

STAKEHOLDER-DRIVEN QUALITY IN COLORADO LONG-TERM SERVICES AND SUPPORTS

Quality Framework and Gap Assessment Report



SPARK POLICY INSTITUTE
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Prepared by Spark Policy Institute on behalf of the
Community Living Quality Improvement Council (CLQIC),
in collaboration with the Colorado Department of Health
Care Policy and Financing.

Spark Policy Institute Team: Kristin Lacy (report author), Jacob Bornstein,
and Alex Dane

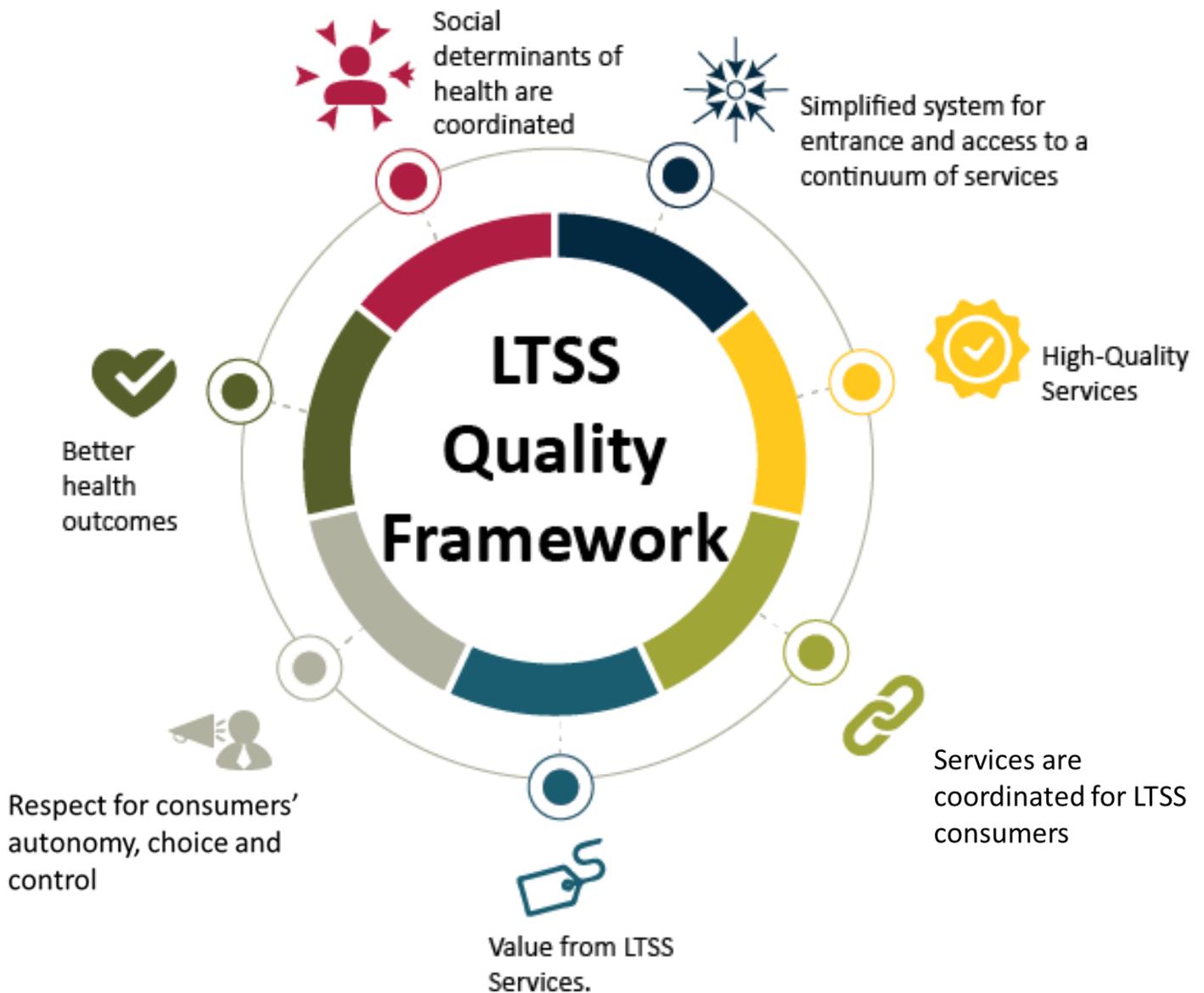
ACRONYMS USED IN THE REPORT

ACC	Accountable Care Collaborative
ACS	American Community Survey
AD	Aging and Disabilities
BRFSS	Behavioral Risk Factor Surveillance Survey
CAHPS	Consumer Assessment of Healthcare Plans Surveys
CDPHE	Colorado Department of Public Health and Environment
CLQIC	Community Living Quality Improvement Committee
CQL	Council on Quality and Leadership
ECHO	Experience of Care and Health Outcomes
HCPF	Health Care Policy and Financing
HSRI	Human Services Research Institute
IDD	Intellectual and Developmental Disabilities
LTSS	Long-term Services and Supports
MFP	Money Follows the Person Program
NCI	National Core Indicators
OCL	Office of Community Living (HCPF)
QF	Quality Framework
RAE	Regional Accountable Entity
RCCO	Regional Collaborative Care Organization (ACC)
SLS	Supported Living Services (ACC 2.0)
USDA	United States Department of Agriculture

EXECUTIVE SUMMARY

From 2016 to 2018 a stakeholder group, the Community Living Quality Improvement Committee (CLQIC), working with Spark Policy Institute and the Colorado Department of Healthcare and Financing, convened regularly to investigate, analyze and develop recommendations for assessing the quality of acute care and long term services and supports received by seniors and people with disabilities. A Quality Framework was developed with seven major areas or “domains” of critical importance to stakeholders, illustrated in the LTSS Quality Framework graphic below.

Researchers, policy-makers, consumers, and other stakeholders collaborated to identify existing, future and potential new metrics by which to measure these quality domains. Gaps in measurement were identified and a list of recommendations for improvement were developed.



MAJOR GAPS OF AVAILABLE METRICS IN THE QUALITY FRAMEWORK

- 1. Disability cultural competency and ADA facility accessibility**
- 2. Children with Disabilities data**
- 3. Mental and behavioral health consumer data**
- 4. Network Adequacy (comprehensive provider: enrollee ratio)**
- 5. Quality transitions data (adolescent to adult; facility to in-home care)**

RECOMMENDATIONS

- 1. Explore additional data sources to improve measurement in gap areas**
 - a. Claims Data through collaboration with HCPF
 - b. Inter-departmental data sharing with other state agencies to improve measurement in gap areas
- 2. Explore best practices of other states in gap areas:**
 - a. Disability cultural competency
 - b. Network adequacy
 - c. Caregiver professionalization and job satisfaction
 - d. LTSS Transitions
- 3. Consider piloting additional surveys (or integrate their questions into existing surveys) to elevate consumer perspective on critical gap areas:**
 - a. National Core Indicators Family Survey
 - b. National Core Indicators Staff Stability Survey
 - c. Council on Quality and Leadership's Personal Outcomes Survey

NEXT STEPS

- 1. Review the remaining ten sub-domains to identify metrics**
- 2. Pull current data for metrics identified in QF to develop a quality baseline**

OVERVIEW OF THE PROJECT

COMMUNITY LIVING QUALITY IMPROVEMENT COMMITTEE (CLQIC)

The Colorado Department of Health Care Policy & Financing (HCPF) hosts an advisory committee focused on quality improvement for HCPF's Office of Community Living (OCL). The **Community Living Quality Improvement Committee (CLQIC)** provides input to the OCL on the development of a robust quality strategy from a person-centered perspective, specifically for the population receiving long-term services and supports (LTSS). CLQIC is comprised of persons with lived experience, advocates, caregivers, providers and related stakeholders representing the following populations: older adults/aging, intellectual and developmental disabilities, physical disabilities, and mental and behavioral health disabilities. Spark Policy Institute (Spark) provides strategy, evaluation and facilitation services to the CLQIC.

DEVELOPING THE LTSS QUALITY FRAMEWORK

Over the course of 2016-2018 a major focus of the CLQIC was to develop a Quality Framework for LTSS populations through a stakeholder-driven, participatory approach. Spark worked with CLQIC to develop a Strategic Roadmap identifying necessary preconditions, from stakeholders' perspective, to achieve the "End of the Road" statement (see right; see Appendix A for a copy of the CLQIC Strategic Roadmap). Using the Strategic Roadmap, an outline of a Quality Framework was developed with seven domains and thirty sub-domains derived from preconditions CLQIC members identified. Twenty-one sub-domains were identified as most critical, solidifying the focus for the first year of work, and research began to select metrics to measure identified sub-domains (It should be noted that not all sub-domains are addressed in this first iteration of the Quality Framework; the remaining nine sub-domains may be addressed in future iterations of the framework).

CLQIC's End of the Road:

With person and family centeredness as a foundation, the CLQIC envisions a Colorado where consumers and families have the necessary information, access to services, and quality of care needed to remove barriers that prohibit individuals from being able to embrace the life they choose.

The QF identifies existing measures/metrics (from surveys, databases) that can be used to assess critical sub-domains of quality, while also identifying gaps where there are inadequate measures for the sub-domain. The full quality framework was developed in excel, with all metrics and associated information (source, sample, life stage relevant, population relevant, metric maturity, etc.) and can be made available upon request. An abbreviated version of the framework with critical sub-domains and stakeholder-prioritized metrics is provided on the following page.

While there are numerous regulatory and procedural quality measures HCPF must comply with, these measures are often at the administrative level and fail to integrate a person-centeredness approach to quality. The LTSS Quality Framework (QF) aims to effect change by bringing an evaluative framework to HCPF that tracks and measures areas of quality deemed critical from a *consumer's* perspective, thereby pairing anecdotal evidence with rigorous data that can be used

to effect policy change. The LTSS Quality Framework is an innovative approach to systems change that elevates consumer voice so the system works better for all people.



SIMPLIFIED SYSTEM FOR ENTRANCE AND ACCESS TO CONTINUUM OF SERVICES

PROVIDERS ARE ADA ACCESSIBLE	Percentage of CDPHE institutions out of compliance with: All common areas and dining areas shall be accessible to residents utilizing an auxiliary aid without requiring transfer from a wheelchair to walker or from a wheelchair to a regular chair for use in dining area. All doors to those rooms requiring access shall be at least 32 inches wide.
	Percentage of CDPHE program approved service agencies out of compliance with the Americans with Disabilities Act with regard to physical facilities
	Compliance with: facilities to provide-care and treatment, in compliance with state statute, that is respectful, recognizes a person's dignity, cultural values and religious beliefs, and provides for personal privacy to the extent possible during the course of treatment.
	Proportion of waiver recipients with at least one PCP visit per year compared to non-waiver recipients
PROVIDERS ARE ADA COMPETENT	Proportion of consumers' family representatives who feel their primary care doctor understand his/her needs related to his/her disability
LTSS NETWORK ADEQUACY	Number and percent of non-licensed/non-surveyed waiver providers enrolled during period, by type, that meet initial waiver provider qualifications.
	Number and % of HCBS providers surveyed by CDPHE, by type, trained in accordance with Dept regulations
	Number and % of HCBS non-surveyed providers, by type, trained in accordance with Dept regulations
	Proportion of consumers who can get an appointment with their doctor when they want to
	Do you have access to mental health services when you need them?
	Proportion of consumers who feel their paid staff change too often
	Proportion of consumers who have had a physical exam/wellness checkup in the last year



HIGH QUALITY SERVICES

FAMILY AND CAREGIVER WELL-BEING	Proportion of caregivers who have access to respite services
	Proportion of consumers' family representatives that feel the services and supports have reduced your overall family's out of pocket expenses for your family's medical care
	Proportion of consumers who would like a different caregiver
	Proportion of caregivers who describe their own physical health as poor
	Proportion of caregivers who describe their own mental health as poor
	Proportion of caregivers who cannot spend time socializing in ways that interest them because of caregiving responsibilities
	Proportion of caregivers who indicate they do not have help when they need it
	Referrals for Caregivers for Mental health services
	Proportion of caregivers who indicate spending more than 11 hours per week providing care to their child with a disability.
	Proportion of consumers who indicate their personal assistance/behavioral health staff explained things in a way that was easy to understand
	Proportion of consumers who feel safe around the people paid to support them

