

Community Living Policy Center Research on HCBS Quality & Managed LTSS

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San Francisco

HCBS Conference, Aug. 30 2016



Funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (grant 90RT5026) and the Administration for Community Living.

About the CLPC



- Five-year Rehabilitation Research & Training Center
 - More policy-focused successor to the PAS Center
- Housed at the Institute for Health & Aging, University of California San Francisco
- In collaboration with:
 - Disability Rights Education and Defense Fund
 - National Council on Aging and the Disability & Aging Collaborative
 - Department of Disability and Human Development at the University of Illinois at Chicago
 - PHI (formerly the Paraprofessional Healthcare Institute)
 - Topeka Independent Living Resource Center
 - Sibling Leadership Network
 - Henry Claypool, Policy Director

CLPC Research



- Promising Practices in State LTSS Systems
- Measuring Quality in Home and Community-Based Services
- State LTSS Policies, Practices, and Programs
- Studies of State Managed LTSS Programs
- Quantitative Research on Community Living
- Strategic Plan for Community Living Research

Promising Practices in State LTSS Systems



- Aiming to identify practices related to our vision of a model state LTSS system
- Focusing particularly on managed LTSS systems
 - Duals demos & Medicaid managed care
- Collecting and analyzing managed LTSS documents, including:
 - contracts with MCOs
 - applications to CMS and approvals, STC
 - quality strategies and reporting requirements
 - required instruments
 - participant data, when available



Research and policy development on long-term services & supports in the community

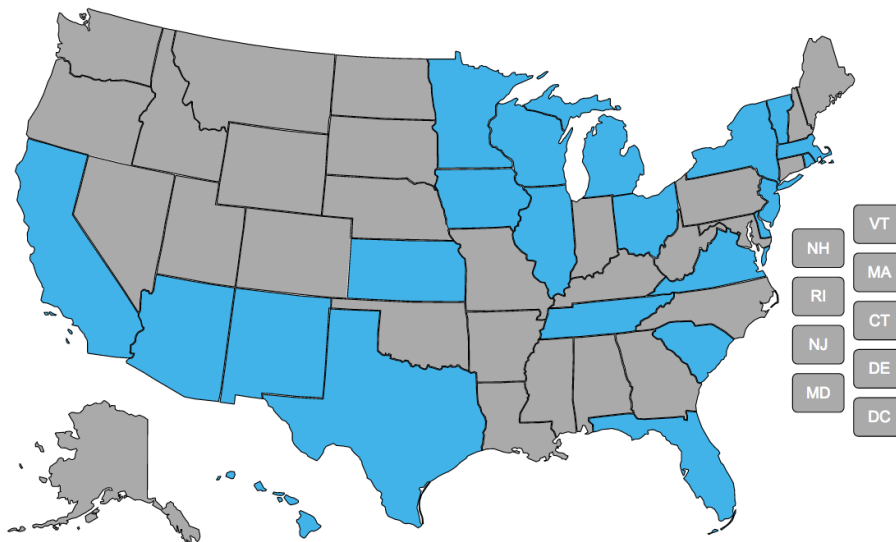
SEARCH

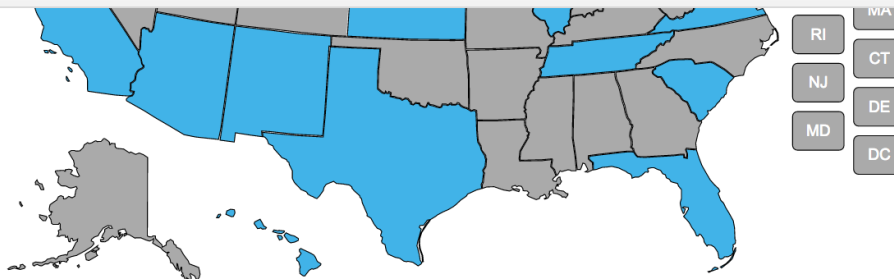
Community Living Policy Center

- NEWS
- PUBLICATIONS
- RESEARCH
- STATE MLTSS
- RESOURCES
- ABOUT
- CONTACT

State Managed LTSS Programs

Select State





Texas

STAR+PLUS

STAR+PLUS is a managed LTSS and acute healthcare program that has operated in Texas since 1998. Originally run as a 1915(b)/(c) Waiver program, STAR+PLUS became part of the state's 1115 Waiver, known as the Texas Healthcare Transformation and Quality Improvement Program, in 2012. The program expanded its scope to become statewide in 2014. Enrollment is mandatory for adults and voluntary for children in select Medicaid eligibility categories. Texas also launched a duals demonstration program in 2015 in six counties, allowing adult STAR-PLUS members who are also eligible for Medicare to receive integrated, managed Medicare and Medicaid services.

STAR+PLUS has three **capitation rate** categories: Nursing Facility, HCBS (has nursing home level-of-care need), and Other Community Care (receives LTSS only through the state plan). Rates also depend on Medicare coverage (dual versus non-dual) and region of the state.

