



Report on Community Integration Measures

As Required by

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Regular Session, 2017 (Article
II, Health and Human Services
Commission, Rider 51)**

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1. Introduction

The 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 51), requires HHSC to develop measurements of community integration outcomes, which may include measures of opportunity, community participation, community presence, well-being, and recovery, for the STAR+PLUS and STAR Kids programs. No additional funds were appropriated for Rider 51.

Based on stakeholder suggestions and guidance from the Centers for Medicare and Medicaid Services (CMS), HHSC defined “community integration” as individuals having the ability to participate in desired programming in the community, based on need and availability, and build relationships with family and friends. Community integration supports people to live on their own and have autonomy in the least restrictive environment. This outcome is consistent with the HHSC quality priority¹ of “Providing the right care in the right place at the right time to ensure people receive timely services in the least intensive or restrictive setting appropriate,” and is compliant with CMS requirements.

This report identifies recommended measures of the quality of long-term services and supports (LTSS) and community integration for members in the Medicaid managed care STAR+PLUS and STAR Kids programs. STAR+PLUS is a Texas Medicaid managed care program for adults who have disabilities or who are age 65 or older. STAR Kids serves children and adults age 20 and younger who have disabilities. People in STAR+PLUS and STAR Kids receive integrated health care and LTSS with service coordination to help identify needs and connect members to services and qualified providers.

HHSC collaborated with stakeholders, including managed care organization (MCOs), consumer advocacy organizations, advisory committees, consumers, and family members to identify and develop the consumer and provider measures described in this report. The efforts of the collaborative workgroup resulted in 11 adult

¹ Health and Human Services Commission, “HHS Healthcare Quality Plan as required by S.B. 200, 84th Legislature, Regular Session, 2015”, November 2017, <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/HHS-Healthcare-Quality-Plan-2017.pdf> (accessed February 15, 2019).

consumer measures, 11 adult provider measures, 4 child consumer measures, and 3 child provider measures. There are fiscal impacts for HHSC to implement these measures due to the need for more frequent surveying (annual instead of biennial) and development of tools and processes for new Texas-defined indicators. HHSC is committed to measuring the community integration outcomes of the STAR+PLUS and STAR Kids programs, and will continue to work with stakeholders on implementation plans for these community integration measures based on the availability of funding.

2. Background

STAR+PLUS

STAR+PLUS is a Texas Medicaid managed care program for adults who have disabilities or who are age 65 or older. People in STAR+PLUS get acute health care and LTSS through a health plan that they may choose.

Another feature of STAR+PLUS is service coordination. STAR+PLUS MCO staff work with the member, the member's family, and the member's doctors and other providers to help the member get the medical care and LTSS they need. To get services through STAR+PLUS, an individual must: (1) be approved for Medicaid, and (2) be one or more of the following:

- Age 21 or older, getting Supplemental Security Income (SSI) benefits.
- Not getting SSI and able to get STAR+PLUS Home and Community-Based Services (HCBS).
- Age 21 or older, getting Medicaid through "Social Security Exclusion programs" and meet program rules for income and asset levels.
- Age 21 or over residing in a nursing home and receiving Medicaid while in the nursing home.
- In the Medicaid for Breast and Cervical Cancer program.

STAR Kids

STAR Kids is a Texas Medicaid managed care program that began operations on November 1, 2016. STAR Kids is for people age 20 and younger who have disabilities. Like STAR+PLUS, members in STAR Kids receive medical care, LTSS, and service coordination from a health plan that they may choose. Participation in the STAR Kids program is required for those who are age 20 or younger, covered by Medicaid, and meet at least one of the following:

- Get SSI.
- Get SSI and Medicare.
- Get services through the Medically Dependent Children Program (MDCP) waiver.
- Get services through the Youth Empowerment Services (YES) waiver.
- Live in a community-based intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) or nursing facility.

- Get services through a Medicaid Buy-In program.
- Get services through any of the following intellectual and developmental disability (IDD) waiver programs.
 - ▶ Community Living Assistance and Support Services (CLASS)
 - ▶ Deaf Blind with Multiple Disabilities (DBMD)
 - ▶ Home and Community-based Services (HCS)
 - ▶ Texas Home Living (TxHmL)

Long-Term Services and Supports (LTSS)

LTSS encompasses a variety of health, health-related, and social services that assist individuals with functional limitations due to physical, cognitive, or mental conditions or disabilities. LTSS includes assistance with activities of daily living (ADLs), such as eating, bathing, and dressing and instrumental activities of daily living (IADLs), such as housekeeping and managing money. The goal of LTSS is to enable individuals who are older or who have a disability to achieve optimal functioning in a way that maximizes their independence and allows them to participate fully in their chosen communities.

