



NATIONAL
QUALITY FORUM

Home and Community-Based Services to Support Community Living

Committee Web Meeting

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August 4, 2016

Welcome and Introductions

- Marcia Wilson, Senior Vice President
- Margaret Terry, Senior Director
- Rachel Roiland, Sr. Project Manager
- Andrew, Anderson, Sr. Project Manager
- Kim Ibarra, Project Manager
- Desmirra Quinnonez, Project Analyst

Disclosures of Interest

Project Overview and Review of Meeting Objectives

Project Components

Under contract with the Department of Health and Human Services (HHS), this two-year project included:

1. Create a conceptual framework for measurement, including a definition for HCBS
2. Perform a synthesis of evidence and environmental scan for measures and measure concepts
3. Identify gaps in HCBS measures based on framework and environmental scan
4. Make recommendations for measure development as well as suggestions for promising measures/concepts
5. Additionally, developed the characteristics of a high-quality HCBS system – a vision for what HCBS *should* be.

Meeting Objectives

1. Discuss the Operational Definition and review public comments and results of committee survey
2. Discuss the Global Recommendations
 - Review public comments
 - Review survey results
3. Discuss the Domain Specific Recommendations
 - Review public comments,
 - Review proposed refinements, and
 - Review example measures, measure concepts, and instruments within the recommendation narrative for each domain
4. Seek public input on each topic area

Meeting Format

1. NQF staff will present an overview of the public comments received and survey results
2. Co-chairs will call on each lead discussant to provide their reactions to the public comments (1-2 min)
3. Co-chairs will open it up to the full Committee for their reactions to the public comments
 - *Use the “Raise Hand” feature on the web platform to be added to the speaker list*

Operational Definition: Committee Discussion

HCBS Operational Definition

The term “home and community-based services” (HCBS) refers to an array of services and supports that promote the independence, well-being, self-determination, and community inclusion of an individual of any age who has significant, long-term, physical, cognitive, and/or behavioral health needs and that are delivered in the home or other integrated community setting

Operational Definition Survey Results

Answer Choices ▾	Responses ▾
▾ Move reference to where services and supports are delivered up front	50.00% 12
▾ Add "health" to "well-being"	54.17% 13
▾ Change "an individual" to "a person"	58.33% 14
▾ Remove "significant"	41.67% 10
▾ Change "needs" to "limitations in function"	50.00% 12
▾ Add "communication" to long-term physical, cognitive, and/or behavioral health needs	41.67% 10
▾ Remove "integrated" from "other integrated community setting" to account for secure dementia units	33.33% 8
▾ None of the above	12.50% 3
Total Respondents: 24	

Proposed Definition Based on Results

The term “home and community-based services” (HCBS) 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 an ~~individual~~ **person** of any age who has ~~significant~~, long-term, physical, cognitive, **communication**, and/or behavioral health ~~needs~~ **limitations in function**

Discussion Question

1. Are there any strong objections to the proposed definition based on the results?

Global Recommendations: Committee Discussion

Overview of Public Comments on the Global Recommendations

- Supportive but suggestions to increase specificity and inform action
- Suggested modifications are to:
 - *Prioritize domains, subdomains, and/or directions*
 - *Clarify what is meant by a consistent approach to quality measurement*
 - *Recommend certain measures are expedited for endorsement*
 - *Add specificity to the recommendation on use of data to develop quality measures*
 - *Add a focus on outcome measures*
 - *Further specify the purpose, use, and importance of a "menu" of HCBS quality measures.*

Guidelines For Lead Discussants

- What is your reaction to the public comment suggestions for changes to the global recommendations?
- Do the suggested changes bring more clarity and/or specificity?

Global Recommendation 1

- ▣ *Supporting quality measurement work across all domains and subdomains, rather than devoting resources to a few domains and subdomains*

Add language that acknowledges the risk of prioritizing one domain over another is that work will not happen in an area that needs attention

Prioritize at least one subdomain within each domain

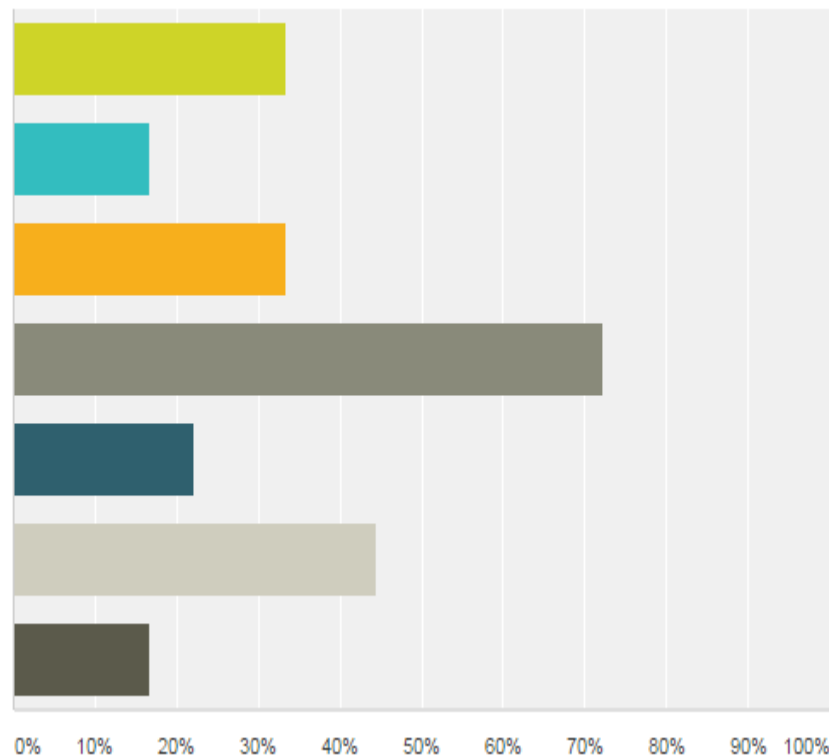
Prioritize Consumer Leadership in System Development, Community Inclusion, and Equity for measure development ...

Prioritize investments in measure development and guidance on a menu of measures that could assist states, health plans, and advocates to implement CMS' regulations on Medicaid Managed Care requirements

Prioritize the development of quality measures related to the implementation of the HCBS Settings Rule.

Prioritize Choice and Control and Person-Centered Planning and Coordination as these domains would contain measures related to the implementation of the HCBS Settings Rule

None of the above



Global Recommendation 1

- ▣ *Supporting quality measurement work across all domains and subdomains, rather than devoting resources to a few domains and subdomains*

Answer Choices ▾	Responses ▾
▾ Add language that acknowledges the risk of prioritizing one domain over another is that work will not happen in an area that needs attention	33.33% 6
▾ Prioritize at least one subdomain within each domain	16.67% 3
▾ Prioritize Consumer Leadership in System Development, Community Inclusion, and Equity for measure development as these domains are critical to the goal of measurement, measures and measure concepts for these domains are less developed, and this would assist in implementing the new CMS final regulations on Medicaid Managed Care that require states to include quality measures on rebalancing, community integration, and quality of life.	33.33% 6
▾ Prioritize investments in measure development and guidance on a menu of measures that could assist states, health plans, and advocates to implement the requirements in CMS' final regulations on Medicaid Managed Care	72.22% 13
▾ Prioritize the development of quality measures related to the implementation of the HCBS Settings Rule.	22.22% 4
▾ Prioritize Choice and Control and Person-Centered Planning and Coordination as these domains would contain measures related to the implementation of the HCBS Settings Rule.	44.44% 8
▾ None of the above	16.67% 3
Total Respondents: 18	

