

MEASURING OUTCOMES

THE NEW HCBS SETTING REGS



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- **What is the new CMS HCBS Setting Rule?**
 - A brief overview
- **Why is the new rule important, now?**
 - The changing landscape of services
- **How has CQL modified data collection to meet reporting?**
 - Toolkit for States and Looking at the new data collection system
- **How are states using CQL in reporting?**
- **What does this mean for service providers?**
- **What happens if our state has managed care?**
- **Questions**



HOW THE GAP IS BEING NARROWED:

- New HCBS Regulatory Requirements (§441.301(c)(4) & §441.710) state:
 - The setting is **integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.**
 - The setting is **selected by the individual** from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the **person-centered service plan** and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
 - Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - **Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. Facilitates individual choice regarding services and supports, and who provides them.**

MEASURING OUTCOMES

A NATURAL FIT:

CQL AND NEW CMS HCBS REGS

- How does the new rule align with CQL
 - New regs formalize a push for:
 - person-centered thinking,
 - individual choice,
 - quality monitoring using outcomes rather than outputs
- All Changes Span the Entire Service System**
- CQL's Toolkit for States
 - Strong alignment with all of the new regs including CMS Assurances

Where is this going?

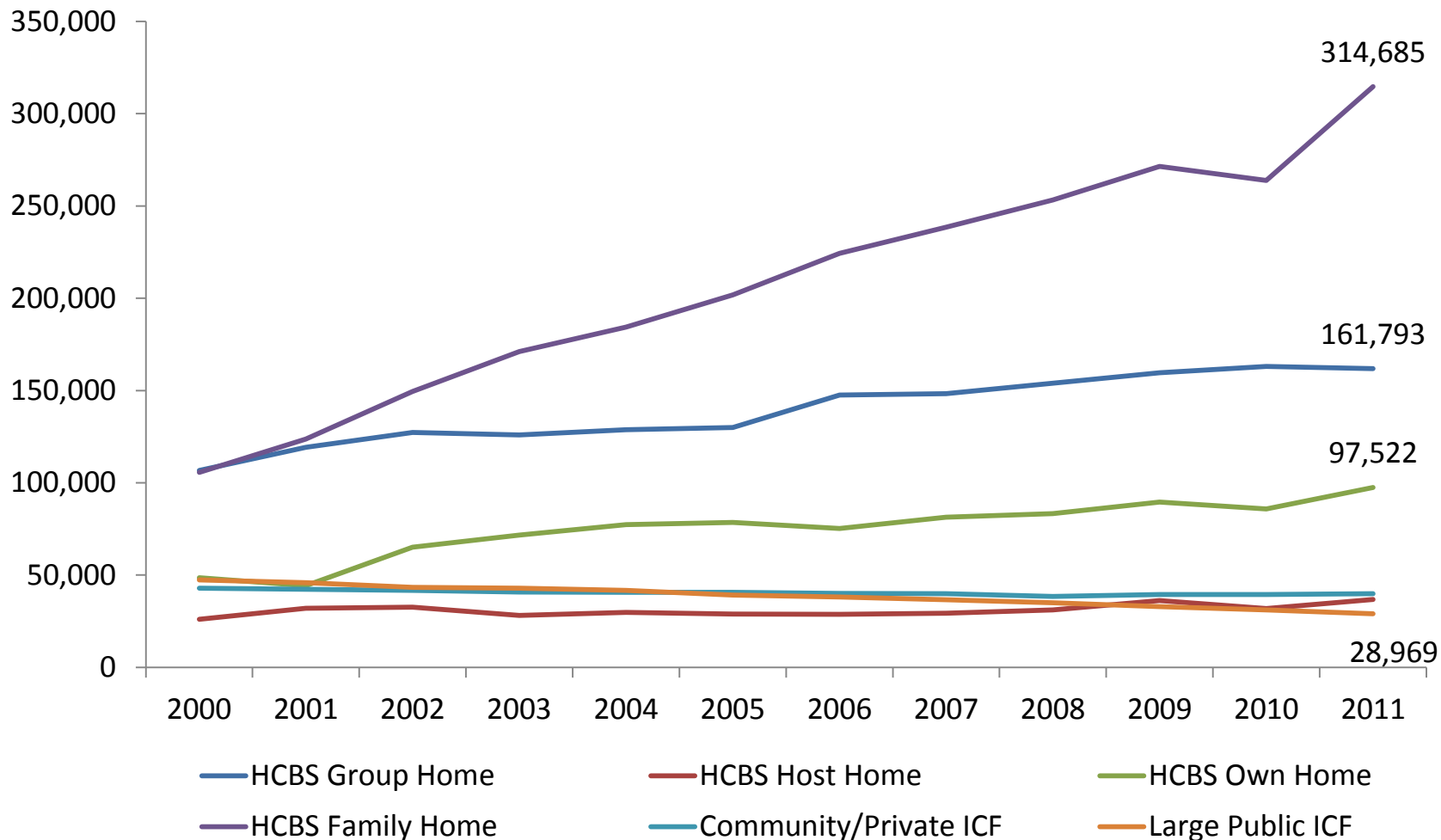
- Enhancement/Expansion of Rights—
Same as everyone else
- Requirements for demonstrated/evidence-based individualized and person-directed service delivery
- People must be supported to have maximum control over their lives and day-to-day decision making
- Feds are raising the bar; not just CMS, Justice Dept. too, i.e., Olmstead enforcement

- The service system has been on a path of change over the past 15 years
- Residential services have/are becoming more individualized
- Day services are moving away from sheltered environments to one-on-one support
- *Changes in CMS regulations and individual choice/expectation is changing the way we think about service Delivery*

Let's look at the data

RESIDENTIAL SERVICES ARE CHANGING...

