



SHARPENING EXPECTATIONS: NEW DIRECTIONS IN HCBS QUALITY



Reinventing Quality 2008

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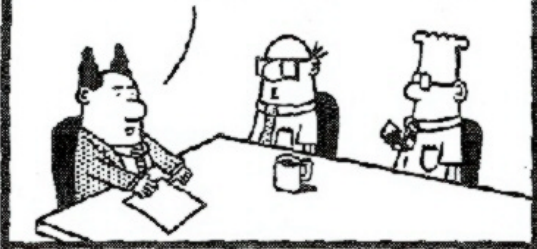
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DILBERT[®]

BY SCOTT ADAMS

IN ORDER TO AVOID SHODDY MISTAKES, EVERYTHING WE DO FROM NOW ON WILL BE PART OF A DOCUMENTED PROCESS: SOPS



WHAT DOCUMENTED PROCESS DID YOU USE TO DECIDE WHAT DOCUMENTED PROCESS TO USE?



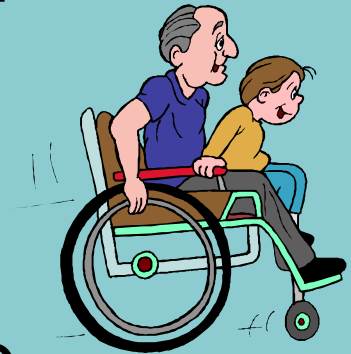
OR IS THIS ONE OF THOSE SHODDY MISTAKES I KEEP HEARING ABOUT?



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WHERE DO WE START IN HCBS QUALITY?

- *Individual*: Individual outcomes
- *Service*: Correlation of services to outcomes; Quality of services
- *System*: System Performance and Assurances



WHAT DO WE KNOW ABOUT LT SERVICES AND SUPPORTS AND THEIR IMPACT ON INDIVIDUALS?

Taking into account the particular assistance an individual may require, self-determination posits a set of expectations that veers fundamentally away from a constricted view of medical necessity and toward creating policy that promotes meaningful lives.

Tom Nerney



“...developing a system of **universally recognized outcomes** for which human service systems will be held accountable are the central public policy questions.



Tom Nerney



Adopt quality standards on outcomes associated with **real freedom, long-term relationships, community membership and the production of private income**

Tom Nerney

Quality is not determined by measuring processes against rules and regulation, but rather by measuring life outcomes against what the person / family defines . . . what they state is important to them.

INTERNATIONAL SD CONFERENCE, 5-28-08

- Measure quality against personal needs, desires and dreams
- A “good life” is related to quality relationships in people’s lives
- Evidenced based practices within a context of SD
- Considerations: cultural diversity, peer supports, braided funding, dignity of risk



HOW CAN WE REALIZE A SYSTEM BUILT ON INDIVIDUAL OUTCOMES THAT ARE:

- Individually-determined
- Evidence-based
- Universally recognized

CMS' CHALLENGES

- Congress established the legal parameters for the use of HCBS LTC dollars 27 years ago in the Social Security Act;
- Individualized vs. universal: Lack of agreement on individual outcomes
 - Both conditions and “interventions” are highly unique;
 - Mandating outcomes vs. flexibility
- Evidence-Based: Lack of evidence in LTC that shows correlation between “interventions” and individual outcomes;

TRENDS THAT BEGIN TO ADDRESS MOVEMENT:

- You can realize new possibilities within an old law:
 - Transparency: web-based application & instructions;
 - Self-direction: individual control over staff and money; individually directed goods and services;
 - Person-centered planning;



TRENDS THAT BEGIN TO ADDRESS MOVEMENT:

- CMS assurances: Focus on evidence based practices in an individually focused system:
 - Individuals' needs being addressed (service planning);
 - Free choice of providers;
 - Freedom from abuse, neglect & exploitation.....
 - plus additional system performance expectations.

