

2017 UCEDD TA Institute

Tiered Breakout Discussion – Notes

Topic (check one): Employment HCBS Quality Medicaid Education

Facilitator: Joe Caldwell

Tier A: General Content (Thursday 10:30-11:30 am)

From Facilitator: Introduction and experience with HCBS.

What's going on with regards to the national level:

1. National Quality Forum (NQF) it's a nonprofit org that main function is to endorse quality measures, made up of multiple stakeholders (researchers, consumers, providers) to evaluate all the measures with a rigorous process and then gold stamp to endorse. In order to use measures, almost have to have NQF endorsement. Previously, never had HCBS measures from NQF. Did work on that and Dawn shared link of document.
2. NIDILRR is funding a new center to measure quality indicators (Amy Hewitt) and then those measures will be picked, field tested and work towards NQF endorsement.
3. CMS has awarded contracts to develop measures around rebalancing/process measures. To develop HCBS measurements. Going to preferred contractor list, Mathematica being a top preferred contractor.
4. National Core Indicators (NCI) is where some of these measures are being developed, but they don't have the reliability to go to NQF endorsement. There is now an aging and physical disability branch of NCI that has been launched. It is now in 15 states expanded. Possible for UCEDDs to be involved as this roles out.
5. Managed Care Ruling has language around quality and managed care and they are requiring plans to have quality indicators around quality of life, rebalancing, inclusion. Takes effect in July.
6. MCOs care about quality because their payment is tied to quality and they have a lot of internal quality drivers and UCEDDs could work with the MCOs. UCEDDs could provide a lot of input on what measures the MCOs use and agreement on shared measures. The things states are measuring, for example, in Virginia threw everything in there that resembles contract compliance (e.g., did the care coordinator meet with the client within 45 days?). The indicators are missing the bigger picture around consumer outcomes.

Discussion points around each state and/or UCEDD experience with HCBS Quality:

- In Iowa the three indicators are did they get a job, how many hours are they working and what are their wages.
- Several UCEDDs voiced their concern on how bad fiscal environments that is having a negative impact on providers and planning as well as the difficulty to get data from the state.
- States are in different environments and cultures and are not starting at the same place. States that did not initiate changes are being forced to do some things that providers are forced to do, families are skeptical; service providers are not ready to do it.

- Some states are struggling with basic needs (medical care errors) versus collecting quality indicators (do you have a job?).
- There are issues on the provider capacity to provide service.

Tier B: Relationship Building (Thursday 12:45-1:45 pm)

Facilitator opened the discussion on quality and where can AUCD or UCEDDs build relationships to support HCBS quality.

Discussion around each state and/or UCEDD relationship with Medicaid and Managed Care Organizations (MCOs) and other agencies with key topics:

- New Mexico UCEDD is currently working with Medicaid to do data collection and validation.
- Many UCEDDs discussed that this is a high-stake compliance issue, so if the state doesn't control it, it leads to the state looking bad. Compliance with these standards will be difficult.
 - If states don't come into compliance, can lose all the waiver money.
- Aging is a good opportunity for the network as it is starting to get picked up by states (15 states now, but will grow). States are getting data they haven't had before and some states are using the data when they haven't now.
- There are over 20 UCEDDs that are doing the NCI survey.

Survey and data issues that were brought up during a roundtable discussion:

- Changing survey questions will lose the linkage to the older questions that have been used for years.
- Core indicators all over the place, the training to those who are administering the survey is all over the place,
- Validity issues have been found for NCI survey.
- Need more than cross-sectional data and benchmarks.
 - We have no benchmarks- for every question we ask, what is it supposed to be?
- Community staff and family members want to be in the room with the interviewers, and the interviewers need to be alone with the client to really get good information.
- States need to know that it's not appropriate to use only the survey tool to allocate resources.
- It was suggested that AUCD do an environmental assessment to see what others are doing, are there fugitive data systems (not NCI), what is out there, what opportunities are there.
- Several UCEDD directors suggested a session at the AUCD conference.

Tier C: Capacity Building (Thursday 3:30-4:30 pm)

Facilitator: Joe Caldwell

Facilitator opened the session to focus on capacity building- where do you get money from, what TA is needed to do more work in this area?