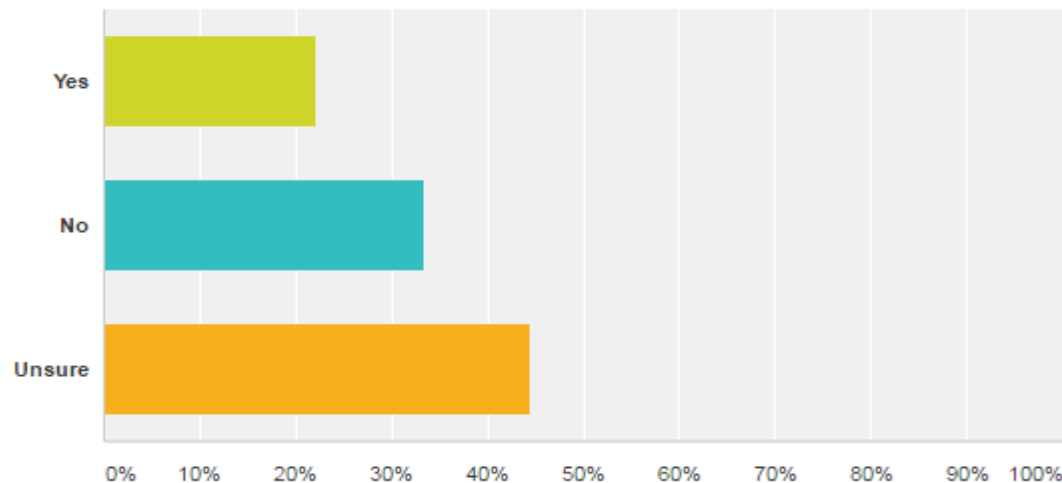
Global Recommendation 1

- *Supporting quality measurement work across all domains and subdomains, rather than devoting resources to a few domains and subdomains*
- Lead Discussants:
 - *Camille Dobson*
 - *Robert Applebaum*
 - *Patti Killingsworth*
 - *Barbara McCann*

Global Recommendation 2

- *Building on the existing quality measurement landscape when developing or expanding the use of quality measures across HCBS*

Add reference to expediting the endorsement of the HCBS Experience of Care Survey?



Answer Choices	Responses	
Yes	22.22%	4
No	33.33%	6
Unsure	44.44%	8
Total		18

Global Recommendation 2

- *Building on the existing quality measurement landscape when developing or expanding the use of quality measures across HCBS*

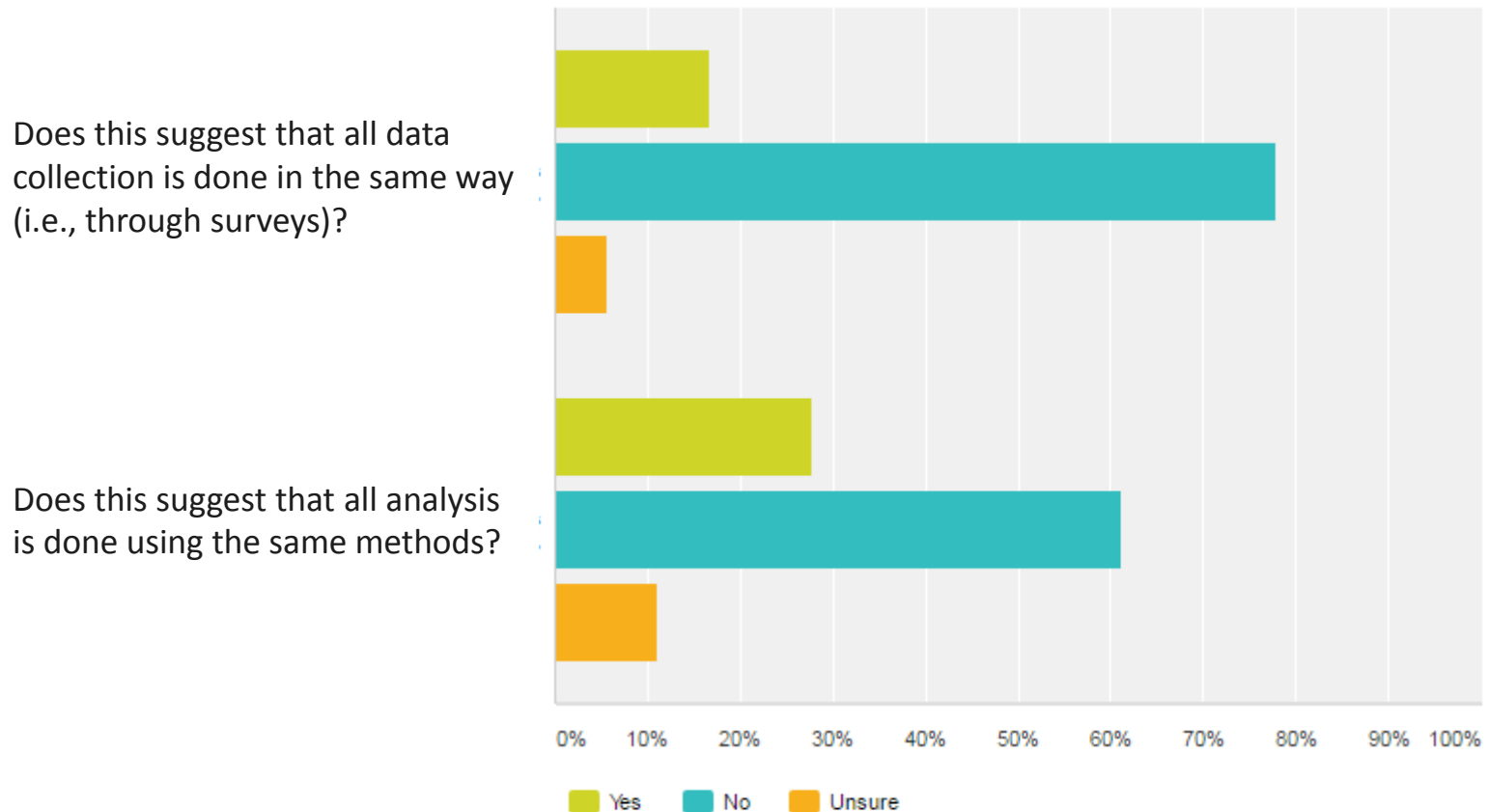
- Lead Discussants:
 - *Kimberly Austin-Oser*
 - *Sandra Markwood*
 - *Gerry Morrissey*
 - *Ari Houser*

Global Recommendation 3

- ▣ *leveraging technology for data collection, storage, analysis, and reporting of quality data*
- No public comments specific to this recommendation were received
- Lead Discussants:
 - ▣ *Andrey Ostrovsky*
 - ▣ *Jonathan Delman*
 - ▣ *K. Charlie Lakin*
 - ▣ *Anita Yuskauskas*

Global Recommendation 4

- *identifying and implementing of a consistent approach to quality measurement (e.g., data collection, analysis, reporting, quality improvement activities)*



Global Recommendation 4

- *identifying and implementing of a consistent approach to quality measurement (e.g., data collection, analysis, reporting, quality improvement activities)*
- Open-ended responses of those who responded Yes:
 - Yes it does, but I strongly feel there should be some variance in data collection methods in terms electronic, phone, in person as long as clear justification for credibility
 - HEDIS is a good example - standardized definitions and specifications on the measurement (criteria, time period, etc.). Will allow for consistent measurement across systems, jurisdictions, etc.
 - While not the intent of this recommendation, I can see how the language might be interpreted as implying standardization in mode and analysis. I think this could be recast as offering technical support on best practices
 - Once an area is identified the completed measure is standardize, numerator and denominator defined as well as data source; incorporated into a methodology that involves the least burden on providers; reported via portal; analyzed and risk adjusted in a standardized way; reported in a standardized format with relevant benchmarking.

