



Colorado Senior Services Data Study National HCBS Conference



COLORADO

**Office of Community
Access & Independence**

Division of Aging & Adult Services

Welcome!

- Presenters: Mindy Kemp, Division Director, Aging and Adult Services, Colorado Department of Human Services
Todd Coffey, Manager, State Unit on Aging, Colorado Department of Human Services
Damon Terzaghi, Senior Director of Medicaid Policy and Planning
Jean Wood, Project Director, NASUAD
- **Today's Presentation:**
 1. Review Colorado's Senior Services Data Initiative
 2. Provide highlights of NASUAD's Senior Services Data Study project and Colorado results
 3. Discuss report recommendations and Colorado's next steps



Senior Services Data Study Project Background

Grant Description: The National Association of States United for Aging and Disabilities (NASUAD) in collaboration with the Colorado SUA will partner on a study of data and outcome measures that ***improves the State Unit on Aging's ability to report on the impact and value of services provided to older adults.***

- Identify data points
- Methods of data collection
- Necessary data systems

Why Study Data Systems Now?

- CO demographics shifting and fast growing senior population
- Increased focus on pre-eligible for Medicaid population and in prevention
- Increasing Medicaid Budget as Proportion in State Budgets
- U.S. Assistant Secretary on Aging's challenge to states to diversify funding streams
- New models of care through the Affordable Care Act including health care homes, medical homes, Accountable Care Organizations
- ACL reviewing national data collection system

Senior Services Data Study Objectives

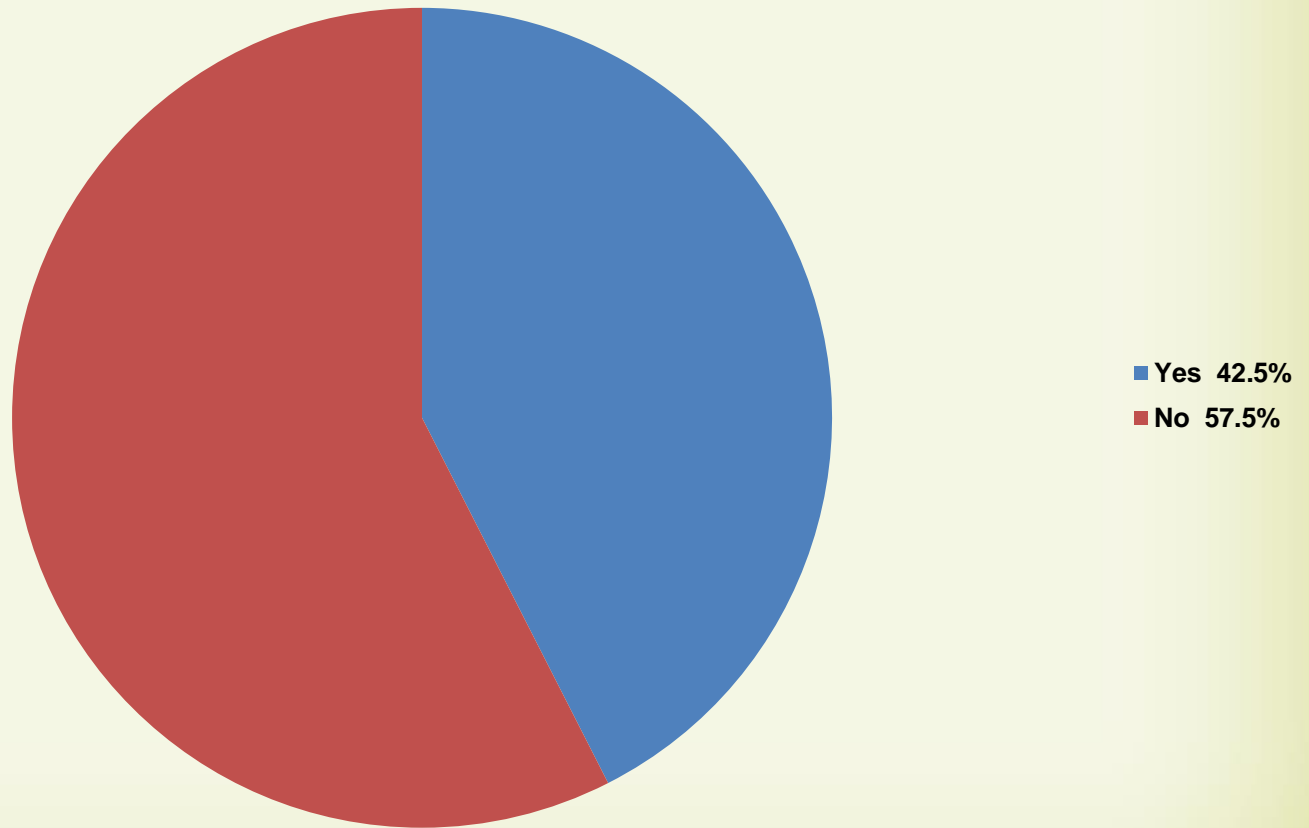
1. Create a compendium of promising practices from Colorado and other states as well as research on indicators used for senior services
2. Summarize interviews conducted with key stakeholders
3. Analyze the output and outcome level data and quality measures that can be used to demonstrate the impact of the SUA performance
4. Report on potential methods for the SUA to assess the overall amount of savings to the state from the provision for SUA services

Overview of National LTSS Survey

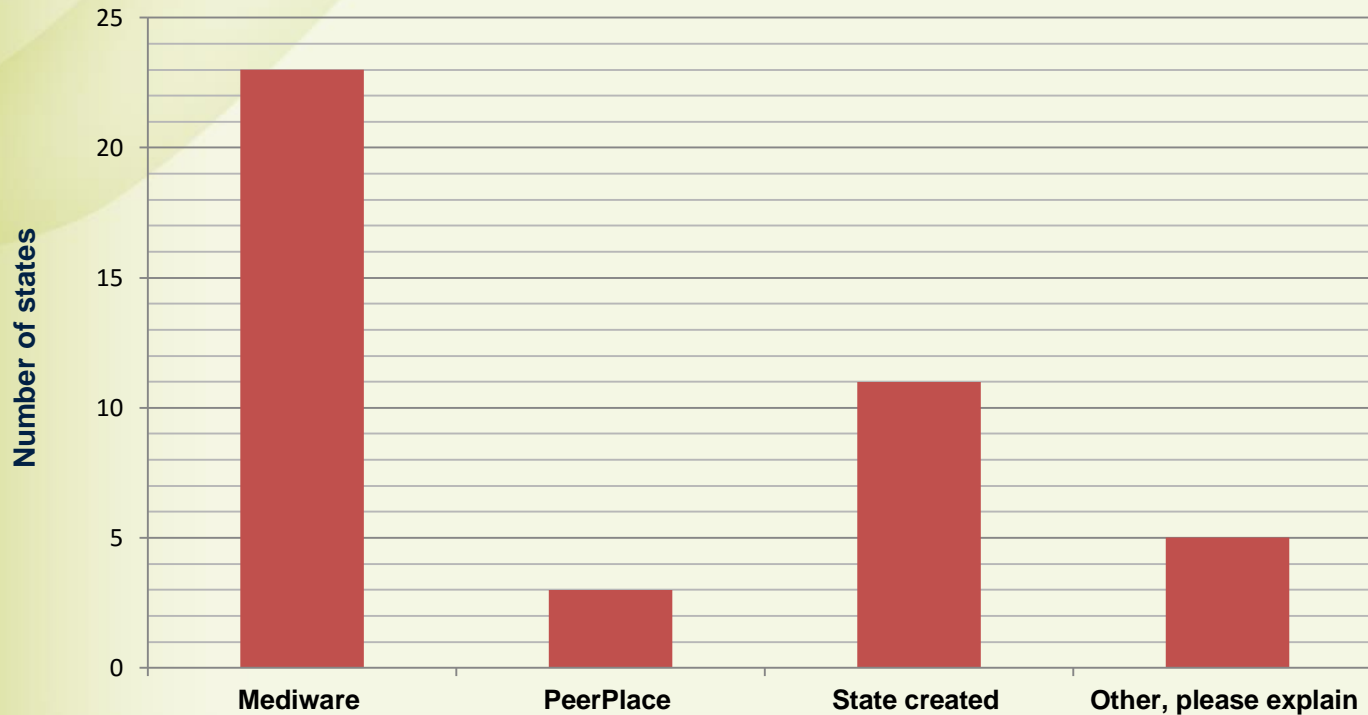
Methodology

- Survey drafted by NASUAD staff with input from the Colorado Aging Data Outcomes Advisory Committee (CADOAC) and multiple partners
- Survey was beta-tested with three states
- Survey administered from June 22nd through July 31st 2016
- 42 state responses

Close to 60 percent of states lack reports on outcome measures



Which Data System(s) or Application Does Your State Use to Collect, Store, and Analyze Information on Consumers in Your OAA system?

