



# MANAGED LONG-TERM SERVICES AND SUPPORTS: QUALITY MEASURES AND DEMONSTRATING VALUE

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# Overview of NASUAD and State Aging/Disability Agencies

# NASUAD Overview



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- National association that represents state agencies providing LTSS and other services and supports to older adults and people with disabilities
  - 56 members (50 states, DC, 5 territories)
- Led by a board of directors comprised of state agency officials
- Provides direct technical assistance, research, regulatory and policy analysis to states
- Facilitates state-to-state information sharing via teleconferences/webinars, e-mail surveys, policy committees, and national conferences
- Educates and advocates for state agency interests in front of Congress and the Federal government

# Top Priorities for Aging and Disability Agency Leadership



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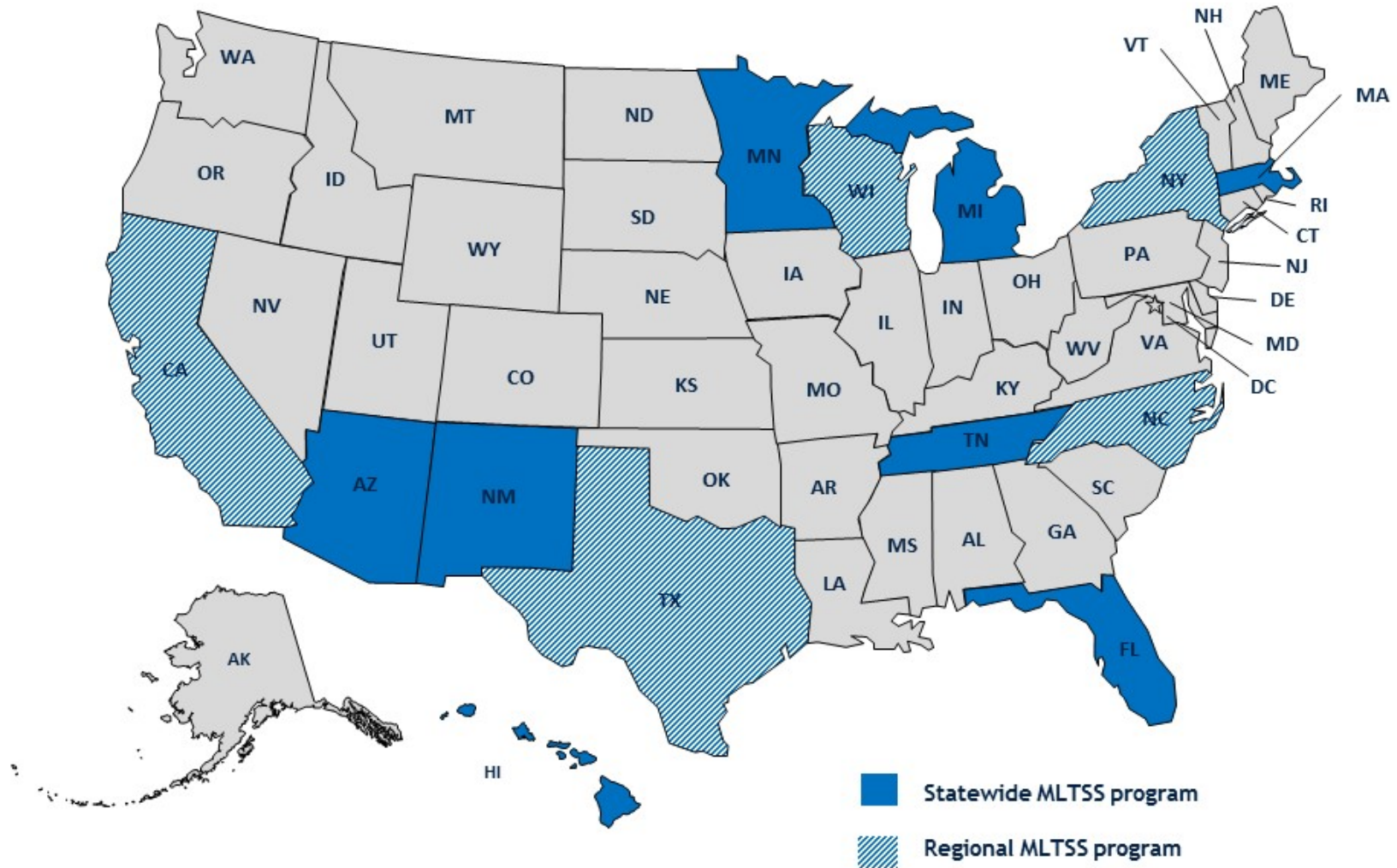
- Ensuring Compliance with the Medicaid Home and Community-based Services Regulation
- Adult Protective Services and Elder Justice
- Improving Quality Across Programs
- Managed Long-Term Services and Supports
- Implementing the Long-term Care Ombudsman Regulation
- Addressing Senior Hunger, Nutrition, and Food Insecurity
- Services for Individuals with Alzheimer's and Related Dementia