MORE INFORMATION

[STAR+PLUS home page](#)

[Texas Duals Demonstration home page](#)

[NASUAD State Medicaid Integration Tracker page about Texas](#)

PROGRAM DOCUMENTS

STAR+PLUS contract with managed care organizations:

 [STAR PLUS Contract rev 2016.pdf](#)

Duals demonstration three-way contract:

 [TX STAR+PLUS Three-Way Contract.pdf](#)

Duals demonstration supplemental quality reporting requirements:

 [TX-specific duals-demo reporting requirements 2015.pdf](#)

Understanding promising models in managed LTSS



- A treasure hunt for interesting provisions:
 - Capitation structures to incentivize rebalancing
 - Assessment/planning/authorization/coordination
 - Medical necessity or alternative criterion
 - Support for consumer direction
 - Diversion & transition
 - Accessibility & disability competence
 - Quality measurement, incentives, reporting
- Plan to follow up & find out how practices work

Measuring Quality in Home and Community-Based Services



- Prior quality-related work of the CLPC team:
 - Inventory of survey measures focused on consumer outcomes
 - Advocates guide to quality measurement
- This Center:
 - LTSS Quality Conceptual Framework
 - National Quality Forum Committee on HCBS Quality
 - Inventory of survey measures classified by NQF domains
 - Managed LTSS measures classified by NQF domains

NQF HCBS quality committee: Really hard stuff



- Operational definition of HCBS
- Characteristics of high-quality HCBS
- Domains & subdomains of HCBS quality
 - 11 domains with 3–5 priority subdomains each
 - Domains & subdomains painstakingly defined
- Example promising measures
 - Mostly from consumer surveys & managed LTSS programs
- Global & domain-specific recommendations

Characteristics of high-quality HCBS: Examples



- Provides for a person-driven system that optimizes individual choice and control in the pursuit of self-identified goals and life preferences
- Promotes social connectedness and inclusion of people who use HCBS, in accordance with individual preferences
- Promotes privacy, dignity, respect, and independence; freedom from abuse, neglect, exploitation, coercion, and restraint; and other human and legal rights
- Engages individuals who use HCBS in the design, implementation, and evaluation of the system and its performance

HCBS quality domains: Examples



- Person-centered planning & coordination
 - An approach to assessment, planning, and coordination of services and supports that is focused on the individual’s goals, needs, preferences, and values...
- Community inclusion
- Choice & control
- Human & legal rights
- Consumer leadership in system development

HCBS quality subdomains: Examples



- Domain: Choice & control
 - Personal choices and goals
 - Choice of services and supports
 - Personal freedoms and dignity of risk
 - Self-direction
- Domain: System Performance and Accountability
 - Financing and service delivery structures
 - Evidence-based practice
 - Data management and use

Example promising measures:

Person-centered planning & coordination



- Subdomain: Assessment
 - Percent responding yes to: Do you believe that the result of your assessment identifies your real needs?
 - Number and percent with reassessment performed and service plans updated when needs/condition changed.
- Subdomain: Person-centered planning
 - Percent reporting that their care plan includes all of the things that are important to them.
 - Percent reporting they are the primary deciders of what is in their service plan.
 - Percent who have service plans that are adequate and appropriate to their needs and personal goals, as indicated in the assessment.
- Subdomain: Coordination
 - Percent who report: Their service coordinators help them get what they need.
 - Percent responding yes to: Has a case manager helped you solve a problem that you have told them about?
 - Percent responding yes to: Does your case manager help coordinate all the services you receive?

Global recommendations



- Support quality measurement across all domains and subdomains.
- Build upon existing quality measurement efforts.
- Develop and implement a standardized approach to data collection, storage, analysis, and reporting.

Global recommendations

- Ensure that emerging technology standards, development, and implementation are structured to facilitate quality measurement.
- Develop a core set of standard measures for use across the HCBS system, along with a menu of supplemental measures that are tailorable to the population, setting, and program.
- Convene a standing panel of HCBS quality experts to evaluate and approve candidate measures.



News

California Duals Demo Has Little Impact on Long-Term Services & Supports, Beneficiaries Report



Medicare and Medicaid beneficiaries participating in the California duals demonstration, Cal MediConnect, generally reported that the transition from a fee-for-service system to managed care had not affected the long-term services and supports (LTSS) they receive. In focus group interviews conducted as part of a CLPC/UC Berkeley...

[FIND OUT MORE](#)

Consensus Near on Priorities for Quality Measurement in Home and Community-Based Services



The National Quality Forum's [Committee on Home and Community-Based Services Quality](#), which is co-chaired by two CLPC researchers, is nearing completion of its work in identifying and prioritizing measurement domains and subdomains of HCBS quality. The Committee's members also include

Website: CommunityLivingPolicy.org
or clpc.ucsf.edu



**HCBS
Conference
Washington DC
8.31.16**

**Brian Abery &
Amy Hewitt**



**Home and Community Based Services Outcome
Measurement**



**INSTITUTE *on*
COMMUNITY
INTEGRATION**



**UNIVERSITY OF MINNESOTA
Driven to Discover™**

RRTC/OM partners and funding

- Primary partners
 - University of Minnesota – Institute on Community Integration
 - University of California–San Francisco
 - Temple University
 - The Ohio State University
 - National Council on Aging
- Funded by
 - National Institute on Disability, Independent Living and Rehabilitation Research NIDILRR/ACL

RRTC/OM primary goals

- Undertake a program of research designed to provide the data necessary to be able to report to end-users specific measures that are psychometrically sound for use with...
 - Specific populations
 - Intellectual and developmental disabilities
 - Physical disabilities
 - Psychiatric disabilities
 - Traumatic brain injury
 - Age-related disabilities
 - In specific settings, and contexts
 - Relevant risk adjusters
- Provide training and technical assistance to stakeholders on outcome measurement
- Eventual objective - NQF endorsement

