HOME AND COMMUNITY BASED SERVICES (HCBS) MEASURE SET

INTRODUCTION TO LONG TERM SERVICES AND SUPPORTS MEASURES 1 AND 2 AND THE NATIONAL CORE INDICATORS-AGING AND DISABLED SURVEY

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BIG PICTURE: ACCESS RULE PROVISIONS

The Access Rule* was designed to enhance access to HCBS and standardize quality measures and reporting requirements.

Payment for HCBS and DCWs

1. Payment Adequacy
2. Payment Transparency
3. Interested Parties' Advisory Group

Oversight of HCBS Access, Quality, and Safety

4. Person-Centered Service Plan
5. Grievance Systems
6. Incident Management System
7. Access Reporting
8. HCBS Quality Measure Set
9. HCBS Reporting Requirements and Transparency

Framing CMS's HCBS Program Changes

- **Except as otherwise noted or explicitly waived, these provisions:**
  - **Apply across Medicaid FFS and managed care.**
  - **Apply across 1915 HCBS authorities** (1915(c), (i), (j), and (k)) **and 1115 demonstrations,** but *not* to HCBS under the Medicaid state plan as defined at section 1905(a) of the SSA.
- **Certain provisions—including the payment provisions—focus on a subset of HCBS:** Home care (i.e., personal care, home health aide, and homemaker services), and—new in the final rule—habilitation.*
- Many of the non-payment provisions are **intended to supersede the performance and reporting requirements** set forth in CMS's 2014 guidance on HCBS quality assurance systems.

Source: Manatt, 6/4/2024, full slide deck available at, New Federal Rules on Medicaid Access and Managed Care Webinar Series - Manatt, Phelps & Phillips, LLP
*PDF available here: 2024-08363.pdf (govinfo.gov)

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ACCESS RULE AND QUALITY MEASURE SET GOALS

The set of nationally standardized quality measures for Medicaid-funded HCBS is intended to:

- **Promote** more common and consistent use within and across states of nationally standardized quality measures in HCBS programs;
- **Create** opportunities for states and CMS to have comparative quality data on HCBS programs;
- **Drive** improvement in quality of care and outcomes for people receiving HCBS; and
- **Support** states' efforts to promote equity in their HCBS programs.

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ACCESS RULE: MEETING QUALITY MEASURE SET REQUIREMENTS

States are required to develop measurement samples that include:

- Section 1915(c), (i), (j), and (k) programs
- Section 1115 demonstrations that include HCBS

All populations receiving HCBS must be included in sampling frames, i.e.,:

- Managed Care: mainstream, Managed Long Term Care, Health and Recovery Plans, and Special Needs Plans
- Fee-for-Service (FFS)
- OPWDD
- Traumatic Brain Injury (TBI)
- Nursing Home Transition and Diversion (NHTD)
- Assisted Living Program (ALPs)
- Children's Waiver (serving children 18-21)

MONEY FOLLOWS THE PERSON (MFP) GRANTEE STATES AND TERRITORIES

Reporting Requirements

Mandatory/ Voluntary	Measure	Data Source/Data Collection Method	Delivery System
Mandatory	Experience of care survey(s) for each of the major population groups included in the state's or territory's HCBS programs (specific measures to be determined)	Survey	FFS/MLTSS
Mandatory	LTSS-1: LTSS Comprehensive Assessment and Update	Assessment/Case Management Record	FFS/MLTSS
Mandatory	LTSS-2: LTSS Comprehensive Care Plan and Update	Case Management Record	FFS/MLTSS
Voluntary	LTSS-3: LTSS Shared Care Plan with Primary Care Practitioner	Case Management Record	FFS/MLTSS
Voluntary	LTSS-4: LTSS Reassessment/Care Plan Update after Inpatient Discharge	Assessment/Case Management Record	FFS/MLTSS
Voluntary	MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	Case Management Record	MLTSS
Mandatory	LTSS-6: LTSS Admission to a Facility from the Community	Claims/Encounter Data	FFS/MLTSS
Mandatory	LTSS-7: LTSS Minimizing Facility Length of Stay	Claims/Encounter Data	FFS/MLTSS
Mandatory	LTSS-8: LTSS Successful Transition After Long-Term Facility Stay	Claims/Encounter Data	FFS/MLTSS
Voluntary	HCBS-10: Self-direction of services and supports among Medicaid beneficiaries receiving LTSS through managed care organizations	Case Management Record	MLTSS
Voluntary	MLTSS: Plan All-Cause Readmission (HEDIS)	Claims/Encounter Data	MLTSS