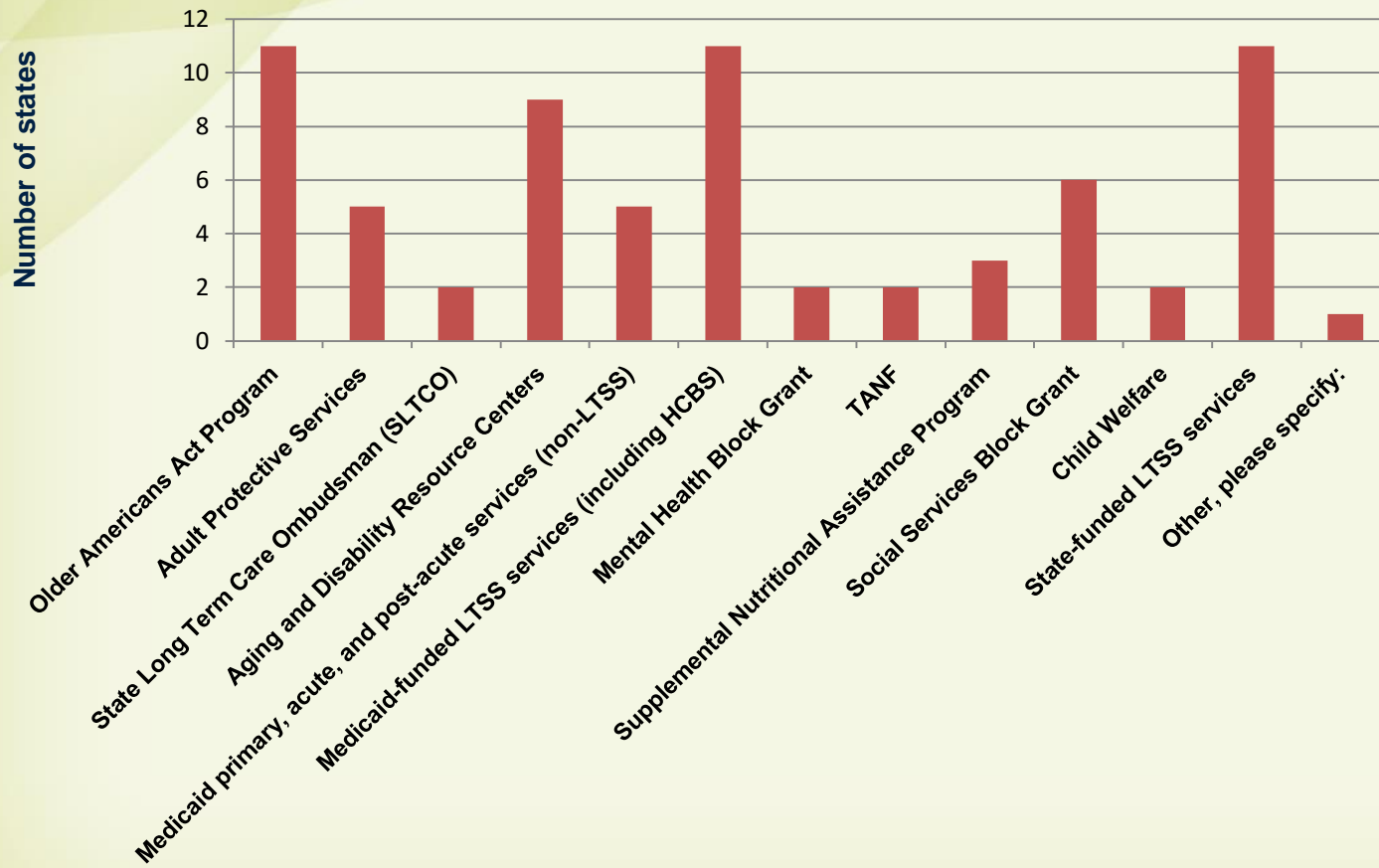


When asked what functions states would like to add to their OAA data systems, states mentioned the following:

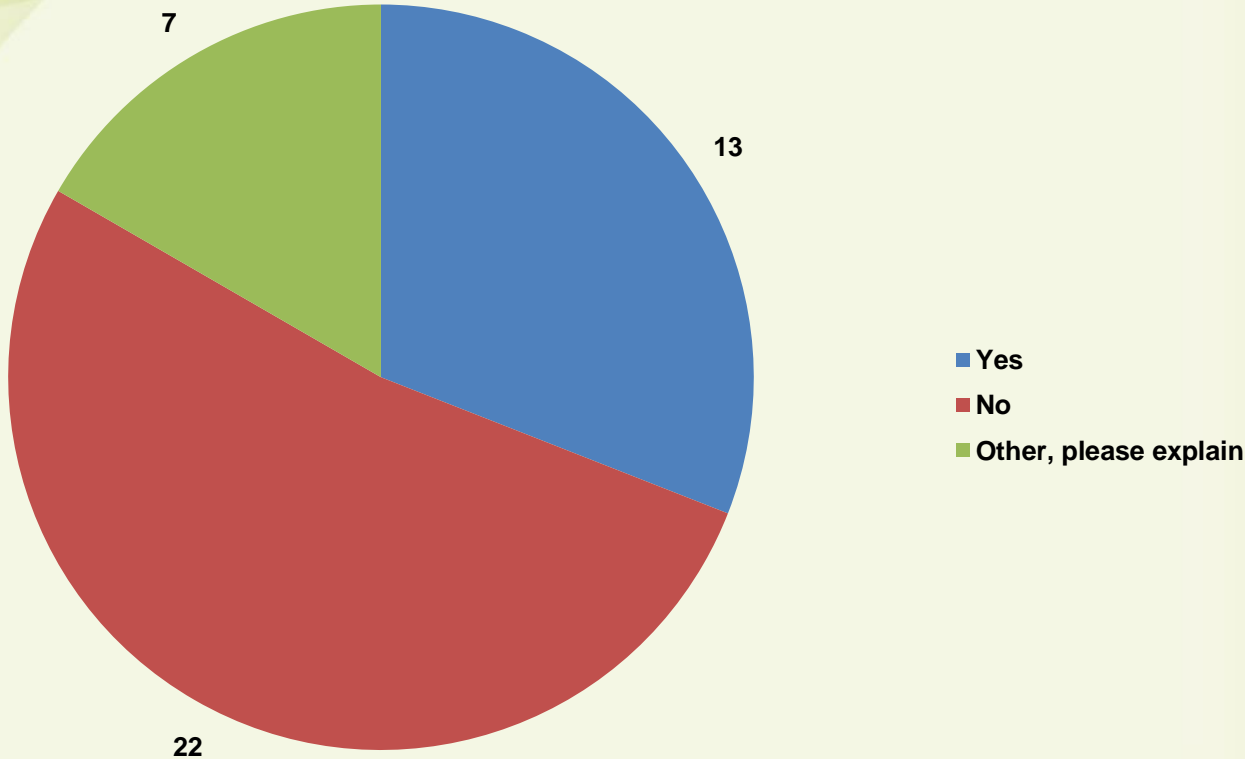
- Assessment, eligibility and claims data in one single system;
- Interaction between OAA and Medicaid service delivery;
- Caregiver characteristics;
- Information on whether consumers are in another public assistance program; and
- Length of stay in a program.

Most states do not have a common database that includes information from multiple programs

States that have Integrated Databases include the Following Programs



Does Your States Information System Share Data with other State Health and Human Service Programs?



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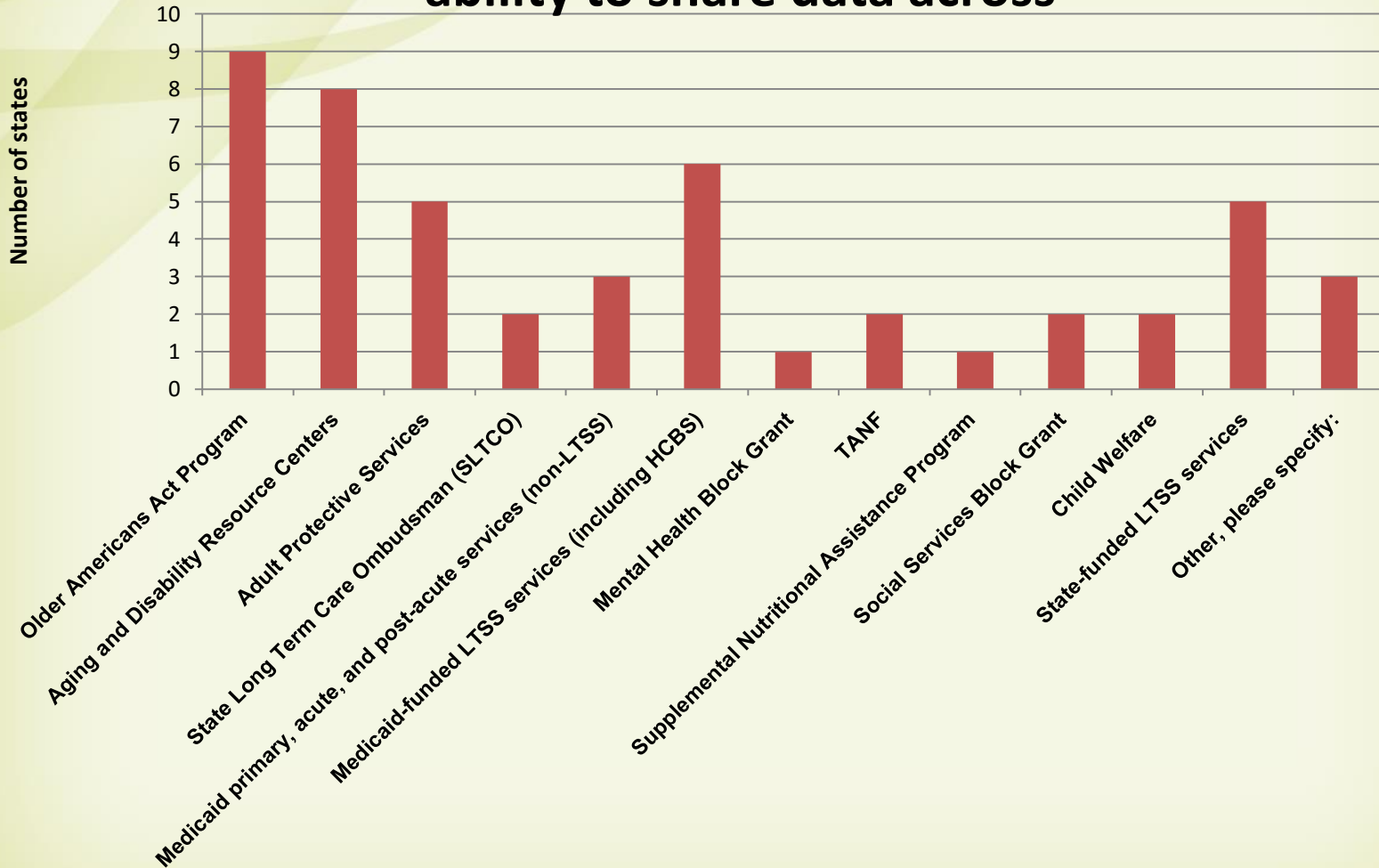


