



Quality Measurement in Community-Based Long-Term Care Services

***25th Annual HCBS Conference
Denver, CO***

***Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group***

MEASUREMENT DRIVERS IN HCBS LTC

- Individual Service Recipients
- Tax Payers: State & Federal
- Congress , Legislators, and Statute
- Providers
- Vendors of Measurement Sets,
Accreditation Instruments



COMPLICATING FACTORS

- **Wide Variety Of Diagnostic Categories in LTC**
- **No Standard “Treatment Intervention”, i.e., service definitions & service delivery models**
- **Personal & social outcomes versus illness or disease outcomes**
- **Wide Range Of Settings**
- **Wide Range Of Service Provider Types And Qualifications**
- **Wide Range of Measurement Sets: No Standardization**

* DEHPG MEASUREMENT INITIATIVES

- AHRQ (DRA): produced environmental scan of HCBS measures; currently developing HCBS measures for individual outcomes/functioning, system performance and satisfaction; primary focus on health care measures.
- National Balancing Indicators: Conducting environmental scan of HCBS measures indicative of a rebalanced system; primary focus on system performance measures
- Mathematica (MFP): uses comparable battery of individual outcome measures (from CMS' Personal Experience Survey), system performance, and health care and experience measures; required of all MFP grantees.
- National Quality Enterprise (NQE): producing measures for HCBS assurances via technical assistance to states

* Disabled & Elderly Health Programs Group in the Centers for Medicaid and State Operations



QUALITY IN MEDICAID HCBS LTC PROGRAMS

- 1915(c): CQI of evidence-based individual outcome & system performance measures related to statutory assurances; web based application, review tool, quality review process
- Managed Care 1915(b) & (a): quality strategy that validates performance measures, standards, and improvement; use of external quality review organization
- 1915(i): Similar requirements as 1915(c);
- 1915(j): Similar requirements as 1915(c) quality with a focus on two assurances – health/welfare and financial accountability
- Money Follows the Person: builds on 1915(c) requirements, adds additional components; requires reporting on comparable measures for individual quality of life outcomes, system and health related measures
- PRTF: adopts components of 1915(c).
- Other (State Plan, 1115, PACE, Benchmark)

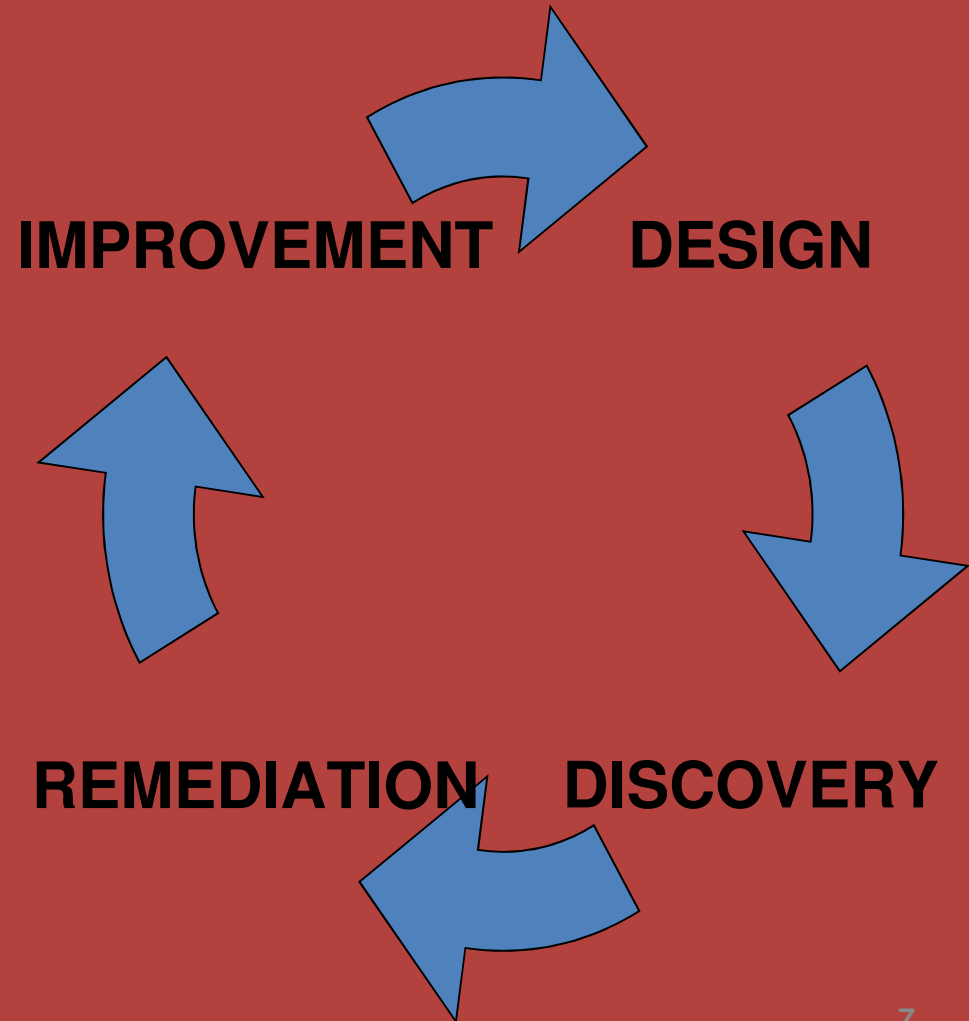
HCBS QUALITY MONITORING : GENERAL TENETS

- **Authority of SMA:** State has ultimate responsibility for overseeing quality of Medicaid programs
- **Evidence-based:** State use evidence to monitor programs; CMS has moved from a predominant focus on monitoring processes to one based on empirical evidence (system and beneficiary outcomes)
- **Performance Measures:** Evidence should be formulated in terms of *Performance Measures*
- **Continuous Quality Improvement:** States are expected to continuously work to improve the quality of their Medicaid programs



CQI Cycle in 1915(c) Programs

- QIS must describe:
 - What evidence (Performance Measures) state will use to monitor the waiver (*Discovery*)
 - How the state will remediate instances of non-compliance (*Individual Remediation*)
 - How the state will address program-wide (systemic) problems (*Systems Improvement*)



Performance Measures in 1915(c) HCBS Programs

- A metric where possible
 - Percent, mean, median, etc.
- Presumed standard of compliance: 100% (attained through remediation)
- Performance measures based on survey data should not be stand-alone measures

