Home and Community-Based Services (HCBS) Measures Technical Expert Panel (TEP) Meeting #3 Summary Report: October 26 and 27, 2021

Background

Technical Expert Panel (TEP) Purpose

The Centers for Medicare & Medicaid Services (CMS) contracted with The Lewin Group (Lewin) to develop and maintain a standard set of home and community-based services (HCBS) measures through project number HHSM-500-2014-00033I, task number 75FCMC19F0004, entitled HCBS Measure Development, Endorsement, Maintenance, and Alignment Contract.

As part of its measure development process, CMS asks measure developers to gather groups of stakeholders and experts who contribute direction and thoughtful input during measure development and maintenance. The HCBS Measures TEP was established and held its first meeting in April 2020. The second meeting took place over two days in June 2020. The third meeting was held over two days in October 2021.

Meeting Objectives

The objective of the TEP meeting held on October 26 and 27, 2021, was to review environmental scan and literature review (ES/LR) findings for the Medicaid Managed Long-Term Services and Supports (MLTSS) measures, Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey, Functional Assessment Standardized Items (FASI), ambulatory care sensitive conditions for Medicaid HCBS participants (HCBS ACSC), caregiver support, and direct service worker (DSW) measures.

Major Discussion Points

Welcome and Recap of Meeting #2

The recap of the June 2021 meeting included a discussion of the results of the environmental scan for the HCBS CAHPS and FASI measures and potential measures for consideration. The TEP ranked by priority importance the items considered for respecification or potential inclusion in a future release of the HCBS measures or both.

Medicaid MLTSS Maintenance (MLTSS-1–MLTSS-4, MLTSS-7–MLTSS-8)

The TEP heard about findings from an environmental scan conducted for Medicaid MLTSS Maintenance (MLTSS-1–MLTSS-4, MLTSS-7–MLTSS-8). For each of the following measures, the TEP was given a description and a relevant theme.

1. Caregiver assessment in MLTSS-1 and MLTSS-2
2. Measuring social connectedness and loneliness in MLTSS-1 and MLTSS-2
3. MLTSS-3, MLTSS-4, MLTSS-7, and MLTSS-8 respecification for fee for service (FFS)
4. Waiving in-person requirements for MLTSS-1, MLTSS-2, and MLTSS-4 assessments
5. MLTSS respecification to a hybrid FFS/managed-care measure
6. MLTSS assessment by state

Summary of TEP Discussion for Caregiver Assessment in MLTSS-1 and MLTSS-2

The TEP was asked 1) whether assessment and support for paid and unpaid caregivers should be included in the MLTSS-1 and MLTSS-2 specifications as either a core or supplemental element and 2) which standardized assessment tool or tools should be included. TEP members supported the inclusion of a caregiver assessment in the MLTSS measure set but did not dictate a particular tool or state whether it should be included as a core or supplemental element. They suggested targeting a specific population of caregivers.

Summary of TEP Discussion for Measuring Social Connectedness and Loneliness in MLTSS-1 and MLTSS-2

The TEP was asked whether life-space mobility (LSM), a concept for assessing patterns of functional mobility over time, should be included in MLTSS-1 and MLTSS-2 specifications and, if so, whether it should be 1) an additional core or a supplemental element or 2) an example under the existing elements.

TEP members believe the LSM concept is important but did not conclude how the concept should be incorporated into the measure set. They either supported adding LSM as either a core or a supplemental element or incorporating it into the assessment of the mental health status core element. In addition, some TEP members suggested development of a standalone LSM measure.

The TEP acknowledged that LSM may be inapplicable to some populations, such as people with disabilities and younger adults (for whom community participation may be more applicable).

Summary of TEP Discussion for MLTSS-3, MLTSS-4, MLTSS-7, and MLTSS-8 Respecification for FFS

The TEP was asked for its perspective on developing Medicaid FFS LTSS measures equivalent to the MLTSS measures and its thoughts on states' use of these measures. TEP members supported the development of equivalent measures with comparable measurement data. However, they noted that the assessment ownership, the way a shared plan is created in states with an FFS program, and the way the data would be used in FFS versus managed care must be assessed.