Gap Assessment and Recommendations for LTSS Quality Framework

QUALITY PERSONNEL	Proportion of consumers who knew what was being asked about at their last service planning meeting
	Proportion of consumers who feel the people who are paid to help them treat them with respect
	Proportion of consumers who feel the people who help them treat them the way they want them to
	Proportion of consumers who feel the people who help them listen carefully to what they ask them to do
	Proportion of consumers who feel the people who are paid to help them treat them with respect?
	Proportion of parents in last 12 months who feel the child's doctors or health care providers listened carefully to them
	Proportion of parents in the last 12 months who feel the child's doctors or health care providers provided the specific information they needed concerning the child



SERVICES ARE COORDINATED FOR LTSS CONSUMERS

TRANSITIONS FROM ADOLESCENT TO ADULT SERVICES	Proportion of family representatives who indicated they had a transition plan for their family member who transitioned out of school services in the last year.
TRANSITIONS FROM HOSPITAL TO NURSING HOME OR VICE VERSA	---POTENTIAL GAP---
TRANSITIONS FROM HOSPITAL (OR OTHER FACILITY) TO IN-HOME CARE AND VICE VERSA	Proportion of consumers who felt comfortable and supported going home after a hospital or rehab/nursing facility stay
	Proportion of consumers who had adequate follow up after leaving the hospital or rehab/nursing facility
	Proportion of consumers who have adequate changes to their home (grab bars, ramps, bathroom mods, emergency response systems, remote monitoring , etc.)
TRANSITION FROM REHAB TO NURSING HOME	---POTENTIAL GAP---



VALUE FROM SERVICES

	Per capita costs for those on HCBS waivers over time for Medicaid funded non-medical services VERSUS medical inflation OR Per capita costs for those in long-term nursing facilities over time for Medicaid funded non-medical services
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Gap Assessment and Recommendations for LTSS Quality Framework

THE COST CURVE IS BENDING	Per capita costs for those on HCBS waivers over time for Medicaid funded medical services VERSUS medical inflation OR Per capita costs for those in long-term nursing facilities over time for Medicaid funded medical services Total per capita costs for those on HCBS waivers over time VERSUS medical inflation OR Total per capita costs for those in long-term nursing facilities.
VALUE-BASED SERVICES FOR LTSS	-- POTENTIAL GAP--



RESPECT FOR CONSUMER'S AUTONOMY, CHOICE, AND CONTROL

SYSTEM FOR CAPTURING LIFE GOALS AND ITS USED ACROSS SERVICES	# and % of waiver participants in representative sample whose service plans address the waiver participants desired goals as identified in the Personal Goals Proportion of consumers who had a say in what services they would receive Referrals to advocacy agencies for consumers
ACCOUNTABILITY SYSTEMS IN PLACE	# and % of waiver participants in sample who received information/education on how to report abuse, neglect, exploitation, and other critical incidents Proportion of consumers who can choose or request to change your staff/case manager/service coordinator when they want to Proportion of consumers who indicate they thought they were treated unfairly or that their rights were violated Proportion of consumers who indicate they have been abused or neglected
CONSUMER FEELS SAFE	Proportion of consumers who feel worried for the security of their belongings Proportion of consumers who feel safe at home/ where they live Proportion of consumers who feel afraid/scared when they're at home / at work Proportion of consumers who feel safe when with the people they went to for counseling/treatment
CONSUMER HAS CHOICE AND AUTONOMY	# and % of waiver participants whose SP's document a choice between/among HCBS waiver services and qualified waiver service providers Proportion of consumers who feel in control of their life Proportion of consumers who chose the place where they live. Proportion of consumers who feel they have enough privacy in their home



BETTER HEALTH OUTCOMES

PREVENTABLE COMPLICATIONS	# and % of trainings provided to Case Management Agencies and providers on preventative strategies related to identified trends in critical incidents (App G, sub-a, PM 2; Record of trainings) Proportion of consumers who received a physical exam in the last year
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Gap Assessment and Recommendations for LTSS Quality Framework

AND CONDITIONS AVOIDED	Proportion of consumers with the following preventive care in the last 12 months: Physical exam/Wellness visit; Hearing exam; vision exam; flu shot; routine dental visit; cholesterol screening
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SOCIAL DETERMINANTS OF HEALTH

HOUSING	Proportion of consumers who like where they're living
	Proportion of consumers who know other people receiving services where they live
	Proportion of consumers who have been worried/stressed often with about having enough money to pay your rent/mortgage
	Proportion of consumers with running hot and cold water
	Proportion of parents/guardians/participants currently delinquent on their rent/mortgage
EMPLOYMENT	Proportion of consumers with a paid job in the community, either part time or full time
	Proportion of individuals on the SLS (Supported Living Services) waiver who are eligible for up and receiving individual/group employment services
	Average number of hours per week worked by eligible SLS waiver recipients
	Proportion of SLS employment services recipients that are satisfied with their job
	Proportion of parents who indicate the reason their child is not insured is due to job loss
FOOD SECURITY	Proportion of people who have access to healthy foods
	Proportion of consumers who often go without a meal when they need one because there is no one there to help them
	Proportion of consumers receiving SNAP benefits
	Proportion of consumers who were often worried/stressed in the last 12 months about having enough money to buy nutritious meals
	Proportion of consumers who had to go without food because of lack of money
TRANSPORTATION	Proportion of consumers who always have a way to get where they want to go
	Proportion of consumers who say they have often been unable to get somewhere in the last month because they could not find transportation
	Proportion of consumers who say not having access bus stops or light rail stations because there are no sidewalks is a major
	Proportion of consumers who say difficulty boarding and exiting buses or light rail trains is a major problem
	Proportion of consumers who say they have often not had a way to get their medical appointments
	Proportion of consumers who say, in the last 3 months, they were unable to get in and out of their ride easily to their medical appointment
HAPPINESS/WELL BEING	Proportion of parents who say problems with getting transportation was a reason for not getting the child the needed health services
	Proportion of consumers satisfied with what they do during the day
	Proportion of consumers who are lonely
	Proportion of consumers who are able to do things they enjoy outside of their home when and with whom they want
	Proportion of parents who say their child smiles a lot

Activities and Timeline

Spark managed a participatory approach to the development of the QF, facilitating stakeholder group discussions and working with HCPF representatives to ensure departmental input. While Spark lead the research and identification of metrics, the findings are meant to represent CLQIC stakeholders' perspectives and recommendations and do not represent the opinions of Spark or HCPF.

01 CONSUMER SURVEY CROSSWALK

Spark began by collecting all HCPF consumer surveys and associated metrics. This included National Core Indicators (NCI) surveys, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, and many more. All metrics were mapped against the domains and sub-domains identified by stakeholders.

03 MAP EXTERNAL DEPARTMENTAL DATA

Resources and databases outside of HCPF were identified through an environmental scan, identifying key cross-departmental data sharing opportunities to inform areas of the quality framework. This included, for example, the Colorado Department of Transportation, Colorado Department of Public Health and Environment, Colorado Department of Labor and Employment, and Colorado Department of Human Services, and the U.S. Census Bureau.

05 LOOK TO THE FUTURE

The framework incorporates metrics from the Functional Assessment Standardization Item (FASI) to map out future metrics that will be available in coming year and better inform the quality framework.

02 MAP ADDITIONAL DATA SOURCES

Spark then reviewed other existing databases, outside of consumer surveys, that could inform the Framework. This included the Home and Community-Based Services Quality Assurances, a set of quality requirements to be met by HCPF and reported on annually to the Center for Medicaid and Medicare Services. This also included collaboration with additional departments within HCPF, such as the Colorado Opportunity Project. Lastly, this included identifying potential metrics that could be collected from claims data.

04 INVESTIGATE BEST PRACTICES IN OTHER STATES

For areas of significant gap in measurement, Spark conducted short interviews with subject matter experts and advocates as well as literature reviews of best practices from other states to inform recommendations.

06 ONGOING ENGAGEMENT

Several formal and informal rounds of feedback on the quality framework were conducted with a variety of stakeholders. CLQIC committee members reviewed the development of the quality framework on a bi-monthly basis and meetings were held with HCPF representatives from numerous departments on a quarterly basis to inform the quality framework.



Sources and Contributors to the Project

Numerous data sources were used to identify metrics for the QF including HCPF-administered Assurances, consumer surveys, publicly-available datasets from other state and national organizations, as well as potential claims data sources. The list of sources used was not meant to be exhaustive or comprehensive; rather, sources reviewed were those identified by HCPF staff and CLQIC stakeholders. (See Appendix B for a complete inventory of sources reviewed for this gap assessment report).

Development of the QF was made possible by collaboration among consumers, advocates and agencies. See Appendix E for a full list of stakeholder contributors to the project.

How to read this report

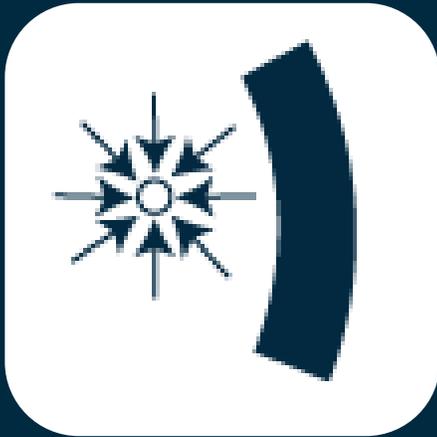
This report is formatted to enable readers to skip to those domains and sub-domains of greatest interest to them. The following pages break down the framework by domain and critical sub-domains within. Each sub-domain is presented with a narrative summary to describe it's importance and the CLQIC's approach to measurement of it, followed by a table of "*Stakeholder-prioritized Metrics*" illustrated in the format seen below.

Question or Metric						
Source *	Current/future metric*	Age relevant	Population Relevant	Ability to Disaggregate the Data	Numerator / Denominator	Limitations

* Sources are abbreviated in tables, see Appendix C for full names)

**Future metrics are from the FASI Assessment tool to be implemented in 2020

Following each table is a list of recommendations that aim to address the limitations and gaps in each sub-domain.



SIMPLIFIED SYSTEM OF ENTRANCE AND ACCESS TO CONTINUUM OF SERVICES

In order for LTSS consumers to experience quality of care they must experience simplified access to a continuum of services in a way that is respectful of their special disability needs.



PROVIDERS ARE ADA ACCESSIBLE

Anecdotal evidence suggests that many people with significant disabilities may avoid going to the doctor because the physical environment (doctor’s office) is not supportive of their needs. People with physical disabilities say they skip annual wellness exams because exam tables are not accessible to them, making transition from wheelchair to exam table uncomfortable if not impossible. While the Americans with Disabilities Act (ADA) is federal law, the sub-domain has proven to be difficult to measure within current administrative reporting requirements on consumer-based surveys. HCPF representatives indicated the Department is not the ultimate authority over ADA compliance, and thus do not collect that information; ultimately the onus lies with each independently-operating provider office. Still, this critical sub-domain remains important to consumers and there may be other ways to establish an indirect measurement of ADA accessibility, which could influence improved evaluation in the future. Currently, there is no way to accurately measure where and when ADA-compliant height adjustable exam tables and weight scales are available in public and private practice offices, or if the providers offices are pragmatic and physically accessible. Despite Federal ADA rules and regulations, State Medicaid offices are not required to assess whether or not wheel chair accessible exam tables, weight scales, sign language interpreters and other disability accessibility accommodation are available and used; however, some consumer surveys and claims data may help develop a better measurement of accessibility, as described below.

Stakeholder-prioritized Metrics

Proportion of CDPHE-licensed group homes and assisted living centers out of compliance with: “All common areas and dining areas shall be accessible to residents utilizing an auxiliary aid without requiring transfer from a wheelchair to walker or from a wheelchair to a regular chair for use in dining area. All doors to those rooms requiring access shall be at least 32 inches wide.”

CDPHE compliance reports for Program Approved Service Agencies	Current	Adults	IDD, Group Homes and Assisted Living Centers	N/A	# of institutions not in compliance / Total institutions reviewed	Only applies to Program Approved Service Agencies, which apply to three IDD waivers ONLY (DD/SLS/CES). Only applies to group homes and assisted living, not home-care or general primary care facilities. The information is gathered through CDPHE inspection visits only, which occur irregularly and there is no published report. Thus, unclear whether the numerator would be accessible.
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Proportion of CDPHE Program Approved Service Agencies out of compliance with the Americans with Disabilities Act with regard to physical facilities.