LTSS is delivered in a variety of settings, some institutional (e.g., intermediate care facilities for people with IDD and nursing facilities), and some home and community-based (e.g., adult day services, assisted living facilities, and personal care services). To comply with CMS rules, home and community-based services must be delivered in a way that provides individuals full access to their communities, including engagement in community life, integrated work environments, and control of personal resources.

While HHSC has long recognized the importance of delivering services, particularly HCBS, in a manner that promotes integration and independence, it has historically been challenging to evaluate the agency's progress in this area. This initiative will improve our ability to identify areas of success and areas needing improvement, assisting HHSC with quality improvement initiatives, strategic planning, and legislative and funding prioritization.

3. Stakeholder Engagement

The Texas Legislature directed HHSC to work with clients, providers, and other relevant stakeholders to develop community integration measures and establish methods of data collection. HHSC assembled a workgroup comprised of individuals from MCOs, consumer advocacy organizations, and related advisory committees.

HHSC distributed three sets of draft measures to workgroup members and held two face-to-face meetings to obtain feedback on the draft measures. The last meeting, on September 28, 2018, was held to obtain workgroup members' approval of the proposed consumer and provider measures.

Consumer advocacy organizations and advisory committees that provided input on the community integration measures included:

- IDD System Redesign Advisory Committee (IDD-SRAC)
- Policy Council on Children and Families
- STAR Kids Advisory Committee
- Disability Rights Texas
- The Arc of Texas
- Texas Council of Community Centers
- EveryChild, Inc.
- Texas Council on Developmental Disabilities
- Texas Parent to Parent
- Coalition of Texans with Disabilities
- Private Provider Association of Texas
- Hogg Foundation for Mental Health
- ADAPT of Texas
- Personal Attendant Coalition of Texas

STAR Kids and STAR+PLUS MCOs and MCO associations that provided input included:

- Amerigroup
- Blue Cross Blue Shield of Texas
- Children's Medical Center Health Plan
- Cigna HealthSpring
- Cook Children's Health Plan
- Driscoll Children's Health Plan
- Molina
- Superior HealthPlan

- Texas Children’s Health Plan
- United Healthcare Texas
- Texas Association of Health Plans
- Texas Association of Community Health Plans

As a starting point, HHSC staff identified applicable measures for which HHSC currently collects data for stakeholders to consider. Using existing measures would allow a quicker evaluation of performance. However, the workgroup concluded that existing measures do not adequately capture the consumers’ level of integration into the community or independence.

Based on workgroup members’ recommendations, HHSC staff conducted a broad literature review and analyzed the following consumer surveys for consideration as possible data sources:

- Consumer Assessment of Healthcare Providers and Systems² - Home and Community-Based Services (CAHPS-HCBS),
- National Core Indicators - Aging and Disabilities (NCI-AD),
- National Core Indicators - Adult Consumer Survey (NCI-ACS),
- National Core Indicators - Child and Family Survey (NCI-CFS),
- STAR Kids Screening and Assessment Instrument (SK-SAI), and
- Community Integration Performance Indicators (CIPIs) provided by ADAPT of Texas

Criteria set forth in Rider 51 and the final CMS Home & Community-Based Settings rule were also considered.

The NCI-AD³ is designed to help states assess the performance of their programs for older adults and individuals with physical disabilities; its primary aim is to “... give states a broad view of how publicly-funded services impact the quality of life and outcomes of service recipients.” Similarly, the NCI-CFS⁴ survey questions

² Consumer Assessment of Healthcare Providers and Systems is a program that began in 1995. Its purpose is to advance scientific understanding of patient experience with health care. The acronym "CAHPS" is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ), <https://www.ahrq.gov/cahps>

³ National Core Indicators-Aging and Disabilities™ (<https://nci-ad.org>) is a tool for adults who receive supports because of a physical or age-related disability.

⁴ National Core Indicators - Child Family Survey™ (<https://www.nationalcoreindicators.org/indicators/>) is a tool for families of children with intellectual and development disabilities (IDD) living in the family home.

assess, "... how well the public system assists children and adults with developmental disabilities, and their families, to exercise choice and control in their decision-making, participate in their communities, and maintain family relationships. Additional indicators probe how satisfied families are with services and supports they receive, and how supports have affected their lives."

