

Centers for Medicare and Medicaid Services
Long-Term Care Services and Supports
Open Door Forum
Moderator: Jill Darling
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2:00 p.m. ET

OPERATOR: Good afternoon. My name is (James) and I'll be your conference operator today. At this time, I'd like to welcome everyone to the Centers for Medicare and Medicaid Services Long-Term Care Services and Supports Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you'd like to ask a question during this time, simply press star then the number one on your telephone keypad. If you'd like to withdraw your question, press the pound key. Thank you.

Jill Darling, you may begin your conference.

Jill Darling: Thank you, (James). Good morning and good afternoon, everyone. Thank you for joining us today for the Long-Term Services and Supports Open Door Forum. I'm Jill Darling in the CMS Office of Communications.

We – before – excuse me, before we get into today's agenda, I have one announcement. This Open Door Forum is not intended for the press, and the remarks are not considered on the record. If you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact us at press@cms.hhs.gov.

And now, I will hand the call over to Melanie Brown.

Melanie Brown: Thank you, Jill. And welcome, everyone, to our presentation on the CAHPS Home and Community-Based Services Survey tool. As Jill said, I am Melanie Brown. I'm a technical director at CMS in the Division of Community Systems Transformation. For those of you who are familiar with the structure at CMS, DCST is the subcomponent within the Disabled and Elderly Health Programs Group, (and DE) or the Disabled and Elderly Health Programs Group resides within the Center for Medicaid and CHIP Services. So, in addition to (my folks), you'll be hearing from our contracting partners from the American Institute for Research, Coretta Mallery and Chris Pugliese.

So the agenda for today's call, I'm going to start by just providing a brief overview of CMS's sort of goals and intent or the TEFT or Testing Experience and Functional Tools program. After that, we're going to hear from our colleagues at AIR. They're going to provide a brief overview of the HCBS CAHPS Survey tools along with some state example, Connecticut, Pennsylvania, and Colorado. We'll then have some time for question and answer. And then finally, we'll be able to point you to some additional resources on the HCBS CAHPS Survey in case you're interested.

So, to begin, CMS's interests in promoting new quality and health I.T. tools for Home and Community-Based Services is a trend that began in about 2012 or so. For the past 20 years, the greater proportion of Medicaid expenditures have gone towards the provision of Long-term Services and Supports in institutional settings. But if you were to look at a graph of those expenditures, which also showed the proportion of Medicaid expenditures that went towards the provision of Home and Community-Based Services, you'd see that the proportion of spending for HCBS has been increasing over the last 20 years while the proportion of spending for LTSS in institutional settings has been decreasing. And as of about 2012, the proportion of the Medicaid expenditures for Home and Community-Based Services actually begin to exceed spending for LTSS provided in institutional settings.

So in 2014, CMS began developing the Testing Experience and Functional Tools demonstration program. The overall goal of TEFT is to test quality measurement tools, and to demonstrate eHealth in Medicaid Home and

Community-Based Services. We have nine states that are participating, and there are four components of the TEFT demonstration program. One is the experience of care survey, which s – you'll be hearing more about today- the intent was to field test a beneficiary experience survey within multiple community-based Long-Term Services and Supports settings, and to test it for validity and reliability.

The second component is FASI or the Functional Assessment Standardized Items. And, again, the intent here was to field test a modified set of functional assessment measures for use with HCBS beneficiaries.

The third component of TEFT is Personal Health Records. The intent here was to demonstrate use of personal health record systems with beneficiaries that are receiving Home and Community-Based Services. And finally, the fourth component, the e – or electronic LTSS plan. The intent was to identify, evaluate, and also harmonize an electronic Long-Term Services and Supports plan. And we did this in conjunction with the Office of the National Coordinator or ONC.

So in terms of where we are since the TEFT began in 2014, so for the cross disability experience of care survey, field testing took place between 2014 and 2015, and grantee implementation took place over 2016 and it's still continuing into next year. We were able to get a CAHPS trademark in June 2016. For those who might be unfamiliar, CAHPS is the Consumer Assessment of Health Care Providers and Systems. And the intent of that initiative is to promote assessment of consumer's experience with health care.

For FASI or our Functional Assessment and Standardized Items component, field testing took place – is currently taking place in 2017 with grantee implementation continuing until next year. They will be developing (DRAFT) performance measures in a testing plan--our contractors--to prepare for NQF endorsement between this year and next year in 2018.

