



**TEXAS**  
Health and Human  
Services

# **Data-Driven Opportunities for Improved Outcomes**

---

**NCI data, EQRO analytics, and IDD insights**

# NCI Surveys in Texas

---

## NCI-IDD IPS

Target Population:

HCS, CLASS, TxHmL,  
DBMD, & ICF/IID and  
SSLC

## NCI-CFS

Target Population:

STAR Kids

## NCI-AD

Target Population:

STAR+PLUS HCBS  
and HCBS-AMH



TEXAS  
Health and Human  
Services

# NCI Surveys in Texas

Survey	Survey Cycle											
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	
AD	X	-	X		X		X		X		X	
IDD IPS		-		X			X		X			
CFS	X	-	X			X		X		X		

# NCI-IDD IPS in Texas

---

## Quality Assurance

Survey coordinated by  
Texas' External Quality  
Review Organization  
(EQRO)

## Survey Results

Plan to stratify by Waiver  
Program

## Target Population

HCS, TxHmL, CLASS,  
DBMD, & ICF/IID and  
SSLC

## Sample Size

1,250





# LTSS Quality Monitoring and Improvement

---

- 1115 Evaluation
- Person-Centered Planning Indicators
- Home and Community Services (HCBS) Settings Rule Alignment
- Promoting Independence Outcomes
- Final Access Rule and HCBS QMS Alignment for MFP
- Stakeholder Engagement





# IDD System Redesign

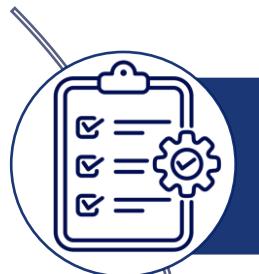
---

Implementation of Acute Care Services and Long-Term Services and Supports (LTSS) System Redesign for Individuals with an Intellectual or Developmental Disability (IDD)

To promote independence, increase the use of HCBS services, and prevent institutionalization, HHSC continued implementation of Money Follows the Person (MFP) demonstration projects

# Money Follows the Person Demonstration

---



Designed to increase the use of HCBS and reduce the use of institutional-based services



MFP funded projects are designed to promote independence for individuals with IDD



The Texas Promoting Independence Plan was developed in response to the Olmstead Act

# Texas' Promoting Independence Plan (PIP)

---



## Key Goals

- Increase access to and awareness of Texas state services array
- Strengthen and promote the quality of the community-based service array
- Maintain and reinforce transitional supports to ensure successful diversions and transitions from institutions to HCBS
- Review and promote options to expand the availability of affordable, accessible, and integrated housing opportunities
- Review and promote options to expand the availability of affordable, accessible, and integrated housing opportunities
- Support community-integrated employment of people with disabilities
- Improve recruitment, retention, and competency of the community care workforce

# NCI Surveys Supporting Texas' PIP

## Goal 2: Strengthen and Promote the Quality of HCBS

### Activity 5: Assess the Quality of HCBS



**Add w patient experience and quality measures for people receiving HCBS to the Texas Healthcare Learning Collaborative Portal**



**Expand the sample of experience of care surveys for people receiving HCBS to collect data from a broader population**



**Initiate calculation of the HCBS Quality Measure Set**

# EQRO Reports Using NCI Data

---

- **2022 STAR+PLUS Pilot:** Evaluation Protocol
- **2024 Quarterly Topic Report:** LTSS Unmet Needs of S+P HCBS Members with Chronic Conditions
- **2025 Issue Brief:** Profiles of Member Experience Across ICHP Biennial CAHPS and NCI Surveys for LTSS Populations



# **STAR+PLUS Pilot Program (SP3) for Individuals with Intellectual and Developmental Disabilities**

---

## **SP3 Pilot and Evaluation Development**



**Comprehensive Evaluation Protocol**



**Forms Assessment**



**Case Management Record Review**



# STAR+PLUS Pilot Program (SP3) Evaluation

---

## Study Aims

**Aim 1.** Assess the effect of the pilot program\*

**Aim 2.** Analyze the experiences and outcomes of systems changes\*

**Aim 3.** Include Feedback on the Pilot Program Based on Personal Experiences

# AIM 1 and NCI IDD



## Objective 1: Assess the effect of the pilot program on:

<b>1a</b>	Access to and quality of LTSS
<b>1b</b>	Informed choice and meaningful outcomes using person-centered planning, flexible consumer-directed services (CDS), individualized budgeting, self-determination, community inclusion
<b>1c</b>	Integration of service coordination of acute care services and LTSS
<b>1d</b>	Employment assistance and customized, integrated, competitive employment options
<b>1e</b>	The number, types, and dispositions of fair hearings and appeals in accordance with federal and state law
<b>1f</b>	The use and flexibility of the consumer directed model
<b>1g</b>	The use of alternatives to guardianship, including supported decision-making agreements
<b>1h</b>	Achieving the best and most cost-effective use of funding based on a pilot participant's needs and preferences
<b>1i</b>	Attendant recruitment and retention

## Objective 2: Analyze the experiences and outcomes of the following systems changes:

<b>2a</b>	A comprehensive assessment instrument to be introduced in the pilot period
<b>2b</b>	The 21st Century Cures Act
<b>2c</b>	Implementation of the Centers for Medicare and Medicaid Services (CMS) HCBS Settings Rule
<b>2d</b>	The provision of basic attendant and habilitation services
<b>2e</b>	The benefits of providing STAR+PLUS Medicaid managed care services to persons based on functional needs

# NCI-IPS Access Measures Selected for Evaluation

Measure Name	“The proportion of people who report...”	Aim 1b	Aim 1c	Aim 1d	Aim 1f	Aim 1i	Aim 2c	Aim 2d
<b>Always Has a Way to Get Places</b>	They have a way to get places they need to go (like work, appointments, etc.)	X	-	-	-	-	X	-
<b>Can Change Case Manager</b>	They could change their case manager or service coordinator if they wanted to	X	X	-	-	-	X	-
<b>HCBS Staff Change Too Often</b>	Their home, work, or day program staff change too often	-	-	-	-	X	-	-
<b>Need for Employment Assistance</b>	They need help working on job skills to get a job or get a different job	-	X	X	-	-	X	-
<b>Need for Home Supports</b>	They need staff support to help them at home	-	X	-	-	-	-	X
<b>Transportation Ability Scale</b>	They are able to get places they want to go, and have a way to get places they need to go	X	-	-	-	-	X	-



# Improving Quality Through System Integration

---

## Aligning data, forms, and contracts to drive outcomes

- Began data systems changes for assessment, care planning, person-centered planning
- Implemented forms changes to capture essential elements for CMS MLTSS HEDIS measures
- Implemented various CMS HCBS settings, person-centered planning and access rule requirements
- Updated managed care contracts and handbooks
- Provided MCO training on forms changes and contracts
- Expanded duality data dashboard to capture NCI surveys
- Future quality initiatives related to NCI-IDD

# LTSS Unmet Needs of Adults with Disabilities with Chronic Conditions

---

## Study Aims

- Aim 1.** Describe variation in rates of unmet LTSS, the types of LTSS received, and the types of LTSS desired for adults with disabilities
- Aim 2.** Explore member health and sociodemographic factors and state/program factors associated with person-reported outcomes
- Aim 3.** Analyze LTSS claims data to determine whether members who are authorized for Personal Attendant Service (PAS) in their Individual Service Plan (ISP) receive PAS in the amount authorized