Discussion around each state and/or UCEDD on capacity-building:

- Some money coming from CMS to do the quality work, but it is going to the large contractors, such as Mathematica.
- Is there a way the AUCD Network could tap into the money at CMS? Could UCEDDs do subcontracts from Mathematica to do some of the work like validity testing.
- Mathematica has needed people on the ground at this point, as they've just been pulling state Medicaid data. That could be an opportunity to do the work like consumer surveys and interviews.
- There needs to be more investment on quality for family caregivers and the direct care workforce. Right now, there is a real lack of measures about the workforce (adequacy, turn-over rate) that need to be raised.
- Maryland has a group that specializes in Medicaid and Medicare data. The group had never done disability data before, so we made a partnership with them that could help Maryland be competitive in the research by giving them some CORE money to pay for the analyses.
 - This relationship developed several years ago, worked with someone on quality data stuff. Then the staffer went over to this research group and used that past relationship connection.
- Idea of AUCD being an umbrella to get contracts to do the surveys.
 - With a network of 67 centers, it is more than an opportunity for funds, but it's hitting that population across the country.
- The level of collaboration in the network among UCEDDs varies.
 - There is collaboration happening that is not at the level of grant funding.
 - There is the Mid-Atlantic consortium of UCEDDs and LENDS.
 - There is a need to strategically connect to people within the AUCD network.
- There is some collaboration behind the scenes.

Tier D: Measuring Progress and Impact (Thursday 3:30-4:30 pm)

Facilitator opened this discussion on about collaborating with others.

Discussion around each state and/or UCEDD measuring progress and impact:

- NH wrote the statewide transition plan. NH is small, so while it builds relationships, it does get hard when disagree with the approach they're taking at times.
- The CMS measure for quality of the waiver varies by state.
- There is funding to do the survey through the State Departments of Aging,
- Aging and Independent Living can be difficult to work with surrounding identity issues.
- There is a national group that is both aging and disability focused.

Tier E: Collaborations & Next Steps (Friday 9:45-10:30 am)

1. Assist ACL in painting the pictures of the contributions UCEDDs make in data (John will take the lead on that)
 - a. Scaling is wrong, the data is wrong, the dip in 2014, datamining on NIRS if there are other data indicators
 - i. Questions on why that reporting point was dropped
 - ii. Value-added as part of the universities
 1. We need to be able to capture the same data at all UCEDDs
 - b. AUCD getting a meeting with OMB to assist in telling
2. A working group (not about NIRS) on outcome/impact data and measures sanctioned by the network
 - a. Things that are useful to all in the network
 - i. Training satisfaction- were you satisfied with your training in NIRS is currently using
 - b. Find the fugitive data (are others collecting impact data)
 - c. Leveraging Outcomes
 - i. Proving purpose
 - ii. One day trainings (spray and pray)
 - iii. Long-term programs- trainees doing the trainers
 1. Leveraged a small grant into a bigger impact
 2. How is that captured? It's not in NIRS
 3. Leveraging funds versus return on investment
3. Explore the possibility of AUCD being an approved/preferred contractor, like Mathematica
4. Panel at the AUCD conference (Moderated by John T.)
 - a. Measuring the impact of HCBS (quality of life)
 - b. Sessions
 - i. Using the NCI (what are the possibilities, what are the problems) using data to be our voice/using the NCI to be quality indicators (university of Minnesota)
 - ii. Environmental scan of tools that are being used
 - iii. Network and state agency collaborations (best practices, pockets of excellence) include partnerships with self-advocates that are addressing the HCBS quality issue- Put out a call to the network.
 - iv. How do we move our field in quality of life. Tools with sensitivity that shows how we are improving quality of life- what don't we know- the untold story. (Chris S from MD)
 1. Have self-advocate present that last panel piece of what quality of life means
5. Quick survey to capture current collaborations and possible reconsider what things we'd like to know
 - a. Things are happening that AUCD is not aware of
 - i. What are the UCEDDs you are collaborating with? For money or not for money?
 - b. Celia can offer a graduate student to help on that
 - c. Questions
 - i. Define the collaborations formal/not formal
 - ii. Funded
 1. Yes- UCEDD money or external grant or both? (if yes what source of funding)
 - iii. What's the purpose of the collaboration (open-ended)
 - iv. Topical area

1. Capacity building, shared resources, developing staff

Follow up on the conference session via email with contact info below:

Dan Wenz dwenz@salud.unm.edu

JoAnn Yuen joyuen@hawaii.edu

Michael Knox Michael.knox@rutgers.edu

Celia Feinstein shoes100@temple.edu

Marc Tasse marc.tasse@osumc.edu

John Tscheda

Christopher Smith smithchr@kennedykrieger.org

Susan Fox sfox@wihd.org

Tony Cahill acahill@salud.unm.edu

Linda Bimbo –Linda.bimbo@unh.edu

Tier E: Collaborations & Next Steps (Friday 10:45-11:30 am)

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