



N.C. Department of Health
and Human Services

Medicaid LTSS Reform: Quality Measurement Framework

Session #1

Date

Purpose of Workgroup

- Identify Long Term Care-specific quality measures for consideration in the program monitoring and evaluation design
 - Exclude physical-health focused measures that do not have a large or meaningful impact on the LTSS population (e.g., flu vaccination versus pressure sores)
 - The broader Medicaid reform efforts are focusing on whole-person integration across physical, behavioral, and LTC needs.
- Provide prioritized recommendations on most appropriate quality measures.

Sophistication in Measuring LTC Quality Is Rapidly Improving

- At broadest level, quality can appear daunting to measure
 - e.g., trying to score “seamless coordination of services across settings and across the lifespan” is very elusive
- However, when broken into more concrete components, numerous measurement opportunities exist
 - e.g., percentage of LTC population who had an assessment within 90 days of enrollment

Key Characteristics of an Ideal Quality Measure

- Importance to an LTC beneficiary's health
- Relevance in preserving/enhancing Quality of Life
- Measurability
 - Consistent information capture, at reasonable cost
 - Amenable to quantifiable tabulations and statistics
 - Ability to track information across time
 - Ability to identify healthcare disparities (e.g., by region, race, gender, age group, etc.)
- Potential for improvement
- Impactability by the LTSS program

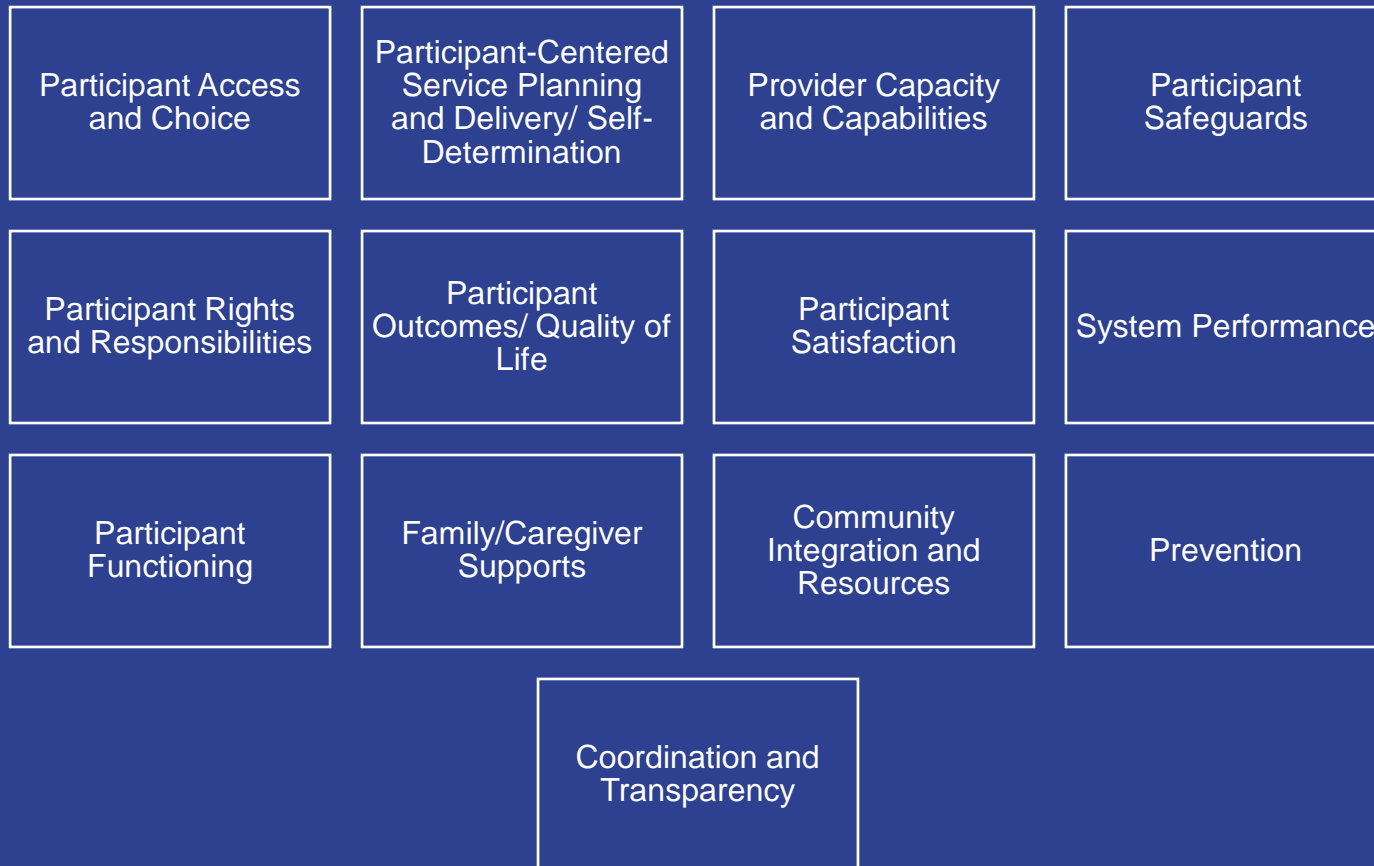
SWOT Synthesis

- Whole Person Care:
 - A service delivery system that addresses and acknowledges the needs of the whole person
 - Considers the needs of the family caregivers
 - Timely support and access to services
 - Case manager that helps member navigate the system throughout their lifespan and provides seamless coordination
 - Connected to the community
- This group is charged with focusing on the link between whole person care and quality measures.
- See attached table as starting place