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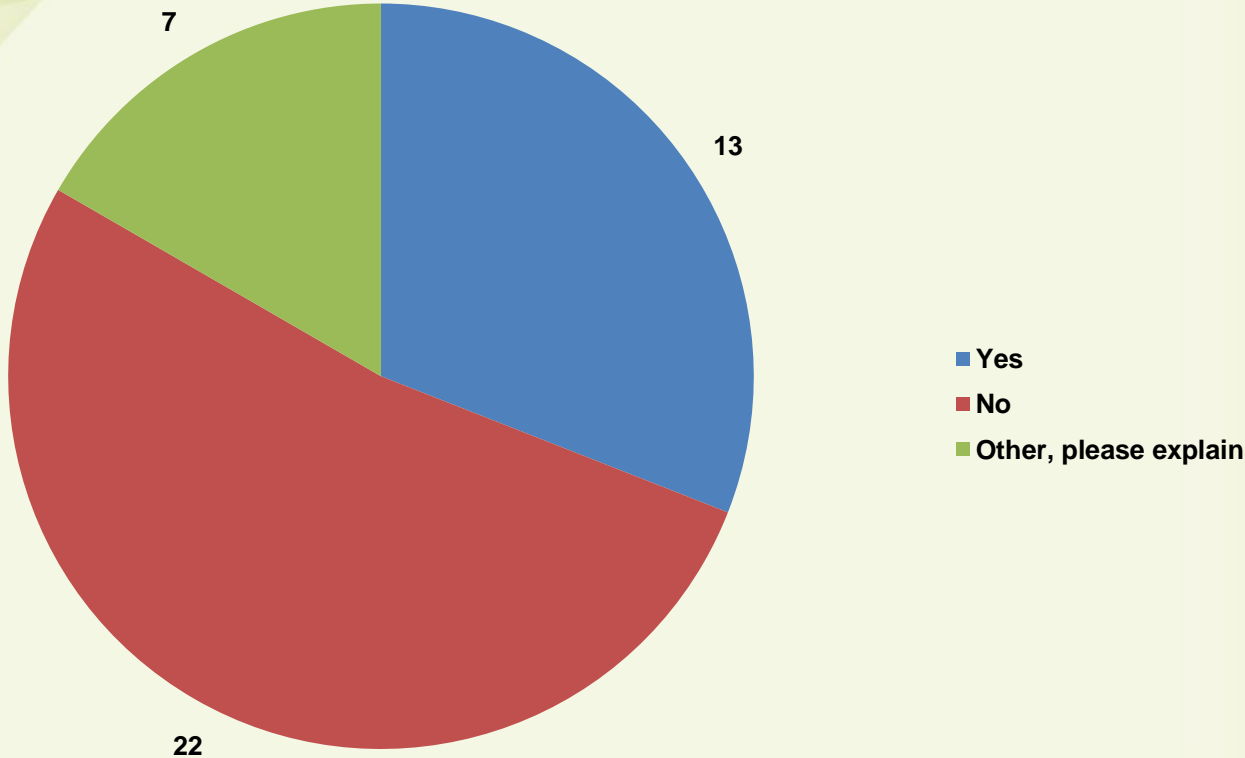
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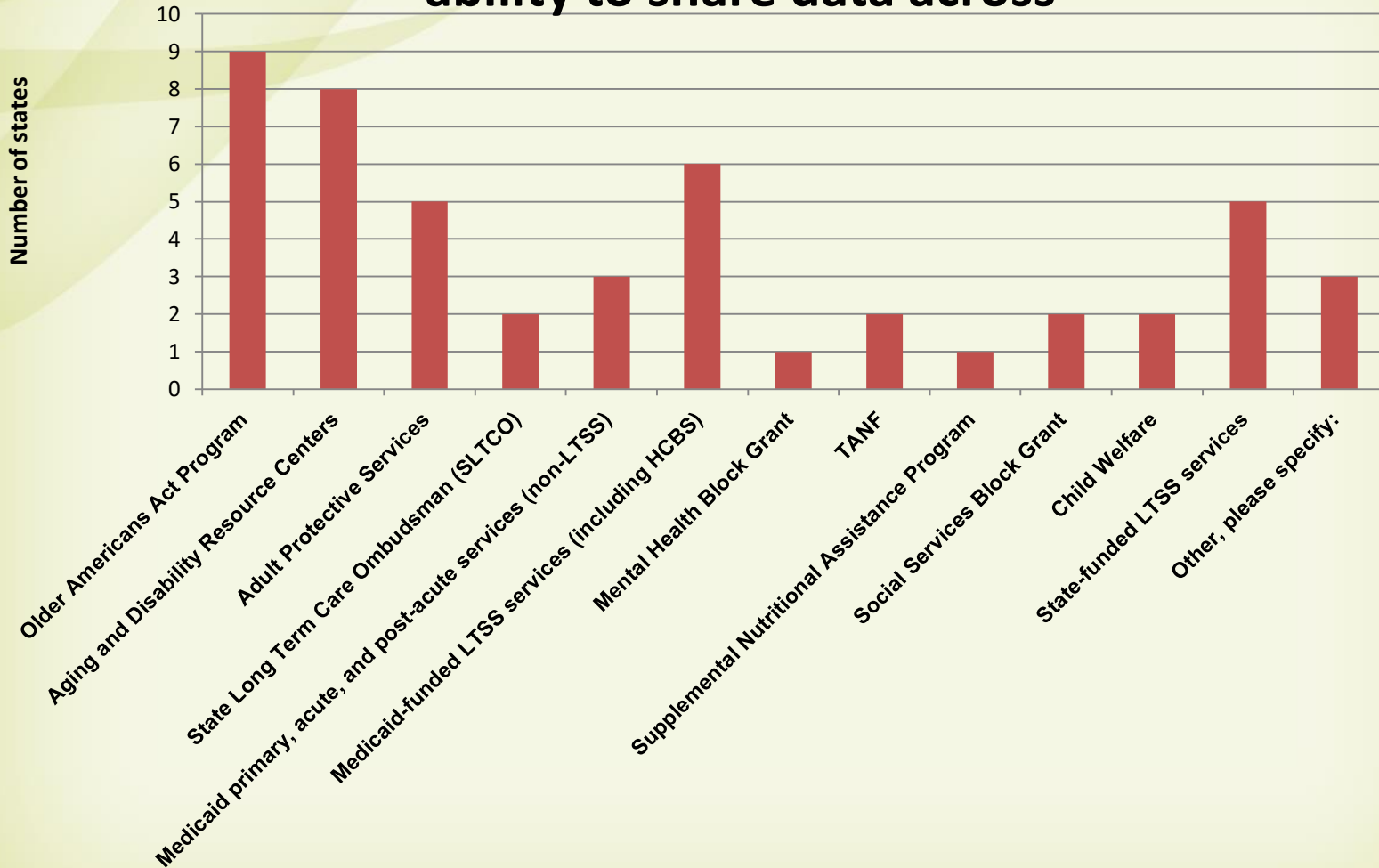
Programs with different databases but have the ability to share data across



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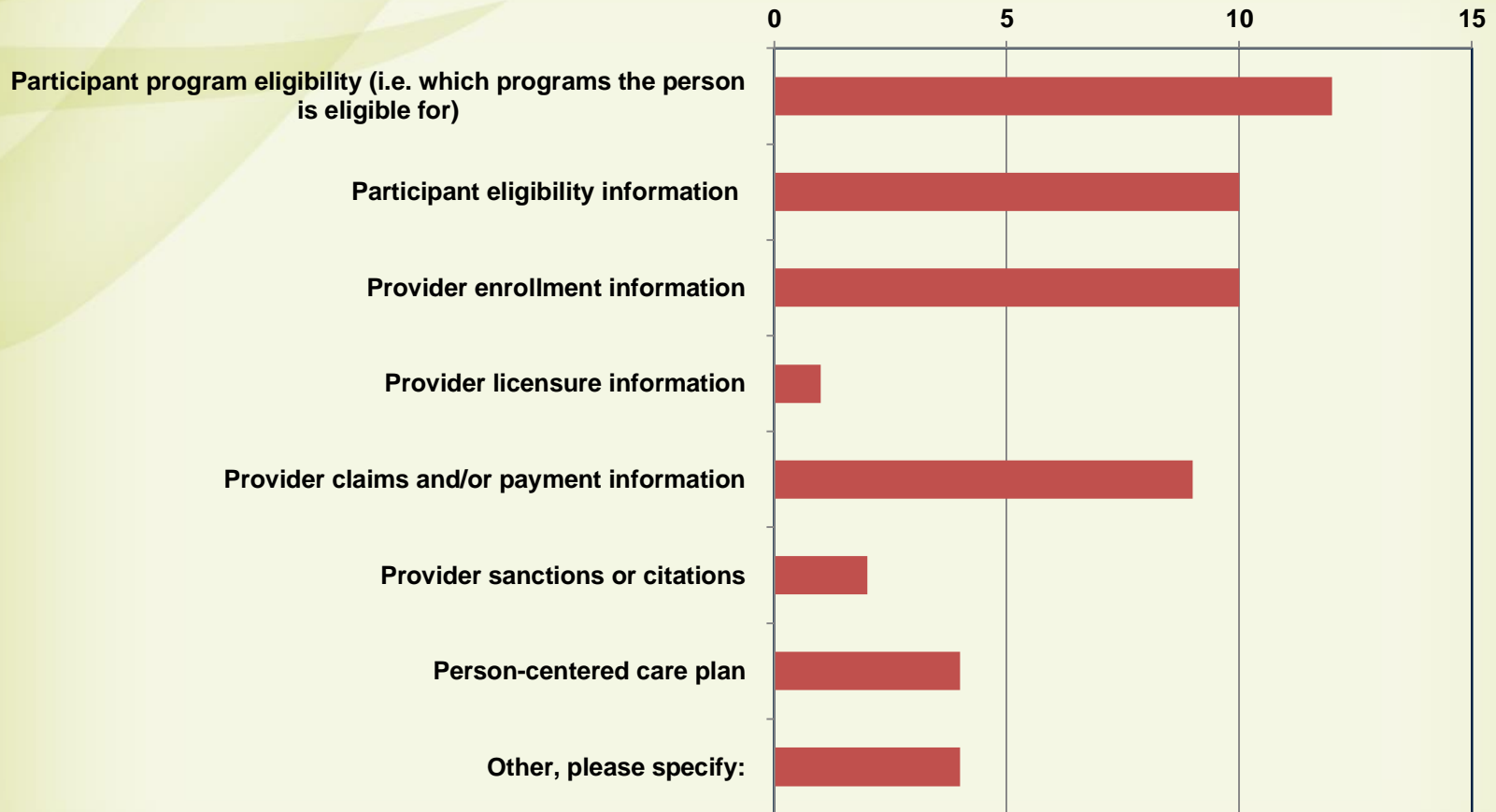


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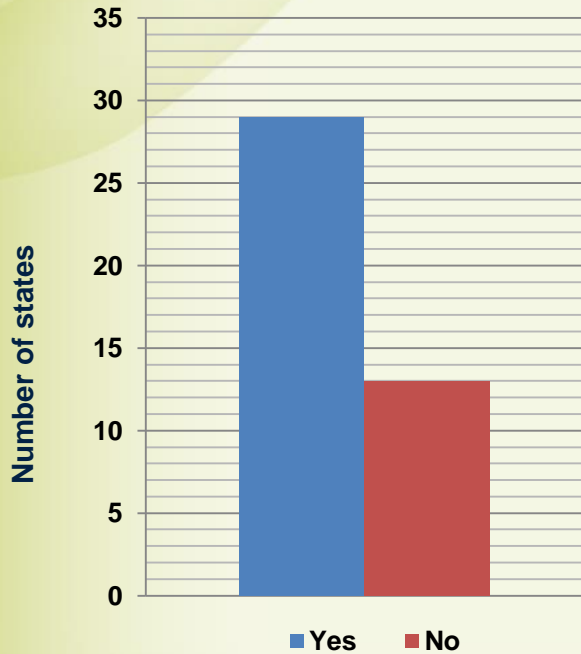


