develop a tool for qualified entities to conduct – site specific evaluations of settings using the Federal requirements

- May be conducted by entities including,
    - state personnel,
    - case managers that are not associated with the agency operating the setting in which services are provided,
    - licensing entities,
    - Managed Care Organizations,
    - individuals receiving home and community-based services,
    - representatives of consumer advocacy entities such as long-term care ombudsman programs
    - protection and advocacy systems."

Surveys

Most states proposed provider self-assessments. The following elements are necessary for this to be a valid method of assessing a state's settings:

- Ensure that the instructions are clear. Provide an electronic template that can be reproduced for each setting.

- The self-assessment should track the requirements of the rule very closely; using the exploratory questions is a good approach

- ALL providers should complete an assessment on ALL the settings under their control

- The survey should be available in multiple formats - electronic and paper

- The surveys must contain an identifier unique to that provider and each setting – only a couple states were explicit about this in their assessment plans

Continued…

- Each question or indicator should measure only one element of the rule.

- Yes / No responses are not adequate. States must require providers to submit evidence to support their responses. The best surveys give a list of acceptable data or documents that the provider can use to support their claim that the setting is compliant.

- An inventory of settings for each category should accompany the surveys so they can be double checked.

- The surveys should identify settings that will need to come under heightened scrutiny

Good Example 1

One survey goes through each element of the rule and instructs the provider on the types of evidence necessary to document that their setting meets HCBS requirements. A survey has to be completed for EACH setting the provider operates or co-operates. This evidence includes:

- Provider Policies/ Procedures
- Plan of Care
- Resident Handbook
- Lease/Residency Agreements
- Staff training curriculum and materials
- Training Schedules
- Licensure/certification

Providers unwilling to complete assessment and submit plans for remediation within the five year period are subject to terminations.

Good Example 2

The plan included separate and complete tables and deadlines for residential and non-residential settings. Each setting type will undergo an administrative and regulatory review, a provider self-assessment, a participant assessment, an analysis and validation process, and mandatory site visits for settings whose survey results indicate they may be isolating. The state explicitly details a survey matching procedure for validation purposes.

Good Example 3

The plan lays out in the very beginning each waiver program and an assessment of the adherence of the regulations to the rule. An extensive appendix included the specific regulation citations for each program, referenced the rule requirements that were missing and specified what needed to be added or amended.

In contrast:

The providers developed the survey and then they responded to it.

Response was not mandatory, so < 30% of providers did respond.

The instructions requested information on ALL settings on one form, were not consistent throughout the survey and did not account for any non-residential settings.

Here is one item:

- **Do all settings in which the agency provides waiver services have a process for protecting the privacy, dignity, and respect of recipients?**

- ☐ **Yes**

- ☐ **No**. For each setting that does not meet this requirement, list the name and address of the setting, and what the agency will do to bring it into compliance.

STEP 3

VALIDATION OF ASSESSMENTS

Another look by another entity to verify the regulatory and/or provider self-assessment

Validation options are participant surveys; site visits; documentation from the public; GIS maps or site schematics; photographs; testimonials collected by neutral parties.

Site visits

"States may conduct specific site evaluations through a variety of standard processes including, but not limited to

- licensing reviews

- provider qualification reviews

- support coordination visit reports.

- States may also engage individuals receiving services as well as representatives of consumer advocacy entities (such as long-term care ombudsman programs and protection and advocacy systems) in the assessment process."

What does the Toolkit say?

"If the state has chosen to assess individual sites to determine whether or not they are in compliance with the federal home and community-based settings requirements, the state includes a description of how the state conducted, or plans to conduct, its site-specific assessments and a list of specific settings that were, or will be, assessed."

Toolkit

- "States may also perform on-site assessments of a statistically significant sample of settings. When states do not have full knowledge of the settings in their system, CMS strongly encourages, at a minimum, a sampling approach to on-site reviews."

- Statistically valid sampling means the number of providers selected for review is proportionally representative of the total number of settings OF THAT TYPE in the state (see next)

- And, be random among rural, suburban, urban, etc.