Global Recommendation 4

- *identifying and implementing of a consistent approach to quality measurement (e.g., data collection, analysis, reporting, quality improvement activities)*
- Open-ended responses of those who responded No or Unsure:
 - The NCI establishes a sets of measures, a recommended methodology, a data gatherer training program, and offers a data management programs to states using it, but it does not dictate that only one approach be used for data collection.
 - I believe this is referring to the purpose(s) for which the data will be used. Is it for understanding population health across HCBS? Or is it for addressing program quality? If program quality, then are standards developed so there is some consistent approach to benchmarking so programs can use the data to address individual issues, and to make comparisons within and across programs.
 - Certainly survey can capture critical data Measuring community tenure Measuring health indicators Active time in the community

Global Recommendation 4

- *identifying and implementing of a consistent approach to quality measurement (e.g., data collection, analysis, reporting, quality improvement activities)*
- Lead Discussants:
 - *Andrey Ostrovsky*
 - *Jonathan Delman*
 - *K. Charlie Lakin*
 - *Anita Yuskauskas*

Global Recommendation 5

- *using both systemic and individual level data to develop HCBS quality measures*

Add "provider or programmatic" to this recommendation to reflect that measurement needs to happen at the individual, provider, and system levels

Add to recommendation that consumer experience data be incorporated into administrative databases

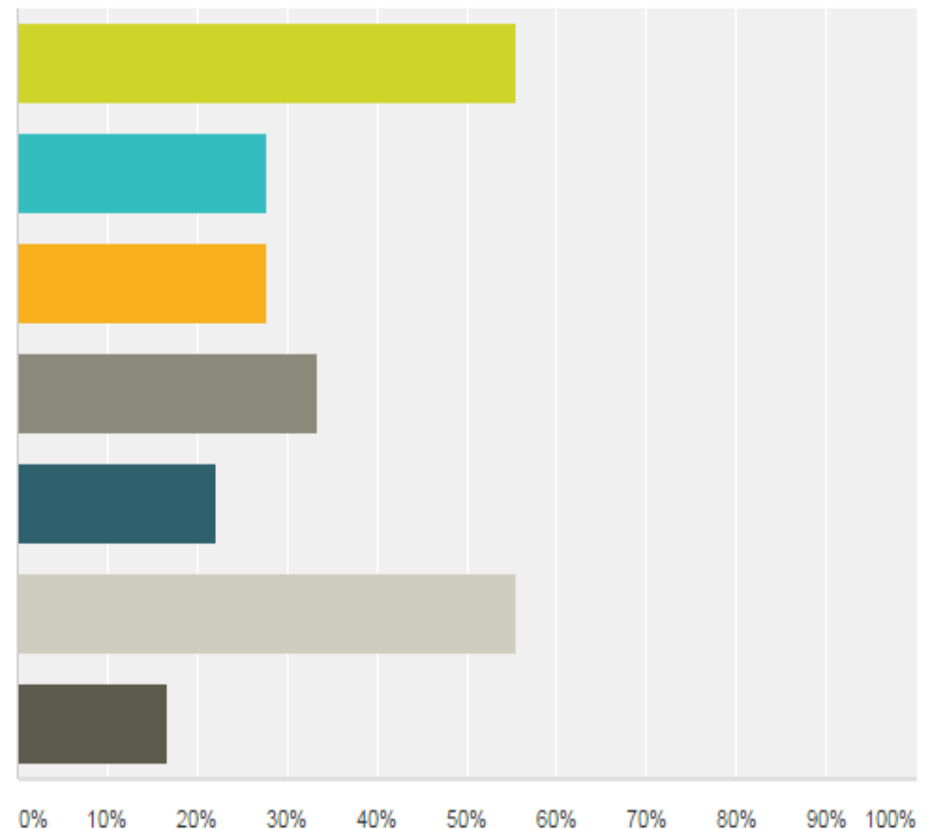
Add to recommendation that short surveys on consumer satisfaction be captured as part of regular administrative data

Add recognition of the methodological and pragmatic challenges of surveys in HCBS (e.g., consumer cognitive ability to respond to survey questions, consumer fear of retribution, use of proxies)

Add additional data collection method examples (e.g., direct observation, peer-to-peer interviewing)

Add that investment is needed into research on challenges, solutions, and best practices in HCBS measurement

None of the above



Global Recommendation 5

- *using both systemic and individual level data to develop HCBS quality measures*

Answer Choices ▼	Responses ▼
▼ Add "provider or programmatic" to this recommendation to reflect that measurement needs to happen at the individual, provider, and system levels so the recommendation would read "using systemic, provider or programmatic, and individual level data to develop HCBS quality measures"	55.56% 10
▼ Add to recommendation that consumer experience data be incorporated into administrative databases	27.78% 5
▼ Add to recommendation that short surveys on consumer satisfaction be captured as part of regular administrative data	27.78% 5
▼ Add recognition of the methodological and pragmatic challenges of surveys in HCBS (e.g., consumer cognitive ability to respond to survey questions, consumer fear of retribution, use of proxies)	33.33% 6
▼ Add additional data collection method examples (e.g., direct observation, peer-to-peer interviewing)	22.22% 4
▼ Add that investment is needed into research on challenges, solutions, and best practices in HCBS measurement	55.56% 10
▼ None of the above	16.67% 3
Total Respondents: 18	

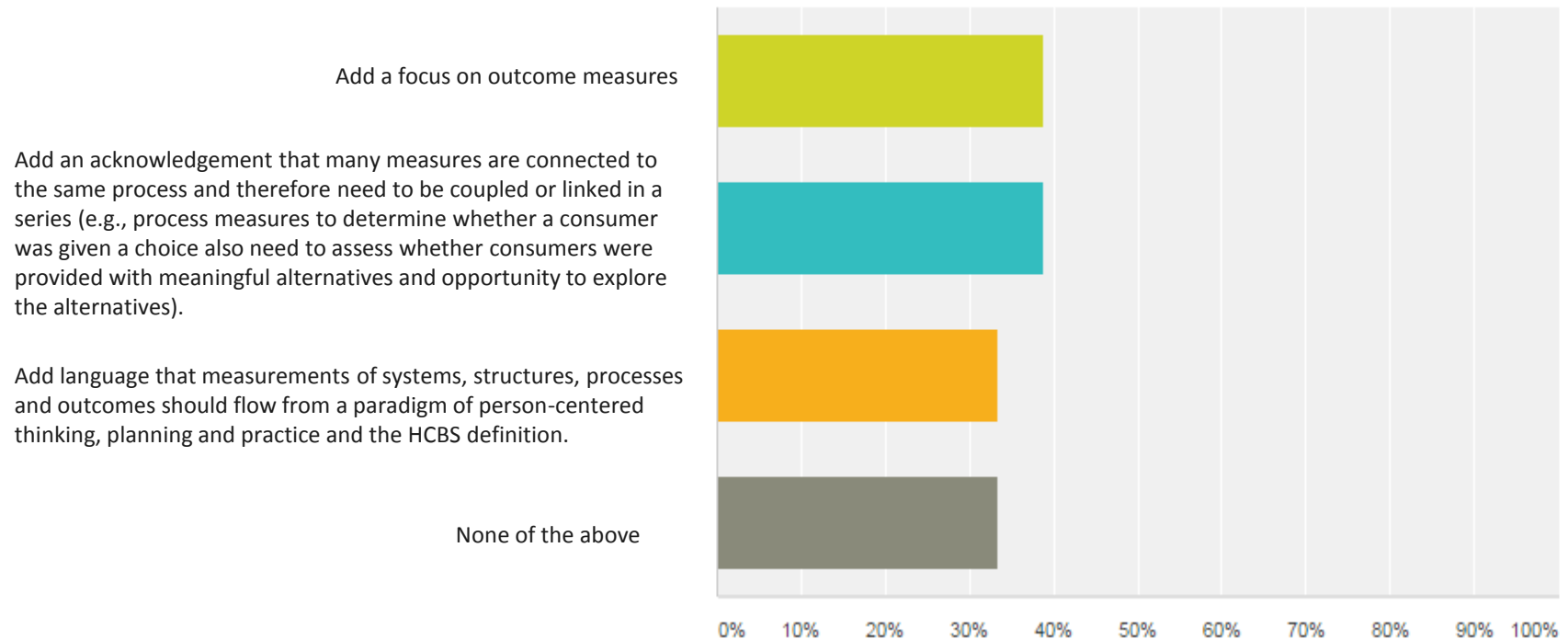
Global Recommendation 5

- *using both systemic and individual level data to develop HCBS quality measures*

- Lead Discussants:
 - *Suzanne Crisp*
 - *Mike Oxford*
 - *Ari Ne'eman*
 - *Sara Galantowicz*

Global Recommendation 6

- *supporting a balanced approach to HCBS quality measurement that acknowledges the need for structure, process, and outcome measures in each domain*



Global Recommendation 6

- *supporting a balanced approach to HCBS quality measurement that acknowledges the need for structure, process, and outcome measures in each domain*