Types of Data Shared

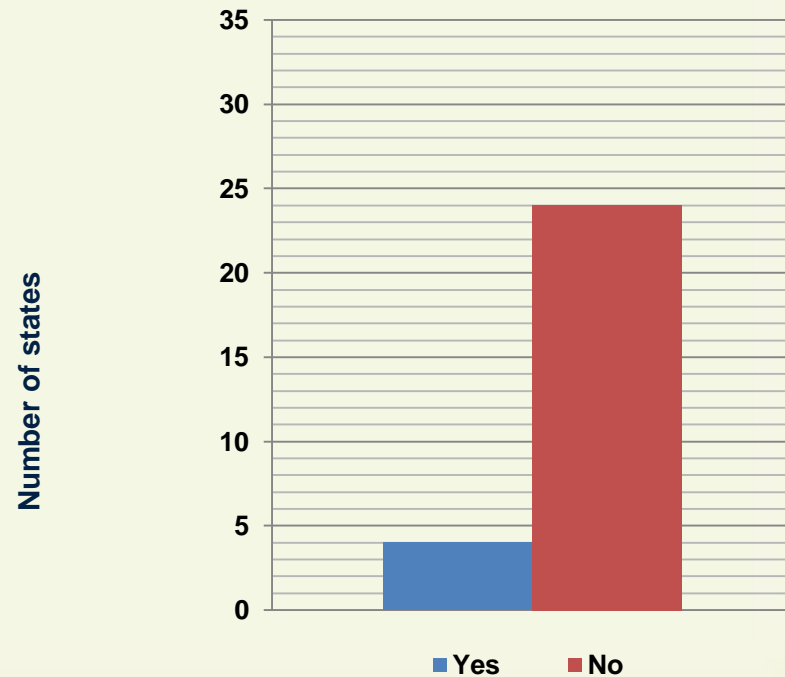
Number of states



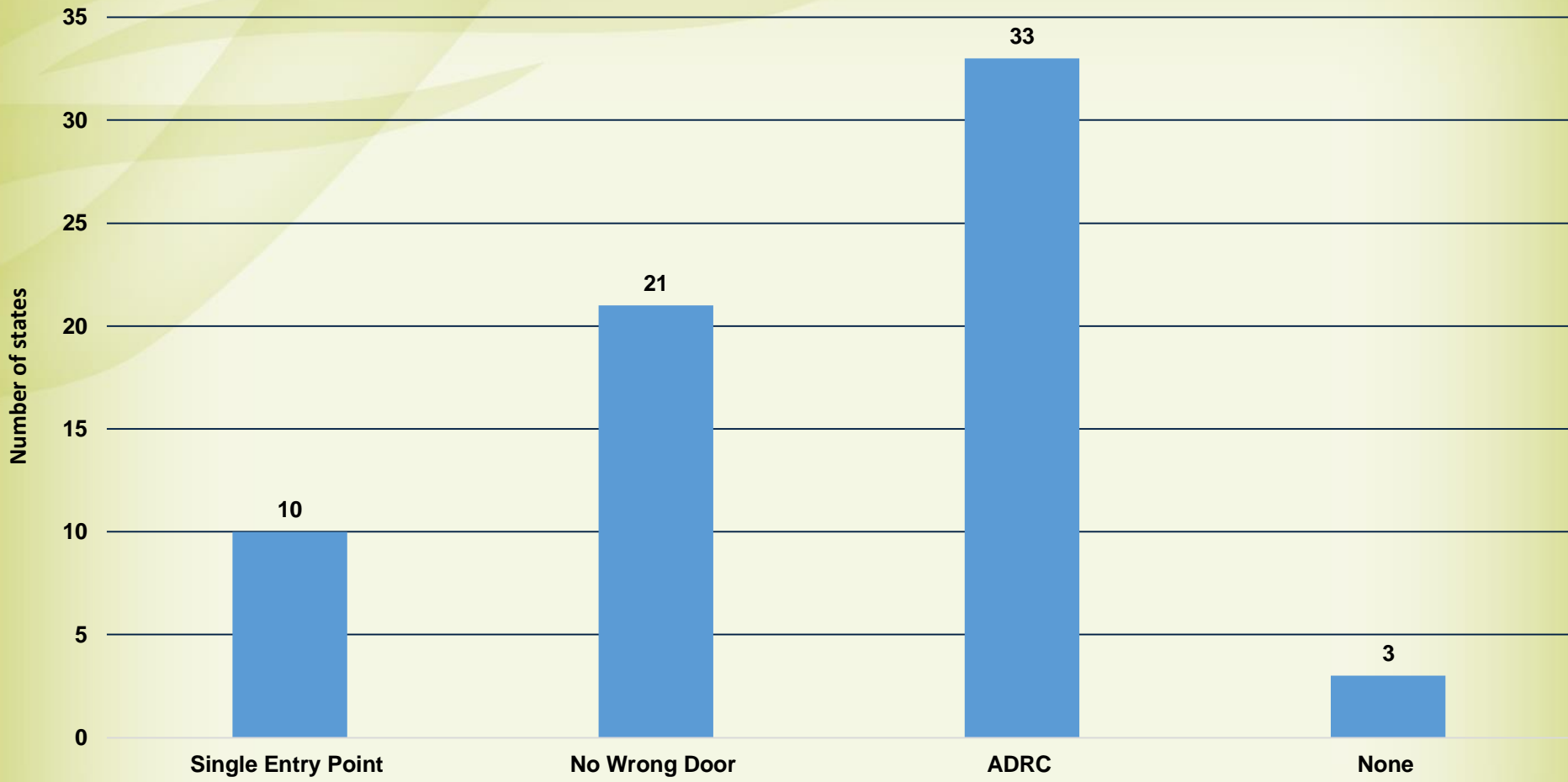
Does your state have a comprehensive statewide, web-based database that consumers can use to locate a provider?



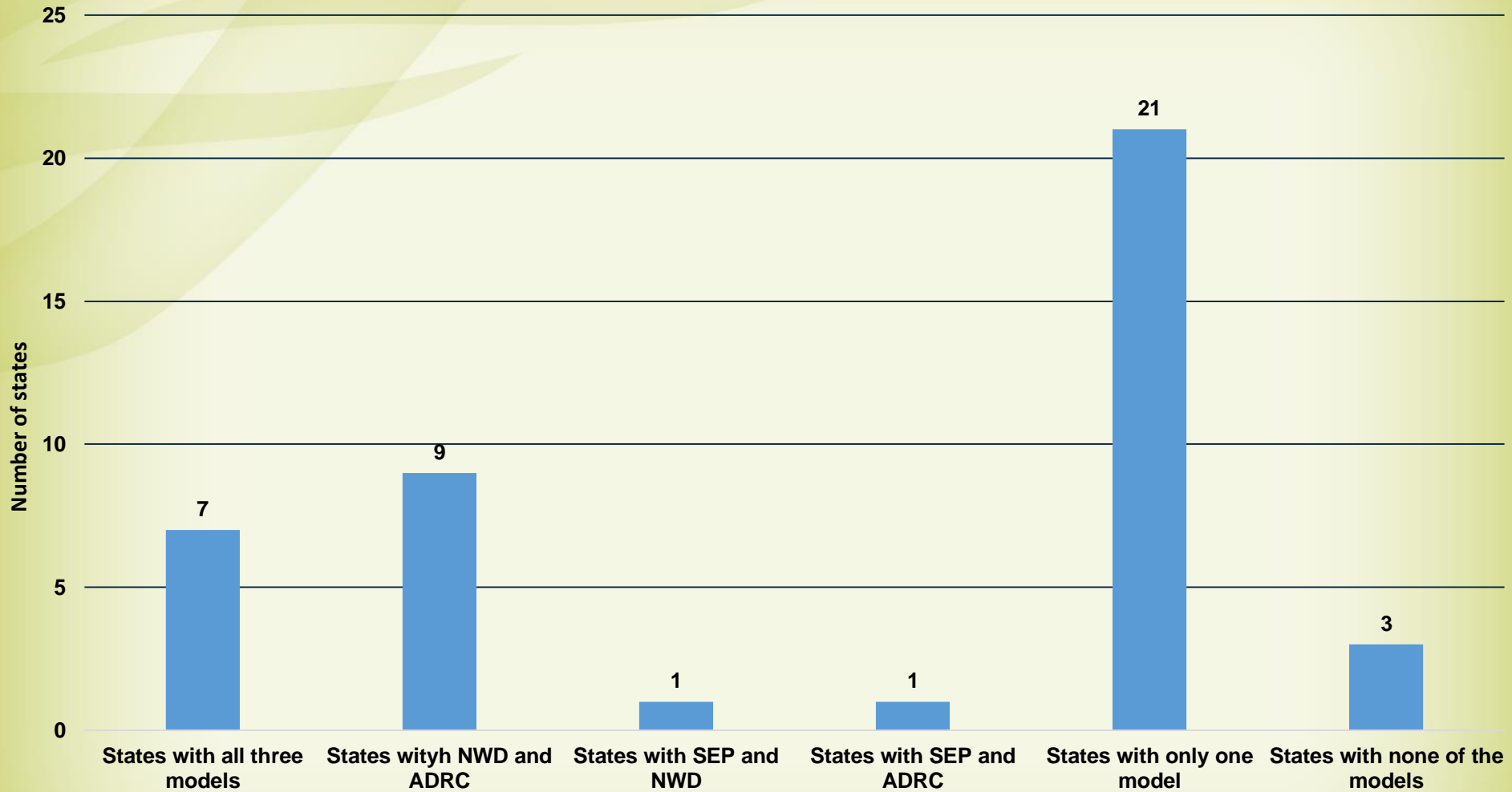
If yes, does your database contain information on quality of care or beneficiary satisfaction?