Grouping Measures into Categories

- Quality performance can be assessed across a wide range of categories (sometimes referred to as “domains”)
- The Appendix presents a set of domains for assessing quality, including specific suggested categories of LTC measures, recently published by The Disability Rights Education & Defense Fund and The National Senior Citizens Law Center
- The next slide presents a consolidated list of LTSS measures from the above-mentioned report.

Consolidated List of LTCSS Domains



The appendix lists domains, measures, and constructs identified by DREDF and NSCLC. This slides is a consolidated list of domains, based on this report.

Suggested Workgroup Process

- Review background materials
 - Published research and reports (e.g., ASPE, DREDF and NSCLC, NCD documents)
 - Learning Network Materials (e.g., Wisconsin's Quality Evaluation)
 - State contract examples
- Prioritizing those WPC elements identified in the SWOT sessions, identify specific measures in each category on previous slide, utilizing other State contracts and examples
- Solicit additional stakeholder input
 - Schedule public focus group meetings
 - Phone calls with selected providers and advocacy groups
- Assess and prioritize the list of measures that has been developed (including, but not limited, to those in the Appendix on remaining slides)
- Preliminary recommendations due by mid-Jan 2015

APPENDIX

Appendix A:

Identifying and Selecting Long-Term Services and Supports Outcome Measures. January 2013. A Guide for Advocates. Published by The Disability Rights Education & Defense Fund and The National Senior Citizens Law Center

Source: <http://dredf.org/2013-documents/Guide-LTSS-Outcome-Measures.pdf>

Measure Application Partnership/National Quality Forum Selected Potential Measures for Medicaid Home and Community-Based Services (HCBS) from Three Sources June 2012	
1) Framework: HCBS Scan (AHRQ, Thomson Reuters)	
DOMAIN	Measures/Constructs
Client Functioning	<ul style="list-style-type: none"> Degree to which consumers experience an increased level of functioning. Unmet need in ADLs/IADLs (11 measures total). Degree to which people express satisfaction with relationships. Satisfaction with close friends. Satisfaction with relationships with parents, siblings, and other relatives. Participants reporting unmet need for community involvement. Degree to which people with identified physical health problems obtain appropriate services and degree to which health status is maintained and improved.
Client Experience	<ul style="list-style-type: none"> Degree to which consumers report that staff are sensitive to their cultural, ethnic, or linguistic backgrounds and degree to which consumers felt they were respected by staff. Degree of active consumer participation in decisions concerning their treatment. Case manager helpfulness. Degree to which consumers were satisfied with overall services. Service satisfaction scales: home worker; personal care; home-delivered meals.
Program Performance	<ul style="list-style-type: none"> Ability to identify case manager Ability to contact case manager

2) NQF/MAP—Framework: LTSS Scorecard (AARP, The Commonwealth Fund, The SCAN Foundation)	
Choice of Setting and Provider	Tools and programs to facilitate consumer choice (AARP Scorecard—composite indicator, scale 0-4).
Quality of Life and Quality of Care	<ul style="list-style-type: none"> Percent of adults age 18+ with disabilities in the community usually or always getting needed support. Percent of adults age 18+ with disabilities in the community satisfied or very satisfied with life.
Support for Family Caregivers	Percent of caregivers usually or always getting needed support.
3) Framework: National Balancing Indicators (Abt Associates, IMPAQ International)	
Sustainability	Proportion of Medicaid HCBS spending of the total Medicaid LTC spending.
Self-determination/ Person- centeredness	Availability of self-direction options.
Community Integration and Inclusion	Waiver waitlist (The waitlist measure may be inappropriate as a measure of community integration and inclusion for states that are dropping wait lists when beneficiaries move to managed care.)
Prevention	Proportion of people with disabilities reporting recent preventive health care visits (individual-level).
Coordination and Transparency	<ul style="list-style-type: none"> Proportion of people reporting that service coordinators help them get what they need (individual-level). Coordination between HCBS and institutional services.