# Key Issues and Trends

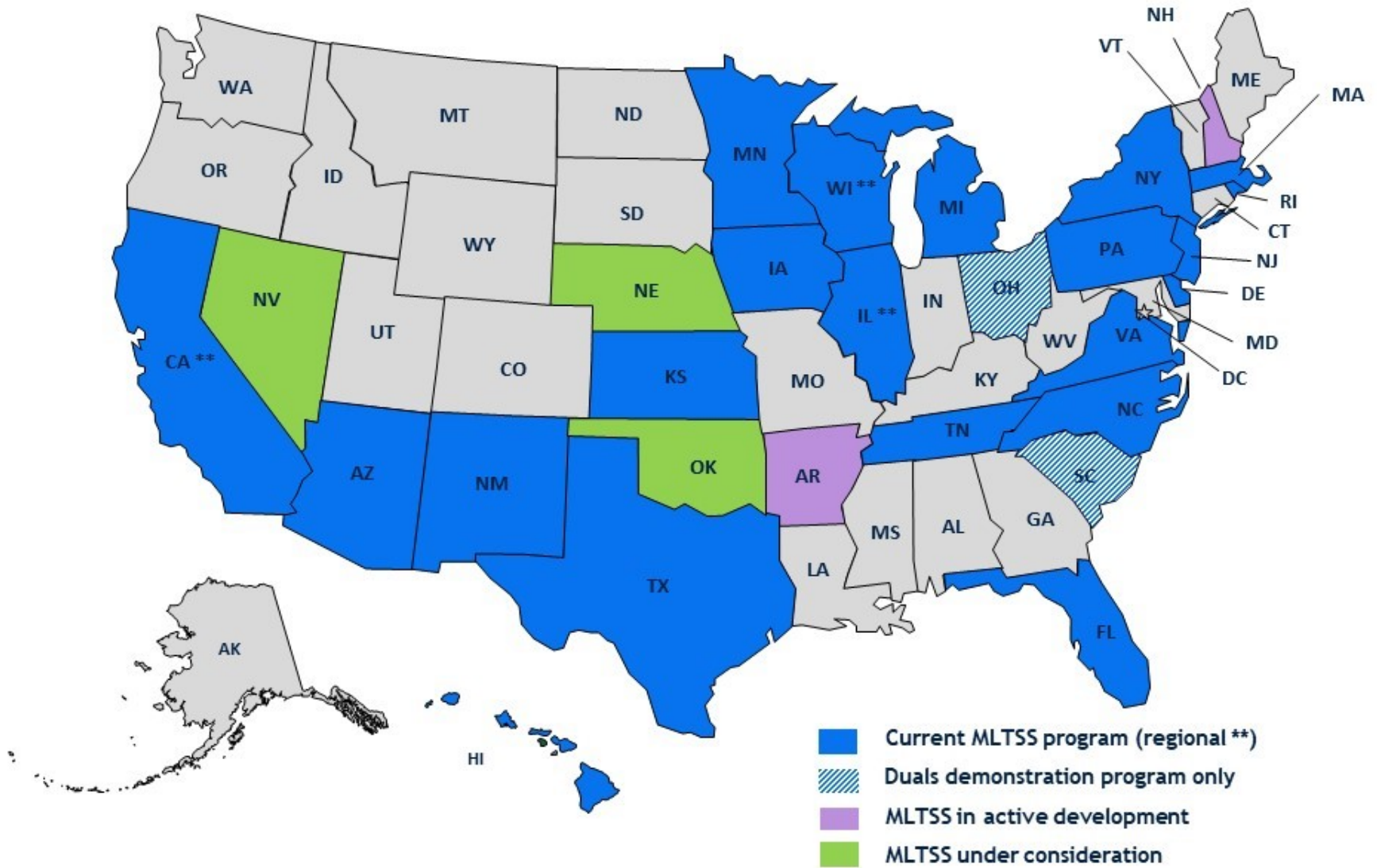
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- Community integration in Medicaid is driving state actions;
- Managed LTSS and integrated care continues to expand;
- States are engaging in systems and infrastructure building through no wrong door and ADRC development;
- Supporting caregivers (paid and unpaid) is a key concern;
- New emphasis on measuring quality in HCBS and LTSS; and
- Focus on sustainability and developing new sources of revenue from health care entities.