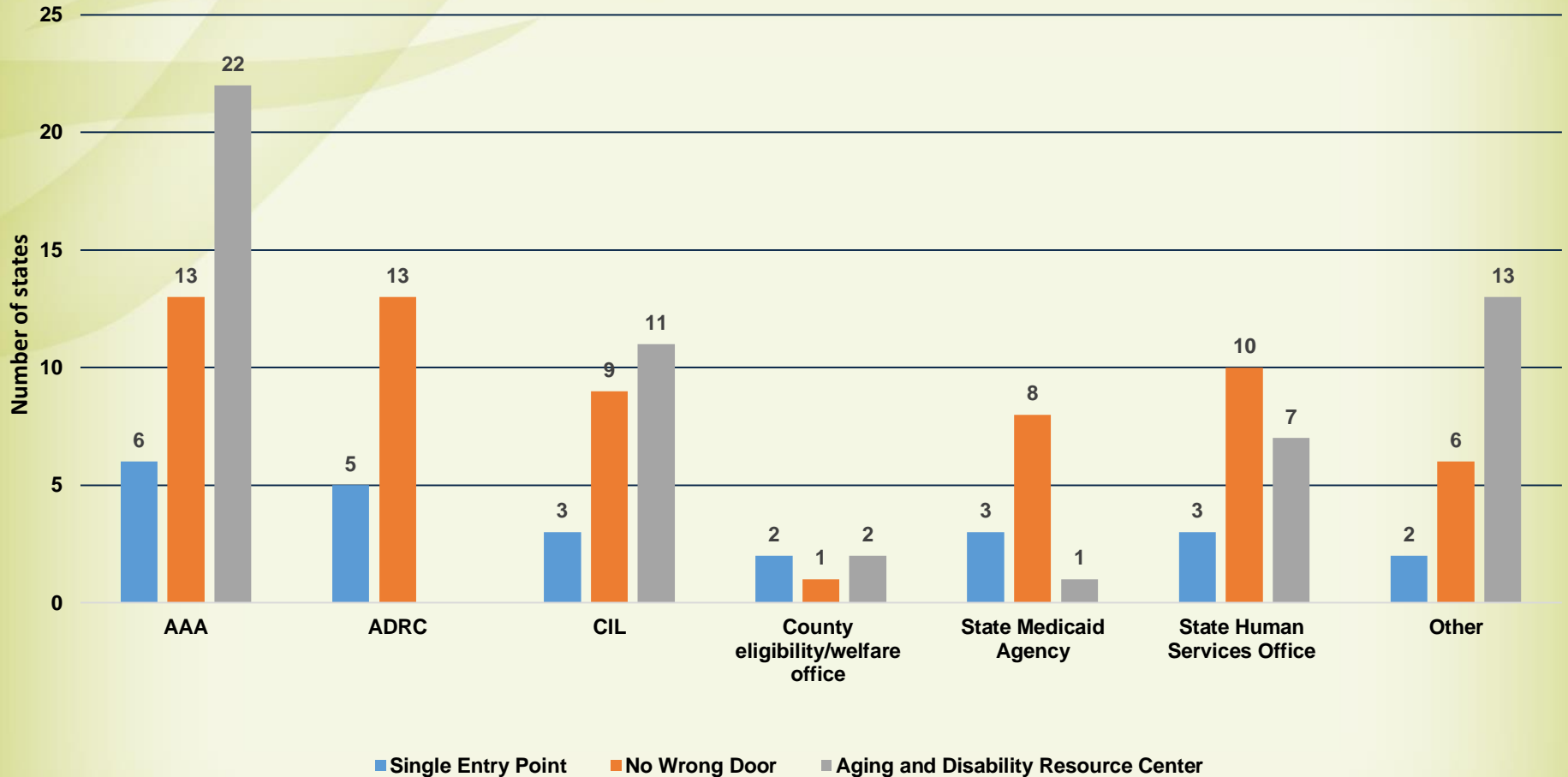
State Establishment of SEP, NWD, and ADRC



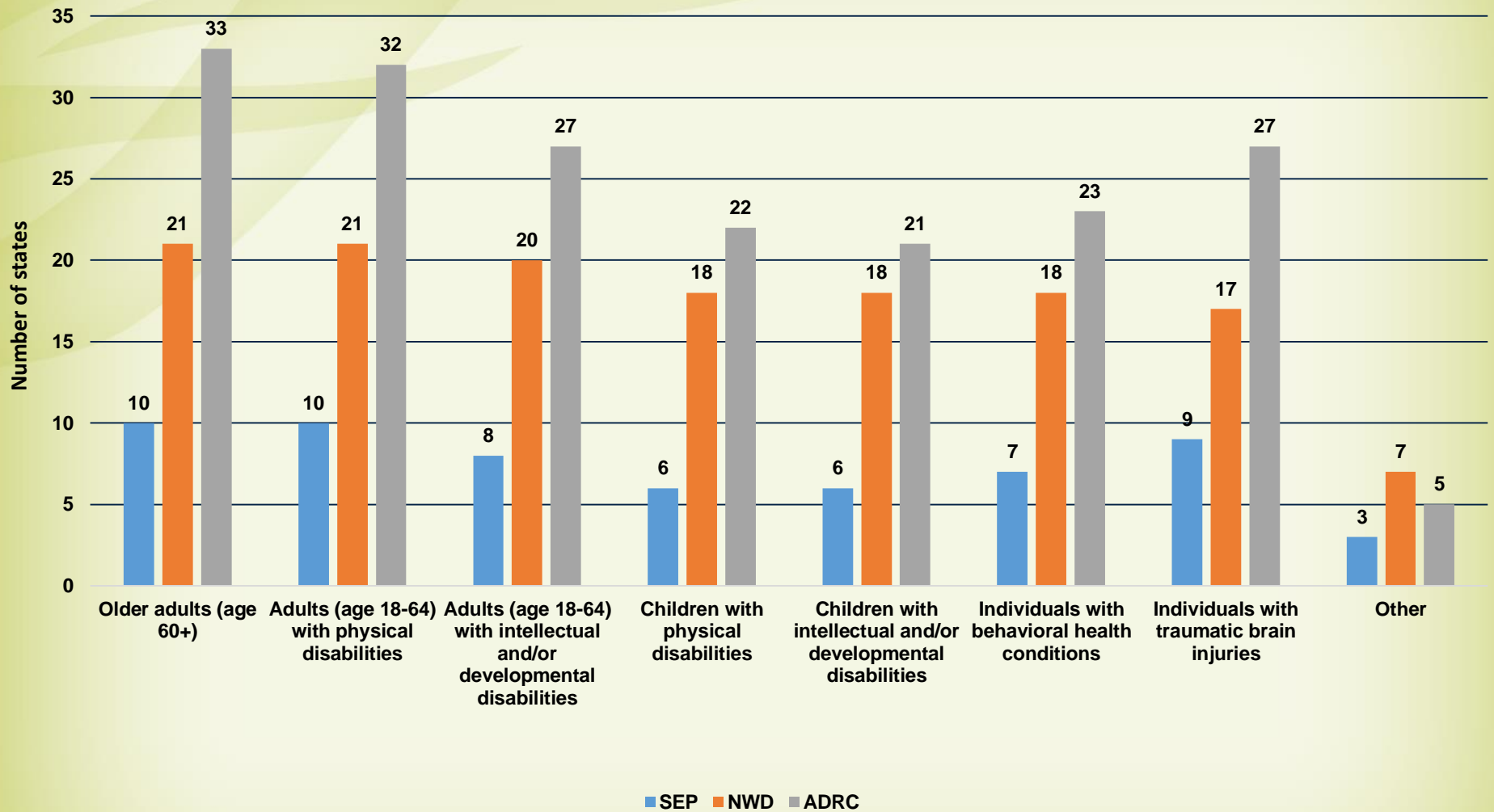
Status of Multiple Intake Models



Location of State ADRC, NWD, and SEP Systems



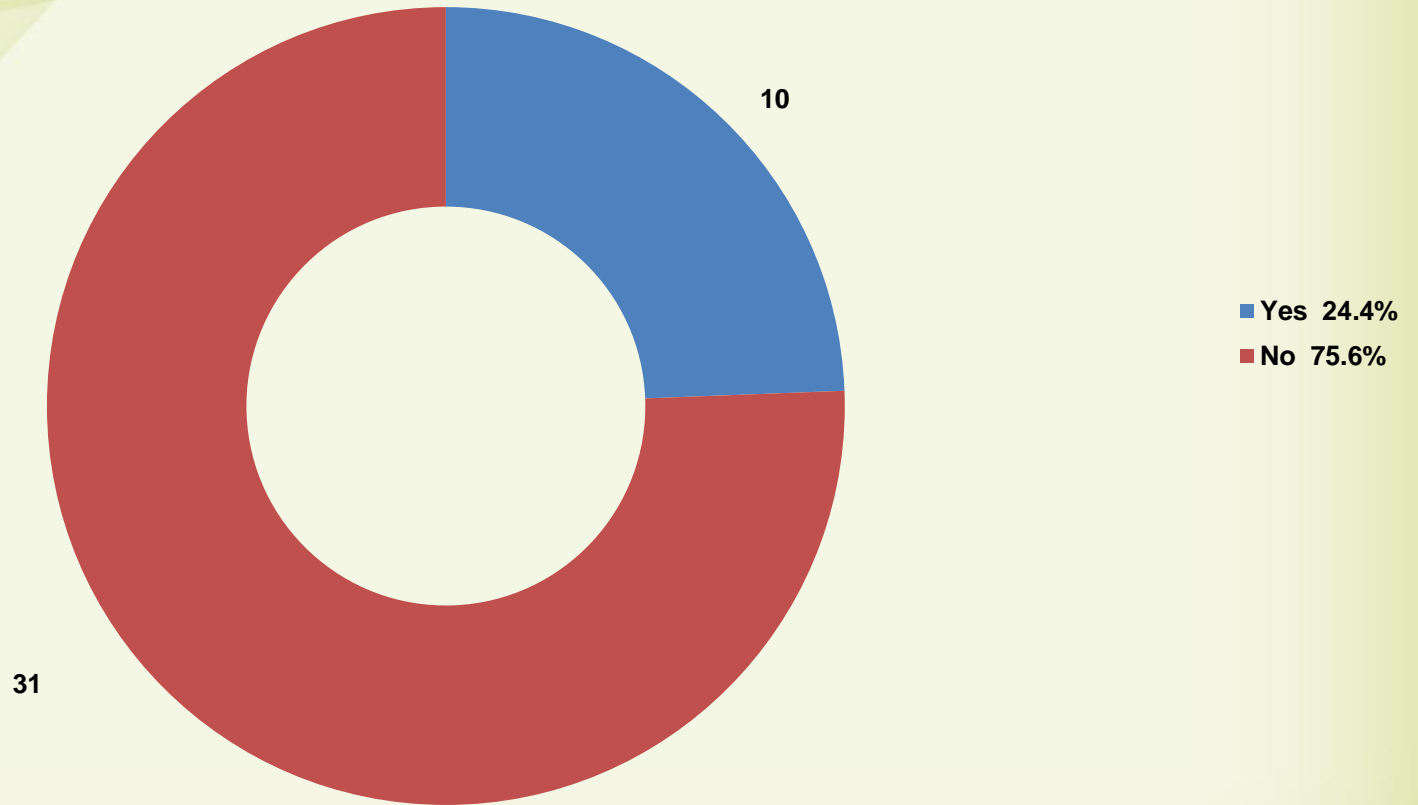
Populations Served by ADRC, SEP, NWD Models



Does Your Agency Have the Following Data Available for Medicaid Waiver and/or Non-Medicaid LTSS Services?

