DEPARTMENT OF HUMAN SERVICES

Home and Community-Based Services (HCBS) Access Project Overview

As of February 2019

Purpose and scope

The HCBS Access Project is a multi-year project (2016-2020) to assess, monitor and evaluate access to HCBS. It builds on prior work to evaluate HCBS and long-term services and supports (LTSS) access; users; utilization rates, patterns, and trends; and system capacity.

Goals and objectives

1. Identify and prioritize HCBS measure constructs for testing, refinement and implementation
2. Develop a framework to inform selection of a candidate measure set
3. Develop benchmark access measures
4. Monitor and evaluate access to HCBS
5. Inform aspects of the State's Access Monitoring Review Plan (in accordance with the CMS final rule, Methods for Assuring Access to Covered Medicaid Services and the legislatively mandated reporting requirements on the status of long-term services and supports)

Background

- There are few standard ways to measure access or availability of home and community-based services for older adults and people with disabilities
- The Minnesota Department of Human Services is working with Abt Associates to focus and refine its work in this area to systematically collect, analyze and track objective data related to access and the differential impact of key individual, service, provider, geographic and other factors
- Measures will assist the state in making data-driven decisions and the identification of HCBS access issues and trends
- HCBS includes services provided through
  o Medical Assistance (MA) HCBS Waiver Programs

- o Alternative Care Program
- o MA State Plan-funded Home Care Services
- Goal to gain a better understanding of access issues for all populations in need of HCBS, including those not eligible for MA programs
- Project is informed by the work of the National Quality Forum (For more information, see the National Quality Forum website)
- Project includes working with the HCBS Partners Panel to gather stakeholder input to inform the overall project design, review project results and discuss potential solutions to address barriers to access. (For more information, see the DHS HCBS Partners Panel website)

More specific goals include:

- Developing and validating HCBS access measures specific to recipients' ability to access the services (i.e., benchmark measures)
- Monitoring and evaluating the potential critical access measures identified in the 2015 HCBS Critical Access study (i.e., threshold of critical HCBS access)
- Evaluating the drivers of access and critical access to HCBS from both a provider and user perspective (i.e., provider and user perspectives)
- Evaluating the drivers of geographic variation (e.g., metropolitan, micropolitan, and rural) in HCBS access and critical access (i.e., geographic perspectives)
- Describing for each selected service, changes and factors attributable to the changes in recipients' ability to access the service in the last five years (i.e., change in access)
- Identifying relationships (if any) between change in provider payment rates as well as provider enrollment standards and HCBS critical access (i.e., relationships to rate/other changes)

Related studies

- **Gaps Analysis** process (biennial) – Examines the capacity of the system to support all persons who need services. This study gathers input on HCBS and community mental health service capacity for older adults and children and adults with disabilities and mental illnesses, via survey and focus groups with administering agency staff as well as providers and persons who receive services or their representatives
  - o Services system perspective
  - o A description of the 2015-16 study is available on the DHS Gaps Analysis Study public website (http://mn.gov/dhs/gaps-analysis) under Current study.
  - o The statewide report from the 2013-2014 study is available on the DHS Gaps Analysis Study public website under Past studies.
- **Service Access** study (2012 – 2015) – Examined the impact of rate changes on service utilization

- o Service perspective
- **Critical Access** study (2014 – 2015) – Explored options for measuring critical access to HCBS for service users at the community-, population- and service-level.
  - o User perspective
  - o The report from the study is available on the [DHS Gaps Analysis Study public website](#) under Past studies.