So for the eLTSS plan standards, participation and solution plan development and consensus building with the Office of the National Coordinator began in

2014 and continued through 2015. Our phase one piloting concluded in 2016, and our phase two piloting will conclude in 2017.

Our personal health records, development and procurement began in 2014 and continued through 2016 with grantee implementation still occurring and will continue – the grantees will continue implementation through next year. Six of our test states chose to implement and launch the personal health records.

Now, I'm going to turn it over to our colleagues at AIR to give you a bit more information about the HCBS CAHPS Survey tool. And I'm going to turn it over to Coretta Mallery.

Coretta Mallery: Hi, good afternoon. I'd actually like to introduce my colleague, Chris Pugliese who's going to be speaking first.

Chris Pugliese: Hi, everyone. Again, thanks, Coretta. I will be giving you a brief overview of the HCBS CAHPS Survey tools. So the HCBS CAHPS Survey fills a critical need in LTSS quality assurance because it focuses on Medicaid HCBS beneficiary experience outcomes and quality of life as a result of receiving services and supports. And what really distinguish it from other HCBS survey is that, that it was designed to be completed by the broad range of beneficiaries served by Medicaid HCBS programs. And these beneficiaries include individuals who are frail elderly, individuals with a physical disability, individuals who have an intellectual or developmental disability, individuals with a brain injury, and finally individuals with serious mental illness.

Now, I want to talk a little bit about the performance outcomes for the HCBS CAHPS Survey itself. The survey is intended to report on a particular program's performance vis-a-vis beneficiary reported outcomes. The unit of analysis is either the HCBS program or the accountable entity itself. An accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state, such as a managed care organization or MCO. The HCBS CAHPS Survey was developed so that comparisons about the quality of services and supports can be made across programs or between managed care organizations or other subgroups.

Next, the HCBS CAHPS Survey incorporates questions about several services and providers. The development process identified the home and community-based services and supports and providers that would be appropriate for beneficiary input across the disability and HCBS program spectrum. Services that are common across Medicaid HCBS programs include personal care and behavioral health care, transportation, home care, and case management.

Similarly, providers that are common across Medicaid HCBS programs include personal systems and behavioral health staff, medical transportation services, case managers, and homemakers. Although employment assistance services are not offered across all programs, the TEFT encouraged the inclusion of items on these services because they are so vitally important for full community participation, especially for working age persons serving in HCBS programs. The HCBS CAHPS Survey consists of two instruments, the core instrument and the supplemental employment module, both of which are available in English and Spanish.

Next, I want to discuss the domains addressed by the HCBS CAHPS Survey derived measures. So the HCBS CAHPS Survey items provide information about specific domains of the HCBS experience. The current domains in the survey include Staff are Reliable and Helpful; Staff Listen and Communicate Well; Case Manager is Helpful; Choosing the Services that Matter to You ,Beneficiary Transportation to Medical Appointments; Unmet Needs; Personal Safety; and Planning Time and Activities.

The HCBS CAHPS Survey supports seven composites or scale measures and 12 single item measures from the domains I just discussed. These are the 19 NQF-endorsed measures that Melanie mentioned earlier. After the composites are identified in the analysis, the developer team went back to a group of beneficiaries and talked with them about the best labels for each of the composites to make sure they were understood well.

Now, I want to talk a little bit about the several key features built into the HCBS CAHPS Survey questionnaire. First, the survey was designed including question wording and response set to be accessible to as many

HCBS beneficiaries as possible. However, it is important that those using the results of the survey have confidence in the results. In order to help identify individuals who may not be able to provide reliable information, the survey starts with a set of three cognitive screening questions that are related to questions in the survey. If all three questions are answered in a meaningful way, the interviewer continues to administer the remainder of the survey. If the three questions are not answered appropriately, it is an indication to stop the interview and inquire about a potential proxy respondent.

Another key feature is the survey's incorporation of program and provider specific terms to provide queuing assistance for respondents. On the basis of the formative research, we know that there were few uniform conventions for meeting providers across programs or uniform terms that individuals use to refer to their providers. Thus, the survey was designed so that sponsors can incorporate program-specific terms for categories of staff and provider specific terms for individual staff. The preferred terms can be used throughout the survey. In the survey itself, there is a bracketed italicized text that alerts the person administering the survey concerning a program-specific term for these types of staff.

