ICN QAC Meeting – Program Overview and Quality Measures

Thursday, November 17th

9:00am – 12:00pm

Today's Discussion

1. **QAC Role and Responsibilities**
2. **ICN Program Background**
3. **Quality 101**
4. **Quality Measures**
5. **What LTC Quality Looks like in Alabama**
6. **Alabama Medicaid's Example Quality Domains**
7. **Next Steps**

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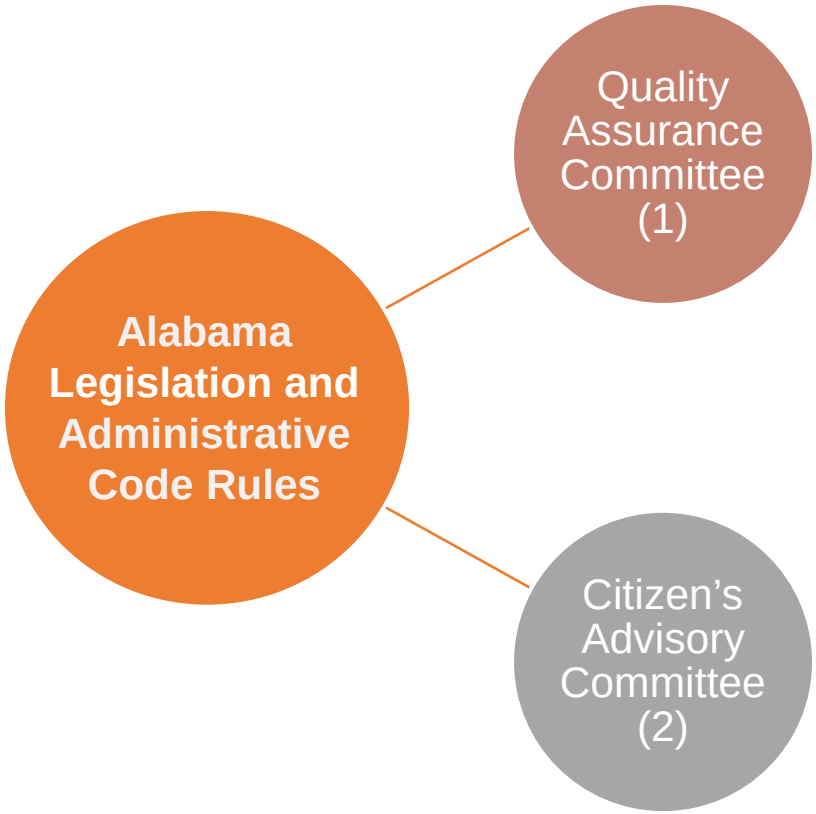
State Mandated External Quality Oversight

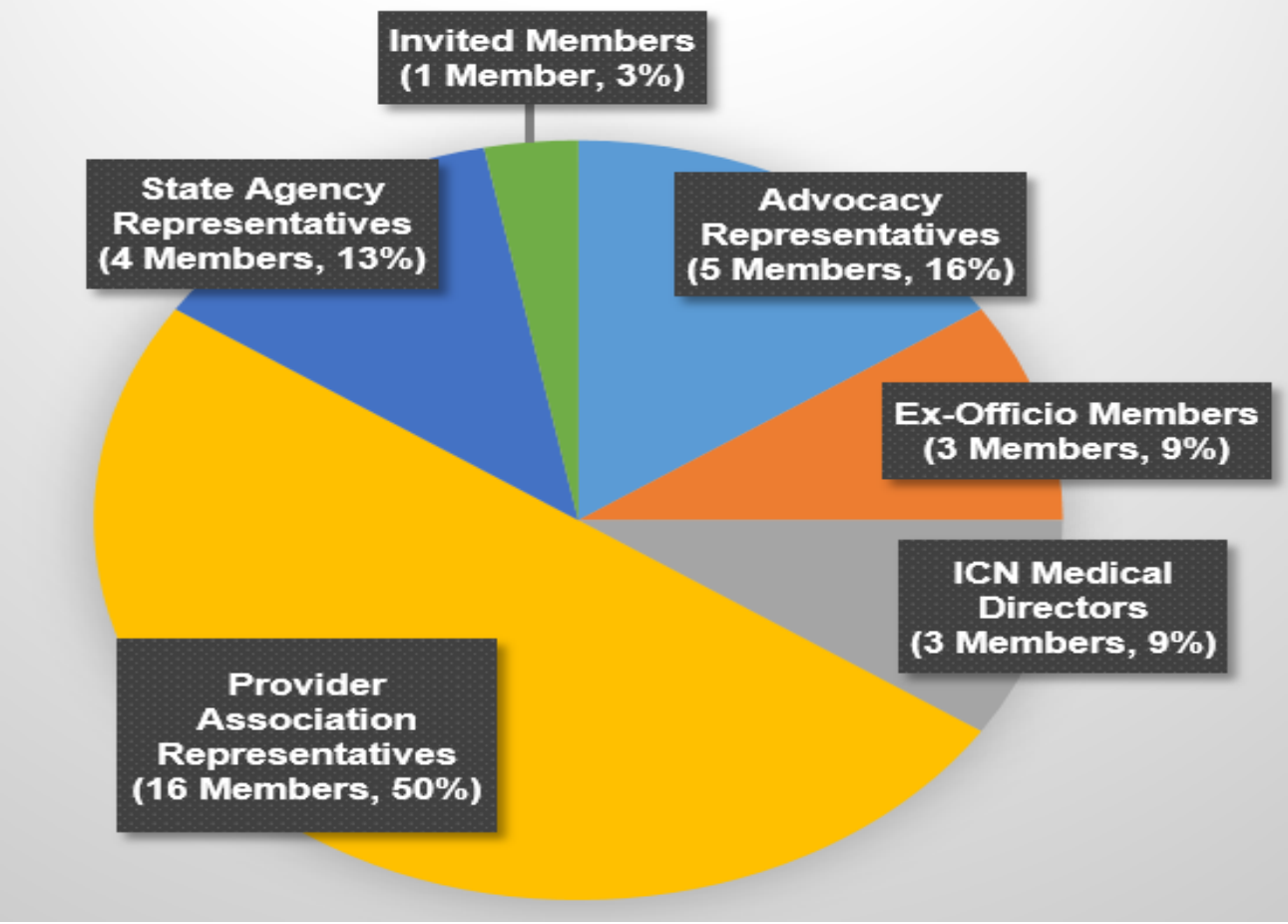


- Multi-stakeholder group responsible for identification of objective outcomes and ICN program Quality Measures
- Meets at least bi-annually

- Formation required of each ICN
- Meets at least every 3 months [quarterly] to advise ICNs on efficient provision of quality care to its enrollees

Notes:
(1) See **Attachment B** for the QAC administrative rule
(2) Administrative rule is under development

QAC Member Composition



QAC and AMA Responsibilities

Responsibility	QAC	AMA
Identify objective outcome and quality measures for LTSS	✓	
Adjust LTSS quality measures based on performance and program changes	✓	
Determine all measures associated with penalties, withholds, etc.		✓
Recommend quality measures to include in the ICN Quality Assessment and Performance Improvement program contractual agreement	✓	
Review Quality Assessment and Performance Improvement Plans developed by ICNs	✓	
Utilize available data systems for reporting outcome and quality measures		✓
Continuously evaluate the outcome and quality measures		✓
Publish quality performance		✓

QAC Meeting Timeline

November 17, 2016 | December 2016 | January 2017

Meeting #1 Goals:

- Understand ICN program and charge to the group

Meeting #2 Goals:

- Discuss and review specific Alabama data related to LTSS
- Review quality domains and measures

Meeting #3 Goals:

- Vote on quality measures

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Goals of Intro

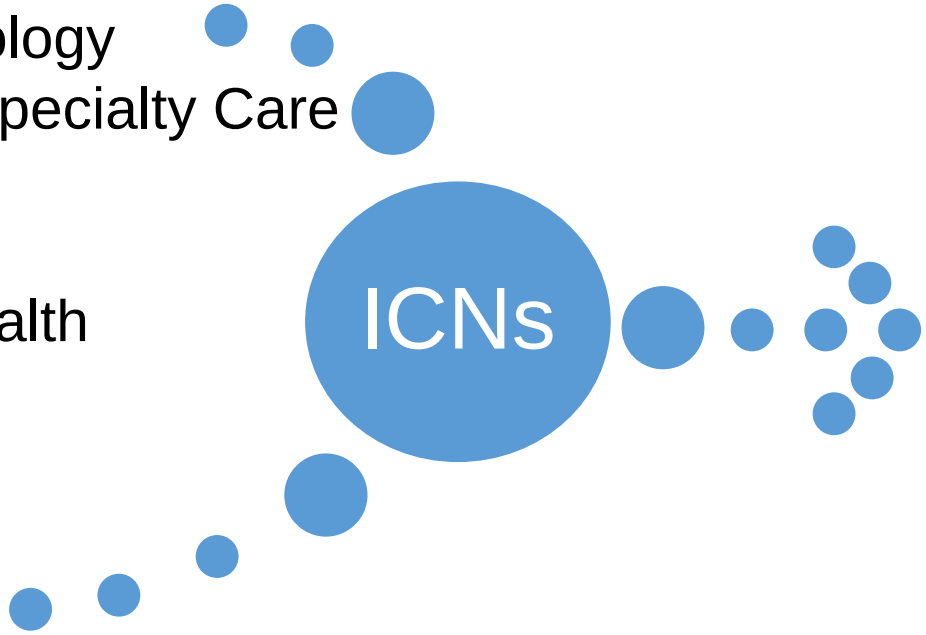
- Explain the differences in fee-for-service versus managed LTSS models, and how these impact patient experience and provider collaboration
- Review the target goals of the ICN program
- Review “forces of change” including demographic shifts, increasing costs and federal policy requirements
- Debrief committee members on quality-specific stakeholder feedback.

The ICN “Model”

Health and Long-Term Care in Alabama

Medicaid Healthcare(1)

- Hospitals
- Emergency Rooms
- Lab and Radiology
- Primary and Specialty Care
- Home Health
- Hospice
- Behavioral Health
- Eye care



GOAL:

Improved, Quality, Access, Sustainability

Medicaid LTC

- Nursing Homes
- HCBS

Note:
(1) Pharmacy will remain a covered benefit under Medicaid FFS, ICNs will be expected to coordinate this service with members, but will not be at-risk for this.

The ICN-Eligible Population

Medicaid Eligible Long-Term Stay Nursing Home Residents:

Total Statewide Beds: 27,006

FY15 average recipients: 16,189

Medicaid Home and Community Based Service Waiver Participants:

Total Waiver Slots: 10,255

Enrollment as of January 2016: 7,136

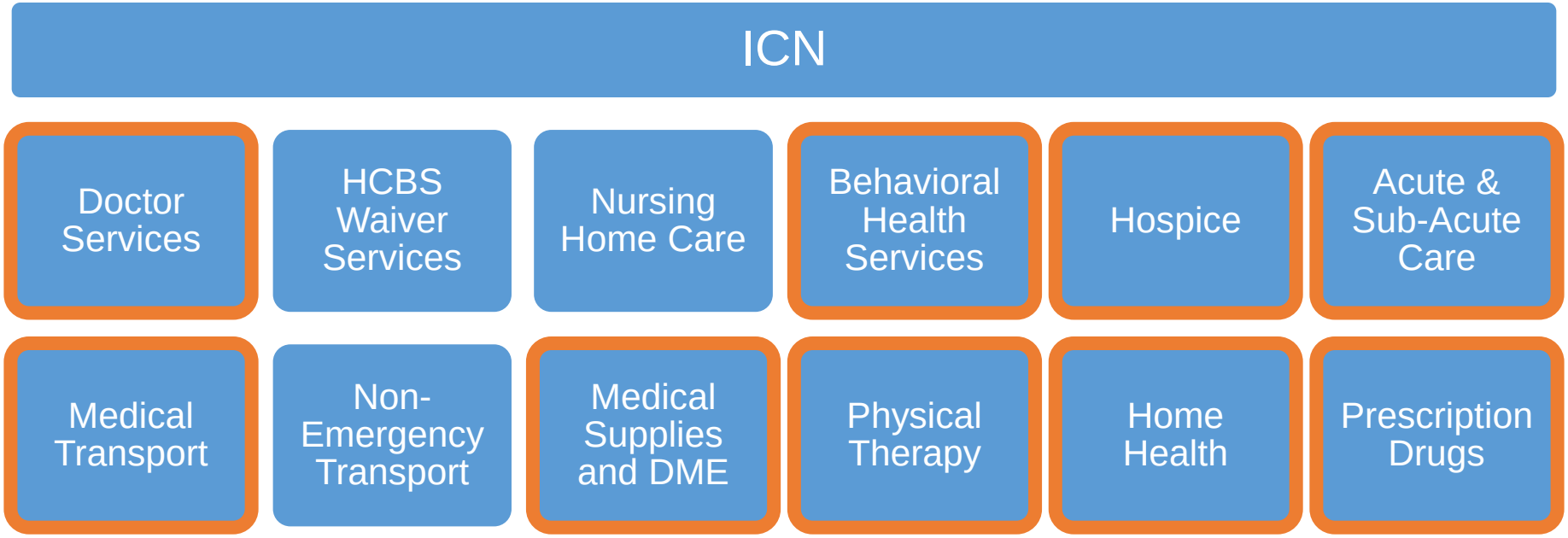
Enrollment as of 9/30/16:

8,972

Total Statewide Capacity (Available Beds + Waiver Slots) **= 37,261 members**

Estimated Membership at Go-Live = **Approximately 25,000**

What Services will an ICN be At-Risk for?



Boxes outlined in Orange represent benefits co-managed between Medicare and Medicaid for dual-eligible beneficiaries.