Answer Choices ▾	Responses ▾
▾ Add a focus on outcome measures	38.89% 7
▾ Add an acknowledgement that many measures are connected to the same process and therefore need to be coupled or linked in a series (e.g., process measures to determine whether a consumer was given a choice also need to assess whether consumers were provided with meaningful alternatives and opportunity to explore the alternatives).	38.89% 7
▾ Add language that measurements of systems, structures, processes and outcomes should flow from a paradigm of person-centered thinking, planning and practice and the HCBS definition.	33.33% 6
▾ None of the above	33.33% 6
Total Respondents: 18	

Global Recommendation 6

- *supporting a balanced approach to HCBS quality measurement that acknowledges the need for structure, process, and outcome measures in each domain*
- Lead Discussants:
 - *Suzanne Crisp*
 - *Mike Oxford*
 - *Ari Ne'eman*
 - *Sara Galantowicz*

Global Recommendation 7

- *Developing a menu of tailorable HCBS quality measures that can be easily incorporated into existing HCBS programs in order to increase the use of similar reliable and valid measures throughout the HCBS system*

Add information to reflect that this menu will be useful as states develop the State Quality Strategy required by the recent federal Medicaid managed care rule in 2017

Prioritize the development of this menu and identification of a “core set” of performance measures

Add more focus on the recognition that local providers need measures to evaluate their performance and improve quality at the local home and community level

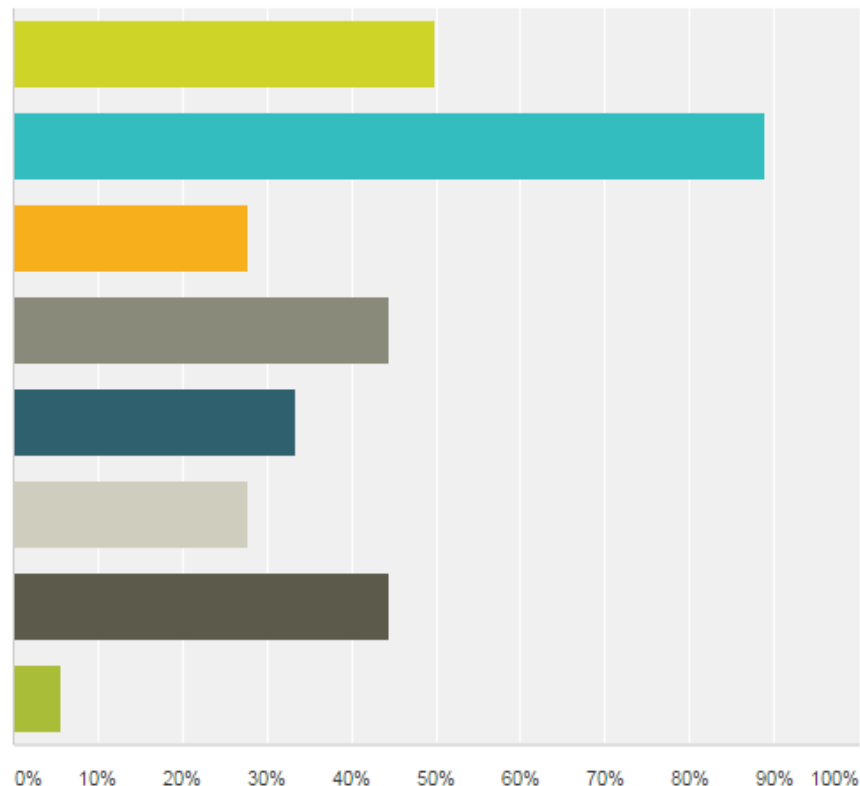
Add that while performance measures may need to be standardized, there should be flexibility in data collection approaches to allow for the development of innovative data collection and management strategies

Add more information about who should develop the menu

Add more information about who should use the menu

Add more information about the purpose and the importance of such a menu

None of the above



Global Recommendation 7

- *Developing a menu of tailorable HCBS quality measures that can be easily incorporated into existing HCBS programs in order to increase the use of similar reliable and valid measures throughout the HCBS system*

Answer Choices ▾	Responses ▾
▾ Add information to reflect that this menu will be useful as states develop the State Quality Strategy required by the recent federal Medicaid managed care rule in 2017	50.00% 9
▾ Prioritize the development of this menu and identification of a “core set” of performance measures	88.89% 16
▾ Add more focus on the recognition that local providers need measures to evaluate their performance and improve quality at the local home and community level	27.78% 5
▾ Add that while performance measures may need to be standardized, there should be flexibility in data collection approaches to allow for the development of innovative data collection and management strategies	44.44% 8
▾ Add more information about who should develop the menu	33.33% 6
▾ Add more information about who should use the menu	27.78% 5
▾ Add more information about the purpose and the importance of such a menu	44.44% 8
▾ None of the above	5.56% 1
Total Respondents: 18	

Global Recommendation 7

- *Developing a menu of tailorable HCBS quality measures that can be easily incorporated into existing HCBS programs in order to increase the use of similar reliable and valid measures throughout the HCBS system*
- **Examples of how might this work in practice:**
 - Most widely used HCBS evaluation measures/instruments (PES, NCI) are developed on the assumption that they will be used with a random sample of HCBS users. Individuals, agencies and others should have access to the central tendency outcomes by which they can compare their experience.
 - Sub domain surveys tailored for specific populations. In practice there would be some questions that are used across all populations; specific subsets of questions tailored to specific populations could then be utilized by providers serving the sub-populations.
 - Performance of activities of daily living, ability to get around (OASIS HH measures).
 - Timeliness of service provision
 - The number of injurious falls is a cross-cutting measure. There are other potential adverse outcomes that should be never-events across HCBS settings.

Global Recommendation 7

- ▣ *Developing a menu of tailorable HCBS quality measures that can be easily incorporated into existing HCBS programs in order to increase the use of similar reliable and valid measures throughout the HCBS system*
- **Additional open-ended responses related to the “menu” of measures**
 - ▣ There is a 35 year history of non standardized measurement efforts in HCBS. It is critically important that we develop one set of core measures so we can better understand this system of services. I think there is room for "tailoring", however, I think our present focus needs to be on getting some standardization into the system...long overdue. We can start with administrative data.
 - ▣ The menu (or whatever we want to call it) should not rely solely on existing measures in better developed areas but also provide sample measures in the less developed areas to both more adequately convey the committee's intent and assist in providing a starting point for measures and data collection in underdeveloped areas.

Global Recommendation 7

- *Developing a menu of tailorable HCBS quality measures that can be easily incorporated into existing HCBS programs in order to increase the use of similar reliable and valid measures throughout the HCBS system*
- Lead Discussants:
 - *Sarita Mohanty*
 - *Clare Luz*
 - *Lorraine Phillips*
 - *Mary Smith*

Open-Ended Responses on the Global Recommendations

- There is clearly a tension between measures that are used for population purposes, and those used for improving services to individuals. These need to be clearly distinguished so QI interventions are appropriately targeted...“Fixing” individual problems requires identifying survey respondents, for example. “Fixing” provider and system problems requires stratification of large amounts of data. We need both in HCBS, and we need public reporting so we can instill accountability at all levels.
- Need to emphasize the purpose... quality becomes difficult to measure when services lack standardized definitions. We need to improve the consistency of quality measurement across states.
- #1 - Focus efforts on promising measures, #2 - Don't reinvent the wheel - start with measure concepts already in wide use

NOTE: The Committee is working on more substantive wording for each of the global recommendations in order to accurately reflect the Committee's intent.

Domain Specific Recommendations: Committee Discussion

Guidelines For Lead Discussants

- What is your reaction to the public comment suggestions for changes to the:
 - » domain definitions and/or sub-domain descriptions?
 - » domain specific recommendations?
- Do the suggested changes bring more clarity and/or specificity?
- Would you consider any of the measures/measures concepts suggested by the public and/or HHS to be promising? Why/why not?