Validating Provider self-assessments

- For states with a wide range of setting types, the sampling should be stratified – a statistically representative number of settings FOR EACH type of setting should be visited.
- Stratified sample means X% of adult foster homes, X% of group homes, X% of sheltered work facilities, X% Adult Day services, etc.
  - Site visit records need to have same identifier as provider self-assessment and participant assessment if one was done.
  - Site visit interviews or documents should have similar items to the other assessments so a comparison can be made.

Participant Surveys

- Several states proposed conducting participant surveys or face to face interviews of individuals who use services as a way to validate provider self-assessment.

- In order for this approach to be validating, the participant's survey or interview must be connected to the provider survey on the setting using the same identifier; otherwise it is apples to oranges

National Core Indicators

- Many states proposed using National Core Indicators data to validate provider self-assessments.

- NASDDDS has done a crosswalk of the elements of the Rule with NCI indicators.

- However, as it is currently constructed, NCI should only be used for examining trends in state SYSTEMS over time.

- NCI is not site-specific UNLESS the state affixes a discrete identifier that is the same as the identifier on provider self-assessments.

Validating Provider self-assessments

- Participant / consumer surveys or interviews.
    - Must have the SAME identifier as the provider's settings identifier so they can be matched. THIS is what validates the provider's assessment.
    - Best if the items are similar or exactly the same, even if worded more simply. You cannot make a comparison if the items are different.
    - A participant survey should be done within more or less the same time frame as the provider self-assessment, so the results are comparable in time. We have seen too many plans where the participant survey is scheduled a year after the provider self-assessment, and sometimes after when state submits the plan to CMS again. This discounts the participant results as validating.

What does the Toolkit say?

"It should be noted that assessment of individual settings is not a substitute for ensuring that state standards, regulations, policies, and other requirements are consistent with Federal requirements and that the state has an oversight system in place to assure ongoing compliance with the requirements. In addition, where the state is submitting evidence that a setting presumed not to be home and community-based is in fact home and community-based and does not have the qualities of an institution, evidence of a site visit will facilitate the heightened scrutiny process."

STEP 4

SORTING SETTINGS

Sorting Settings

Once survey is completed, state should sort settings into the following "buckets."

1) Setting is compliant;

2) Setting will be made compliant with remediation;

3) Setting cannot meet the federal requirements and must be removed from HCBS program

4) Settings is presumptively non-HCBS and state will submit evidence to overcome the "presumption" of institutional or isolating qualities

5) Setting is institutional (SNF, ICF/DD, IMD, H)

What does the Toolkit Say?

"If the assessment is based on state standards, the state needs to provide their best estimate of the number of settings that: 1) fully align with the Federal requirements; 2) do not comply with the Federal requirements and will require modifications; 3) cannot meet the Federal requirements and require removal from the program and/or the relocation of individuals; 4) are presumptively non-home and community-based but for which the state will provide justification/evidence to show that those settings do not have the characteristics of an institution and do have the qualities of home and community-based settings (to be evaluated by CMS through the heightened scrutiny process). "

"In instances where a system review identifies settings which are presumed not to be home and community-based (home and community-based) and the state intends to submit evidence that the setting is home and community-based and does not have institutional characteristics, CMS would expect an onsite assessment that supports the state's assertion."

- Without a complete settings assessment, states cannot:
  - Identify which settings are/are not in compliance or could transition to compliance
  - Identify settings *Presumed Institutional* in nature
  - Submit evidence for *Heightened Scrutiny*
  - Provide specific remedial actions
  - Provide more than general milestones/timeframes

- Concerns with the amount of time some states are projecting to complete the assessment phase and leaving adequate time for the actual transformation

STEP 5

REMEDIATION

What does the Toolkit say?

"If providers indicate they do not meet the new requirements, states should include remediation strategies in the Statewide Transition Plan, including actions and associated time frames for bringing the programs/settings into compliance."

How CMS is Reviewing the STWPs

- [HCBS Basic Element Review Tool for Statewide Transition Plans and HCBS Content Review Tool for Statewide Transition Plans](#)

Current Status

- CMS is reviewing the plans against basic element and content review tool. States are beginning to get letters detailing next steps for completion of their assessments, and deadlines for returning the plan to CMS.

- See http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/statewide-transition-plans.html

Questions?