The CAHPS and NCI survey tools capture the opinions of consumers who receive HCBS, primarily regarding their experiences with their HCBS providers.

Measures that capture the opinions of providers are not available from national sources. Thus, HHSC began to develop provider measures aligned with the consumer measures. Using measures that consider both the consumer and provider perspectives yields a more complete picture of what is happening in the community and provides a more balanced representation of the quality of services provided across the state.

At its final meeting in September 2018, the workgroup reached consensus that the NCI-AD, NCI-CFS, and CIPI surveys and related measures developed by HHSC are the best sources for quality data and meaningful metrics for community integration. The group approved pairs of consumer measures and provider measures. The adopted consumer and provider measures include: 11 adult consumer measures, 11 adult provider measures, 4 child consumer measures, and 3 child provider measures.

4. Adult Measures

The approved Adult Consumer Measures were selected from the NCI-AD and CIPI surveys. HHSC developed the Adult Provider Measures to align with the approved consumer measures.

Adult Consumer Measures

The NCI-AD is a copyrighted tool. Therefore, general descriptions of the selected NCI-AD and CIPI indicators are provided below.

- A2: Number and percent of individuals reporting they always get enough assistance with their everyday activities when they need it.
- Q4: Number and percent of individuals who would prefer to live somewhere else (in a different kind of home).
- A14: Number and percent of individuals reporting that they are able to do things they enjoy outside of their home when and with whom they want to.
- A8.1: Number and percent of individuals reporting that they need new grab bars in the bathroom or elsewhere in the home to facilitate their everyday life, if needed.
- A8.3: Number and percent of individuals reporting they need new bathroom modifications other than grab bars to facilitate their everyday life, if needed.
- A8.4: Number and percent of individuals reporting that they need an upgrade to their glasses to facilitate their everyday life, if needed.
- A9: Number and percent of individuals reporting that they have a paying job in the community either full-time or part-time.
- A10: Number and percent of individuals interested in finding a job reporting that someone has talked to them about finding a job.
- A11: Number and percent of individuals reporting that the services they receive meet their needs and goals.
- Q16: Number and percent of individuals reporting that they can choose or change what kind of services they get and determine how often and when they get them.
- CIPI.4: Number and percent of individuals who report they can reach their case manager/service coordinator when needed.

Adult Provider Measures

The Adult Provider Measures were developed by HHSC and correspond to the associated Adult Consumer Measures.

- A2: Number and percent of individuals receiving LTSS services whose LTSS services were reduced, suspended, or terminated during the reporting period.
- Q4: Number and percent of relocating individuals who had a chance to look at a minimum of three home options prior to moving.
- A14: Number and percent of individuals who participate in activities away from home with people who do not have disabilities.
- A8.2: Number and percent of individuals who received grab bars in the bathroom or elsewhere in the home during the reporting period.
- A8.3: Number and percent of individuals who received bathroom modifications other than grab bars during the reporting period.
- A8.4: Number and percent of individuals who received an upgrade to their glasses.
- A9: Number and percent of individuals receiving LTSS services who work with people who do not have disabilities.
- A10: Number and percent of individuals who received employment assistance.
- A11: Number and percent of individuals with completed initial or annual Needs Assessment Questionnaires documenting that all needed hours were authorized.
- Q15: Number and percent of care attendants that have training and demonstrated competence in providing personal care services.
- CIPI.4: Number and percent of individuals who report they can reach their case manager/service coordinator when needed.

5. Child Measures

HHSC and workgroup members were only able to identify a limited number of child measures that support the workgroup's definition of community integration. The approved child consumer measures were selected from the NCI-CFS survey.

Child Consumer Measures

- C1: Number and percent of individuals reporting that the enrollee takes part in activities in the community.
- C2: Number and percent of individuals reporting that the enrollee spends time with children who do not have developmental disabilities.
- C3: Number and percent of services and supports that change when the family's needs change.
- C4: Number and percent of family members reporting services and supports improved their ability to care for their child.

Child Provider Measures

The NCI-CFS survey is designed for consumers and family members rather than providers. As with the adult measures, HHSC developed child provider measures.

- C1: Number and percent of individuals receiving services who participate in activities in the community.
- C2: Number and percent of individuals receiving services who spend time with children who do not have developmental disabilities.
- C5: Number and percent of individuals receiving LTSS services whose LTSS services were reduced, suspended, or terminated during the reporting period.