Workgroup #1

- Domains:
 - ▣ *Service Delivery and Effectiveness*
 - ▣ *Person-Centered Planning and Coordination*

- Lead Discussants:
 - ▣ *Camille Dobson*
 - ▣ *Robert Applebaum*
 - ▣ *Patti Killingsworth*
 - ▣ *Barbara McCann*

Service Delivery and Effectiveness

Service Delivery and Effectiveness Domain Modifications: Based on Public Comments

Answer Choices	Responses
▼ Add natural supports to the "Person's identified goals realized" subdomain description to read: The level to which the HCBS system incorporates the HCBS consumer's goal into services and supports, and the individual who uses HCBS is able to achieve those goals through support of the HCBS system and natural supports."	35.29% 6
▼ Add a recommendation to use quality of life measures which intersect with Service Delivery and Effectiveness	29.41% 5
▼ Combine Service Delivery and Effectiveness with the Holistic Health and Functioning domain	0.00% 0
▼ Add "are responsive to the person's strengths and preferences" and "are delivered in community integrated settings" to the Delivery subdomain description	5.88% 1
▼ Revert back to the initial definition of Service Delivery as it mentions accessibility in terms of both geographic location and physical access for people with disabilities.	17.65% 3
▼ Further specify "needs" in the subdomain "Person's needs met"	11.76% 2
▼ Add a recommendation to measure" needs met" using consumer experience surveys.	29.41% 5
▼ Add the concept of accessibility to this domain	17.65% 3
▼ Acknowledge consumer dignity of risk and their choice to refuse to have their identified needs met	23.53% 4
▼ None of the above	29.41% 5
Total Respondents: 17	

Service Delivery and Effectiveness Promising Measures: Based on Public Comments

Answer Choices ▼	Responses ▼
▼ Percent of HCBS consumers who indicate their services meet their needs	82.35% 14
▼ Percent of HCBS consumers who report adequate choice of providers	23.53% 4
▼ Percent of HCBS consumers discharged from the hospital whose care plan was assessed for potential change in needs within 3 days of hospital discharge	23.53% 4
▼ Percent of needs met as measured by the number of reported needs met divided by the number of consumers measured minus the refusals of having identified needs met	0.00% 0
▼ None of the above	17.65% 3
Total Respondents: 17	

Service Delivery and Effectiveness Promising Measures: Committee Survey

Subdomain: Delivery	% P	# Y	#SW	#N
• Services are delivered in accordance with the service plan (SP), including in the type, scope, amount, duration, and frequency specified in the SP.	55%	12	10	0
• Percent of survey respondents who reported receiving all services as specified in their service plan	59%	13	6	3
Subdomain: Person's needs met				
• Percent of HCBS members who report: "needed" services are not available.	73%	16	5	1
• Percent responding no to: Do you need more help than you are receiving with doing things around the house such as preparing meals, laundry, and housework?	73%	16	5	1
• Percent responding no to: Do you need more help than you are receiving with personal care, such as eating or bathing?	73%	16	4	2
• Percent responding yes to: Do the services you receive meet your needs and goals?	68%	15	6	1
• Percent responding yes to: Do you have transportation when you want to do things outside of your home, like visit a friend, go for entertainment, or do something for fun?	55%	12	8	2
Subdomain: Person's identified goals realized				
• Percent strongly agreeing with: As a direct result of the services I received, I am better able to do the things I want to do.	77%	17	4	1
• Percent strongly agreeing with: As a direct result of the services I received, I do things that are more meaningful to me.	50%	11	8	3
General measures related to the domain				
• Of the total number of scheduled [HCBS] visits for each service type, by provider type; the percent that were: on time, late, missed.	50%	11	5	6

Person-Centered Planning and Coordination

Person-Centered Planning and Coordination Domain Modifications: Based on Public Comments

Answer Choices ▾	Responses ▾
▾ Combine with the Choice and Control domain	5.88% 1
▾ Change domain name and definition to: Person Centered Thinking, Planning, and Practice: a set of value based assumptions (beliefs) that § People are the experts in their own lives; § Everyone can express the preferences and desires that describe the life they want to live; § Everyone can live a full life in their own community; § For many people, supporting them in realizing the life they desire requires skilled planning facilitation and services and supports that are responsive to their issues.	11.76% 2
▾ Change domain definition to: the process by extent to which a person directs the development of a plan, based on his or her goals” to focus on outcomes in people’s lives.	0.00% 0
▾ Change description for the “Assessment” subdomain to: The level to which the HCBS system and providers ascertain the HCBS consumer’s needs. This process should be person-centered and re-assessments should occur on a regular basis to assure that changes in consumer goals and needs are captured and appropriate adjustments to services and supports are made.	35.29% 6
▾ None of the above	58.82% 10
Total Respondents: 17	

Person-Centered Planning and Coordination Promising Measures: Based on Public Comments

Answer Choices ▾	Responses ▾
▾ Percent of HCBS consumers whose person-centered service plan goals were met during the reporting period	29.41% 5
▾ Percent of HCBS consumers who report that their primary case manager asked about their preferences	52.94% 9
▾ Percent of HCBS consumers who report their comments, questions, and ideas were encouraged during service planning	41.18% 7
▾ Percent of HCBS consumers reporting their care plan includes all the items that are important to them	58.82% 10
▾ None of the above	11.76% 2
Total Respondents: 17	

Person-Centered Planning and Coordination Promising Measures: Committee Survey

Subdomain: Assessment	% P	# Y	#SW	#N
Percent of waiver participants who had assessments completed by the MCO that included physical, behavioral, and functional components to determine the member's needs	55%	12	7	3
Subdomain: Person-Centered Planning				
Percent of members reporting that they participated in making decisions about their care plan	73%	16	5	1
Percent of members reporting that their care plan includes all of the things that are important to them	68%	15	5	2
Percent responding yes to: Were you able to choose the services that you get as part of your service plan?	64%	14	7	1
Percent of waiver participants (or their representatives) who were present and involved in the development of their service plan	67%	14	5	2
Percent of participants reporting they are the primary deciders of what is in their service plan, compared by eligibility group	68%	15	4	3
NCQA/SNP Structure & Process Measures —Individualized Care Plan: includes prioritized member & caregiver goals and desired level of involvement, barriers to meeting goals, follow-up schedule, self-management planning, assessment of progress.	50%	11	10	1
Percent of members with care plans within 90 [or 30] days of enrollment	50%	11	5	6
Subdomain: Coordination:				
Percent reporting that they are able contact their case manager/care coordinator when they need to	82%	18	2	2
Percent HCBS members who report: Their service coordinators help them get what they need.	73%	16	4	2
Percent HCBS members who report: Their service coordinators asked about their preferences.	64%	14	5	3
Percent reporting that they know who their case manager/care coordinator is	59%	13	6	3

Workgroup #2:

- Domains:
 - ▣ *Caregiver Support*
 - ▣ *Workforce*

- Lead Discussants:
 - ▣ *Kimberly Austin-Oser*
 - ▣ *Sandra Markwood*
 - ▣ *Gerry Morrissey*
 - ▣ *Ari Houser*

Workforce

Workforce Domain Modifications: Based on Public Comments

Answer Choices	Responses
Add appropriateness and consumer choice dimension to the Workforce Engagement subdomain: “the level to which front-line workers and service providers have meaningful involvement in care planning and execution where appropriate and desired by the consumer”.	41.18% 7
Add a recommendation encouraging HHS to consider the relationship between workforce quality measures and an overall strategy to improve the workforce landscape in states.	23.53% 4
Prioritize this domain for measure development	29.41% 5
Clearly distinguish between the paid and unpaid workforce	58.82% 10
Add a short-term recommendation to bring together a workgroup charged with developing an intermediate and long-range work plan with timelines around a comprehensive measure development and implementation process	17.65% 3
Move the development of measures related to “sufficient numbers, dispersion and availability” into the short term recommendations	35.29% 6
None of the above	23.53% 4
Total Respondents: 17	

Workforce Promising Measures: Based on Public Comments

Answer Choices	Responses	
Percent of HCBS consumers who have staff that can read, write, and communicate in their language	23.53%	4
Staff retention rates	64.71%	11
Percent of HCBS consumers who report their staff comes to work on time	52.94%	9
Percent of staff provided with emergency procedures training/education	23.53%	4
Percent of workers who have access to training on person- centered approaches	35.29%	6
Percentage of workers who completed person-centered approaches training	23.53%	4
Percent of direct care workers able to successfully apply person-centered approach in daily work	5.88%	1
Percentage of workers demonstrating competencies in daily work	29.41%	5
Number and type of competencies required	11.76%	2
Total Respondents: 17		