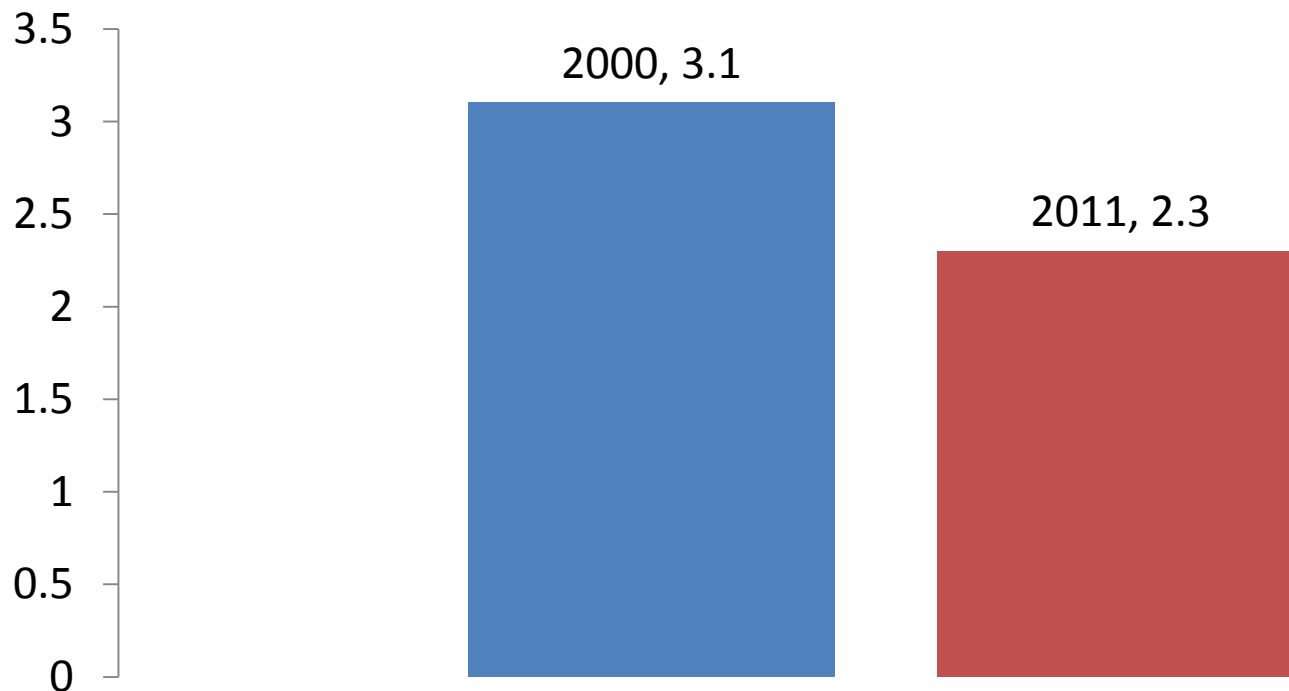
Number of Residents by Residential Type



(University of Minnesota RISP, 2000-2011)

RESIDENTIAL SERVICES ARE CHANGING...

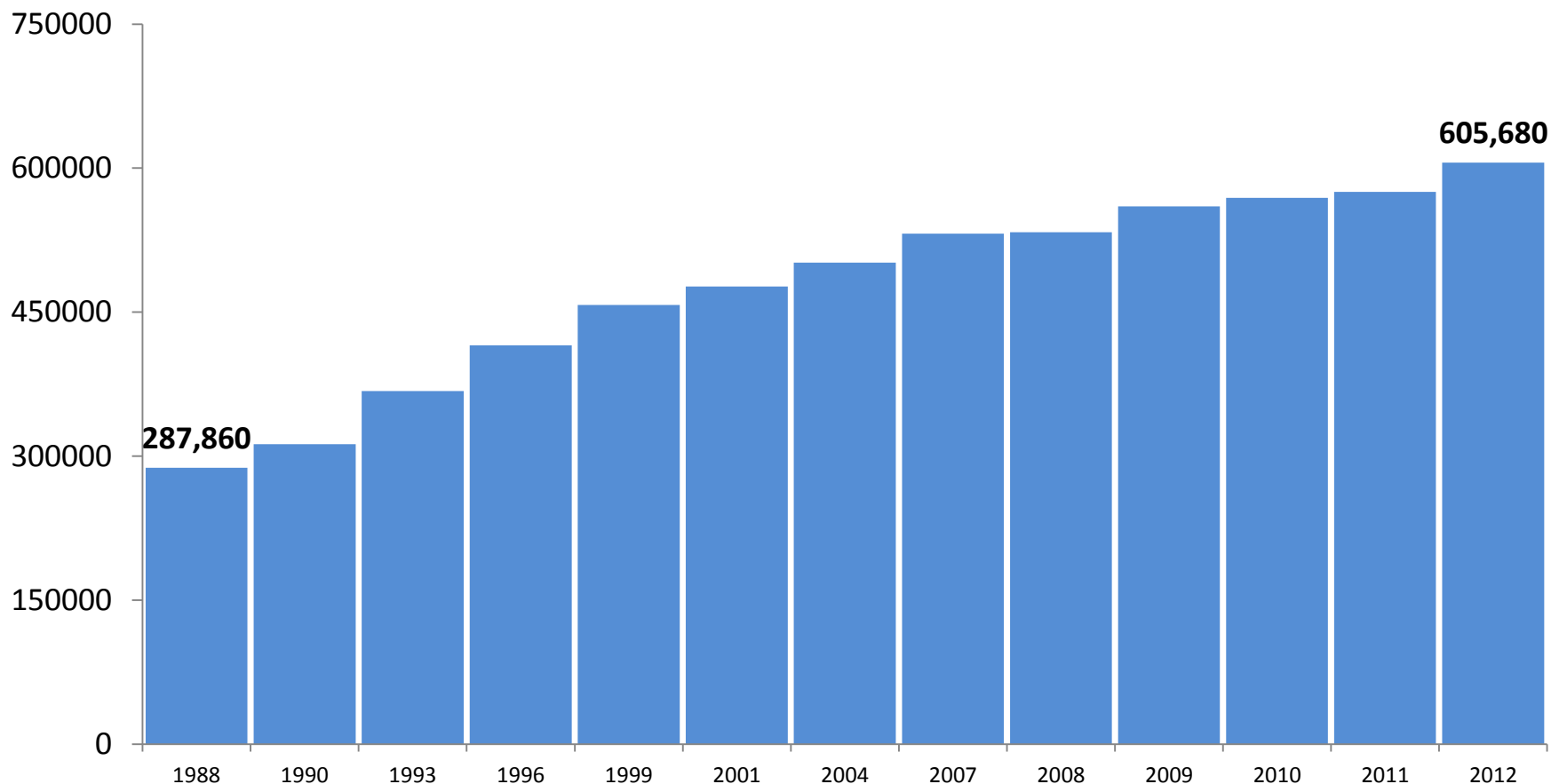
Average Number of People per Residential Setting (HCBS; 2000- 2011)