MEETING QUALITY MEASURE SET IMPLEMENTATION ROLL OUT

Money Follows the Person (MFP) grant recipients are **required to report** Quality Measure Set items by Fall 2026 for 2025 performance.

- However, New York has opted to report 2024 (M)LTSS measurement data in 2025.
  - To ensure processes and data flows are in place for mandatory reporting.

States will be required to survey and report on Quality Measure Set items **every two years**.

For the initial implementation of the measure set, MFP grant recipients can **opt to stratify** data for:

- MFP participants.
- Demographic or other characteristics of their HCBS participants.

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CARE'S HCBS QUALITY MEASUREMENT RESPONSIBILITIES

(M)LTSS 1 and 2*: Measurement Year 2024

- NYSDOH's External Quality Review Organization (EQRO), IPRO, will lead data abstraction from assessments and plans of care.
  - NYSDOH will identify the 411 sample for the measure using Medicaid claims, encounters, and enrollment data.
    - Inclusion criteria: participants receiving LTSS aged 18 years and older.
    - Same 411 sample for both (M)LTSS 1 and 2.
  - In early 2025, IPRO will contact health plans and responsible organizations such as Regional Resource Development Centers, counties, who have a member included in the sample.
    - Via secure file transfer, **assessments** and **plans of care** will be sent to IPRO.
    - IPRO will then abstract the data elements needed to calculate measure numerators.
  - From the dataset compiled by IPRO, NYSDOH will calculate final LTSS 1 and 2 rates and submit measures to CMS in 2025.
- Conduct of an HCBS experience of care survey: the NCI-AD Adult Consumer Survey.

*Measures LTSS 6-8 will be calculated on New York's behalf by CMS using T-MSIS data

