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
- National Academy of Elder Law Attorneys
- National Association for Home Care and Hospice
- National Committee to Preserve Social Security and Medicare
- National Council on Aging
- 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
Support From

Community Living Policy Center
University of California, San Francisco
(Grant Number #90RT5026)
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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• Or visit www.ncoa.org
Questions and Comments

All Lines Will Be Muted During the Call
To Ask A Question Use the Chat Function
Webinar Overview

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

• **Questions and Answers (15 minutes)**
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
The term “home and community-based services” refers to an array of services and supports delivered in the home or other integrated community setting that promote the independence, health and well-being, self-determination, and community inclusion of a person of any age who has significant, long-term physical, cognitive, sensory, and/or behavioral health needs.
Characteristics of High-Quality HCBS

- 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.
- Includes a flexible range of services that are sufficient, accessible, appropriate, effective, dependable, and timely to respond to individuals’ strengths, needs, and preferences and that are provided in a setting of the individual’s choosing.
- Integrates healthcare and social services 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 human and legal rights
- Ensures each individual can achieve the balance of personal safety and dignity of risk that he or she desires
- Supplies and supports an appropriately skilled workforce that is stable and adequate to meet demand
- Supports family caregivers
- Engages individuals who use HCBS in the design, implementation, and evaluation of the system and its performance
Characteristics of High-Quality HCBS

- Reduces disparities by offering equitable access to, and delivery of, services that are developed, planned, and provided in a culturally sensitive and linguistically appropriate manner.
- Coordinates and integrates resources to best meet the needs of the individual and maximize affordability and long-term sustainability.
- Delivers—through adequate funding—accessible, affordable, and cost-effective services to those who need them.
- Supplies valid, meaningful, integrated, aligned, accessible, outcome-oriented data to all stakeholders.
- Fosters accountability through measurement and reporting of quality of care and consumer outcomes.
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 Service Delivery & Effectiveness

Person-Centered Planning & Coordination

Choice & Control

Community Inclusion

Workforce

Caregiver Support

System Performance & Accountability

Consumer Leadership in System Development

Equity

Human & Legal Rights

Holistic Health & Functioning

Service Delivery & Effectiveness

System Performance & Accountability

Consumer Leadership in System Development

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Human & Legal Rights

Holistic Health & Functioning

Service Delivery & Effectiveness

Person-Centered Planning & Coordination

Choice & Control

Community Inclusion

Workforce

Caregiver Support
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
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
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
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
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

<table>
<thead>
<tr>
<th>Source</th>
<th>• Number and percent of waiver participants with reassessment performed and ISP/IPs updated when needs/condition changed.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Percent responding yes to: Do you believe that the result of your “level of care assessment” identifies your real needs?</td>
</tr>
</tbody>
</table>

## Subdomain: Person-Centered Planning

<table>
<thead>
<tr>
<th>Source</th>
<th>• Percent of members reporting that their care plan includes all of the things that are important to them</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Percent of participants reporting they are the primary deciders of what is in their service plan.</td>
</tr>
<tr>
<td></td>
<td>• Percent of waiver individuals who have service plans that are adequate and appropriate to their needs and personal goals, as indicated in the assessment.</td>
</tr>
<tr>
<td></td>
<td>• Percent responding yes to: Do the services and/or supports focus on the person's goals?</td>
</tr>
</tbody>
</table>

## Subdomain: Coordination

<table>
<thead>
<tr>
<th>Source</th>
<th>• Percent HCBS members who report: Their service coordinators help them get what they need.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Percent responding yes to: Has a case manager helped you solve a problem that you have told them about?</td>
</tr>
<tr>
<td></td>
<td>• Percent responding yes to: Does your case manager help coordinate all the services you receive?</td>
</tr>
</tbody>
</table>
## Choice and Control Examples

<table>
<thead>
<tr>
<th>Subdomain: Personal Choices and Goals</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Percent responding yes to: Can you see your friends when you want to?</td>
<td>NCI-ACS</td>
</tr>
<tr>
<td>• Percent responding yes to: Can you get to the places you need to go, like work, shopping, or the doctor’s office?</td>
<td>MFPQOL</td>
</tr>
<tr>
<td>• 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.</td>
<td>MLTSS HI</td>
</tr>
<tr>
<td>• Percent responding yes to: Does the person have options about where and with whom to live?</td>
<td>POMs</td>
</tr>
<tr>
<td>• Percent responding that the consumer chose or helped choose: Who chose (or picked) the place where you work?</td>
<td>NCI-AD</td>
</tr>
<tr>
<td>• Percent responding that the consumer chose or helped choose: Who chose (or picked) where you go during the day?</td>
<td>NCI-AD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subdomain: Choice of Services and Supports</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Percent responding yes to: Do the people who are paid to help you do things the way you want them done?</td>
<td>NCI-AD</td>
</tr>
<tr>
<td>• 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?</td>
<td>EAZI</td>
</tr>
<tr>
<td>• Percent responding yes to: Can you make changes to your budget/services if you need to?</td>
<td>NCI-ACS</td>
</tr>
<tr>
<td>• Percent responding yes to: Can you choose or change what kind of services you get and determine how often and when you get them?</td>
<td>NCI-AD</td>
</tr>
</tbody>
</table>
NQF Domains of the HCBS Experience of Care Survey

- Workforce: 29%
- Caregiver Support: 0%
- Choice and Control: 13%
- Community Inclusion: 7%
- Consumer Leadership in System Development: 0%
- Holistic Health and Functioning: 4%
- Equity: 2%
- Human and Legal Rights: 14%
- System Performance and Accountability: 0%
- Service Delivery and Effectiveness: 19%
- Person-Centered Planning and Coordination: 12%
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.
- Ensure that emerging technology standards, development, and implementation are structured to facilitate quality measurement.
Global Recommendations

- Triangulate assessment of HCBS quality using an appropriate balance of measure types and units of analysis.
- 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.
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
Questions

Use chat function in bottom right hand corner
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](http://www.ncoa.org/hcbswebinars)