(University of Minnesota RISP, 2000-2011)

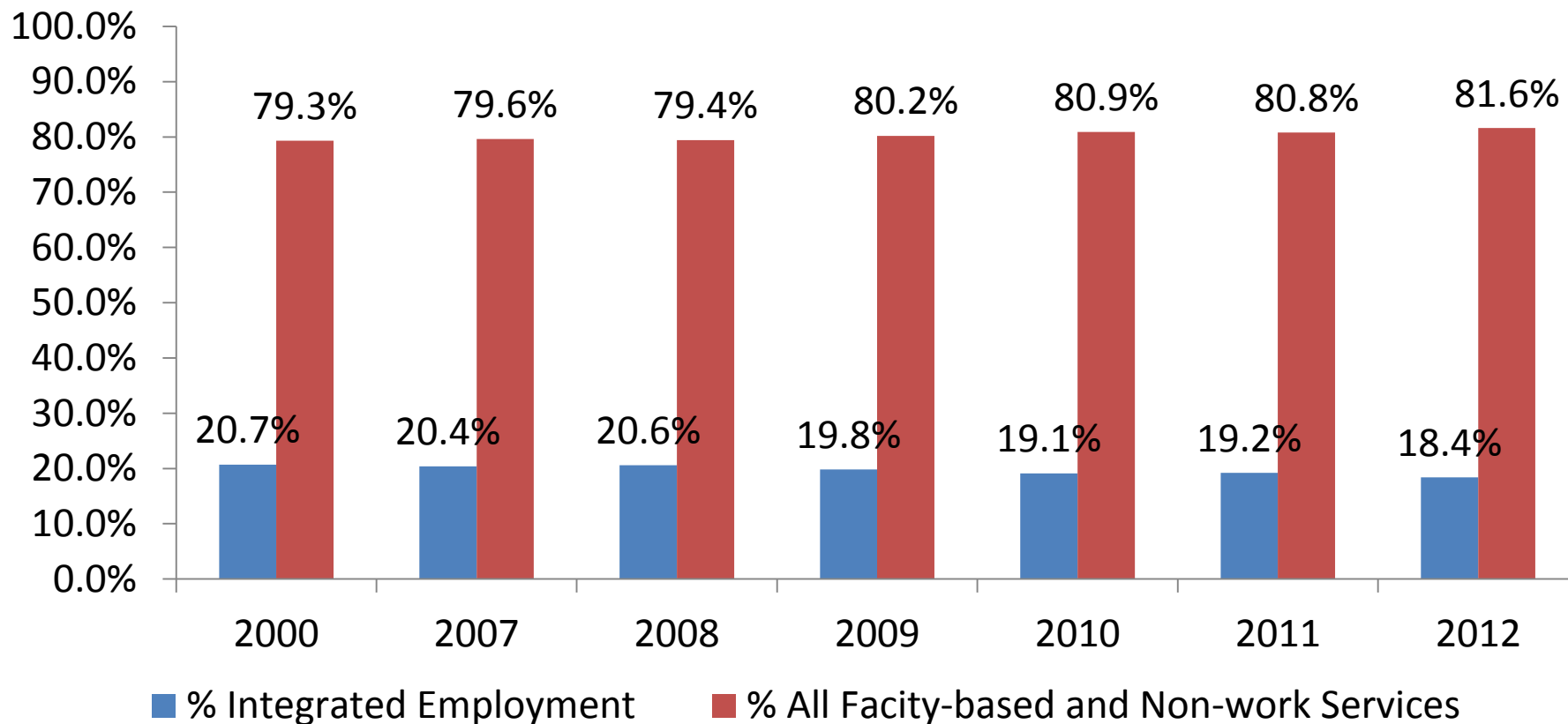
EMPLOYMENT SERVICES ARE CHANGING...

Number of Individuals with I/DD Accessing Day and Employment Services



SUPPLY HAS BEEN SLOW TO MEET DEMAND

Estimated IDD Service Distribution by Year



Winsor, J. E. (2014). State intellectual disability and developmental disabilities agencies, service trends. Data Note Series, Data Note 49. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.

CQL's Toolkit for States

- The Toolkit for States addresses:
 - New HCBS Setting Requirements
 - Provider Owned/Controlled Res Settings
 - New Person-Centered Service Plan Process Requirements
 - New Person-Centered Service Plan Documentation Reqs.
 - Revised CMS Quality Assurances Reporting



POMs and State-wide HCBS Reporting

Basic Assurances measure the HCBS settings requirement process – POMs measure the outcomes from the process



A. New Requirements for Home and Community-Based Settings

REQUIREMENT 1: *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community with the same degree of access as individuals not receiving Medicaid HCBS.*

The setting is integrated in and supports full access to the greater community.

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Are transportation and other supports provided so people can access community services similar to those used by the community at large?*
 - *Are people provided options for support settings that include generic settings?*
 - *Are supports provided in integrated settings?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom to live.
 - *Do the options an individual has about where and with whom to live include generic community settings?*
- POM 13: People live in integrated environments.
 - *Does the person use the same environments used by people without disabilities (at home, at work, at school, in the community)?*
 - *Do services and supports for the person promote opportunities for integration?*
- POM 14: People interact with other members of the community.
 - *Is there direct interaction between the person and others in the community?*
 - *Is the type and frequency of interaction satisfactory to the individual?*
- POM 19: People participate in life in the community
 - *Does the person participate in the life of the community?*
 - *Is the individual satisfied with the type and frequency of his/her participation?*

At-A-Glance Table A:

New Requirements for Home and Community-Based Settings

CQL Basic
Assurances®:
Organization Level
Data Available

CQL Personal Outcome
Measures®:
Individual Level
Data Available

REQUIREMENT 1: The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community with the same degree of access as individuals not receiving Medicaid HCBS.