TRENDS IN CMS QUALITY: *CMS AGENCY DIRECTION & GOALS*



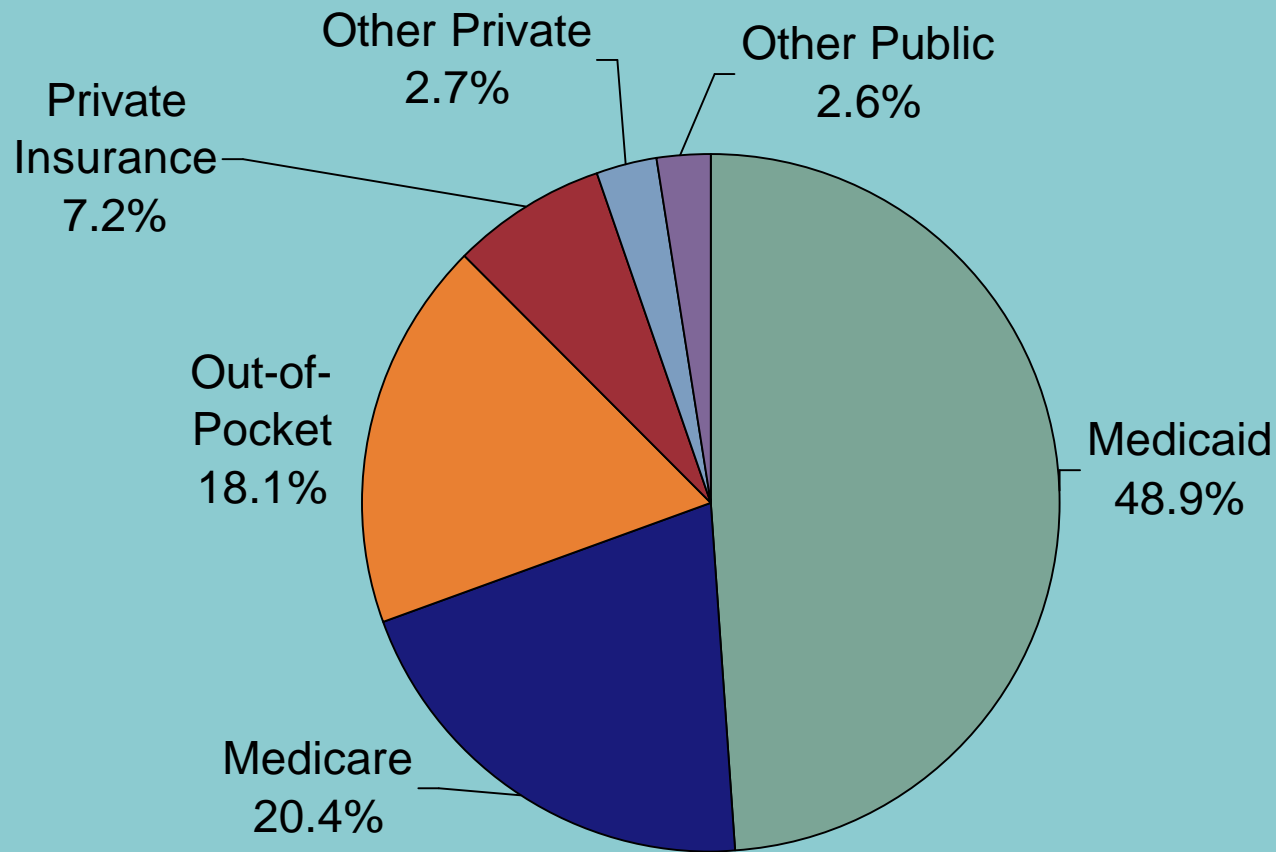
- Quality Integration across CMS is one of the new Administrator's top three goals
- Division developed at CMS to coordinate all Medicaid quality
- HHS goal for Medicaid: to develop a quality framework that spans all Medicaid programs

