

*Rising CMS Expectations for HCBS:
How Changes in CMS Policy will
Affect State HCBW Programs*

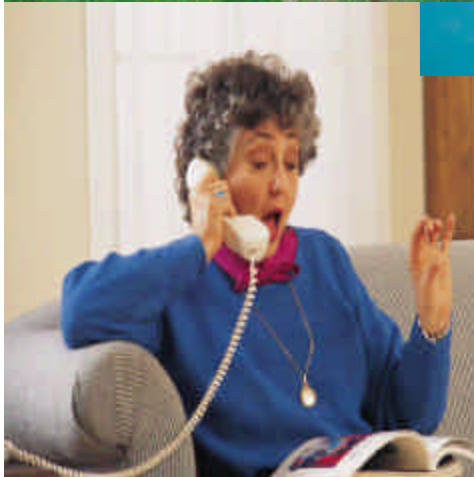
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Improvement in HCBS
Centers for Medicare &
Medicaid Services*

*Reinventing Quality
August 9, 2004*



*Whose Rising
Expectations ?*

Consumers expect Quality and want more Control





General Accounting Office (GAO) Study finds problems in HCBS Services

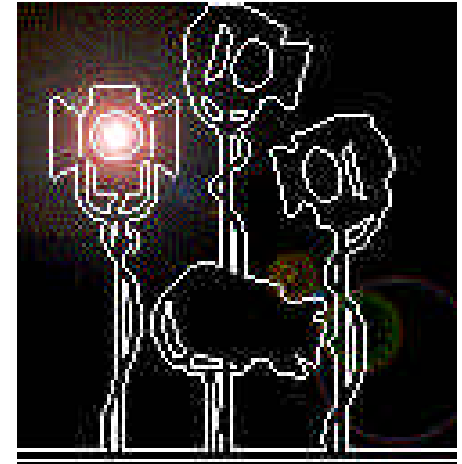
June 2003

- *No detailed guidance to states on necessary components of a QA system*
- *States provide limited information about quality approaches in annual reports*
- *Quality issues have been identified in HCBS waivers*
- *CMS reviews are not timely*




The New York Times

July 8, 2003



“Is Home Care Really Working?”

- *“The trouble is, in many cases no one seems to be monitoring the quality of the care provided, or even whether it is provided at all.”*

- 
- *“...it (CMS) has not adequately monitored the programs or ensured that the states do so.”*
 - *“...states failed to provide necessary services or adequate nutrition and did not properly assess the needs of patients.”*
 - *“The lack of oversight raises the frightening possibility that the nation could be headed into another social experiment that starts with great promise and ends with human disasters.”*



If we aren't responsive to the rising expectations for Quality and Control....

- ☑ Consumers will be dissatisfied and possibly harmed*
- ☑ The program could lose public support and funding for essential services*
- ☑ Congress may regulate the program....
restricting the flexibility now enjoyed by states and participants*



Demographics and Dollars

- **1999...679,386 people and \$11.1 Billion**
- **2000...754,599 people and \$12.7 Billion**
- **2001...810,420 people and \$14.8 Billion**
- **2002...867,467 people and \$16.9 Billion**
- **2003...over 900,000 people and \$18 Billion**
- **2005...estimate 1 million people and \$20 Billion**