6. Implementation

HHSC currently conducts the NCI-AD and NCI-CFS consumer surveys every other year. Continuing that schedule would result in a two-year lag in data reporting.

Three Texas programs were the focus of the last NCI-AD survey. In-person surveys were conducted in 2015 and 2016 of individuals who received LTSS services through Area Agencies on Aging, the Program of All-Inclusive Care for the Elderly (PACE), and STAR+PLUS. The most current report⁵ of the survey results was published in January 2017.

The NCI-CFS is one of three nationally-recognized survey instruments used by HHSC in its biennial LTSS Quality Review. The LTSS Quality Review is a statewide representative survey of people receiving services and supports through HHSC's home and community-based and institutional programs. The last version of the LTSS Quarterly Review⁶ was published by the Department of Aging and Disability Services (DADS) in 2015.

To comply with the rider's annual reporting requirement, HHSC would need to conduct the surveys annually.⁷ The current surveys are conducted by two different organizations under contracts with HHSC. Conducting the survey is labor intensive and requires in-person interviews of at least 400 individuals.

Adopting an annual survey schedule will increase costs. Table 1 provides the costs for conducting the current biennial surveys of the adult and child consumer indicators. The biennial cost of conducting annual, rather than biennial, surveys of the adult and child consumer indicators is estimated to be \$1.9 million instead of the current \$970,345.

⁵ The NCI-AD 2015-2016 Texas State Report is available on the NCI-AD website, <https://nci-ad.org/states/TX/>.

⁶ The 2015 and prior versions of the Texas LTSS Quarterly Review are available from the National Core Indicators, <https://www.nationalcoreindicators.org/states/TX/>.

⁷ Rider 51 allows HHSC to begin data collection for measures reporting and requires HHSC to publish final data on these measures on the HHSC website on an annual basis, upon stakeholder agreement.

In addition, there are no current data sources for the adult CIPI measures or the approved provider measures. In addition to developing the adult and child provider indicators, HHSC must develop survey tools and implement processes for data collection and evaluation. HHSC will likely need to contract for some of this work, which will have additional costs.

HHSC will continue to collaborate with stakeholders on implementation plans for these community integration measures based on the availability of funding. HHSC will seek the most cost-effective approaches to conducting surveys and evaluating results. As implementation of these community integration measures progresses, HHSC will also explore ways to incorporate the measures into its quality oversight of STAR+PLUS and STAR Kids MCOs.

Table 1. Cost of Survey Administration for Adult and Child Consumer Indicators

Survey	Target Population	Current Cost per Biennium (Biennial Survey)	State : Federal Funding Shares
NCI-Aging and Disabilities (NCI-AD)	Older Medicaid adults or individuals with physical disabilities who receive long term services and supports (age 21 and older)	\$ 751,465	50% State 50% Federal
NCI-Child and Family Survey (NCI-CFS)	Children with disabilities (Medicaid and non-Medicaid)	\$ 218,880	100% State
TOTAL		\$ 970,345	

7. Conclusion

HHSC and the community integration measures workgroup evaluated existing MCO quality measures reported by HHSC, national LTSS measures, and national survey instruments, and reached consensus on meaningful community integration measures that consider the consumer and provider perspectives. To report annually on the selected community integration measures, HHSC must double the frequency of the NCI-AD and NCI-CFS surveys it currently conducts and develop tools and processes for new Texas-defined indicators. While these activities will have costs, they will also help HHSC to measure whether the STAR+PLUS and STAR Kids programs are achieving critical community integration outcomes for the people they serve.

List of Acronyms

Acronym	Full Name
AD	Aging and Disabled
ADL	Activities of Daily Living
CAHPS - HCBS	Consumer Assessment of Healthcare Providers and Systems– Home and Community-Based Services
CIPI	Community Integration Performance Indicator
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare and Medicaid Services
DBMD	Deaf-Blind with Multiple Disabilities
FY	Fiscal Year
HCBS	Home and Community-Based Services
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
IADL	Instrumental Activities of Daily Living
ICF/IDD	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
IDD	Intellectual and Developmental Disability
IDD-SRAC	IDD-System Redesign Advisory Committee
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
NCI	National Core Indicators
NCI-AD	National Core Indicators – Aging and Disabled
NCI-CFS	National Core Indicators – Child and Family Services
PES	Participant Experience Survey
SK-SAI	STAR Kids Screening and Assessment Instrument
SSI	Supplemental Security Income
TxHML	Texas Home Living
YES	Youth Empowerment Services