TRENDS IN CMS QUALITY: *MEDICAID COMMISSION RECOMMENDATIONS*



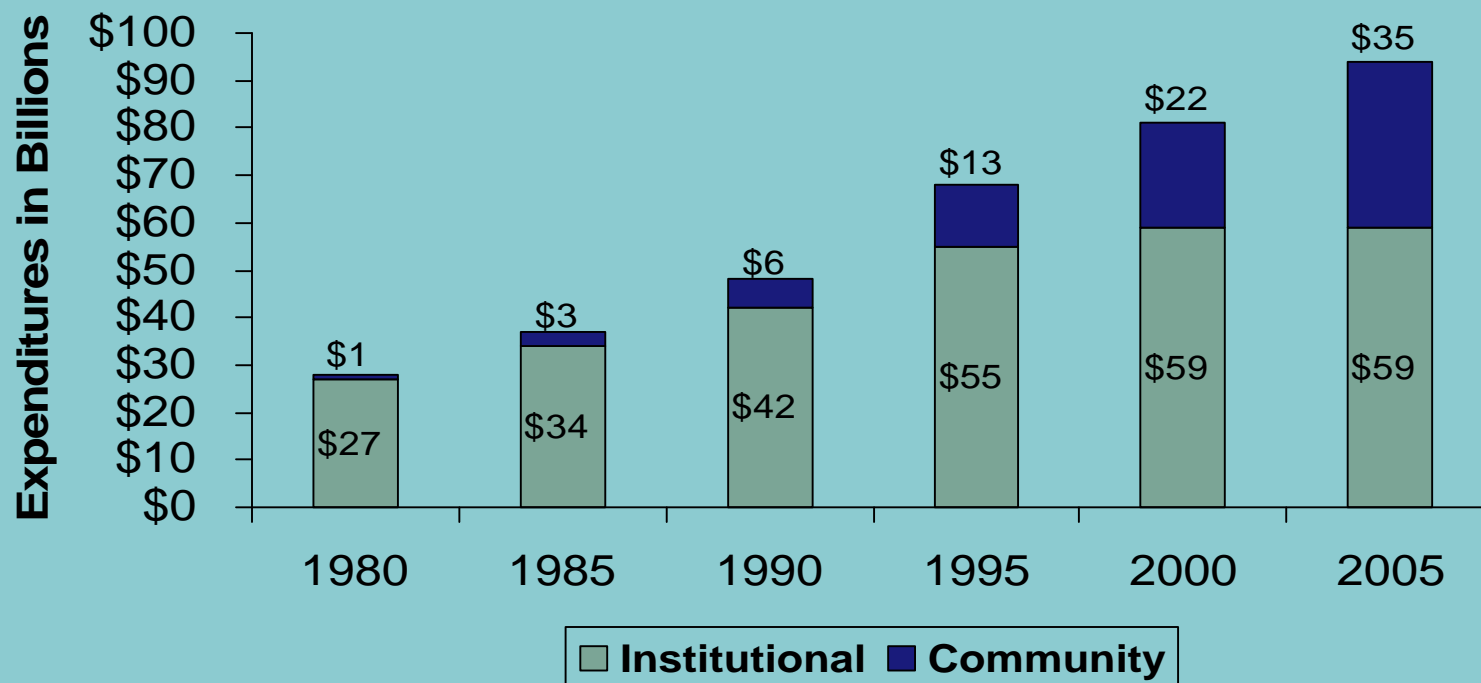
- State Medicaid agencies shall publish their payment rates for providers (*transparency*)
- States should collect and mine data to determine effective care, as a precursor to pay-for-performance (*outcomes re effectiveness in LTC services*)
- CMS and Congress should support state innovations to pay for outcomes, not simply processes (*pay for performance*)

LTC Expenditures by Payer: United States, 2005



Source: Georgetown University Long-Term Care Financing Project

Medicaid Institutional and Community-Based Expenditures in 2005 Dollars: FFY 1980-2005



Source: CMS Form 64 Reports, adjusted for price increases based on the Skilled Nursing Facility Input Price Index.