CDPHE compliance reports for Program Approved Service Agencies	Current	Adults	IDD, Adult Day Habilitation Services	N/A	# of institutions not in compliance / Total institutions reviewed	Only applies to Program Approved Service Agencies, which apply to three IDD waivers ONLY (DD/SLS/CES). Only applies to group homes and assisted living, not home-care or general primary care facilities. Information is gathered through CDPHE inspection visits only, which occur irregularly and there is no published report. Thus, unclear whether the numerator would be accessible.
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Number of Hospitals certified to participate in Medicaid/Medicare in violation of compliance with State requirement to “provide-care that is respectful, recognizes a person's dignity, cultural values and religious beliefs, and provides for personal privacy to the extent possible during the course of treatment.”

Gap Assessment and Recommendations for LTSS Quality Framework

No regularly published source; Institutions are surveyed every three years by CDPHE (Regulation comes from: 6 CCR 1011-1, Chapter 2, part 6.104, Patient Rights (d) findings)	Current	Adults and Children	Hospitals certified to participate in Medicaid/Medicare	N/A	# of institutions not in compliance in a three-year period / Total institutions reviewed	Information gathered by CDPHE inspections, every 3 years, if ADA violations are suspected a report is submitted to CMS Office of Civil Rights to refer the issue or write the deficiency based on circumstances found – no published report on compliance, so it is unclear if numerator would be accessible. The language also does not overtly point out disability accessibility in the State Regulation.
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Recommendations

The above metrics apply only to limited populations and reports are irregular and potentially inaccessible, representing significant limitations to the metrics. Stakeholders identified the following recommendations to improve measurement of ADA accessibility:

1. Use Claims Data to Demonstrate Need

Claims Data should be analyzed to derive the number of LTSS waiver recipients who have received at least one wellness visit in the last twelve months and compared to non-waiver wellness visits. Claims data could also be analyzed identifying the extent to which persons with Medicaid-funded wheel chairs receive routine preventive care services compared to their counterparts who do not use wheelchairs. The difference in proportion among the two populations could help demonstrate need to further investigate why LTSS consumers are completing annual checkups less often.¹

2. Add question to NCI surveys and/or FASI to elevate consumer perspective

Consumer data would help concretize anecdotal evidence that LTSS consumers are not visiting their doctor because of ADA inaccessibility. A follow-up question should be added to NCI and/or FASI survey question regarding wellness exams: *If you have not received your physical/wellness exam in the last year, why not?* A response code would be developed to include an option for “unsupportive physical environment.”²

¹ A data request to analyze wellness visits in HCBS versus non-waiver recipients was sent to Data Analysts within the Office of Community Living and received January 2018. The data demonstrated a 3% difference between Non-HCBS patients (28%) and HCBS patients (25%) with a wellness visit in the last 12 months. Further analysis is recommended to disaggregate the data based on waiver category and time on waiver.

² The NCI question is stated: “Have you had the following preventive care? (Physical exam/Wellness Visit; Hearing exam; Vision exam; flu shot; routine dental visit; cholesterol screening done by doctor). The FASI question is currently stated as “Has the participant had a physical examination by a medical professional performed in the past year?”



PROVIDERS ARE ADA COMPETENT

Similar to ADA accessibility, some people with disabilities express avoiding routine doctor visits because they feel disrespected because of their disabilities or needs. This may indicate a lack of cultural sensitivity among providers caring for LTSS consumers. Stakeholders believe it is critical to assess disability cultural competency to better understand and begin to improve how and why people with disabilities are so uncomfortable seeking preventive medical care services. Currently there are no available metrics to measure ADA competency, representing a major gap in the Quality Framework. Similar to ADA accessibility, stakeholders recommend some indirect ways to measure this issue from a consumer's perspective, as well as some ideas around disability training requirements for providers.

Stakeholder-prioritized metrics

There are no current metrics to measure this sub-domain.

Recommendations

1. Add a question to the NCI Surveys and/or FASI

Consumer data is important to concretize anecdotal and experiential evidence that LTSS consumers feel providers are not adequately trained in disability competencies. A follow-up question should be added to NCI and/or FASI survey question regarding the incidence of wellness exams: *If you have not received your physical/wellness exam in the last year, why not?* A response code would be developed to include an option for "Providers are not sensitive to my disability needs"³

2. Measure proportion of providers that have completed Disability Competent Care Training

Excellent HCPF-developed videos and other training guides on disability-competent care are provided on HCPF's website. HCPF is "working with providers and local disability organizations to improve access to appropriate care to better meet the needs of persons with disabilities. This work will address the physical accessibility and cultural competency of facilities. The goal of this work is to remove barriers by highlighting accessibility strengths in each facility and assist clients in finding a provider that best fits their health care needs."⁴ HCPF leadership indicated there was ongoing discussion about making disability-competent care training required by at least all case managers in the future. Stakeholders recommend requiring disability-competent care training for all LTSS providers, and in the interim, beginning measuring the number of medical providers, by region and waiver, that have completed recommended trainings.

3. Pilot the NCI Family Survey

The NCI Family Survey is part of the overall National Core Indicators project and designed to help measure key outcomes for LTSS populations by including data from the family of the LTSS consumer. Currently 16 states are participating in the NCI Family Survey, with about 1,000 families surveyed per year. If piloted, the following question from the NCI Family Survey would be included to better measure disability cultural competency experience by LTSS consumers: *Does your family member's primary care doctor understand his/her needs related to his/her disability?*

³ The NCI question is stated: "Have you had the following preventive care? (Physical exam/Wellness Visit; Hearing exam; Vision exam; flu shot; routine dental visit; cholesterol screening done by doctor). The FASI question is currently stated as "Has the participant had a physical examination by a medical professional performed in the past year?"

⁴ Additional resources on disability competent care can be found at <https://www.colorado.gov/pacific/hcpf/provider-training>



PROVIDERS DEMONSTRATE NETWORK ADEQUACY FOR LTSS POPULATIONS WITHIN EACH REGIONAL ACCOUNTABLE ENTITY (RAE)

In order to access care, a sufficient number of providers (both primary care and LTSS) are needed within each region to reach consumers. “Network Adequacy” is a healthcare term used to measure the ratio of medical providers to consumers in a given region, usually applied to general/primary medical care. LTSS Network adequacy is more complex and difficult to measure as it includes a range of different types of specialty service agencies, case managers, and home-based and facility-based providers such as group homes, nursing homes, long-term rehabilitation providers and home-based personal care attendants. LTSS Network Adequacy is also important for assessing staff sustainability and improving turnover rates among LTSS caregivers, which have been historically high in home and community-based LTSS care.⁵ Many states and advocacy groups are working to develop concrete LTSS Network Adequacy measures; however, there is currently no such measure in Colorado. As seen below, some metrics from consumer surveys help to understand access issues.

Stakeholder-prioritized Metrics

Number and % of non-licensed/non-surveyed waiver providers enrolled during period, by type, that meet initial waiver provider qualifications						
HCBS Quality Assurances – Appendix C, Sub-ii, Performance Measure 1	Current	Adults and Children	All HCBS waiver recipients	Waiver, RAE/region	N/A	Requires more discussion with HCPF to understand implications of this metric, especially waiver provider qualifications
Number and % of HCBS providers surveyed by CDPHE, by type, trained in accordance with Department regulations						
HCBS Quality Assurances – Appendix C, Sub-ii, Performance Measure 2	Current	Adults and Children	All HCBS waiver recipients	Waiver, RAE/region	N/A	Trainings are different for every provider; “surveyed” implies a licensed institution – requires more discussion with HCPF to understand how this metric is measured and applied, especially department regulations
Can you get an appointment with your doctor when you need one? (2) Yes; (1) Sometimes; (0) No; (98) Don’t know; (100) Unclear response						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Disability, Type of Residence, race, ethnicity, gender, age	Respondents that indicate (0) / Total respondents	
Do the staff who are paid to support you change too often? (2) Yes; (1) Some, or sometimes; (0) No; (98) Don’t know; (100) Unclear response						

⁵ There is a growing demand for personal care aides, home health aides and nursing assistants, especially as the demand for long-term services and supports escalates and individuals transition from institutional care to home and community-based settings. Research demonstrates that stability of the workforce and relationships has a direct impact on the lives of the people supported, and service quality is highly related to workforce stability. (https://www.nationalcoreindicators.org/upload/core-indicators/Final2015_Staff_Stability_Results_NASDDDS_Membership_vJan172017.pdf)

Gap Assessment and Recommendations for LTSS Quality Framework

NCI-AD	Current	Adults	Physical Disabilities and Aging	Disability, Type of Residence, race, ethnicity, gender, age	Respondents that indicate (2) / Total respondents	
Has the participant had a physical examination by a medical professional performed in the past year? (No; Yes)						
FASI	Future	Adults, Children	All waiver recipients	Waiver category, age, gender, language, ethnicity, race, marital status, region	Respondents that indicate (No) / Total respondents	
Which of the following contributed to this child not receiving needed health services? (a) This child was not eligible for services (b) services this child needed were not available in your area; (c) There were problems getting an appointment when this child needed one (d) There were problems with getting transportation or child care (e) The clinic/doctor's office wasn't open when this child needed care; (f) there were issues related to cost						
NCHS	Current	Children	All disabilities	Age, sex, language, special needs, race, ethnicity	Respondents that indicate (b) or (c) / Total children in the sample with special needs	
Do the people who are currently paid to help you change too often? (2) Yes; (1) Some, or sometimes; (0) No; (98) Don't know; (100) Unclear						
NCI-AD	Current	Adults	Aging and Physical Disabilities	Disability, Type of residence, race, ethnicity, gender, or age	Respondents that indicate (2) / Total Respondents	

Recommendations

1. Add access question to the NCI-IDD survey

The question on the NCI-AD survey *Can you get an appointment with your doctor when you need one?* is not on the IDD survey, and therefore leaves out the populations of intellectual and developmental disabilities, and behavioral health. Stakeholders recommend adding the same question to the NCI-IDD survey to ensure coverage of these vulnerable LTSS populations.⁶

2. Add follow-up question to FASI and NCI surveys

A follow-up question should be added to NCI and/or FASI survey regarding wellness exams: *If you have not received your physical/wellness exam in the last year, why not?* A response code would be developed to include an option for “There were problems getting an appointment when needed” and “No provider was available in my network”⁷

⁶ HCPF can add up to ten questions to the NCI surveys per year for their own analysis.

⁷ The NCI question is stated: “Have you had the following preventive care? (Physical exam/Wellness Visit; Hearing exam; Vision exam; flu shot; routine dental visit; cholesterol screening done by doctor). The FASI question is currently stated as “Has the participant had a physical examination by a medical professional performed in the past year?”

3. Pilot the NCI Staff Stability Survey

To develop policies and programs to support direct care providers, reliable data on turnover, wages, benefits, and recruitment/retention strategies is required. The NCI Staff Stability Survey is currently administered in 20 states (2016) and helps examine critical data for this sub-domain. Sample questions/metrics that could be considered from this survey are:

- Tenure length
- Turnover rate
- Vacancy Rates
- Average wages and benefits

4. Continue research of best practices in LTSS Network Adequacy

LTSS Network Adequacy is an emerging issue across the country and many states are making critical advancements towards improved measurement of this sub-domain. The current standard for HCBS network adequacy is measuring one or more of the following leading indicators of gaps in service: (1) late visits, (2) missed visits (3) travel time and distance to reach a medical or LTSS provider. Most commonly, other states are measuring indicators (1) and (2) through electronic visit verification forms currently unavailable in Colorado. In order to measure indicator (3) a comprehensive list of providers by waiver category, by region. Currently, the most comprehensive list is included at Health First Colorado's website⁸, however it does not allow for disaggregation necessary to develop a ratio of providers to enrollees. Stakeholders recommend working with other advocacy groups to further research best practices and work towards a comprehensive LTSS provider list.

⁸ <https://www.healthfirstcolorado.com/find-doctors/>



HIGH QUALITY SERVICES

While the sense of 'quality' is embedded throughout the framework, it is important to call out some of the most critical and unique aspects of LTSS quality. It is important to recognize the specific training needed for in-home care providers and case managers as well as acknowledge that many times LTSS care is provided by families of consumers.



FAMILY AND CAREGIVER WELL-BEING

Many times quality of service received from LTSS caregivers can be linked to high levels of stress, lack of support, and other challenges faced by minimum wage in-home caregivers. It is critical to track caregiver wellbeing, including family members, unskilled personal attendants, and professional providing care in a number of different home and community settings. Currently there are few validated metrics addressing such work force issues available in Colorado; however, as seen below, implementation of the FASI in 2020 will bring new measurement opportunities. Additional consumer quality surveys may also help to improve measurement of important aspects of caregiving such as financial stability and access to respite services for caregivers.