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NCI·AD
NATIONAL CORE INDICATORS
PEOPLE DRIVEN DATA

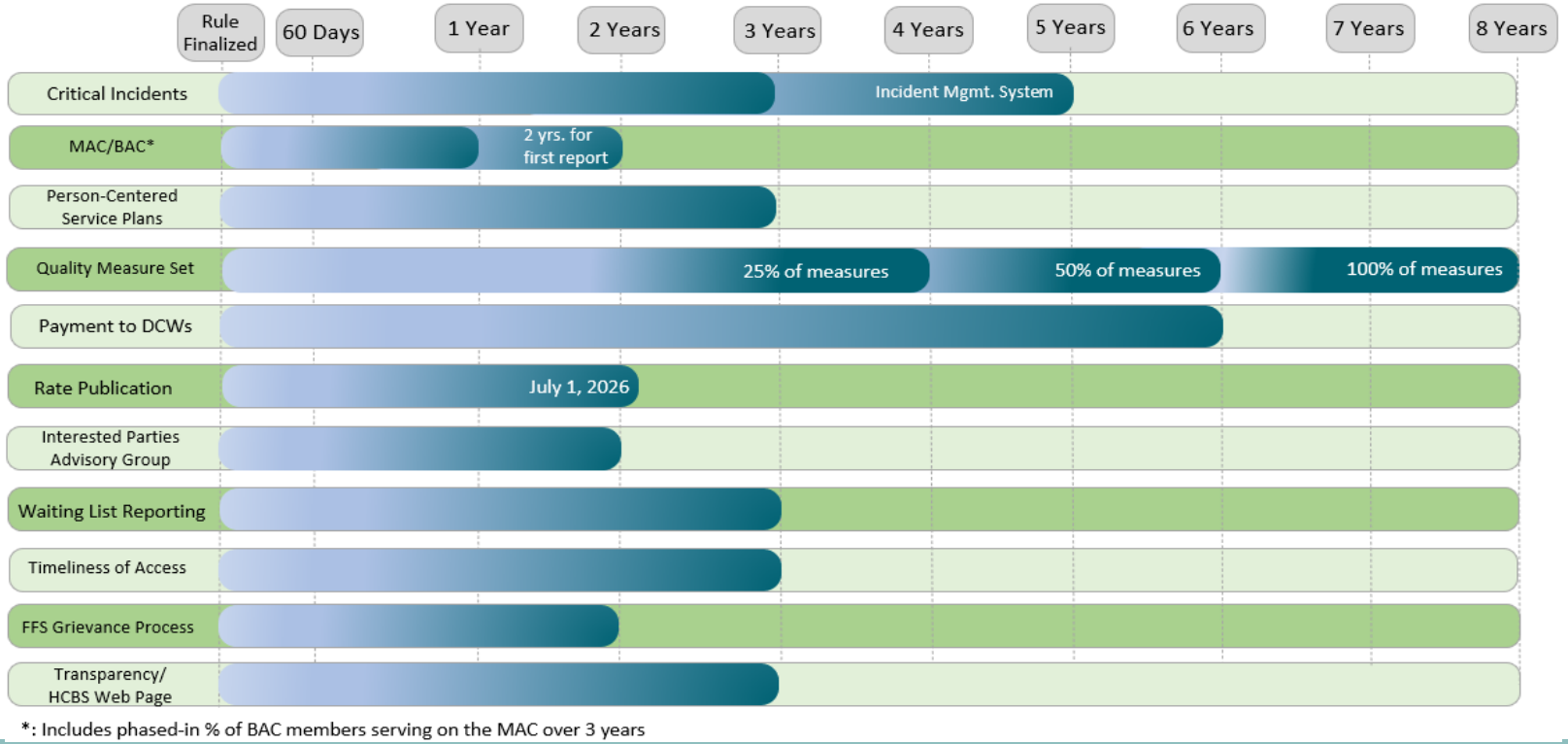
National Core Indicators – Aging and Disabilities

New York - 2024

Access Rule Provisions

Requires adoption of HCBS Quality Measure Set	National Core Indicators-Intellectual and Developmental Disabilities (NCI-IDD), National Core Indicators-Aging and Disabilities (NCI-AD), CAHPS, or Personal Outcome Measures Survey (POMS) and Administrative Measures
Payment Adequacy	At least 80% of all Medicaid payments for specific Home and Community-based Services (HCBS) must be spent on compensation for direct care workers for homemaker services, home health aide services, and personal care services
Person-centered planning	Required reassessment of need at least once a year for people enrolled in Home and Community-based Services (HCBS) programs
Wait lists and service access	States must report information on Home and Community-based Services (HCBS) waiting lists
	Report on whether people have timely and full access to homemaker, home health aide, personal care, and habilitation services
Incident management	States must operate and maintain an electronic incident management system
	Must also investigate, address, and report on the outcomes of the incidents
Grievances	States must establish and manage a grievance process for people receiving Home and Community-based Services (HCBS) in fee-for-service systems (this exists for managed care)

Access Rule Implementation Timeline



*: Includes phased-in % of BAC members serving on the MAC over 3 years

Access Rule: Meeting Quality Measure Set Requirements



- **The Quality Measure Set includes mandatory and voluntary indicators from *four surveys* and administrative measures**
- **States are required to develop survey samples that include:**
  - Section 1915(c), (i), (j), and (k) programs
  - Section 1115 demonstrations that include HCBS
- **Populations that must be assessed in Experience of Care Surveys are:**
  - Intellectual/Developmental Disabilities (NCI-IDD, CAHPS, POMS)
  - Aging and physical disabilities (NCI-AD, CAHPS)
  - Behavioral/mental health disabilities (NCI-IDD and NCI-AD)
  - *In future years, children will be included in populations required, but a survey tool does not yet exist*
- **States must conduct surveys that assess all required populations**

Setting Performance Targets for Access Rule

- **States must establish *performance targets* for each HCBS Quality Measure Set item included in survey(s) the state selects to implement.**
- **States *must*:**
  - Establish performance targets must approved by CMS
  - Describe the state's quality improvement (QI) strategies to meet performance targets
- **In addition, states *may* set performance targets and QI strategies for:**
  - Measures from the full Quality Measure Set that are not yet required
  - Populations for whom reporting is not yet required but will be