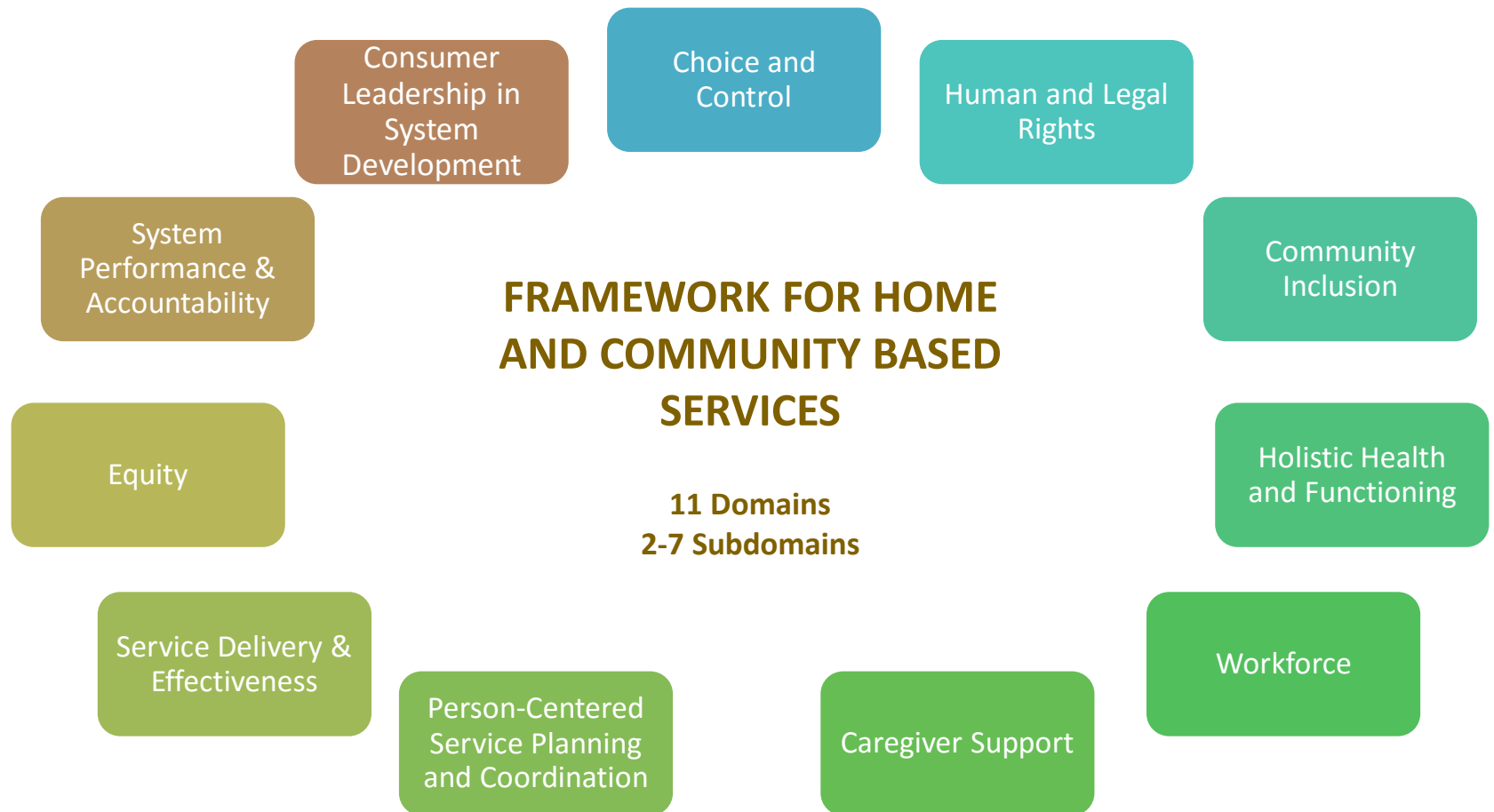
RRTC/OM research overview

- Determine whether we are currently measuring what's most important to measure as far as HCBS outcomes are concerned;
- Identify gaps between current measures and both the NQF framework and federal and state policy operational drivers.
- Identify which current measures are sufficiently psychometrically robust across populations to be utilized in their current form;
- Provide evidence, through extensive field-testing, to support the utilization of refined and newly developed measures.