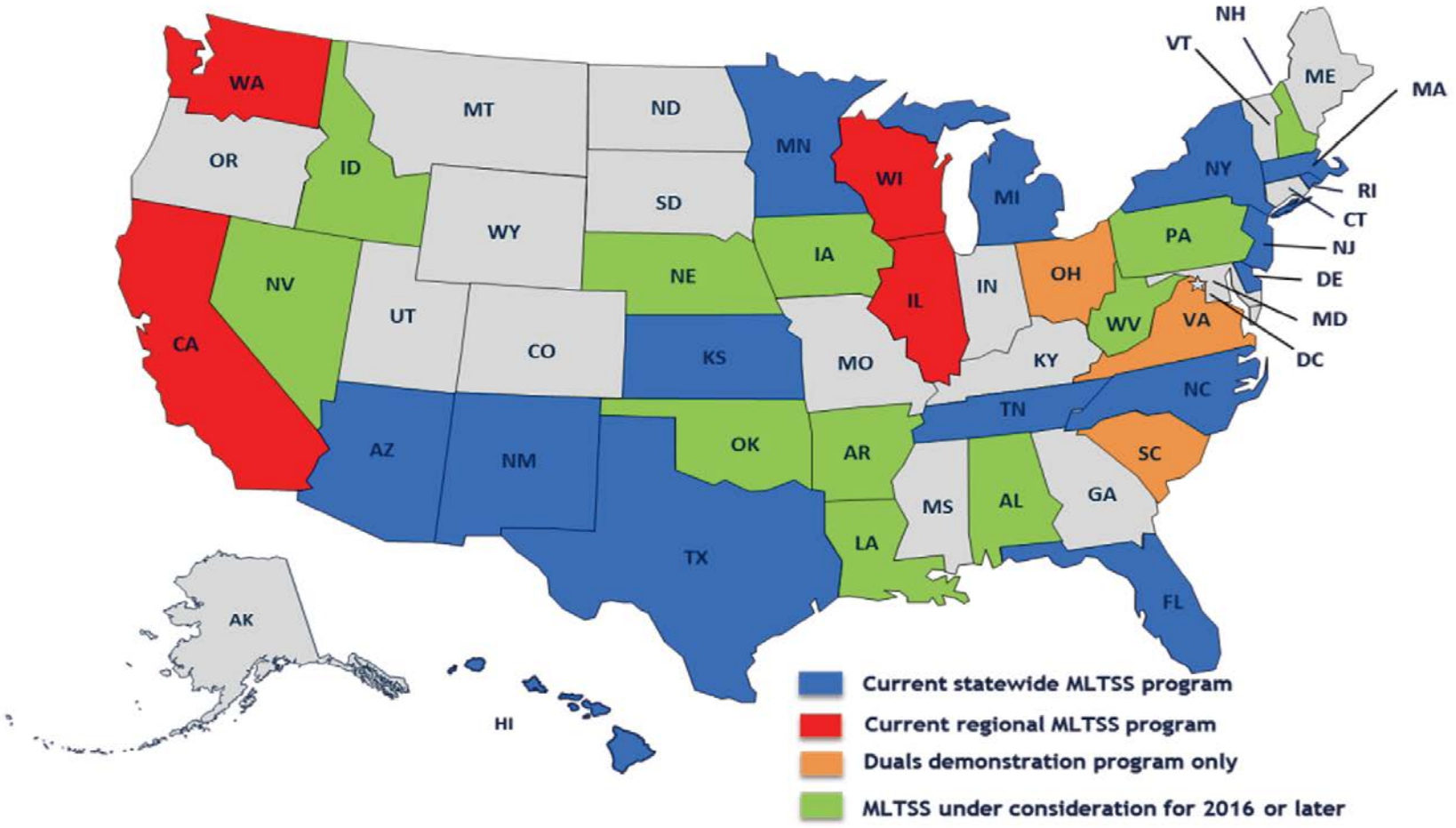
Goals of ICN Implementation

Shifting to Managed LTSS: Defining Goals

- **Quality –** The shift to an ICN model will:
  - o Promote maximum community inclusion for the adult and allow “aging in place”;
  - o Include person-centered approaches that address both the needs and wishes of the beneficiary;
  - o Reflect the values of dignity, respect and quality of life for the beneficiary;
  - o Demonstrate the use of clinical best practices in service delivery across the continuum.
- **Access –** The shift to an ICN model will:
  - o Include high-quality care coordination that liaisons beneficiaries to the care and services they need;
  - o Drive enhancement of the provider network to establish comprehensive services available throughout Alabama;
  - o Increase access to preventative services and early interventions, reducing utilization of acute, sub-acute and premature institutional care, which in turn increases access for beneficiaries who require the nursing home level of care.
- **Cost Containment**– The shift to an ICN model will:
  - o Contain costs through the reduction of preventable utilization of high-cost care;
  - o Contain costs through value-driven care that effectively manages the health of beneficiaries to contain spending resulting from progressed or exacerbated chronic conditions;
  - o Contain costs using a team approach that drives collaboration across providers, ensuring members needs are met by the healthcare system, while reducing duplication and curtailing preventable episodes of healthcare utilization.