Information Collected	Available for Medicaid	Available for OAA
Waiting list (number of individuals)	27	25
Waiting list (time between application and eligibility determination)	23	14
Average wait time between application and enrollment	22	14
Number of persons who received services within 30 days of applying or enrolling	24	15
Number of persons with a wait time for services exceeding 30 days from application/enrollment	24	16

Only 25 Percent of States Have a Shared HCBS Taxonomy for OAA and Medicaid

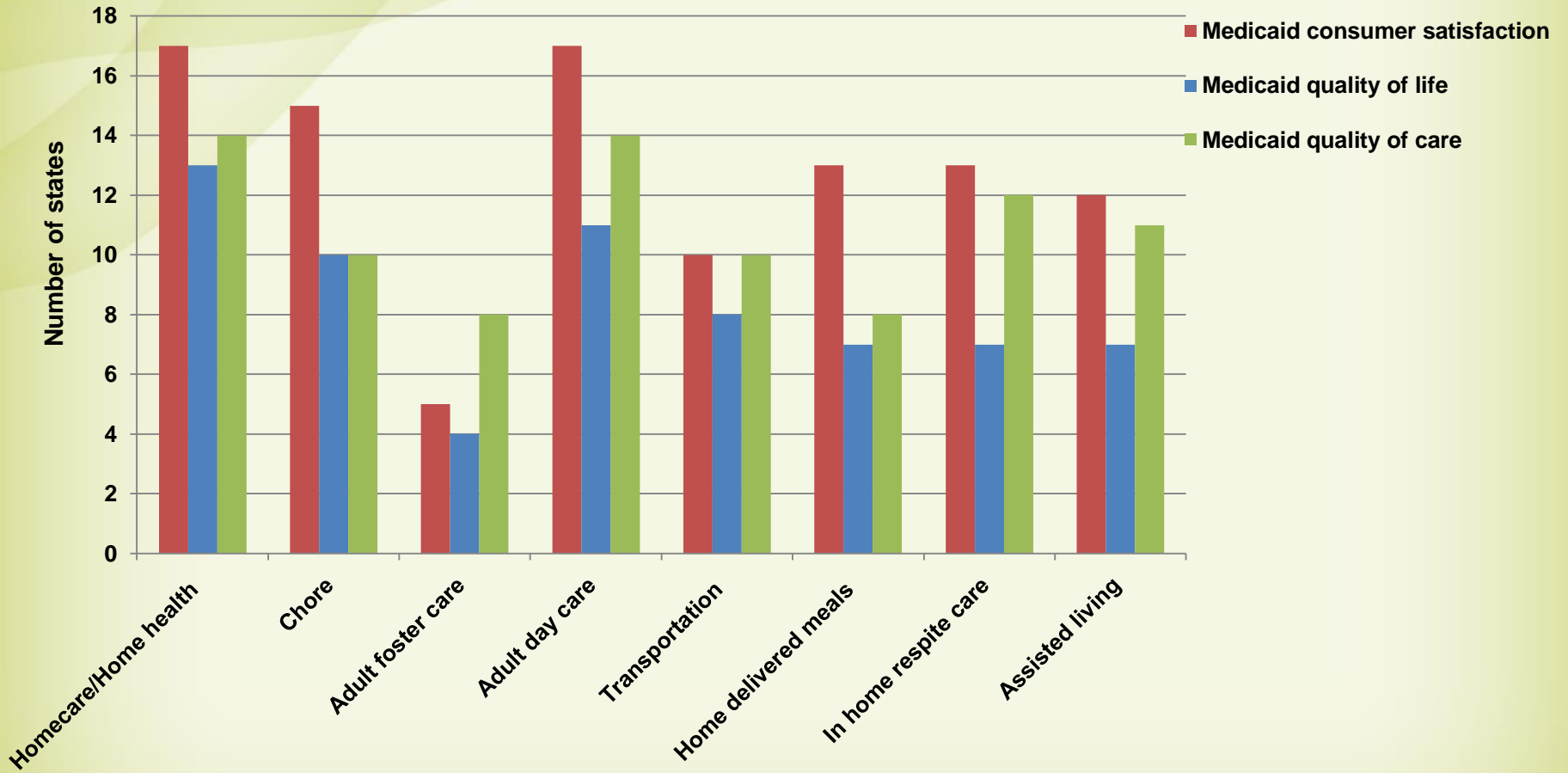


Measuring Quality

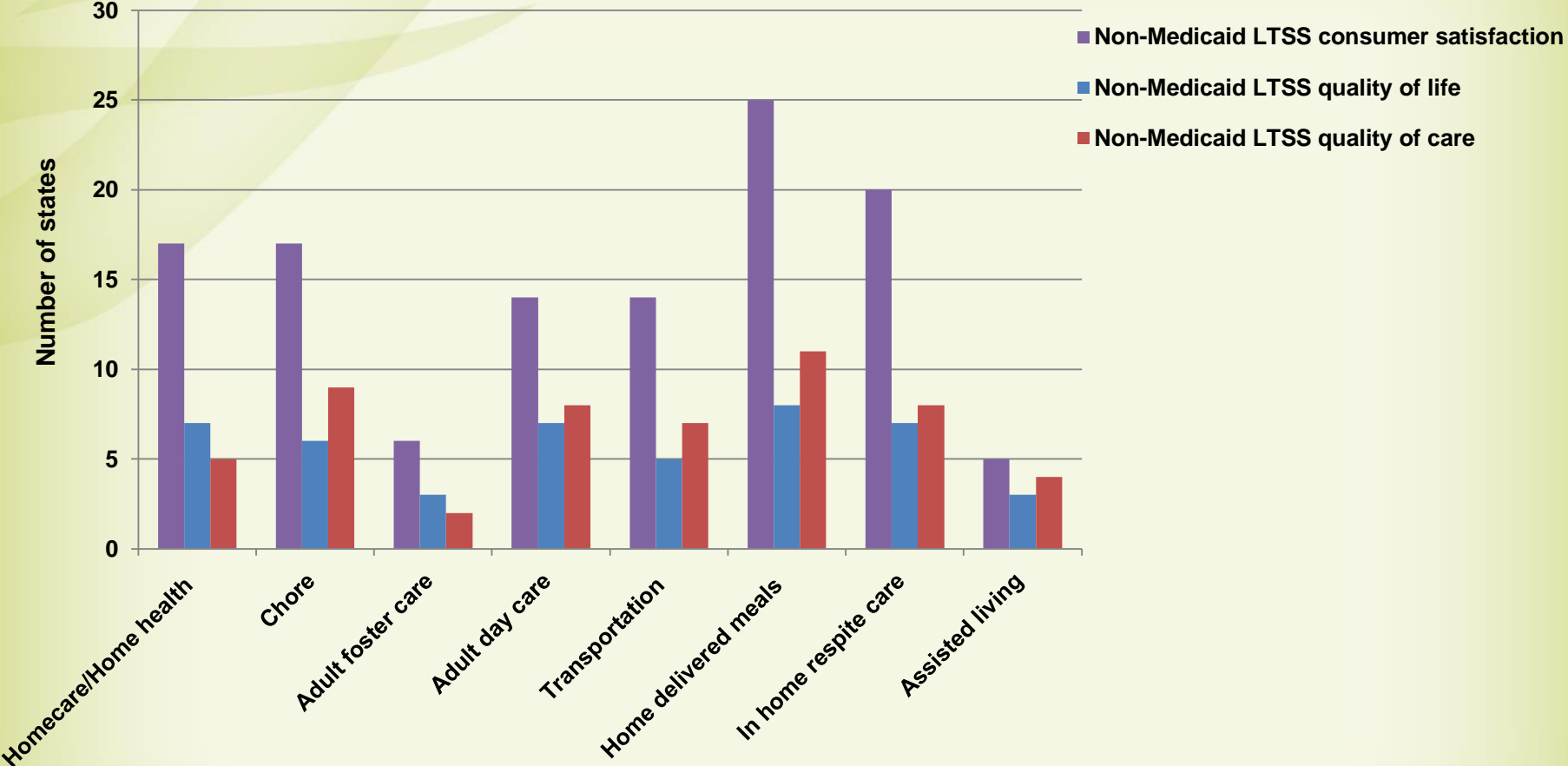
Over half of states (64 percent) indicated that they are participating in one or more HCBS quality initiatives, including TEFT, NCI, NCI-AD, or state consumer surveys.

State responses indicated a strong focus on participant satisfaction, with less of an emphasis on quantitative analysis.

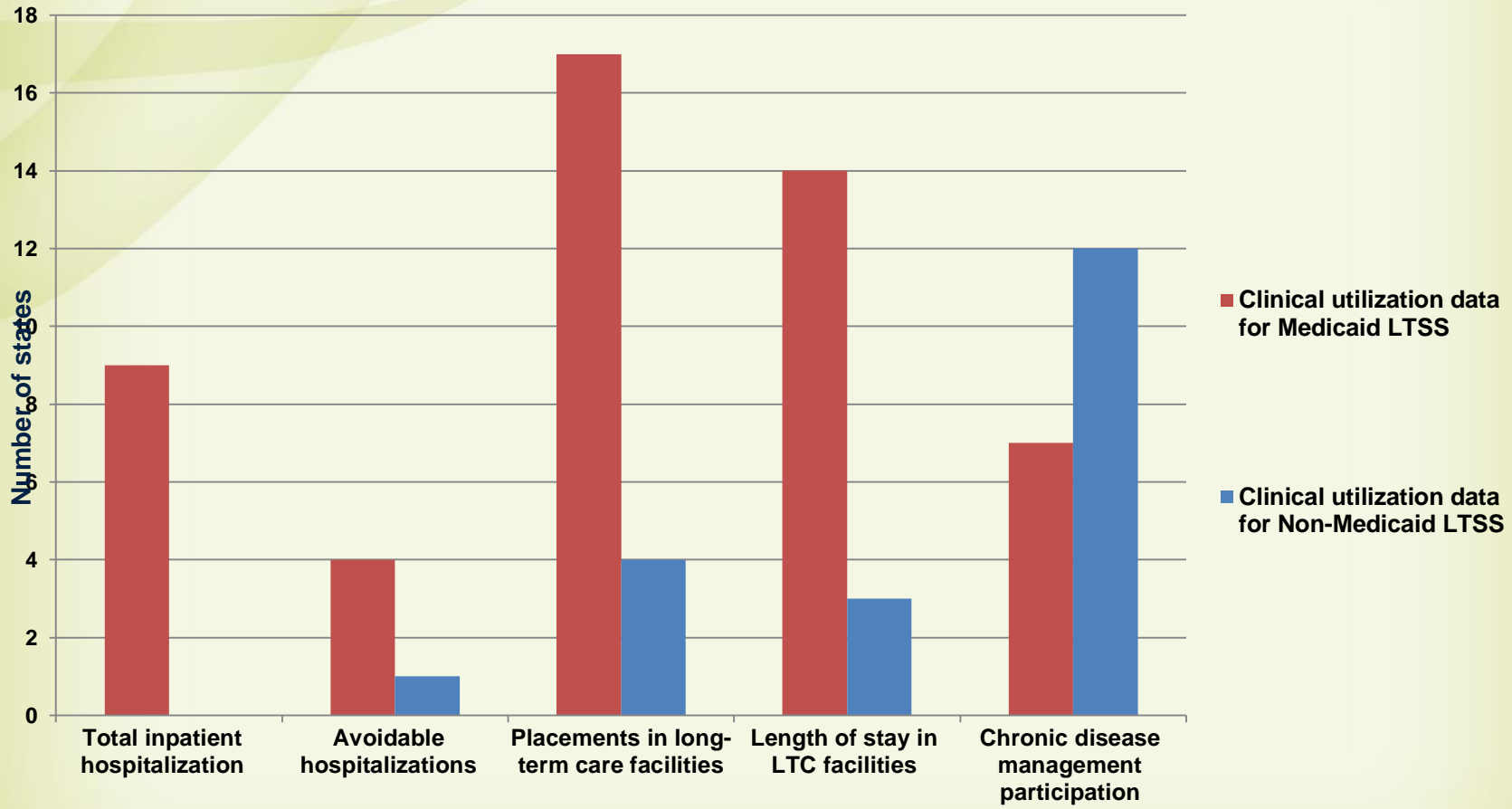
States Collect Data on Medicaid Consumer Satisfaction, Quality of Life, and/or Quality of Care