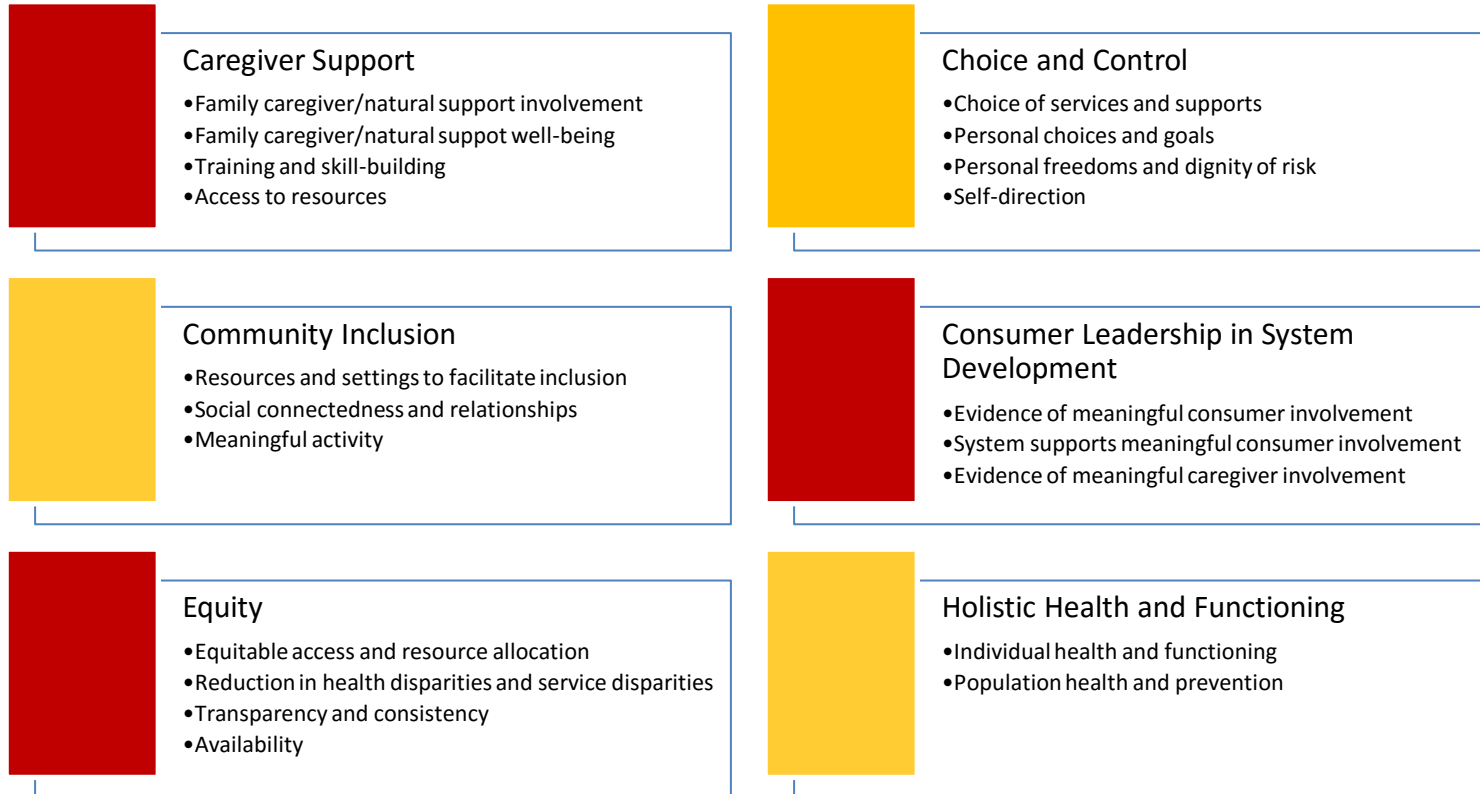
RRTC/OM research studies

- **Study 1:** Soliciting broad stakeholder input – NQF Measurement Framework
- **Study 2:** Gap analysis – NQF Measurement Framework & Current Instruments
- **Study 3:** Identification of high quality/fidelity implementation practices
- **Study 4:** Refinement and development of measures
- **Study 5:** Ascertaining Reliability, Validity & Sensitivity to Change of Measures
- **Study 6:** Identification & testing of risk adjusters

