Findings of the National Quality Forum Committee on HCBS Quality

Tuesday, December 20 2016

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Disability and Aging Collaborative

- American Association on Health and Disability
- American Association of People with Disabilities
- AARP
- ADAPT
- Alliance for Retired Americans
- Altarum institute
- AFSCME
- ANCOR
- The Arc of the United States
- Association of University Centers on Disabilities
- Alzheimer's Association
- Bazelon Center for Mental Health Law
- Caring Across Generations
- Center for Medicare Advocacy
- Community Catalyst
- Dana & Christopher Reeve Foundation
- Direct Care Alliance
- Disability Rights Education & Defense Fund
- Easter Seals
- Families USA
- Health and Disability Advocates

- Leading Age
- Lutheran Services in America
- National Association of Area Agencies on Aging
- National Association of Councils on Developmental Disabilities
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- National Committee to Preserve Social Security and Medicare
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- National Council on Independent Living
- National Consumer Voice for Quality Long-Term Care
- National Disability Rights Network
- National Health Law Program
- National PACE Association
- National Senior Citizens Law Center
- Paralyzed Veterans of America
- Paraprofessional Healthcare Institute
- SEIU
- United Cerebral Palsy
- United Spinal Association
- VNAA –Visiting Nurse Associations of America

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**Community Living Policy Center
University of California, San Francisco**

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www.communitylivingpolicy.org

RRTC on HCBS Outcome Measurement

(Grant Number # 90RT5039)

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

Power Point

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Questions and Comments

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Webinar Overview

- <u>Speakers:</u>

  – Joe Caldwell
    Director of LTSS Policy, National Council on Aging
  – H. Stephen Kaye
    Director, Community Living Policy Center

- Questions and Answers (15 minutes)

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NQF Committee on HCBS Quality

National Quality Forum HCBS Quality Committee:

- Funded by ACL and CMS
- Two-year process
- Diverse Stakeholder Committee
  - Researchers, providers, state officials, people with disabilities, and family members (across aging and disability groups)
- Public input
- Consensus process
- Final report issued in September 2016

  http://www.qualityforum.org/Measuring_HCBS_Quality.aspx

HCBS Committee Members

- Joe Caldwell (Co-Chair)
- Stephen Kaye (Co-Chair)
- Robert Applebaum
- Kimberly Austin-Oser
- Suzanne Crisp
- Jonathan Delman
- Camille Dobson
- Sara Galantowicz
- Ari Houser
- Patti Killingsworth
- Charlie Lakin

- Clare Luz
- Sandra Markwood
- Barbara McCann
- Sarita Mohanty
- Gerry Morrissey
- Ari Ne'eman
- Andrey Ostrovsky
- Mike Oxford
- Lorraine Phillips
- Mary Smith
- Anita Yuskauskas

Main Tasks and Accomplishments

- Operational definition of HCBS

- Characteristics of high-quality HCBS

- Domains & subdomains of HCBS quality

- Example promising measures

- Global & domain-specific recommendations

Quality in Home and
Community-Based
Services to Support
Community Living:
Addressing Gaps in
Performance Measurement

FINAL REPORT
SEPTEMBER 2016

NATIONAL
QUALITY FORUM

This report is funded by the Department of Health
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2012-00009I, Task Order HHSM-500-T0014.

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Definition of HCBS

The term "home and community-based services" refers to an array of services and supports delivered in the home or other <u>integrated</u> community setting that <u>promote the independence, health and well-being, self- determination, and community inclusion</u> of a person of any age who has significant, long-term physical, cognitive, sensory, and/or behavioral health needs.

