

The Hilltop Institute Symposium
Home and Community-Based Services:
Examining the Evidence Base for State Policymakers
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The Evolution in Measuring whether State HCBS Waivers Deliver Quality

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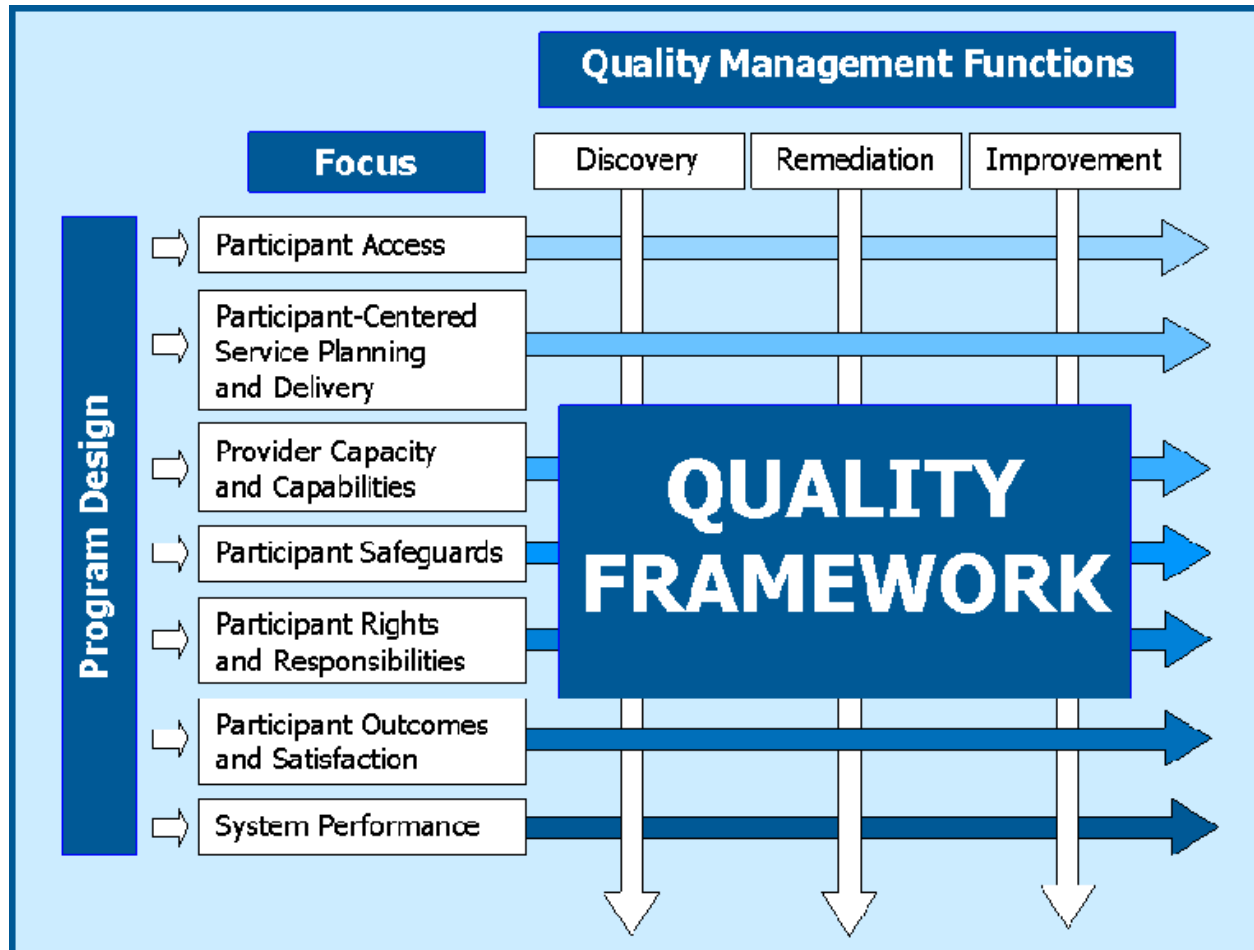
HISTORY