Another key survey feature aimed at increasing beneficiary participation is the alternate response option. On the basis of finding some cognitive testing and development experiment conducted as part of the field test, a simplified response option was determined to be accessible for some individuals. Using both responses will allow more people to participate in the survey, including individuals with intellectual or developmental disabilities.

In general, this works as follows, the interviewer starts with the standard CAHPS response options of never, sometimes, usually, or always. If the respondent has difficulty using that question or response format to answer, the interviewer then has the alternate version, which consists of a simplified response option test of mostly yes or mostly no. The interviewer does this up to three times. If the respondent prefers the alternate version, the interviewer then uses only the alternate version for the rest of the survey.

Finally, one important consideration is the use of proxies. Going forward, the proxy respondents are being allowed by CMS for the administrations of the HCBS CAHPS Survey. Proxy respondents are individuals who answer some or all survey questions on behalf of the respondent. This flexibility has a few implications for survey sponsors. For example, it's up to the sponsor to decide whether to use proxies and which proxies to include. There are certain qualities that make an individual more likely to be a good proxy respondent. If a proxy is being used, the IRB may require that the assent of the beneficiary as well as the consent of the proxy be obtained and documented.

If proxies are used, a sponsoring entity's introductory script for reaching out to the beneficiaries will need to allow for talking with the proxies themselves. Also, while fielding the survey, sponsors may want to monitor the percentage of surveys that are completed by a proxy. And finally, the data analysis should adjust the results for the use of proxies themselves.

Now, I'm going to hand it over to Coretta to talk about current state activities.

Coretta Mallery: Great. Thanks, Chris. Now, I'm going to give an overview of how states are currently using and planning to use the HCBS CAHPS Survey. And I'll share a more detailed account of how Connecticut and Pennsylvania plan to use the survey moving forward.

States use the survey and NQF endorsed measures from the survey to assess program performance as a point in time snapshot and track changes over time. The tools can also be used to document successes, identify areas for program improvement, and assess the impacts of program improvement initiatives and projects. Finally, results from the survey can provide information to important stakeholders, such as beneficiaries, internal staff, provider, MCOs, legislator, and the general public on program performance.

Now, I'll give an overview of how Connecticut has implemented the survey and their plans for future use. In Connecticut currently, there are 11 Medicaid waivers and two HCBS state plan options. Historically, in Connecticut, there's been an inconsistent approach to quality measurement across the waivers with performance measurement. This led to often reinventing the

wheel for measurement tools and challenges providing evidence for CMS. Their goal is to move to a consistent approach that rewards quality and facilitates reporting.

In 2013, a case management contract added performance bonus incentives. This pool of \$500,000 is divided by the number of performance standard. For this, Connecticut has decided to use three measures from the HCBS CAHPS Survey -- Case Manager is Helpful, Choosing the Services that Matter to You, and Personal Safety and Respect.

Connecticut has obtained extensive stakeholder input for this process, including incorporating an LTSS rebalancing steering committee, ABI Waiver Advisory Committee, and Brain Injury Alliance Provider Council. These stakeholders advise on survey content, procedures, survey use, and recruitment strategy.

Connecticut fielded the survey in 2016 to 2017 in three state programs. Personal care assistant, older adults, and acquired brain injury. The response rates range from 58 percent to 78 percent. It's interesting here to note that both in-person and telephone survey options were offered and the telephone was preferred by the majority of beneficiaries across all three groups.

However, the in-person administration rate was highest (20 percent) for persons with brain injury. This is compared to 2 percent for the PCA group and 5 percent for the older adult group. It's also interesting to note that proxy respondents were eligible to be included in this administration. The highest rate of proxy response was also 20 percent for persons with brain injury, compared to 6 percent for the PCA group, and 14 percent for the older adult group.

For future survey administration, Connecticut has trained all staff and the community options waiver unit to administer the survey. They plan to obtain a representative sample from each waiver. Care management agencies will have a QA unit conduct surveys on 10 percent of the client base. They plan to incorporate a web-based option for completing the surveys. The UConn

Center on Aging will conduct the data analysis, and Connecticut will publish the results annually.

The next steps for Connecticut are to convene a group to discuss the needs of the Connecticut mental health and intellectual disabilities, developmental disability agencies who are both interested in using the survey. Then they will develop a cross-waiver quality improvement strategy for the state.

The last state we'll talk about today is Pennsylvania. Pennsylvania was not one of the states involved in the testing of the survey, however it's planning to use the survey moving forward. The Office of Long-Term Living Waiver Program in Pennsylvania provides services to beneficiaries who are aging, have a physical disability, have a traumatic brain injury, and persons with a developmental disability.