Activities to date

- Conducted limited measure scan to identify existing HCBS quality measures and measurement approaches
- Identified potential measures building on prior contracts
- Crosswalked list of potential measures to existing frameworks used to assess health service access (Penchansky & Thomas) and HCBS quality (National Quality Forum)
- Developed additional set of evaluation criteria (e.g., feasibility of implementation, reportability)
- Compiled full list of candidate measure topics and an initial evaluation of each topic in an Analytic Plan
- Created abbreviated "starter set" of measures of best candidates for testing and implementation, based on DHS input
- Constructs reviewed by DHS subject matter experts (SMEs) to consider:
  - o Variations in service eligibility under different waiver programs, and discontinuation/reassignment of select service codes
  - o Alignment with current DHS category of service groupings (e.g., "residential services") and diagnostic definitions (e.g., "mental health condition")
- Refined HCBS definition, which includes over 150 different billing codes and is broader than just waiver services
- Refined definitions of mental health cohort (people with a mental health condition)
- Incorporated Medicare data
- Documented specifications for DHS reference and replication

Measures

#	Measure Title (NQF Domain)	Definition	Data Source	Relevance (i.e., Why measure this?)
1	Active HCBS Providers (Workforce)	The number of providers who were active (i.e. had a least one paid claim) for select HCBS per 1,000 potential users during a 12-month period. Potential users are individuals with a disability and receiving public insurance.	MMIS, Provider file, ACS	• Decreases in the ratio of active HCBS providers to current/potential HCBS users over time may be associated with more constrained access to services. • Geographic variation can help identify localized access issues
2	HCBS provider market volatility (Workforce)	The percent of providers who a) are no longer active, b) still active and c) new to the market, between two SFYs, for a particular service or category of services	MMIS, Provider file	• Market volatility may impact access or be a response to policy and payment changes • Especially volatile markets could trigger additional monitoring or the need for new provider training and support.
3	Mean/median HCBS provider caseloads (Workforce)	The mean (or median) caseload served, weighted by units of services, by providers serving HCBS users	MMIS, Provider file	• Changes in provider caseload have implications for system capacity to absorb and serve new HCBS users.

HCBS Access Project Overview

#	Measure Title (NQF Domain)	Definition	Data Source	Relevance (i.e., Why measure this?)
4	LTSS institutional use among HCBS users (Community Inclusion)	The proportion of HCBS users who transitioned into institutional LTSS care (NF or ICF) during a defined time period	LTC and DD assessment data, MMIS	• Institutional stays experienced by HCBS users may reflect constrained access to less acute care and supports (i.e., HCBS). • Understanding the drivers of institutional use, including correlated HCBS, provides guidance for intervention or access building strategies
5	HCBS use rates by select demographics (Equity)	Rate of HCBS use among potential users, stratified by race, ethnicity and other socio-demographic factors	MMIS, ACS	• Variations in use rates may suggest that access to needed HCBS is limited for select user subgroups. • Valuable for reporting on and addressing disparities
6	Potentially-avoidable emergency department use among HCBS users (*Holistic Health and Functioning*)	Percent of emergency department visits that are potentially preventable among HCBS users	MMIS, Medicare	• Potentially avoidable emergency department use, and/or emergency department use for ambulatory care sensitive conditions, could reflect that access to less acute care (i.e., HCBS) was insufficient or unavailable.
7	Measure 7 is not being included at this time	N/A	N/A	• N/A

#	Measure Title (NQF Domain)	Definition	Data Source	• Relevance (i.e., Why measure this?)
8	HCBS users with a mental health diagnosis but no mental health treatment claims (*Service Delivery and Effectiveness*)	The proportion of HCBS users with a mental health diagnosis who did not receive any mental health treatment or medications within a given timeframe	MMIS	• HCBS users with mental health conditions, but who are not accessing mental health treatment services, may have constrained access to the services most appropriate to their conditions. This measure would allow DHS to quantify and identify the characteristics of HCBS users with potentially unmet mental health treatment needs.
9	Percent of "planned" HCBS that were received (Service Performance and Accountability)	Mean percentage of planned units of service (from the service plan) compared to billed units, adjusted for months alive and eligible (measure only applies to fee for service and not managed care)	LTC and DD assessment data, MMIS	• Failure to receive "planned" HCBS may suggest there is insufficient system capacity to deliver needed services, and/or barriers to accessing these services.
10	Ratio of actual service users to predicted demand	The ratio of actual number of users for a given service in a given area to predicted number of users based on beneficiary characteristics	LTC and DD assessments, MMIS	• This is a better measure of demand than utilization

Potentially-avoidable emergency department use algorithm