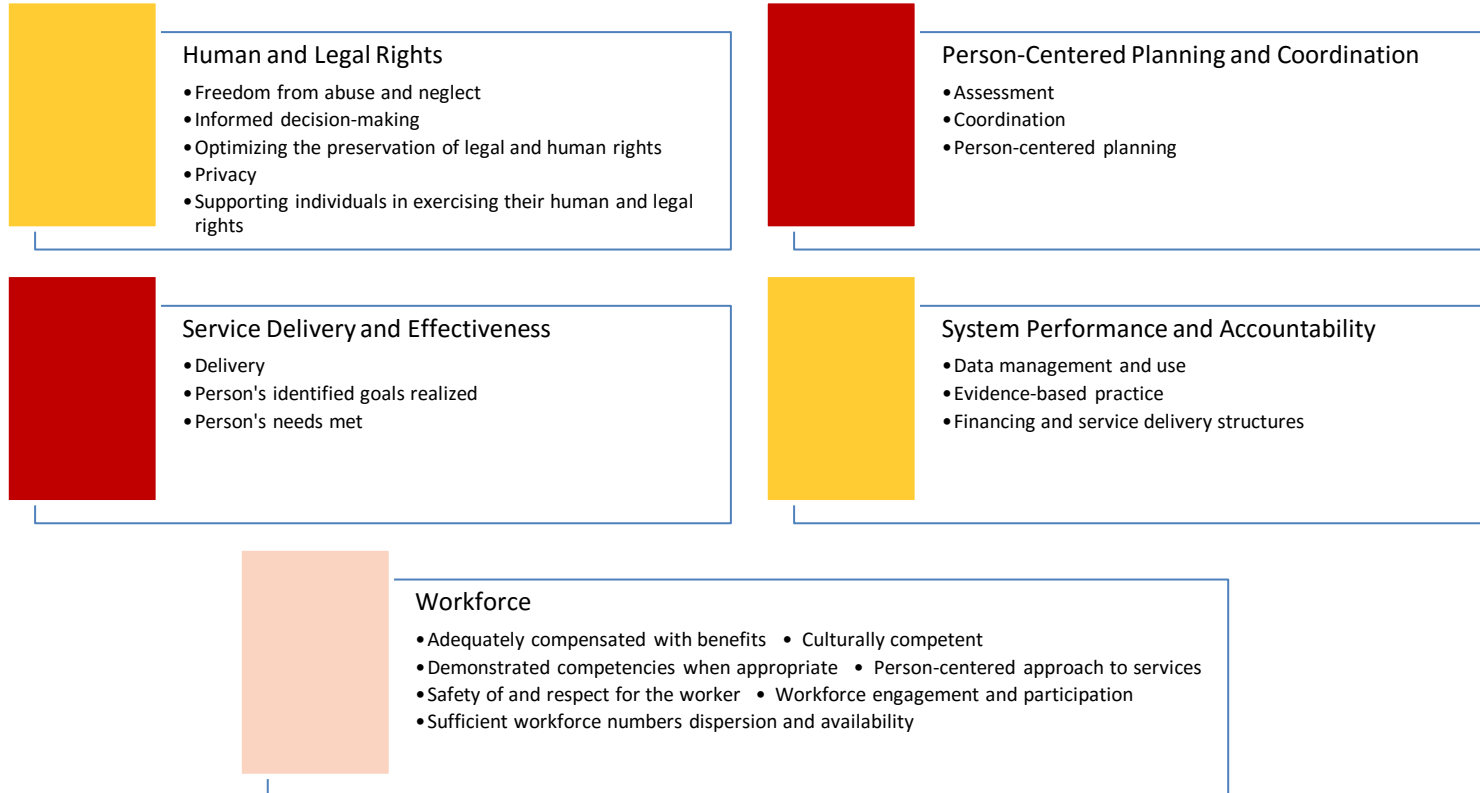
NQF framework



NQF HCBS domains and sub domains



NQF HCBS Domains and Subdomains



Participatory Planning & Decision Making

Multi Stakeholder Input Meetings

Participatory planning & decision making

Providing stakeholders with a voice

- Process structures decision-making for groups of so they can make judgments about multiple alternatives in this case the NQF framework
- Homogeneous, representative groups of stakeholders brought together (*persons with disabilities, family members, providers, & program administrators/policy-makers*)
- Five basic phases of the PPDM process.
- Stakeholders contribute ideas to framework under discussion
 - Add to new domains (broad criteria) &/or subdomains
 - Suggest removal of domains/subdomains viewed as unimportant
 - Provide importance weightings for each domain and subdomain
 - Discuss their thinking while undertaking importance weightings
 - Provide 2nd round of importance weightings
- Following weighting of both subdomains and domains, proportional importance weights assigned to each subdomain

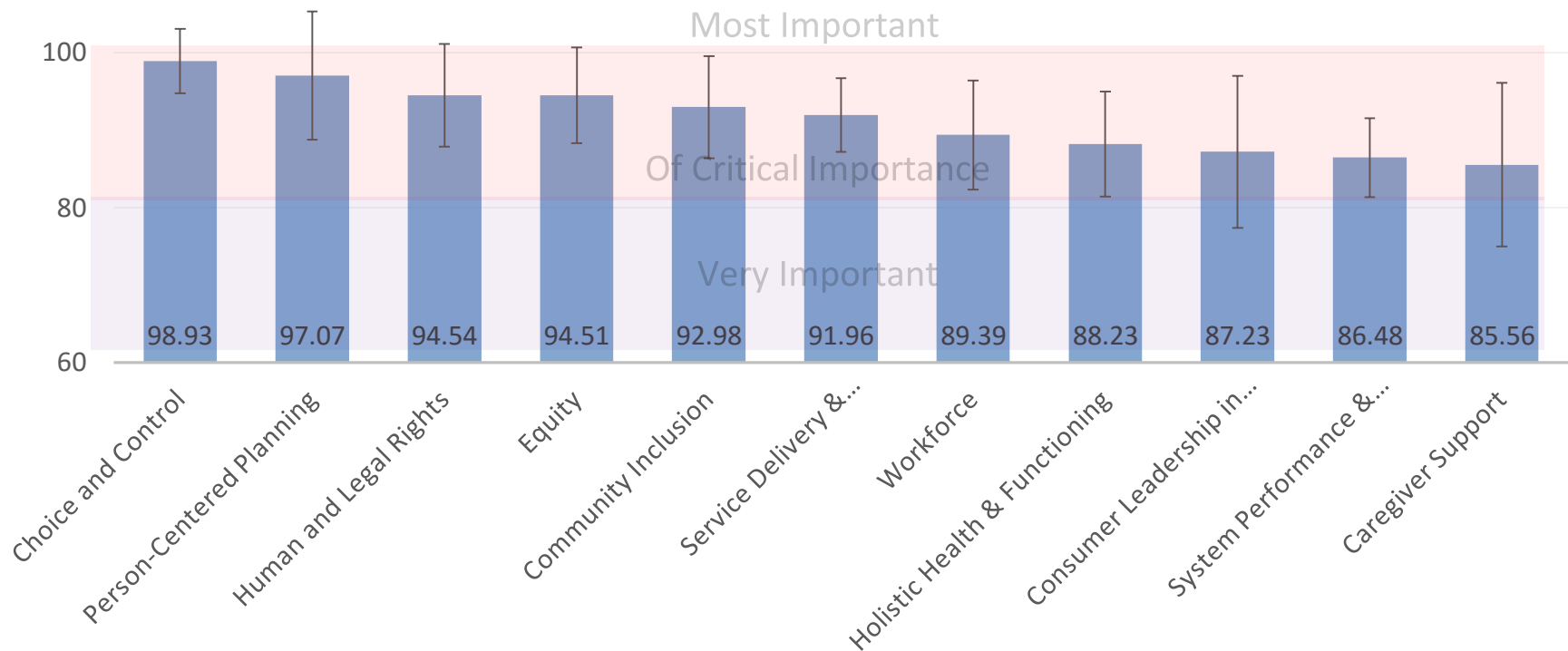
PPDM Importance Weightings & Consensus NQF domains