Stakeholder-prioritized Metrics

In an average week how many hours do you or other family members spend providing health care at home for this child? (1) This child does not need health care provided on a weekly basis; (2) No at home care was provided by me or other family members (3) Less than 1 hour per week; (4) 1-4 hours /week; (5) 5-10 hours per week; (6) 11 or more hours per week						
NSCH	Current	Children	All children with disabilities	Age, sex, language, special needs, race, ethnicity	Total number of children with special needs in the sample / Number of respondents who indicate (5) or (6)	Will only give baseline information; does not indicate if they're paid or not
How would you describe your own physical health? (Excellent; good; fair; poor; don't know; chose not to answer) If "fair or Poor" follow up question: Do you believe that caregiving is affecting your overall physical health?						
FASI, Caregiver Section	Current	Adults and Children	All LTSS waiver recipients' caregivers	Length of time with participant; frequency of visits; care provided; relationship to participant	# of caregivers in fair or poor health who said they believe caregiving is affecting their overall physical health / # of caregivers who reported being in fair or poor health	
How would you describe your own mental health? (Excellent; good; fair; poor; don't know; chose not to answer) If "fair or Poor" follow up question: Do you believe that caregiving is affecting your overall mental health?						
FASI, Caregiver Section	Current	Adults and Children	All LTSS waiver recipients' caregivers	Length of time with participant; frequency of visits; care provided; relationship to participant	# of caregivers that believe caregiving is affecting their overall mental health / # of caregivers who reported being in fair or poor mental health	
Are you able to spend time socializing such as visiting with family/friends or attending events in the community that interest you? (1) Yes; (2) No, due to caregiving responsibilities; (3) No, not due to caregiving responsibilities; (4) Choose not to respond.						
FASI, Caregiver Section	Current	Adults and Children	All LTSS waiver recipients' caregivers	Length of time with participant; frequency of visits; care provided;	Respondents that indicate (2) / Total Respondents	

				relationship to participant		
<p>As the primary caregiver, do you have anyone in your life who helps you when you need it? F/U: Can you depend on this person to help you, i.e. is the help routine and available when you need it? (Yes; No; Chose not to answer)</p>						
FASI, Caregiver Section	Current	Adults and Children	All LTSS waiver recipients' caregivers	Length of time with participant; frequency of visits; care provided; relationship to participant	# of caregivers who report "No" to having someone who helps when you need it.	

Recommendations

1. Pilot the NCI Family Survey

The NCI Family Survey is part of the overall National Core Indicators project, designed to assess key outcomes for LTSS populations by including data from the family of the LTSS consumer. Currently 16 states are participating in the NCI Family Survey, with about 1,000 families surveyed per year. Stakeholders recommend piloting the NCI Family Survey, and tracking the following questions to improve measurement of family and caregiver well-being:

- *If you need respite services, do you have access to them?*
- *Do you feel that services and supports have reduced your overall family's out of pocket expenses for your family's medical care?*
- *Does the case manager / service coordinator respect your family's choice and opinion?*

2. Add questions to the FASI caregiver section

Some stakeholders also recommend adding questions to the caregiver section of the FASI regarding common challenges caregivers face, which could help establish a baseline and drive policy interventions to provide better support for caregivers. Questions should include asking caregivers about challenges in partnerships/marriage/intimacy, and challenges with caring for other siblings when tasked with primary caregiver responsibilities for a child with disabilities.



QUALITY PERSONNEL

Quality LTSS provider personnel are critical to achieving overall quality of care for LTSS consumers. The term ‘quality’ is meant to be an overarching term, encompassing various aspects of adequacy and competency, but most importantly includes a consumer perspective of being informed and treated respectfully. As quality is a wide-reaching term, stakeholders selected numerous metrics from current sources to measure this sub-domain. Still, there are critical and unique aspects of LTSS quality that stakeholders felt remain under-developed including caregiver professionalization. (The high number of metrics in the table below represent an attempt to encompass questions that reach all LTSS populations – aging, physical disabilities, developmental disabilities, etc.)

Stakeholder-prioritized Metrics

Do you feel safe around the people who are paid to support you? (2) Yes, always; (1) Some, or usually; (0) No, never or rarely; (98) Don’t know; (100) Unclear

NCI-AD	Current	Adults	Aging and Physical Disabilities	Disability, Type of residence, race, ethnicity, gender, or age	Respondents who indicate (0) / Total Number of Respondents	No clear definition to individual on what “safe” means to them (or for purposes of survey)
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Do you feel the people who are paid to help you treat you with respect? (2) Yes, always; (1) Some, or usually; (0) No, never or rarely; (98) Don’t know; (100) Unclear

NCI-AD NCI-IDD	Current	Adults	Aging, Physical, Intellectual and Developmental Disabilities	Disability, Type of residence, race, ethnicity, gender, or age	Respondents who indicate (0) / Total Number of Respondents	Question may be difficult to answer for someone with IDD. The survey should provide examples
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Did you know what you were being asked about at your last service planning meetings? (2) Yes, always; (1) Some, or usually; (0) No, never or rarely; (98) Don’t know; (100) Unclear

NCI-IDD	Current	Adults	Intellectual and Developmental Disabilities	Disability, Type of residence, race, ethnicity, gender, or age	Respondents who indicate (0) / Total Number of Respondents	Not all participate in service planning meetings; Some stakeholders believe this question is too vague and will not be understood by IDD consumers
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Do the people who help you treat you the way you want them to?

ECHO	Current	Adults	Behavioral Health	N/A	Respondents who indicate their staff do not always treat them the way they want to / Total Respondents	
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Do the people who help you listen carefully to what you ask them to do? (1) Yes; (2) No; (DK) Don’t know; (R) Refused

CCT-MFP	Current	Adults	Transitional LTSS consumers	N/A	# of respondents who indicate (2) / Total Respondents	
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Do the people who are paid to help you do things the way you want them done? (2) Yes, always; (1) Some, or usually; (0) No, never or rarely; (98) Don’t know; (100) Unclear

Gap Assessment and Recommendations for LTSS Quality Framework

NCI-AD	Current	Adults	Aging, Physical Disabilities, Intellectual and Developmental Disabilities	Disability, Type of residence, race, ethnicity, gender, or age	Respondents who indicate (0) / Total Respondents	
During the last 12 months, how often did this child's doctors or health care providers listen carefully to you? (1) Always; (2) Usually; (3) Sometimes; (4) Never						
NSCH	Current	Children	All disabilities	Age, sex, language, special needs, race, ethnicity	# of respondents who indicate (4) / Total children in the sample with special needs	
During the last 12 months, how often did this child's doctors or health care providers provide the specific information you needed concerning the child? (1) Always; (2) Usually; (3) Sometimes; (4) Never						
NSCH	Current	Children	All disabilities	Age, sex, language, special needs, race, ethnicity	# of respondents who indicate (4) / Total children in the sample with special needs	
Do you feel safe around the people who are paid to help you? (1) Yes, always; (2) Usually; (3) No, never or almost never; (4) Don't know; (5) Unclear response; (6) Refused/no answer						
FASI	Future	Adults and Children	All LTSS waiver recipients	Waiver category, age, gender, language, ethnicity, race, marital status, region	Respondents who indicate (3) / Total respondents	No clear definition to individual on what "safe" means to them (or for purposes of survey)
Do you feel the people who are paid to help you treat you with respect? (N/A - No paid supports; N/A - Question not asked because paid support persons are present; (1) Yes, always; (2) Usually; (3) No, never or almost never; (4) Don't know; (5) Unclear Response						
FASI	Future	Adults and Children	All LTSS waiver recipients	Waiver category, age, gender, language, ethnicity, race, marital status, region	Respondents who indicate (3) / Total respondents	No clear definition to individual on what "respect" means to them (or for purposes of survey)

Recommendations

1. Ensure a metric is in place to target behavioral health consumers

As the ECHO (Experience of Care and Health Outcomes) survey is likely phasing out in the next few years, it will be important to include a quality measurement for behavioral health. The metric should be similar to that already in place, *"Do the people who help you treat you the way you want them to?"*

2. Ensure the FASI continues inclusion of these quality personnel metrics

Stakeholders ranked the future metrics from the FASI assessment tool very high in terms of measurement of quality personnel, especially as it reaches across all waivers. It will be important to ensure the delivery of these questions and ensure adequate follow-up to the data.

3. Research caregiver professionalization metrics

Stakeholders expressed concerns about the professionalization of LTSS caregivers including curriculum and certification to assure better-trained personnel and job satisfaction/pride which improve staff stability. Measuring pride in the profession for HCBS caregivers and case managers was identified as a critical challenge in the development of LTSS provider quality. Stakeholders recommend furthering research on professionalization of the LTSS and HCBS caregiver professions and developing specific metrics to measure job satisfaction and to recommend improvements where and when needed by LTSS participants.

4. Explore Service Planning Worksheets

Some stakeholders indicated that many LTSS consumers do not understand their service planning worksheets due to esoteric language and complicated processes. Stakeholders recommend exploring these tools in-depth, using learnings from the QF research to improve quality.

5. Explore sources for quality assessments of case managers and service coordinators

Some stakeholders felt that metrics listed above pertain more to professional care providers, not to case managers, care givers, or service coordinators, who provide critical links in LTSS care. Stakeholders recommend working with HCPF to identify additional data sources that would help explore quality among caregivers.



SERVICES ARE COORDINATED FOR LTSS CONSUMERS

As LTSS consumers may transition in and out of different facilities and the type of care needed may change throughout their life, it is important to develop a coordinated system that eases transitions and maintains quality during transitions from one provider to another and during life transitions from childhood to adulthood.



TRANSITIONS FROM ADOLESCENT TO ADULT SERVICES ARE COORDINATED

When transitioning from adolescence to adulthood, many LTSS consumers experience a reduction in quality of care because of changes in and/or disruption of services. Without a specific and customized transition plan, consumers who are not familiar with new providers and systems can lead them to not seek the care they need. The CLQIC was unable to identify adequate metrics to measure this transition sub-domain, but has identified some potential avenues to advance the research in coming years as outlined below.

Stakeholder-prioritized metrics

There are no metrics currently in place that adequately measure this sub-domain.

Recommendations

1. Research and collaborate with other groups to inform best practices

Many states are advancing efforts to develop comprehensive transition planning to help simplify service and benefit changes, including contract language for service coordinators and managed care organizations. Programs like Got Transition⁹, aim to improve transitions from pediatric to adult health care through the implementation of transition plans and metrics that can be tracked across providers and states. Stakeholders recommend furthering research into these programs and collaborating with other advocates to inform best practices on transition plans.

2. Pilot the NCI Family Survey

The NCI Family Survey is part of the overall National Core Indicators project and designed to help measure key outcomes for LTSS populations by including data from the family of the LTSS consumer. Currently 16 states are participating in the NCI Family Survey administration, with about 1,000 families surveyed per year. Questions in the Family Survey that pertain to Sub-domain 3.1 include:

- *If your family member transitioned out of school services during the past year, did s/he have a transition plan?*

⁹ <http://www.gottransition.org/>



TRANSITIONS FROM HOSPITAL TO NURSING HOME OR VICE VERSA ARE COORDINATED

When transitioning to or from a nursing home, many consumers experience similar disruption of services, and reductions in their quality of care. Many times the hospital or nursing home discharge planning processes break down which can cause a medication lists to be lost or misplaced, and other challenges in loss of information or coordination. Many LTSS consumers feel they are transitioned to a nursing home that is unprepared or inadequate to meet the special needs of their disability.

Stakeholder-prioritized metrics

The CLQIC was unable to identify any adequate metrics for this sub-domain.

Recommendations

As there is no available data for this sub-domain at this time, the CLQIC recommends deeper investigation of this sub-domain in the next iteration of the QF development. This may include identifying additional databases or consumer surveys that measure transitions, as well as looking to other states' work on LTSS transitions for best practices.



TRANSITIONS FROM HOSPITAL (OR OTHER FACILITY) TO IN-HOME CARE AND VICE VERSA ARE

Case workers, doctors, and in-home care attendants are often not aware of the needs of a consumer after a hospital stay, and therefore do not provide the necessary support to achieve positive outcomes. This sub-domain is critical to ensure the smooth transition of individuals from a variety of institutional care facilities (hospitals, nursing homes, etc.) into home and community-based care (an increasing trend).

