





**Department  
of Health**

# **New York State's HCBS Measure Set** **Introduction to LTSS 1 and 2** **and the NCI-AD Adult Consumer Survey**

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# Big Picture: Access Rule Provisions

- The Access Rule\* was designed to enhance access to HCBS and standardize quality measures and reporting requirements.

Payment for HCBS and DCWs	Framing CMS's HCBS Program Changes
 <ol style="list-style-type: none"> <li>1. Payment Adequacy</li> <li>2. Payment Transparency</li> <li>3. Interested Parties' Advisory Group</li> </ol>	<ul style="list-style-type: none"> <li>▪ <b>Except as otherwise noted or explicitly waived, these provisions:</b> <ul style="list-style-type: none"> <li>— Apply across Medicaid FFS and managed care.</li> <li>— Apply across 1915 HCBS authorities (1915(c), (i), (j), and (k)) and 1115 demonstrations, but <i>not</i> to HCBS under the Medicaid state plan as defined at section 1905(a) of the SSA.</li> </ul> </li> <li>▪ <b>Certain provisions—including the payment provisions—focus on a subset of HCBS:</b> Home care (i.e., personal care, home health aide, and homemaker services), and—new in the final rule—habilitation.*</li> <li>▪ Many of the non-payment provisions are <b>intended to supersede the performance and reporting requirements</b> set forth in CMS's <u>2014 guidance</u> on HCBS quality assurance systems.</li> </ul>
 <h3>Oversight of HCBS Access, Quality, and Safety</h3> <ol style="list-style-type: none"> <li>4. Person-Centered Service Plan</li> <li>5. Grievance Systems</li> <li>6. Incident Management System</li> <li>7. Access Reporting</li> <li>8. HCBS Quality Measure Set</li> <li>9. HCBS Reporting Requirements and Transparency</li> </ol>	

Source: Manatt, 6/4/2024, full slide deck available at, [New Federal Rules on Medicaid Access and Managed Care Webinar Series - Manatt, Phelps & Phillips, LLP](#)

\*PDF available here: [2024-08363.pdf \(govinfo.gov\)](#)



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# Access Rule and Quality Measure Set Goals

- The set of nationally standardized quality measures for Medicaid-funded HCBS is intended to:
  - Promote more common and consistent use within and across states of nationally standardized quality measures in HCBS programs;
  - Create opportunities for states and CMS to have comparative quality data on HCBS programs;
  - Drive improvement in quality of care and outcomes for people receiving HCBS; and
  - Support states' efforts to promote equity in their HCBS programs.

# Access Rule: Meeting Quality Measure Set Requirements

- **The Quality Measure Set includes mandatory and voluntary indicators from *four surveys* and administrative measures**
- **States are required to develop measurement samples that include:**
  - Section 1915(c), (i), (j), and (k) programs
  - Section 1115 demonstrations that include HCBS
- **All populations receiving HCBS must be included in sampling frames, i.e.,:**
  - Managed Care: mainstream, MLTC, HARP, and SNP
  - Fee-for-Service (FFS)
  - OPWDD
  - Traumatic Brain Injury (TBI)
  - Nursing Home Transition and Diversion (NHTD)
  - Assisted Living Program (ALPs)
  - Children Waiver (serving children 18-21)
- **States must conduct surveys that assess all required populations**



# Money Follows the Person (MFP) Grantee States and Territories

## – Reporting Requirements

Mandatory/ Voluntary	Measure	Data Source/Data Collection Method	Delivery System
Mandatory	Experience of care survey(s) for each of the major population groups included in the <u>state's</u> or territory's HCBS programs (specific measures to be determined)	Survey	FFS/MLTSS
Mandatory	LTSS-1: LTSS Comprehensive Assessment and Update	Assessment/Case Management Record	FFS/MLTSS
Mandatory	LTSS-2: LTSS Comprehensive Care Plan and Update	Case Management Record	FFS/MLTSS
Voluntary	LTSS-3: LTSS Shared Care Plan with Primary Care Practitioner	Case Management Record	FFS/MLTSS
Voluntary	LTSS-4: LTSS Reassessment/Care Plan Update after Inpatient Discharge	Assessment/Case Management Record	FFS/MLTSS
Voluntary	MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	Case Management Record	MLTSS
Mandatory	LTSS-6: LTSS Admission to a Facility from the Community	Claims/Encounter Data	FFS/MLTSS
Mandatory	LTSS-7: LTSS Minimizing Facility Length of Stay	Claims/Encounter Data	FFS/MLTSS
Mandatory	LTSS-8: LTSS Successful Transition After Long-Term Facility Stay	Claims/Encounter Data	FFS/MLTSS
Voluntary	HCBS-10: Self-direction of services and supports among Medicaid beneficiaries receiving LTSS through managed care organizations	Case Management Record	MLTSS
Voluntary	MLTSS: Plan All-Cause Readmission (HEDIS)	Claims/Encounter Data	MLTSS