MN Program Administrators/Policy Makers

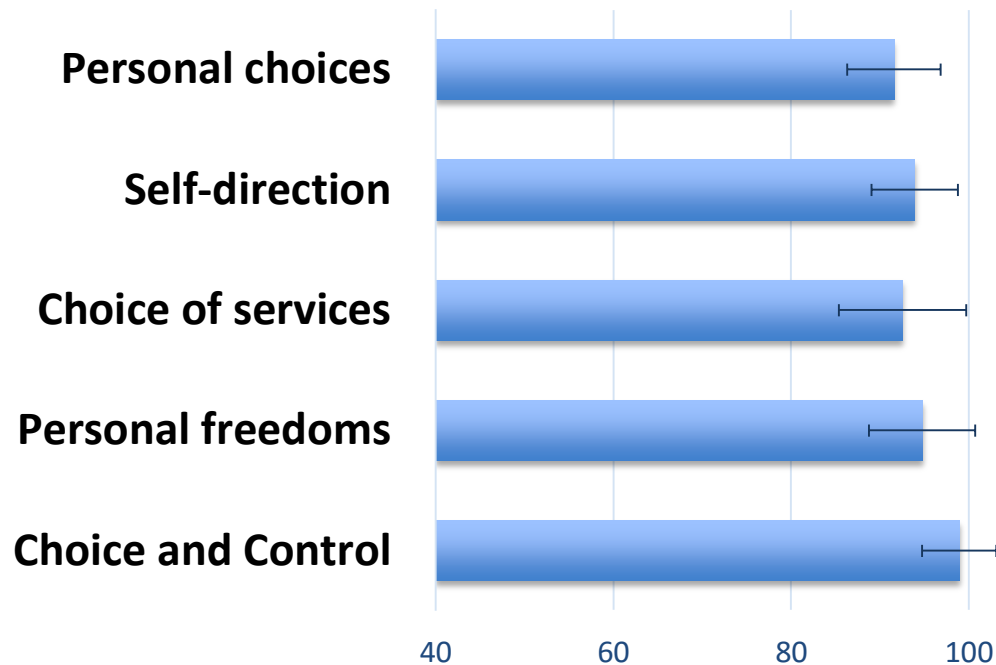
Variable Name	Mean	Consensus	Min	Max
Choice and Control	98.93	High	85	100
Person-Centered Planning	97.07	Low	70	100
Human and Legal Rights	94.54	Moderate	80	100
Equity	94.51	Moderate	85	100
Community Inclusion	92.98	Moderate	85	100
Service Delivery & Effectiveness	91.96	High	65	100
Workforce	89.39	Moderate	65	100
Holistic Health & Functioning	88.23	Moderate	75	99
Consumer Leadership in System Development	87.23	Low	65	99
System Performance & Accountability	86.48	High	65	100
Caregiver Support	85.56	Low	60	95

Bar graph of domain ratings

Note: Error bars are average difference among scores

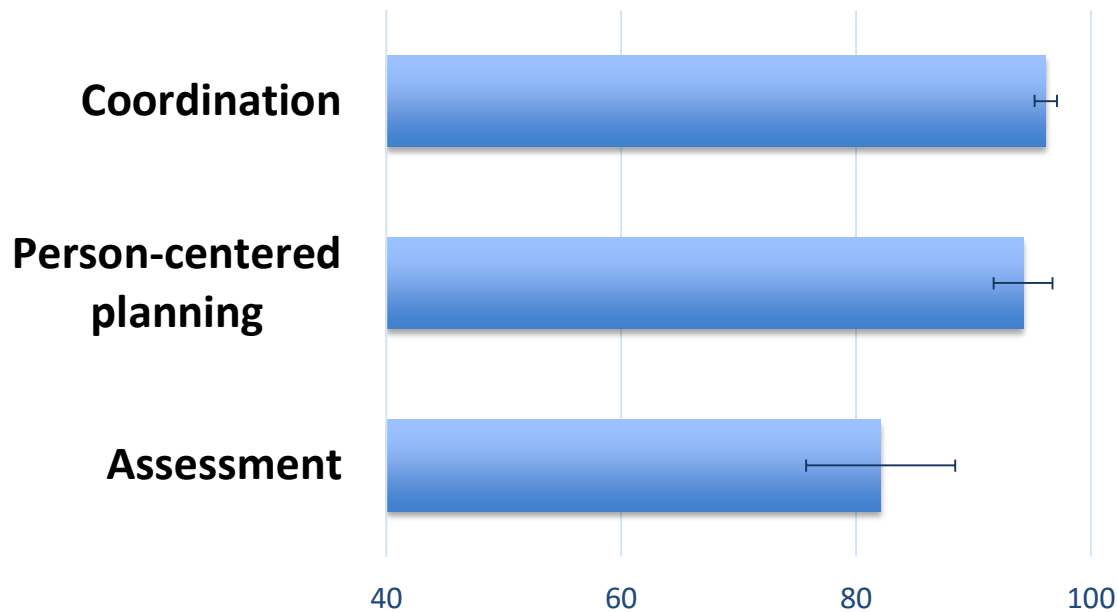


Subdomain proportional importance weightings on choice & control



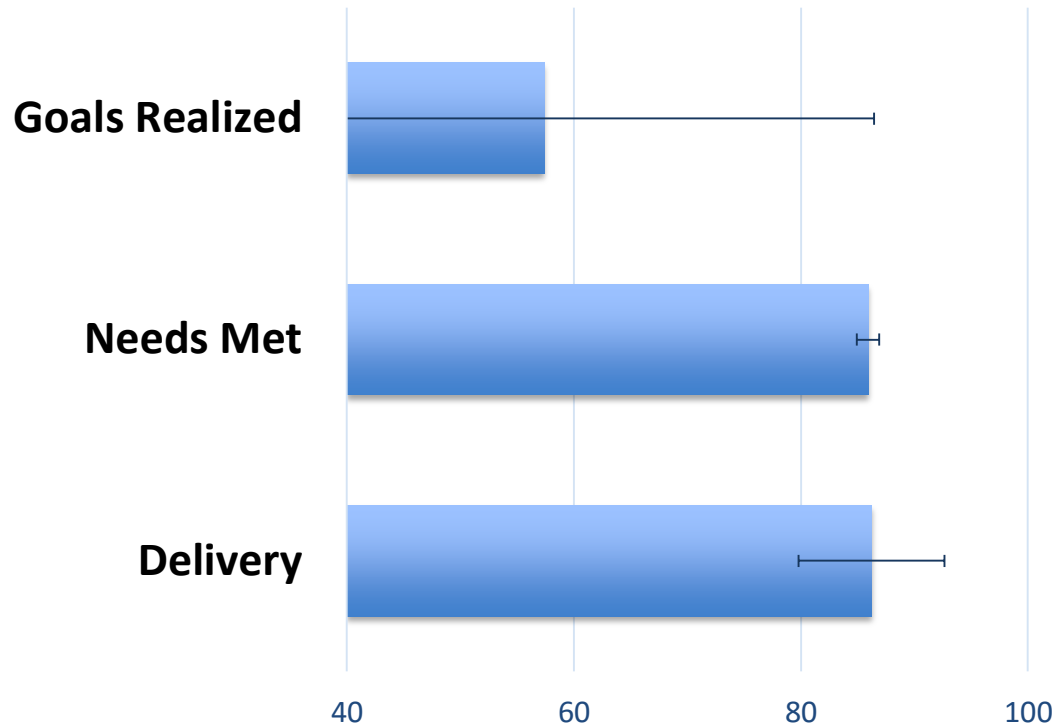
- Highest rated domain with respect to its importance
- Higher level of consensus than other highly-rated domains indicating that groups agree on its importance