Workforce Promising Measures: Based on Public Comments

Answer Choices	Responses
Workforce and consumer experience/satisfaction regarding demonstrated competencies	35.29% 6
Number and percentage of workers reporting safety issues, injuries or adverse treatment	11.76% 2
Number of service disruptions caused by worker injury (e.g. days of work missed due to safety issues or injury)	29.41% 5
Number and type of responses (e.g. simple reporting, process for resolution) to reports of safety issues, injuries, or adverse treatment	5.88% 1
Number and percentage of safety issues or reports of adverse treatment that were resolved successfully	5.88% 1
Average annual turnover rate by setting and job title (percentage of direct care workers that left their position as a proportion of total staff employed during reporting period)	47.06% 8
Percentage of workers retained during the reporting period	41.18% 7
Average amount of time it takes for consumers to find workers/services	29.41% 5
Average hourly wage by setting and job title	23.53% 4
Total Respondents: 17	

Workforce Promising Measures: Based on Public Comments

Answer Choices	Responses	
Average hours worked weekly by program type and job title	11.76%	2
Proportion of average hourly wage to local living wage standards;	23.53%	4
Percentage of workers earning a living wage by setting and job title	17.65%	3
Percentage of direct care workers with no health insurance coverage from any source, by setting and job title	11.76%	2
Percentage of direct care workers with affordable employer-provided health insurance coverage provided by, by setting and job title	17.65%	3
Percentage of direct care workers with paid sick or vacation leave, by setting and job title	29.41%	5
Number of opportunities for stakeholder input where direct care workers are invited to participate in past year	11.76%	2
Number of instances when direct care workers provided input	23.53%	4
Number and percentage of coordinated care teams in which direct care worker is able to participate	5.88%	1
Number and percent of coordinated care teams which a direct care worker does participate	23.53%	4
Percentage of direct care workers who have access to cultural competency training	23.53%	4
Percentage of workers who have completed cultural competency training	29.41%	5
Percentage of HCBS providers who utilized Cultural Competence Implementation Measures	5.88%	1
Percentage of direct care workers with no health insurance coverage from any source, by setting and job title	11.76%	2
None of the above	23.53%	4
Total Respondents: 17		

Workforce Promising Measures: Committee Survey

Person-centered approach to services subdomain	%P	#Y	#SW	#N
Percent of members reporting that the people who help with personal care always treat them with courtesy and respect	86%	19	2	1
Percent responding yes to: In the past year, did the people who are paid to help you respect your privacy?	77%	17	3	2
Percent responding yes to: Do your workers make sure you have enough personal privacy when you dress, take a shower, or bathe?	68%	15	5	2
Percent responding yes to: Do the people who are paid to help you do things for you the way you want them done?	68%	15	3	4
Percent responding yes to: Does your attendant provider listen to what you have to say?	59%	13	6	3
Percent reporting that their workers always treat them the way they want to be treated.	55%	12	7	3
Percent of HCBS members who report: Most support staff treat them with respect.	50%	11	7	4
Demonstrated competencies, when appropriate subdomain				
Percent responding yes to: Do you feel your staff have the right training to meet your needs?	68%	15	5	2
Percent of members reporting that the people who help them with personal care know what kind of help member needs	62%	13	6	2
Percent responding yes to: Do you feel your workers know what kind of help you need with everyday activities, like getting ready in the morning, getting groceries, or going places in your community?	64%	14	5	3
Percent responding yes to: Do support workers have the right information and skills to meet your family's needs?	50%	11	7	4
Sufficient workforce numbers, dispersion, and availability subdomain				
Percent responding no to: Is it difficult for you to find attendant providers for your care?	59%	13	6	3
Culturally Competent subdomain				
Percent responding yes to: My worker is sensitive and responsive to customs and traditions of my culture or background.	82%	18	3	1
Percent responding yes to: Are services delivered in a way that is respectful of your family's culture?	68%	15	5	2
Percent responding yes to: Do you communicate with your attendant provider in the language that you prefer?	68%	15	5	2

Caregiver Support

Caregiver Support Domain Modifications: Based on Public Comments

Answer Choices	Responses	
Include "asset-based" measures in the examples of caregiver support measures	11.76%	2
Include an evaluation of the overreliance of natural supports to execute the HCBS consumer's person-centered care plan in the domain	23.53%	4
Edit the intermediate recommendation to ensure the natural support assessments and benchmarks include measuring for inappropriate reliance on voluntary caregiving.	17.65%	3
Subsume the Caregiver Support domain within the Workforce domain	0.00%	0
Refocus the measures in this domain to assess resources available to caregivers as opposed to the burdens placed on them.	23.53%	4
Recommend the development of measures that capture family caregiver injury rates	5.88%	1
None of the above	52.94%	9
Total Respondents: 17		

Caregiver Support Promising Measures: Based on Public Comments

Answer Choices	Responses
Percent of HCBS consumers whose care plan identifies their family/unpaid caregivers –	58.82% 10
Percent of unpaid caregivers who report they have been included in discussion about the HCBS consumer (with the HCBS consumer’s consent)	58.82% 10
None of the above	35.29% 6
Total Respondents: 17	

Caregiver Support Promising Measures: Committee Survey

Family Caregiver/natural support well-being sub-domain	%P	#Y	#SW	#N
Percent responding no to: During the past 12 months, has your overall health suffered because of your caregiving responsibilities?	82%	18	0	4
Percent responding no to: During the past 12 months, have you experienced financial hardship because of your caregiving responsibilities?	77%	17	1	4
Percent responding "rarely" or "never" to: In your experience as a caregiver, how often do you feel that caregiving interferes with your work?	50%	11	9	2
Training and skill-building subdomain				
Percent responding yes to: Before [person] left the hospital or was discharged, did you receive clear instructions about any medical/nursing tasks you would need to perform for [person]?	67%	14	5	2
Percent responding yes to: In the last year, have you received any training to help you take care of [person]?	62%	13	7	1
Percent responding yes to: Have you received caregiver training or education, including participation in support groups, to help you make decisions and solve problems in your role as a caregiver?	57%	12	8	1
Family care/giver natural support involvement subdomain				
Percent responding yes to: Do you get enough information to take part in planning services for your family member?	50%	11	10	1
Percent responding yes to: In your experience as a caregiver, have you ever had a doctor, nurse, or social worker ask you about what you needed to take care of yourself?	50%	11	5	6
Access to resources: subdomain				
Percent responding yes to: In the last year, have you used any service that took care of [person] so that you could take some time away from helping?	55%	12	7	3
Percent responding "not at all difficult" to: How difficult is it to get affordable services in [person's] local area or community that could help you care for [person], like delivered meals, transportation, or in-home health services?	55%	12	6	4
Percent responding yes to: Did you or your family receive all the respite care that was needed?	55%	12	4	6

Workgroup #3

- Domains:

- *System Performance and Accountability*
- *Consumer Leadership in System Development*

- Lead Discussants:

- *Andrey Ostrovsky*
- *Jonathan Delman*
- *K. Charlie Lakin*
- *Anita Yuskauskas*

System Performance and Accountability

System Performance and Accountability Domain Modifications: Based on Public Comments

Answer Choices ▾	Responses ▾	
▼ Combine this domain with the Equity and Human and Legal Rights domains	0.00%	0
▼ Add "Rebalancing" as a new subdomain	35.29%	6
▼ Edit to the domain definition to include "consumer engagement"	17.65%	3
▼ None of the above	47.06%	8
Total Respondents: 17		

System Performance and Accountability Promising Measures: Based on Public Comments

Answer Choices ▼	Responses ▼
▼ Number of residents who transitioned to the community from an institution and remained at home in the community more than six months	52.94% 9
▼ Percent of complaints resolved to the satisfaction of the HCBS consumer	5.88% 1
▼ Percent of HCBS consumers who reported receiving all services as specified in their service plan	35.29% 6
▼ None of the above	35.29% 6
Total Respondents: 17	