# LTSS Unmet Needs of Adults with Disabilities with Chronic Conditions

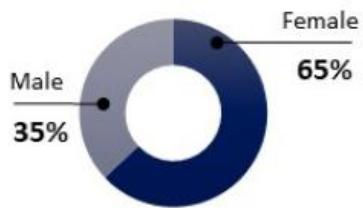


TEXAS  
Health and Human  
Services

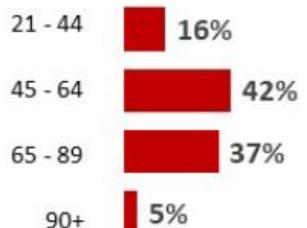
## Demographic information for the study population

**1 in 9** respondents reported that they use self-directed supports option

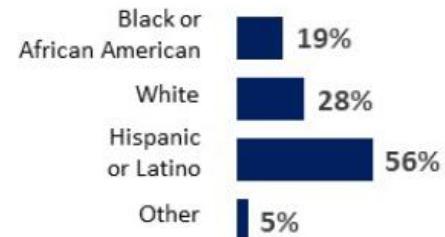
### Gender



### Age

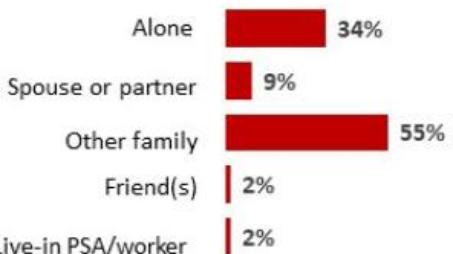


### Race/Ethnicity



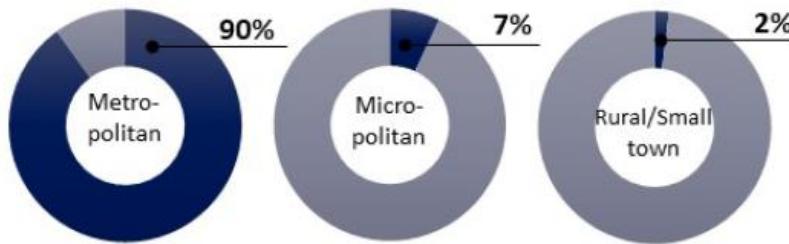
*Race/ethnicity categories are not mutually exclusive.*

### Who the person lives with



*Living situation categories are not mutually exclusive.*

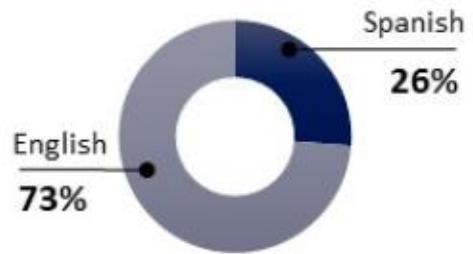
### Residential designation



*Residential designation categories are created using zip codes and corresponding RUCA codes.*

**8 in 10** respondents reported that they had a physical disability diagnosis, while **7 in 10** respondents had an hypertension diagnosis and **5 in 10** respondents had a diabetes diagnosis.

#### Preferred language



*One percent of respondents indicated their preferred language being other than English or Spanish.*

#### Marital Status

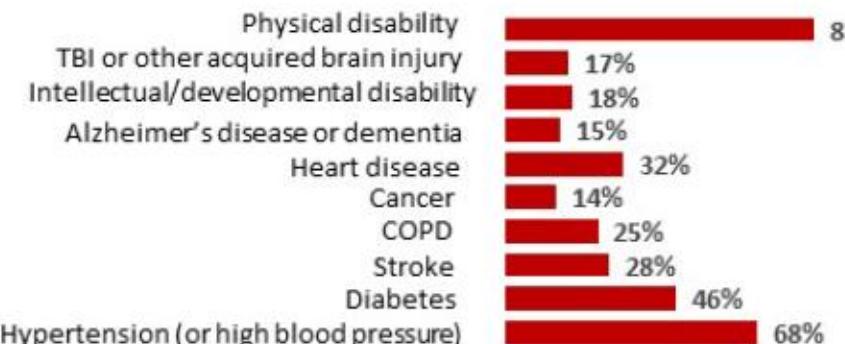


#### Median income



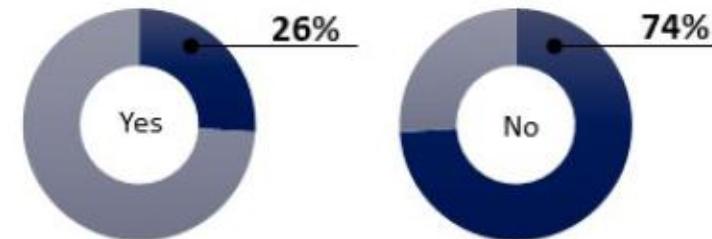
*Median income is based on zip code.*

#### Diagnoses



*Diagnoses categories are not mutually exclusive.*

#### Legal guardian



*Information for this data may only come from existing state records (i.e. this item should not be collected from the person).*