# MLTSS Programs - 2010



# MLTSS Programs - 2018



# What does MLTSS mean for you?

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*KEY Takeaway: Locus of Control for Medicaid service provision shifts from State to MCO*

- In order to keep serving waiver clients, an LTSS provider will have to execute contracts with one (or more) MCOs
  
- MCOs have contract mandates that full range of HCBS is available to enrollees
  - ▣ MCOs will either ‘build’ it or ‘buy’ it.
  - ▣ What is ‘it’? Expertise in delivering high-quality and effective HCBS services



# What does MLTSS mean for you?

- Understand what the MCO is being held accountable for
  - ▣ The MCO contract should be your best friend!
- Understand/identify their data collection and reporting needs
- ‘Make the case’ to the MCO that you can:
  - ▣ Demonstrate a track record of success in FFS
  - ▣ Maximize administrative efficiency and
  - ▣ Provide performance and outcome data.

# Community HealthChoices MCO Contract



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- Each CHC-MCO must conduct a CAHPS survey using an NCQA-certified vendor.
- The CHC-MCO's vendor must perform the CAHPS adult **and HCBS survey** using the most current CAHPS version specified by NCQA.
- Survey results must be reported to the Department separately for each zone in which the CHC-MCO operates.

# Quality Measurement and Personal Experience

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- In HCBS, quality/outcomes measures are often person-based and focus on survey reported data and include:
  - Quality of life measures
  - Access to care
  - Member satisfaction
- Other measures look at institutional vs. HCBS placements, timeliness of care plans, and adverse incidents such as falls
- Several entities are working to develop and strengthen HCBS quality measures:
  - CMS - HCBS CAHPS (included in PA contract requirements);
  - NASUAD - NCI-AD;
  - NASDDDS - NCI;
  - ACL – Research Center on Outcomes Measures; and
  - MLTSS Health Plan Association.

- The HCBS CAHPS Survey is a questionnaire developed for measuring **beneficiary experience** with the Medicaid home and community-based services and supports delivered by providers.
- Core questions cover topics such as: getting needed services, communication with providers, case managers, choice of services, medical transportation, and personal safety, as well as community inclusion and empowerment
  - The questions are generally not targeted to center-based providers, such as Adult Day