Summary of TEP Discussion for Waiving In-Person Requirements for MLTSS-1, MLTSS-2, and MLTSS-4

The TEP was asked whether it supports waiving the in-person requirements for MLTSS assessment and care planning, including post-discharge, and what, if any, unintended consequences should be considered when making this change. TEP members expressed that MLTSS assessments should not be made fully virtual and indicated that initial face-to-face assessment is important to accurately capture a participant's environment and to build relationships, although virtual follow-ups after the initial assessment may be an option. The TEP also noted the burdensome nature of using virtual technology with older adult populations and with persons who lack access to virtual technology. Some TEP members believed individuals should be able to choose how they prefer having their assessment as part of person-centered planning. The TEP also discussed issues related to the COVID-19 pandemic, such as staff vaccination status, and noted that provisions should be made to address vaccination concerns when providing services or assessing a vulnerable individual.

Summary of TEP Discussion for MLTSS Respecification to a Hybrid FFS/Managed Care Measure

CMS would like to develop measures for use with Medicaid FFS programs to expand measurement of assessment and care planning and institutional use to more states and individuals receiving HCBS, which may be separate from the managed care measures or combined into a hybrid FFS/managed care measure. The TEP was asked which respecification option or options states would prefer. Many TEP members conveyed that states would prefer an option to add state-specific measures and a combined measure, which would aid in ease of evaluation and allow comparability between managed care and FFS.

Summary of TEP Discussion for MLTSS Assessment by State

The TEP was asked 1) how states furnish Medicaid LTSS in FFS states (e.g., by state Medicaid offices or contracted to third parties), 2) how states attribute or assign FFS participants to their care management entities, 3) where Medicaid FFS participants live in TEP members' states, 4) whether LTSS is managed by the state or is retained at the contracted entity level, and 5) how the state quality checks the data for consistency and accuracy. TEP members noted that MLTSS assessment varies widely from state to state, especially in assignment, data storage, and standardization, but they provided information on state- and population-specific strategies and assessments.

FASI Measure: ES/LR and Testing

The TEP reviewed a presentation on the FASI measures to further person-centered HCBS. The FASI measures focus on six sections (i.e., self-care, mobility, instrumental activities of daily living, assisted devices for everyday activities, living arrangements, availability of unpaid and paid assistance) and include two personal priorities that individuals wish to accomplish or to improve in the next six months. However, FASI represents only one component of a standardized comprehensive assessment because it does not collect information on medical procedures, health conditions, memory, cognition, vision, and hearing.

The TEP reviewed and discussed five emerging themes identified from the FASI measure peer-reviewed and gray literature searches.

1. Identification of assessment tools
2. Physical functioning
3. Fear of falling
4. Social determinants of health (SDoH) and clinical characteristics
5. LSM and artificial intelligence (AI)/telehealth

TEP members suggested the FASI measure be aligned with the National Committee for Quality Assurance MLTSS measures. TEP members also wanted more information on the extent to which FASI is currently used in practice. They asked whether the measures could be developed as free-standing assessments and whether a plan exists to expand the use of FASI into other MLTSS programs. Some states have adopted FASI, and there is an early adoption workgroup of states and managed care plans.

Summary of TEP Discussion for Identification of Assessment Tools

The TEP was asked about the implications of incorporating supplementary functional assessment approaches in FASI measure specifications. TEP members felt they should be tailored to individuals' needs given the burden of additional assessment on participants. They agreed with standardizing and increasing the number of tools used to assess functional mobility but did not support requirements for all populations. They felt that being clear whether assessments are linked either to eligibility or care planning is important.

