

CAHPS Home and Community-Based Services Survey Tools

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Agenda

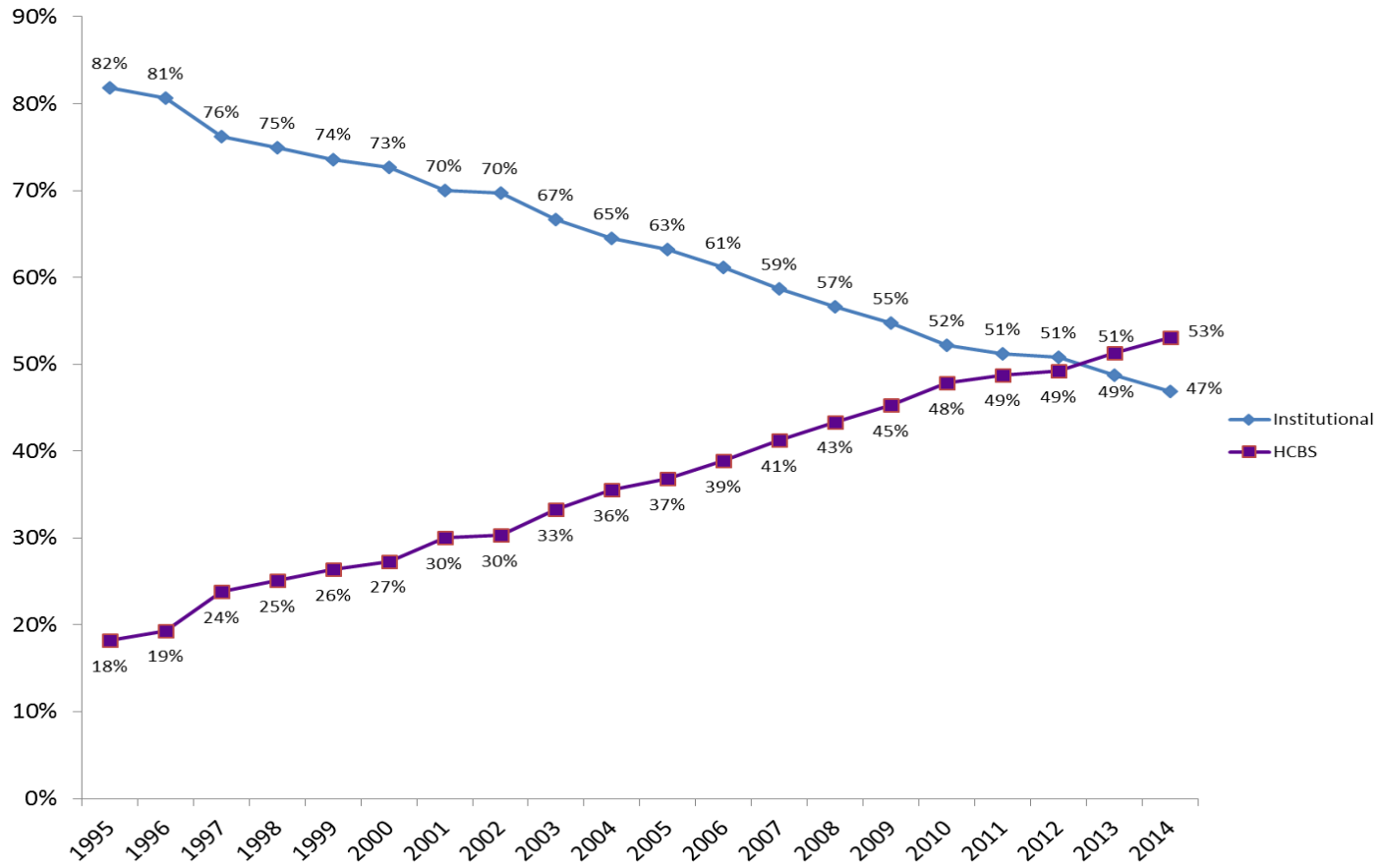
- CMS Update
- Brief Overview of HCBS CAHPS Survey Tools
- State Activities
 - Connecticut
 - Pennsylvania
 - Colorado
- Q&A
- HCBS CAHPS Survey Resources

CMS Update



LTSS Spending for HCBS Increases, Prompting New Quality and Health IT Tools through TEFT

LTSS – Institutional & Home and Community Based Services (Total Medicaid \$471 B)



Source: Medicaid Expenditures for Long-Term Services and Supports in FFY 2014 (Available at Medicaid.gov)



TEFT Components by State

State*	Experience of Care Survey	Functional Assessment Standardized Items	Personal Health Record	eLTSS Plan
Arizona	✓	✓		
Colorado	✓	✓	✓	✓
Connecticut	✓	✓	✓	✓
Georgia	✓	✓	✓	✓
Kentucky	✓	✓	✓	✓
Maryland	✓		✓	✓
Minnesota	✓*	✓	✓	✓
New Hampshire	✓			

*Louisiana and Minnesota field tested Experience of Care Survey in Round 1

1. Experience of Care Survey
 - Field test a beneficiary experience survey within multiple CB-LTSS programs for validity and reliability
2. Functional Assessment and Standardized Items
 - Field test a modified set of functional assessment measures for use with CB-LTSS beneficiaries
3. Personal Health Record
 - Demonstrate use of Personal Health Record (PHR) systems with beneficiaries of CB-LTSS
4. eLTSS Plan
 - Identify, evaluate and harmonize an electronic Long-Term Services and Supports (eLTSS) plan in conjunction with the Office of the National Coordinator's Standards and Interoperability Framework

TEFT Component Activities

CROSS-DISABILITY EXPERIENCE OF CARE (EoC) SURVEY

- ❖ Field Test: 2014–2015
- ❖ Grantee implementation: 2016–2018
- ❖ CAHPS Trademark: June 2016
- ❖ **NQF endorsement of 19 HCBS CAHPS Survey-derived measures: Oct 2016**

FUNCTIONAL ASSESSMENT STANDARDIZED ITEMS (FASI)

- ❖ Field Test: 2017
- ❖ Grantee implementation: 2017–2018
- ❖ Develop draft performance measures & testing plan to prepare for NQF measures endorsement: 2017-2018

