Global Commitment to Health Section 1115 Demonstration: HCBS Quality Improvement

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GC 1115 Waiver HCBS Requirements & Related Actions

- CMS issued HCBS regulations in 2014 which prescribe requirements for HCBS waiver programs (e.g., person-centered planning, settings, assurances) and added provisions specific to managed long-term services and supports to managed care regulations in 2016.
- The GC 1115 waiver, renewed July 2022, incorporated requirements related to these regulations and LTSS protections. Many of these requirements have associated milestones and deliverables:
 - 1. Conflict Free Case Management (CFCM): Must be fully compliant by 5/2026
 - 2. HCBS Settings Rule: Must be fully compliant with most regulations by 3/17/23; compliance with regulations impacted by PHE extended until 12/31/23
 - 3. HCBS Quality Improvement Strategy: Must notify CMS of State's choice by 1/31/23 and immediately begin implementation for reporting purposes (1st report due 3/2024)
- Ongoing compliance with the GC 1115 waiver STCs and related reporting is necessary to maintain Federal funding.



What is HCBS Quality Improvement?

- Quality oversight for HCBS must focus on:
 - Administrative authority,
 - Level of care/eligibility,
 - Qualified providers,
 - Service plan,
 - Health and welfare,
 - Financial accountability, and
 - Quality of life, rebalancing, and community integration.
- Vermont must:
 - Comply with HCBS regulations* and demonstrate that the state meets a minimum level of compliance.
 - Collect LTSS performance measures as set forth in managed care regulations.*
 - Report to CMS on the measures starting in March 2024.
- To align with <u>federal policy direction</u> and anticipated future requirements, Vermont elected to be an early adopter of the HCBS Measure Set.



^{*}See 42 CFR 441.301, 441.302(b) and 42 CFR 438.330.

Quality Measures

Compliance Measures (90% threshold)

- 1) Critical incident Investigation initiated within required time
- 2) Critical incident investigations closed within required time
- 3) Critical incidents for which the required corrective action was completed within specified time period
- 4) Functional re-assessment completed within the past year
- 5) Service plan updated as the result of the annual reassessment

Experience of Care Surveys

HCBS CAHPS across HCBS populations

Add <u>CAHPS Item Set for Children with Chronic Conditions</u> to the existing Child Medicaid version of the CAHPS Health Plan Survey

Performance Measures

- 1) Comprehensive Assessment and Update a, c, d
- 2) Comprehensive Care Plan and Update b, c, d
- 3) Shared Care Plan with Primary Care Provider c, d
- 4) Reassessment or Care Plan Update after Inpatient Discharge c, d
- 5) Screening, Risk Assessment, and Plan of Care to Prevent Future Falls
- 6) Admission to a Facility from the Community d
- 7) Minimizing Facility Length of Stay d
- 8) Successful Transition after Long-Term Facility Stay d
- 9) Plan All-Cause Readmission (HEDIS)
- 10) Flu Vaccination (HEDIS) (Adults 18-64 only)
- 11) Self-

Direction of Services and Supports among Medicaid Beneficiaries Receiving LTSS through Managed Care Organizations

- Alternatively, could use: Functional Assessment Standardized Items (FASI)-1: Identifying Personal Priorities for FASI Needs
- b. Alternatively, could use: FASI-2: Alignment of Person-Centered Service Plan with Functional Needs as Determined by FASI
- c. Aligned with HEDIS measure
- d. MLTSS Measure



What is needed to demonstrate compliance and promote high quality?

- The State is working with:
 - A team from CMS to develop measure specifications.
 - A contractor on a plan to address gaps and implement performance measurement.

Anticipated implementation strategies	Examples
Developing new policies	Updating Critical Incident Reporting Policies
Improving data infrastructure	Improving Critical Incident Management System infrastructure Supporting provider technology infrastructure and data reporting
Securing contractor support	Contracting with vendors for surveys and chart reviews
Determining staffing needs	