Stakeholder-prioritized metrics to measure

When leaving the hospital or the rehab/nursing facility, did you feel comfortable and supported enough to go home? (1) Yes; (2) No; (3) Don't know						
NCI-AD	Current	Adults	Aging and Physical Disabilities	Disability, Type of residence, race, ethnicity, gender, or age	Respondents who indicate (2) / Total Number of Respondents	Only answered by those who had hospital visit in las year (potentially low sample)
After leaving the hospital or rehab/nursing facility and going home, did anyone follow-up with you to make sure you had the services, supports and help you needed? This could be a doctor, case manager, social worker, or others. (1) Yes; (2) No; (3) Don't know						
NCI-AD	Current	Adults	Aging and Physical Disabilities	Disability, Type of residence, race, ethnicity, gender, or age	Respondents who indicate (2) / Total Number of Respondents	"adequate follow-up" left to be interpreted by the patient; Only answered by those who had hospital visit in las year (potentially low sample)
Many people need changes to their homes such as grab bars, ramps, bathroom modifications, emergency response systems, remote monitoring and others to make it easier living at home. Do you need one of these changes to your home? (3)Needs one; (2)Has one, but needs upgrade;(1) Has one, and doesn't need upgrade; (0)does not need; (98)Don't know; (100)Unclear/Refused to answer/no response)						
NCI-AD	Current	Adults	Aging and Physical Disabilities	Disability, Type of residence, race, ethnicity, gender, or age	Total survey respondents' X 6 (represents total number of options) / # or (3) or (2) were selected	Question only demonstrates need, does not represent whether need was met; however tracking this over time can be a leading indicator for whether the needs are being met
Have you ever talked to a Case Manager or Service Coordinator about any special equipment or changes to your home that might make your life easier? Did you get the equipment or make the changes needed? (01) yes; (02) no; (DK) Don't know; (N/A) not applicable; (R) Refused)						
MFP-CCT	Current	Adults	LTSS consumers in transition		# of respondents who indicated (01) / Total respondents	MFP program only; program not likely to continue past 2020, very limited sample size

Recommendations

Similar to other *transitions* sub-domains, CLQIC recommends further research to identify additional sources (databases, consumer surveys) that measure quality in transitions, and looking to other states to identify best practices.



TRANSITIONS FROM REHAB TO NURSING HOME ARE COORDINATED

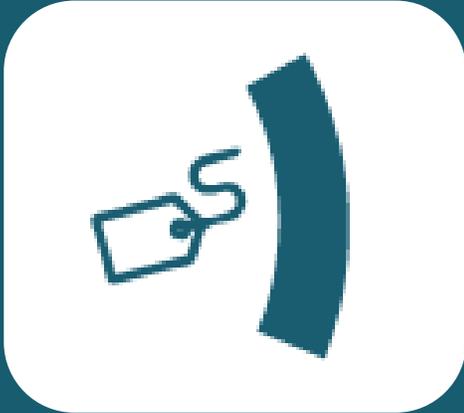
CLQIC still needs to work with HCPF to articulate attributes that define quality within this transition and inherent challenges to be addressed.

Stakeholder prioritized Metrics

The CLQIC was unable to identify any adequate metrics for this sub-domain.

Recommendations

Similar to other *transitions* sub-domains, CLQIC recommends further research to identify additional sources (databases, consumer surveys) that measure quality in transitions, and looking to other states to identify best practices.



VALUE FROM LTSS SERVICES



THE COST CURVE IS BENDING

People with disabilities consume a significant portion of state Medicaid dollars, and costs are always increasing given the medical complexity of seniors and people with significant disabilities. Such increases are just not sustainable, so the cost curve needs to level out for Colorado to afford payment for services and supports. It may be that home and community-based care is less expensive than that provided in facilities, and many times increasing the scope of home and community-based LTSS care has been treated by state and federal programs as a solution to costly institutional care. The metrics in this sub-domain are aimed at developing a baseline to measure against in the following years to speak to the above assumption.

Stakeholder-prioritized Metrics

Per capita costs for those on HCBS waivers over time for Medicaid funded non-medical services vs. medical inflation OR Per capita costs for those in long-term nursing facilities over time for Medicaid funded non-medical services

Budget Tables (FY 2017-18 Medical Services Premiums Exhibits)						
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Per capita costs for those on HCBS waivers over time for Medicaid funded non-medical services vs. medical inflation OR Per capita costs for those in long-term nursing facilities over time for Medicaid funded non-medical services

Budget Tables (FY 2017-18 Medical Services Premiums Exhibits)						
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Recommendations

The CLQIC does not have recommendations to improve the sub-domain at this time.



THERE ARE VALUE-BASED SERVICES FOR LTSS POPULATION FROM RAES

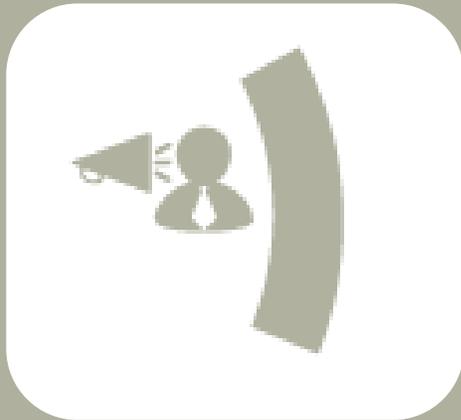
To bend the ever-rising health care cost curve, ensuring that outcomes are met at a population level is important, rather than incentivizing providers to run duplicate and unnecessary tests or triggering avoidable and costly ER visits and hospital admissions. Value-based services are generally linked to quality measures and fixed per person, per month capitation rates, where medical providers are paid for the overall health of the populations they are assigned to serve. Capitation for LTSS may be difficult to institute because, as a population in need of long-term services, individuals are not necessarily improving in overall health or functional health status. However, tracking hospitalization or treatment for preventable diseases, like skin ulcers could help. That said, capitation for Medicaid medical and LTSS services in Colorado is being slowly tested, with a demonstration year beginning in Dec. 2017 which includes many in the LTSS population. More information is needed about this prior to using a metric.

Stakeholder-prioritized Metrics

The CLQIC was unable to identify any adequate metrics for this sub-domain.

Recommendations

The CLQIC does not have any recommendations to improve the sub-domain at this time.



**RESPECT FOR
CONSUMER'S
AUTONOMY, CHOICE
AND CONTROL**



THERE IS A SYSTEM FOR CAPTURING LIFE GOALS AND USED ACROSS SERVICES

An assessment of a person’s goals should drive the wrap around supports they receive from medical and community service providers. Capturing and using goal statements is considered by stakeholders to be critical for identifying individuals’ needs for support, as well as achieving personal autonomy and pursuing quality of life objectives. Stakeholders identified implementation of a widely-used *system* to capture personal goals as critical, but to date we have been unable to identify any existing system to address this priority sub-domain. The FASI assessment tool, to come online in 2020, will provide both narrative and digitally-available information on personal goals.

Stakeholder-prioritized Metrics

Number and Percent of waiver participants in a representative sample whose service plans address the waiver participants desired goals as identified in the Personal Goals						
HCBS Quality Assurances (Appendix D, sub-a, Performance Measure 4; Program Review tool/Super Aggregate); Annual	Current	All HCBS waivers	Adults and Children	By waiver category, by RAE	Number of waiver participants whose service plans addressed desired goals / Total waiver participants	Assumption that consumers participate in planning meeting and expressed their goal.
Support and information needed and desired by participant/parent/guardian for engagement and self-advocacy/advocacy:(1)Contact with agency, advocate, peer-advocate to provide additional information or navigation assistance; (2)Training to increase self-advocacy/advocacy capabilities; (3)Information about options for advocacy or self-advocacy support; (4)Assistance to meet reasonable accommodation needs.						
FASI Assessment: Participant Engagement Section	Future	All LTSS waiver recipients	Adults and Children	Waiver category, age, gender, language, ethnicity, race, marital status, region	Total # of enrollees who received the appropriate follow up for what they asked for (unclear if we can measure this) / Total waiver participants	Open-ended question; unclear how it is coded; Unclear how follow-up to options is measured if at all
Referrals to advocacy agencies: (1)Aging and Disability Resources for CO; (2) Center for Independent Living; (3) Area Agency on Aging; (4) CO Chapters of The Arc; (5) CCDC; (6) CO Gerontological Society; (7) Other Advocacy Group						
FASI Assessment Tool : Section Participant Engagement Tool; Annual	Future	All LTSS waiver recipients; Adults and Children	Adults and Children	Waiver category, age, gender, language, ethnicity, race, marital status, region	Total # of received referrals by those agencies (unclear if we can measure this) / Total referrals to agency	Unclear how follow up would be measured to referrals; consumer and guardian may not be in agreement.

Recommendations

- 1. Collaborate with RAE’s to understand future management practices**

The seven Regional Accountable Entities may have plans to incorporate requirements of recording personal goal statements or implementation of system to capture these statements. Stakeholders recommend collaborating with RAE managers in the next iteration of the Quality Framework to identify potential metrics that could help measure the utilization of personal goals in service planning within each region.

2. Research the use of Service Coordination Plans with HCPF

In general, stakeholders would like to better understand the service coordination plans used by case managers to guide service planning for waiver recipients. RAEs may have different requirements of utilization of these plans, and data sets have historically been difficult to access and analyze. In the next iteration of the quality framework stakeholders would like to research more deeply the service coordination plan metrics, which would require partnership and agreement from HCPF.



**SERVICES AND SUPPORTS ADAPT TO INDIVIDUALS’
CHANGING GOALS AND RELATED OUTCOMES**

As individuals’ goals change over time, services must adapt to meet the changing life circumstances LTSS consumers. This should involve, in stakeholders’ opinion, the inclusion of consumers in their service planning and a regular feedback loop for changing goals or needs.

Stakeholder-prioritized Metrics

Are you able to choose or change what kind of services you get and determine how often and when you get them? (2) Yes, all services; (1) Sometimes, or some services; (0) No; (98) Don’t know; (100) unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Waiver, Type of residence, race, ethnicity, gender, or age	# of respondents who indicate (0) / Total Respondents	Question is two-fold
Number and percent of waiver participants in a representative sample whose service plans were revised, as needed to address changing needs						
HCBS Quality Assurances; Appendix D, Sub-C, Performance Measure 2	Current	Adults and Children	All HCBS waiver recipients	By waiver, by RAE	# of respondents who indicated (0) / Total waiver recipients	Measurement may somewhat subjective (i.e. what does ‘revised as needed’?)
Do the services you receive meet your needs and goal? (3) Yes, completely, all needs and goals (2) Mostly, most needs and goals; (1) Somewhat, some needs and goals; (0) No, Not at all, needs or goals are not met (98) Don’t know; (100) Unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Waiver, Type of residence, race, ethnicity, gender, or age	# of respondents who indicated (0) / Total waiver recipients	
Are you able to choose the services you want as part of your service plan? (2) Yes, all services; (1) Sometimes, or some services; (0) No; (98) Don’t know; (100) Unclear/refused/no response						
NCI-IDD	Current	Adults	Intellectual and Developmental Disabilities	Waiver, Type of residence, race, ethnicity, gender, or age	# of respondents who indicated (0) / Total waiver recipients	
Has your case manager / care coordinator talked to you about services that might help with your needs and goals? (2) yes; (0) No; (98) Don’t know; (100) Unclear/refused/no response						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Waiver, Type of residence, race, ethnicity, gender, or age	# of respondents who indicated (0) / Total waiver recipients	
During the past 12 months how often did the child’s doctors or health care providers work with you to decide together which health care and treatment choices would be best for this child? (1) Always; (2) Usually; (3) Sometimes; (4) Never						

Gap Assessment and Recommendations for LTSS Quality Framework

NCHS	Current	Children	All disabilities	Age, sex, language, special needs, race, ethnicity	# of respondents who indicated (4) / Total children in the sample with special needs	
During the last 12 months, how often did this child's doctors or health care providers Help you feel like a partner in this child's care? (1) Always; (2) Usually; (3) Sometimes; (4) Never						
NCHS	Current	Children	All disabilities	Age, sex, language, special needs, race, ethnicity	# of respondents who indicated (4) / Total children in the sample with special needs	
What is important to the participants/parent/guardian in self-advocating/advocating and engaging around his/her/the participant's services? (open-ended)						
FASI	Future	Adults and Children	All LTSS waiver recipients	Waiver category, age, gender, language, ethnicity, race, marital status, region	N/A	Open-ended question, would require back-end coding

Recommendations

1. Include a question that reaches behavioral health consumers.

The current metrics do not reach behavioral health consumers, and the only identified data source for this population is the ECHO survey, slated to be phased out over the next few years. It will be critical to identify a quality survey for these consumers and to include a question about the coordination and planning of their services in a way that supports autonomy, choice and control.