Subdomain proportional importance weightings on *person-centered planning*



- Overall, domain received high importance weightings
- Stakeholders weighted the 3 subdomains as being of different levels of importance for measurement
- High degree of variability in their importance weightings of the Assessment subdomain

Subdomain Importance Weightings: *Service delivery and effectiveness*



- Overall, domain rated as average importance with a high degree of consensus.
- ***Delivery*** and ***Needs Met*** rated as most important with moderate to high consensus.
- ***Person's Identified Goals Realized*** rated as relatively unimportant with extremely low level of consensus (qualitative data indicate stakeholders viewed most goals associated with service plans as *program versus person-centered* and rated it as unimportant as a result)

PPDM Next Steps

- Additional PPDM groups to be conducted
- Summarizing data from all groups
- Using data to inform priority of needed item development

Gap Analysis

**Between HCBS Domains & Subdomains
and Existing Measures**

Instruments Currently Coded

1. National Core Indicators Adult Consumer Survey (NCI-ACS)
2. National Core Indicators Aging and Disability Survey (NCI-AD)
3. National Core Indicators Adult Family Survey (NCI-AFS)
4. National Core Indicators Child Family Survey (NCI-CFS)
5. National Core Indicators Family Guardian Survey (NCI-FGS)
6. Participant Experience Survey - Elderly and Disabled (PES-ED)
7. Participant Experience Survey - Mental Retardation/ Developmental Disabilities Version (PES-MRDD)
8. Participant Experience Survey – Home and Community-Based Services (PES-HCBS)
9. Money Follows the Person Quality of Life Survey (MFP)
10. Perceived Autonomy Support - Mental health climate questionnaire (PAS-MHCQ)
11. Quality of Life Interview (QLI)
12. Personal Life Quality Protocol (PLQ)
13. Social Acceptance Scale (SAS)
14. Recovery Assessment Scale (RAS)
15. Social Inclusion Scale (SIS)
16. UCLA Loneliness Scale (USLA LS)
17. HSC: Hopkins Symptom Checklist-25 item version
18. Empowerment Scale (ES)

Gap Analysis Method

- 1750 items coded across all surveys
 - Items coded into domains / subdomains
 - Revised June 15, 2016
 - Items were coded by two research assistants
- 2349 codes were assigned to items
 - Some items (528) not assigned to a domain
 - Demographic questions, N/A
 - Some items (432) received multiple subdomain codes

What are We Coding?

- On item-by-item basis codes are assigned to identify
 - NQF domain
 - NQF subdomain
 - Respondent
 - Response Options
 - Person-centeredness of item
 - Target Population
 - Purpose for which instrument developed
 - Data collection method(s) used
 - Psychometrics (reliability; validity; sensitivity to change)
 - Where psychometrics are available
 - Coverage area: Where is instrument currently being used?

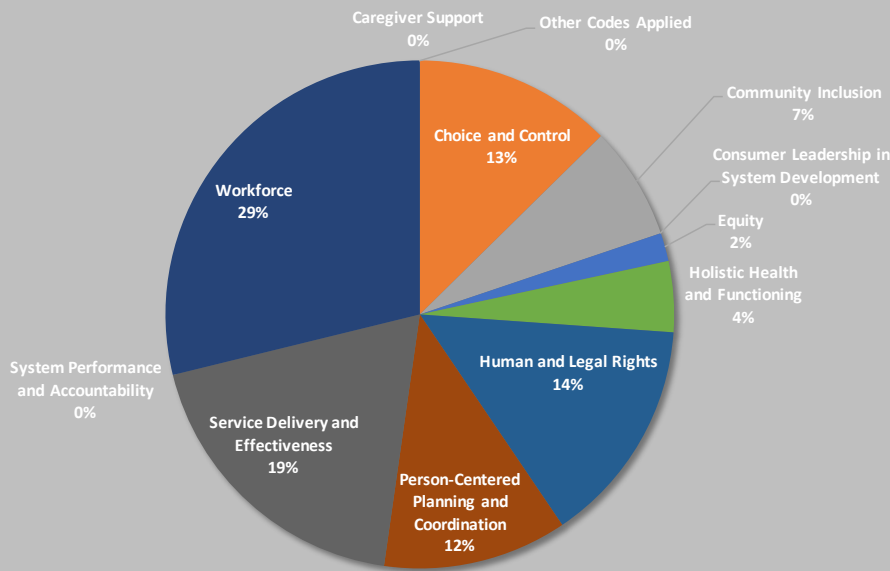
Domain Comparison

Choice and Control

Instrument	Items Coded	Items in Domain	Percent in Domain	Top Subdomains Across All Instruments
NCI Aging	215	54	25%	Personal freedoms and dignity of risk
PLQ	196	38	19%	41%
PES-HCBS	119	28	24%	Choice of services and supports
NCIACS	190	27	14%	30%
PES-MRDD	83	21	25%	Self-direction
MFP	78	16	21%	17%
PES-HCBS (alt)	119	14	12%	Personal choices and goals
PES-ED	59	8	14%	13%
NCIAFS	99	3	3%	
NCICFS	87	3	3%	
NCIFGS	98	3	3%	
PAS-MHCQ	6	1	17%	

