

States Focus on Quality

ARPA Spending Plan Topical Analysis

INTRODUCTION

The American Rescue Plan Act (ARPA) provides a unique opportunity for states to enhance, expand, or strengthen Medicaid home and community-based services (HCBS). A review of state spending plans found that several states have specific initiatives to improve quality oversight of HCBS. This NASDDDS ARPA topical analysis brief offers mini case studies in an interview format. The brief highlights how states are taking varied approaches to creatively and meaningfully influence quality outcomes for individuals with intellectual and developmental disabilities (IDD) receiving services and supports in their homes and communities.

CONNECTICUT: LEVERAGING DATA FOR INCIDENT DETECTION AND QUALITY MANAGEMENT

Q: Connecticut has established mechanisms for leveraging Medicaid claims data for incident detection. What are your goals for enhancing that capability using ARPA funds?

A: The Department of Developmental Services (DDS) is hoping to strengthen our quality systems by enhancing, improving, and expanding the claims data utilized to improve critical incident detection for the individuals we support and allow the state to better identify, address, and mitigate critical incidents in the future.

Q: Why is this the next logical step in your quality management process for HCBS?

A: DDS continuously strives to improve our quality management process for HCBS by revising and updating policy and processes, expanding data utilized for detection purposes, and streamlining processes to improve timeliness. DDS also is focused on mitigation efforts after quality deficiencies are identified.

Q: Connecticut has a specific action item in its ARPA spending plan to engage stakeholders to generate ideas for improving HCBS quality. How are you planning to use

that information from the voice of the customer as an element of your HCBS expansion strategy?

A: DDS continues to engage stakeholders in many different facets of improving quality. Most recently, Commissioner Scheff engaged in virtual forums for families and providers to talk about the future vision of the agency and how to improve supports and services. DDS also participates in the annual National Core Indicator® survey for DDS individuals and families. The data collected from that survey is used to measure what is working well and where improvements need to be made.

WYOMING: USING NATIONAL CORE INDICATORS TO ADVANCE QUALITY

Q: What are Wyoming's goals for adopting the National Core Indicators® (NCI®) (or another survey tool) as a component of your HCBS quality management strategy?

A: Wyoming has never had a voice of the consumer survey for our aging and disability (AD) population and Wyoming will be joining NCI-AD as a part of this ARPA activity. Adopting NCI-AD will be an important step for Wyoming to gather and interpret information directly from participants, and will allow for a more holistic view of our HCBS system when cross-walked with the returning NCI-IDD survey. Our goal is to compare metrics across service populations, where applicable, and to incorporate this voice of the consumer data into our agency quality management strategy. We have a recently formed HCBS Quality Improvement Committee and intend for this data to inform that key agency quality management body. Wyoming has continued to collect Staff Stability Survey data. Those results have been vital in assessing the overall stability of our provider network and will remain important in doing so.

Q: How will ARPA funds support Wyoming to assess information from the voice of the customer differently than has been done before?

A: Due to budget cuts in mid-2020, Wyoming did not renew our contract with our survey collection vendor. Wyoming has continued NCI membership while pausing survey collection. ARPA funds will support our upcoming procurement for a vendor to conduct survey collection. This will be for both NCI and NCI-AD.

Q: What are your plans for using data from the survey tool to communicate quality outcomes and improvements to your HCBS stakeholders?

A: Throughout Wyoming's participation in NCI, we have intentionally raised the profile of NCI data with various stakeholder groups and committees. In particular, our Governor's Council on DD has been active in seeking and promoting this data. We will continue that emphasis. Wyoming frequently incorporates key pieces of our state's NCI data in presentations and other stakeholder engagement opportunities.

NEW YORK: IMPLEMENTING VALUE-BASED PAYMENTS TO INCENTIVIZE QUALITY OUTCOMES

Q: What are New York’s goals for establishing value-based payments (VBP) to improve the quality of HCBS?

A: NYS is somewhat unique in terms of the size of its certified HCBS residential portfolio (i.e., provider-owned/controlled homes). We have more than 30,000 individuals who reside in supervised residential settings as compared to just under 4,000 people residing in supportive residential settings or family care homes. Supervised settings are homes where staff are always present. The Office for People With Developmental Disabilities (OPWDD) is intent on making a wider range of more independent residential supports available to people to foster independence and greater opportunity for community integration. Our objective is to have a system of residential supports that is flexible and meets the full range of support needs for the people we serve.

Q: How is ARPA funding enabling New York to implement value-based payments differently than has been done before?

A: We are using FMAP funds to help lay the groundwork for a future VBP arrangement that will incentivize more independent residential options. OPWDD is establishing two grant-funded opportunities to help build more supportive residential service capacity and to build community capacity to support people in their own homes. Options include establishing new tenancy support services and establishing revolving loan funds to assist with startup costs for people moving to their own apartments for the first time.

Q: Why is it important for New York to leverage value-based payments to improve HCBS quality?

A: Our HCBS Transition Plan established the objective of supporting more people in more independent and more integrated settings. We see VBP arrangements as a way to work cooperatively with our providers to achieve a wider array of residential supports that promote efficiency and quality of care. Ultimately, it is about making the right level of support available, at the right time. In addition, with the workforce crisis, we have to develop better, more flexible options that minimize the reliance on staffing to the extent practical and with a key focus on the quality of care and the person’s desired level of independence and support.