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html>

# Existing Measures: NQF Report

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- NQF wrote a report on HCBS quality measurement in 2016. The report identified a range of existing LTSS measures.
- Some relevant to ADH include:
  - ▣ Community health service utilization data for Enrollees (including Adult Day) [MA]
  - ▣ Percent responding yes to: Do you like how you usually spend your time during the day? [NCI-AD]
  - ▣ Percent responding “always” to: I have regular opportunities to be part of the community [OR]
  - ▣ Percent of waiver individual’s records with indications of abuse, neglect or exploitation documenting appropriate actions taken. [VA]

# MLTSS Association Example Measures



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- HCBS vs. Institutional Services
- Overall Satisfaction with Adult Day Care Provider Excellent or Above Average
- Adherence to Medication Regimen
- Percent of members able to see their friends and family when they want, and proportion who are not lonely
- Percent of members able to participate in activities outside of home when and with whom they want
- <http://mltss.org/wp-content/uploads/2017/05/MLTSS-Association-Quality-Framework-Domains-and-Measures-042117.pdf>

# Adult Day Services and MLTSS Quality

# Key Takeaways

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- Quality measurement in LTSS is hard
  - MLTSS is no different – it is a tool for delivery and payment not a complete change in the way individuals are served
- Ongoing development of measures likely to continue through the future
  - Some standardization may occur but much will remain state-driven
- Adult Day providers can focus on their niche:
  - What do we do well?
  - How does this impact health quality and/or person-reported outcomes?



# HCBS Settings Final Rule

- The Medicaid home and community-based services (HCBS) regulation establishes new criteria and requirements for Medicaid-funded HCBS, with an emphasis on ensuring that services are provided in an integrated and community-based setting
- CMS' compliance activities are a process-based approach using transition plans to outline objectives and milestones towards meeting the rule requirements by the 2022 deadline
- States have, for the most part, not made any final determinations regarding the settings that are allowable and those which violate the integration mandate
- MLTSS plans will be held accountable to ensuring integration
  - ▣ Adult Day providers can help

# Community Participation

Table 23. Proportion of people who are able to do things they enjoy outside of their home when and with whom they want (risk-adjusted)

	Overall	SNF	PACE	MLTSS	Combined Medicaid Program	Aging Medicaid Program	PD Medicaid Program	BI Medicaid Program	OAA
NCI-AD Average	63%	58%	66%	70%	61%	65%	68%	67%	57%

Table 24. Reasons why people are unable to do things they enjoy outside of their home when and with whom they want

	Health Limitations	Transport	Cost or Money	Accessibility or Lack of Equipment	Not Enough Help, Staffing, Personal Assistance	Feeling Unsafe	Lack of Info About Community Activities	No Community Activities Outside of Home	Feeling Unwelcome in Community	Other
NCI-AD Avg.	66%	42%	19%	16%	12%	9%	5%	4%	2%	10%

# Where does AD Fit In?

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- Many quality measures used do not have direct applicability to Adult Day services
- Framework to consider: What does A.D. do well and how can it demonstrate value to MLTSS plans?
  - LTSS rebalancing
  - Family/caregiver support and respite
  - Community integration/socialization
  - Therapies
  - Medication management
  - Access to other services (i.e. dental)

# Where does AD Fit In?

- States are focused on “social determinants of health”
- SDH includes a wide range of non-healthcare issues and interventions that impact health:
  - ▣ Housing
  - ▣ Loneliness/isolation
  - ▣ Physical violence
  - ▣ Poverty/Employment
- Adult Day can help with:
  - ▣ Coordinating with employment supports for those who desire
  - ▣ Facilitating community integration/reducing loneliness
  - ▣ Identifying suspected instances of abuse/neglect/exploitation

# Closing thoughts

- Proactively demonstrating value to MLTSS plans can:
  - Help the plans demonstrate quality improvement activities; and
  - Assist with ongoing contract negotiations.
- Not many measures apply to ADH, so associations (national and state) have opportunity to help frame the discussion
  - Consider how MLTSS plans have been working to proactively develop measures
- Focus on national policy frameworks:
  - Participant satisfaction/outcomes measurement
  - Social determinants of health
  - Institutional rebalancing and HCBS community integration



**For additional information:**

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