TEFT

eLTSS PLAN STANDARD

- ❖ Participation in solution plan development and consensus activities with the Office of the National Coordinator for Health Information Technology: 2014–2015
- ❖ Phase I Pilot execution: 2015–2016
- ❖ Phase II Pilot execution: 2016–2017

PERSONAL HEALTH RECORD (PHR)

- ❖ Development/procurement: 2014–2016
- ❖ Grantee implementation: 2016–2018
- ❖ 6 TEFT states chose to implement and launch PHRs

Brief Overview of HCBS CAHPS Survey Tools

Overview of the HCBS CAHPS Survey

- Cross-disability consumer experience survey for eliciting feedback from beneficiaries receiving Medicaid HCBS services and supports
 - Focus on participant experience, not satisfaction
- Allows for comparisons across programs serving different target populations
 - Individuals who are frail elderly
 - Individuals with a physical disability
 - Individuals with an intellectual or developmental disability
 - Individuals with a brain injury
 - Individuals with serious mental illness

Sample Design

- Unit of analysis = HCBS program or accountable entity
- Accountable entity = operating entity responsible for managing and overseeing a specific HCBS program within a given state (e.g., managed care organization [MCO])
- Focus of analysis can vary
 - Program
 - MCO
 - Case management agency
 - County
 - State

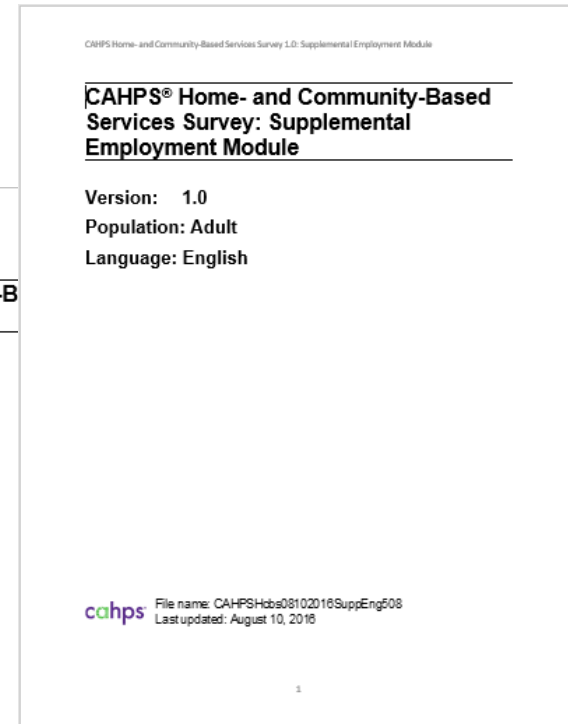
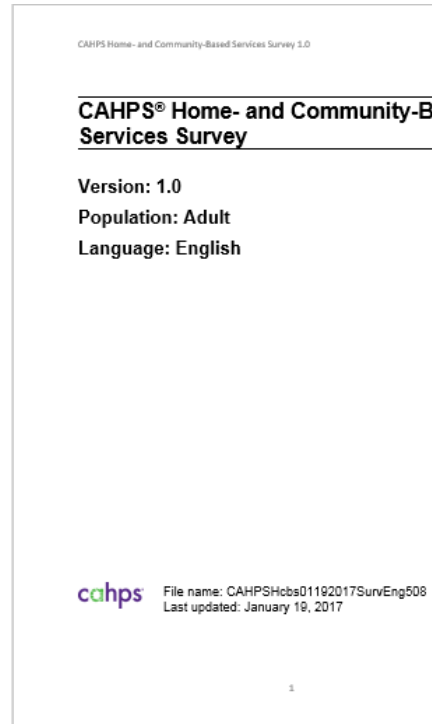
Common Services and Providers Addressed by the Survey

- Common services
 - Personal care and behavioral health care
 - Transportation
 - Home care
 - Case management
 - Employment assistance
- Common providers
 - Personal assistant and behavioral health staff
 - Medical transportation services
 - Case manager
 - Homemaker
 - Job coach



HCBS CAHPS Survey Instruments

- Core instrument
- Supplemental Employment Module
- English and Spanish versions of both



Domains Addressed by the HCBS CAHPS Survey-Derived Measures



Cognitive Screening Questions for Completing the Survey

1. Does someone come into your home to help you?

¹ YES

² NO → END SURVEY

⁻¹ DON'T KNOW → END SURVEY

⁻² REFUSED → END SURVEY

⁻³ UNCLEAR RESPONSE → END SURVEY

2. How do they help you?

[EXAMPLES OF CORRECT RESPONSES INCLUDE]

- HELPS ME GET READY EVERY DAY
- CLEANS MY HOME
- WORKS WITH ME AT MY JOB
- HELPS ME DO THINGS
- DRIVES ME AROUND

3. What do you call them?

[EXAMPLES OF SUFFICIENT RESPONSES INCLUDE]

- MY WORKER
- MY ASSISTANT
- NAMES OF STAFF (JO, DAWN, ETC.)

Program- and Provider-Specific Terms

4. In the last 3 months, did you get {program specific term for personal assistance} at home?
- ¹ YES
 - ² NO → GO TO Q6
 - ⁻¹ DON'T KNOW → GO TO Q6
 - ⁻² REFUSED → GO TO Q6
 - ⁻³ UNCLEAR RESPONSE → GO TO Q6
5. What do you call the person or people who gave you {*program-specific term for personal assistance*}? For example, do you call them {*program-specific term for personal assistance*}, staff, personal care attendants, PCAs, workers, or something else?