The setting is integrated in and supports full access to the greater community.

Yes

Yes

There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

Yes

Yes

The individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS.

Yes

Yes

REQUIREMENT 2: The setting (home or community-based) is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

The setting is selected by the individual from among residential and day options that include generic settings.

Yes

Yes

The setting provides the participants an option to choose a private unit in a residential setting.

Yes

Yes

The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

Yes

Yes

REQUIREMENT 3: Ensures right to privacy, dignity and respect, and freedom from coercion and restraint.

Right to Privacy

Yes

Yes

Right to Dignity and Respect

Yes

Yes

Freedom from Coercion and Restraint

Yes

Yes

REQUIREMENT 4: Optimizes individual initiative, autonomy and independence in making life choices (including daily activities, physical environment, and with whom to interact).

Yes

Yes

REQUIREMENT 5: Facilitates individual choice regarding services/ supports, and who provides them.

Yes

Yes

At-A-Glance Table B:		
Additional New Requirements for Provider Owned/Controlled Residential Settings	CQL Basic Assurances*: Organization Level Data Available	CQL Personal Outcome Measures*: Individual Level Data Available
<i>REQUIREMENT 1: The dwelling is a specific place that can be owned, rented, or occupied under a legally enforceable agreement (e.g., a lease), and the individual has the same responsibilities and protections from eviction that other tenants have under landlord/tenant laws.</i>	Yes	Yes
<i>REQUIREMENT 2: Each individual has privacy in their sleeping or living unit, including: entrance doors are lockable by the individual (staff have keys as needed); individuals sharing units have a choice of roommates in that setting; and individuals have the freedom to furnish and decorate their sleeping unit within the lease or other agreement.</i>		
Privacy	Yes	Yes
Choice of Roommates	Yes	Yes
Freedom to Furnish and Decorate their Unit	Yes	Yes
<i>REQUIREMENT 3: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i>		
Control Schedules and Activities	Yes	Yes
Access to Food at any Time	Yes	Yes
<i>REQUIREMENT 4: Individuals are able to have visitors of their choosing at any time.</i>	Yes	Yes
<i>REQUIREMENT 5: The setting is physically accessible to the individual.</i>	Yes	Yes
<i>REQUIREMENT 6: Any modifications to Requirements 1 through 4 above must be supported by a specific assessed need and justified in the person-centered service plan.</i>		
Identify a specific and individualized assessed need.	Yes	No
Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Yes	No
Document less intrusive methods of meeting the need that have been tried but did not work.	Yes	No
Include a clear description of the condition that is directly proportionate to the specific assessed need.	Yes	No
Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	Yes	No
Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Yes	No
Informed consent of the individual.	Yes	No
Include an assurance that interventions and supports will cause no harm to the individual.	Yes	No

At-A-Glance Table C:

New HCBS Person-Centered Service Plan Process Requirements

	CQL Basic Assurances*: Organization Level Data Available	CQL Personal Outcome Measures*: Individual Level Data Available
REQUIREMENT 1: Includes people chosen by the individual.	Yes	Yes
REQUIREMENT 2: Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.	Yes	Yes
REQUIREMENT 3: Is timely and occurs at times and locations of convenience to the individual.	Yes	No
REQUIREMENT 4: Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.	Yes	No
REQUIREMENT 5: Includes strategies for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.	Yes	Yes
REQUIREMENT 6: Offers choices to the individual regarding the services and supports the individual receives and from whom.	Yes	Yes
REQUIREMENT 7: Includes a method for individual to request updates to the plan, as needed.	Yes	No
REQUIREMENT 8: Records the alternative home and community-based settings that were considered by the individual.	Yes	Yes

At-A-Glance Table D:

New HCBS Person-Centered Service Plan Documentation Requirements

CQL Basic Assurances®:
Organization Level
Data Available

CQL Personal Outcome Measures®:
Individual Level
Data Available

REQUIREMENT 1: The written plan must reflect that the setting in which the individual resides is chosen by the individual and supports full access to the community, is integrated in, and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, are receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

The setting is chosen by the individual, is integrated in and supports full access to the greater community.

Yes

Yes

There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

Yes

Yes

The individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS.

Yes

Yes

REQUIREMENT 2: The plan reflects the individual's strengths and preferences.

Yes

Yes

REQUIREMENT 3: The plan reflects clinical and support needs as identified through an assessment of functional need.

Yes

No

REQUIREMENT 4: The plan includes individually identified goals and desired outcomes.

Yes

Yes

REQUIREMENT 5: The plan reflects services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports.

Yes

Yes

REQUIREMENT 6: The plan reflects risk factors and measures in place to minimize them, including individual backup plans and strategies when needed.

Yes

Yes

REQUIREMENT 7: The plan must be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. It must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.

Yes

No

REQUIREMENT 8: The plan must identify the individuals responsible for monitoring the plan.

Yes

No

REQUIREMENT 9: The plan must be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its