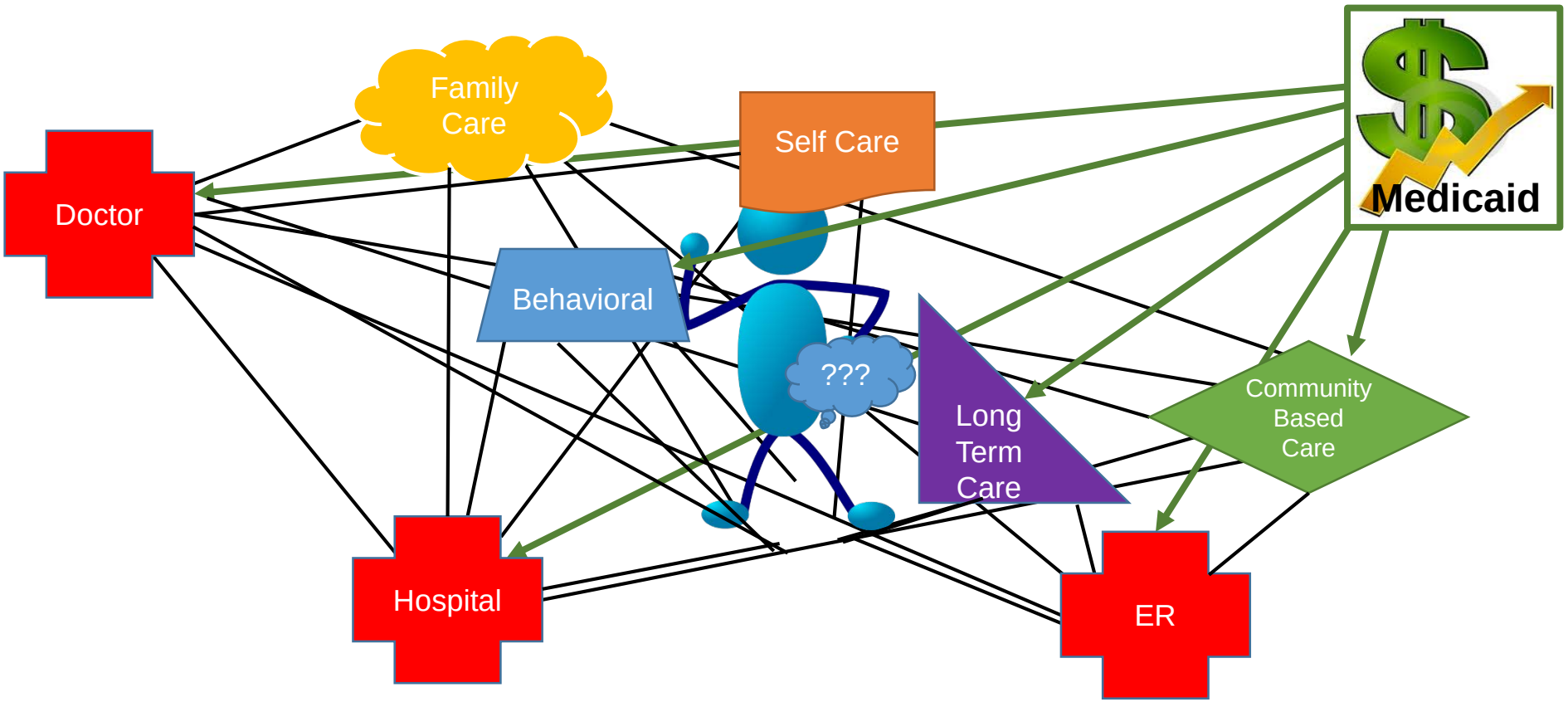
National and State Landscape for MLTSS

National Landscape: MLTSS Implementation

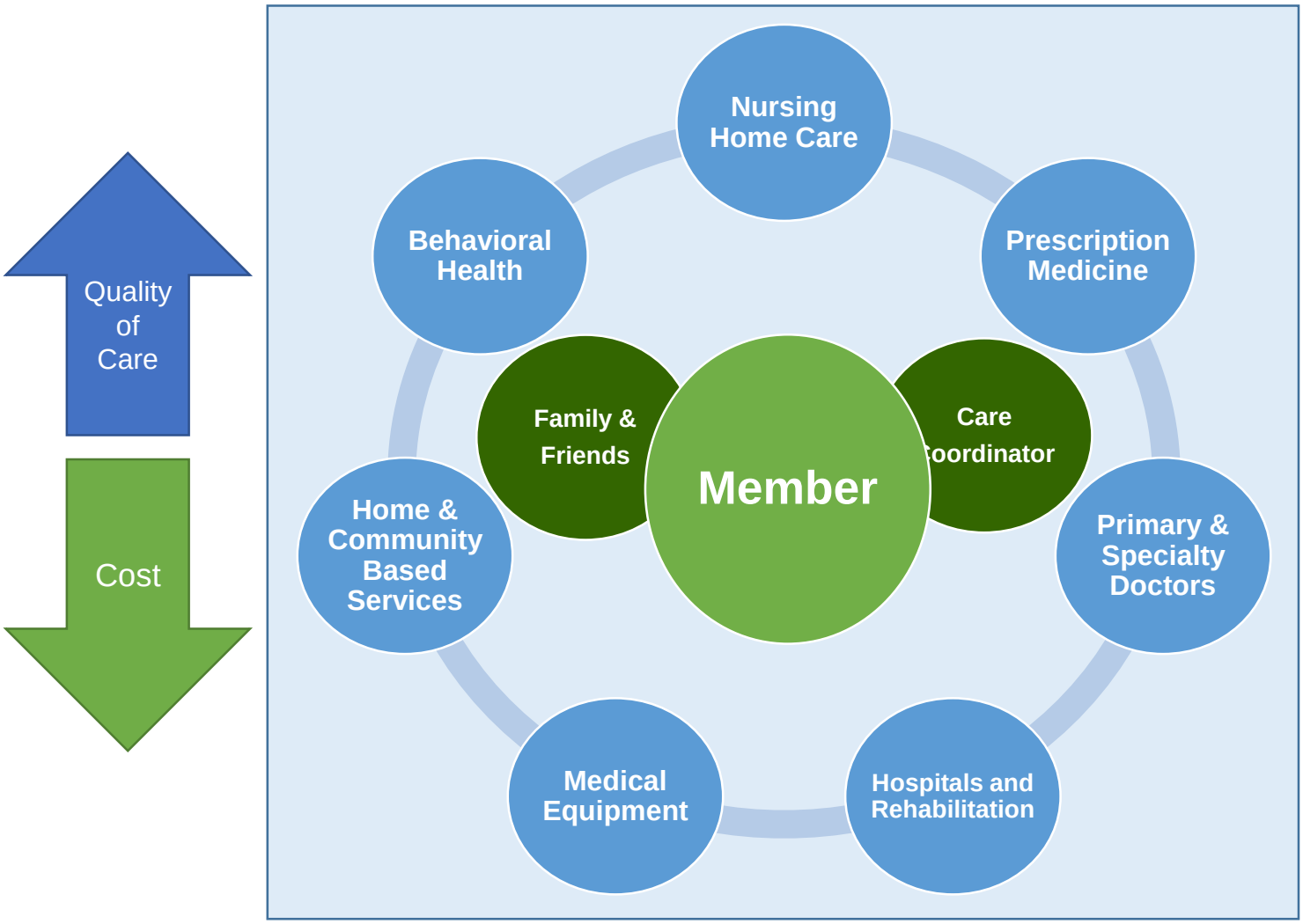


Source: National Associations for State Units on Aging and Disabilities (NASUAD), "State of the States in Aging and Disability: 2015 Survey of State Agencies." 2015. Available online: http://www.nasuad.org/sites/nasuad/files/NASUAD%202015%20States%20Rpt.pdf

The Current Long Term Care System in Alabama



The Coordinated Long Term Care System



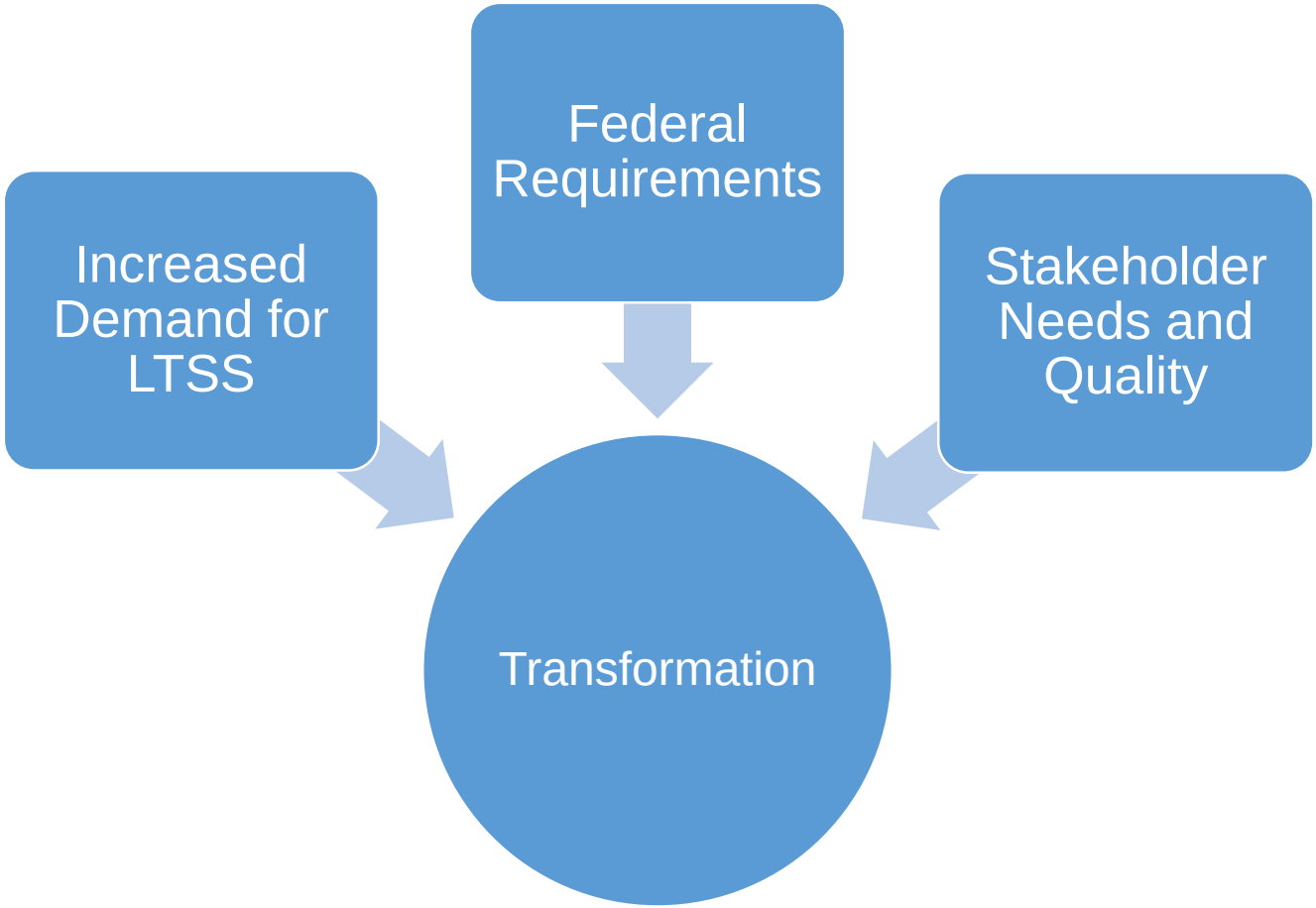
Medicaid

Payor

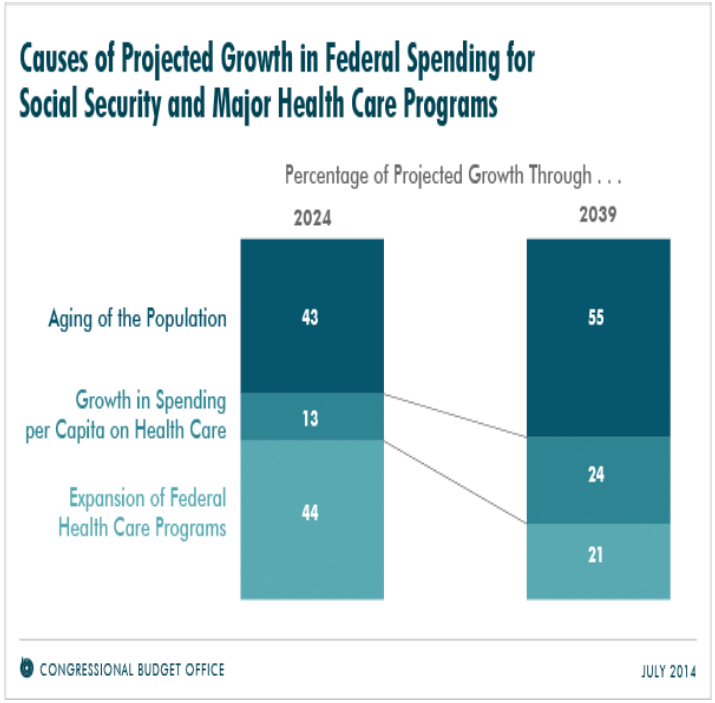
- ***Right Care***
- ***Right Place***
- ***Right Time***
- ***Right Cost***

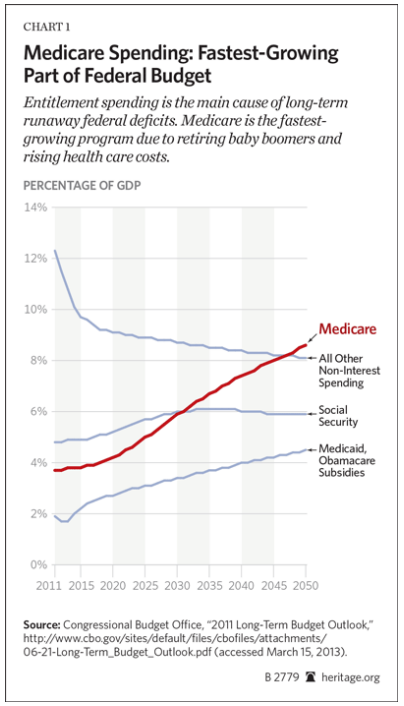
Why Change the System?