[ADD RESPONSE WHEREVER IT SAYS “*personal assistance/behavioral health staff*”]

Alternate Response

28. In the last 3 months, how often did *{personal assistance/behavioral health staff}* treat you with courtesy and respect? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did *{personal assistance/behavioral health staff}* treat you with courtesy and respect? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

Use of Proxies

- Sponsoring entities decide on whether and which proxies to include
 - Guardians
 - Friends or family who are unpaid
 - Individuals with regular contact
- IRB suggestions and requirements
 - Consent
 - Assent
- Introductory script should account for role in survey
- While fielding survey, consider monitoring percentage of surveys that are completed by proxy
- Adjust for proxy responses in analyses

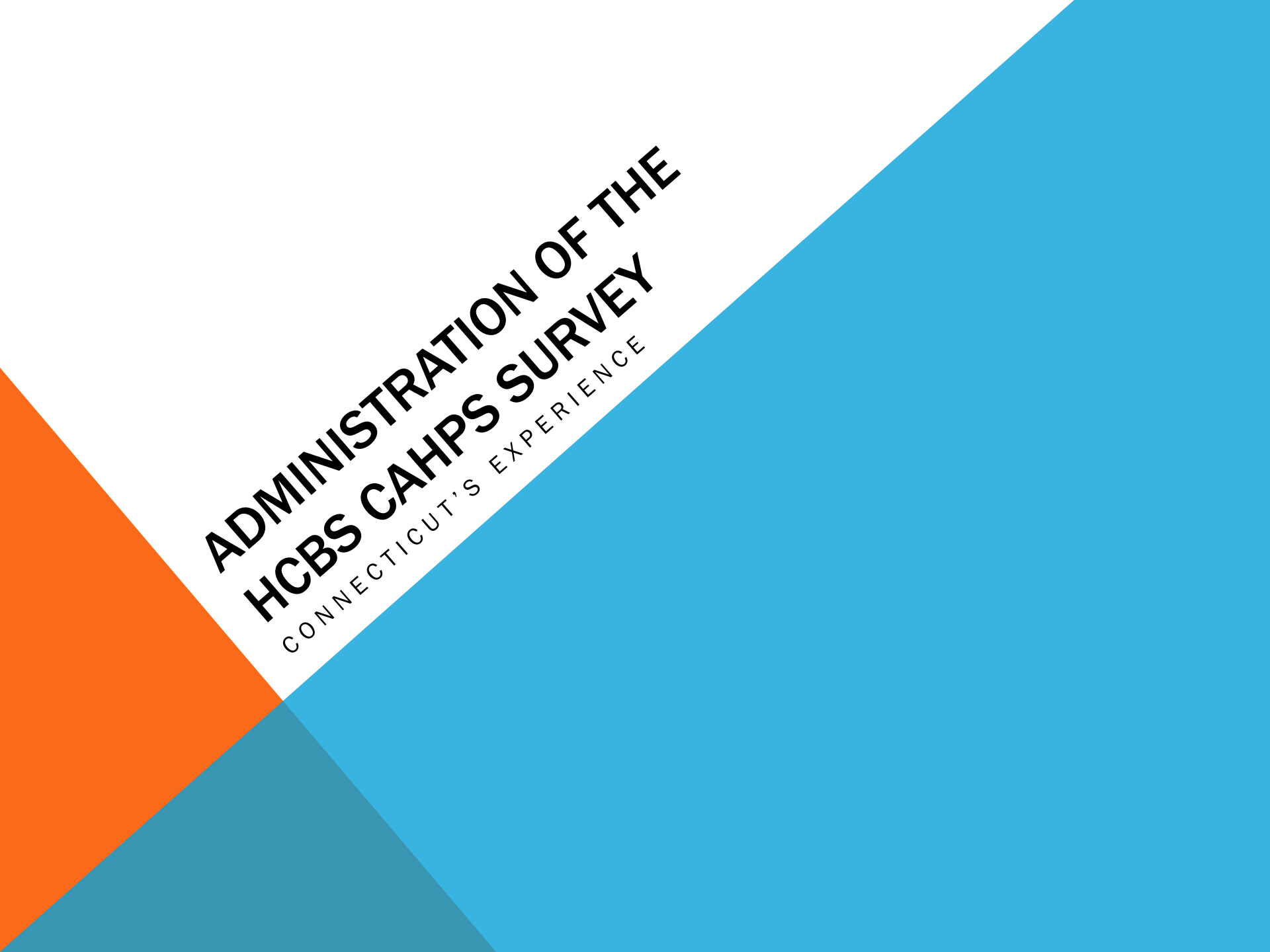
**Feedback
communicated
directly by HCBS
beneficiaries is
always preferred**

State Activities



Using the Survey for Program Quality Management

- Assess program performance
 - Point-in-time snapshot
 - Track changes over time
- Document successes
- Identify areas for program improvement
- Assess impact of program improvement initiatives and projects
- Provide information to stakeholders on program performance
 - Internal staff, providers, and managed care organizations, beneficiaries, legislators, and the general public
 - Measures align with some CMS quality requirements



**ADMINISTRATION OF THE
HCBS CAHPS SURVEY**
CONNECTICUT'S EXPERIENCE

CT WAIVER STRUCTURE

- **11 Medicaid waivers**
 - 7 Operated directly by Medicaid agency
 - 3 Operated by the DD agency
 - 1 operated by Mental Health Agency
- **Two HCBS State Plan Options**
 - 1915i effective 2012
 - 1915k effective 2015

PERFORMANCE MEASURES IN WAIVERS

- Inconsistent approach across waivers
- “Reinventing the wheel”
- Performance measures in Waivers varied
- Evidence collection for CMS always challenging
- Goal is a consistent approach to reward quality and facilitate reporting

WAIVER CASE MANAGEMENT STRUCTURE

- For Elder, Disabled and Brain Injury Waivers, case management is a contracted service with contractors in 5 different regions in the state
- Quality varied among these providers
- Difficult to compare one provider with another
- HCBS CAHPS Survey offers that opportunity
- Each agency had their own QA survey approved by the department

2013 CASE MANAGEMENT CONTRACT

- Added performance bonus incentives to the contracts in 2013
- Pool is divided by the number of performance standards
- Pool total available is \$500,000

COMPOSITES FROM HCBS CAHPS SURVEY

- Performance Incentives based on 3 Composite scores
 - Case manager is helpful
 - Choosing the services that matter to you
 - Personal safety and respect

BENEFITS OF HCBS CAHPS SURVEY

1. **Person-centered – aligned with CT philosophy**
2. **Cross-disability**
 - Ability to compare programs
 - Increased accessibility via phone mode, alternate response, proxy
3. **Development aligned with CAHPS**
 - Reflects what is important to beneficiaries
 - Rigorous review of testing methods and results
 - Trademark that providers recognize
 - Flexibility to add items from other surveys
4. **NQF-endorsed measures available from the survey**
5. **Survey sponsor can determine frequency of use**
6. **Publicly available from CMS**

