

Home and Community Based Services (HCBS) Measures Technical Expert Panel (TEP) Meeting #1 Summary Report

April 21, 2020

Background

TEP Purpose

The Centers for Medicare & Medicaid Services (CMS) contracted with The Lewin Group (Lewin) to develop and maintain a standard set of HCBS measures through project number HHSM-500-201400033I, task number 75FCMC19F0004, entitled Home and Community Based Services Measure Development, Endorsement, Maintenance, and Alignment Contract. HCBS measure development and maintenance activities include:

- Coordinate and align activities for a diverse measure set related to HCBS (i.e., Functional Assessment Standardized Items [FASI], Consumer Assessment of Healthcare Providers and Systems [CAHPS®] Home and Community Based Services Survey [HCBS CAHPS®], and managed long-term services and supports [MLTSS]) across CMS, as well as those external to CMS;
- Maintain identified existing measures and develop new HCBS measures for National Quality Forum (NQF) endorsement where appropriate; and
- Identify risks, challenges, and mitigating strategies to help move forward CMS's vision of high quality, efficient, person-focused health care that optimizes the benefits associated with the use and exchange of standardized data collection.

HCBS measure development includes developing two HCBS measures to submit for NQF endorsement. As part of its measure development process, CMS asks measure developers to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during the development and maintenance lifecycle of measures covered under this scope of work, a role that this TEP will fulfill.

CMS's goals for the project include developing meaningful, outcomes-based measures without undue burden or duplication. To the extent possible, CMS would like measures useful for multiple populations that take into consideration preferences of key measure users and stakeholders, including consumers, state Medicaid agencies, health plans, and providers.

Meeting Objectives

On April 21, 2020, Lewin convened the HCBS Measures TEP kickoff meeting to: 1) review the TEP objectives and scope; 2) introduce key concepts related to measure development; and 3) provide an overview of HCBS CAHPS®, FASI, and MLTSS. All TEP members attended. This summary highlights key points of Lewin's presentation and takeaways from the TEP discussion. Appendix A includes a list of TEP members.

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Major Discussion Points

Welcome and Introductions

Under CMS contract, Lewin oversees two TEPs, one for the development and maintenance of HCBS measures and one for assessing gaps in development of measures for the Medicaid and Children's Health Insurance Program (CHIP) Scorecard. The objectives of this TEP include maintaining existing CMS measures and developing new measures for potential NQF endorsement and broad program implementation and identifying strategies to help move forward CMS's vision of high-quality, efficient, person-focused care. The role of the TEP members includes providing input and recommendations to Lewin on the list of new HCBS measures, reviewing evidence and testing results for both new measures and measures undergoing maintenance review, discussing potential updates to maintenance and new measure specifications, and considering measure retirement, as appropriate.

The TEP composition list and future meeting summaries will be posted on the [MMS website](#).

TEP Charter

The TEP members voted and approved the HCBS TEP charter. TEP members were asked to nominate themselves for two co-chair positions to support facilitation of TEP meetings and provide input on materials.

Overview of Measure Development and Maintenance

Quality measures allow professionals to identify gaps in care, monitor vulnerable populations, quantify the impact of emerging issues, evaluate the effect of changes in delivery systems, leverage new data sources, and reward success. Milestones in HCBS measurement included the measure development in the CMS Testing Experience & Functional Tools (TEFT) demonstration and measure development for the MLTSS program. In 2016, the National Quality Forum (NQF) published an HCBS quality report and identified gaps, including a lack of standardized measures across the country and limited data from HCBS programs. This report's recommendations included supporting quality measurement across all domains and subdomains and developing a core set of standard measures for use across the HCBS system.

To ensure consistency and high standards, CMS publishes a *Blueprint for the CMS Measures Management System* annually, which documents the core set of processes and criteria CMS recommends for measure development and maintenance. In addition to the Blueprint, CMS also created the Meaningful Measures framework in 2017, which consists of 19 areas organized into healthcare priorities and domains.

Other topics covered included how CMS and NQF assess quality, the anatomy of a measure, and the different levels of accountability, including individual, practice, and community. Details were provided on the measure development and maintenance lifecycle, moving from conceptualization, to specification, to testing, to implementation, to use, continuing evaluation, and maintenance. The complex measure lifecycle often does not follow a linear timeline. In conclusion, the CMS and NQF measure endorsement criteria was introduced.

Overview of HCBS CAHPS® Survey

The HCBS CAHPS® survey was specified and tested in the TEFT demonstration. It is the first cross-disability survey for recipients of HCBS, assessing the experiences of consumers receiving HCBS within a variety of programs across states. Organizations can administer the HCBS CAHPS® survey in person or by phone (in English and Spanish) for Medicaid beneficiaries over 18 who have received

HCBS for at least three months. Lewin reviewed the survey structure, including its 69 core items and 19 HCBS CAHPS® measures. The Agency for Healthcare Research and Quality (AHRQ) offers an HCBS CAHPS® Database, to which states can submit respondent-level analytic files. Outputs from the Database will help support maintenance activities, including NQF endorsement maintenance review and discussions with the TEP.