Summary of TEP Discussion for Physical Functioning

FASI currently measures physical capabilities but does not include other items identified in the literature, such as grip stance, standing and postural control and balance, strength, and balance confidence. TEP members were asked whether additional physical functioning assessments should be incorporated into the FASI measure, on which they did not conclude; they did agree, however, that the measure should have a person-centered focus.

Summary of TEP Discussion for Fear of Falling

In the ES/LR, literature was identified that indicates falling and fear of falling are associated with perceived functional ability and correlates with diminished functional ability. Asked about the implications of including fear of falling in FASI, the TEP supported inclusion by, for instance, using person-reported outcomes because this data could be used to prevent injuries.

Summary of TEP Discussion for SDoH and Clinical Characteristics

The results of the ES/LR described how SDoH factors can impact functional outcomes. FASI includes living arrangements in Section D and routine optional demographic data but does not explicitly capture other SDoH. The TEP was asked whether it recommends that the FASI item data collection be paired with SDoH factors and whether SDoH data should be collected simultaneously or leveraged another way, such as by using risk adjustment. TEP members supported the addition of SDoH factors into the FASI measures, suggesting variables such as

financial security and food security as well as potential tools such as one by the Gravity Project and the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool.

Summary of TEP Discussion for LSM and AI/Telehealth

The TEP was asked 1) whether inclusion of LSM and AI/telehealth in FASI should be considered during future instrument maintenance and respecification, particularly amidst the COVID-19 pandemic because technological use may be increasing; 2) whether areas exist in which AI/telehealth could be incorporated and used in the FASI measures and, if so, how; and 3) whether FASI should include greater measurement of LSM within the self-care domain. TEP members felt AI is not ready for use, and expressed concerns about the widespread availability and usability of technology, noting broadband issues, paying for Internet connectivity, and potential burden on the individual and caregiver as barriers to using technology with this population.

HCBS CAHPS: ES/LR and Testing

The HCBS CAHPS measures are generated from a cross-disability survey that solicits feedback from adult Medicaid participants receiving HCBS about quality of services in the community delivered by a state Medicaid HCBS program. The measures consist of seven scale measures, six global rating and recommendation measures, and six individual measures that assess satisfaction with staff, receipt of preferred services, physical and personal safety, and unmet needs. Standardized measurement of quality ensures comparison across state Medicaid programs.

The TEP reviewed and discussed two emerging themes identified from the HCBS CAHPS measure peer-reviewed and gray literature searches.

1. Addressing Care Coordination in the HCBS CAHPS Survey
2. Capturing SDoH in the HCBS CAHPS Survey

Summary of TEP Discussion for Addressing Care Coordination in the HCBS CAHPS Survey

The TEP discussed the concept of person-centered planning and care coordination and its impact. TEP members were asked 1) whether the HCBS CAHPS measures should include questions about a person's preference for a service provided and how well the service was fulfilled and 2) whether care coordination should be an increased focus (addressed directly) within the HCBS CAHPS Survey. TEP members agreed with increasing focus on person-centered planning and care coordination in the HCBS CAHPS Survey and provided examples of existing measures that could be included, such as in the National Core Indicators – Aging and Disabilities (NCI-AD™).

Summary of TEP Discussion for Capturing SDoH in the HCBS CAHPS Survey

After reviewing the associations among SDoH and health, wellbeing, and quality of life (QoL), the TEP was asked whether the HCBS CAHPS Survey should capture in the demographics section

other aspects of SDoH in addition to age, sex, education, and race. TEP members suggested including questions related to food, housing, transportation, finances, social isolation, elder abuse, veterans, gender identify, sexual orientation, disability, education, sex, and race. The TEP also provided potential sources for SDoH measures or concepts, including the Gravity Project and the PRAPARE tool.

HCBS ACSC: ES/LR and Testing

The TEP discussed ACSC de novo development work. The Duals-1 measure concept, stewarded by CMS and endorsed by the National Quality Forum, was reworked to the ACSC measure concept. The measure will expand the population to include all Medicaid participants receiving HCBS, not just those dually eligible. The measure specification will also incorporate new themes.