Pennsylvania is currently using a survey developed in the state that has provided some challenges. They do an annual mailing to 2,000 participants from the five waiver programs, and received an 18 to 20 percent response rate. They currently tabulate the results manually, which is very labor-intensive.

Pennsylvania has introduced the community health choices, a program to coordinate physical health and Long-Term Services and Supports, to enhance the quality of medical care and access to all appropriate services to more than 420,000 individuals who are duly eligible from Medicare and Medicaid, older Pennsylvanians and individuals with disability. This program has five goals, to enhance opportunities for community-based living, to strengthen coordination of LTSS and other types of health care, to enhance quality and accountability, to advance program innovation, and to increase efficiency and effectiveness. The key quality components for the CHC program include consumer and provider surveys.

Pennsylvania has selected the HCBS CAHPS Survey for quality monitoring a CHC because it is a validated tool used in other fee-for-service managed care program. It incorporates the voices of the beneficiary on their experience of care. The survey is a flexible tool that allows for the addition of state-specific

questions, and it complements the CAHPS health plan surveys that MCOs are already familiar with.

The current plan is to use this survey and fee-for-service HCBS waivers in all regions in the state except for the Southwest to establish a baseline for MLTSS transition in early '18. The next phase in late 2018, the Southwest region will be incorporated. Finally, the survey will be administered statewide in 2019.

That concludes the presentation. We're happy to answer any questions now. We'd also like to note that the HCBS CAHPS Survey instrument in English and Spanish, and technical assistance document are available online.

Operator: And as a reminder, ladies and gentlemen, if you'd like to ask a question, please press star then one on your telephone keypad. If you'd like to withdraw your question, please press the pound key. Please limit your questions to one question and one follow-up to allow other participants time for questions. If you require any further follow-ups, you may press star one again to rejoin the queue.

Your first question comes from the line of Carol Regan from Community Catalyst. Go ahead, please, your line is open.

Carol Regan: Thanks. Hi. I'm interested in the Pennsylvania project, and I know that they'll be moving the Community Health Choices program in the Southwest first beginning in January and then they're delaying the other regions until 2019 and 2020. So I'm curious about the – you mentioned that they are not going to do the Southwest, and they'll do the – Southwest will join in, in 2018 even though the timelines have shifted. So could you talk a little bit about that?

Coretta Mallery: Sure, I'm happy to give the information that I know. So I should state that we were representing information that was previously presented by a representative of Pennsylvania in a previous presentation. So I can't give more information than is currently in the survey, but I'd be happy to follow up with the information if we could get your contact information.

Carol Regan: Oh, that would be great. OK, thank you.

Coretta Mallery: OK, sure.

Carol Regan: How do I – just give – you want to give me your e-mail so I can e-mail you or how do you do that?

Coretta Mallery: Sure. My e-mail is cmallery@air.org.

Carol Regan: Great. Thank you.

Coretta Mallery: Thank you.

Operator: And again as a reminder, if you'd like to ask a question, please press star then one on your telephone keypad.

And there are no further questions at this time. I turn the call back over to our presenters.

Jill Darling: Hi, Melanie, this is Jill. Do you have any closing remarks?

Melanie Brown: First, I would just want to thank, one, our contracting partners at AIR for being available to present and share this information, and also thanks to the folks that are participating for your interest and hearing more about the HCBS CAHPS Survey. If you are interested and wanting to get more information, I know you don't have the slide deck in front of you, there's tons of information available on medicaid.gov on the quality page. You can feel free to reach out to me directly. If you have – if you're not able to locate that information or have specific questions, my e-mail address is melanie.brown@cms.hhs.gov.

With that, no, I don't have any other final comments, Jill, so I'll it turn back over to you.

Jill Darling: All right, thanks, Melanie. And thank you to all of our speakers. I believe the next Long-Term Services and Supports Open Door Forum will be some time in the beginning of next year of 2018. So I don't have an exact date just yet,

but always be on the look out for the agenda. So, thanks, everyone. Have a great day.

Operator: Thank you for participating in today's Long-Term Care Services and Supports Open Door Forum Conference Call. This call will be available for replay beginning today at 5:00 p.m. Eastern through midnight on November 10th. The conference ID number for the replay is 61379689. The number to dial for the replay is 855-859-2056.

This concludes today's conference call. You may now disconnect.

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