Summary of TEP Discussion and Recommendations

- Can results from the HCBS CAHPS® Database be sorted by managed care organizations (MCO)?
 - AHRQ is in its first year of collecting data for HCBS CAHPS®; there will be an update on what the data look like during a future meeting.
- Of the states shown in the map, which states currently use the HCBS CAHPS® survey?
 - A map of the current states using HCBS CAHPS® and former TEFT states was included in the TEP materials. This map will be updated based on conversations with state Medicaid staff in both TEFT and non-TEFT states. As of this meeting, Connecticut, Pennsylvania, and West Virginia currently use the survey; this information has been confirmed through outreach efforts to state Medicaid staff. A TEP member added that Florida implements HCBS CAHPS® for its MLTSS contracts.
- Will the Lewin team provide an overview of other metrics, such as the National Core Indicators (NCI) and National Core Indicators—Aging and Disability (NCI-AD) tools?
 - NCI and NCI-AD are outside of the measure maintenance-related scope of the HCBS TEP; it will focus on CMS-stewarded measures for maintenance, such as the HCBS CAHPS®. However, the Lewin team understands the need to look at all available measures for alignment and is aware of NCI and NCI-AD.
- Additional questions focused on measure stewardship and scope.
 - The HCBS TEP makes recommendations and changes to CMS-stewarded measures only, because CMS funds this work. It is important and valuable to look at other measures not stewarded by CMS to reduce overlap and burden when developing or re-specifying measures; Lewin can also integrate lessons learned from testing other measures. The Lewin team cannot, however, recommend or make changes to those measures not stewarded by CMS, so most of the conversations with the TEP will focus on CMS's portfolio or what can be developed for use in Medicaid HCBS programs.
- Do states no longer using HCBS CAHPS® have any feedback about why they stopped?
 - The TEFT demonstration captured this feedback. Some states elected to use other tools, while others wanted to wait to see how other states implemented HCBS CAHPS® first. Some of the states that did not continue its use after TEFT have considered revisiting or exploring HCBS CAHPS® in the future.
 - Kentucky started to work with NCI and NCI-AD, but this TEP member believes HCBS CAHPS® may also support Kentucky's needs, since its results would allow access to experience data for all of the state's Medicaid populations.
- Do any states currently use the optional employment module connected to HCBS CAHPS®?
 - While adoption of the employment module has not been tracked to date, the Lewin team will make inquiries to the states with which it has been in contact about HCBS CAHPS®.

Overview of FASI

FASI was developed as part of the TEFT demonstration. During TEFT, a TEP reviewed FASI and six states conducted two rounds of FASI pilot tests. FASI is a person-centered, standardized-item set that assesses functional status for HCBS recipients. It does not stand-alone as an assessment, but has items usable across settings. The items emerged from existing CMS, state, and HCBS assessment tools. Sections of the FASI set focus on self-care, mobility, instrumental activities of daily living, assistive devices, living arrangements, caregiver assistance, and personal priorities. FASI supports data standardization across HCBS and helps with assessing individuals' needs and preferences and developing personalized care plans.

The Lewin team shared the following implementations of the FASI set:

- Recent publication in CMS' Data Element Library (DEL)
- Several states considering using FASI
- The Lewin team currently works with the Office of the National Coordinator for Health Information Technology (ONC) and Health Level 7 (HL7) to advance interoperability between FASI and the electronic long term services and supports (eLTSS) plan
- The Department of Veterans Affairs plans to use components of FASI as part of its functional assessment instrument for its Caregiver Program

Summary of TEP Discussion and Recommendations

- Has FASI been updated to align with NCQA LTSS Healthcare Effectiveness Data and Information Set (HEDIS) measures and with person-centered regulatory requirements?
 - There have not been major adjustments to the FASI set and performance measures since first tested in 2016. Where possible, the team plans to align across measures/programs and will note this alignment opportunity for future discussion.
- Where can members find more information on the Missouri assessment pilot?
 - This will be part of the HL7 May Connectathon. There is a small fee associated with participation.
- Some people receiving HCBS also receive Medicaid services and home health/hospice services. Outcome and Assessment Information Set (OASIS) items for home health are very close to FASI items. There is a concern that people receiving both may be overwhelmed by assessments on both sides.
 - This is an important part of the eLTSS environment. As CMS added FASI to the DEL, they explicitly reviewed for consistency and overlap with post-acute care assessments, modifying responses to differ across the assessment only where necessary. This important consideration will make it possible to transfer data across different settings, reducing the need to repeat assessments or surveys. This should lead to decreased burden.
- Does a crosswalk exist between the FASI and the other commonly used assessments, such as InterRAI, Minimum Data Sets (MDS), and others?
 - A cross-walk was done, but it is likely outdated. The TEFT demonstration team performed a crosswalk between FASI and InterRAI prior to 2016. Some TEFT states also may have created crosswalks with their existing assessment instruments. Finally, ONC, through its eLTSS plan work, is updating a crosswalk between FASI and InterRAI. Lewin will provide updates on available crosswalks moving forward.