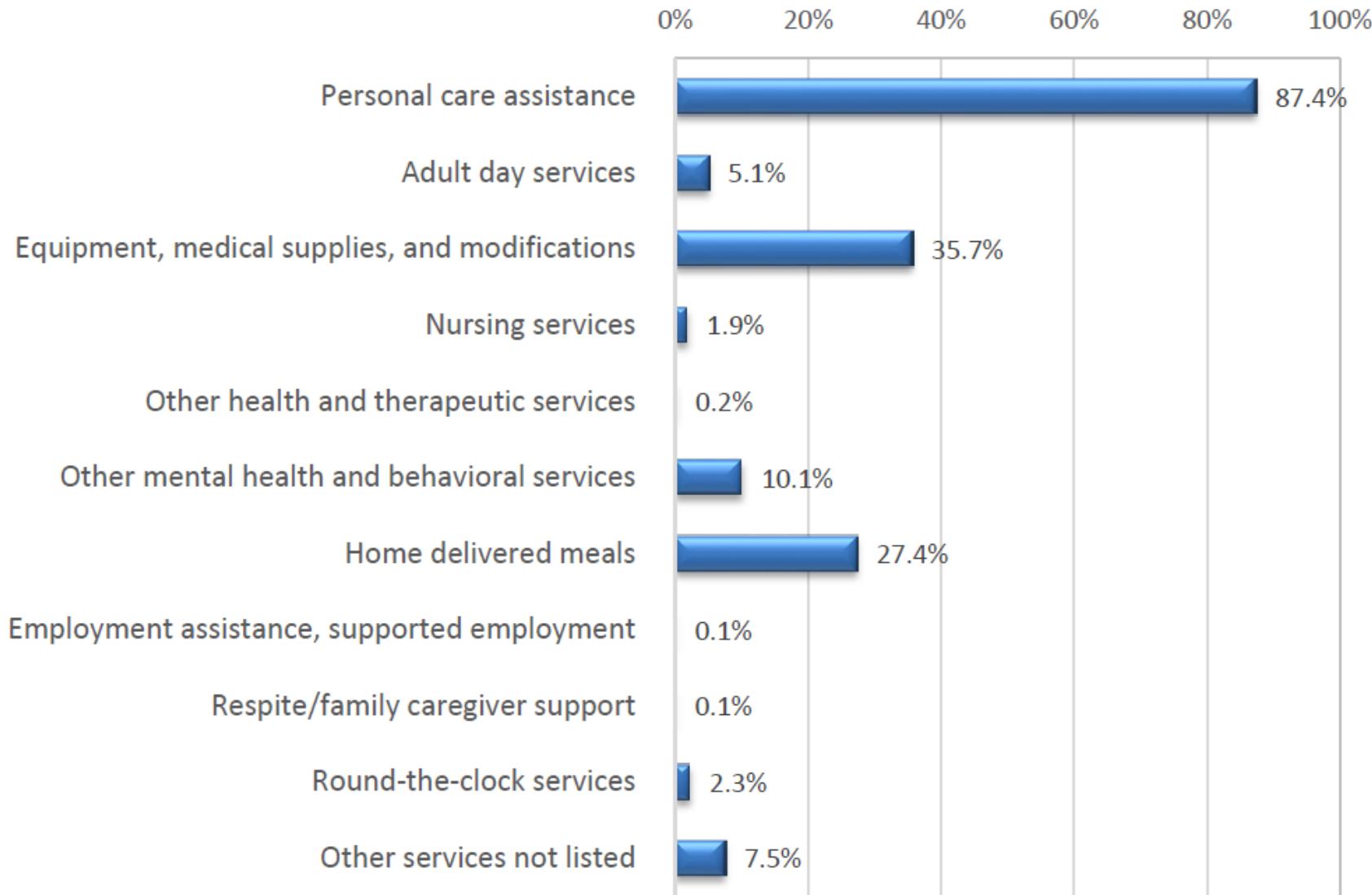


**TEXAS**  
Health and Human  
Services

# AIM 1 Results: Prevalence and Types of Services Received



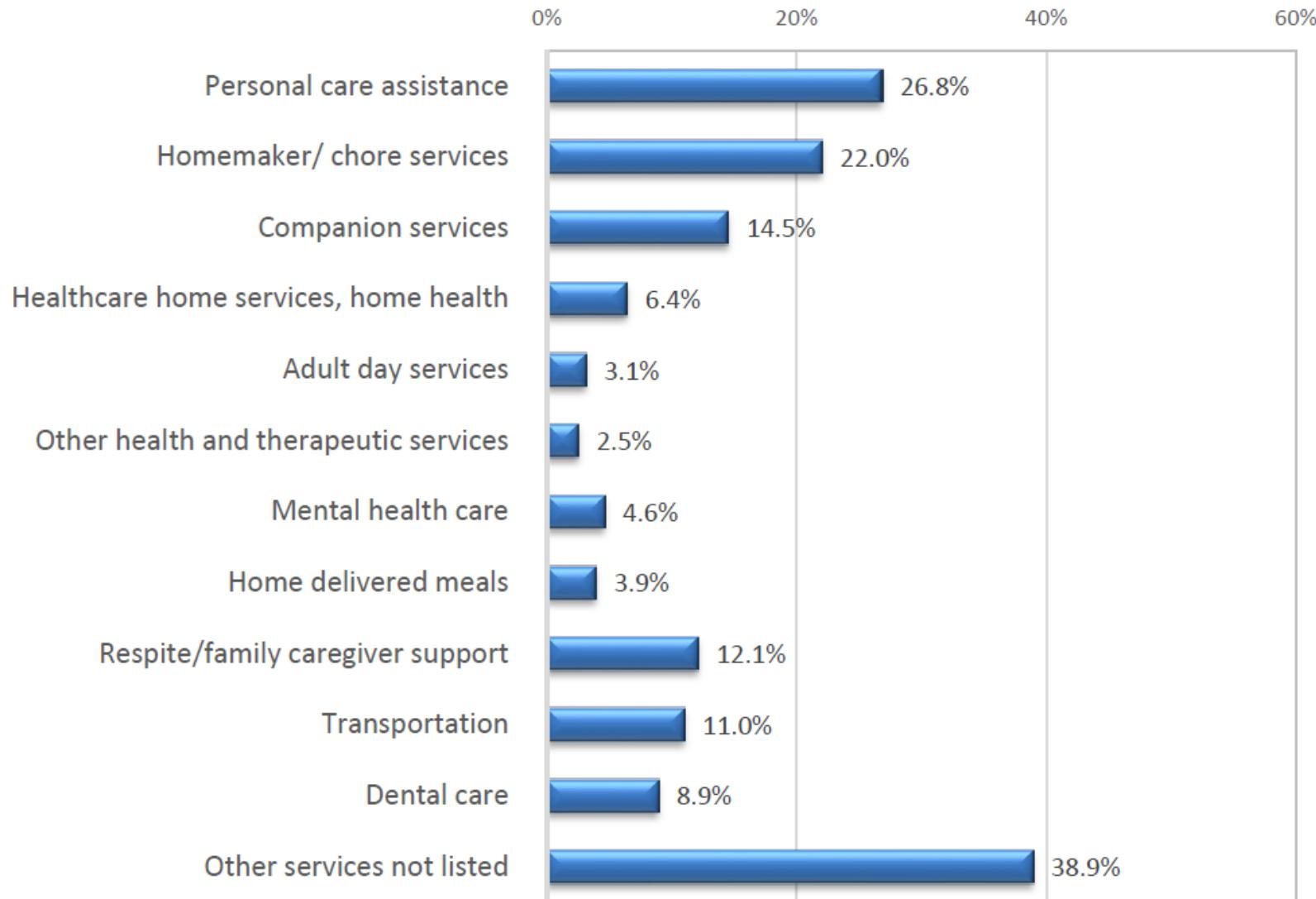
TEXAS  
Health and Human  
Services



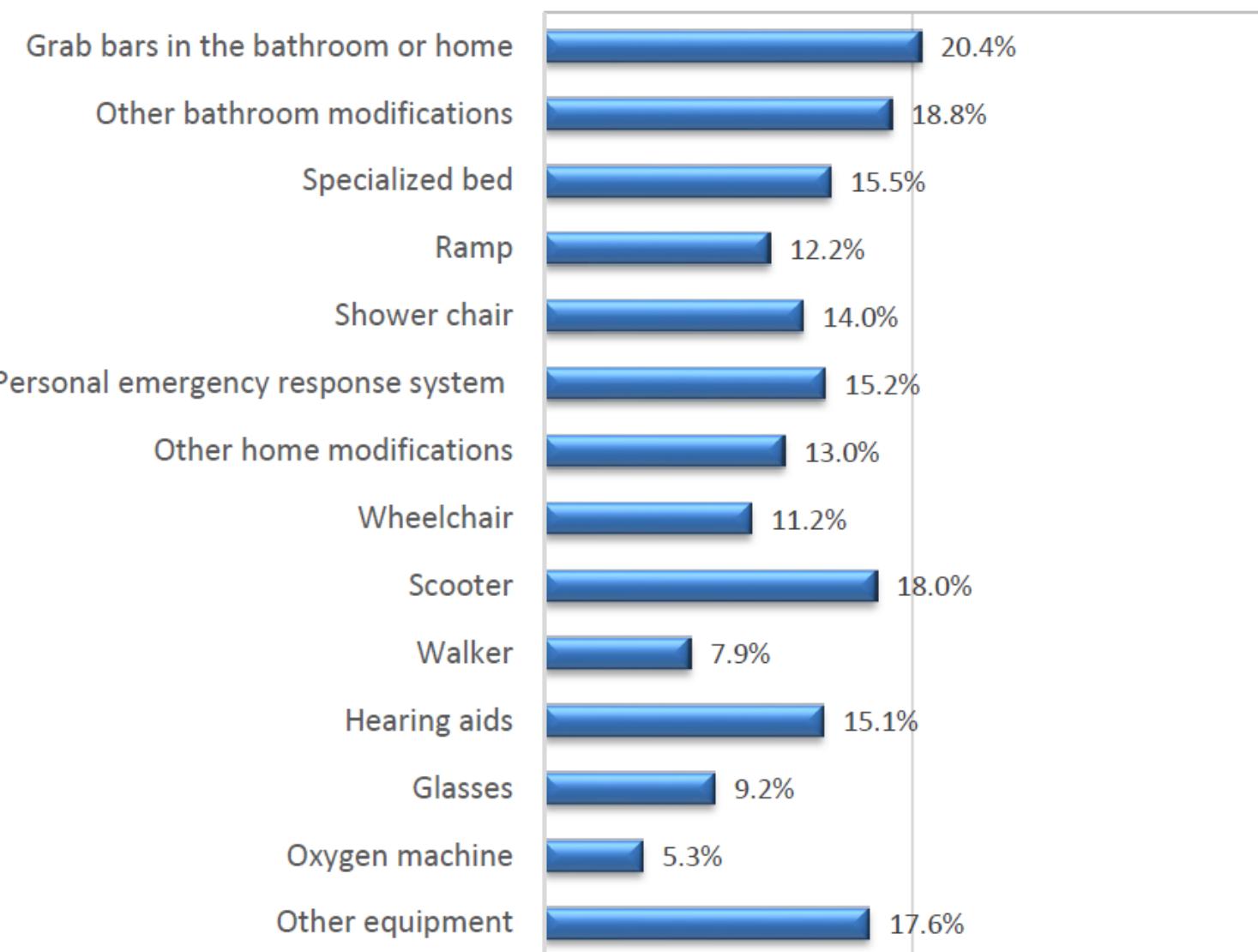
# AIM 1 Results: Prevalence and Types of Services Desired