PLANNING

- **Extensive stakeholder input**
 - LTSS Rebalancing Steering Committee – cross-disability
 - ABI Waiver Advisory Committee
 - Brain Injury Alliance Provider Council
- **Asked questions about the survey content, procedures & use**
- **Advised on recruitment strategies**

SURVEY ADMINISTRATION

- **Designed to be administered by an interviewer**
 - In person
 - By telephone
 - ****Participant's choice****
- **81 items plus demographics and interviewer questions**
 - 30 minute average due to skip patterns
- **Tailored program and provider-specific terms are integrated directly**
- **Alternate Responses (for accessibility)**
 - Mostly Yes, Mostly No (instead of four point scale)
 - Excellent, very good, good, fair, poor (instead of 1 to 10)
- **Assistance & Proxy respondents allowed by CMS (not a paid provider)**

2016-17 CT SURVEY ADMINISTRATION RESULTS

Summary	PCA	Older Adult	ABI
Complete	400	400	313
Response rate	70%	58%	61%
Telephone	98%	95%	80%
In person	2%	5%	20%
Alone	87%	76%	64%
Assisted	7%	10%	16%
Proxy	6%	14%	20%
Spanish	4%	20%	1%

ADMINISTRATION OF THE TOOL GOING FORWARD

- All staff in Community Options Waiver Unit have been trained to administer the survey
- Representative sample for each waiver
- Care management agencies are required to have a QA unit conduct surveys on 10% of the client base
- Community Options staff will do surveys as needed to achieve representative sample for each waiver operated by the Medicaid agency
- Web based program to complete surveys
- UConn Center on Aging will conduct data analysis
- Intend to publish the results annually

WAIVER OPERATING AGENCIES

- **Next steps:**
 - Mental Health and ID/DD agencies both interested in using the survey
 - Convene a group to discuss their needs
 - Develop cross waiver quality improvement strategy

QUESTIONS???

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Pennsylvania Waiver Programs and the HCBS CAHPS Survey

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- Aging
 - Age 60+
- Attendant Care
 - Age 18-59 with a physical disability
- CommCare
 - Age 21+ with a traumatic brain injury
- Independence
 - Age 18-59 with a physical disability
- OBRA
 - Age 18-59 with a developmental disability

Div. Of Program Development and Innovation works with all bureaus to:

- Develop and provide **data** to measure quality and drive decisions
- Develop **benchmarks** and other **standards**
- **Extract data** from IT systems and construct analytic files
- Conduct **research** and **analysis**
- Develop internal and public **reports** (dashboards, report cards, ad hoc requests)
- Identify and develop improvements to **OLTL information systems**
- Convene **quarterly quality review meetings** with MCOs
- Oversee work of **EQRO**

Div. Of Quality Assurance works with all bureaus to:

- Develop and implement **quality evaluation and improvement system** for all OLTL programs that meet federal and state requirements
- Oversee **QMETS** in their provider monitoring function
- **Ensure standardized** tools, measures and reporting for **provider monitoring**
- Analyze and report on **survey data**
- Analyze and report on **trends** and patterns in **consumer grievances, complaints and fair hearings**
- Support **Prior Authorization Review Panel** for MLTSS

- Annual mailing:
 - 2,000 participants from 5 Waivers
 - 19 questions
 - Anonymous
- Sample size that allowed for a 95% confidence level with a +/-5% margin of error
- Manual tabulation (labor intensive)
- Response rate:
 - 18-20% of the participants from total amount mailed
 - Overall Satisfaction high

- What is the PRT?
 - The PRT or Participant Monitoring Tool is a web-based survey administered to all OLTL Waiver participants by Waiver Service Coordinators (SCs) six months after annual waiver visit
- Content includes consumer satisfaction
- Uses of the PRT
 - Allows the SC to start a dialogue with participants
 - Guides SC to look for possible adjustments to the Service Plan
 - Data surrounding CMS HCBS Final Rule requirements can be gathered if needed. Example: “Individual has access to food at any time” is in the Final Rule and also a question on PRT

A Medicaid managed care program that will include physical health benefits and long-term services and supports (LTSS). The program is referred to nationally as a managed long-term services and supports (MLTSS) program.

GOAL 1

Enhance opportunities for community-based living.

GOAL 2

Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.

GOAL 3

Enhance quality and accountability.

GOAL 4

Advance program innovation.