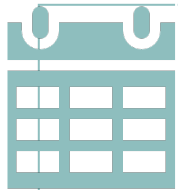
# Meeting Quality Measure Set Implementation Roll Out

- **MFP grant recipients are *required to report* Quality Measure Set items by Fall 2026 for 2025 performance**
  - However, New York has opted to report 2024 (M)LTSS measurement data in 2025
    - To ensure processes and data flows are in place for mandatory reporting
- **States will be required to survey and report on Quality Measure Set items *every two years***
- **For the initial implementation of the measure set, MFP grant recipients can *opt to stratify data for*:**
  - MFP participants
  - Demographic or other characteristics of their HCBS participants

# CARE's HCBS Quality Measurement Responsibilities

- **(M)LTSS 1 and 2\*: Measurement Year 2024**
  - NYSDOH's External Quality Review Organization (EQRO), IPRO, will lead data abstraction from assessments and plans of care.
    - NYSDOH will identify the 411 sample for the measure using Medicaid claims, encounters, and enrollment data.
      - Inclusion criteria: participants receiving LTSS aged 18 years and older.
      - Same 411 sample for both (M)LTSS 1 and 2
    - In early 2025, IPRO will contact health plans and responsible organizations such as Regional Resource Development Centers who have a member included in the sample.
      - Via secure file transfer, **assessments** and **plans of care** will be sent to IPRO.
      - IPRO will then abstract the data elements needed to calculate measure numerators.
    - From the dataset compiled by IPRO, NYSDOH will calculate final LTSS 1 and 2 rates and submit measures to CMS in 2025.
- **Conduct of an HCBS experience of care survey: the NCI-AD Adult Consumer Survey**

# National Core Indicators-Aging and Disabilities: An Overview



## Established

- 2015
- Grew out of NCI-IDD



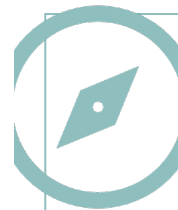
## Participating states

- 30
- 35+ throughout project



## Population addressed

- Older adults and people with physical disabilities



## Covers multiple domains

- AD domains and indicators
- **New** State of the Workforce Survey – Aging and Disabilities



# NCI-AD Adult Consumer Survey: Key Characteristics

- Standardized survey with a sample of individuals receiving services
  - No pre-screening procedures
- Survey includes:
  - Demographic and service-related characteristics typically from existing records
  - Main survey section conducted with person receiving services
  - Some questions may be answered by a proxy respondent
- Survey conducted in-person, via video conference, over the phone
- Standardized surveyor training
- Allows questions to be reworded or rephrased using familiar names and terms
- Survey portions take 50 minutes on average

# Using NCI-AD Adult Consumer Survey Data to Understand Experience

Individual characteristics of people receiving services

Where people live

Gender

Race/Ethnicity

Disability

Type of services people are receiving

The nature of their experiences with services

Interaction with staff and case managers

Self-direction

Choice and Control

The context of their life

Involvement with family and friends

Access to community involvement

Safety

Health and well-being

Utilization of health services

Ability to manage chronic conditions

Mental healthcare



# Our Ask of HCBS Partners

- Help spread awareness



- Provide information about the survey to members
- Encourage survey participation
- If a member receives a letter or phone call about the survey, confirm legitimacy

- Communicate questions or challenges



- If you or a member has a question or challenge, reach out to our survey vendor, Knowledge Services (866) 228-5859 or [surveys@knowledgeservices.com](mailto:surveys@knowledgeservices.com)

# Proposed NCI-AD Survey Timeline

- Week of December 23<sup>rd</sup>, 2024
  - Informational letters mailed to sampled participants
- Week of January 6<sup>th</sup>, 2025
  - Surveyor training
- Week of January 13<sup>th</sup>, 2025
  - Outreach + survey administration begins
- Week of March 24<sup>th</sup>, 2025
  - Outreach + survey administration completed

# Questions???

Questions regarding HCBS measurement may be directed to CARE staff at: [HCBSQM@health.ny.gov](mailto:HCBSQM@health.ny.gov)