2. Pilot the CQL Personal Outcomes Measures or include questions in the NCI surveys.

Council on Quality Leadership (CQL) develops tools for measuring quality in LTSS populations, including the Personal Outcomes Measures survey. The survey is administered in person in an interview style with open-ended questions. Questions in the survey that pertain to sub-domain 5.1 include

- *Who decided what services you would receive? How did you decide who would provide the service?*



ACCOUNTABILITY SYSTEMS ARE IN PLACE TO IMPROVE THE SYSTEM

Providers that provide poor or even abusive services should be reported and this information should be shared with the community to improve quality across the board. Stakeholders have shared anecdotal evidence of abuse and neglect by providers but for lack of accountability systems these instances go unreported. Further, vulnerable seniors and people with significant disabilities live in fear of retaliation from their personal, in-home attendants and service agencies for complaining about the services they receive. Reported instances of retaliation include, for example, delays in services provided such as bathing, toileting, dressing, eating, having visitors, having money or possessions misplaced or stolen, sexual abuse. It is critical to begin and maintain robust. Independent measurement (and reporting) of this sub-domain to improve the quality of life of vulnerable populations.

Stakeholder-prioritized Metrics

Waiver participants in a representative sample who received information/education on how to report abuse, neglect, exploitation and other critical incidents						
HCBS Quality Assurances, Appendix G, sub-a, performance Measure 1; BUS Data (Annual; all HCBS waiver recipients)	Current	Adults and Children	All HCBS waiver recipients	Waiver, RAE/region	# of recipients who received training / Total waiver recipients	
Can you choose or request to change your staff, case manager or service coordinator if you want to? (2) Yes, all services; (1) Sometimes, or some services; (0) No; (98) Don't know; (100) Unclear/refused/no response						
NCI-IDD	Current	Adults	Intellectual and Developmental Disabilities	Waiver, Type of Residence, race, ethnicity, gender, age	# of respondents who indicate (0) / Total respondents	Historically, CO Has been higher than national average (78% vs. 70%) but still overall low

Recommendations

The CLQIC does not have recommendations to the improve the sub-domain at this time.



CONSUMERS FEEL SAFE

Fundamental to high quality experience of services, LTSS consumers need to be safe around their caregivers, in their community, and in the privacy of their living space. As seen below there are numerous metrics to measure this sub-domain from consumer surveys and the FASI assessment tool, and the number of metrics is meant to cover the breadth of many sub-populations of LTSS.

Stakeholder-prioritized Metrics

Are you ever worried for the security of your belongings? (2) Yes; (1) Sometimes; (0) No, never; (98) Don't know; (100) Unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Waiver, Type of residence, race, ethnicity, gender, or age	# of respondents who indicate (2) / Total Respondents	
Do you feel safe at home/where you live? (2) Yes, always; (1) Most of the time; (0) Rarely or Never (98) Don't know; (100) Unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Waiver, Type of residence, race, ethnicity, gender, or age	# of respondents who indicate (0) / Total Respondents	No clear definition of "safe"
Are you ever afraid or scared when you are home? At your day program/other activity? At work? When walking in the community? In Transport? For each... (1) Yes, always; (2) Sometimes; (0) No, rarely or never.						
NCI-IDD	Current	Adults	Intellectual and Developmental Disabilities	Waiver, Type of residence, race, ethnicity, gender, or age	# of respondents who indicate (1) / Total Respondents	No indication of why they feel unsafe unless the interviewer asks
In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment? (1) Never (2) Sometimes (3) Usually (4) Always						
ECHO	Current	Adults	Behavioral Health	Age, gender, education, ethnicity, race, disaggregated by 5 BHOs and CMHC, by 7 RCCO regions	# of respondents who indicate (1) / Total Respondents	2018 will likely be last year of program and survey
Are you concerned for your safety at home? (Yes, most of the time; Sometimes; Rarely or never; Don't know; Unclear Response; Refused/No Response)						
FASI, Safety and Self-Preservation Section	Future	Adults and Children	All HCBS waivers	Waiver category, age, gender, language, ethnicity, race, marital status, region	# of respondents who indicate (Yes) / Total Respondents	
If you are concerned for your safety or if you were to ever feel unsafe, do you have somebody to talk to that could help you feel safe? (Yes, Maybe not sure; No; Don't know; Unclear Response; Refused/no Response)						

Gap Assessment and Recommendations for LTSS Quality Framework

FASI, Safety and Self-Preservation Section	Future	Adults and Children	All HCBS waivers	Waiver category, age, gender, language, ethnicity, race, marital status, region	# of respondents who indicate (No) / Total Respondents	Individuals with Developmental Disabilities may not be able to respond to this question
Do you feel safe around the people who are paid to support you? (2) Yes, all paid support workers, always; (1) Some, or usually but not always; (0) No, never or rarely; (98) Don't know; (100) Unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Waiver, Type of Residence, race, ethnicity, gender, age	# of respondents who indicate (0) or (1) / Total respondents	No clear definition to individual on what "safe" means to them (or for purposes of survey)
Do you feel safe around the people who are paid to help you? (1) N/A – No paid supports; (2) N/A Question not asked because paid support persons are present; (3) Yes, always; (4) Usually; (5) No, never or almost never; (6) Don't know; (7) Unclear Response; (8) Refused/no response						
FASI Assessment Tool Section Safety and Self-preservation	Future	Adults and Children	All HCBS waiver recipients	Waiver category, age, gender, language, ethnicity, race, marital status, region	# of respondents who indicate (4) / Total respondents	No clear definition to individual on what "safe" means to them (or for purposes of survey)

Recommendations

The CLQIC does not have recommendations to the improve the sub-domain at this time.



CONSUMER HAS CHOICE AND AUTONOMY

Fundamental to living with maximum independence as possible is a consumer’s choice and autonomy. Consumer choice has been uniformly identified by stakeholders as a high area of concern and is woven throughout the QF; some metrics listed below for this sub-domain may be repeated in other sub-domains throughout which only demonstrates the importance of autonomy and choice in the overall work. This sub-domain aims to measure the balance of safety and the freedom to assume personal risk - in the friends people choose, the places they go, the hours they keep, what they eat, etc. This is sometimes referred to as the “*Dignity of Risk*” in which providers and caretakers seek to ensure a safe environment but still allowing individuals to operate with the highest level of independence possible. In general, stakeholders were pleased with the metrics in existing surveys as well as metrics that will come out with the FASI in 2019.

Stakeholder-prioritized Metrics

Service Providers document a choice between/among HCBS waiver services and qualified waiver service providers						
HCBS Quality Assurances; Appendix D, Sub-E	Current	Adults and Children	All HCBS waivers	Waiver category, age, gender, language, ethnicity, race, marital status, region	# of waiver recipients whose Service Providers document options among/between HCBS waiver services / Total Number of waiver recipients	
Do you feel in control of your life? (2) Yes; (1) in between; (0) no; (98) Don't know; (100) unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Waiver category, age, gender, language, ethnicity, race, marital status, region	# of recipients who indicate (0) / Total respondents	
Did you choose the people you live with (or choose to live by yourself)? Did anyone ask you who you'd like to live with? For each... (1) Yes; (2) No						
NCI-IDD	Current	Adults	Intellectual and Developmental Disabilities	Waiver category, age, gender, language, ethnicity, race, marital status, region	# of recipients who indicate (2) for each question / Total respondents	
Do you feel that you have enough privacy in your home? (Yes; No; Don't know; Unclear Response; Refused/No answer)						
FASI	Future	Adults and Children	All HCBS waiver recipients	Waiver category, age, gender, language, ethnicity, race, marital status, region	# of recipients who indicate answer the question and indicate (no) / Total respondents	

Recommendations

1. Add a question to the IDD, ECHO and/or FASI about ‘sense of control’

Stakeholders ranked the question from the NCI-AD, “Do you have control of your life?” very high when prioritizing for this sub-domain; however, the question does not appear on other surveys that reach developmental disabilities and behavioral health consumers. Stakeholders recommend adding a similar question around “sense of control” to the IDD, ECHO (or other behavioral survey), or FASI assessment tool to establish coverage of all LTSS consumers.

2. Pilot the CQL Personal Outcomes Measures (POMS) survey

The Council on Quality Leadership’s POM survey has a large focus on individual rights and autonomy, which is not equally represented in the NCI surveys. Specifically, stakeholders prioritized the question:

- *Are any of your rights formally limited? If yes, did you agree to the limitation? What is being done to change the situation?*



BETTER HEALTH OUTCOMES

A key indicator of quality for LTSS consumers will be tracking how health outcomes are changing over time. Specifically, preventable complications should be avoided as LTSS consumers are better integrated into holistic care.



Preventable complications and conditions are avoided

When preventable complications arise, it's an indication of poor quality of care. The most important issue in this sub-domain for stakeholders was the over-occurrence of skin lesions (“bedsores”) among LTSS consumers in assisted living facilities and in home and community-based care services from prolonged confinement in bed or in a wheelchair, where the skin can turn into a serious infection. Currently, there is not a good measure for this in Colorado or otherwise; however, it may be possible to measure the occurrence of skin lesions through claims data which would establish a baseline for this important issue. In addition to bedsores, this sub-domain aims to measure adequate access to preventive health care for LTSS consumers.

Stakeholder-prioritized Metrics for measurement

Case Management Agencies and providers provided with trainings on preventive strategies related to identified trends in critical incidents						
HCBS Quality Assurances; Appendix G, Sub-A, Performance Measure 2)	Current	Adults and Children	All waiver recipients	Waiver, RAE/region	# of agencies which have completed trainings / total case management agencies and providers	
Have you had the following preventive care in the past year? Physical exam/Wellness visit; Hearing exam; vision exam; flu shot; routine dental visit; cholesterol screening done by doctor or nurse... For each (2) Yes; (1) no; (98) Don't know; (100) unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Waiver, Type of residence, race, ethnicity, gender, or age	# of respondents who indicate (1) for wellness exam/ Total Number of respondents	
Have you had a complete physical exam in the last year? (2) Yes; (1) no; (98) Don't know; (100) unclear						
NCI-IDD	Current	Adults	Intellectual and Developmental Disabilities	Waiver, Type of residence, race, ethnicity, gender, or age	# of respondents who indicate (1) / Total respondents	
In the past 12 months did this child see a doctor, nurse, or other health care professional for sick-child care, well-child checkups, physical exams, hospitalizations or any other kind of medical care? (1) yes; (2) no.						
NCHS	Current	Children	All disabilities	Age, sex, language, special needs, race, ethnicity	# of respondents who indicate (2) / Total children in the sample with special needs	

Recommendations

1. Utilize claims data to establish a baseline measurement of occurrence of skin lesions

Claims Data may be applicable here to begin tracking the assumed over-occurrence of skin lesions in LTSS consumers, especially in institutional care. Stakeholders would like to use the next iteration of the quality framework to develop a data-sharing agreement with HCPF and more deeply investigate potential metrics from claims data to demonstrate need for better monitoring of this sub-domain.

2. Utilize claims data to establish a baseline measurement of hospitalization for pneumonia

Claims Data may be applicable here to begin tracking the assumed over-occurrence of pneumonia in LTSS consumers, especially in institutional care. Stakeholders would like to use the next iteration of the quality framework to develop a data-sharing agreement with HCPF and more deeply investigate potential metrics from claims data to demonstrate need for better monitoring of this sub-domain.

3. Expand the list of preventive care options

The question on the NCI surveys asking consumers about preventive care they have received is somewhat limited, especially to common occurrences among LTSS consumers. Stakeholders recommend adding more response options to this question, including mental health screening/checkups, medication re-assessments, and pneumonia.



SOCIAL DETERMINANTS OF HEALTH

Quality of Health is not only determined by access to care but increasingly impacted by social determinants of health such as employment, food security and community involvement.



Having a safe, secure housing environment that the consumer chooses is fundamental to quality of life for LTSS stakeholders. Overall there are numerous metrics available both from HCPF-administered consumer surveys, other state departments, as well as publicly-available datasets, as seen below.