System Performance and Accountability Promising Measures: Committee Survey

Subdomain: Financing and service delivery structures:	% P	# Y	#SW	#N
Percent of individuals who are receiving HCBS versus institutional services	68%	15	6	1
Percent of MLTSS Members who transitioned from nursing facility to the community	64%	14	7	1
Percent of HCBS Members transitioning from the community to the NF for a stay of greater than 180 days	64%	14	6	2
Percent of new members meeting Nursing Facility Level of Care criteria who opt for HCBS over Institutional placement	55%	12	9	1
Long-stay nursing home residents who returned to the community and were not re-institutionalized for a long stay.	62%	13	5	3
Of members who transitioned from a nursing facility, the percent who: are still in the community; returned to a nursing facility within 90 days after transition; returned to a nursing facility more than 90 days after transition.	55%	12	8	2
Percent of new MLTSS Members admitted to NFs during 12 month period	59%	13	5	4
Members who went from community to hospital to nursing facility and remained in nursing facility	59%	13	4	5
Members transitioned into the community are transitioned into a home and setting of their choice that is fully accessible on the day of transition	55%	12	6	4
Subdomain: Evidence-based practice:				
No measures found				
Subdomain: Data management and use:				
No measures with above 50% consensus				

Consumer Leadership in System Development

Consumer Leadership in System Development Domain Modification: Based on Public Comments

Answer Choices ▼	Responses ▼
▼ Add "family caregivers and natural supports" to the "meaningful consumer involvement" subdomain	23.53% 4
▼ Make this domain appear first in the list of domains in any written materials	5.88% 1
▼ Combine this domain with Choice and Control	0.00% 0
▼ Prioritize this domain as it will assist in implementing the new CMS Medicaid Managed Care regulations	5.88% 1
▼ Remove "meaningful caregiver involvement" as a subdomain as the domain is focused on consumers and this concept is already within the Caregiver Support domain	17.65% 3
▼ None of the above	47.06% 8
Total	17

Consumer Leadership in System Development

Promising Measures: Based on Public Comments

Answer Choices ▾	Responses ▾
▾ Number of meetings held with community HCBS stakeholders within a particular period (year, month, or quarter)	23.53% 4
▾ Process measures on the types and amount of support offered to support consumer leadership, such as stipends, travel reimbursement, and training	35.29% 6
▾ Changes in service patterns resulting from new initiatives developed from consumer input	23.53% 4
▾ Improved communication and educational materials for consumers based on feedback from consumers	23.53% 4
▾ None of the above	41.18% 7
Total Respondents: 17	

Consumer Leadership in System Development

Promising Measures: Committee Survey

Subdomain: System supports meaningful consumer involvement:	% P	# Y	#SW	#N
• No measures found				
Subdomain: Evidence of meaningful consumer involvement:				
• Establishment of beneficiary advisory board or inclusion of beneficiaries on governance board consistent with contract requirements.				
	59%	13	7	2
Subdomain: Evidence of meaningful caregiver involvement:				
• No measures found				

Workgroup #4

- Domains:
 - *Choice and Control*
 - *Community Inclusion*
- Lead Discussants:
 - *Suzanne Crisp*
 - *Mike Oxford*
 - *Ari Ne'eman*
 - *Sara Galantowicz*

Choice and Control

Choice and Control Domain Modifications: Based on Public Comments

Answer Choices ▼	Responses ▼
▼ Revise the domain definition to read: the level to which individuals who use HCBS, on their own or with support, make life choices, choose their paid and unpaid services and supports and control how those services are delivered.	29.41% 5
▼ Add to the "Self-Direction" subdomain description that individuals have the choice to have decision making authority...	41.18% 7
▼ Add to the "Personal Choices and Goals" subdomain description that plans are person-centered...	47.06% 8
▼ None of the above	29.41% 5
Total Respondents: 17	

Choice and Control Domain Promising Measures: Based on Public Comments

Answer Choices ▾	Responses ▾
▾ Percent of HCBS/LTSS consumers who indicate they were able to choose their provider(s)	70.59% 12
▾ Percent of HCBS consumers who report they are self-directing their HCBS	58.82% 10
▾ Percent of HCBS consumers whose staff assist them the way they want	52.94% 9
▾ Percent of HCBS consumers who report they are satisfied with where they live (MLTSS HI)	47.06% 8
▾ None of the above	17.65% 3
Total Respondents: 17	

Choice and Control Domain Promising Measures: Committee Survey

Subdomain: Personal choices and goals:	% P	# Y	#SW	#N
Percent responding yes to: Can you see your friends when you want to?	67%	14	6	1
Percent responding yes to: Can you get to the places you need to go, like work, shopping, or the doctor's office?	67%	14	5	2
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.	62%	13	5	3
Subdomain: Choice of services and supports:				
Percent responding yes to: Do the people who are paid to help you do things the way you want them done?	77%	17	2	3
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?	64%	14	6	2
Percent responding yes to: Can you make changes to your budget/services if you need to?	64%	14	6	2
Percent responding yes to: Can you choose or change what kind of services you get and determine how often and when you get them?	68%	15	3	4
Percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care	55%	12	7	3
Subdomain: Personal freedoms and dignity of risk:				
Percent responding "true" to: I have control over what I do and how I spend my time.	86%	18	3	0
Percent responding "true" to: I have the freedom to make my own decisions.	67%	14	7	0
Subdomain: Self-direction:				
Percent of members reporting that, in the last 12 months, they were offered the option to self-direct some or part of their services	59%	13	8	1
Percent of MLTSS Members opting to use self direction	64%	14	5	3

Community Inclusion

Community Inclusion Domain Modifications: Based on Public Comments

Answer Choices ▼	Responses ▼
▼ Add “meaningful activity is also important for individuals that may be somewhat isolated” to the Meaningful Activity subdomain	11.76% 2
▼ Edit domain definition to align with HCBS Settings Final Rule to say: “...receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.”	11.76% 2
▼ None of the above	82.35% 14
Total Respondents: 17	

Community Inclusion Domain Promising Measures: Based on Public Comments

Answer Choices ▾	Responses ▾
▾ Percent of HCBS consumers who are satisfied with the amount of contact they have with friends (2009 Elderly Waiver Consumer Experience Survey, Minnesota Department of Human Services)	58.82% 10
▾ Percent of HCBS consumers living in housing that has home and community-based characteristics	23.53% 4
▾ Percent of HCBS consumers ages 18-64 who were competitively employed for at least six months during the year	58.82% 10
▾ None of the above	23.53% 4
Total Respondents: 17	

Community Inclusion Domain Promising Measures: Committee Survey

Subdomain: Social connectedness and relationships:	% P	# Y	#SW	#N
Percent responding "always" to: I have someone who will listen to me when I need to talk.	55%	12	8	2
Percent responding "always" to: How often do you get the social and emotional support you need?	55%	12	7	3
Percent responding yes to: Is there someone you can count on in an emergency?	50%	11	9	2
Subdomain: Meaningful activity:				
Proportion of individuals who do not have an integrated job in the community but would like one.	59%	13	7	2
Proportion of individuals in sheltered workshops who transition to integrated community-based employment.	50%	11	9	2
Subdomain: Resources and settings to facilitate inclusion:				
Percent HCBS members who report: They have adequate transportation when they want to go somewhere.	86%	19	3	0
Percent responding "always" to: Where I live makes it easy for me to participate in community activities.	55%	12	5	5
General measures related to the domain:				
No measures with above 50% consensus				

Workgroup #5

- Domains:
 - *Holistic Health and Functioning*
 - *Human and Legal Rights and Equity*
- Lead Discussants:
 - *Sarita Mohanty*
 - *Clare Luz*
 - *Lorraine Phillips*
 - *Mary Smith*