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Characteristics of High-Quality HCBS

- Provides for a <u>person-driven system</u> that optimizes individual <u>choice and control</u> in the pursuit of self-identified <u>goals and life preferences</u>

- Promotes <u>social connectedness and inclusion</u> of people who use HCBS, in accordance with individual preferences

- Includes a flexible range of <u>services that are sufficient</u>, accessible, appropriate, effective, dependable, and timely to respond to <u>individuals' strengths, needs, and preferences</u> and that are provided in a <u>setting of the individual's choosing</u>

- <u>Integrates healthcare and social services</u> to promote well-being
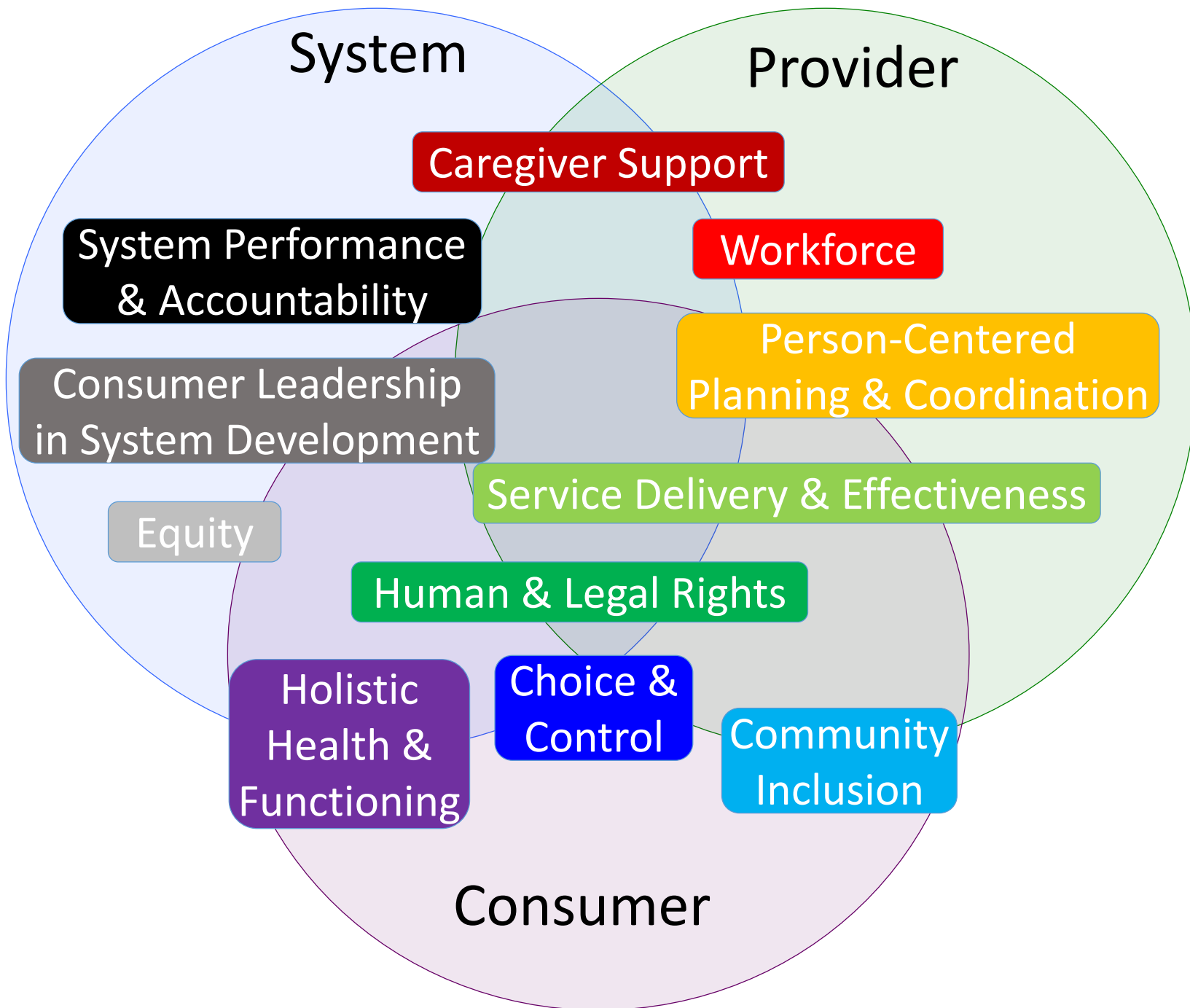
Characteristics of High-Quality HCBS