Yes

Yes

MEASURING OUTCOMES

LOOKING AT THE POM DATA

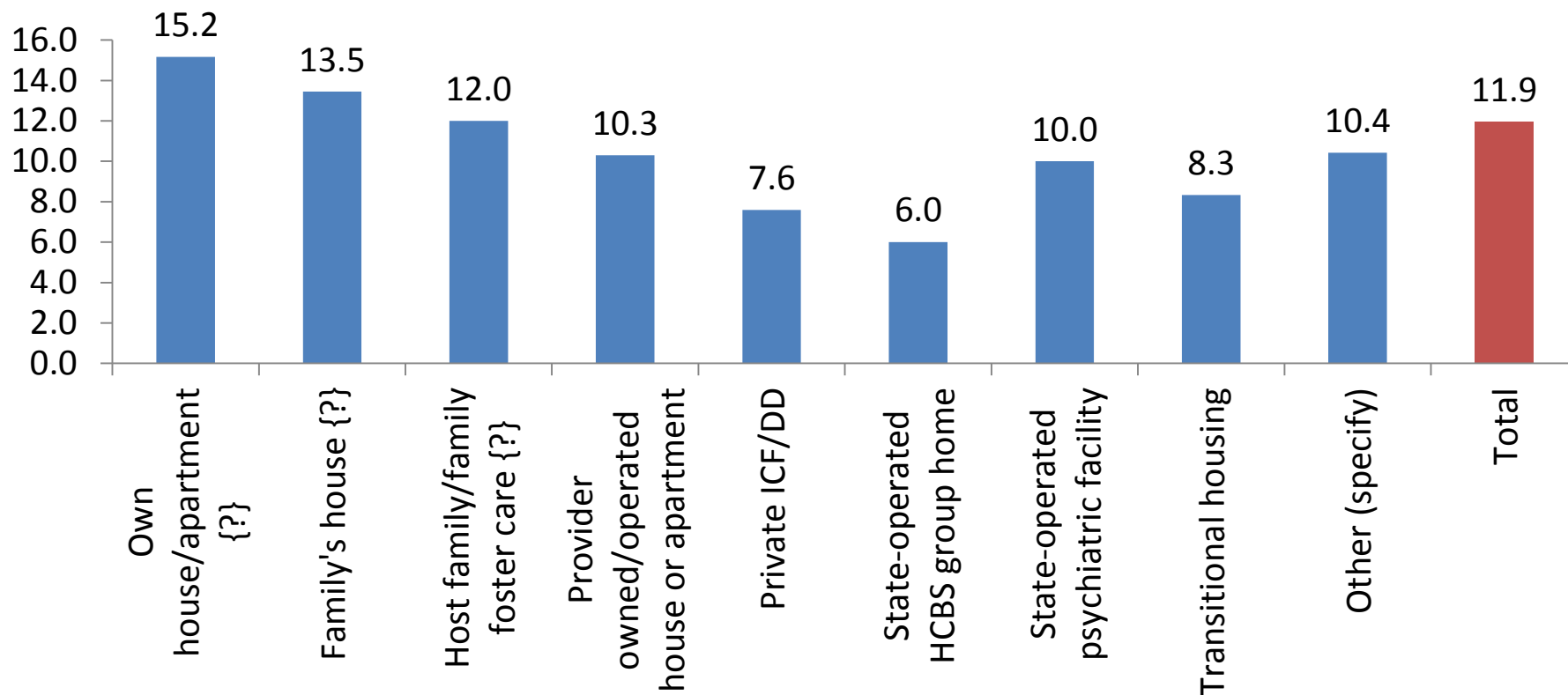
Overview of CQL Data Collection

- All POM data presented comes from:
 - CQL Certified Interviewers
 - CQL Staff

MEASURING OUTCOMES

Using data in decision-making

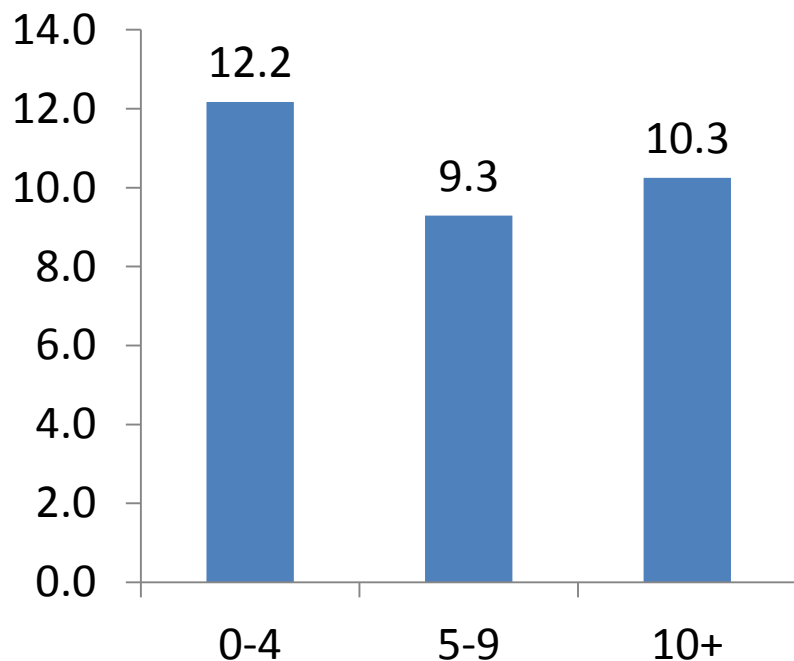
Average Outcomes by Residential Type



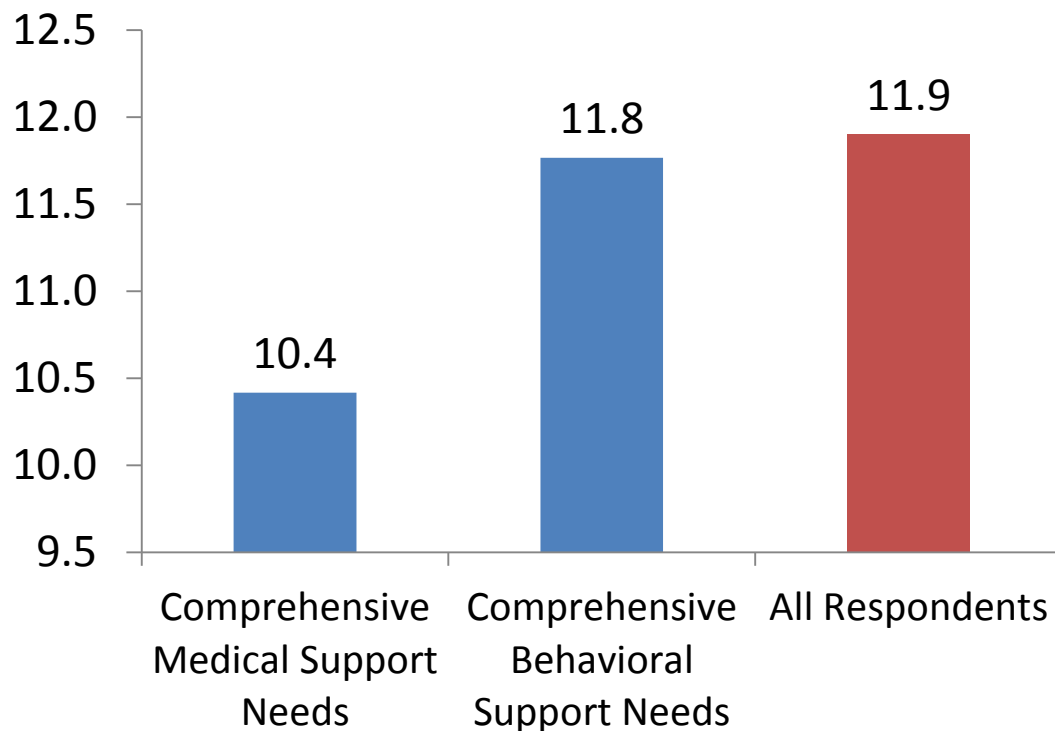
MEASURING OUTCOMES

Using data in decision-making

Average Outcomes by Size of Residence



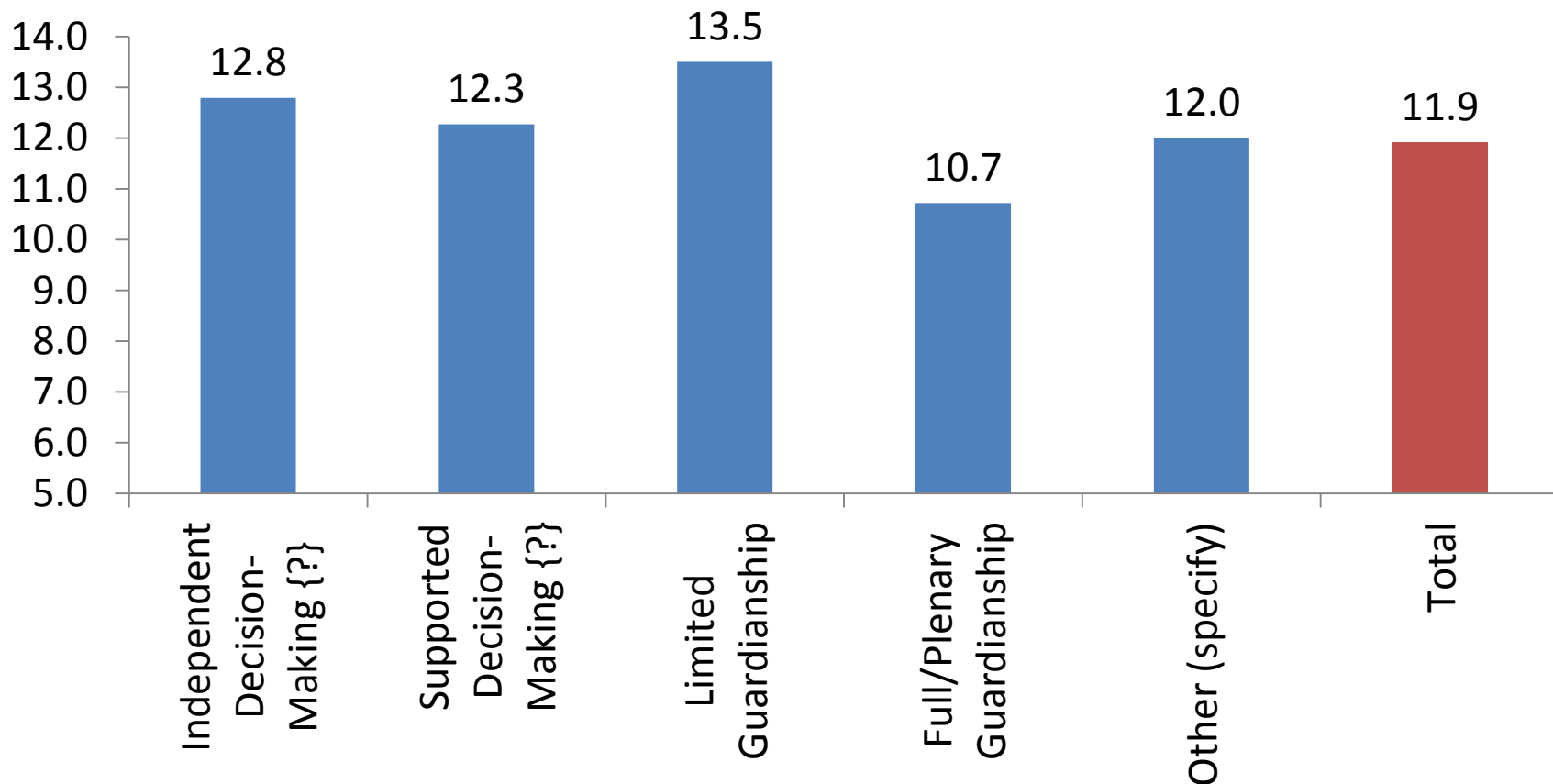
Average Outcomes by Comprehensive Support Needs



MEASURING OUTCOMES

Using data in decision-making

Average Outcomes by Decision-Making Authority



Specific Outcomes Correlated With Total Outcomes

HIGHEST (US)	
Exercise Rights	.537
Are Treated Fairly	.523
Choose where and with whom they live	.517
Interact with members of the community	.501
Choose where they work	.499
LOWEST	
Decide when to share information	.337
Have the best possible health	.310
Free from abuse and neglect	.284
Experience continuity and security	.276
Are safe ^{1,806}	.192

* All correlations are significant at the 0.05 level (2-tailed)

MEASURING OUTCOMES

IN-DEPTH OUTCOME REVIEW

Privacy

CQL Basic Assurances® Data

- Factor 2c: People have privacy.
 - *Are entrance doors lockable by the person?*
 - *Do support staff demonstrate respect for people's privacy when providing needed supports for dressing and personal hygiene and when entering people's rooms?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to privacy?*
 - *Does the person exercise their right as a citizen to access their possessions?*