The TEP reviewed and discussed three emerging themes for potential inclusion in the HCBS ACSC measure from peer-reviewed and gray literature searches.

1. Preventable Emergency Department (ED) Visits
2. Stratification for Readmissions
3. Definition of Behavioral Health (BH)

The TEP had several questions related to the ACSC measure's population, including the type and age of target beneficiaries and the level of reporting for the measure. TEP members agreed that high readmissions, high ED use, or both could serve as a good proxy for potential opportunities for improvement in QoL in the HCBS setting.

Summary of TEP Discussion for Inclusion of Preventable ED Visits in the ACSC Measure

The TEP was asked whether the HCBS ACSC quality measure should be adjusted to include preventable ED visits among HCBS participants in addition to the current specifications for preventable hospitalizations. TEP members agreed with inclusion but made a few suggestions, such as including more specific conditions and defining "preventable." They provided potential resources and suggested considering episodes of care, as well. TEP members also conveyed concern about data availability, actionability of the measure, and the role of SDoH. They suggested measuring compliance (using Current Procedural Terminology [CPT] I or CPT II codes or both) and potentially including Urgent Care Centers for the HCBS ACSC ED measure.

Summary of TEP Discussion for Stratification for Readmissions in the ACSC Measure

The TEP was asked whether the ACSC measure should be stratified to prevent potentially avoidable hospital readmissions among HCBS participants. TEP members supported stratification and noted that inclusion or exclusion of people using hospice must be considered.

Summary of TEP Discussion for Definition of BH in the ACSC Measure

The TEP was asked 1) whether BH and substance use disorders should be included in the measure definition and 2) which BH conditions should be considered for inclusion in the HCBS ACSC measure specifications and as a risk adjustment factor. The TEP supported inclusion, but only for conditions that were considered "severe persistence." TEP members also expressed

concerns related to feasibility, specifically in reference to admissions to acute care medical hospitals and psychiatric hospitals, and for states that carve out BH.

Caregiver Support: ES/LR and Testing

The TEP reviewed the Caregiver Support measure concept and a proposed hybrid measure with themes of caregiver access to resources and burnout. Six emerging themes were identified from the Caregiver Support measure peer-reviewed and gray literature searches.

1. Categorizing Caregiver Burnout
2. Caregiver and Recipient Types
3. Caregiver Characteristics
4. Types of Supports
5. Assessment of Caregiver Needs and Outcomes
6. Intensity of Support Needed

The TEP felt an assessment of caregiver needs could help determine which supports and interventions will be effective to keep caregivers in their role and could provide insight concerning the scope of the care provided, the caregivers' needs, and the level of support currently available. TEP members also discussed the importance of defining the primary caregiver.

Summary of TEP Discussion for Categorizing Caregiver Burnout for the Caregiver Measure

The TEP was asked whether "caregiver capacity" is an acceptable term for this measure in lieu of "caregiver burnout" and, if not, which terms could be used instead. TEP members disagreed on a terminology to describe the caregiver burnout measure, suggesting fatigue, capacity, strain, stress, wellbeing, load, and overload. In an informal vote, TEP members agreed on the term "strain"; however, the TEP agreed that terminology and connotation of terminology in the population must continue being discussed and assessed.

Summary of TEP Discussion for Caregiver and Recipient Types for the Caregiver Measure

The TEP was asked 1) how caregivers should be identified for inclusion in the initial population or populations for the measure given the literatures' varied focus on caregiver populations and 2) what type or types of informal caregivers should be included in the measure. TEP members discussed terminology, the differences in types of caregivers (e.g., paid or unpaid, agency or independent, formal or informal), other factors that could be defined or stratified within the caregiver measure (e.g., source of payment, relationship to participant), and potential sources of standardized definitions. However, they did not come to a decision on which caregivers should be included. The TEP also discussed differences in paid and unpaid workers, rules and regulations about caregiver payments, burnout related to caregiving, and the number of caregivers an individual may have, and agreed that feasibility and data collection burden must be considered within the caregiver measure.