States That Collect Data on Non-Medicaid LTSS (including OAA) Consumer Satisfaction, Quality of Life, and/or Quality of Care

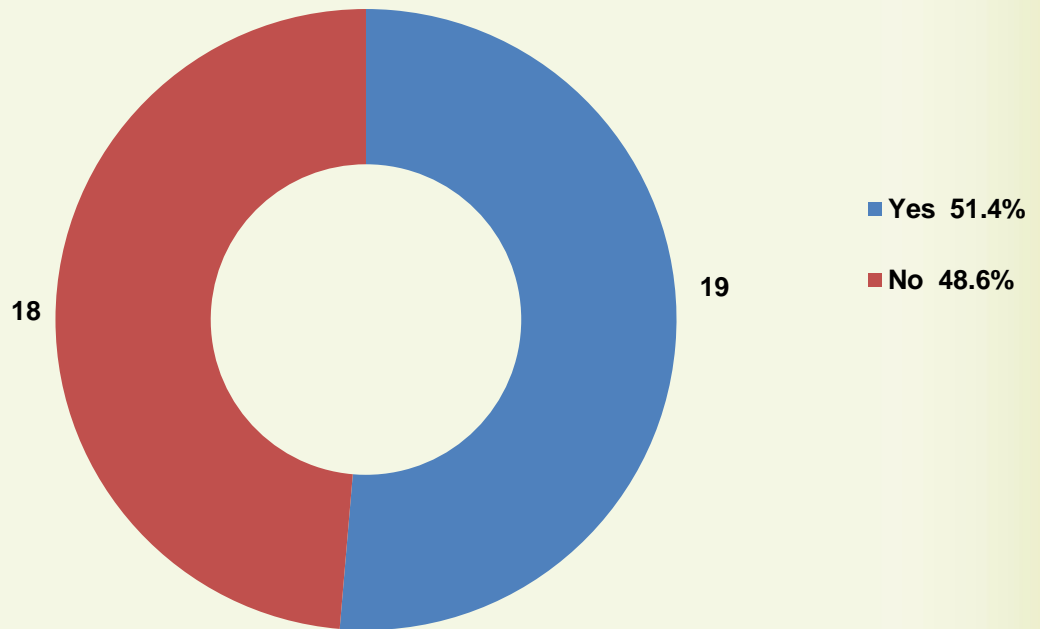


Number of States Indicating They Collect Clinical Utilization Data for Medicaid and Non-Medicaid LTSS Services



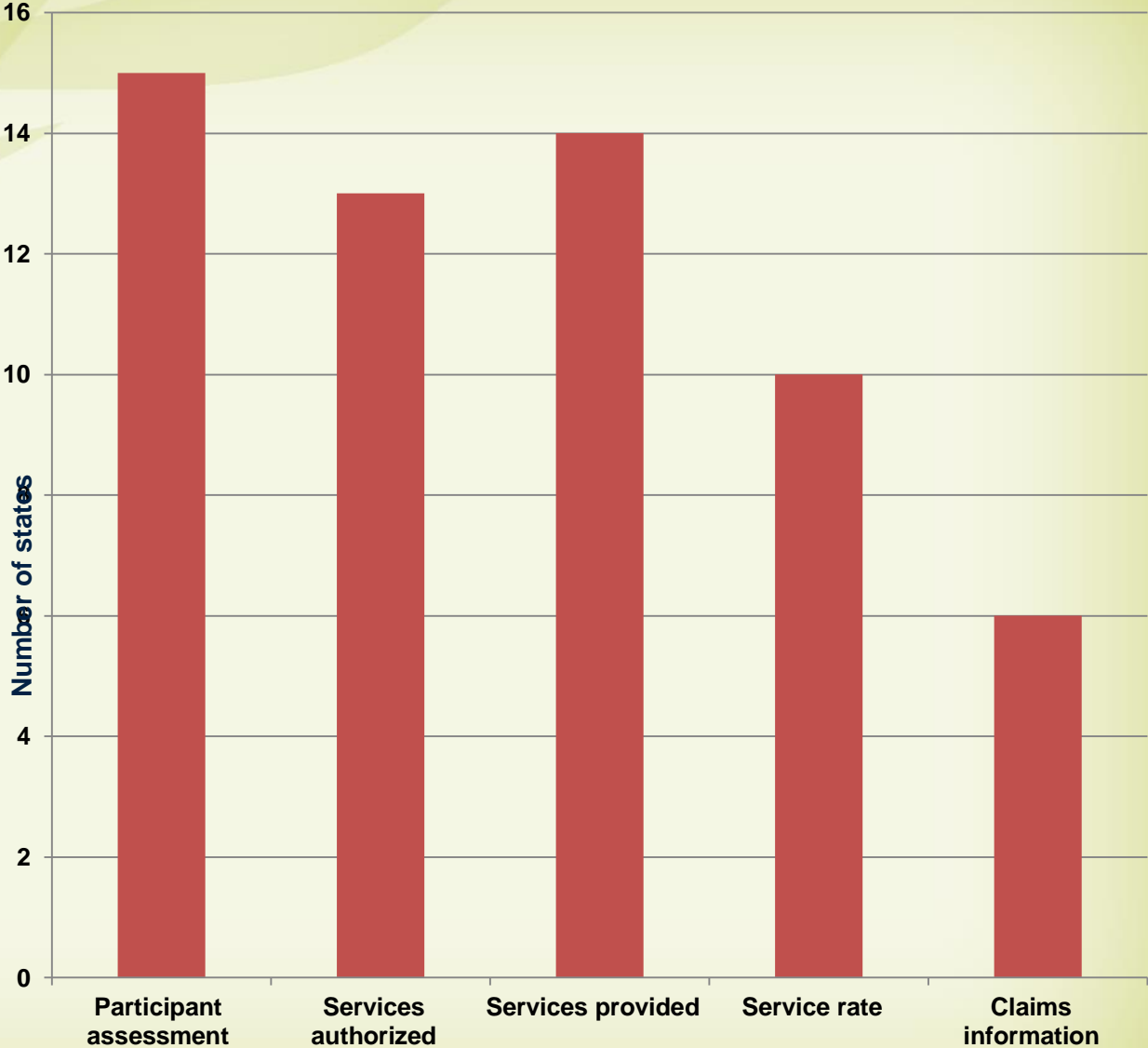
**Close to 60 percent
of State
Respondents Report
Using Information on
Licensing, Citations,
or Sanctions to
Monitor Participant
Safety, Health
Outcomes, and/or
Quality of Care**

**50 percent of states use these data for quality
improvement efforts**



Types of data stored in single IT system

Close to 40 percent of states reported having an integrated system that collects and stores assessment data, services data, and/or payment data for multiple programs



Key Takeaways

1. Nationally there are a Lack of Integrated Systems in States Limiting State's Ability to Track Outcomes
2. States Data Collection Efforts are Driven by Mandates and Funding Sources/Constraints
3. More States, ACL, and CMS are Seeking Performance Data and Outcomes
4. There is a Lack of Investments in Data Collection Systems
5. There are Pockets of Promising Practices

Overview of Colorado Senior Services Data Study

Methodology

Interviewed over 150 people in 40 state and local agencies in two waves

- **Wave 1**—Traditional Aging Network providers
- **Wave 2**—Broader LTSS providers
- **Wave 3**—Interviewed states with promising practices in Iowa, Minnesota, and Massachusetts
- **Wave 4**—Interviewed U.S. Administration on Community Living
- **Wave 5**—Interviewed software vendors

Types of Stakeholders Interviewed

- Area Agencies on Aging
- State Agencies
- Large and small providers in nutrition, transportation, home care and health promotion
- Foundations
- Independent Living Centers
- Senior Lobby
- Mental Health providers
- Various local health departments
- 211 System
- City and county officials
- Single Entry Point agencies
- RCCOs
- University

Colorado's Aging Network Reports that:

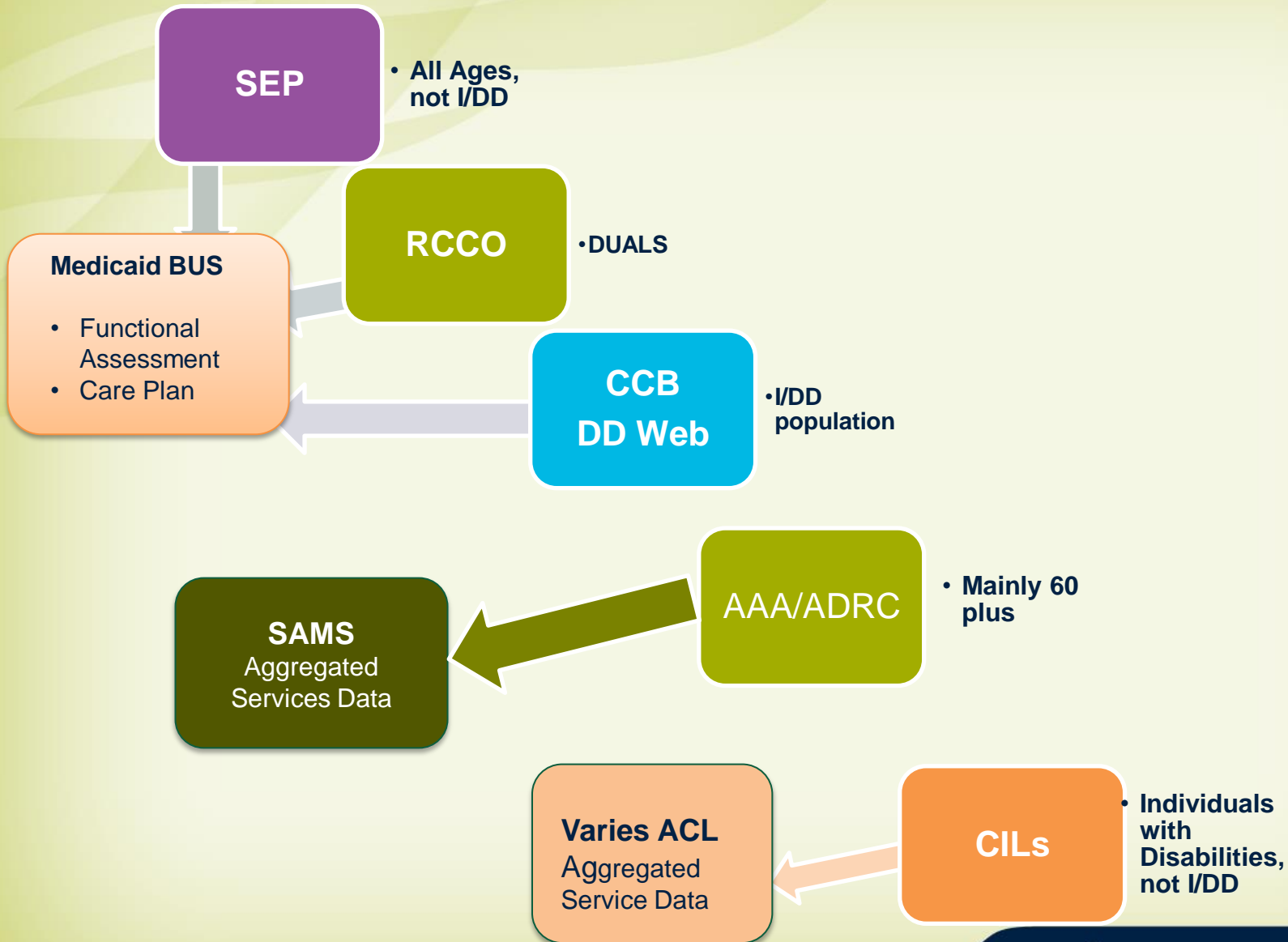
- they create quality of life for consumers by helping people to meet their goals and remain in their homes and they postpone Medicaid and save Medicaid/Medicare by reducing unnecessary services.
- they have services that provide high quality services efficiently and at a good price.
- they are creative and leverage unique partnerships.

To continue they will need:

1. To preserve the State Funding for Senior Services (SFSS) increases
2. An investment in technology to make substantial changes to their systems.

Theme 1: CO data come from Multiple Sources and Maintained in Silos

Access Points in CO System



Data Collection Points and Silos

	AAAs	ADRCs	CILs	SEPs	CCBs	RCCOs
I & A	Network of Care, Tapestry, Access spreadsheet and 5/16 SAMS		Varies	BUS	BUS	Varies
Service Delivery	SAMS, spreadsheets	SAMS, spreadsheets	Varies	BUS	BUS DD Web	Varies
Payment	CBRES	Depends on source	Varies	MMIS	MMIS	MMIS

Theme 2: Data Collected is Not Easily Used

- Definitions of programs not consistently used (and different between levels of government) restricting the fidelity of data
- Services data disconnected from payment data and unit cost
- Cannot use data to confirm the targeting of services
- Difficult reporting processes
- No ease of use, creating inefficiency
- Allows for multiple fill in with double/triple entries
- Difficult to get data out of SAMS and run reports
- Disconnected from assessment or demographic data in SAMS, Network of Care or Tapestry

Theme 3: All data collected should align with goal of high quality LTSS system

- Incorporates assessment, goals or statement of choice about services for the purpose of measuring outcomes/progress
- Entries should retain history of individual and services
 - Any data put in should be able to come out
 - Ability to pull out service numbers connected to demographics and service needs
- Need to know when we are successful
 - By allowing users to run cost benefit analysis for state, services and individual clients
- Users should be able to easily
 - Import and export data as needed
 - Run ad hoc queries cross assessments/demographics and services with cost
- Allow for the integration of multiple funding sources, like local or Medicaid

Benefits of Common Easy to Use Data

- Fuller picture of consumers' health and long term services and support needs—understanding their path future needs for good outcomes
- Impact of policy changes and forecasting—where do we get the best outcomes
- PACE cited as current best practice
- Demonstrations in progress
- No Wrong Door demonstration seen as a help to evolve the integration of information and assistance functions

Theme 4: Federal Focus on Performance Outcomes

- Uniform Guidance Requires Collection on Data on Outcomes
- Throughout HHS, there is a recognition of the need for good data and outcomes
- Congress uses evaluation data as a tool when deciding on appropriations
- ACL is reviewing NAPIS and pledging to reduce data elements, communicated their flexibility and willingness to adjust with an expected implementation of 2019-2020
- ACL is eager to hear and use results of Colorado project and national survey

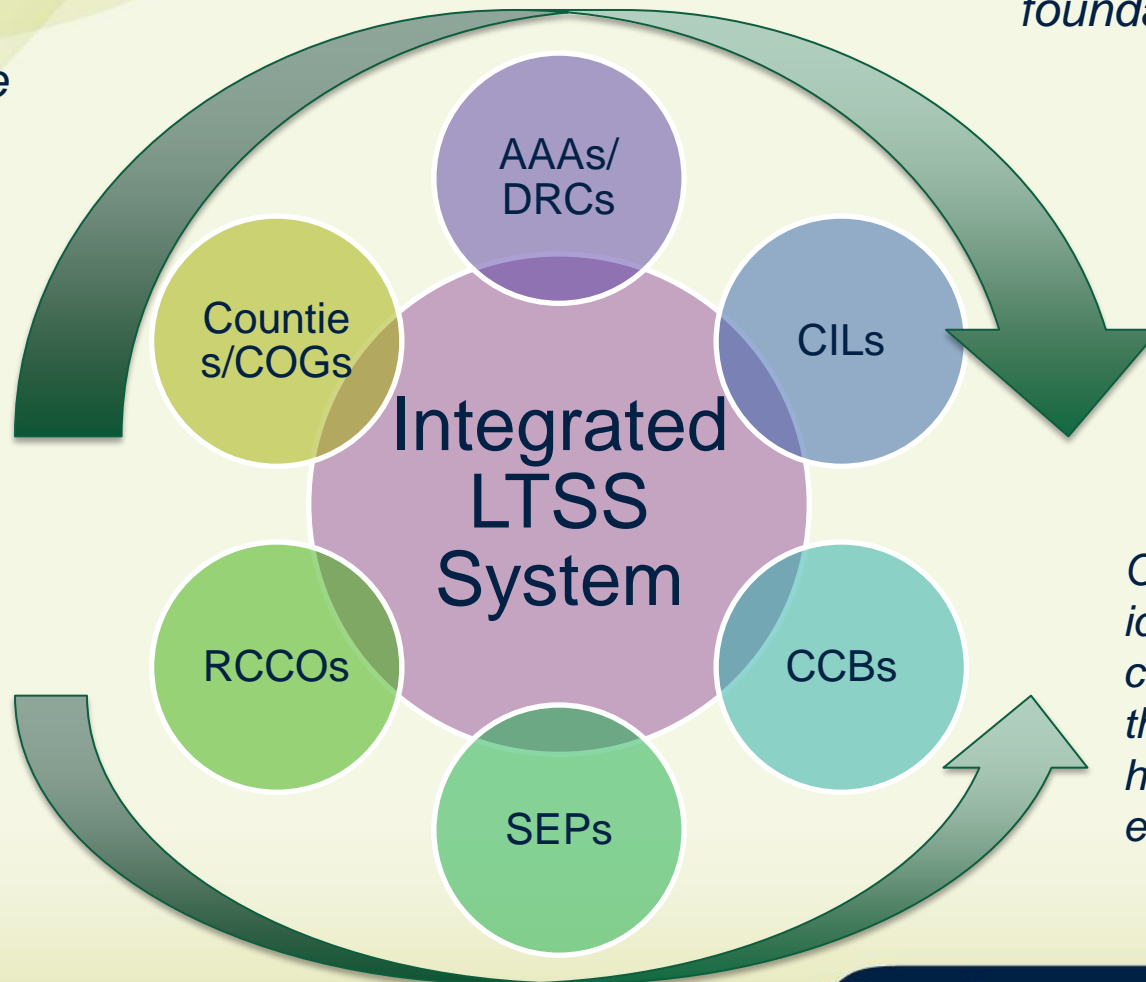
Measuring Outcomes

- Administering consumer satisfaction surveys (started 2016)
- Charting services and progress to a baseline and when services are provided compare ER visits, length of stay in own home, or good community engagement
- Interviewing people every few months about quality and their ability to stay on their own homes
- Using National Core Indicators—Aging and Disabilities (NCI—AD)
- Monitoring health outcomes as in PACE model
- Starting services with a more robust assessment of wellbeing with periodic follow up assessment
- Surveying consumers on progress for 2 to 5 years after first contact

LTSS Integrated System

Statewide database of services for use for all entry points regardless of payer

Branded System with multiple entry points but built on the same foundation



Measuring quality and improving performance

Easy to use data collection system

One common identifier for consumer throughout his/her LTSS experience

Overall Recommendations

Invest in an Integrated Data System for all Services and Supports

- Dedicate a Portion of the State Funding for Senior Services Fund to Build and Maintain a Robust Data System
- Leverage and Maximize Medicaid 90/10 Match
- Continue Financial Support of Local Agencies for Tools, Training, and the Transition to New System

Develop an Integrated System

- Single identifier across funding systems
- Consistent service taxonomy
- Single comprehensive assessment tool with basic to comprehensive modules
- Case management component that includes strategy for managing change in status alerts
- Include all Human Service Programs in the LTSS Data Warehouse including: SNAP, AoA, Medicaid, APS

Improve Access for Consumers

- Review all structures, practices, and protocols around consumer access to services Integrate ADRCs, SEPs, CCBs into single No Wrong Door
- Brand “No Wrong Door”

Overall Recommendations

Build Single Comprehensive Electronic Services Database with All Payers

- Accessible for Public and Private Use
- Focus on Ease of Use for Consumer
- Add more features over time
- Include YELP-like feature

Measure Quality and Reward Results

- Build performance incentives into contracts with network and providers
- Continue measuring system performance with tools such as TEFT, NCI, NCI-AD

Continue to Improve Collaboration Between Agencies

- To build an ideal system, additional resources will be necessary and will likely be largely outside of the Aging Agency

Continuously Engage with Stakeholders as New System is Developed

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