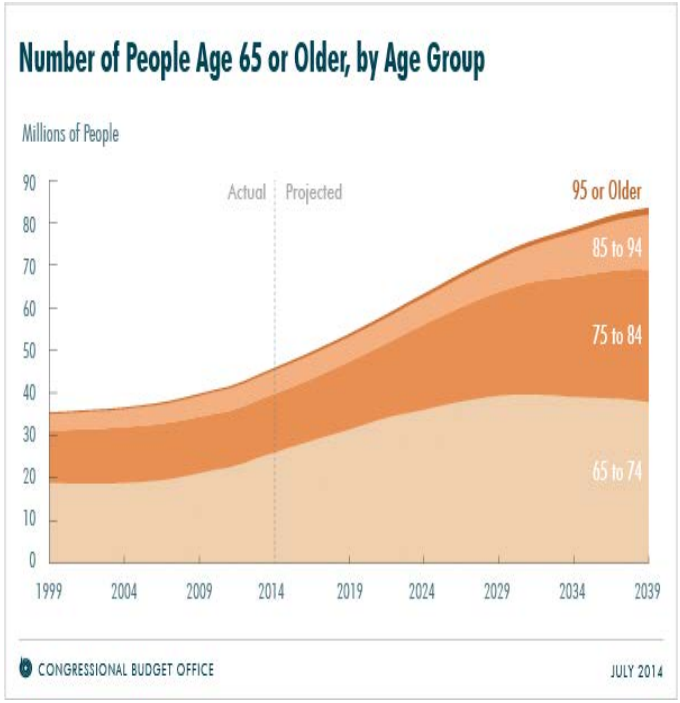
Overview of Top Reasons



Trends in National Data

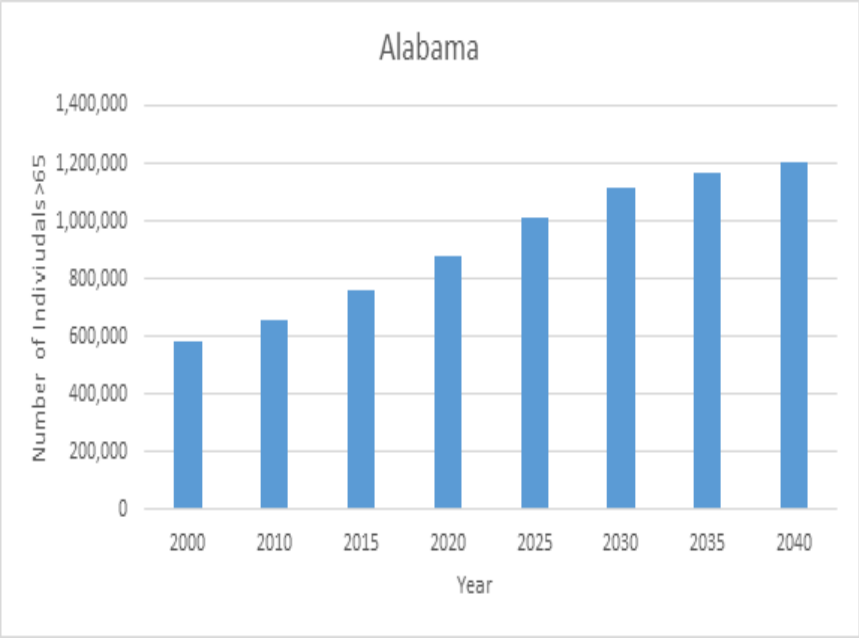


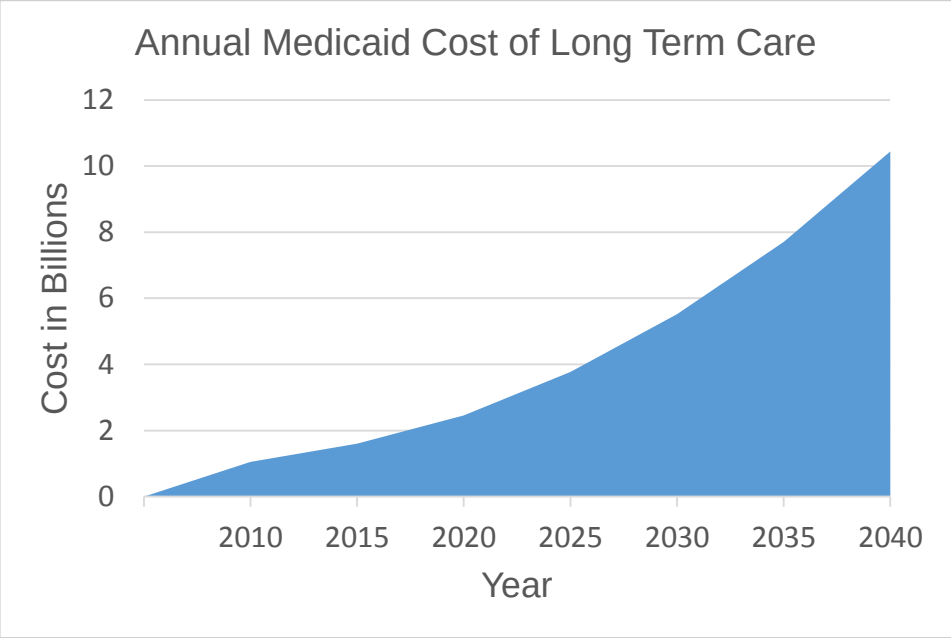




Projected Population Growth Vs. Growth in LTSS Expenditure: 2010-2040

Factoring projected growth of the 65+ population in Alabama, coupled with the CMS-projected annual healthcare inflation rate of 5.8%, the cost to Medicaid for the current LTSS system would increase **10x**, from approximately **$1.05B** in 2010 to approximately **$10.4B** in 2040.





Population Projections Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, March 2015
Healthcare Inflation Rate Source: Health Affairs, "National Health Expenditure Projections, 2014–24: Spending Growth Faster Than Recent Trends." 07/15. Available online: http://content.healthaffairs.org/content/early/2015/07/15/hlthaff.2015.0600

Federal Influences on LTSS Reform

- Americans with Disabilities Act, 1990
- Olmstead vs. L.C., 527 U.S. 581, 1999
- 1915 (c) and (i) waiver authorities

ICN Implementation Time Frame Example

JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC

2016

Phase I: AMA Planning
- Address key program design concepts
- Think about rule making and look at specific requirements and laws

Phase II: Stakeholder Engagement
- Get input from key stakeholders
- Identify an ICN QAC
- Initiate Waiver and Concept Paper development

2017

Phase III: Waiver, Contract, and RFP Development
- Develop and release Concept Paper
- Collect and process comments
- Finalizing RFP and Contract

04/01/17 Establish ICN rules

Phase IV: Procurement
- Release RFP
- Responses are due
- Agency review

2018

Phase V: Readiness and Implementation
- Award notice
- Submit docs
- Desk reviews
- On-site reviews
- Complete readiness review

04/01/18 Initiate competitive procurement

Phase VI: Transition
- Member outreach, readiness, enrollment, and transition

10/01/18 ICN to deliver services

— Indicates legislation milestones

*Disclaimer: Subject to change

Comprehensive Stakeholder Engagement Strategy

Stakeholder Round One:

- 9 Town Hall style meetings across the state in June, 2016
- Over 500 attendees
- Formal presentation followed by public Q&A
- Received over 200 questions, and 90 comments
- FAQ posted to AMA website