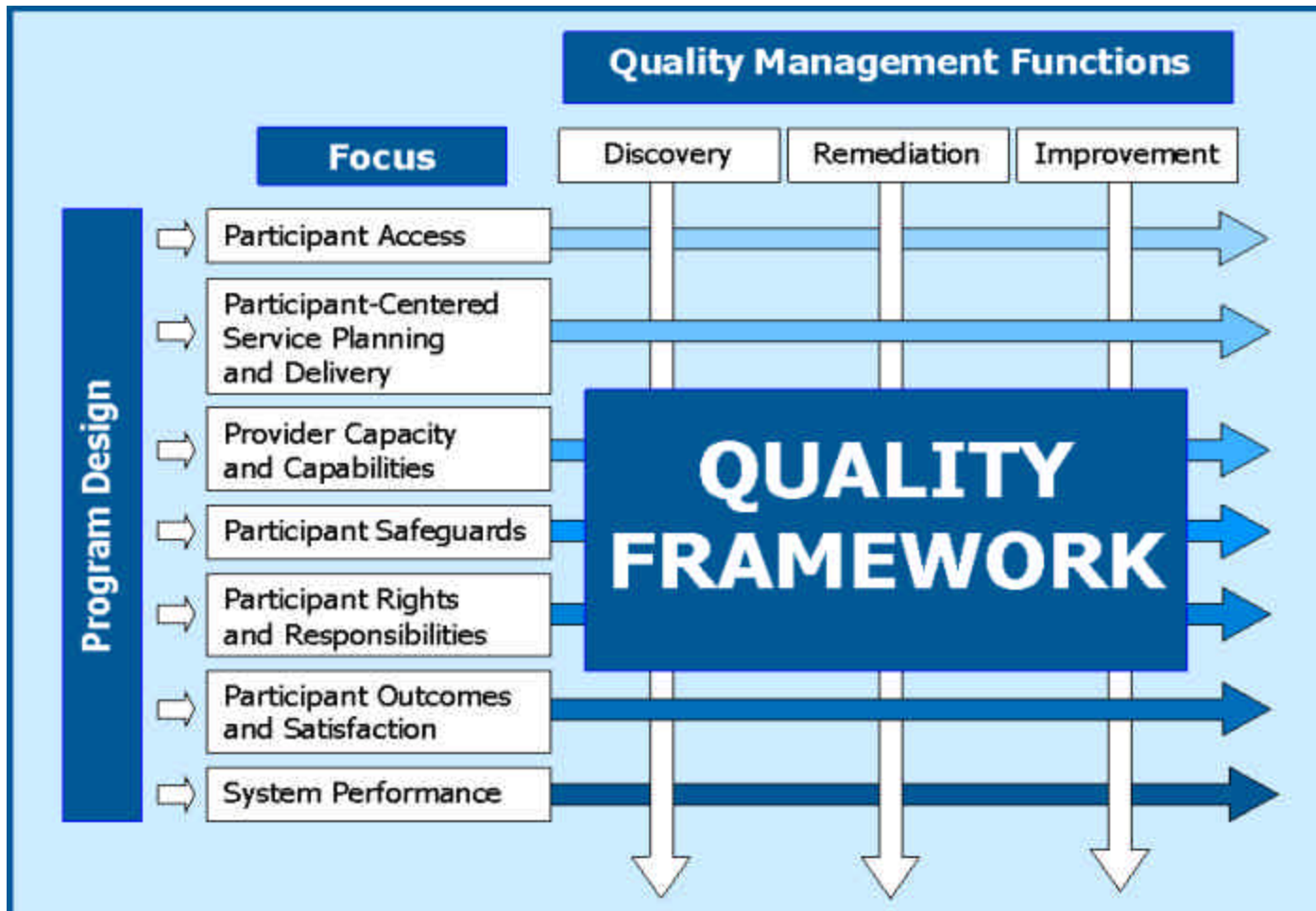
The People

- *Elderly*
- *Disabled*
- *Health conditions*
- *Poor*
- *Vulnerable*
- *Dependent on HCBS*



What is Quality ?

HCBS Quality Framework





Quality Focus Areas

- *Access to services*
- *Planning & services are person-centered*
- *Providers are available and are capable*
- *Safeguards that protect people*
- *Support for people exercising their rights*
- *Personal outcomes and satisfaction*
- *A system the monitors itself.....*



Quality Management Processes

- *Design*
- *Discovery...monitoring; collecting data; analyzing data for trends and patterns*
- *Remediation....taking action to fix problems*
- *Improvement....making improvements*
- *Stakeholders participate in the QM Program*



