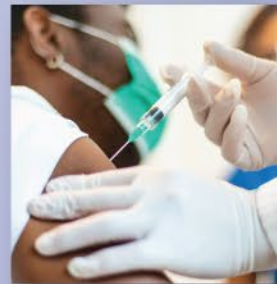



# Strengthening Community- Based Services and Coordinated Care in Medicaid





# AGENDA

- Welcome and Federal Updates
- Strengthening HCBS and Advancing Health Equity Through Quality Assurance in Pennsylvania
- Discussion



# Federal Activities to Strengthen and Improve the Quality of HCBS

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# Strengthening HCBS and Advancing Health Equity Through Quality Assurance

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# Community HealthChoices

## WHAT IS COMMUNITY HEALTHCHOICES (CHC)?

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 program (MLTSS).

## WHO IS PART OF CHC?

- Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.
- Individuals who are 21 years of age or older and eligible for Medicaid LTSS because they need the level of care provided by a nursing facility.
  - ✓ This care may be provided in the home, community, or nursing facility.
  - ✓ Individuals currently enrolled in the Living Independence For the Elderly (LIFE) managed care program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).



# OBRA Waiver

## WHAT IS OMNIBUS BUDGET RECONCILIATION ACT (OBRA)?

The OBRA Waiver is a Home and Community Based Waiver program to assist individuals with a developmental physical disability to allow them to live in the community and remain as independent as possible.

## WHO IS PART OF OBRA?

- Individuals who are 18-59 years of age.
- Individuals who have a severe developmental physical disability requiring an Intermediate Care Facility/Other Related Conditions (ICF/ORC) level of care.
- The disability must result in substantial functional limitations in three or more of the following major life activities: Self-care, communication, learning, mobility, self-direction and capacity for independent living.



# CHC HCBS Quality Assurance

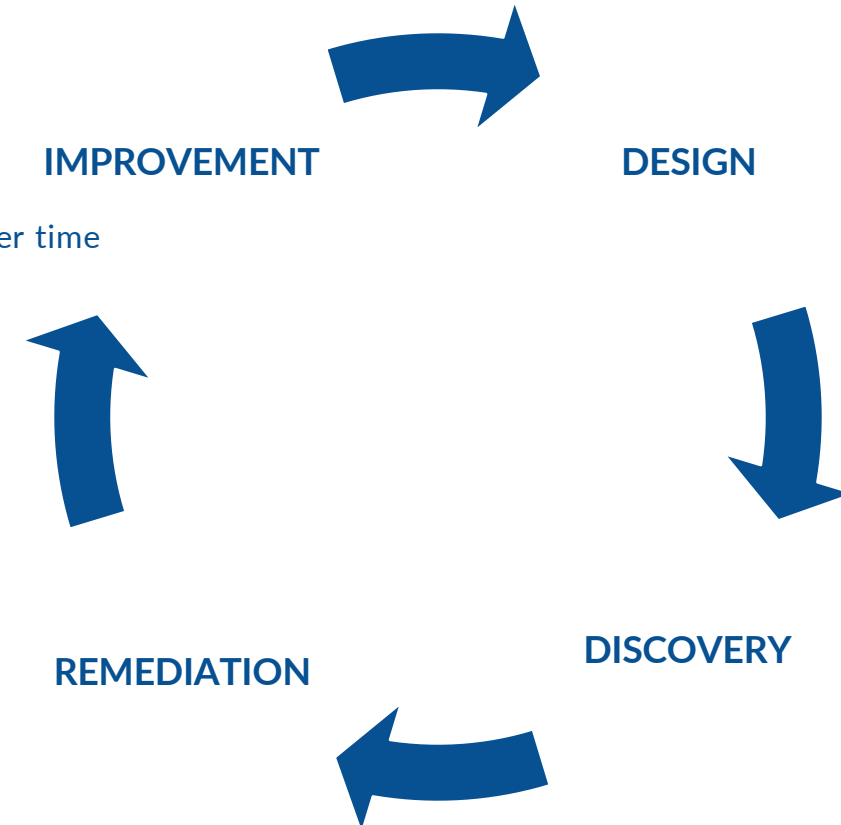
## Continuous Quality Improvement (CQI)

For HCBS programs, CQI is known as DDRI:

- **Design** of a quality improvement system
- **Discovery** through data analysis
- **Remediation** of individual quality problems
- **Improvement** of processes system-wide if discovery data are below 86% or are consistently low over time

Key HCBS Quality Assurance Reports/Surveys:

- EBR (Evidence Based Review)
- MCPAR (Managed Care Program Annual Report)
- HCBS Quality Measure Set
- HCBS CAHPS® (Consumer Assessment of Healthcare Providers and Systems) Survey
- PRT (Participant Review Tool) Survey



# HCBS Quality Assurance Example

## CHC HCBS CAHPS® SURVEY

The Consumer Assessment of Healthcare Providers and Systems Home and Community-Based (HCBS CAHPS®) Survey is the first cross-disability survey for adults receiving long-term services and supports from state Medicaid home and community-based services and supports (HCBS) programs. It is designed to facilitate comparisons across the hundreds of state Medicaid HCBS programs throughout the country that target different adults with disabilities, e.g., older adults, persons with physical disabilities, persons with intellectual or developmental disabilities, persons with acquired brain injury, and persons with mental health or substance use disorders.

- Survey Administration
- Data Analysis/Reporting
- Areas for Improvement
- Advancing Health Equity





# CHC HCBS CAHPS® SURVEY (1 of 2)

## Survey Administration

- Independent Survey Administrator
- HCBS CAHPS Core Survey, Supplemental Employment
- PA-specific questions (Person Centered Service Plan, Transportation, Housing, Dental, Supplemental Nutrition Assistance Program (SNAP), Mental Health)
- CMS Technical Assistance
- Completed Surveys (target 2,100)
- Pre/Post Survey Technical Assistance Sessions

## Data Analysis/Reporting

- Survey Administration Reports
- Banner Report Analysis
- Disposition Report Analysis
- Medicaid Enterprise Monitoring Module (MEMM)
- Composite Measures
- Pay for Performance Measure
- Case-Mix Report Analysis
- OLTL and CHC-MCOs Analysis
- Internal Presentations
- External Presentations



# CHC HCBS CAHPS® SURVEY (2 of 2)

## Areas for Improvement

- Identified Areas of Success and Need for Improvement
- CHC-MCOs' Areas for Improvement Plans
- External Presentations

## Advancing Health Equity

- Survey Stratification Plan for Participant Sampling
- Bilingual Pre-Survey Letter
- Bilingual Survey Administration
- Provision of Limited English Proficiency (LEP) Services
- Provision of Text Telephone (TTY) Services
- Case-Mix Report Analysis per Race/Ethnicity



# DHS Health Equity Initiatives

- Required Community Health Choices MCOs to achieve or be working towards the National Committee for Quality Assurance (NCQA) Distinction in Multicultural Health Care.
- Launched the Regional Accountable Health Councils (RAHCs). RAHCs—comprised of payors, providers, and community-based organizations— will address health equity as a top priority and will use a collaborative regional approach to focus on communities with a high burden of disease called Health Equity Zones (HEZs). The RAHCs will work to identify the root causes of such disparities and will establish policies and interventions to reduce these disparities.
- DHS in collaboration with the Department of Health (DOH) has also launched the PA Health Equity Analysis Tool (HEAT). The PA HEAT is intended to provide a granular geographic perspective of areas that have significant opportunities to improve equity.
- Additional information available online at: <https://www.dhs.pa.gov/HealthInnovation/Pages/default.aspx>



# Discussion