Stakeholder-prioritized Metrics

In general, do you like where you're living? (2) Yes; (1) In between; (0) No; (98) Don't know; (100) unclear						
NCI-AD	Current	Aging and Physical Disabilities	Adults	Waiver, type of residence, race, ethnicity, gender, age	Respondents who indicate "0" / Total number of respondents	
Do you like your home or where you live? (2) Yes; (1) In between; (0) No; (98) Don't know; (100) Unclear						
NCI-IDD	Current	Intellectual and Developmental Disabilities	Adults	Waiver, type of residence, race, ethnicity, gender, age	Respondents who indicate "0" / Total number of respondents	
Do you like where you live? (01) Yes; (02) No; (03) Sometimes; Don't know; Refused						
CCT-MFP	Current	LTSS Waiver recipients in Transition	Adults	N/A	Respondents who indicate "02" / Total number of respondents	Survey only tested once, unclear if HCPF plans to continue
In the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? (1) Yes; (2) No; (7) Don't know/unsure; (9) Refused						
BFRSS	Current	All LTSS including Behavioral Health;	Adults and Children	Race, gender, income, county	Respondents who indicate (1) / Total Respondents in sample with disability	Does not indicate why (no follow up question)
Do you have running hot and cold water/shower/sink with faucet/stove/telephone/refrigerator?						
American Community Survey	Current	All households	Adults and Children	Disability type (not waiver); race, gender, income, age, county	Number of respondents who indicate "no" / Total respondents with disability in the survey	
Since this child was born, how often has it been very hard to get by on your family's income - hard to cover the basics like food or housing? (1) Never; (2) Rarely; (3) Somewhat Often; (4) Very often						
National Children's Health Survey (annual, 35K nationally)	Current	All households	Children	Age, sex, language, special needs, race, ethnicity	Number of respondents who indicate (3) or (4) / Total number of children in the sample with special needs	
Indicate whether the participant/parent/guardian is delinquent on any of the following: 1) Mortgage payment or rent; 2) Utilities; 3) Other, describe below _____						

FASI Assessment, Housing and Environment Section	Future	All LTSS waiver recipients	Adults and Children	Waiver, age, gender, language, ethnicity, race, marital status, region	Respondents who indicate "0" / Total respondents	This will only measure a baseline of how many are delinquent, not why; This metric can fluctuate frequently (monthly)
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Recommendations

1. Pilot the CQL Personal Outcomes Measures (POMS) Survey

The Council on Quality Leadership’s POM survey focuses questions of housing on the quality of the environment consumers are living in, especially to measure how consumers can interact with other people like them that they may feel more comfortable around. This question could be added to the NCI-AD and IDD, or could be implemented through full administration of the CQL POM survey.

- *Do other people receiving services live with or near you?*

2. Add a follow-up question to the FASI assessment tool

The follow up question to the FASI question, “Indicate whether the participant is delinquent on the following...” should include an open-ended opportunity for consumers to describe *why* they are delinquent on mortgage/rent.

3. Explore ways to measure homelessness in LTSS consumers

Anecdotal experience from stakeholders in the CLQIC revealed that many LTSS consumers may be without stable housing or experiencing homelessness, living in a motel or a vehicle. Currently, the CLQIC is unaware of existing measurements of this issue, and recommend further collaboration with other departments (Department of Health and Human Services) to better understand the occurrence of housing insecurity and homelessness within LTSS consumers. Stakeholders also recommend adding a question to the FASI to ask about how many times a person has moved in the last year, which may contribute to measurement of housing instability.



EMPLOYMENT

Employment when a person with disabilities chooses to be employed is an important indicator of community contribution, and therefore connectedness with the community and purpose. Furthermore, employment is a key social determinant of health and well-being. As seen below there are some metrics available to measure this sub-domain across consumer surveys as well as departmental data from the state.

Stakeholder-prioritized Metrics

Do you have a paying job in the community, either part time or full time? (2) Yes, Full Time; (1) Yes, Part Time; (0) No; (98) Don't know; (100) unclear. Follow up: Would you like a job? (50) has a job; (2) Yes; (1) Maybe, not sure; (0) No (100) Unclear

NCI-AD	Current	Adults	Aging and Physical Disabilities	Waiver, type of residence, race, ethnicity, gender, age	Total number of respondents who indicate (2) to follow up question / # of respondents who indicate (0) to first question	
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Do you have a paying job in the community, either part time or full time? (2) Yes, Full Time; (1) Yes, Part Time; (0) No; (98) Don't know; (100) unclear. Follow up: Would you like a job? (50) has a job; (2) Yes; (1) Maybe, not sure; (0) No (100) Unclear

NCI-IDD	Current	Adults	Intellectual and Developmental Disabilities	Waiver, type of residence, race, ethnicity, gender, age	Total number of respondents who indicate (2) to follow up question / # of respondents who indicate (0) to first question	
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Are you currently employed?

BFRSS	Current	Adults and Children	All LTSS including behavioral health	County, Disability; race, gender, age	Total number of respondents who indicate (no) to follow up question / total respondents	This only measures a baseline of how many individuals with a disability are employed by county, but does not indicate whether they want a job or are able to work.
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Proportion of individuals on the SLS (Supported Living Services) waiver who are eligible for individual or group employment services through HCPF that are receiving services

Department of Vocational Rehabilitation and HCPF Employment Services Data Repot	Current	Adults	SLS waiver recipients		# of SLS waiver recipients receiving employee services / # of SLS waiver recipients eligible to receive employment services	Employment services are only offered to IDD waivers right now; only for individuals who have sought out DVR employment assistance programs (many SLS recipients' SPAs are low so they don't have budget to request these services (according to department).
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Indicate whether any of the following is a reason this child was not covered by health insurance during the past 12 months: (a) Change in Employment

NCHS	Current	Children	All disabilities	Age, sex, language, special needs, race, ethnicity, county	# of respondents who indicate (a) / Total # of children in the sample with special needs	
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What is the participants current situation: (employed, not employed and interested in working; retired and not interested in working; Not employed and not interested in working.)

FASI - Employment, Volunteering and Training section	Future	Adults and Children	All LTSS waivers	Waiver, age, gender, language, ethnicity, race, marital status, region, employment status	# of respondents who indicate they are not employed and interested in working / Total respondents	
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For enrollees currently employed, what is the number of hours per week they are working? (32+, 20-32; <20; intermittent)

FASI - Employment, Volunteering and Training section	Future	Adults and Children	All LTSS waivers	Waiver, age, gender, language, ethnicity, race, marital status, region, employment status	# of respondents working at least 20 hours per week / Total respondents currently employed	Not all respondents want or need to work at least part time.
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Recommendations

1. Pilot the CQL Personal Outcomes Measures (POMS) Survey

The Council on Quality Leadership’s POM survey has important open-ended qualitative questions that allow for respondents to more fully express their interest in a paying job and what kind of job they already may have. As the NCI-AD is now administered via peer -to-peer method, some or all of these questions could be added to the NCI-AD surveys to get more information around employment.

Critical questions from the POMS include:

- *What options did you have for employment?*
- *Who chose what you do? Can you do something different if you want to?*
- *How did others help you with this? Are you satisfied with the decision either you or others made?"*

2. Collect information on pay rates/wages

The rate of pay is an important piece of information about LTSS consumers and employment. Stakeholders recommend adding a question to the NCI surveys and/or FASI regarding pay rates of individuals.



FOOD SECURITY

Having access to high quality food is fundamental to good health, and a critical to overall quality of life. Building off of research trends in healthy food access as a social determinant of health, CLQIC stakeholders wanted to measure food security among LTSS consumers as a measure of quality of life. Numerous data sources were used outside of consumer surveys, including some census data which can be analyzed at the county level and crossed with LTSS consumer data in that county to discover trends.

Stakeholder-prioritized Metrics

Do you have access to healthy foods? (2) Yes; (1) Sometimes (0) No; (98) Don't know; (100) unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Waiver, type of residence, race, ethnicity, gender, age	# of respondents who indicate (no) / Total respondents	No clear definition of "healthy foods"
Do you ever go without a meal when you need one? How often? Is this because there is no one there to help you?						
ECHO	Current	Adults	Behavioral Health	Age, gender, education, ethnicity, race, disaggregated by 5 BHOs and CMHC, by 7 RCCO regions	# of respondents who indicate (yes) / Total respondents	2018 will likely be last year of program and survey
Proportion of households on SNAP, by households with at least one individual with a disability						
ACS (Census)	Current	Households (adults and children)	All population	Disability type, county, race, gender, income	# of respondents who indicate (often) or (very often) / Number of households with person with disability in the household	
How often in the last 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?						
BFRSS	Current	Adults and Children	All population	County, disability, race, gender	# of respondents who indicate (often) or (very often) / Number of households with person with disability in the household	
Which of these statements best describes the food situation in your household in the past 12 months? (a) We could always afford to eat good nutritious meals; (b) We could always afford enough to eat but not always the kinds of food we should eat; (c) Sometimes we could not afford enough to eat; (d) often we could not afford enough to eat.						
NCHS	Current	Children	All disabilities	Age, sex, language, special needs, race, ethnicity, county	# of respondents who indicate (d) / Total children in the sample with special needs	
Indicate if the participant had to go without any of the following because of lack of money: (1) Food; (2) clothing; (3) Home heating/cooling; (4) Other utilities;						
FASI	Future	Adults and Children	All LTSS waiver recipients	Waiver, age, gender, language, ethnicity, race, marital status, region/RAE,	# of respondents who indicate (1) / Total respondents	

				employment status		
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Recommendations

Stakeholders do not have any recommendations to improve this sub-domain.



TRANSPORTATION

Transportation is often a huge barrier not only to receiving high-quality services but also to being able to live in the community and provide value.

Stakeholder-prioritized Metrics

Do you have access to adequate transportation to get where you want to go? (2) Yes; (1) Sometimes (0) No; (98) Don't know; (100) unclear

NCI-AD	Current	Physical disabilities and aging;	Adults	Disability, Type of residence, race, ethnicity, gender, or age	Total number of respondents who indicate (no) / Total Respondents	
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How do you usually get to the places you need to go? When you want to go somewhere, do you always have a way to get there? (2) Yes; (1) Sometimes (0) No; (98) Don't know; (100) unclear

NCI-IDD	Current	Intellectual and Developmental Disabilities	Adults	Disability, Type of residence, race, ethnicity, gender, or age	Total number of respondents who indicate (no) / Total Respondents	
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How many times in the last month, if at all, were you unable to get somewhere because you could not find transportation?

CDOT Transportation Survey	Current	Physical disabilities and aging	Adults	Disability type (waiver), Transportation Planning Region; age range, gender, race/ethnicity, living situation	Respondents who indicate "often" / Total Respondents	
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For what types of trips do you need transportation but have trouble finding transportation? 1) Work; 2) Visiting Family and Friends; 3) Volunteering; 4) Medical Appointment; 5) Community Event; 6) Religious Service; 7) Recreation; 8) School; 9) Shopping/pharmacy trips; 10) Other

CDOT Transportation Survey	Current	Physical disabilities and aging	Adults	Disability type (waiver), Transportation Planning Region; age range, gender, race/ethnicity, living situation	Respondents who indicate "d" / Total Respondents	
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Which of the following contributed to this child not receiving needed health services? (a) This child was not eligible for services (b) services this child needed were not available in your area; (c) There were problems getting an appointment when this child needed one (d) There were problems with getting transportation or child care (e) The clinic/doctor's office wasn't open when this child needed care; (f) there were issues related to cost

NCHS	Current	All children with disabilities	Children	Age, sex, language, special needs, race, ethnicity, county	Respondents who indicate (d) / Total number of children with special needs in the sample	
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Recommendations

1. Add question to the NCI-AD from the CAHPS HCBS Experience of Care survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program implements several consumer surveys to various populations to assess their experience with the healthcare system. The CAHPS system has a consumer survey specifically for Home and Community Based Services (HCBS) consumers; however, as part of the Testing and Experience and Functional Assessment Tools (TEFT) grant, HCPF has chosen to administer the NCI-AD survey in place of the CAHPS HCBS Experience of Care survey, as the two surveys have extensive overlap in questions. There are some questions on the CAHPS-HCBS survey, however, which the NCI-AD currently does not include that would help measure transportation access and its critical outcomes. Stakeholders recommend adding the following questions to the NCI-AD survey:

- *In the last three months, how often did you have a way to get to your medical appointment?*
- *Were you able to get in and out of this ride easily?*
- *How often did the ride show up on time?*

2. Add question to NCI-AD to specify wheelchair accessibility

CLQIC members shared that many times transportation services cannot accommodate large, heavy wheelchairs. Sometimes an individual's disability does not allow them to be able to get out of the wheelchair to transfer to a different seat (for example, people with Multiple Sclerosis), and waivers/vouchers for these types of services can be very difficult to get approval from Medicaid. To better understand the specific and prevalent issue of wheelchair accessibility, stakeholders recommend adding a question to the NCI-AD survey:

- *Do you have access to transportation that is easy to access and includes accommodation of your wheelchair (if you have one)?*



HAPPINESS AND WELL-BEING

Ultimately, the contentedness of a person and their well-being is what CLQIC hopes to support. Based on recent research, key indicators of contentedness include connection to the community, activities and opportunities for participation, and connection to family and friends. Numerous consumer survey information and large data sets like the census were used to identify metrics to track to understand more about LTSS consumer well-being. Overall, CLQIC stakeholders were satisfied with metrics currently available and identified here.