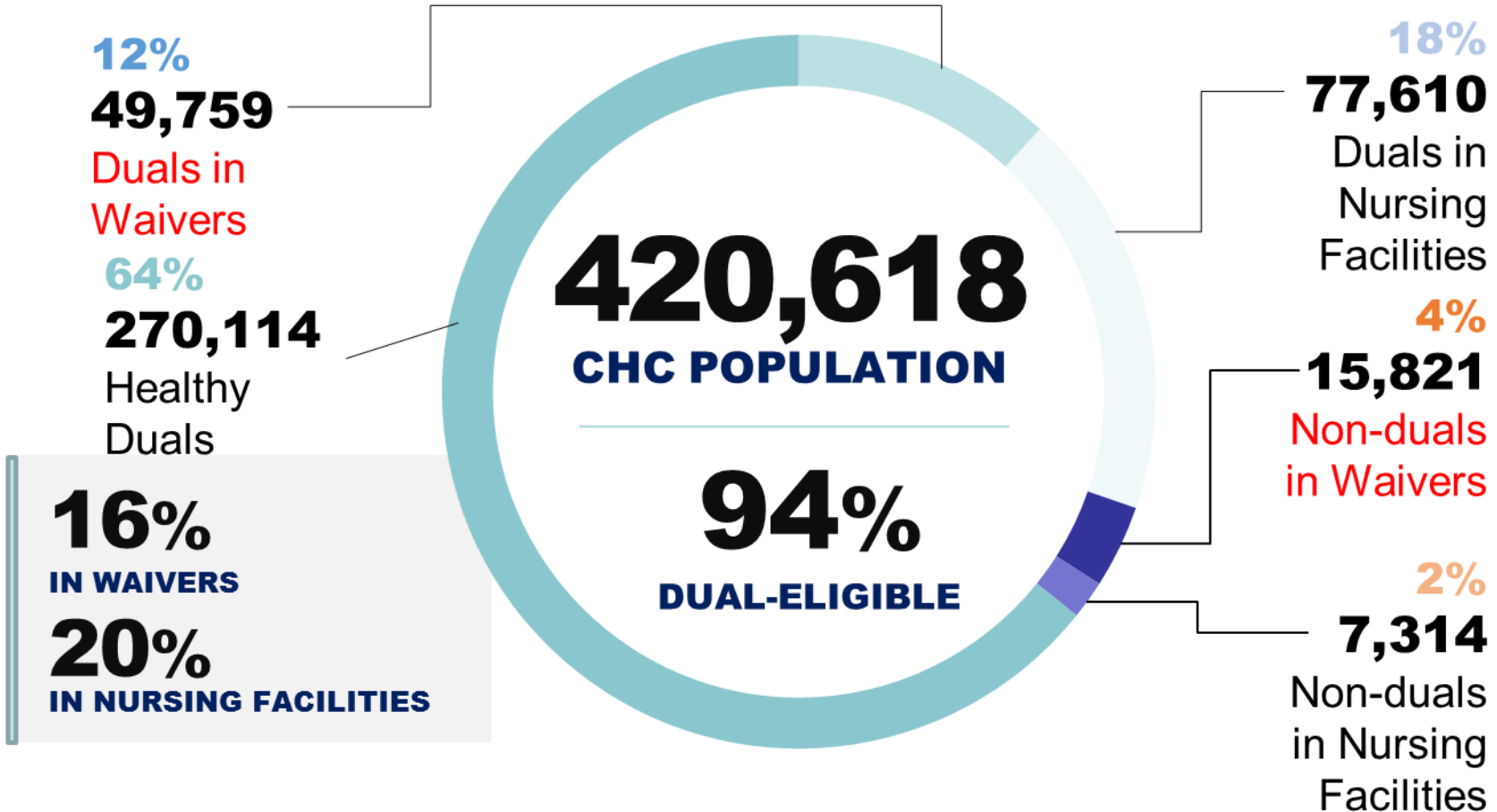
GOAL 5

Increase efficiency and effectiveness.