Survey

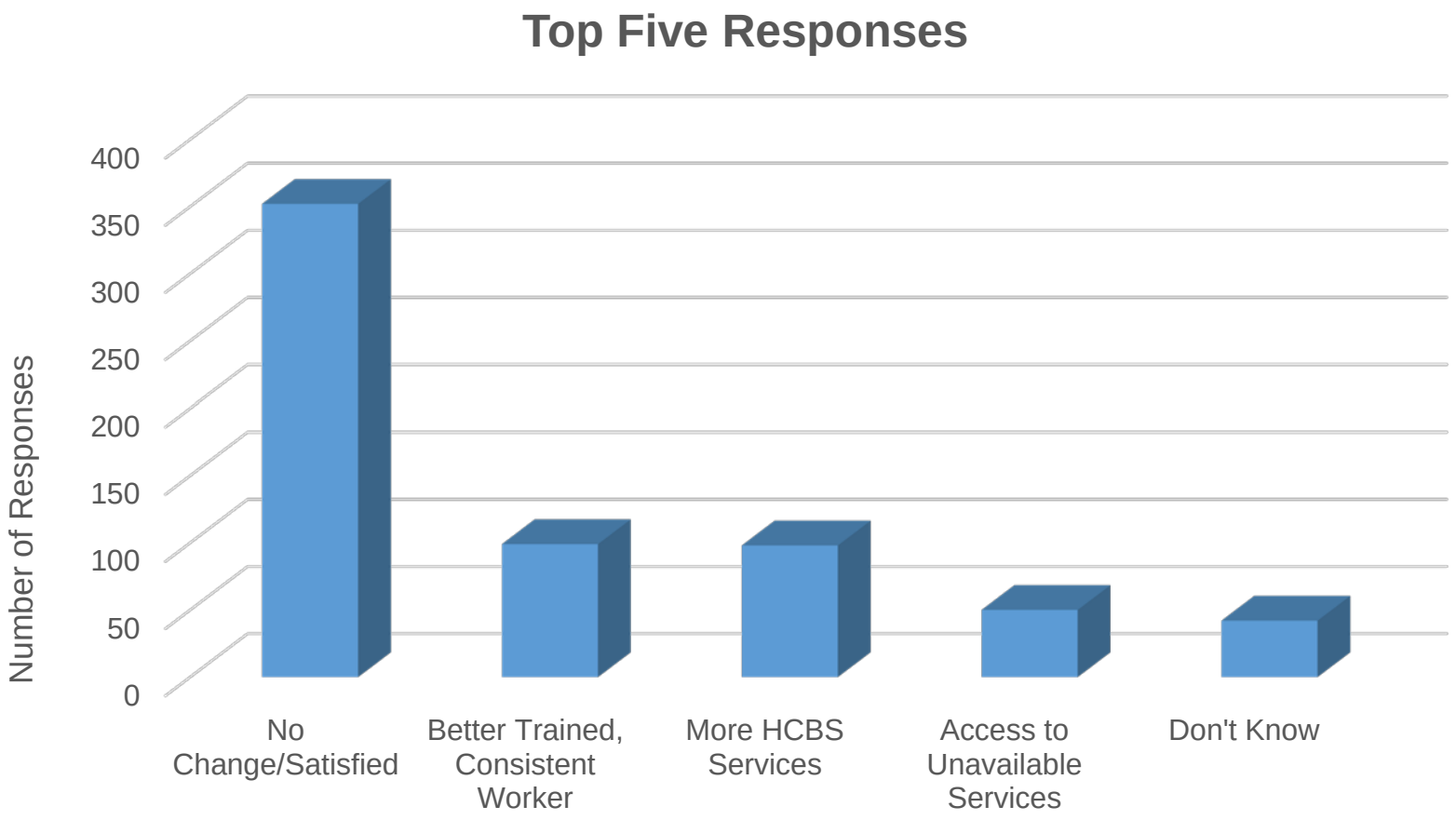
- Web-based survey released in August, 2016
- Four tracks available targeting consumers, caregivers, providers and advocates.
- Paper based survey distributed through waiver programs.
- Over 2700 surveys received

Stakeholder Round Two:

- 18 focus groups, covering 10 focus areas, across 9 cities in September-October 2016.
- *Morning meetings* – targeted consumer and caregiver topics
- *Afternoon meetings* – targeted provider topics.
- Robust attendance resulted in 22 pages of feedback to AMA.

Survey Feedback on Quality: Consumers

755 responses were received to the survey question: *What would you do to improve the quality of the services you currently receive?*



Survey Feedback on Quality: Caregivers

- Caregivers provided an array of key quality indicators, often driven by personal experiences.
- Emergent themes included:

Direct care staff performance, including reliability and task performance

Consistency and staff retention for both direct care and care coordination

Treating consumers with dignity and respect in the delivery of care and services

Timely access to necessary medical equipment and supplies

Reduced frequency of doctor's visits and acute care utilization

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Continuous Quality Improvement

Medicaid HCBS programs should:

- Embrace continuous quality improvement approach
- Nurture a culture of quality improvement

States will need design and implement quality improvement strategies for measurement and quality improvement.

Why We Measure Quality

The Triple AIM and Goals of CMS

Triple Aim	Goals
Better Care	• Patient Safety • Quality • Patient Experience
More Efficient Care (Reduce Per Capita Cost Through Improvements in Care)	• Reduce unnecessary and unjustified medical cost • Reduce administrative cost thru process simplification
Improve Population Health	• Decrease health disparities • Improve chronic care management and outcomes • Improve community status

CMS Quality Strategy Goals

The vision of the CMS Quality Strategy is to optimize health outcomes by improving quality and transforming the health care system. The CMS Quality Strategy goals reflect the six priorities set out in the National Quality Strategy:

Priority	Quality Measures
1	Make care safer by reducing harm caused in the delivery of care.
2	Strengthen person and family engagement as partners in their care.
3	Promote effective communication and coordination of care across the continuum.
4	Promote effective prevention and treatment of chronic disease.
5	Work with communities to promote best practices of healthy living.
6	Make care affordable.

Recent Federal Requirements Related to LTSS Quality

External Quality Review (2013)

- Incorporate LTSS within EQRO reviews for managed LTSS

HCBS Settings Rule (2014)

- Implement HCBS quality improvement strategy

Medicaid and CHIP Managed Care Rule (2016)

- Include quality measures: Quality of Life and Outcomes from rebalancing and community integration
- Annual reviews of quality assessment and performance improvement
- Annual report to CMS

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Quality Measures

- Quality measures are tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and systems that are associated with the ability to provide high-quality health care

- Uses of quality measures:
  - Accountability
  - Public Reporting
  - Quality Improvement

Quality Measure Types

Health Plan Accreditation

CAHPS, HEDIS

Type	Description	Example
Structure	Assess the characteristics of a care setting, including facilities, personnel, and/or policies related to care delivery	Uses a standard referral form
Process	Determines if the services provided to patients are consistent with routine clinical care	Percent of complaints/grievances received and resolved
Outcome	Evaluates patient health as a result of the care received	Percent reduction in member falls
Patient Experience	Provides feedback on patients' experiences of care	Services provided by a direct caregiver

Source: Families USA, *Measuring Health Care Quality: An Overview of Quality Measures*, May 2014. Available at: http://familiesusa.org/sites/default/files/product_documents/HSI%20Quality%20Measurement_Brief_final_web.pdf

What Makes a Good Measure?

ICN Quality Focus

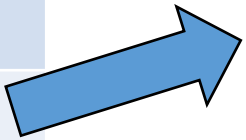
Focus Area	Total Spend SFY 2014	
Long-Term Care (Nursing Homes)	$896,637,876	80%
Home and Community-Based Services (HCBS)	$68,392,247	6%
Clinical	$155,010,074	14%

Total: $1,120,040,197

Measure Set Domains

- Measure sets typically try to cover key domains of performance

Source	# of Quality Domains
CMS	6
NQF	11
NCI-AD	19



#	NQF HCBS Quality Domains
1	Service Delivery and Effectiveness
2	Person-Centered Planning and Coordination
3	Choice and Control
4	Community Inclusion
5	Caregiver Support
6	Workforce
7	Human and Legal Rights
8	Equity
9	Holistic Health and Functioning
10	System Performance and Accountability
11	Consumer Leadership in System Development

See **Attachment E** for a listing and explanation of NQF's quality domains

MLTSS Quality Contract Requirements

Requirements	# of States (17)	Requirements	# of States (17)
Staffing for Quality Oversight	16	EQRO	17
Provider Monitoring	17	Assessment Tools	14
Care Coordinator Monitoring	11	Care Coordinator Member Ratio	6
Information Technology	17	Frequency of Member Monitoring	10
Critical Incident Processes	14	LTSS Acute Care Coordination	16
LTS Performance Measures	13	Risk Assessment and Mitigation	9
Complaints, Grievances, Appeals	16	Ombudsman	8
Monitoring Receipt of LTSS Services	10	Quality Related Financial Incentives	9
Experience of Care	9	Quality Improvement Reports	16