Instrument Comparison

PES-HCBS



PES-HCBS Stats		<i>n</i>
Number of Items		119
Number of Codes		260
Number of Domains		222
Single Domain		37
Multiple Subdomains		38
Domains Coded		<i>n</i>
Caregiver Support		0
Choice and Control		28
Community Inclusion		16
Consumer Leadership in System Development		0
Equity		4
Holistic Health and Functioning		10
Human and Legal Rights		32
Person-Centered Planning and Coordination		26
Service Delivery and Effectiveness		42
System Performance and Accountability		0
Workforce		64
Other Codes Applied		
N/A		21
DEMOGRAPHIC		17

Main gap analysis takeaways thus far

1. Items frequently address issues that span multiple domains and/or subdomains of the NQF framework.
2. The purpose or intention of many items is unclear.
3. Subdomains frequently overlap within larger domain categories (e.g., service delivery and effectiveness, choice and control).
4. Few items currently target system performance and accountability.
5. No items currently target caregivers and caregiver support.
6. No items currently relate to consumer leadership in system development.

Implementation Fidelity Case Studies

Various HCBS Outcome Measurement Programs

Implementation fidelity methods

- Remain open-ended
- Draw on various sources of information including:
 - documents and written materials,
 - existing data,
 - in-depth interviews, and
 - observations
- Inductive analysis of information from different sources
- Field notes, interview summaries, and documents (NVivo 10)

Training, Technical Assistance and Dissemination

HCBS Outcome Measurement

National advisory group

- Represent major constituencies
 - People who use HCBS
 - Policymakers at state and federal levels
 - Advocates
 - Quality measurement program staff
 - Methods/measurement experts
- Persons of national influence
- NIDILRR, ACL, CMS, NQF input
- September 2016 group meeting

State of Minnesota technical assistance

- Context
 - HCBS rule and transition plan
 - New Olmstead plan
 - Litigation and related court monitoring
- Multiple methods of outcome measurement
 - Population
 - Department
- New authorized state quality council
 - Related regional councils
- A LOT of new initiatives



MN specific technical assistance activities

- Reviewed measures currently using and identified % items related to NQF framework
- Reviewing and making suggestions for person centered questions as a component of MNCHOICES
- Providing recommendations to the State Quality Council on what should be included in the regional person centered quality reviews (in light of everything else going on)
- Provided input on response for proposals (and applicants) to conduct quality of life reviews as a component of Jensen settlement and Olmstead implementation
- Provided technical support to applicants for the regional quality councils.
- Meetings
 - Leadership team
 - County/State collaborative group

Overall next steps for the RRTC/OM

- NQF Outcome Measurement Framework:
 - Validating NQF framework with persons with disabilities, family members, providers & program administrators
 - Gap analysis will be undertaken with a potentially revised outcome measurement framework that includes stakeholder input of what's most important to measure
 - This information will drive refinement, development, and testing of potential measures.
- Continue training, technical assistance and dissemination program
 - Work with various ACL and NIDILRR funded projects where collaboration was identified in proposal
 - National Advisory Group identification and prioritization



Closing the Gap: Defining and Measuring Quality in LTSS / HCBS

Phillip Beatty, Associate Director, Office of Research Sciences

National Institute on Disability, Independent Living, and Rehabilitation Research

Administration for Community Living



Overview

- Brief NIDILRR History
- NIDILRR Mission
- ACL Mission
- NIDILRR's strong fit within ACL
- NIDILRR Grantees Advancing ACL Priorities related to HCBS

NIDILRR History

- The Rehabilitation Research program was created in 1954, through an Amendment to the Vocational Rehabilitation Act.
- NIDILRR was originally called the National Institute of Handicapped Research when it was formally created by the 1978 amendments to the Rehabilitation Act. At that time, we were situated in the Department of Health, Education, and Welfare.
- In 1980, the NIHR moved from HEW to U.S. Dept. of ED under the Office of Special Education and Rehabilitative Services (OSERS).
- In 1986, our name was changed to the National Institute on Disability and Rehabilitation Research (NIDRR), by that year's Amendments to the Rehabilitation Act.
- In the summer of 2014, the Rehabilitation Act was reauthorized as part of the Workforce Innovation and Opportunity Act (WIOA). This reauthorization changed our name to the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). It also changed our administrative home from the Department of Education, to the Department of Health and Human Services.

NIDILRR Mission

- To generate new knowledge and to promote its effective use to:
 - improve the abilities of individuals with disabilities to perform activities of their choice in the community;
 - and to expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities.

ACL Mission

- **Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers.**

NIDILRR's Rich, Receptive Context in ACL

– Our ACL Colleagues have:

- Strong policy expertise, providing a context in which our grantees' research results products are actionable and usable.
- A close and natural relationship with the broad community of people with disabilities.
- Expertise at promoting sound policy to support independence and community living of people with disabilities and aging populations.
- A sincere interest in our grantees' findings and products.

NIDILRR's Contributions to ACL

– Our grantees and staff bring to ACL:

- Research-based knowledge of the experiences and outcomes of people with disabilities.
- Research-based knowledge of the feasibility and efficacy of supports, service approaches, and interventions for people with disabilities.
- A growing base of research-based knowledge that can be used to improve policies and practices to promote community living and independence among people with disabilities.

NIDILRR's Grantees Advancing ACL Priorities Through Research

- **Research and Training Center on Community Living Policy**
 - University of California, San Francisco
 - Project Director = Steve Kaye, PhD
- **Research and Training Center on HCBS Outcomes Measurement**
 - University of Minnesota
 - Project Director – Brian Abery, PhD

For Further Information

- NIDILRR's Program Directory: www.naric.com
- NIDILRR's website: <http://www.acl.gov/programs/nidilrr/>
- ACL's website: <http://www.acl.gov/>

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