HCBS WAIVERS

National Overview

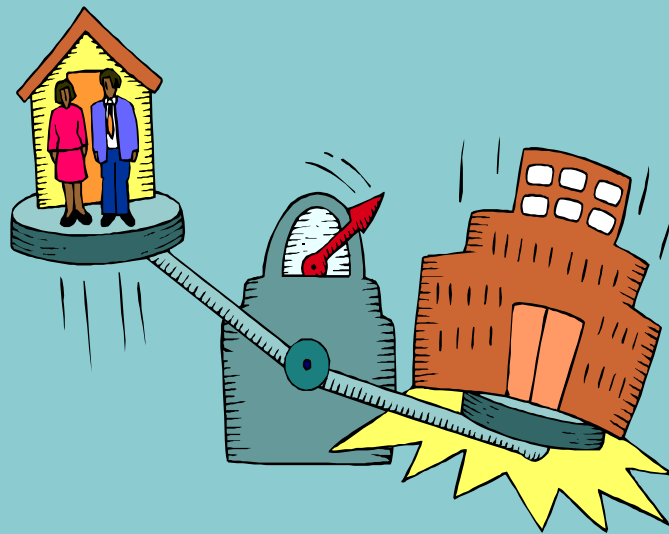
- 300 Waiver Programs
- More than 1 million participants
- More than \$23 Billion
- 7.5% of total Medicaid spending
- 37% of all Medicaid long-term services spending
- 67% of all Medicaid community service spending

HOW DO THESE RELATE TO SD STANDARDS? WHO ESTABLISHES STANDARDS?

- Choice of Services and Supports, Priorities (A)
- Choice of Providers (A)
- Choice of Staff (SD)
- Choice and control over public dollars
- Info & assistance to manage services and dollars (SD)
- Adequate support to meet all needs (A)
- Help when needed (SD, MFP)
- Opportunities to provide feedback on services (service planning, quality surveys) (A)

PRINCIPLE OF INCREASED CONSERVATISM

- THE FURTHER YOU GET FROM THE SOURCE, EACH ADDED LAYER DECREASES FLEXIBILITY



Continuous Quality Improvement:



The Waiver Program

- The **HCBS waiver application (i.e., design)** and the **IPG process (i.e., review)** are the primary vehicles used to convey CMS expectations for the waiver program.
 - CQI
 - Transparency

Quality *Design* in the HCBS Program: The Waiver Application

- State QI Design is now embedded within the application
 - **Discovery & remediation** activities accompany each respective assurance/appendix
 - Appendix H focuses on **system improvements**
 - QI strategy will be extracted into one integrated document



Quality *Review* in the HCBS Program: The IPG process



- **CMS issues guidance on IPG to Regional Offices and States via Quality Letters**

Quality *Review* in the HCBS Program: The IPG process



- **CMS expects State to engage in a CQI process: identify needed changes in the program**
- **CMS judges compliance based on implementation evidence (discovery, remediation, improvement activities)**
- **CMS accepts the State's evidence and analysis of data as true (CMS oversight is not a look-behind)**

Technical Assistance on Quality



- CMS contracts with the National Quality Contractor (NQC) to provide TA to States and CMS Central and Regional Office staff.
- The NQC has instituted new procedures to assist States in the development of evidence packages.
- NQC website:
www.communityzero.com/nqc
- The progress of the NQC is documented in the annual report prepared by Thomson.

Next Steps for HCBS Quality



- CMS Outcome Measurement Initiatives: AHRQ, MFP, NBIC
- Reliability assessment to improve consistency of waiver application
- Revamp Reporting criteria for annual state reports
- Provide continuous TA to States and CMS staff regarding continuous quality improvement

CMS HCBS 1915(c) Web Site



- HCBS Waivers Section 1915 (c):
[http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915\(c\).asp](http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915(c).asp)
- National Quality Website:
<http://www.communityzero.com/nqc>