- Promotes privacy, dignity, respect, and independence; freedom from abuse, neglect, exploitation, coercion, and restraint; and other <u>human and legal rights</u>

- Ensures each individual can achieve the balance of personal safety and <u>dignity of risk</u> that he or she desires

- Supplies and supports an appropriately skilled <u>workforce</u> that is stable and adequate to meet demand

- Supports family <u>caregivers</u>

- Engages <u>individuals who use HCBS in the design</u>, implementation, and evaluation of the system and its performance

Characteristics of High-Quality HCBS

- <u>Reduces disparities</u> by offering equitable access to, and delivery of, services that are developed, planned, and provided in a culturally sensitive and linguistically appropriate manner

- <u>Coordinates and integrates resources</u> to best meet the needs of the individual and maximize affordability and long-term sustainability

- Delivers—through <u>adequate funding</u>— accessible, affordable, and cost-effective services to those who need them

- Supplies valid, meaningful, integrated, aligned, accessible, outcome-oriented <u>data</u> to all stakeholders

- Fosters accountability through <u>measurement and reporting</u> of quality of care and consumer outcomes

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Framework of HCBS Quality

- Based on characteristics of high-quality HCBS developed by Committee

- Final framework:
  - 11 Domains
  - 40 Subdomains
  - Operates at overlapping levels of analysis (system, provider, consumer)

System

Provider

Consumer

Caregiver Support

System Performance & Accountability

Workforce

Person-Centered Planning & Coordination

Consumer Leadership in System Development

Equity

Service Delivery & Effectiveness

Human & Legal Rights

Holistic Health & Functioning

Choice & Control

Community Inclusion

Domains and Subdomains

Service Delivery and Effectiveness

- Delivery
- Person's needs met and goals realized

Person-Centered Planning & Coordination

- Assessment
- Person-centered planning
- Coordination

Domains and Subdomains

Choice and Control

- Personal choices and goals
- Choice of services and supports
- Personal freedoms and dignity of risk
- Self-direction

Community Inclusion

- Social connectedness and relationships
- Meaningful activity
- Resources and settings to facilitate inclusion

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Domains and Subdomains

Caregiver Support
- Family caregiver/natural support well-being
- Training and skill-building
- Family caregiver/natural support involvement
- Access to resources

Workforce
- Person-centered approach to services
- Demonstrated competencies, when appropriate
- Safety of and respect for the worker
- Sufficient workforce numbers dispersion and availability
- Adequately compensated with benefits
- Culturally competent
- Workforce engagement and participation

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Domains and Subdomains

Human and Legal Rights

- Freedom from abuse and neglect
- Informed decision-making
- Optimizing preservation of legal & human rights
- Privacy
- Supporting exercise of human & legal rights

Equity

- Equitable access and resource allocation
- Transparency and consistency
- Availability
- Reduction in health disparities and service disparities

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Domains and Subdomains

Holistic Health and Functioning

- Individual health and functioning
- Health promotion and prevention

System Performance & Accountability

- Financing and service delivery structures
- Evidence-based practice
- Data management and use

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Domains and Subdomains

Consumer Leadership in System Development

- System supports meaningful consumer involvement
- Evidence of meaningful consumer involvement
- Evidence of meaningful caregiver involvement

Example Promising Measures

- Existing measures ("measure concepts") relevant to the domains/subdomains
- Selected by the committee from:
  - Measures used in state MLTSS programs
  - Measures derived from surveys of HCBS consumers & caregivers
  - A few additional measures from NQF environmental scan and compilation