- HCBS began in 1981 (Enactment of 1915(c) of the SSA)
- Olmstead v. L.C. Supreme Court: July 1999
- New Freedom Initiative: February 2001
- 2001 CMS sponsored the NQIP (National Quality Inventory Project)
- NQIP produces the Quality Framework – widely distributed in 2002
- Senators Grassley and Breaux challenged CMS in July 2003 re: quality in HCBS settings

DEVELOPMENT of QUALITY FRAMEWORK

- CMS
- National Association of State Medicaid Directors
- National Association of State Directors of Developmental Disability Services
- National Association of State Units on Aging

Quality Framework



CORE FEATURES

- **Design:** Designing quality assurance and improvement strategies into the HCBS program at the initiation of the program
- **Discovery:** Engaging in a process of discovery to collect data and direct participant experiences in order to assess the ongoing implementation of the program, identifying both concerns as well as other opportunities for improvement.
- **Remedy:** Taking actions to remedy specific problems or concerns that arise
- **Continuous Improvement:** Utilizing data and quality information to engage in actions that assure continuous improvement in the HCBS program.

OTHER TOOLS/ACTIONS TAKEN BY FEDS

- QUALITY ACTION PLAN (2003)
- QUALITY LETTERS (2002 AND CONTINUING)
- BEST PRACTICES
- TECHNICAL ASSISTANCE CONTRACTORS
- PROTOCOLS FOR OVERSIGHT REVIEWS

STATUTORY ASSURANCES

- STATE CONDUCTS LEVEL OF CARE DETERMINATIONS CONSISTENT WITH THE NEED FOR INSTITUTIONALIZATION
- SERVICE PLANS ARE RESPONSIVE TO WAIVER PARTICIPANT NEEDS
- QUALIFIED PROVIDERS SERVE WAIVER PARTICIPANTS
- HEALTH AND WELFARE OF WAIVER PARTICIPANTS
- STATE MEDICAID AGENCY RETAINS ADMINISTRATIVE AUTHORITY OVER THE WAIVER PROGRAM
- STATE PROVIDES FINANCIAL ACCOUNTABILITY FOR THE WAIVER

CMS OVERSIGHT

- **ANALYSIS OF STATE SYSTEMS IN MEETING ASSURANCES**
- **STATE SITE VISITS/AUDITS**
- **REMEDIAL ACTIONS/CORRECTIVE ACTION PLANS**

VULNERABILITIES OF CURRENT SYSTEM

- **CONSENSUS ON WHAT DEFINES QUALITY IN HCBS SETTINGS**
- **CURRENTLY A MIXTURE OF ACCESS, PROCESS MEASURES, LIMITED CLINICAL MEASURES**
- **INTEGRITY IN QUALITY REPORTING**
 - **HOW TO ANALYZE DISPARATE STATE REPORTING FOR ACCURACY/INTEGRITY OF DATA**

FURTHER CMS ACTION ON QUALITY IN WORKS

- Core set of HCBS quality measures
- National campaign on CQI
- Improve quality of direct care workforce
- Improve utility of institutional assessment instruments
- Improve information systems/data collection
- Apply the science

HOW CURRENT SYSTEM FITS BUSINESS REALITY (OR NOT)

- **COMPLEXITY OF DELIVERY SYSTEM:
FFS VS. MANAGED CARE**
- **MANAGED CARE HAS OWN SET OF
QUALITY REQUIREMENTS/MEASURES**
- **GROWTH OF EVIDENCE-BASED
CONCEPT**
- **POPULARITY OF MEDICAL HOME
SOLUTION**

CONCLUSION

- Lots of work already done
- Lots of work still to be done
- Need consensus on what is a “good” HCBS program and how to measure that program
- Need to determine whether current system of quality oversight works
- Need to decide what to do if it doesn't