Summary of TEP Discussion for Caregiver Characteristics for the Caregiver Measure

The TEP discussed the results of the ES/LR for this theme. When asked about the demographics and characteristics of family members and informal caregivers (e.g., race, gender, status) and whether they require unique consideration for the measure, TEP members said they believe caregiver characteristics, such as location, gender, disability, and primary language should be included in the measure and could help identify trends when stratified.

Summary of TEP Discussion for Types of Supports for the Caregiver Measure

Having reviewed the results of the ES/LR for this theme, the TEP was asked 1) how supports should be integrated into the measure and 2) what the best way to measure effectiveness of caregiver supports in reducing caregiver strain would be. "Effectiveness" refers to the adequacy of supports (i.e., not just that supports are in place, but that they are meeting caregiver needs). Although TEP members felt that understanding the varying intensity of needs and supports is important, they had concerns related to the measure's variability, the subjective nature of caregiver need, and the usability of the data. TEP members who supported inclusion suggested training (e.g., for the caregiver's own wellness, to be a better support for the member) and workplace or income replacement support or both.

Summary of TEP Discussion for Assessment of Caregiver Needs and Outcomes for the Caregiver Measure

The TEP reviewed findings from the ES/LR related to this theme. When asked how the caregiver support measure should assess certain caregiver needs and outcomes, TEP members supported assessing caregiver needs and outcomes using a standardized tool to engage caregivers and to promote standardization. They suggested starting with measuring the intensity of needs and the extent to which needs are being addressed. The TEP proposed using tools over time, such as the Caregiver Strain Index or a tool codeveloped with the National Alliance for Caregiving. The TEP also proposed using a tool that is agnostic to diagnose disability, using a general caregiver QoL measure that can be stratified across the variables of caregiver characteristics and HCBS participant type, or building on the HCBS CAHPS measure by adding a caregiver supplement administered the same way.

Summary of TEP Discussion for Intensity of Supports Needed for the Caregiver Measure

Having discussed findings from the ES/LR related to this theme, the TEP was asked whether the intensity of support needed by an HCBS participant should be addressed in the technical specifications for this measure and, if so, how. TEP members agreed that measuring intensity is important but indicated differences defining intensity or addressing other factors that may be associated. The TEP suggested defining intensity based on the needs of the participant and the caregiver but noted that intensity may be affected by the type of support needed, that it may not correlate to availability, that it may be affected by SDoH, and that some potential measures of "intensity" (e.g., hours worked) do not always reflect the level of work. TEP members cautioned against using an acuity measure to assess intensity and, instead, felt it may be necessary to develop a new model.

DSW: ES/LR and Testing

The TEP reviewed information on the DSW measure concept. Following the second TEP meeting, CMS and Lewin discussed how to assess the DSW concept (including the quality of services provided); this discussion resulted in a shift from measuring DSWs whose work focused on HCBS participants to all persons receiving Medicaid. As a result, the DSW concept was transitioned from the HCBS portfolio to measures for consideration by the Medicaid and CHIP Scorecard. To ensure continuity of input on the DSW concept, feedback from the TEP will be used as the new measure is specified and tested.

The TEP reviewed and discussed five emerging themes that were identified from the DSW measure peer-reviewed and gray literature searches.

1. Definition and Demographics
2. Supply and Demand
3. Turnover and Retention
4. Job Satisfaction
5. Injury and Abuse

Summary of TEP Discussion for Definition and Demographics for the DSW Measure Concept

The TEP agreed with the proposed categories of workers. The TEP supported inclusion of psychiatric attendants in an HCBS environment, contract employees providing direct care, independent workers providing direct care, and agency personal care or personal assistance workers. TEP members suggested excluding peer support, excluding nursing facility aides, and collecting demographic information on the DSWs.