Source: Scan of MLTSS Quality Requirements in MCO Contracts, 2013

Number of LTSS Measures Used in Other States

State	Group Enrolled	# of Measures
New York	Elderly and physically disabled (1)	28 (2)
Illinois	Aged, Blind Disabled who are 1) Age 19 and older and 2) Non-Medicare eligible older adults (1)	30 (3)
Kansas (4)	HCBS/Frail Elderly Program	51
Kansas (4)	Nursing Facility Program	11
Florida (5)(6)	Frail elders age 65 and older who are eligible for nursing home care (1)	42

Sources:
(1) Scan of MLTSS Quality Requirements in MCO Contracts, 2013
(2) https://www.health.ny.gov/health_care/managed_care/docs/quality_strategy.pdf, Appendix 4
(3) https://www.illinois.gov/hfs/MedicalClients/IntegratedCareProgram/Documents/icqm.pdf
(4) http://www.kancare.ks.gov/download/Attachment_J_State_Quality_Strategy.pdf, Appendix 10 and 11
(5) http://ahca.myflorida.com/Medicaid/quality_mc/pdfs/Florida_Medicaid_Draft_Comprehensive_Quality_Strategy_2014_Update.pdf, pdf p. 130

Note:
(6) The quality measures identified by Florida are related to waiver assurances.

See **Attachment F** for a listing of the other state quality measures

Challenges with LTSS Measures

- Lack of federal guidance on a core set of HCBS quality and performance measures
- Variability of the numerous Federal, state, local, and privately funded programs with different reporting requirements
- Flexibility offered to states and providers to establish their own quality measures to meet requirements
- Traditional measures focused on facility healthcare models
- Limited "outcomes" measures since defining the outcome is challenging: quality of life, independence, choice
- Administrative burden

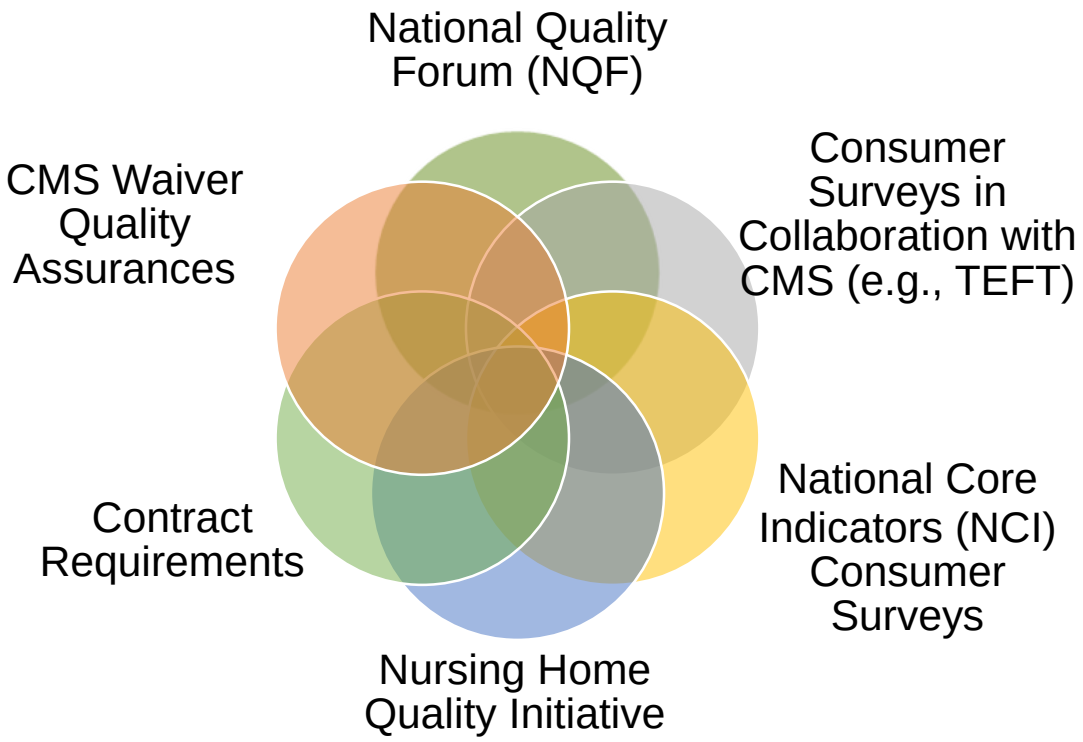
Key Findings

There is little consensus from the Federal Government and state Medicaid Agencies Regarding Quality for HCBS

Source: NQF, *Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement*, September 2016, pp. 4-5

Various Efforts to Define LTSS Quality Metrics

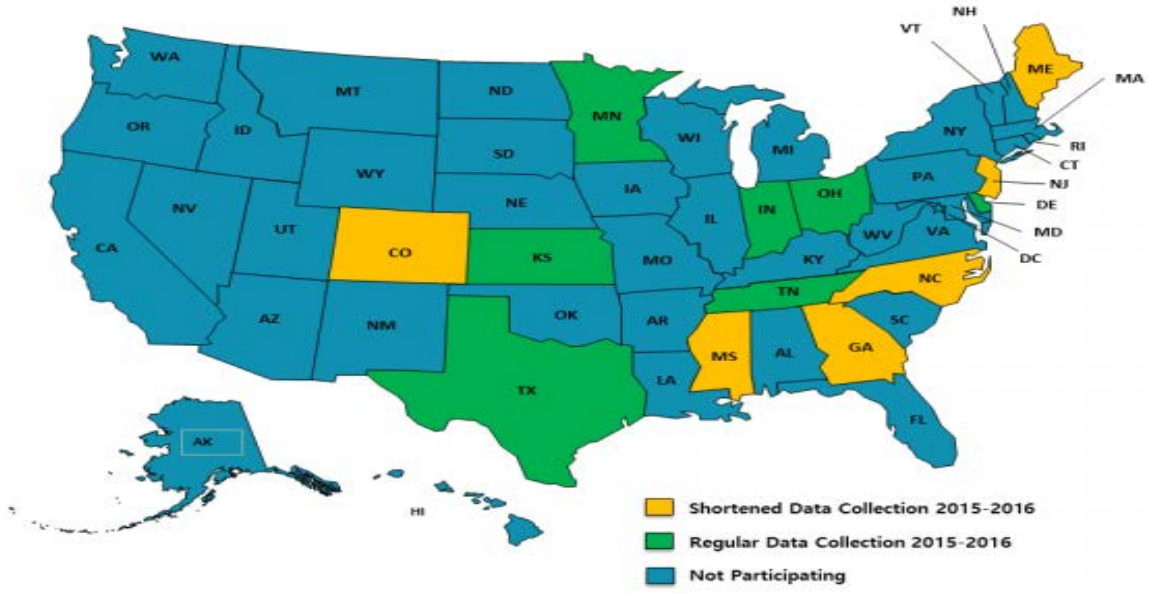
National Efforts



Note: The national efforts identified above is only a subset of the total initiatives aimed at determining the most appropriate measures to use when assess the quality of MLTSS services.

National Effort Example: NCI-AD

- Collaborative effort between NASUAD and Human Services Research Institute
- Goal is to collect and maintain valid and reliable data that give states a broad view of how publicly-funded services impact the quality of life and outcomes of service recipients
- NCI-AD officially launched on June 1, 2015 with 15 participating states
  - Six states agreed to an expedited data collection cycle



See **Attachment G** for a listing of the NCI-AD quality measures

State Effort Example: Wisconsin

- The State of Wisconsin uses a state-specific interview/survey tool called "*Personal Experience Outcomes Integrated Interview and Evaluation System (***PEONIES)**"
- Outcomes address a specific aspect of quality of life which is supported by extensive research

Source: http://www.chsra.wisc.edu/peonies/index.htm

RCO Quality Measures

- 42 RCO Quality Measures selected by the Quality Assurance Committee (QAC) and approved by AMA
- Measures represent the following categories:
  - Internal medicine
  - Pediatrics
  - Inpatient care
  - Oral health
  - Maternity and infant mortality
  - Chemical dependency
  - Mental health/ behavioral health
  - Cardiovascular/ obesity
  - Access to care/ equitable health outcomes
  - Patient safety
  - Transition of care
  - Care coordination

See **Attachment H** for a listing of the RCO quality measures

RCO Quality Measures - Why These Measures?