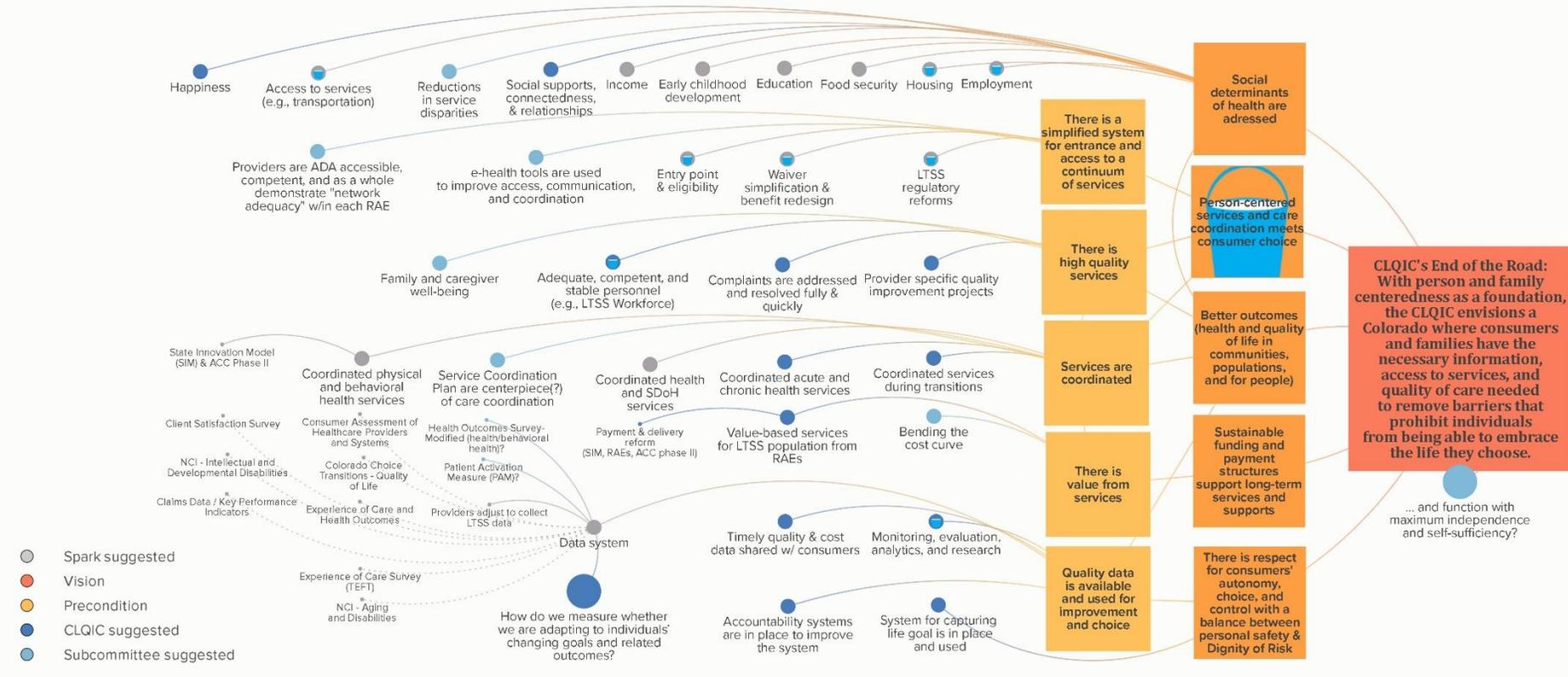
Stakeholder-prioritized Metrics

Are you satisfied with what you do during the day? (2) Yes; (1) Sometimes (0) No; (98) Don't know; (100) unclear						
NCI-AD	Current	Adults	Physical disabilities and aging	Disability, Type of residence, race, ethnicity, gender, or age	Total number of respondents who indicate (no) / Total respondents	
Are you lonely? (2) Yes; (1) Sometimes (0) No; (98) Don't know; (100) unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Disability, Type of residence, race, ethnicity, gender, or age	# of respondents who indicate (yes) / Total respondents	
Are you able to do things you enjoy outside of their home when and with whom you want to? (2) Yes; (1) Sometimes (0) No; (98) Don't know; (100) unclear						
NCI-AD	Current	Adults	Physical Disabilities and Aging	Disability, Type of residence, race, ethnicity, gender, or age	# of respondents who indicate (no) / Total respondents	
Are you able to go out and do the things you like to do in community? (2) Yes; (1) Sometimes (0) No; (98) Don't know; (100) unclear						
NCI-IDD	Current	Adults	Intellectual and Developmental Disabilities	Disability, Type of residence, race, ethnicity, gender, or age	# of respondents who indicate (no) / Total respondents	
How true are each of the following statements about the child.... "This child smiles and laughs a lot." (1) Definitely true; (2) somewhat true; (3) Not true						
NCHS	Current	Children with disabilities	Children	Age, sex, language, special needs, race, ethnicity, county	Respondents who indicate (3) / Total children in sample with disabilities	

Recommendations

Stakeholders do not have any recommendations to improve measurements of this sub-domain.

APPENDIX A: CLQIC STRATEGIC ROADMAP



APPENDIX B: QUALITY FRAMEWORK DEVELOPMENT ACTIVITIES

1. *Consumer survey crosswalk* – Spark collected all HCPF-administered consumer surveys and associated metrics, aiming to leverage current resources within the department as much as possible. This included National Core Indicators (NCI) surveys, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, and many more. All metrics were mapped against domains and sub-domains identified by stakeholders in order to understand what current metrics were available to measure the domains of interest within *existing* HCPF consumer engagement structures.
2. *Map Additional Data Sources* – Spark mapped metrics from other existing sources outside of consumer surveys, including the Home and Community-Based Services Quality Assurances, claims data from Medicare/Medicaid, as well as other HCPF programs like the Colorado Opportunity Project.
3. *Map External Departmental Data* – Spark conducted an environmental scan to identify resources and databases outside of HCPF for cross-departmental data sharing. This included, for example, the Colorado Department of Transportation, Colorado Department of Public Health and Environment, Colorado Department of Labor and Employment, and the U.S. Census Bureau.
4. *Investigate Best Practices* - For areas of significant gap in currently available metrics, Spark conducted short interviews with subject matter experts and advocates as well as literature reviews of best practices from other states to inform recommendations.
5. *Look to the future* – Spark worked with HCPF to understand the new metrics that will be available from the new eligibility tool, the Functional Assessment Standardization Item (FASI), slated to be implemented in 2019.
6. *Ongoing Stakeholder Engagement*– Several rounds of feedback on the quality framework were conducted with a variety of stakeholders throughout the process. CLQIC committee members reviewed the development of the quality framework on a bi-monthly basis and meetings were held with HCPF representatives from numerous departments on a quarterly basis.
7. *Stakeholder recommendations* – Based on gaps in the framework along with a review of best practices and stakeholder input, a series of recommendations was developed by CLQIC.

APPENDIX C: SOURCE INVENTORY

HCPF-administered Surveys/datasets (currently administered in Colorado)								
	Modality	Approach and Scope	Life Stages Relevant	Population Relevant	Geography Relevant	Ability to Disaggregate	Validity	Maturity
HCPF Administrative Assurances	Annual	Metrics collected and reported on to Centers for Medicaid/Medicare	Adults and Children	All LTSS waiver recipients	Statewide			
FASI Functional Assessment Standardized Items Tool	Annual	Online Eligibility tool; all waiver recipients	Adults and Children	All waiver recipients	Statewide			
NCI-AD National Core Indicators – Aging and Disabilities	Annual	Peer to Peer interview; 1000 per year	Adults	Aging and Physical Disabilities	Nationwide	Disability, Type of residence, race, ethnicity, gender, or age		
NCI-IDD National Core Indicators – Intellectual and Developmental Disabilities	Annual	In-person Interview; 400 per year	Adults	Intellectual and Developmental Disabilities	Nationwide	Disability, Type of residence, race, ethnicity, gender, or age		
CAHPS – CSS Consumer Assessment Healthcare Provider Surveys - Client Satisfaction Survey	Annual	Self-administered survey; ~24,000	Adults and Children	All Medicare and Medicaid recipients	Nationwide	Age, Gender, Education, Ethnicity, Race		
CCT – MFP Colorado Choice Transitions Quality of Life (Money Follows the Person Program)	Three times: Once before transition, 12 months after transition, 24 months after transition	In-person Interview; unclear	Adults	Waiver recipients in transition, MFP program participants	Nationwide			
CAHPS-ECHO Consumer Assessment Healthcare Provider Surveys – Experience of Care and Health Outcomes	Annual	Mail-in survey followed by phone call interviews; ~1,200	Adults	Behavioral Health services recipients	Nationwide	Age, gender, education, ethnicity, race, BHO and CMHC, RCCO region		
Other Colorado State Surveys/Datasets								
	Modality	Approach and Scope	Life Stages Relevant	Population Relevant	Geography Relevant	Ability to Disaggregate	Validity	Maturity
BFRSS Behavioral Risk Factor Surveillance System						Race, Gender, Income, County		
CDOT Colorado Department of Transportation – Survey of Older Adults and Adults with Disabilities						By Transportation Planning Region, by disability, by age group,		

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CDLE Colorado Department of Labor and Employment								
Other Quality Surveys (not currently administered in Colorado)								
	Modality	Approach and Scope	Life Stages Relevant	Population Relevant	Geography Relevant	Ability to Disaggregate	Validity	Maturity
CAHPS HCBS Consumer Assessment of Healthcare Providers – Home and Community Based Services						Age, Gender, education, Ethnicity, Race, language		
CQL POMS Council on Quality Leadership Personal Outcomes Measures								
NCI - Staff National Core Indicators Staff Sustainability Survey		Emailed questionnaire; all providers with email addresses in participating states				Disability, Type of residence, race, ethnicity, gender, or age		
NCI-Family National Core Indicators Family Survey	Annual	Mail-out; 5,000 adults across 15 states currently				Disability, Type of residence, race, ethnicity, gender, or age		
Other National Surveys/Datasets								
	Modality	Approach and Scope	Life Stages Relevant	Population Relevant	Geography Relevant	Ability to Disaggregate	Validity	Maturity
ACS American Community Survey	Annual	Online, Mail surveys, phone/in-person interviews – supplement to census 3.5 million households	Households	General Population	National, County-level Data	Disability, county, Age	Census Bureau	Since 2000
CENSUS Current Population Survey	Annual	Online, Mail surveys, phone/in-person interviews; 3.5 million households	Households	General Population	National, County-level Data	Disability, County, Gender, age, income, race/ethnicity	Census Bureau	Since 1930s
USDA Food Security Assessment	Annual	Mail-in survey, supplement to Census; 45,000 households	Adults and Children	General Population	National, County-level Data	Disability, county, income, race	USDA, Census Bureau, CDC	Since 1970s
NSCH National Survey of Children’s Health Questionnaires	Annual	Questionnaire; 2016: 364,150 households chosen from census master address file	Children	General Population	National, County-level Data	Race, ethnicity, age, sex, language spoken, special needs	Census Bureau; USDHHS, HSRA, MCHB CDC, USDA; NCBDDD	

APPENDIX D: CONTRIBUTORS TO THE PROJECT

Contributor	Association	Research Indicators	Feedback, Recommendations	Consumer Perspective
Danielle Culp	HCPF, Quality Health Improvement Specialist	✓	✓	
Gary Montrose	Independent Analyst, Advocate, Subject Mater Expert under contract with Spark/HCPF	✓	✓	
Tasia Sinn	HCPF OCL, Strategy and Communication Advisory	✓	✓	
Ryan Zeiger	CNA/Chief Executive Officer Personal Assistance Services of Colorado (PASCO)		✓	
Renee Walbert	Parent, Advocate		✓	✓
Susan Grayson	Christian Living Communities		✓	✓
Cordelia Robinson Rosenberg	University of Colorado School of Medicine		✓	
Michelle Sykes	Department of Human Services		✓	✓
Anaya Robinson	Denver Regional Council of Governments, Aging Division		✓	✓
Patricia Cook	Independent Advocate		✓	✓