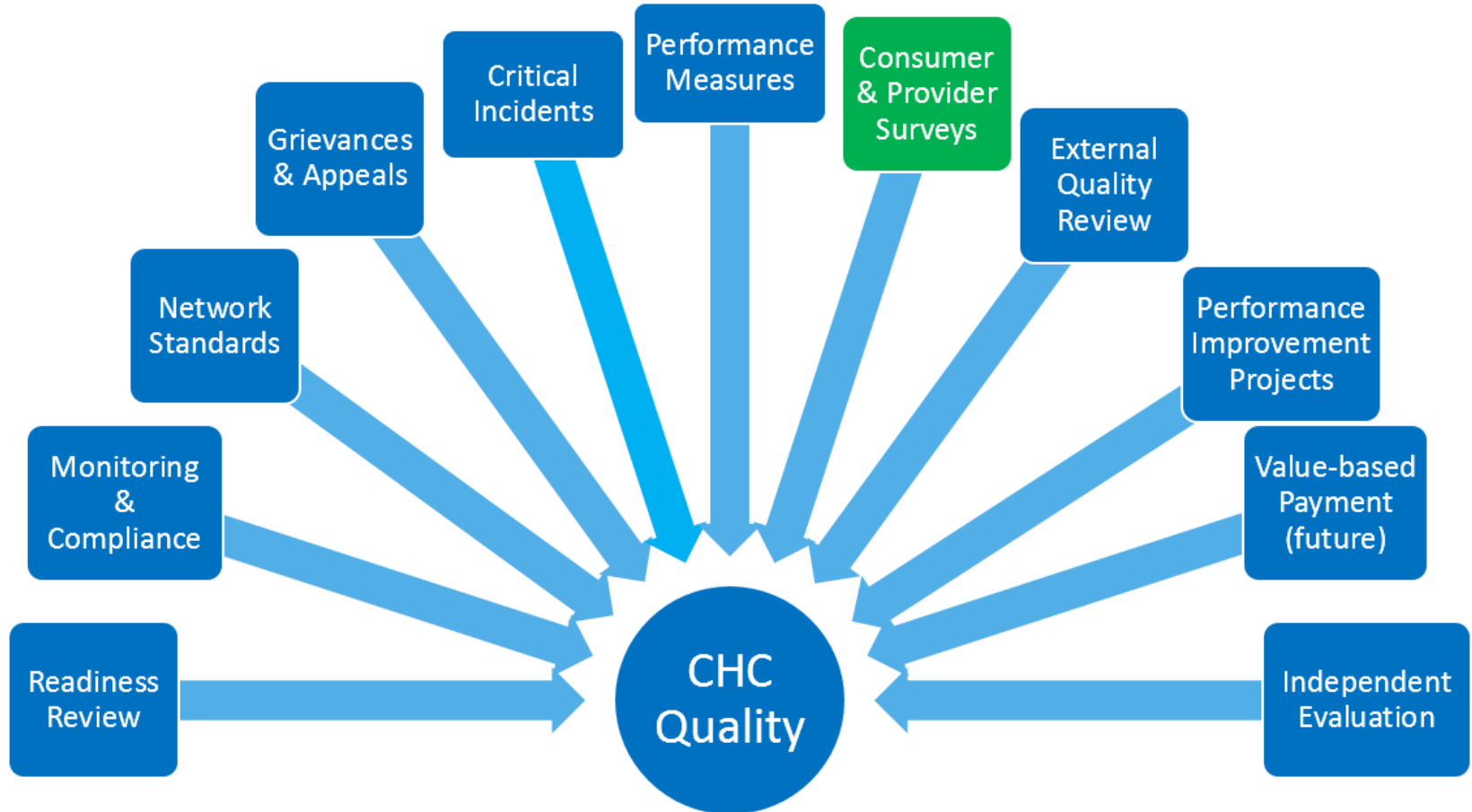
CHC Population



pennsylvania
DEPARTMENT OF HUMAN SERVICES



Quality Key Components for CHC



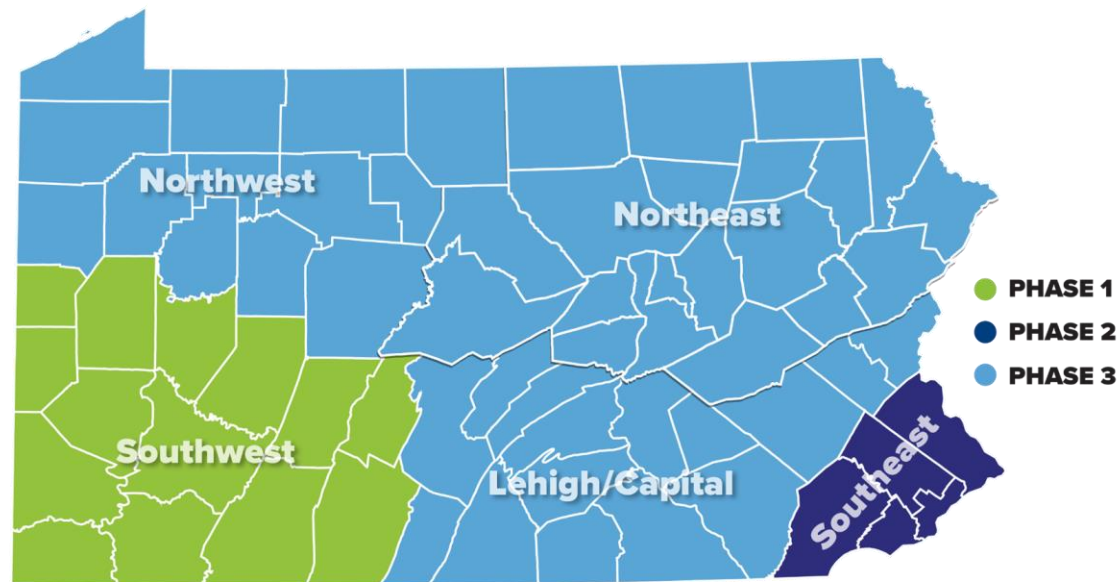
- Validated tool tested in FFS and MC programs
- Ability to use with diverse population
- Voice of participant on experience of care
 - Information relevant to CMS HCBS Final Rule requirements
 - Information for stakeholders about MCO performance
- Data for DHS Secretary initiative on employment
- Ability to add select questions (e.g., from home-grown survey, dental services)
- Complements CAHPS Health Plan Survey that MCOs are familiar with

HCBS CAHPS Survey Use



pennsylvania
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- Fee for service HCBS Waivers
 - Establish baseline for MLTSS transition
 - Include Supplemental Employment Module
 - Early 2018
 - All regions except Southwest (Phase 1 MLTSS)

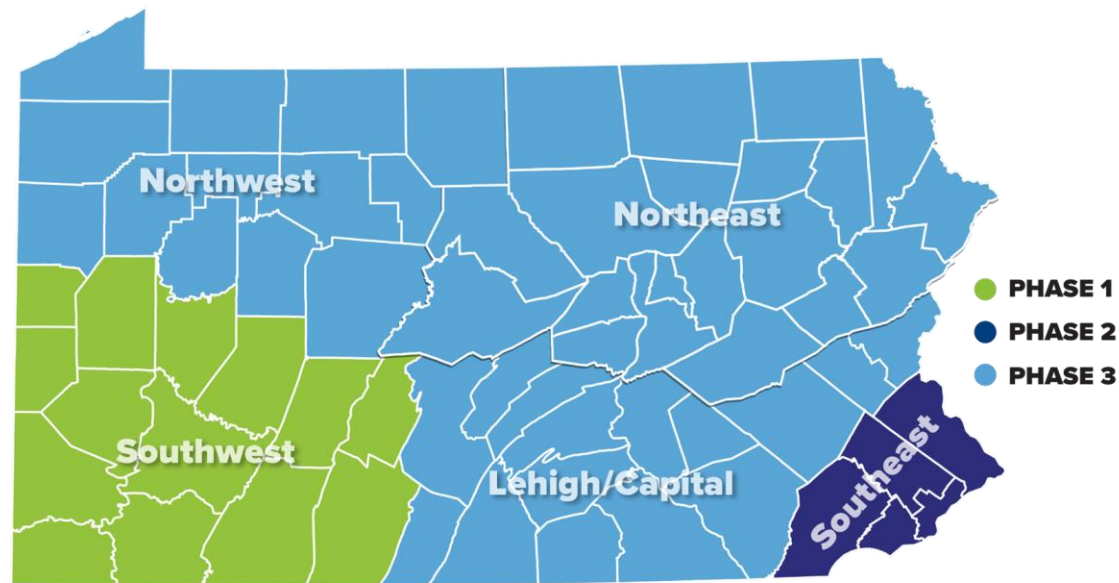


HCBS CAHPS Survey Use (cont'd)



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- MCOs in Community HealthChoices
 - Include Supplemental Employment Module
 - Late 2018: Southwest and Southeast
 - Annually starting 2019: Statewide



For More Information



Visit [Community HealthChoices](#)

Webpage: <http://www.dhs.pa.gov/citizens/communityhealthchoices/index.htm#.VjzG1K2FMkl>

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Colorado's Approach to Testing Survey Modality Performance “Trial and Error”



COLORADO
Department of Health Care
Policy & Financing

WHAT

- HCBS CAHPS survey implementation in Colorado to assess survey modality performance
- Cross-disability tool
- Multi-modality options for clients
 - Phone - OMNI
 - In-person- Vital Research
 - Online - OMNI
- Analysis and Reporting – OMNI Institute

WHO

- *Sample Frame*- divided evenly between the following waivers:
 - EBD (Elderly Blind Disabled) Waiver clients
 - SLS (Supported Living Services) waiver clients
- Goal: to complete 500 total surveys across 3 modalities
 - 100 In-person
 - 200 Online
 - 200 Telephone