TEXAS  
Health and Human  
Services



# AIM 1 Results: Prevalence and Types of Equipment Needed





TEXAS  
Health and Human  
Services

## AIM 2: LTSS Unmet Needs

The model identified several *significant predictors* of unmet LTSS needs

- Individuals with hypertension, mental health conditions, or other diagnoses aside from hypertension and diabetes had increased odds of reporting unmet LTSS needs
- Age was a protective factor, with older age groups less likely to report unmet LTSS needs
- The odds of having unmet LTSS needs were nearly 1.5 times higher among members enrolled in one health plan than among members enrolled in another



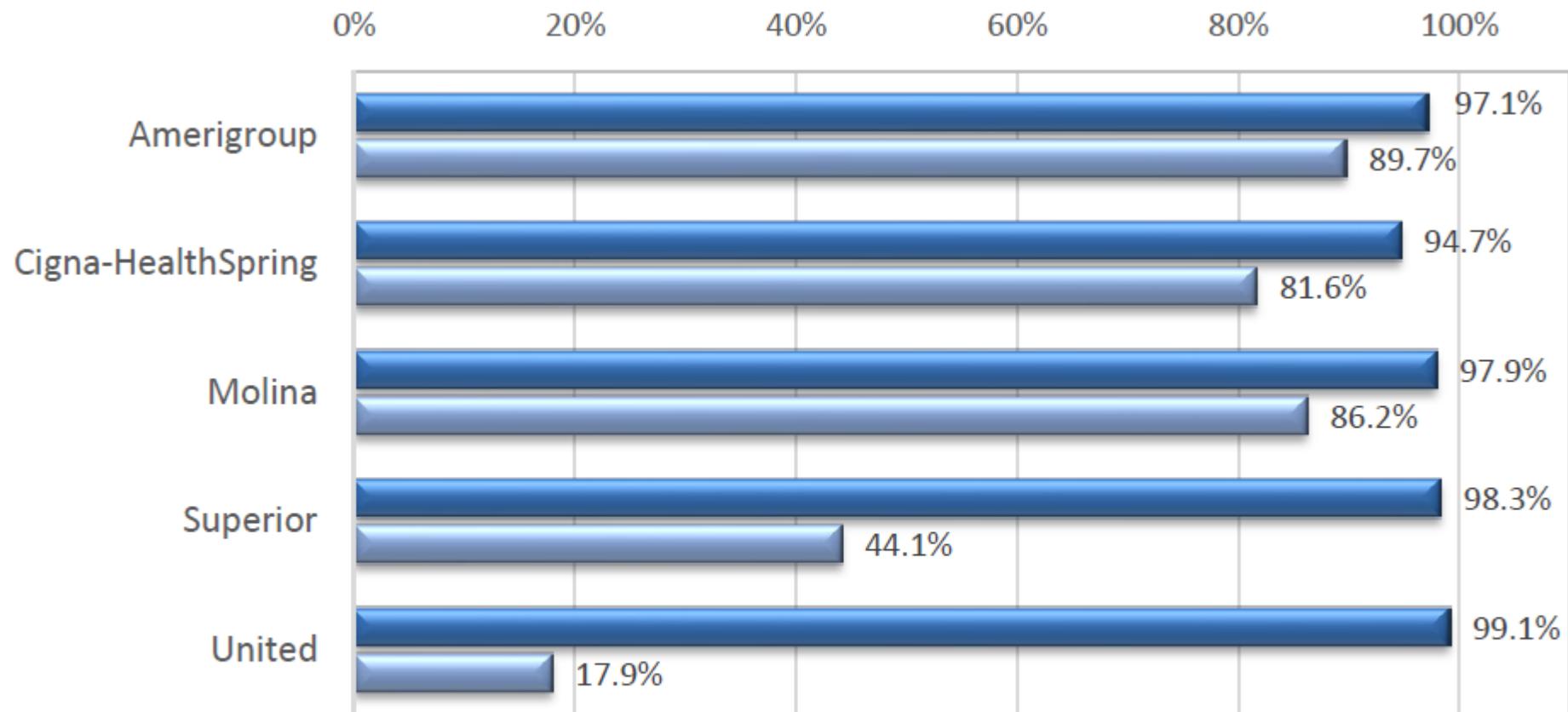
## AIM 2: Know How to Manage Chronic Conditions

*Significant predictors* included gender, race/ethnicity, the amount of help received with self-care, and psychiatric or mental health diagnosis

- Compared to men, women were more likely to know how to manage their chronic conditions
- Compared to white non-Hispanic members, Hispanic members were 50 percent less likely to report they know how to manage their chronic conditions, while black non-Hispanic individuals were 1.6 times more likely to know how to manage their chronic conditions
- Receiving substantial help with self-care and having a psychiatric or mental health diagnosis were also significant predictors of having the ability to manage chronic conditions