Summary of TEP Discussion for Supply and Demand for the DSW Measure Concept

The TEP was asked whether the DSW measure should evaluate the DSW supply, the DSW demand, or the difference between the two (the gap). Multiple TEP members agreed that assessing the gap would be a valuable way to measure the workforce. Vacancy rate was also suggested as a potential measure.

Summary of TEP Discussion for Turnover and Retention for the DSW Measure Concept

The TEP was asked whether the DSW measure should assess DSW turnover or DSW retention or both. Noting high turnover in the workforce (around 40 percent per year in some areas), the TEP suggested measuring both turnover and retention, or turnover and tenure, because DSW tenure was regarded as significant to continuity of care and QoL. TEP members foresaw challenges with capturing DSW retention but not with capturing DSW turnover.

Summary of TEP Discussion for Job Satisfaction for the DSW Measure Concept

The TEP was asked whether the DSW measure should evaluate DSW job satisfaction. Multiple TEP members agreed and added that suggestions from DSWs on ways to improve should be captured to address staff shortages.

Summary of TEP Discussion for Injury and Abuse for the DSW Measure Concept

The TEP was asked whether the DSW concept should evaluate workplace injury and abuse toward DSWs. TEP members agreed that it should so root causes can be addressed, but they noted challenges related to capturing and tracking data.

Summary of TEP Discussion for Priority Ranking for the DSW Measure Concept

The TEP was asked which of the four quality actions the DSW measure should capture. The majority of TEP members felt that all proposed quality actions should be included, and they also indicated that multiple dimensions of DSWs should be measured.

Appendix A: TEP Members and Project Team

Exhibit I. TEP Members

Name and Title	Organization
Mary Lou Bourne, MS, Chief Quality and Innovation Officer	National Association of State Directors of Developmental Disabilities Services – Virginia
Daniel Brown, MBA, Executive Director	Racker – New York
Joseph Caldwell, PhD, MS, Director of the Community Living Center	Brandeis University – Massachusetts
Dana Cyra, MA, Caregiver and Executive Director	Inclusa – Wisconsin
Raina Josberger, MS, Deputy Director	Division of Quality Measurement, New York State Department of Health – New York
Cathy Lerza, Clinical Services and Quality Improvement Branch Manager	Kentucky Division of Developmental and Intellectual Disabilities – Kentucky
Kentrell Liddell, MD, Vice President of Quality Management and Infection Control	Mid-Delta Health Systems – Mississippi
Jill Morrow-Gorton, MD, MBA, Senior Medical Director	University of Pittsburgh Medical Center Health Plan – Pennsylvania
Ari Ne'eman, Visiting Scholar	Lurie Institute for Disability Policy, Brandeis University – Massachusetts
Terrence O'Malley, MD, Geriatrician*	Massachusetts General Hospital – Massachusetts
Carol Raphael, MeD, MA, Senior Advisor	Manatt Health Solutions – New York
Debra Scheidt, MA, MSW, Executive Director	United Disabilities Services – Pennsylvania
Christopher Sparks, MPA, MSW, Executive Director	Exceptional Persons, Inc – Iowa
Sarah Triano, Director of Policy and Innovation	Centene Corporation – California
April Young, MSW, Senior Director of NCI-AD	ADvancing States – Virginia
Anita Yuskauskas, PhD, Coordinator and Assistant Teaching Professor*	Penn State Lehigh Valley – Pennsylvania

*TEP Co-Chair

Exhibit II. Project Team

Name and Title	Organization
Jennifer Bowdoin	Centers for Medicare & Medicaid Services
Jean Close	Centers for Medicare & Medicaid Services
Kerry Lida	Centers for Medicare & Medicaid Services
Melanie Brown	Centers for Medicare & Medicaid Services
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Cara Campbell	The Lewin Group
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Jennifer Wiens	The Lewin Group