Agency for Healthcare Research and Quality (AHRQ)
Quality Measures for Medicaid Home and Community-Based Services
June 2010

DOMAIN	Measures/Constructs
Client Functioning:	<ul style="list-style-type: none"> • Change in daily activity function. • Availability of support with everyday activities when needed. • Presence of friendships. • Maintenance of family relationships. • Employment status. • School attendance (children only). • Community integration. • Receipt of recommended preventive health care services. • Serious reportable adverse health events. • Avoidable hospitalizations.
Client Experience:	<ul style="list-style-type: none"> • Respectful treatment by direct service providers. • Opportunities to make choices about providers. • Opportunities to make choices about services. • Satisfaction with case management services. • Client perception of quality of care. • Satisfaction and choice regarding residential setting. • Client report of abuse and neglect. • Availability of support for resilience and recovery (mental health service recipients only).
Program Performance:	<ul style="list-style-type: none"> • Access to case management services. • Availability of care coordination. • Receipt of all services in the care plan

**Center for Personal Assistance Services
University of California San Francisco
California Senate Human Services Committee
March 27, 2012**

DOMAIN	Measures/Constructs
Quality, adequacy, and impact of services	<p>a. Basic satisfaction measures related to quality, timeliness, appropriateness</p> <p>b. Adequacy of services: Did the person get enough help, or were some of their needs unmet?</p> <p>c. Consumer choice, control, direction of services</p> <p>d. Consequences of help received or not received:</p> <ul style="list-style-type: none"> i. Did getting the help enable the person to participate in social, cultural, and/or economic activities? ii. Did lack of help hinder such participation? iii. Did problems with help hinder participation, e.g., did person miss appointments, engagements, work, etc., because help did not show up, or did not arrive on time? <p>e. Unmet need for services in the population at large, not just among recipients</p>
Health, functional, and healthcare-related outcomes:	<p>a. Health status including mental health, functional abilities</p> <p>b. Injuries or secondary health conditions typically experienced by LTSS recipients, such as falls, burns, skin ulcers, or involuntary weight loss</p> <p>c. Maintenance of community living; i.e., avoidance of institutionalization</p> <p>d. Healthcare utilization, including avoidable hospitalization, ER visits</p> <p>e. Mortality</p>

DOMAIN	Measures/Constructs
<p>“Quality of life” and social participation measures: (The 11 LTSS-related quality of life domains identified by Rosalie Kane: Kane, R. A. (2001). Long-Term Care and a Good Quality of Life: Bringing them closer together. The Gerontologist, 41(3), 293-304.)</p>	<p>The 11 LTSS-related quality of life domains identified by Rosalie Kane include:</p> <ul style="list-style-type: none"> a. Autonomy/choice b. Meaningful activity, which may include employment for working-age adults c. Relationships d. Individuality e. Privacy f. Dignity g. Sense of safety, security, and order
<p>Family- and family caregiver-focused outcomes</p>	<ul style="list-style-type: none"> a. Adequacy of caregiving support services b. Caregiving-related emotional stresses c. Caregiver physical injuries d. Caregiving-related financial stresses e. Interface of family caregiving and paid help
<p>Paid personal assistance worker and workforce-related outcomes</p>	<ul style="list-style-type: none"> a. Wages, benefits, work hours and conditions, turnover b. Training and/or certification c. Injuries d. Job satisfaction e. Local availability of workers to meet consumer demand

Money Follows the Person (MFP) Quality of Life Survey (QoL)

DOMAINS

- Living situation
- Choice and control
- Access to personal care
- Respect/dignity
- Community integration/inclusion
- Overall life satisfaction
- Health status

Appendix B:

Environmental Scan
of MLTSS Quality
Requirements in
MCO Contracts.
September 2013.

*U.S. Department of
Health and Human
Services (HHS),
Office of Disability,
Aging and Long-
Term Care Policy
(DALTCP) and
Truven Health
Analytics, Inc.*

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Jackson, Jason
Rachel, Julie Seibert
and Taylor
Whitworth

Source:
<http://aspe.hhs.gov/daltcp/reports/2013/MCOcontracts.shtml>

EXHIBIT 1. MLTSS MCO Quality Contract Requirements																	
Requirements	AZ	DE	FL	HI	IL	KS	MA	MI	MN	NM	NY	NC	PA	TN	TX	WA	WI
Staffing for Quality Oversight	*	*	*	*	*	*	*	*		*	*	*	*	*	*	*	*
Provider Monitoring	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Care Coordinator Monitoring	*		*	*	*	*	*		*			*		*	*		*
Information Technology	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Critical Incident Processes	*	*	*	*	*	*	*	*		*		*	*	*		*	*
Monitoring Receipt of LTSS Services		*	*			*	*	*			*		*	*		*	*
Complaints, Grievances, Appeals	*	*	*	*	*	*	*		*	*	*	*	*	*	*	*	*
LTSS Performance Measures	*			*	*	*	*	*		*	*	*	*		*	*	*
EQRO	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Assessment Tools	*		*	*	*	*	*		*		*	*	*	*	*	*	*
Care Coordinator-Member Ratio	*	*		*	*				*					*			
Frequency of Member Monitoring	*	*	*			*	*		*	*			*	*			*
LTSS-Acute Care Coordination	*	*	*	*	*	*	*		*	*	*	*	*	*	*	*	*
Risk Assessment and Mitigation				*	*	*	*		*	*			*	*			*
Ombudsman	*	*		*			*		*					*	*		*
Quality-Related Financial Incentives		*		*	*	*		*	*	*				*	*		
Experience of Care		*	*				*	*	*	*		*	*				*
Quality Improvement Reports	*	*	*	*	*	*	*		*	*	*	*	*	*	*	*	*