## AIM 3: PAS Service Validation

Percentage of ISP-approved personal assistance services rendered



# AIM 3: Receipt of Authorized PAS

Factors associated with the receipt of authorized PAS

Variable	Category	OR, 95%CI
Paid support staff come and leave when they are supposed to	No (Ref.) Yes	2.79 (0.36 – 21.10)
Has a backup plan if their paid support staff do not show up	No (Ref.) Yes	*2.90 (1.04 – 8.10)
Sex	Male (Ref.) Female	0.96 (0.39 – 2.40)
Age	21-44 (Ref.) 45-64 65+	0.84 (0.11 – 6.63) 0.52 (0.06 – 4.38)
Race/ethnicity	White, non-Hispanic (Ref.) Black, non-Hispanic Hispanic Other, non-Hispanic	1.41 (0.39 – 5.15) 1.01 (0.35 – 2.90) 3.40 (0.11 – 104.89)
MCO	Amerigroup (Ref.) Cigna-HealthSpring Molina Superior United	0.34 (0.07 – 1.82) 1.69 (0.12 – 24.36) *0.04 (0.01 – 0.20) *0.01 (0.00 – 0.04)
Medicaid Status	Medicaid only (Ref.) Dual eligible	0.49 (0.05 – 5.27)
Diabetes	No diabetes diagnosis (Ref.) Diabetes diagnosis	0.97 (0.42 – 2.25)
Hypertension	No hypertension diagnosis (Ref.) Hypertension diagnosis	1.97 (0.63 – 6.16)
Chronic psychiatric or mental health conditions	No psychiatric or mental health diagnosis (Ref.) Psychiatric or mental health diagnosis	1.30 (0.53 – 3.19)
Any other chronic conditions	No other chronic conditions (Ref.) Any other chronic conditions	1.41 (0.51 – 3.87)
Needs help with self-care	No help needed (Ref.) Some or A lot of help nee	*11.23 (1.69 – 74.34)



# Key Findings

Unmet PAS needs affect community access and outcomes; consumer-control and a trained workforce are critical for person-centered HCBS

- Over one-third of HCBS members report unmet LTSS needs; top needs include self-care support, homemaker/chore services, and companion services
- Self-direction use remains low
- Unmet LTSS needs higher among Hispanic members, younger members, those with co-occurring/psychiatric conditions, and those needing help with daily activities
- Psychiatric/mental health diagnoses correlate with higher ER visits; continuity and active referrals may reduce acute care utilization

# Profiles of Member Experience Across CAHPS Biennial and NCI Surveys for LTSS Populations

---

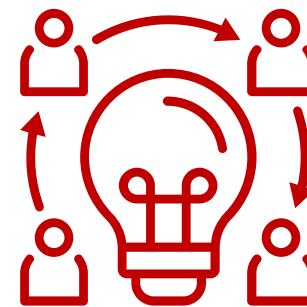
## NCI-AD, NCI-CFS and CAHPS



TEXAS  
Health and Human  
Services



LTSS



Care Coordination



NMDOH



## LTSS Needs – Biennial Survey

Survey Item ("Yes")	%
Member needed <u>special therapy</u> , such as physical, occupational, or speech therapy in last 6 months	38.4%
Member needed <u>special medical equipment</u> , such as a cane, a wheelchair, or oxygen equipment in last 6 months	55.3%
Member needed <u>home health care or assistance</u> , such as home nursing, or help with bathing, dressing, or household tasks in last 6 months	100.0%
Member needs <u>help with routine needs</u> , such as everyday chores, doing necessary business, shopping, or getting around for other reasons	93.7%
Member has a physical or medical condition that seriously interferes with their <u>independence, community participation, or quality of life</u>	87.3%

## LTSS Access – Biennial Survey

Survey Item ("Yes")	%
Member was always able to get needed <u>medical equipment</u> through their health plan	35.4%
Member was always able to get <u>home health care or assistance</u> through their health plan	66.5%

## Home Health Access – NCI/AD

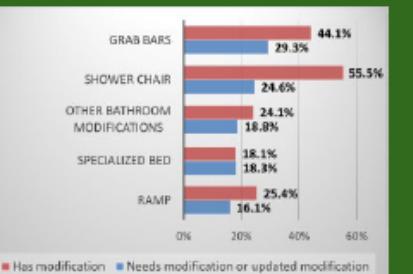
Survey Item ("Yes")	%
Member always gets enough help with everyday activities when needed	85.3%
Member always gets enough help with self-care when needed	86.2%
People who are paid to help always or almost always show up and leave when they are supposed to *	94.1%

## LTSS Quality – NCI/AD

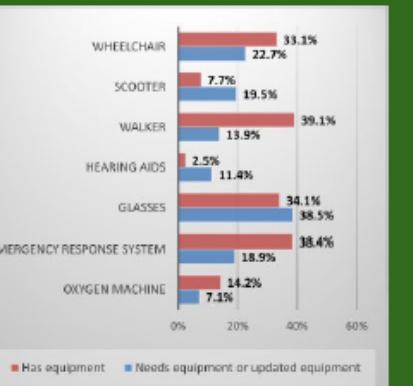
Domain	Survey Item ("Yes")	%
Continuity	People who are paid to help member change too often	12.9%
Person-centeredness	Member can choose (or change) the people paid to help them if wanted *	92.9%
	People who are paid to help member always or almost always do things the way member wants them done *	91.4%
	People who are paid to help member always or almost always treat member with respect	97.3%
	Services and supports are always delivered in a way that is respectful to member's culture	97.1%
Effectiveness	LTSS the member receives completely meet the member's current needs and goals	64.3%

## LTSS Utilization/Needs – NCI/AD

## Minor Home Modifications



## Medical Equipment or Devices



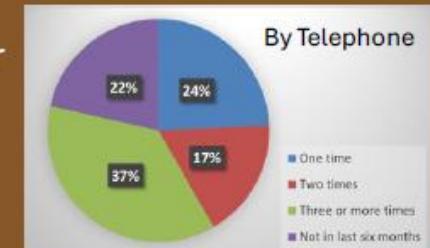
## Other Unmet Needs – NCI/AD

Service type needed	%
Skilled nursing facility, nursing home services	4.9%
Personal care assistance / services	17.2%
Homemaker / chore services	11.0%
Companion services	4.9%
Health care home services, home health	6.1%
Home-delivered meals	10.4%
Adult day services	7.4%
Transportation services	15.3%
Respite / family caregiver support	6.1%
Housing assistance	12.9%
Heating / cooling assistance	12.3%

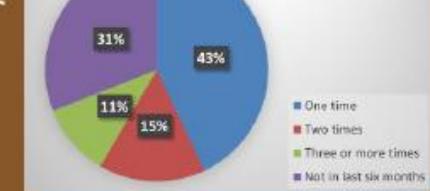
## Service Coordination – Biennial Survey

Domain	Survey Item ("Yes")	%
Access	Currently has a STAR+PLUS MCO service coordinator	68.7%
Members who had a service coordinator: In the last 6 months...		
Access	Needed a service coordinator to help arrange services	54.8%
	Always got service coordination help as soon as needed	40.3%
Communication	Service coordinator always explained things clearly	58.2%
	Service coordinator always involved member in decisions	44.1%
Satisfaction	Member very satisfied with help from service coordinator	40.3%

## Number of Times Service Coordinator Contacted Member in Last 6 Months:



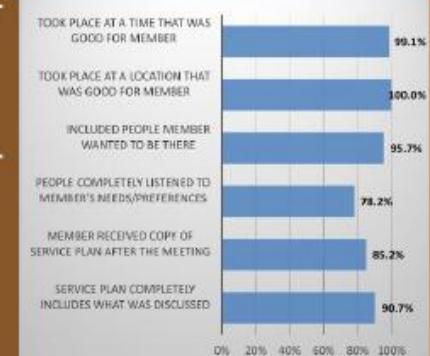
## In Person



## Providers – Biennial Survey

In the last six months...	%
Member got care from a doctor or other health provider besides their personal doctor	69.7%
Member's personal doctor always seemed informed and up-to-date about care member received from other doctors and health providers	58.0%