Meeting Quality Measure Set Implementation Roll Out

- **MFP grant recipients are *required to report* Quality Measure Set items by Fall 2026 for 2025 performance**
- **States will be required to survey and report on Quality Measure Set items *every two years***
- **For the initial implementation of the measure set, MFP grant recipients can *opt to* stratify data for:**
  - MFP participants
  - Demographic or other characteristics of their HCBS participants

MFP Grantee States and Territories – Reporting Requirements

Mandatory/ Voluntary	Measure	Data Source/Data Collection Method	Delivery System
Mandatory	Experience of care survey(s) for each of the major population groups included in the state's or territory's HCBS programs (specific measures to be determined)	Survey	FFS/MLTSS
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The bottom line…

MFP states are required to collect data for the Quality Measure Set with reporting required in fall 2026

States must implement survey(s) to assess their HCBS populations

CMS is requiring a limited number of “mandatory” measures for the Quality Measure set, meaning reporting will only be required on select measures

In future years will include:

- Reporting on the full measure set
- Reporting breakouts by specified demographics

Questions Remain



Which measures are included as mandatory in Quality Measure Set for MFP grantees?

Quality Improvement Plan specifications

(2 measures)

Outcome reporting requirements

- Overall statewide?
- By waiver?

Future reporting requirements

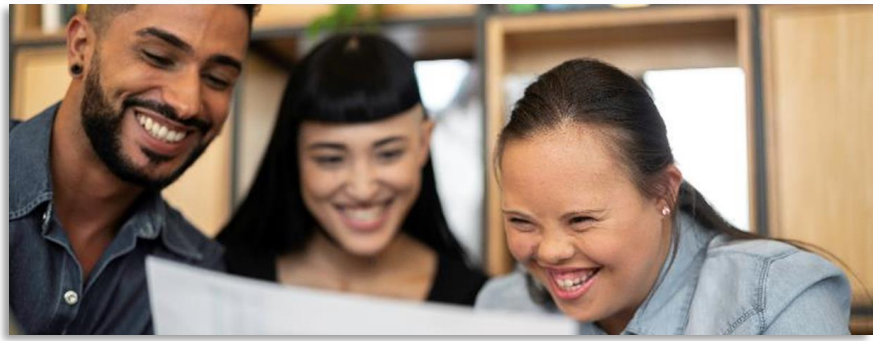
National Core Indicators: People Driven Data

National Core Indicators is an initiative designed to **benchmark and track** performance that supports **quality improvement efforts** in state systems supporting people with intellectual and developmental disabilities (NCI-IDD) and older adults and people with physical disabilities (NCI-AD).

Our goal is to **support states in their quality improvement** efforts using valid and reliable data collection efforts that hear directly from the people using and supporting systems.







National Core Indicators-Aging and Disabilities: An Overview



Established

- 2015
- Grew out of NCI-IDD



Participating states

- 30
- 35+ throughout project



Population addressed

- Older adults and people with physical disabilities



Covers multiple domains

- AD domains and indicators
- **New** State of the Workforce Survey – Aging and Disabilities



Adult Consumer Survey (ACS) A Person-Centered Approach

- **Standardized survey with a sample of individuals receiving services**
  - No pre-screening procedures
- **Survey includes:**
  - Demographic and service-related characteristics typically from existing records
  - Main survey section conducted with person receiving services
  - Some questions may be answered by a proxy respondent
- **Survey conducted in-person, via video conference, over the phone**
- **Standardized surveyor training**
- **Allows questions to be reworded or rephrased using familiar names and terms**
- **Survey portions take 50 minutes on average**

Using ACS data to understand experience

Individual characteristics of people receiving services	Where people live
	Gender
	Race/Ethnicity
	Disability
	Type of services people are receiving
The nature of their experiences with services	Interaction with staff and case managers
	Self-direction
	Choice and Control
The context of their life	Involvement with family and friends
	Access to community involvement
	Safety
Health and well-being	Utilization of health services
	Ability to manage chronic conditions
	Mental healthcare