*What is
Self – Direction ?*



Self – Direction Methods

- **Person Controls Staff**
- **Person Controls Budget**

Self – Direction requires support



CMS/States
New Approach to Quality

Current Approach

- *Application has little information about quality and CMS has no requirements for states to report on quality*
- *CMS staff do an on site inspection...once in five years*
- *Small sample (<25) of people in systems with 25,000 – 50,000 people*





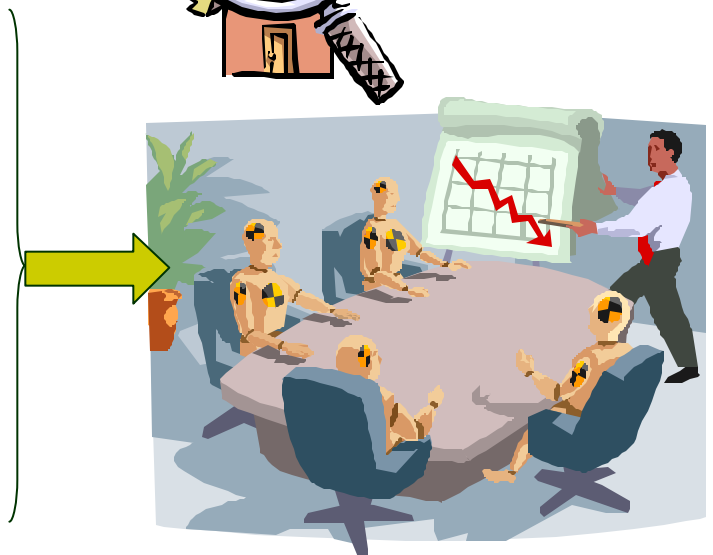
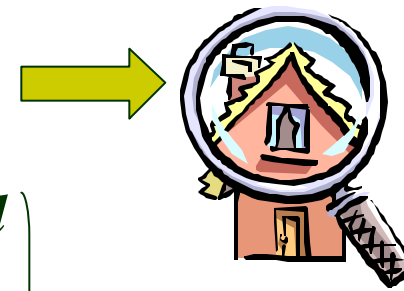
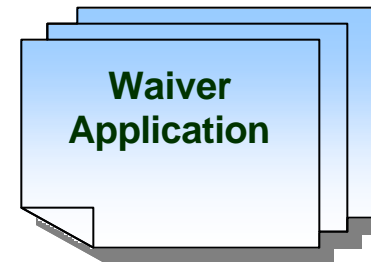
Growth in the program requires a new level of thinking

- *1981.....a handful of waivers for a few hundred of people*
 - *On site review with a sample of participants could provide a reliable account of quality*

- *2005.....280 + waivers for 1,000,000 people.... and growing*
 - *No amount of monitoring or on- site reviews can provide an accurate picture of quality for this many people*

New Approach

- *State build quality and self-direction into the design of their waiver application*
- *State monitors individuals and fixes problems*
- *State collects and analyzes data for trends and patterns across populations*
- *State makes changes to policy, practices and resources based on their analysis*
- *States report the QM activity and results to CMS and the public*
- *CMS maintains and on “going dialogue” with states and looks for evidence of state over-sight*



New Approach

State Submits to CMS

CMS ↔ State Ongoing Communications





New Waiver Application

- *State describes the design of each program operation*
- *State describes its Quality Management System*
- *State describes Self-direction and supports for people who direct their services*



Waiver Application: Access

- *Individuals and families can obtain information*
- *Intake and Eligibility determination processes are understandable & user-friendly & assistance is available*
- *Referral: Individuals who need services but aren't eligible for HCBS are linked to other community resources.*
- *Individuals are given information to exercise choice*
Services are initiated promptly



Waiver Application: Person-centered practices

- *Services are planned and implemented in accordance with each participant's unique needs, expressed preferences & decisions , personal goals, abilities, and health status*
- *Plans address the need for HCBS, health care & other services*
- *Information and support is available to help participants make selections among service options and providers*
- *Participants have the authority and are supported to direct and manage their own services to the extent they wish.*



Person-centered..cont.