## Member's Service Planning Meeting



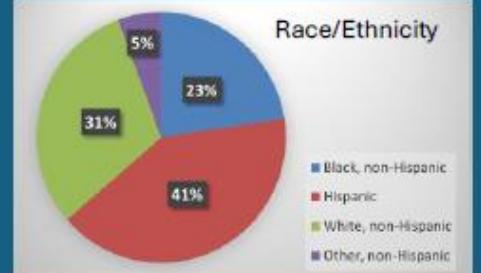
## Service Transitions – NCI/AD

Survey Item ("Yes")	%
Member felt comfortable/supported enough to go home when leaving hospital/facility	84.6%
Someone followed up with member after they left hospital/facility to ensure they had needed services *	82.2%



### Demographics – Biennial Survey

Measure	Response categories	%
Education	Less than high school	33.3%
	High school or GED	39.2%
	Some college or more	27.5%
Language spoken at home	English	83.8%
	Spanish	14.5%
	Other language	1.7%
Housing type	Own home	15.2%
	Rented housing	47.9%
	Public/subsidized housing	16.1%
	Other housing	20.8%
Household composition	Single-parent household	21.8%
	Two-parent household	9.8%
	No children in household	68.4%
Household size	One person (lives alone)	34.9%
	Two people	32.3%
	Three or more people	32.8%



### Discrimination – Biennial Survey

Never treated unfairly at PCP office because of...	%
Member's race or ethnicity	92.3%
Member's type of health insurance	83.6%

### Transportation – NCI/AD

Domain	Always has transportation:	%
Personal	To do things outside of home *	73.9%
Medical	To get to medical appointments *	90.0%

### Employment – NCI/AD

Domain	Survey item ("Yes")	%
Paid job	Has paying job, full-time or part-time	1.7%
	Does not have job, but wants one	16.5%
Volunteer job	Does volunteer work	6.0%
	Does not volunteer, but wants to	14.7%

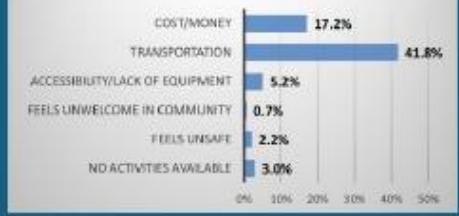
### Community Connections – NCI/AD

Survey Item ("Yes")	%
Gets to do things outside home when wanted	62.2%
Can take part in activities with others when wanted *	66.0%
Can always see/talk to friends/family when wanted *	93.7%
Sometimes or often feels lonely	54.7%

### Food Security – NCI/AD

Domain	Survey Item ("Yes")	%
Affordability	Never has to skip a meal due to financial worries	81.5%
Availability	Has access to healthy foods like fruit and vegetables when wanted	85.4%

### Reasons for Low Community Participation



# Key Takeaways

<b>1</b>	<p><b>STAR+PLUS:</b> Access to home health care is high with strong continuity and person-centered planning. Gaps exist in access to special medical equipment and service coordination. Transportation and food access are good, but loneliness risk is notable; MCOs should build on community participation efforts.</p>
<b>2</b>	<p><b>STAR Kids:</b> Access to home health care, medical supplies, and service coordination is high, with strong communication and plan effectiveness. Gaps include access to special therapies, special medical equipment, respite care, and continuity/adaptability of home health. Support for caregivers with low household resources is a priority for MCOs.</p>
<b>3</b>	<p><b>Overall:</b> Both biennial and NCI surveys enhance quality-of-care monitoring for Texas Medicaid LTSS. They capture person-centeredness, choice/control, and community inclusion—key HCBS domains that align with the CMS HCBS Quality Measure Set, which will expand mandatory reporting statewide in 2028.</p>

# NCI Dashboards

## Welcome to the THLC Portal

The Texas HHSC is working to strengthen public reporting and to increase transparency and accountability of services and care being provided under the Texas Medicaid system. Our goal is to encourage further discussion on the aspects of care being tracked by these quality measures and spur collaboration among internal and external stakeholders to improve the quality of care and cost effectiveness of the Texas Medicaid system.

[Resources](#)[Contact Us](#)[User Guide](#)

### Explore Healthcare Quality Measures

#### Measures

**Medical****Downloader****Dental****CMS****Surveys****SK-SAI**  
STAR Kids Screening and  
Assessment Instrument**NCI-AD****NCI-CFS****Maternal Health**[National Core Indicators –  
Aging and Disabilities](#)[National Core Indicators –  
Child Family Survey](#)[Maternal Health - Quality  
of Care](#)**NCI-AD**

**National Core Indicators –  
Aging and Disabilities**

**NCI-CFS**

**National Core Indicators –  
Child Family Survey**



TEXAS  
Health and Human  
Services

## NCI-AD Measures ?

Options ▾

<b>Data Selection</b>		
<b>Year:</b>	<b>Plan:</b>	
<input style="width: 150px; height: 30px; border: 1px solid #ccc; padding: 5px; margin-right: 10px;" type="text" value="2021"/> <span style="font-size: 1.5em;">▼</span>	<input style="width: 150px; height: 30px; border: 1px solid #ccc; padding: 5px; margin-right: 10px;" type="text" value="All Plans"/> <span style="font-size: 1.5em;">▼</span>	<span style="border: 1px solid #0072BC; padding: 5px 10px; color: #0072BC; font-weight: bold; font-size: 1em;">Go</span>

