

## Quality Assurance Recommendations

### **Stakeholder Questions:**

- Are quality assurance measures in place to ensure that individuals receive the level of services they need?

### **Research Questions:**

- Are home and community-based services (HCBS) populations receiving the level of services they need? Includes the intellectual and developmental disabilities (I/DD), physical disability (PD), frail elderly (FE), brain injury (BI), technology assisted (TA), serious emotional disturbance (SED), and Autism waivers.

### **Recommendations:**

The KMMC quality assurance task group recommends that meaningful measures in *Figure 1* (page 3) be considered for understanding whether HCBS populations are receiving the level of services they need. These measures include information from record reviews, which include an examination of the connection between service plans, assessment results and service utilization, in conjunction with self-reported consumer experiences of whether needs are being met. To improve the meaningfulness of measures, limitations with key consumer surveys could be addressed, information on the availability of direct care workers could be compiled and additional data sources to supplement the existing meaningful measures could be explored.

Specifically, the recommendations from the task group are:

**Quality Assurance 1:** Develop a summary report of existing meaningful measures for quality assurance (*Figure 1*, page 2) that include findings from record reviews and consumer experiences receiving services.

- a) Record reviews: connection of service plans to participant goals and assessment results, level of self-direction, whether services outlined in the service plan were provided.
- b) Consumer experience: whether service plans meet goals and covers things that are important to them, ability to change care as needed or desired, able to receive care when needed.

**Quality Assurance 2:** Develop a measure (or measures) that captures the availability of direct care workers, as consumer ability to receive needed care is contingent upon availability of workers to provide services. Two potential options for how this could be accomplished:

- a) Add a survey question to existing surveys that asks about availability of direct care workers how often they're looking for a worker, turnover
- b) Compare service utilization to the number of services an individual was approved for, and when discrepancies occur, investigate the underlying reason.

**Quality Assurance 3:** Address limitations of key consumer surveys, to improve meaningfulness and representativeness of results.

- a) KanCare could consider increasing the number of Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys conducted for each waiver to allow for sub-group analysis. Increasing the number of surveys conducted would require additional resources, and a less resource-intensive approach could include alternating years in which additional sampling is conducted for specific waiver populations and/or implementing a hybrid approach (phone and in-person interviews) as seen in other states.
- b) KanCare could improve the accessibility of consumer surveys for individuals with disabilities. For example, the task group is aware of individuals not completing the HCBS CAHPS survey due to speech issues.

**Quality Assurance 4:** Consider whether additional data sources could be used to identify meaningful measures for quality assurance, including MCO member surveys, data from AuthentiCare and reports filed with adult and child protect services.

- a) Aggregate reports using AuthentiCare data could be produced to better understand what services are being provided by direct care workers.

Figure 1. Meaningful Measures Related to Quality Assurance

Meaningful Measures	Data	Reported?
<b>Record Reviews</b>		
Service Plan (SP) Performance Measure (PM) 1: Number and percent of waiver participants whose service plans address participants' goals	MCO record review	<a href="#">HCBS Quality Review Report, July-Sept 2019</a>
SP PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment	MCO record review	<a href="#">HCBS Quality Review Report, July-Sept 2019</a>
SP PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan	MCO record review	<a href="#">HCBS Quality Review Report, July-Sept 2019</a>
SP PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan	MCO record review	<a href="#">HCBS Quality Review Report, July-Sept 2019</a>
SP PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care	MCO record review	<a href="#">HCBS Quality Review Report, July-Sept 2019</a>
<b>Consumer Experience</b>		
SP PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan	Customer interview	<a href="#">HCBS Quality Review Report, July-Sept 2019</a>
Members' service plan included all of the things that were important to them. (Q56)	HCBS CAHPS	<a href="#">Annual EQR Report</a>
Graph 18. Proportion of people whose long-term care services meet all their current needs and goals	NCI-AD	<a href="#">NCI-AD 2018-2019 Kansas Results</a>
Graph 19. Proportion of people whose case manager/care coordinator talked to them about services that might help with their unmet needs and goals (if have unmet needs and goals and know they have case manager/care coordinator)	NCI-AD	<a href="#">NCI-AD 2018-2019 Kansas Results</a>
Graph 102. Proportion of people needing at least some assistance with everyday activities who always get enough of that assistance when they need it	NCI-AD	<a href="#">NCI-AD 2018-2019 Kansas Results</a>
Graph 104. Proportion of people needing at least some assistance with selfcare who always get enough of that assistance when they need it	NCI-AD	<a href="#">NCI-AD 2018-2019 Kansas Results</a>
Members who needed help to get dressed, take a shower, or bathe <b>always</b> got dressed, took a shower or bathed when needed to. (Q17)	HCBS CAHPS	<a href="#">Annual EQR Report</a>
Members who needed help with meals were <b>always</b> able to get something to eat when hungry. (Q21)	HCBS CAHPS	<a href="#">Annual EQR Report</a>

Meaningful Measures	Data	Reported?
Members who needed help taking their medicine <i>always</i> took medicine when supposed to. (Q24)	HCBS CAHPS	<a href="#">Annual EQR Report</a>
Members who needed help with toileting got all the help with toileting when they needed it. (Q27)	HCBS CAHPS	<a href="#">Annual EQR Report</a>
Members who know they could get help to find a job for pay (among members who are currently not working for pay but want to work for pay and did not ask for help). (EM6)	HCBS CAHPS	<a href="#">Annual EQR Report</a>

Notes on data sources:

- HCBS CAHPS:** The [HCBS CAHPS](#) survey is currently only administered for adults, and in 2019 was conducted for the FE, I/DD, PD, and BI waivers. Data are collected via face-to-face interviews with consumers, and [results](#) are not currently reported by waiver or health plan. HCBS CAHPS measures are not associated with any waiver performance measures, and it was not conducted in 2020 due to the COVID-19 pandemic.
- NCI-AD:** [NCI-AD](#) stands for National Core Indicators—Aging and Disabilities and in KanCare includes respondents from the FE, PD and BI waivers. Data is collected via an in-person survey and documented on paper, with appropriate accommodations if necessary. [Survey results](#) are available online, with data broken down by waiver but not health plan. NCI-AD measures are not associated with any waiver performance measures, and it was not conducted in 2020 as the survey was paused throughout the country due to the COVID-19 pandemic.
- Customer interviews:** Data is collected by KDADS via a paper survey, with data available by waiver and health plan. It is not a performance measure for the SED waiver, so data is not available for that waiver.