- *Participants have access to assistance to obtain and coordinate services*
- *Services are furnished in accordance with the plan*
- *Regular, systematic and objective methods are used to monitor the individual's well being, health status, and the effectiveness of services in enabling the individual to achieve personal goals*
- *Significant changes in the person's needs promptly trigger modifications to the plan*



Waiver Application: Enough Qualified Providers

- *There are sufficient providers and they demonstrate the capability to serve participants*
- *All providers have the skills, competencies and qualifications to support participants effectively*



Waiver Application: Safety

- *Health risk and safety are assessed and interventions identified*
- *The safety of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety*
- *Safeguards are in place to protect participants from critical incidents and life-endangering situations*



Safety cont....

- *Behavior interventions – including chemical and physical restraints – are subject to rigorous oversight and only used as a last resort*
- *Medications are managed effectively and appropriately*
- *Safeguards are in place in the event of natural disasters or other public emergencies*



Waiver Application: Respecting and Supporting Rights

- *Participants are informed, supported and receive training to*
 - *exercise their rights*
 - *exercise their decision-making authority*
 - *exercise their Medicaid due process rights*
 - *register grievances and complaints*



Waiver Application: Self Direction Supports

- *Conduct criminal background*
- *Assist the participant to identify/recruit staff, verify qualifications*
- *Provide training to participant in staff supervision, documentation*
- *Receive and verify staff time record*
- *Verify that services are within approved limits*
- *Operate a payroll system for staff compensation*
- *Submit Medicaid claims for services furnished by participant-employed staff*
- *Arrange for emergency back-up services as necessary*
- *Notify the appropriate entity concerning service provision problems or issues that require attention*
- *Assist participant in addressing staff issues or problems including dismissing staff*
- *Etc.....*



Waiver Application: Good Outcomes and Satisfaction

- *Participants and family members are asked about their satisfaction with services & supports*
- *Services and supports lead to positive outcomes for each participant*