### Peer Ranking Legend

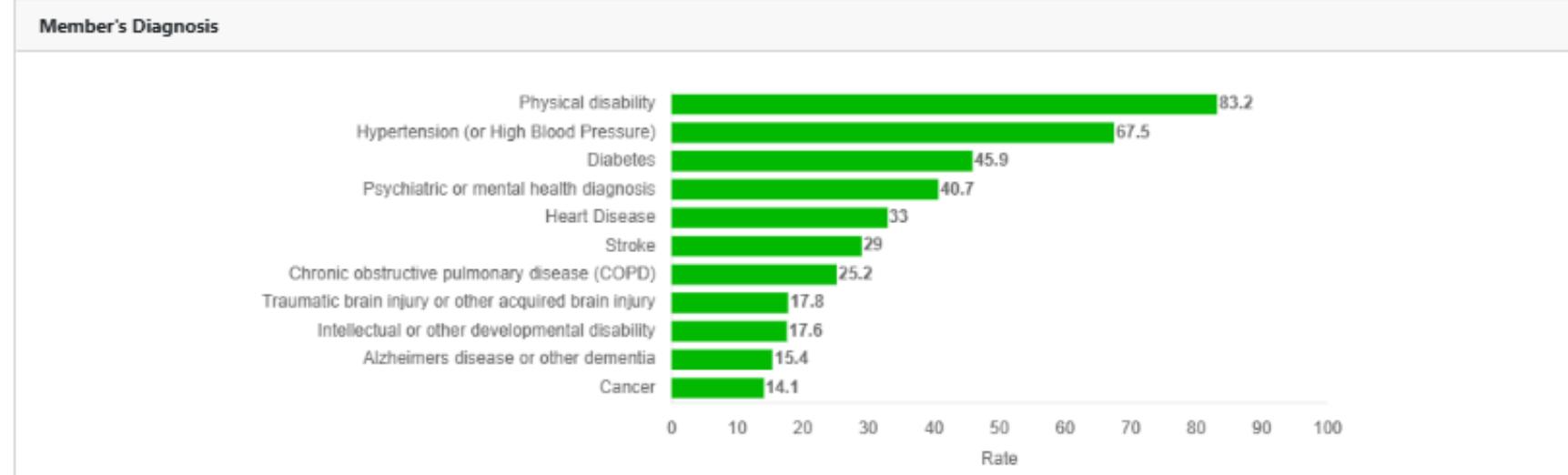
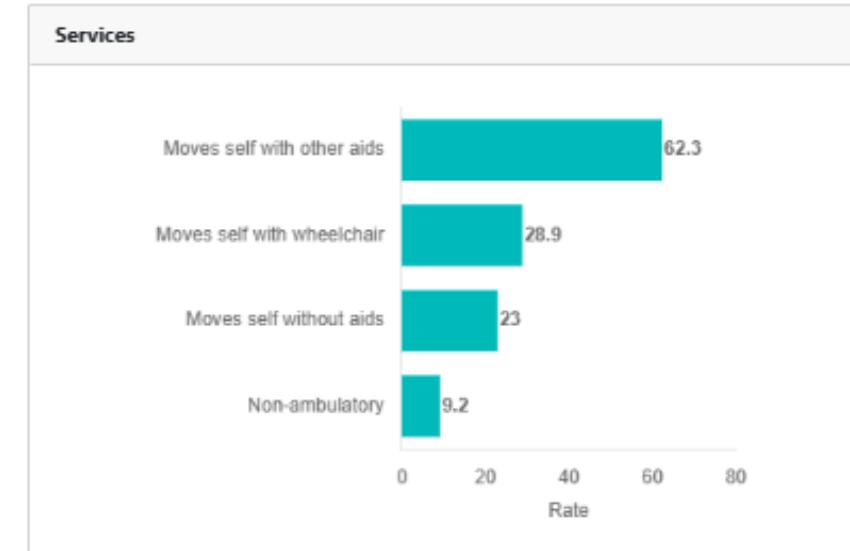
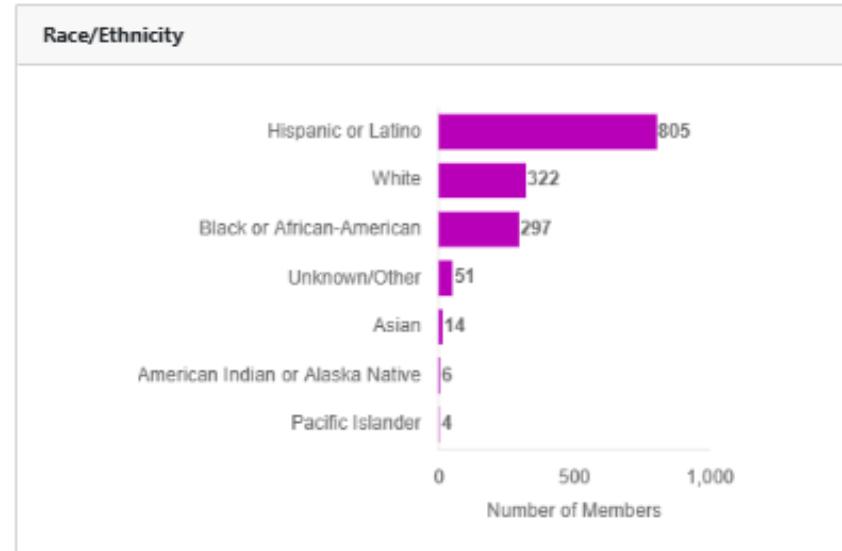
<b>Table Filter</b>	
<b>Measure Domain:</b>	<b>Search:</b>
<input type="button" value="All Domains"/> <input type="button" value="▼"/>	<input type="text" value="Search for measure name"/> <input type="button" value="Go"/>

## Peer Comparison Legend

Domain	Measure	Rate	Demographics	Rank	Peer Comparison	Trend
Community Participation	Gets to do things outside of their home as much as they want to	44.6				
	Takes part in activities with others as much as they want to	49.3				
Choice and Control	Able to furnish and decorate their room however they want to	75.9				
	Can choose or change their roommate	15.4				
	Feels in control of their life	64.8				
	Can get up and go to bed when they want to	86.0				
	Can eat their meals when they want to	86.1				
Relationships	Able to see or talk to their friends and family when they want	91.8				
Satisfaction	Likes where they live	84.0				
	Wants to live somewhere else	32.9				

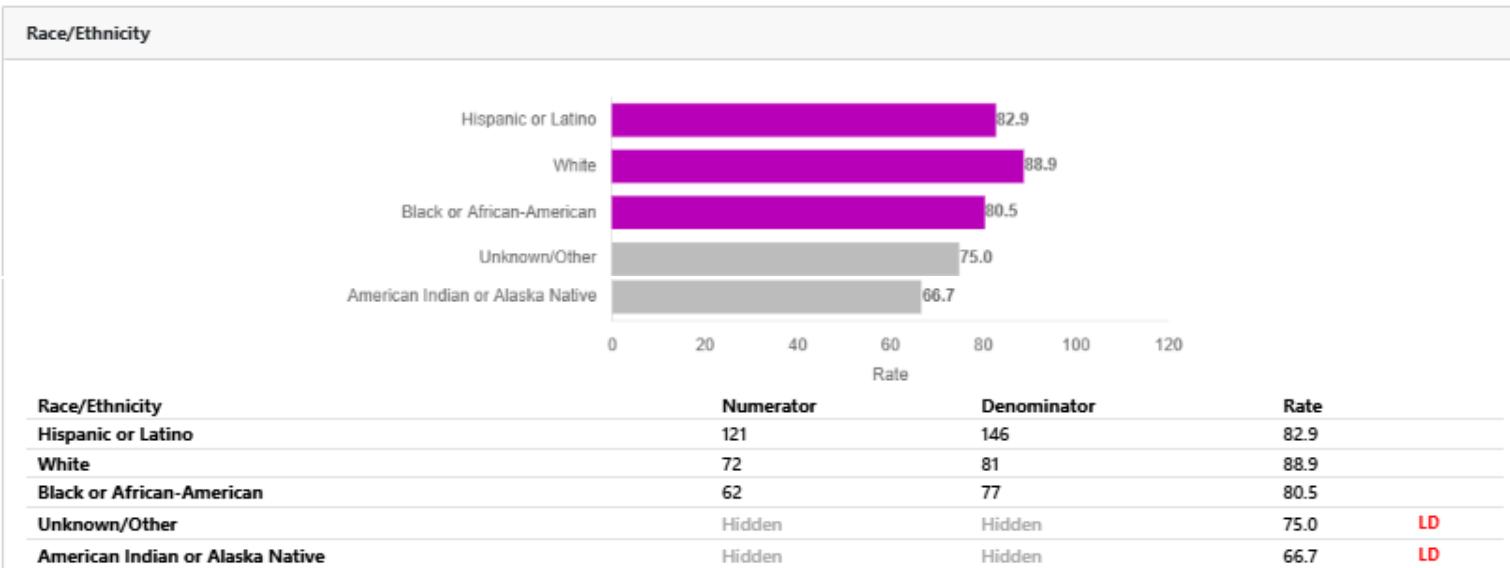
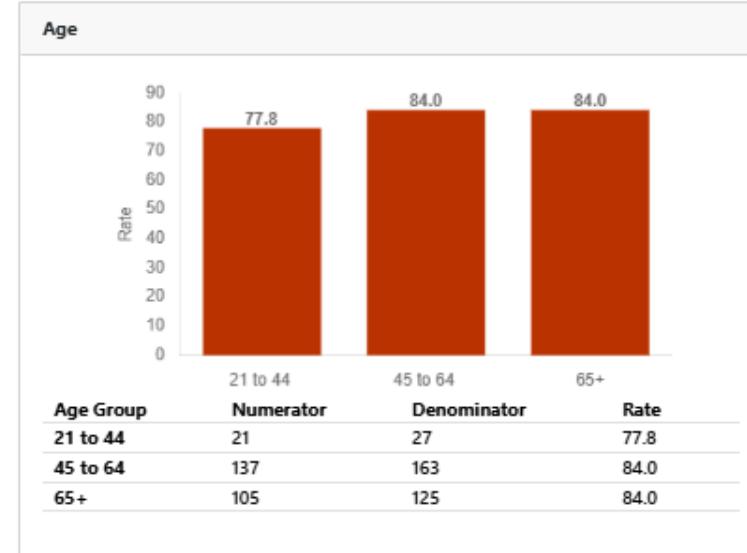
## Descriptive Dashboard