Overview of Managed Long Term Services and Supports

CMS seeks to create nationally standardized measures for use across MLTSS plans and state Medicaid programs to reduce burden through less duplication and competition with other measures.

Development efforts for the MLTSS measures include the Quality Measure Development and Maintenance for Centers for Medicare & Medicaid Services' Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees contract (2015–2019) and the current HCBS Measures Development, Endorsement, Maintenance, and Alignment Project contract (2019–2024). The seven MLTSS measures in scope for the TEP are all in the maintenance phase.

The eight MLTSS measures and its three major groups include: 1) assessment and care planning measures; 2) rebalancing and institutional utilization measures; and 3) falls risk screening measure. The Falls Risk Screening, Assessment, and Care Plan measure will not be discussed by the HCBS TEP, as NCQA serves as its steward.

Summary of TEP Discussion and Recommendations

- There is a significant difference across states in who receives MLTSS. New measures should consider measuring cross-function and cross-population differences.
 - This will be a part of the TEP conversation.

Wrap Up and Closing Thoughts

The second HCBS TEP meeting will take place in June 2020.

Summary of TEP Discussion and Recommendation

- How will CMS decide between adapting an existing measure versus developing de-novo?
 - When re-specifying or adopting a measure, another organization has typically done a lot of the groundwork. A foundational level of evidence that supports measurement of the initial person population and numerator action already exists. Re-specification work focuses on updating specifications and testing for use in the HCBS space. In contrast, developing a new measure de novo requires starting from scratch to establish an evidence base and identify gaps in performance. This TEP will consider both measures for de-novo development and for re-specification, discussing next steps in greater detail at the next meeting.
- What is the dividing line between using an existing measure not within CMS's scope and adapting a measure that CMS does have in its portfolio? How do you adjust the CMS measure to be similar or refer to the same underlying set of concepts as an existing measure owned by a third party?
 - It is the responsibility of the team to ensure that any measure recommended for addition to the CMS portfolio has been rigorously evaluated. If, for example, NCQA develops a measure for use in HEDIS, the team could build off of their processes and work. The Lewin team cannot, however, recommend implementation of a measure developed by a third party through direct addition into a CMS portfolio. CMS measures may need different data sources, measure different populations, or consider new evidence. Re-specification is faster than de-novo development, but re-specified measures still need to go through a standard process to ensure they are important, feasible, reliable, valid, and usable.

Appendix A. TEP Members and Project Team

Exhibit 1. TEP Members

Name and Title	Organization
Mary Lou Bourne, MS , Chief Quality and Innovation Officer	National Association of State Directors of Developmental Disabilities Services – Virginia
Daniel Brown, MBA , Executive Director	Racker – New York
Joseph Caldwell, PhD, MS , Director of the Community Living Center	Brandeis University – Massachusetts
Dana Cyra, MA , Caregiver and Executive Director	Inclusa – Wisconsin
Raina Josberger, MS , Deputy Director	Division of Quality Measurement, New York State Department of Health – New York
Cathy Lerza , Clinical Services and Quality Improvement Branch Manager	Kentucky Division of Developmental and Intellectual Disabilities – Kentucky
Kentrell Liddell, MD , Vice President of Quality Management and Infection Control	Mid-Delta Health Systems – Mississippi
Coretta Mallery, PhD, MA , Principal Researcher	American Institutes for Research – Virginia
Jill Morrow-Gorton, MD, MBA , Senior Medical Director	University of Pittsburgh Medical Center Health Plan – Pennsylvania
Ari Ne’eman , Visiting Scholar	Lurie Institute for Disability Policy, Brandeis University – Massachusetts
Terrence O’Malley, MD , Geriatrician	Massachusetts General Hospital – Massachusetts
Carol Raphael, MeD, MA , Senior Advisor	Manatt Health Solutions – New York
Debra Scheidt, MA, MSW , Executive Director	United Disabilities Services – Pennsylvania
Christopher Sparks, MPA, MSW , Executive Director	Exceptional Persons, Inc – Iowa
Sarah Triano , Director of Policy and Innovation	Centene Corporation – California
April Young, MSW , Senior Director of NCI-AD	ADvancing States – Virginia
Anita Yuskas, PhD , Coordinator and Assistant Teaching Professor	Penn State Lehigh Valley – Pennsylvania

Exhibit 2. Project Team

Name and Title	Organization
Jennifer Bowdoin	Centers for Medicare & Medicaid Services
Jean Close	Centers for Medicare & Medicaid Services
Kerry Lida	Centers for Medicare & Medicaid Services
Melanie Brown	Centers for Medicare & Medicaid Services
Lisa Alecxih	The Lewin Group
Cara Campbell	The Lewin Group
Colleen McKiernan	The Lewin Group
Kathleen Woodward	The Lewin Group
Jessica Briefer French	National Committee for Quality Assurance