

Implementing a Core Set of Indicators to Examine States Efforts in Achieving Person-Driven, Balanced, Long-Term Services and Supports (LTSS) Systems

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Research Objectives

Federal mandates and initiatives (e.g., Americans with Disabilities Act, Olmstead Decision, Affordable Care Act, and CMS Real Choice Systems Change, New Freedom, Money Follows the Person and Balancing Incentive Initiatives) have given States the incentive to pursue “balancing” initiatives to transform their long-term services and supports (LTSS) systems from a reliance on institutional care toward supporting individual choice and the provision of person-driven home and community-based LTSS.

A balanced, person-driven LTSS system is inclusive, effective and accountable, sustainable and efficient, coordinated and transparent, and culturally competent (CMS, 2014). However, achieving such a LTSS system historically has been challenging for States (Kassner et al, 2008). Moreover, to date, there exists a gap in the availability of common indicators that can be used to examine States’ efforts in achieving this goal.

CMS commissioned the implementation of the National Balancing Indicators Project (NBIP) from 2010 – 2014 to further refine and expand the six principles and 18 indicators developed under the National Balancing Indicators Contract (2007-2010).

Study Design & Methodologies

- Reviewed relevant literature and data on existing LTSS indicators being developed under separate initiatives.
- Implemented a collaboration and communication strategy that included consultation with, and feedback from SPT Grantee States that participated in the field testing, LTSS experts (e.g., TEP and Stakeholder Group members); and Federal Partner agencies and other not-for-profit organizations (e.g., AARP) that were developing LTSS indicators under separate initiatives.
- Prepared a crosswalk of the NBIs to LTSS indicators being developed under separate initiatives and summarized the findings in a report.
- Conducted field testing of the principles, NBIs and state self-assessment survey instrument, reviewed the results along with feedback from the TEP and Stakeholder Group members and incorporated feedback, as appropriate.
- Conducted three conference call meetings with the TEP and conducted additional follow-up calls with select TEP members in the fall of 2013 to obtain feedback on the principles, indicators and survey instrument.
- Prepared the NBIP Measures Additions and Refinements Report.
- Evaluated current indicators for inclusion in the final set of NBIs using three criteria based on indicator review criteria developed by National Quality Forum: 1) Importance, Relevancy and Potential to Encourage Systems Change, 2) Scientific Acceptability (Reliability and Validity), and 3) Usability and Feasibility.
- Prepared this NBIP Implementation Options Report.

Study Participants

A state self-assessment survey tool was field tested in 2012 with seven SPT Grantee States (AR, FL, ME, MA, MI, MN & KY).

Principles

Indicators

Sustainability

- S1. Global Budget (Developmental)
- S2. LTSS Expenditures
 - S2a. Proportion of Medicaid HCBS Spending of the Total Medicaid LTC Spending
 - S2b. LTSS Spending Changes: Per Capita, Sources and Medicaid Eligibility
 - S2c. Medicaid Funding Sources
 - S2d. LTSS Funding From Non Medicaid Sources
- S3. Direct Service Workforce (New)
 - S3a. Direct Service Workforce (DSW) Registry
 - S3b. Direct Service Workforce: Volume, Compensation and Stability
 - S3c. Direct Service Workforce Competency
 - S3d. Direct Service Workforce Training
- S4. Support for Informal Caregivers
- S5. Shared Long-Term Supports and Services Mission/Vision Statement (Developmental)

Self-Determination/ Person-Centeredness

- SD1. Regulatory Requirements Inhibiting Consumer Control
 - SD1a. Residential Setting
 - SD1b. Attendant Selection
 - SD1c. Nurse Delegation
- SD2. Availability of and Use of Self-direct Services
- SD3. Risk Assessment and Mitigation (New)

Shared Accountability

- SA1. Fiscal Responsibility (Developmental)
- SA2. Personal Responsibility (Developmental)
- SA3. Individuals and Families are Actively Involved in LTSS Policy Development (New)
- SA4. Government, Provider and User Accountability (New)

Community Integration and Inclusion

- CI1. Waiver Waitlist (Developmental)
- CI2. Housing
 - CI2a. Coordination of Housing and LTSS
 - CI2b. Availability and Access to Affordable and Accessible Housing Units
 - CI2c. Housing Settings
- CI3. Employment
 - CI3a. Employment Rates of Working-Age Adults with Disabilities
 - CI3b. Supported Employment Options
- CI4. Transportation (Developmental)
 - CI4a. Availability and Coordination of Transportation
 - CI4b. Users Reporting on Adequate Transportation and Unmet Needs

Coordination and Transparency

- CT1. Streamlined Access
 - CT1a. Implementation
 - CT1b. Fully Functioning Criteria and Readiness Assessment
 - CT3. LTSS Partnerships
- CT2. Service Coordination
 - CT2a. LTSS System Coordination
 - CT2b. Users Reporting that Care Coordinators of Case Managers Help Them Get What They Need
- CT3. LTSS Care Transition

Prevention

- P1. Health Promotion and Prevention
- P2. Disaster/Emergency Preparedness (New)

Cultural and Linguistic Competency

- CLC1. Needs Assessment and Target Population (New)
- CLC2. Efforts to Design Services and Supports for Culturally and Linguistically Diverse Groups (New)
- CLC3. Cultural and Linguistic Competency Training Requirements (New)

Challenges and Lessons Learned

- Determining the scope of an indicator
- Disagreement regarding whether a certain LTSS system infrastructure that is considered to be “optimal” is the best solution for all programs in all States
- Difficulties in achieving and maintaining the cross-agency collaboration necessary to gather data and build shared systems
- Differences in key definitions and terminology
- Limitations in both process and outcome measures
- Development of a core set of measures that tell a compelling story, while including key pieces of information that are essential to understanding a system (forest versus trees)
- Concern for how NBIs will be used
- Methods of collecting complete data in a sustainable way.

Conclusions

The proposed NBIs have the potential to serve as a tool to examine Federal and State efforts in developing and implementing person-driven, balanced LTSS systems, however, they need further development in light of the challenges identified. Successful implementation of the NBIs also is dependent on a number of other issues:

- Since implementing the NBIs is not an insignificant task in terms of time, effort, and cost, States must be able to see the value in implementing them and reporting the required data and information.
- It is critical for States to have an LTSS system data reporting infrastructure and informational technology capabilities that allows them to collect complete and accurate data and information across populations and in a sustainable way.
- Third, States must have the resources (staff and funding) necessary to implement the NBIs. This was a particular challenge for States during the recent 2008 economic crisis.

Implications for Policy, Delivery or Practice

The NBIs provide CMS with a tool to examine the effectiveness of federal policies related to LTSS systems change. They also provide CMS and states with a tool to assess states’ efforts in developing and maintaining person-centered and balanced LTSS systems in a changing environment.

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