X



Close

Measure: Felt comfortable and supported enough to go home after stay in a hospital or rehab/nursing facility  
 Percentage of people who felt comfortable going home after being discharged from a hospital or rehab/nursing facility  
 (Reported rate: Yes)



# NCI-AD Measures ?

Options ▾

### Data Selection

Year: 2021 Plan: All Plans Go

### Peer Ranking Legend

- Improved since last reported year
- No change from last reported year
- Diminished since last reported year
- Not Reported

### Table Filter

Measure Domain: Care Coordination Search: Search for measure name Clear Search Results

### Peer Comparison Legend

- Nationwide
- Statewide
- Peer
- Plan Selection

Domain	Measure	Rate	Demographics	Rank	Peer Comparison	Trend
Care Coordination	Felt comfortable and supported enough to go home after stay in a hospital or rehab/nursing facility	83.5	1	1	1	+
	Has worked with someone to reduce risk of falls	72.6	2	2	2	+
	Had adequate follow-up after being discharged from a hospital or rehab/nursing facility	81.2	3	3	3	+
	Knows how to manage chronic conditions	69.2	4	4	4	+

Felt comfortable and supported enough to go home after stay in a hospital or rehab/nursing facility

Percentage of people who felt comfortable going home after being discharged from a hospital or rehab/nursing facility

All Plans

Reported Rate: Yes

Rate: 83.5

Denominator: 315

All the responses:

No: 52

Yes: 263

### Plan Rank View

Year: 2021

Plan: All Plans

Reported Rate: Yes

Felt comfortable and supported enough to go home after stay in a hospital or rehab/nursing facility

Percentage of people who felt comfortable going home after being discharged from a hospital or rehab/nursing facility

### Ranking Legend

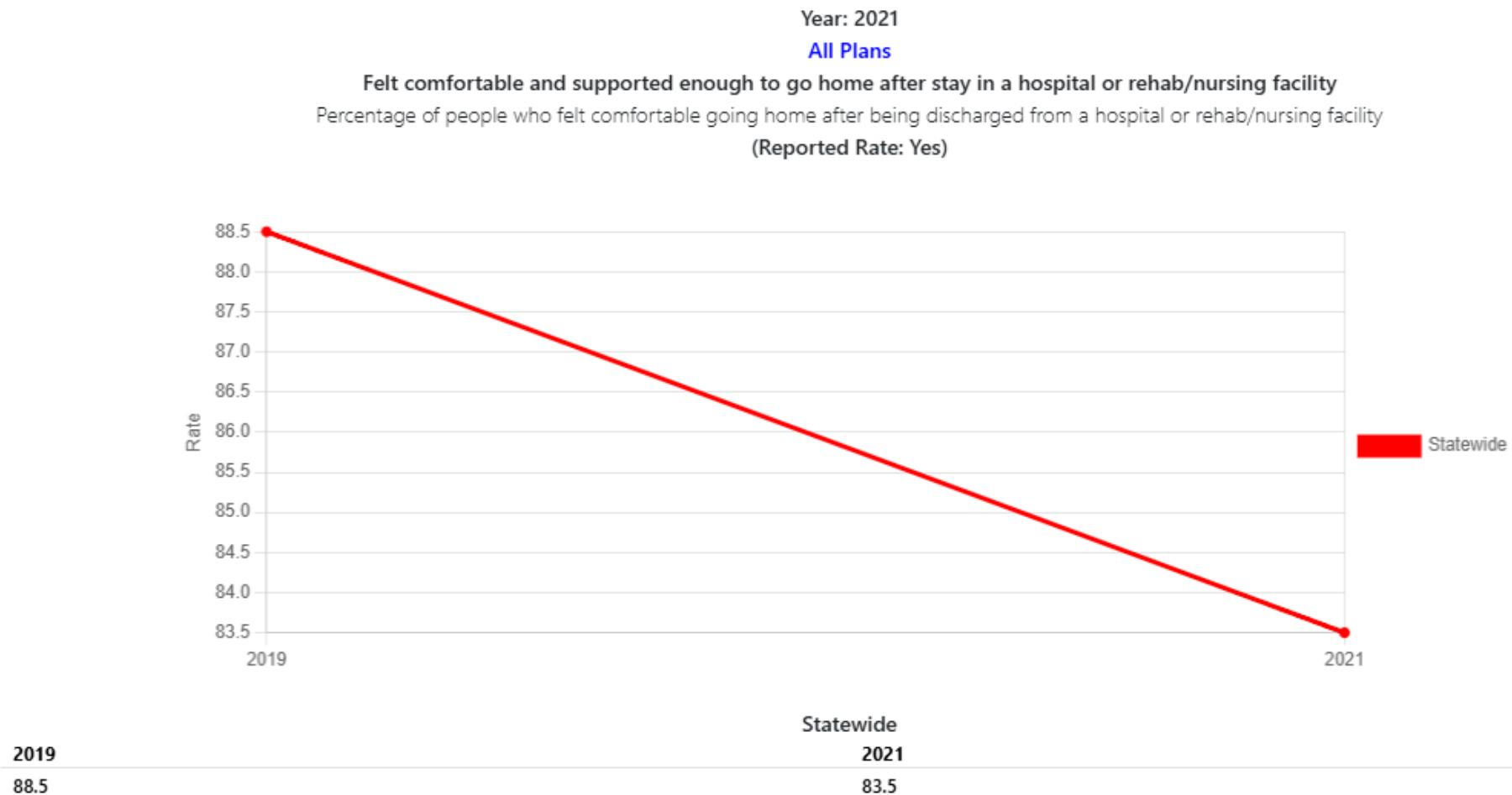
- Improved since last reported year
- No change from last reported year
- Diminished since last reported year
- Not Reported

Health Plan	Rank	Change in Rank	Rate
All Plans	1	2	83.5
Amerigroup	1	3	86.3
Molina	2	1	83.6
UHC	3	2	83.6
HealthSpring	4	2	83.3
Superior	5	4	79.7



TEXAS  
Health and Human  
Services

## Measure Trend View





**TEXAS**  
Health and Human  
Services

# Thank You

---

**Victoria Schluter, MSAS**

**Quality Analyst**

**[Victoria.Schluter@hhs.Texas.gov](mailto:Victoria.Schluter@hhs.Texas.gov)**

**HHSC Medicaid & CHIP Services, Quality & Program Improvement, Quality Assurance**