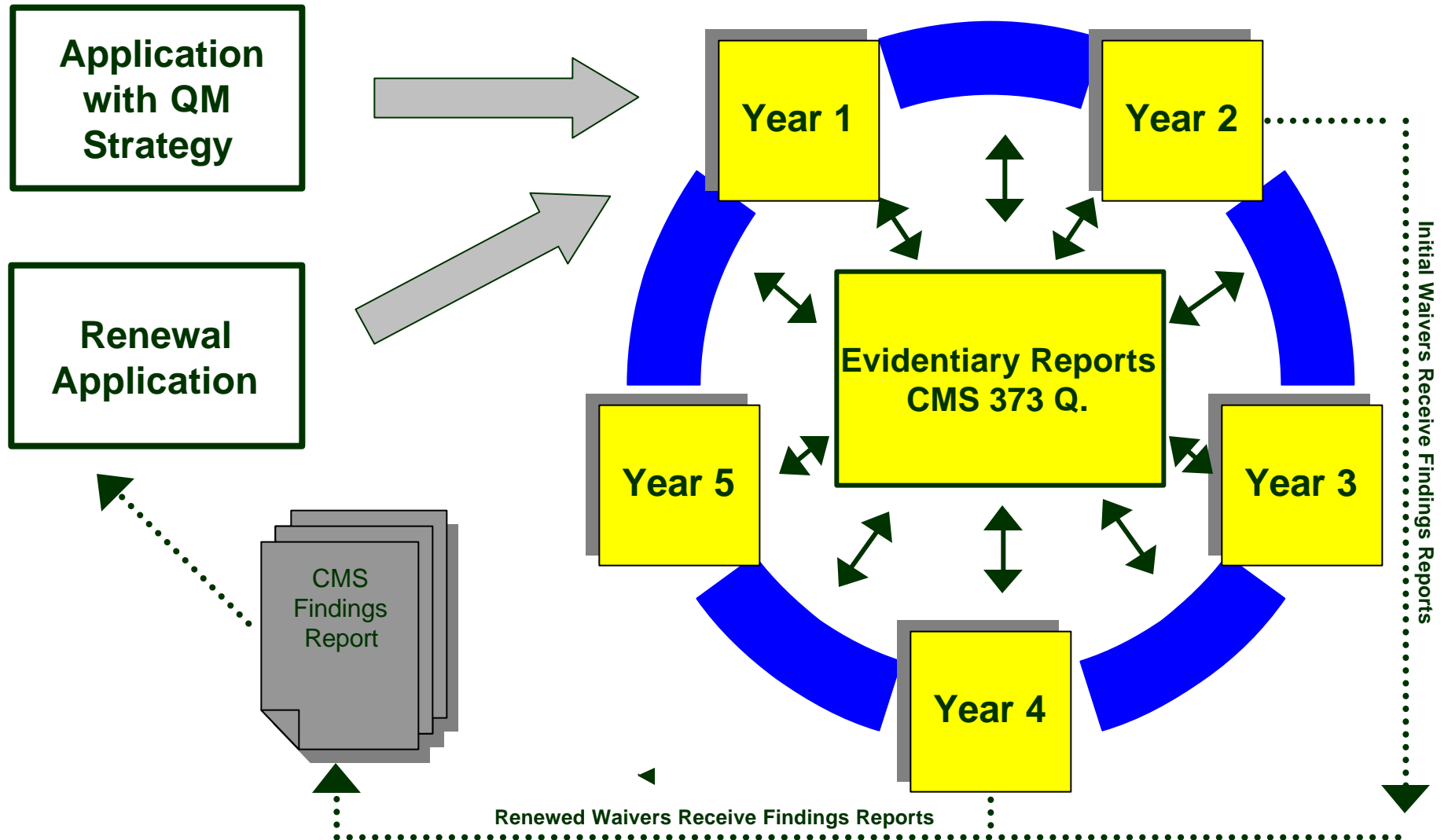
Waiver Application: QM System

- *The system engages in systematic data collection and analysis of program performance and impact*
- *The system supports participants of diverse cultural and ethnic backgrounds*
- *Participants have an active role in program design, performance appraisal, and quality improvement activities*
- *Financial accountability is assured; payments are made promptly in accordance with requirements*

New Approach

State Submits to CMS

CMS ↔ State Ongoing Communications





Evidence from States

- *Get evidence from states that their program is working the way it was designed ... Annual 373 Q.*



Evidence: Level of Care

- *Evaluation for level of care is provided to all applicants and they are reevaluated at least annually*
- *The right process and instruments are used*
- *The state monitors decisions & rectifies problems*



Evidence: The Plan

- *POCs address all participant's assessed needs and goals*
- *POCs are updated/revised when warranted by changes in the waiver participant's needs*
- *Services are delivered in accordance with the POC*
- *Participants are afforded choice between waiver services and institutional care and between/among waivers services and providers*
- *The state monitors POC development and takes appropriate action when it identifies inadequacies*



Evidence: Providers

- *The state verifies, on a periodic basis, that providers meet required licensing and/or certification standards and adhere to other state standards*
- *The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements*
- *The state identifies and rectifies situations where providers do not meet requirements*
- *The state verifies that training is provided*



Evidence: Health and Welfare

- *The state, on an ongoing basis, identifies and addresses and seeks to prevent instances of abuse, neglect and exploitation*



Evidence of Accountability

Administrative Authority

Evidence that:

- *The Medicaid agency or operating agency conducts routine, ongoing oversight of the waiver program.*

Financial Accountability

Evidence that:

- *State financial oversight exists to assure that claims are coded and paid in accordance with the reimbursement methodology specified in the approved waiver.*

New Approach

State Submits to CMS

CMS ↔ State Ongoing Communications





“On Going Dialogue” between CMS and States

- *Review of annual 373 Q. reports*
- *On site visits to states*
 - *Observe operations*
 - *Visits with consumers*
 - *Meet with state staff*
 - *Technical Assistance*

New Approach

State Submits to CMS

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New Approach

State Submits to CMS

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*Can't do Quality
without data,
analysis and
action*