- Will share some example Promising Measures from two domains (Person-Centered Planning and Choice and Control) to give you a sense of the "measure concepts"
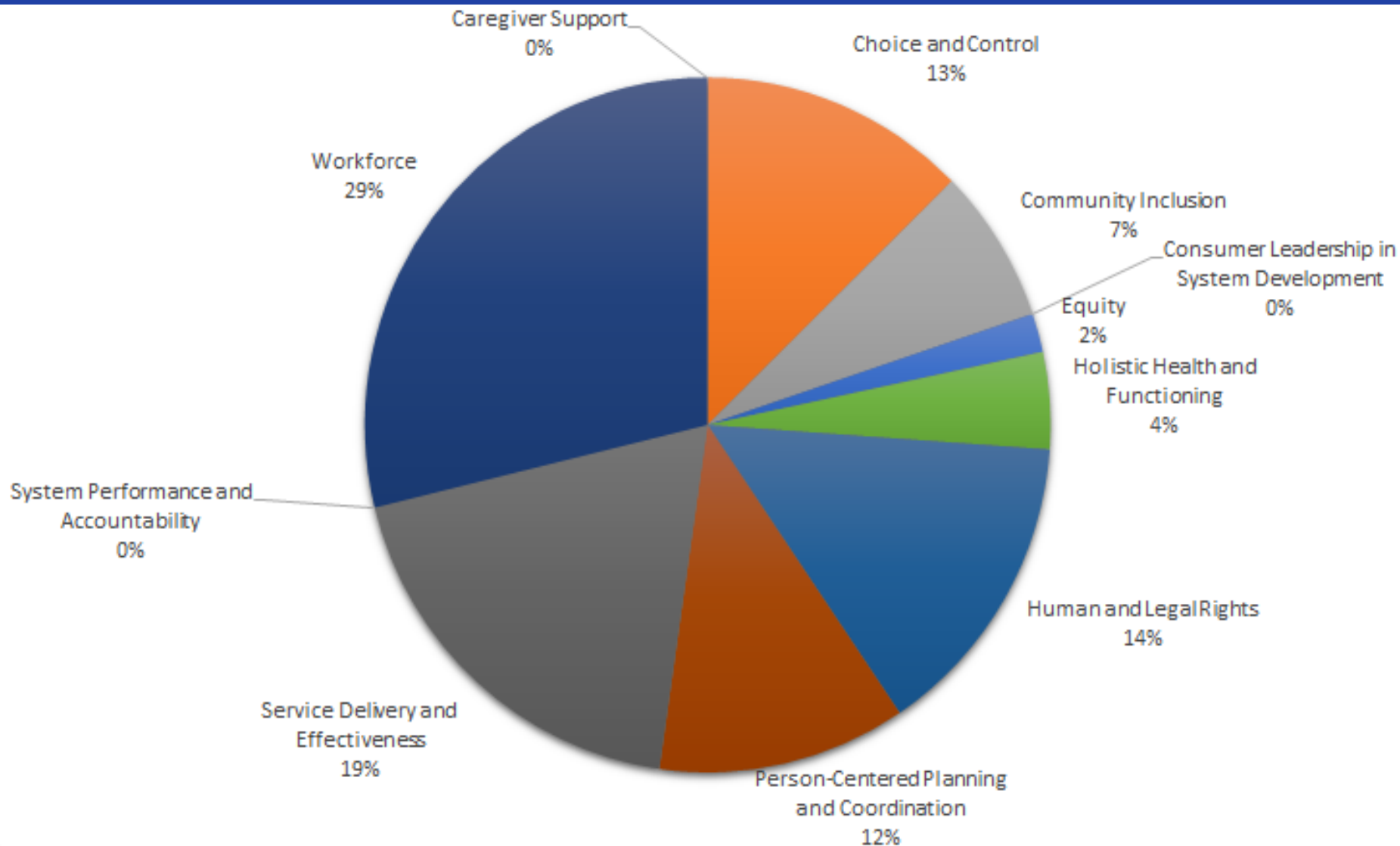
Person-Centered Planning Examples