South Dakota

- South Dakota Relies on 3 Primary Data Sources:

- SD Systemic Monitoring and Reporting Technology (SMART internal reporting)
- CQL Basic Assurances and POM
- NCI State Data



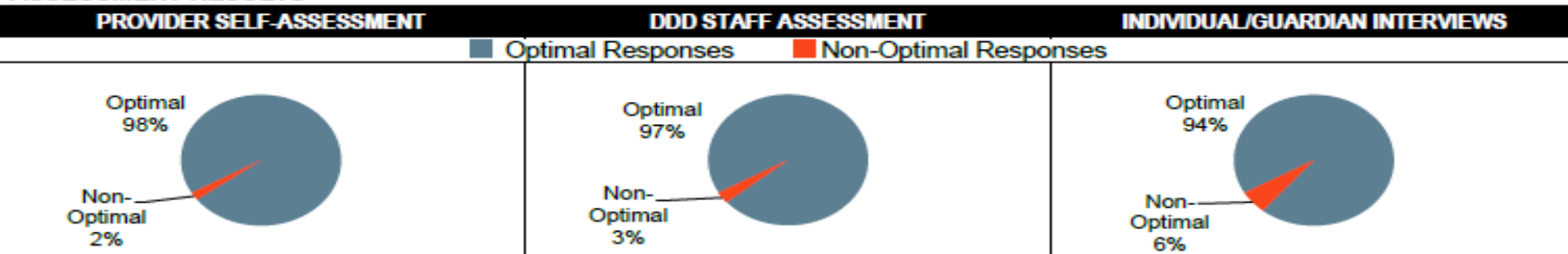
- The transition plan successfully uses data in a meaningful, reliable and valid way for measuring systems successes and short-comings

South Dakota (cont'd)

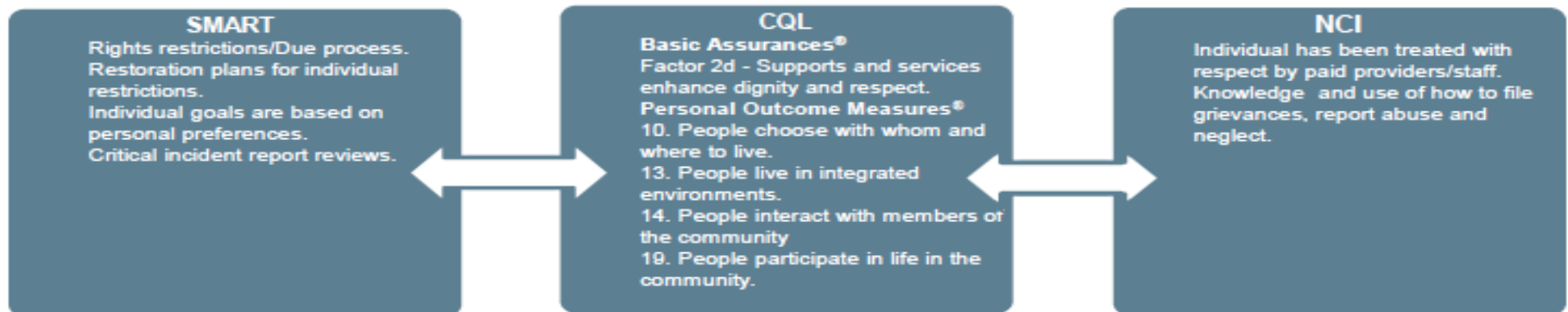
DIGNITY/RESPECT

Analysis of the assessment results revealed the dignity and respect assessment item to be above the 86% threshold. The DHS/DDD will work with providers on an individual basis to remediate any non-optimal findings through trainings, technical assistance and stakeholder input to be started by June 1, 2015 and to be completed by May 31, 2016. South Dakota closely monitors dignity and respect through DHS/DDD's SMART continuous quality assurance system, National Core Indicators (NCI), Council on Quality and Leadership (CQL) Personal Outcome Measures Performance Indicators (POM) Report.

ASSESSMENT RESULTS



Continuous Quality Monitoring

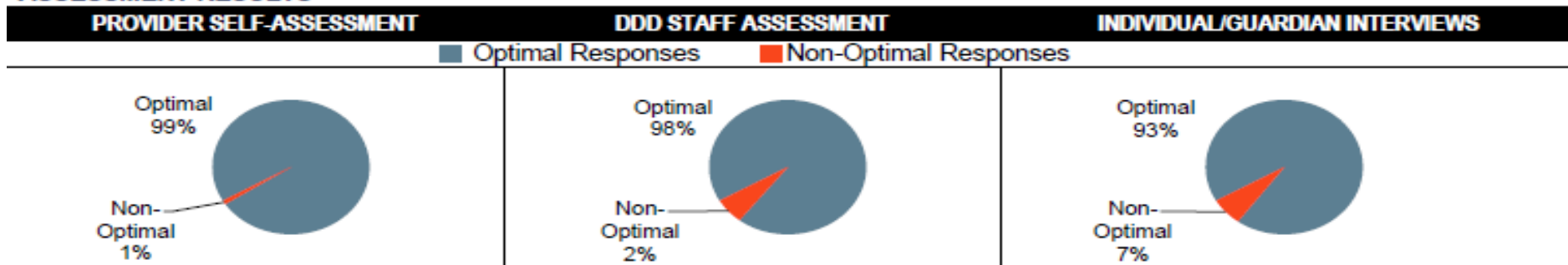


South Dakota (cont'd)