TIMELINE

Survey
Administration
Begins

January
2017

May
2017

Data Analysis
Complete

June
2017

Survey
Administration
Ends



Unique Implementation Features

- Online-
 - Adaptation of survey questions to online format
 - Removal of alternative response options, refused and unclear survey response categories
 - Simplification of skip patterns and display logic
 - Paper mailers to notify (not optimal)
 - Removal of service ID questions; did not use program-specific terms and respondent-specific terms for providers
- Phone- paper pre-notification only
- In-person- use of hard copy only (non-CAPI survey software)

Modality Performance Metrics- Assessment of EFFICIENCY and DATA QUALITY

- Measures of Efficiency:
 - Survey response rates
 - Cognitive screen fail rates
 - Survey duration
 - Personnel time
- Measures of data quality:
 - Representativeness of the samples obtained
 - Distribution of demographics across modalities
 - Patterns of missing data by modality

Response Rate by Modality

Measuring Frame	In-Person	Online	Phone	Total
Sampling Frame	477	1992	1005	3474
Total Survey Responses (#)	133	117	276	526
% of Sample Responding	27.80%	5.90%	27.50%	15.10%
% of Sample with Valid Responses	21.20%	3.60%	19.30%	10.50%



Demographics Across Modalities

- **Race:**

- *In-Person sample:* Greater proportion of Spanish American respondents and smaller proportion of “Other” respondents
- *Phone sample:* Greater proportion of “Unknown” respondents
- *Online sample:* Smaller proportion of Spanish American respondents and greater proportion of “Unknown” respondents

- **Age:**

- *In-person sample:* Smaller proportion of 25-34 age range clients and greater proportion of 45-54 and 55-64 age range clients
- *Phone sample:* Smaller proportion of 35-44 age range clients
- *Online sample:* Greater proportion of 25-34 age range clients and smaller proportion of 55-64 and 65-74 age range clients



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Guardianship Status Differences

- **Waiver Type:**
 - *In-Person:* Greater proportion of EBD clients and smaller proportion of SLS clients
 - *Phone:* No significant findings
 - *Online:* Greater proportion of SLS clients and smaller proportion of EBD clients
- **Guardian Status:**
 - *In-person:* No significant findings
 - *Phone:* Greater proportion of clients without guardians and smaller proportion of clients with guardians
 - *Online:* Greater proportion of clients with guardians and smaller proportion of clients without guardians

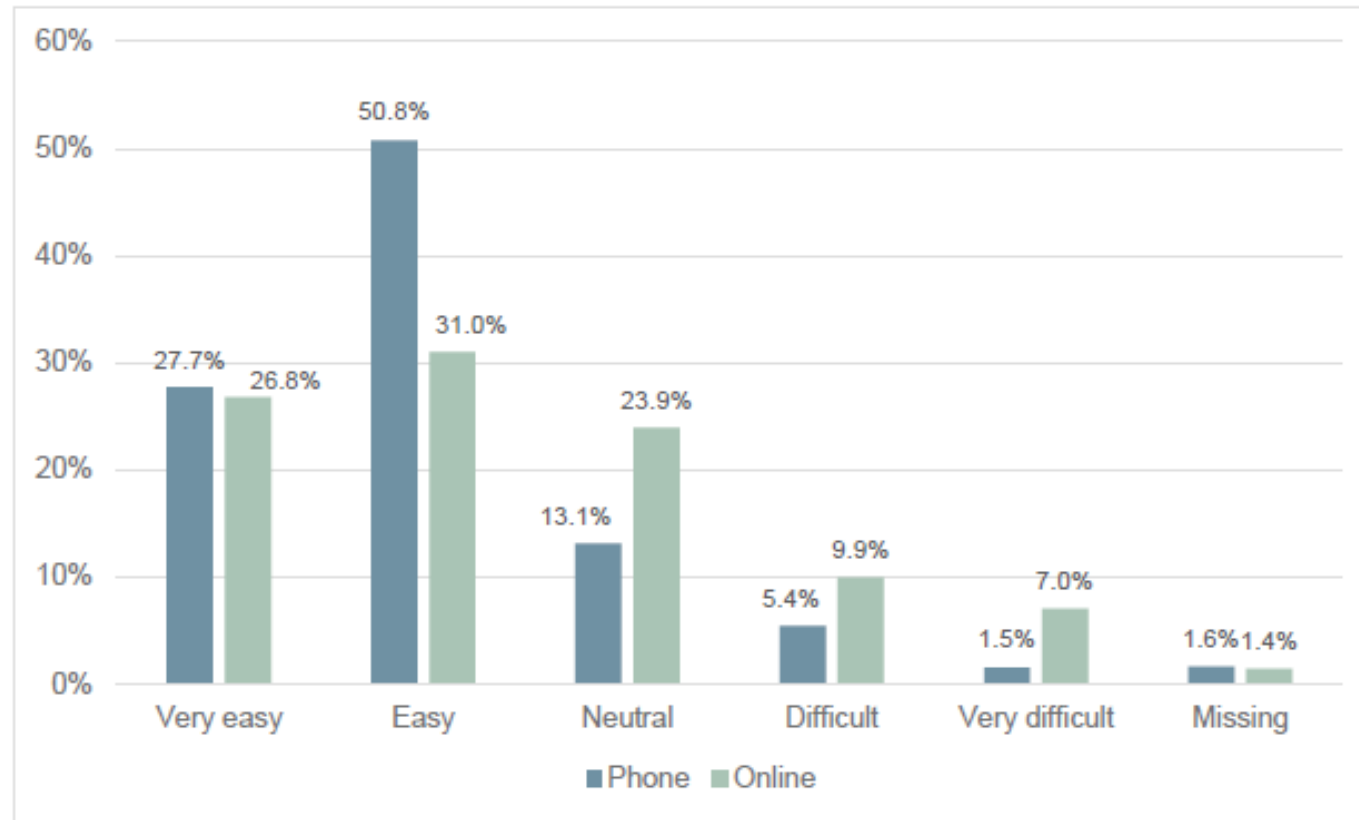
Proxy Respondent Percentages by Modality

Proxy Respondent Percentages	In-Person	Online	Phone	Total
Answered All Questions	30%	55%	76%	59%
Answered Some Questions	35%	14%	12%	17%
Restated Questions in a Different Way	26%	27%	14%	22%
Translated Questions	26%	6%	0%	7%
Assisted Communication Devices	4%	2%	0%	2%
Other	4%	20%	2%	10%
Received Help from Someone Paid to Provide Support	26%	24%	27%	25%