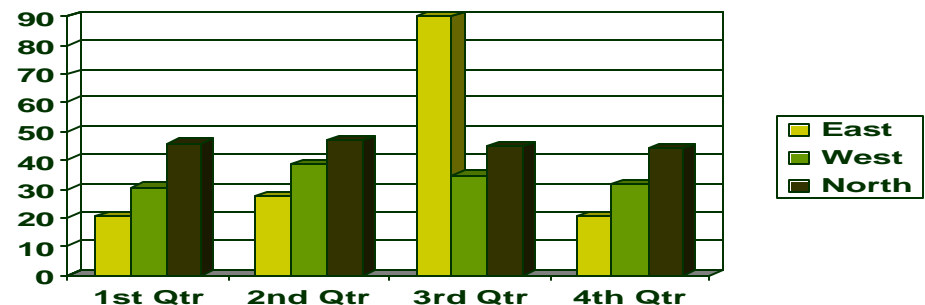
Can't “do Quality” without data

- *Monitoring and closing the loop can find and fix individual problems*
- *Our minds cannot retain or analyze data about thousands of people*



Can't know anything without analysis

- *Data comes from transactions...admission, eligibility determinations, service planning, consumer feedback, monitoring, incident reporting, billing, complaints, appeal decisions, workmen's comp claims, etc.*
- *Raw data is just that...it's raw. Analysis turns data into information*
- *Analysis looks for trends, patterns, root causes*





*Won't Get Quality without **ACTION***

- ✓ *Change policies*
- ✓ *Change practices*
- ✓ *Distribute information*
- ✓ *Training and technical assistance*
- ✓ *Rewarding good performance*
- ✓ *Sanctions*
- ✓ *Change reporting requirements*
- ✓ *Creating incentives and rewards*



*How Will This Effect
States?*




States will describe the design of program administration and operations in the application

Role of Medicaid agency, operating agency and local managing entities

Process for eligibility determination, enrollment, service planning, delivery and monitoring, incident management etc.

States will describe their QM System in the application

- 
- *States will provide CMS with information on the quality of the state's program annually, through the 373 Q, report*
 - *States can expect CMS visits and communication throughout the life of the waiver...not a one time review of a small sample of participants*
 - *States can expect CMS reports that focus on QM efforts i.e. the state's system for monitoring, collecting data, analysis of data, problems remediation and system improvement*



*When Will This Effect
States?*



Application...Estimated Time Line

- *1st draft to NASDDDS, NASUA & NASMDs
Aug 16 – 23*
- *Meeting with national associations...Oct 7 & 8*
- *Comments due....Oct. 8th*
- *2nd draft to national associations...Nov 5th*
- *Comments due...Dec 10th*

- *Release of application....Jan. 21st 2005*
Use of application voluntary



373 Q. Request for information on the quality of the waiver

- ***Estimated release in 2005 for reporting year 2007***
- ***Interim Procedural Guidance: Request for evidence as part of CMS review of waiver....already begun in Jan. 2004***



To find out more about CMS Quality Initiatives

- www.cms.hhs.gov/quality/
- WWW.HCBS.ORG
- NThaler@cms.hhs.gov





ONE MORE THING.....ABUSE

- *It is not a few bad apples who do it*
- *It is any and every one of us under the right circumstances*
- *Abuse is not anomalous....it is a routine experience for people with disabilities*



The danger of the “few bad apples” assumption

- *Staff don't recognize themselves or their friends as bad apples....so*
- *Staff don't recognize what they or others do as abuse*
- *Consumers don't recognize that what the staff they like are doing is abuse*
- *Abuse continues unreported*



What should we do?

- *Talk to all staff openly about abuse from the first day of employment on*
- *Teach staff that anyone and everyone is capable of abuse*
- *Teach staff the signals that they or someone else are abusing*
- *Teach staff when and how to call for help*
- *Support staff who report abuse*



What should we do?

- *Talk to consumers about abuse on an on-going basis*
- *Teach consumers to recognize abuse*
- *Teach consumers how to call for help*
- *Support consumers when they report abuse....start by believing them!*