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State of New York
2024-2025 NCI-AD Survey

December 2024

About Knowledge Services

Serving Those Who Serve Others

- Founded in 1994, Indianapolis HQ, WBE
- Experts in Managed Services
  - Survey Management Solutions
  - Managed Service Provider (MSP) for Contingent Labor
  - MSP for Statement of Work (SOW) Services
  - State Government Contracts (AZ, CA, CO, FL, IN, KS, ME, MI, MS, MO, ND, NV, NY, RI, TN, UT & WI)
- Proprietary Cloud-based SaaS Platform
  - FedRAMP Ready



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Survey Management Experience

- 10+ years experience conducting surveys in 9 states, including populations:
  - Older adults and people with physical disabilities
  - Intellectual and Developmental Disabilities
  - Blind and blind/deaf
- 27,000+ NCI surveys completed, beginning in 2015-16
  - NCI-AD ACS
  - NCI-IDD IPS
  - NCI-IDD CFS, AFS, FGS
- Facilitating NCI surveys in eight states
- NCI-Lead Trainers with 2+ years NCI experience

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NCI-AD Project Scope

- Project education activities
  - Informational mailings to participants and local advocacy groups/providers, informational calls with stakeholders to spread awareness about the project and to flow information down to survey participants
- Surveyor hiring + training
  - Mandatory NCI training through HSRI
  - Knowledge Services internal process review
  - Project introduction and outreach script
  - Best practices for managing Guardian interactions
  - Cultural competency and working with older adults and persons with disabilities
  - Unconscious bias and ensuring personal bias's do not affect survey responses
  - Emotionally charged conversations
  - Knowledge Services security awareness training
  - Identifying suspected abuse/neglect/exploitation

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NCI-AD Project Scope

- Interview scheduling + coordination
  - Project introduction
  - Personal introduction
  - Interview coordination
    - In-person, Videoconference, or Telephone
- Interview completion
  - Obtain consent
    - Written, Electronic, or Verbal consent
  - Complete interview
    - Facilitate follow-ups, as needed

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NCI-AD Project Scope

- Quality monitoring
  - QA shadow surveys for proficiency
  - Data entry spot checking for trends in missing/incomplete data
  - Follow-up surveys with participants
    - Evaluate participant's experience with NCI-AD survey
    - Assess Knowledge Services' surveyors
- Ongoing project management
  - Weekly progress reporting
    - Data provided by dispositions, such as 'Completed', 'Refused', 'No Longer Receiving Services', etc.
  - Issue escalation and resolution, as needed

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Our Request

- Help spread awareness
  - Provide information to individuals receiving service about the survey
  - Encourage their participation to garner feedback and improve outcomes for the State
  - If an individual receiving service reaches out about a letter or phone call they received, provide information about the survey to legitimize the project as a whole
- Communicate questions or challenges
  - If an individual receiving service reaches out with a question or challenge to participation, communicate with Knowledge Services
  - If you have a question or challenge about the survey, reach out to Knowledge Services to seek clarification by contacting (866) 228-5859 or surveys@knowledgeservices.com.

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Timeline

- Week of December 23rd, 2024
  - Informational letters mailed to sampled participants
- Week of January 6th, 2025
  - Surveyor training
- Week of January 13th, 2025
  - Outreach + survey administration begins
- Week of March 24th, 2025
  - Outreach + survey administration completed

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Contact Information

To learn more about NCI-AD visit https://nci-ad.org/

Knowledge Services General Survey | (866) 228-5859 |

surveys@knowledgeservices.com

Jake Limbach | Senior Project Manager | 317-806-6132 | jakel@knowledgeservices.com

Nate Kresge | Senior Practice Director | 317-806-6173 | natek@knowledgeservices.com

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QUESTIONS AND ADDITIONAL RESOURCES

Please direct question regarding HCBS measurement to CARE staff at: HCBSQM@health.ny.gov

More information on the Department's NCI-AD Survey can be found at: What's New: NCI-AD Survey

The Department's NCI-AD Survey Frequently Asked Questions document can be found at: NCI-AD Survey FAQ

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