Subdomain: Assessment	Source
• Number and percent of waiver participants with reassessment performed and ISP/IPs updated when needs/condition changed.	MLTSS HI
• Percent responding yes to: Do you believe that the result of your "level of care assessment" identifies your real needs?	NMPQR
Subdomain: Person-Centered Planning	**Source**
• Percent of members reporting that their care plan includes all of the things that are important to them	MLTSS WI
• Percent of participants reporting they are the primary deciders of what is in their service plan.	MLTSS MN
• Percent of waiver individuals who have service plans that are adequate and appropriate to their needs and personal goals, as indicated in the assessment.	MLTSS NJ
• Percent responding yes to: Do the services and/or supports focus on the person's goals?	POMs
Subdomain: Coordination	**Source**
• Percent HCBS members who report: Their service coordinators help them get what they need.	MLTSS HI
• Percent responding yes to: Has a case manager helped you solve a problem that you have told them about?	MNCES
• Percent responding yes to: Does your case manager help coordinate all the services you receive?	POMP-CMS

Choice and Control Examples

Subdomain: Personal Choices and Goals	Source
• Percent responding yes to: Can you see your friends when you want to?	NCI-ACS
• Percent responding yes to: Can you get to the places you need to go, like work, shopping, or the doctor's office?	MFPQOL
• Percent of HCBS members who report: They make choices about their everyday lives, including: housing, roommates, daily routines, case manager, support staff or providers, and social activities.	MLTSS HI
• Percent responding yes to: Does the person have options about where and with whom to live?	POMs
• Percent responding that the consumer chose or helped choose: Who chose (or picked) the place where you work?	NCI-AD
• Percent responding that the consumer chose or helped choose: Who chose (or picked) where you go during the day?	NCI-AD
Subdomain: Choice of Services and Supports	Source
• Percent responding yes to: Do the people who are paid to help you do things the way you want them done?	NCI-AD
• Percent responding yes to: Does your attendant provider pay attention to your choices, such as what you like to eat, where you want to go or what you want to do?	EAZI
• Percent responding yes to: Can you make changes to your budget/services if you need to?	NCI-ACS
• Percent responding yes to: Can you choose or change what kind of services you get and determine how often and when you get them?	NCI-AD

NQF Domains of the HCBS Experience of Care Survey

Caregiver Support
0%

Choice and Control
13%

Community Inclusion
7%

Consumer Leadership in
System Development
0%

Equity
2%

Holistic Health and
Functioning
4%

Human and Legal Rights
14%

Person-Centered Planning
and Coordination
12%

Service Delivery and
Effectiveness
19%

System Performance and
Accountability
0%

Workforce
29%

Global Recommendations

- Support quality measurement across <u>all domains and subdomains</u>.

- Build upon <u>existing quality measurement efforts</u>.

- Develop and implement a <u>standardized approach</u> to data collection, storage, analysis, and reporting.

- Ensure that emerging <u>technology standards</u>, development, and implementation are structured to facilitate quality measurement.

Global Recommendations

- Triangulate assessment of HCBS quality using an appropriate <u>balance of measure types and units of analysis</u>.

- Develop a <u>core set of standard measures</u> for use across the HCBS system, along with a <u>menu of supplemental measures</u> that are tailorable to the population, setting, and program.

- <u>Convene a standing panel</u> of HCBS quality experts to evaluate and approve candidate measures.

Implications

- Framework for HCBS Quality

- Provides guidance for states, managed care organizations, advocates, and measure developers

- Will help guide measure development leading to valid and reliable measures that obtain NQF endorsement; investments and work underway:
    - HCBS Experience of Care Survey
    - RRTC on HCBS Outcome Measures funded by NIDILRR
        - Development of a measure database organized by NQF Framework
    - ACL investment in National Core Indicators
    - CMS investments in measure development for HCBS and Dual Enrollees

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Questions

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Thank You

- Everyone who registered will receive a follow up email with the power point and recording

- To access this previous Disability and Aging Collaborative Webinars: www.ncoa.org/hcbswebinars

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