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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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.
- Conducted field testing of the principles, indicators and survey instrument, reviewed the results along with feedback from the TEP and Stakeholder Group members, and 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.

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 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

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<th>Principles</th>
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<td>S1. Global Budget (Developmental)</td>
<td>S1.1 Budget Spending (Developmental)</td>
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<td>S2. LTSS Expenditures</td>
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<td>S5. Shared Long Term Supports and Services Mission/Vision Statement (Developmental)</td>
<td>S5.1 Shared Long Term Supports and Services Mission/Vision Statement (Developmental)</td>
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Valuing LTSS

- S1. Global Budget (Developmental)
- S2. LTSS Expenditures
- S3. Direct Service Workforce (New)
- S4. Support for Informal Caregivers
- S5. Shared Long Term Supports and Services Mission/Vision Statement (Developmental)

Sustainability

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

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)

Evaluation

- CT1. Streamlined Access
- CT2. LTSS System Coordination
- CT3. LTSS Partnerships
- CT4. Availability and Coordination of Transportation

Coordination and Transparency

- CT1. Streamlined Access
- CT1a. Implementation
- CT1b. Fully Functioning Criteria and Readiness Assessment
- CT1c. LTSS Partnerships
- CT2. Service Coordination
- CT2a. LTSS System Coordination
- CT2b. Users Reporting that Care Coordinators of Case Managers Help Them Get What They Need

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 information 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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