Holistic Health and Functioning

Holistic Health and Functioning Domain Modifications: Based on Public Comments

Answer Choices	Responses
Collapsing the domains into one of four: Domain #1 "Choice and Control," Domain #2 "Holistic Health and Functioning," Domain #3 "Workforce," Domain #4 "System Performance and Accountability."	0.00% 0
Add a new short-term recommendation to expand the use of validated quality measures related to falls, medications, immunizations, malnutrition, and other quality measures focused on population health.	35.29% 6
Add a new short-term recommendation to adapt malnutrition screening quality measures developed for the acute care setting for HCBS.	17.65% 3
Add a new intermediate recommendation to develop outcome measures across all dimensions of holistic health, with particular focus on the dimensions of behavioral, social and nutritional health and functioning.	41.18% 7
Add a new long-term recommendation to develop, test and disseminate a universal assessment tool that includes all dimensions of holistic health and functioning	17.65% 3
Edit the intermediate recommendation to develop nutrition outcome measures along with other specified "focus areas."	17.65% 3
Edit the long-term recommendation to leverage technological innovations to develop systems for monitoring various indicators of population health (e.g., rates of falls, malnutrition and immunizations).	11.76% 2
Call-out, in the long-term recommendations, that nutrition/malnutrition screening should be a part of any universal assessment tool developed and disseminated, as nutrition is vital to older adult health	17.65% 3
None of the above	35.29% 6
Total Respondents: 17	

Holistic Health and Functioning Promising Measures results: Based on Public Comments

Answer Choices	Responses
Percent of HCBS consumers with an annual person-centered service plan that includes goals for safety, health, and well-being	35.29% 6
WHOQOL-8: brief 8-item screen that is widely applicable and examines quality of life based on the domains of health, housing, social connectedness, and effective care	35.29% 6
Percent of HCBS consumers whose person-centered service plan addresses risk factors –	11.76% 2
Incidence of injurious falls among HCBS consumers during the prior 12 month reporting period	52.94% 9
None of the above	17.65% 3
Total Respondents: 17	

Holistic Health and Functioning Promising Measures results: Committee Survey

Individual health and functioning subdomain	%P	#Y	#SW	#N
Percent reporting that they feel lonely, sad, or depressed "not often," "almost never," or "never."	64%	14	6	2
Percent rating overall mental or emotional health as good or better.	55%	12	6	4
Percent rating overall health as good or better.	55%	12	5	5
Population health and prevention				
Percent of HCBS Members who were re-admitted to the hospital within 30 days of last hospitalization	64%	14	7	1
Percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.	64%	14	6	2
Percent of HCBS Members who had ER utilization	64%	14	5	3
Percentage of patients ages 18 years and older screened for clinical depression using a standardized tool and follow-up plan documented.	55%	12	8	2
Percentage of members who had one or more falls in the last six months.	52%	11	8	2
Percent of HCBS Members who were admitted to the hospital	55%	12	7	3

Equity

Equity Domain Modifications: Based on Public Comments

Answer Choices	Responses
Add a new subdomain of: access to timely and appropriate care	29.41% 5
Add a new short-term recommendation to expand the assessment of existing quality measures to include an expansion of the use of quality measures to examine oversight of: 1) accurate, timely and free access to language services, and 2) oversight of nondiscrimination protections for sex and gender.	41.18% 7
Edit the 2nd intermediate recommendation to read: improve standardization and reporting of waiting list data for HCBS, including demographic and disability characteristics of those waiting, in order to improve accuracy and develop quality measures suitability for assessing equity in access to HCBS	58.82% 10
None of the above	23.53% 4
Total Respondents: 17	

Equity Domain Promising Measures: Based on Public Comments

Answer Choices	Responses	
Percent of unduplicated numbers of persons receiving LTSS (institutional or HCBS) during each 12-month period who received HCBS services	29.41%	5
HCBS expenditures and institutional LTSS expenditures during each 12-month period	29.41%	5
Percent of beneficiaries using LTC institutional care that transitioned to HCBS or other community-based setting during each 12-month period	47.06%	8
Average number of days potential HCBS consumers spent on the waiting list before being offered services and/or referred	35.29%	6
None of the above	35.29%	6
Total Respondents: 17		

Equity Domain Promising Measures Results: Committee Survey

General measure related to the domain	%P	#Y	#SW	#N
Centralized Enrollee Record contains data on race, ethnicity, preferred language, homelessness, and disability status and type.	59%	13	4	5
Equitable access and resource allocation				
Percent of recipients using each service, compared by eligibility group	45%	10	7	5
Community health service utilization data for Enrollees, including number of units and units per 1,000 Enrollees by age group and gender categories, in the following summary categories: adult day health; home health; group adult foster care; hospice; homemaker, chore, respite and other non-medical residential support services; personal care attendant.	33%	7	9	5
Percent of authorized units paid over time by eligibility group	27%	6	6	10
Percent responding "true" to: I am treated equally.	9%	2	11	9

Human and Legal Rights

Human and Legal Rights Domain Modifications: Based on Public Comments

Answer Choices	Responses	
Add specific mention of restraints and avoidance of institutional abuse to the domain definition	11.76%	2
Combining this domain with others into a "System Performance and Accountability" domain that contains Equity, Human and Legal Rights, System Performance and Accountability domain.	5.88%	1
Add reference to experiential information to help consumers make decisions to the "Informed Decision-making" sub-domain	5.88%	1
Add a recommendation focused on the relationship between individual rights and balancing risk, dignity, respect, and safety.	17.65%	3
None of the above	70.59%	12
Total Respondents: 17		

Human and Legal Rights Domain Promising Measures: Based on Public Comments

Answer Choices	Responses	
Percent of HCBS consumers who report they are treated with courtesy, dignity, and respect by staff	58.82%	10
Percent of complaints, appeals, grievance investigations completed within 30 days with updates provided to the HCBS consumer on the status (United Healthcare MLTSS Proposed Framework, State Performance Measures)	47.06%	8
Number of HCBS consumer accidents and incidents within a particular period (year, quarter, month) and percent reduction or increase over previous periods	29.41%	5
None of the above	29.41%	5
Total Respondents: 17		

Human and Legal Rights Promising Measures: Committee Survey

Freedom from abuse and neglect	%P	#Y	#SW	#N
Percent responding no to: Have you ever been physically hurt by any of the people who help you now?	82%	18	2	2
Percent responding no to: In the last year, has anyone taken (or stolen) money from you or put pressure on you to give them money?	77%	17	2	3
Percent responding no to: Are any of the people paid to help you now mean to you, or do they yell at you?	68%	15	4	3
Member and/or caregivers receive education and information, annually at a minimum, about how to identify and report instances of abuse and neglect	55%	12	8	2
Percent of adverse event reports for abuse/ neglect/exploitation, deaths, falls, medication errors, pressure ulcers: by type; reported w/in required timeframe; reported to appropriate authorities if applicable; substantiated by type; investigated within the required timeframe; corrective action reviewed and verified within the required timeframe	50%	11	10	1
Optimizing the preservation of legal and human rights				
Percent of member records reviewed in which HCBS were denied, reduced, suspended, or terminated as evidenced in the Plan of Care and consequently, the member was informed of and afforded the right to request a Fair Hearing.	55%	12	6	4
Informed decision making				
Percent strongly agreeing with: I felt comfortable asking questions about my treatment and medication.	55%	12	6	4
Percent responding yes to: At the service planning meeting, did you know what was being talked about?	55%	12	6	4
Privacy				
Percent responding yes to: Are you able to be alone at home with visitors if you want to?	55%	13	7	2
Percent responding yes to: Do you have enough privacy at home?	55%	13	7	2
Percent responding yes to: Staff respected my wishes about who is and who is not to be given information about my treatment.	50%	11	10	1
Percent of HCBS members living in [group quarters] who report: Satisfaction with the amount of privacy they have.	50%	11	9	2
Percent responding no to: Is personal information shared with others only at the request of, or with the consent of, the person or his/her legally authorized representative?	50%	11	5	6
Supporting individuals in Exercising their human and legal rights				
Profile of Moods States - scale r/t whether the person exercises their rights.	55%	12	5	5

Opportunity for Public Comment

Project Next Steps

- Draft Web Meeting Summary and Post to Project Page
- Respond to Public Comments and Post Response Cover Page and All Public Comments to Project Page
- In collaboration with Committee and the Federal Advisory Group, draft the Final Report

THANK YOU

We Appreciate Your Participation,
This Meeting Is Adjourned.