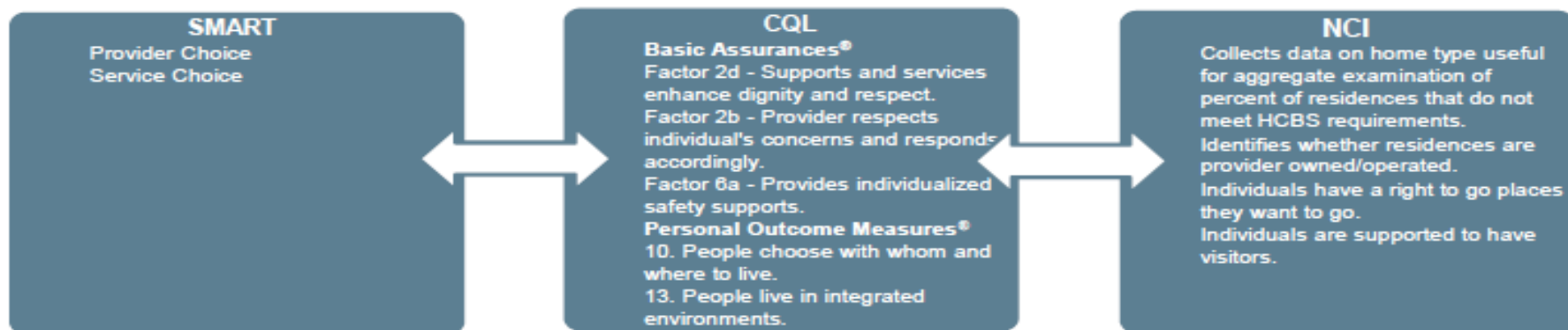
LOCATION

Analysis of the assessment results revealed the location assessment item to be above the 86% threshold. The HCBS Settings Rule self-assessment process provided the DDD with baseline data as a starting point for ongoing remediation and quality improvement efforts. The DDD will work with stakeholders and providers to remediate any settings which restrict community integration to be started by June 1, 2016 and completed by March 17, 2019.

ASSESSMENT RESULTS



Continuous Quality Monitoring



South Dakota (cont'd)

ACTION STEPS

#	EXPECTATION	COMPLIANCE ACTION STEP	MEASURABLE OUTCOMES	RESPONSIBLE AGENCY	TARGET COMPLETION
1	Individuals have access to the community – <ul style="list-style-type: none"> When they want Come and go at any time 	1.1 Through the SMART internal review process DHS/DDD will require due process and adequate documentation regarding access to the community	DHS/DDD will update the SMART review process to include monitoring due process and adequate documentation of individual choice regarding access to the community.	DHS/DDD	May 31, 2016
		1.2 Train qualified providers on due process and adequate documentation of individual choice regarding access to the community	DHS/DDD will provide training to qualified providers as well as DDD staff regarding individual choice	DHS/DDD	May 31, 2016
		1.3 CQL will monitor individual access to the community	DHS/DDD will review accreditation results pertaining to Factor 9c and POM 5.	DHS/DDD	On-going
		1.4 DHS/DDD will emphasize using natural supports (friends, family, ect) to facilitate community access	DHS/DDD will provide training to qualified providers, self-advocates, families, other partners as well as DDD staff regarding social capital	DHS/DDD	On-going
2	Individuals have access to community activities – <ul style="list-style-type: none"> Access to information Not coordinated by qualified provider 	2.1 NCI interviews will assess extent to which people do certain activities in the community.	DHS/DDD will monitor successful outcomes by reviewing NCI interview results.	DHS/DDD	UCEDD will begin individual interviews in January 2015. The analysis will then become on-going.
		2.2 CQL will monitor	DHS/DDD will review	DHS/DDD	On-going

Tennessee

- Using CQL for:
 - State Self-Assessment (BA)
 - Provider Assessment (BA)
 - Impact of Changes on Individuals (POM)
- TennCare (managed care organization) is finalizing the plan and folding in the State's self-assessment process.



New York

- New York is working with CQL to:
 - Incorporate CQL's values into service delivery
 - Use Basic Assurances and Personal Outcome Measures language in the plan
 - Certify state staff in POM for monitoring
 - Review deemed status for CQL accredited orgs
 - Access TA from CQL in Support Coordinator Person-Centered Planning



What does this mean for individual providers?

- Each state is required to develop a provider self-assessment to measure compliance
- All agencies will need to show compliance across all domains – OR – face heightened scrutiny
- Given the alignment between CQL and HCBS Regs, agencies accredited by CQL are well-positioned for the transition



What happens if my state has managed care?

- Managed Care Organizations will be required to ensure their provider network meets the requirements
- States engaged in or considering managed LTSS need to implement the regs into MCO contracts
- A lesson from Cardinal Innovations Healthcare Solutions – POMs work in managed care



DATA IN PRACTICE

- Cardinal Innovations Healthcare Solutions (Cardinal Innovations) partnered with CQL to review outcomes using POM in managed care services
- Study is pending review by AAIDD Inclusion
- Study parameters:
 - Sample size = 250
 - Mixed gender (65% male; 35% female); mixed ethnicity; mixed diagnosis
- Study focus: In a managed care setting, are outcomes for individuals impacted by location, service mix, decision-making authority?

DATA IN PRACTICE – A few Key Findings

- Individuals without a formal guardian achieved greater outcomes across the age spectrum (18-65+) except those 51-64
- Individuals participating in integrated community employment had the highest average outcomes when also paired with residential type
- Unlicensed family living arrangements had the highest outcomes present regardless of day activity

The data indicates that – as expected – individuals in more integrated community settings engaged in integrated community employment achieve greater outcomes

Closing Remarks

- The new HCBS Setting regulations solidify CMS' vision of person-centered supports
- The systemic shift will be slow at first, but the hope is that the expectations of services will shift – provider and systems accountability will increase
- Most agencies will need to implement significant shifts to fully align with the new regs
- There is ample data available to show compliance, don't recreate the wheel
- Think Quality Enhancement, not Quality Monitoring



MEASURING OUTCOMES

ADDITIONAL RESOURCES

CQL Toolkit for States – CMS Reporting

www.c-q-l.org/cmstoolkit



20 Years of Personal Outcome Measures®

www.c-q-l.org/resource-library/publications

New Online POM Data System

www.c-q-l.org/data



Questions, Comments?





CQL | The Council on
Quality and Leadership

CQL is dedicated to the
definition, measurement
and improvement of
personal quality of life for
people receiving human
services and supports.

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