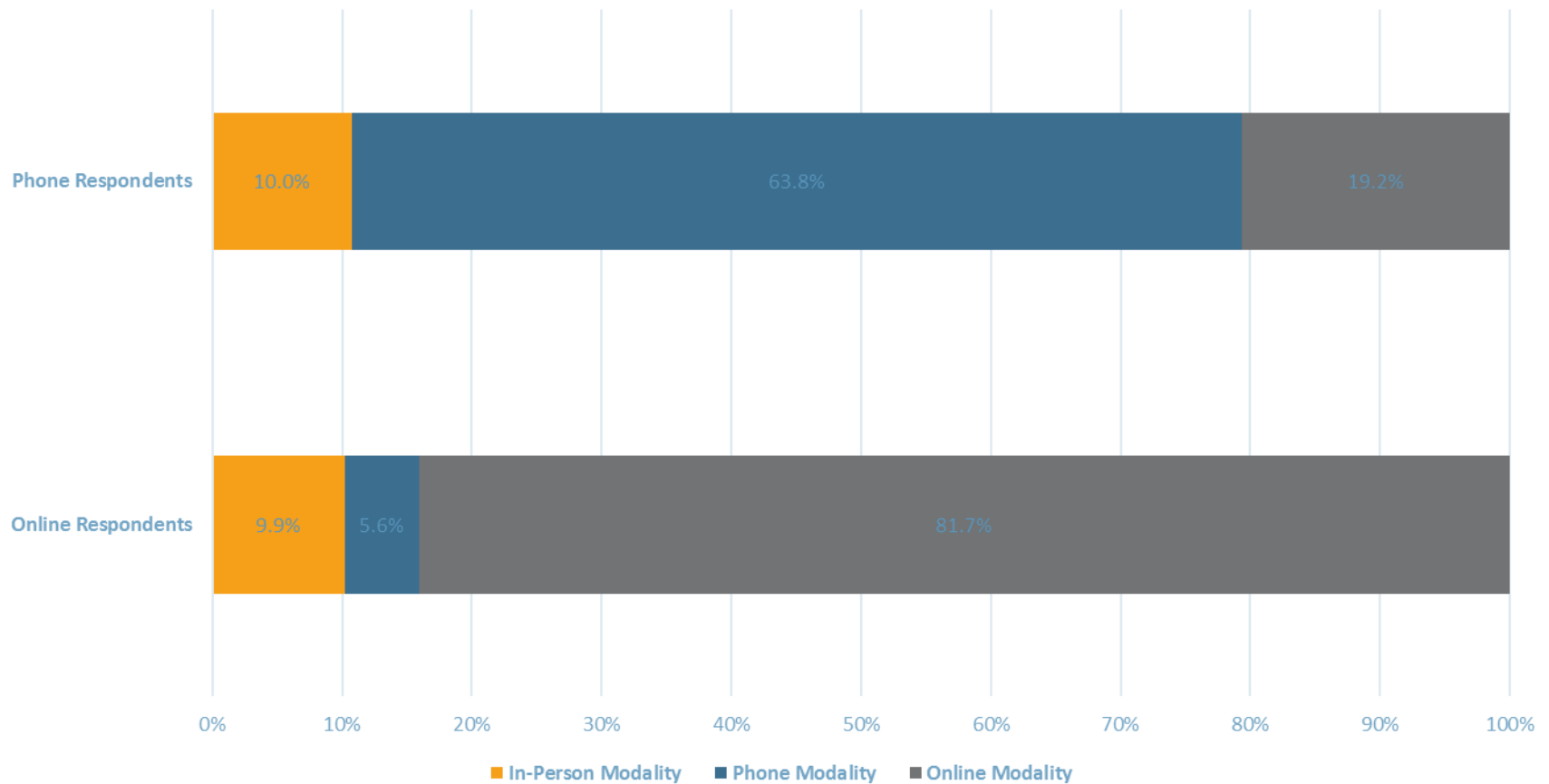


Ease of Use Comparison by Modality

Figure 5: Client Perception of Modality Ease of Use



Preferred Modality by Online and Phone Respondents



Lessons Learned

- Cognitive Screen fails and Response Rates
 - In-person and phone modalities performed better
- Lowest survey duration period
 - Online
- Fewest personnel hours (cost)
 - Online
- Representation
 - Phone and in-person (EBD waiver over-representation)
 - Online (over-representation of guardians completing survey)
 - Online performed poorer when comparing sample frame to sample obtained

Advantages & Disadvantages of Each Modality

Survey Type	In-Person	Phone	Online
Cost per Survey	Most expensive: Interviewer training, time, travel	Moderately expensive: Interviewer training, time	Least expensive: Automated distribution & collection
Response Rate	Highest	Moderate	Lowest
Ability to Probe	High: personal interaction	Moderate: interviewer can clarify responses	None: no interviewer to probe/clarify responses
Interviewer Bias	Increased likelihood of bias	Some bias	None: completed without interviewer
Geographic Reach	Local/Regional Restriction	Wide geographic coverage	Wide geographic coverage
Data Collection Timeline	Slowest: scheduling and conducting interviews	Moderate: calling and interviewing	Fastest: immediate delivery and respondents complete in own time
Other Considerations	Manual data entry Capture demeanor, emotions, & behaviors	Decreased use of landline phones Short notice for respondents	Less friendly to low-literacy audiences Not accessible for those without internet



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Bottom Line

These findings as a whole suggest that there are **absolute strengths and weaknesses** to each modality and that utilizing a multi-modality approach is an effective way of capitalizing on the strengths identified and overcoming the barriers for each modality.



Conclusion

Thank you!

Danielle Culp

Quality Health Improvement Specialist
Health Care Policy and Financing
State of Colorado



Questions?

HCBS CAHPS Survey Resources

- [CMS webpage on HCBS CAHPS Survey](#)
 - Full URL: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html>
 - Survey instruments in English and Spanish
 - Technical assistance documents
- HCBSCAHPS@us.ibm.com mailbox for questions
- NQF #2967 in the [NQF Quality Positioning System](#)