



Where the
HCBS Settings Rule
Meets Quality

HCBS Settings Rule

Something we have to do, but what does it *really* mean?

- For states
- For health plans and providers
- Most importantly, for people who receive HCBS and their families

How does the HCBS Settings Rule translate to quality and quality systems?

HCBS Settings Rule

About the member's experience

- Employment and community integration
 - To the same extent as people who don't receive Medicaid-reimbursed HCBS
- Choice
 - Settings, services, and who provides them
- Rights
 - Privacy, dignity, respect, freedom from coercion and restraint
- Individual initiative, autonomy and independence
 - Daily activities, physical environment, relationships

HCBS Settings Rule

Implications for quality

- How we monitor
- What we measure
- How we improve
- **How we define quality**

Defining “quality”

Providing the **right care**
in the **right place**
at the **right time**

— Agency for Healthcare Research and Quality

Defining “quality”

What about *results*?

Defining “quality”

Providing the **right care**
in the **right place**
at the **right time**
with the **best possible outcome**

— Agency for Healthcare Research and Quality (*modified*)

Defining “quality”

Who decides?

Defining “quality”

Providing the **right care**
in the **right place**
at the **right time**
with the **best possible outcome**
that helps people live the lives
they want to live

— Agency for Healthcare Research and Quality (*modified*)

Defining “quality”

- Person-centered
- Based on the person’s experience
- How do we monitor, measure and improve quality based on each person’s experience?
- What happens when the HCBS Settings Rule meets quality?

Where HCBS Settings Meets Quality

Systemic Assessment:

What do we need to look at?

- *Everything* that impacts the experience of people who receive HCBS
 - How we plan for services and supports
 - How we provide services and supports
 - How we pay for services
- Waivers, licensure requirements
- Contracts , state statutes, administrative rules
- Policies, procedures, protocols, practices
- Reimbursement methodologies and billing practices

Where HCBS Settings Meets Quality

Systemic Assessment:

Ensure that *everything* that impacts the experience of people who receive HCBS...

- Does not prohibit people from living the lives they want to live in the community
 - Removing obstacles/barriers
- Supports people in living the lives they want to live in the community
 - Aligning expectations and incentives

Achieving “quality”

How?

Employment and Community First CHOICES

- Integrated MLTSS program for individuals with I/DD
- Focused on supporting them to achieve integrated employment and independent community living
- Array of employment benefits designed with subject matter experts from the federal Office of Disability Employment Policy to create a pathway to employment, even for people with significant disabilities
- No facility-based service options
- Aligned incentives through:
 - Enrollment prioritization categories
 - Benefit structure
 - Outcome or value-based reimbursement approaches

Section 1915(c) HCBS Waivers

- Modifying services/definitions to align expectations
 - Residential Services
 - Employment and Day Services
- Modifying reimbursement approach to align incentives
 - Residential Services
 - Delink rates from staffing ratios
 - Add quality-based component based on individual experience
 - Incentive payments for transition to Semi-Independent Living
 - Employment and Day Services
 - Move from per diem payment to unit reimbursement
 - Incent “valued” outcomes, e.g., employment and community integration
 - Add quality-based component based on individual experience

Quality Improvement in LTSS (QuILTSS)

- TennCare value-based purchasing initiative to promote the delivery of high quality LTSS for TennCare members (NF as well as HCBS)
- Identifies performance measures that are most important to people who receive LTSS and their families
- Creates a new payment system for NFs and certain HCBS based on performance on those measures
 - Align payment with key system goals, including integrated competitive employment and integrated community living
 - Reward providers that improve the member's experience of care and promote a person-centered supports delivery model

Quality Improvement in LTSS (QuILTSS)

- Performance measures that are most important to people who receive LTSS and their families
 - Being respected and valued
 - Having choice and autonomy—about what? Everything? Where I live, who I live with, who visits me in my home and when, how I decorate my home, the places I go, the things I do, what I eat, when I sleep, how I spend my money, *anything* and *everything* we all make choices about every day
 - Being able to work and have meaningful day activities
 - Having relationships, spending time with those people, sharing experiences

Where HCBS Settings Meets Quality

Site-Specific Assessment:

How do we know if a setting is compliant?

- *Ask the people receiving HCBS*
- Individual Experience Assessment (IEA)
 - Developed from the CMS Exploratory Questions
 - Administered by contracted case management entity
 - Phase I - individuals receiving residential and day services
 - Phase II - embed in annual planning process for **all** persons receiving HCBS
 - Data from IEA cross-walked to the specific provider/setting to validate site-specific provider self-assessment results
 - 100% remediation of any individual issue identified; thresholds established (by question) for additional remediation actions, e.g., potential changes in site-specific assessment, transition plan, policies, practices, etc.

Where HCBS Settings Meets Quality

Other ways to embed individual experience in quality processes:

- Accreditation in Person-Centered Excellence (Personal Outcome Measures)
- HCBS Ombudsman program
- Quality Assurance Survey Tool and Processes
 - Measures
 - Individual Interviews
 - People Talking to People
- Leverage external survey processes for validation
 - National Core Indicators and NCI-AD

Working together to improve quality: **An Advocate's Perspective**

- **Take initiative to get involved**
 - Reach out, build relationship with state team
- **Participate in training/information sessions**
 - Request them if not being offered
 - Offer to help schedule/arrange
 - Offer to help sponsor or facilitate
- **Be a part of engaging individuals and families**
 - Help disseminate state's information/notifications
 - Develop your own information/articles
 - Encourage individual/family participation
 - Help address individual questions and concerns, dispel myths

Working together to improve quality: **An Advocate's Perspective**

- **Engage in helping design new programs**
 - Employment and Community First CHOICES
 - Stakeholder Advisory Group
 - Interagency Technical Advisory Group
 - Person-Centered Planning Initiative
- **Engage in helping improve current HCBS programs**
- **Partner in educating individuals, families, legislators and other stakeholders about policies, programs, practices, and the value of the person's experience**

Working together to improve quality: An Advocate's Perspective

- **Provide input into the State's Transition Plan**
 - Be as *specific* as possible
 - Is my concern and my recommendation clear?
 - Proposing new language is helpful.
 - Is it practical and actionable?
- **Make recommendations regarding the state's process and tools**
 - Research other states' process/materials
 - Provide meaningful feedback – solutions, not complaints
- **Participate in actual assessments whenever possible systemic/site-specific** (be an extension of limited state resources, if you can)
- **Participate in heightened scrutiny reviews**
- **Help keep the focus where it belongs—on people receiving HCBS and the opportunity to improve the quality of their lives!!!**

Questions?