- Measures selected to best represent the CMS Quality Domains:

CMS Quality Domain	Quality Measure Count*
Patient and Family Engagement	5
Patient Safety	8
Care Coordination	22
Population/ Public Health	16
Efficient Use of Healthcare Resources	7
Clinical Process/ Effectiveness	28

*Note: Some measures fall into multiple domains

- Nearly all measures are National Measures:
  - Healthcare Effectiveness Data and Information Set (HEDIS®) Measures
  - CMS Medicaid Adult Core Set and Child Core Set
  - National Quality Forum (NQF) Endorsed
  - CMS Meaningful Use Clinical Quality Measures (CQM)
  - CMS Health Home Measures

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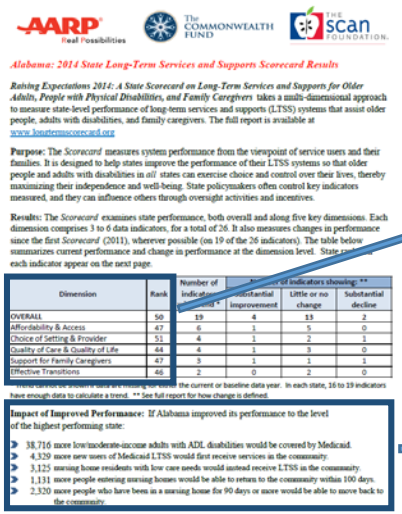
How Alabama Measures Quality Today

- **Federal Reporting**
  - Nursing Home Compare
  - Home Health Compare
  - Hospice Quality Reporting
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- **State Reporting**
  - Waiver quality assurances across five different waivers

See **Attachment I** for a listing of the Federal program quality measures

Alabama's 2014 LTSS Scorecard Results



Alabama: 2014 State Long-Term Services and Supports Scorecard Results

Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers takes a multi-dimensional approach to measure state-level performance of long-term services and supports (LTSS) systems that assist older people, adults with disabilities, and family caregivers. The full report is available at www.longtermscorecard.org

Purpose: The *Scorecard* measures system performance from the viewpoint of service users and their families. It is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being. State policymakers often control key indicators measured, and they can influence others through oversight activities and incentives.

Results: The *Scorecard* examines state performance, both overall and along five key dimensions. Each dimension comprises 3 to 6 data indicators, for a total of 26. It also measures changes in performance since the first *Scorecard* (2011), wherever possible (on 19 of the 26 indicators). The table below summarizes current performance and change in performance at the dimension level. State [illegible] each indicator appear on the next page.

Dimension	Rank	Number of indicators *	Substantial improvement	Little or no change	Substantial decline
OVERALL	50	19	4	13	2
Affordability & Access	47	6	1	5	0
Choice of Setting & Provider	51	4	1	2	1
Quality of Care & Quality of Life	44	4	1	3	0
Support for Family Caregivers	47	3	1	1	1
Effective Transitions	46	2	0	2	0

[illegible] have enough data to calculate a trend. ** See full report for how change is defined.

Impact of Improved Performance: If Alabama improved its performance to the level of the highest performing state:

- 38,716 more low/moderate-income adults with ADL disabilities would be covered by Medicaid.
- 4,329 more new users of Medicaid LTSS would first receive services in the community.
- 3,125 nursing home residents with low care needs would instead receive LTSS in the community.
- 1,131 more people entering nursing homes would be able to return to the community within 100 days.
- 2,320 more people who have been in a nursing home for 90 days or more would be able to move back to the community.

Dimension	Rank
OVERALL	**50**
Affordability & Access	47
Choice of Setting & Provider	51
Quality of Care & Quality of Life	44
Support for Family Caregivers	47
Effective Transitions	46

Key Findings

Alabama has significant opportunities to improve LTSS care in Alabama and move residents from nursing homes into the community

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See **Attachment J** for AARP's 2014 LTSS Scorecard for Alabama

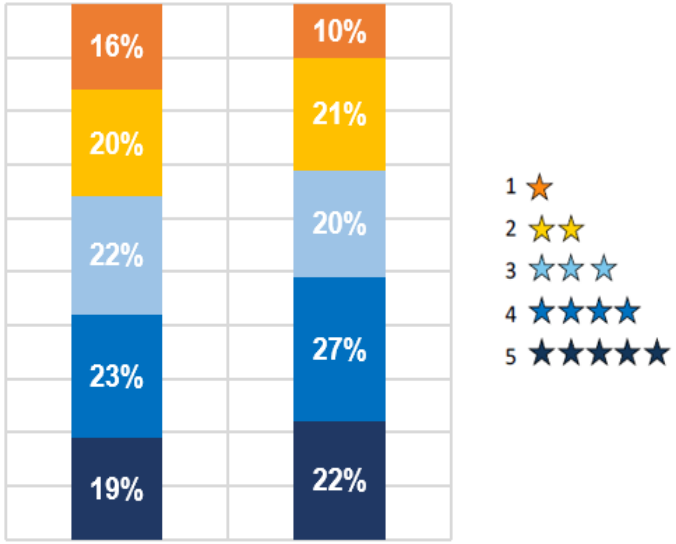
Nursing Home Performance Measures – CMS Star Ratings

Five Star Quality Rating System (CMS)

- Annual Health Inspection Surveys
  - Measures based on outcomes from State health inspections- Facility ratings for the health inspection domain are based on:
    - Number of deficiencies
    - Scope of deficiencies
    - Severity of deficiencies
- Staffing Ratios
  - Measures based on nursing home staffing levels (RN staffing and total staffing)
- 17 Long-Stay and Short-Stay Clinical Quality Measures
  - 14 QMs are derived from MDS Data
  - 3 QMs are derived from Claims Data (those QMs related to re-admissions in other care settings)

Nursing Home Performance in Alabama – CMS 2015 Star Ratings

Share of Nursing Homes in AL v. National, by Overall Star Rating



Source: Kaiser Family Foundation analysis of Nursing Home Compare data, February 2015

Key Findings

49% of Alabama's nursing homes have 4-5 star ratings while the National average is 42%

Nursing Home Performance in Alabama – CMS 2015/2016 QM Results

Listing of Nursing Home Quality Measures Where Alabama Performed Worse or Better than the National Average

Stay	Measures Description	High or Low Precentage = Good?	National	AL	Difference
Alabama Performance Worse than the National Average					
Long	% residents who received an antianxiety or hypnotic medication	Low	24%	30%	-6%
Long	% residents who received an antipsychotic medication	Low	17%	20%	-3%
Long	% residents who lose too much weight	Low	7%	8%	-1%
Long	% residents assessed and given, appropriately, the seasonal influenza vaccine	High	94%	93%	1%
Long	% residents assessed and given, appropriately, the pneumococcal vaccine	High	93%	93%	1%
Short	% residents who made improvements in function	High	63%	54%	9%
Alabama Performance Better than the National Average					
Short	% residents who were successfully discharged to the community	High	55%	58%	-3%
Long	% residents who self-report moderate to severe pain	Low	8%	8%	1%
Short	% residents who have had an outpatient emergency department visit	Low	12%	11%	1%
Short	% residents who self-report moderate to severe pain	Low	17%	15%	2%
Long	% residents whose need for help with daily activities has increased	Low	15%	13%	3%
Long	% residents whose ability to move independently worsened	Low	18%	15%	3%
Long	% residents who have depressive symptoms	Low	5%	2%	4%
Long	% residents who lose control of their bowels or bladder	Low	47%	40%	6%

Source: CMS's Nursing Home Compare data, pulled on 9/29/16

Key Findings

Of the 24 long and short-term stay quality measures, Alabama performed:

- 25% (6/24) worse than the National average.
- 42% (10/24) at the National average
- 33% (8/24) better than the National average

Home Health Performance Measures – CMS Home Health Compare

Quality of Patient Care – 24 Measures

- First published in July 2015, includes both process and outcomes measures
- A Star Rating is calculated based on 9 of the 24 current quality measures
- Based on OASIS assessments and Medicare claims data.

Patient Experience of Care – 5 Topics

- Summarizes information from patients who were asked questions about their experience with a home health agency
- Questions come from the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) Survey
- A Star Rating is provided

Sources:
https://www.medicare.gov/HomeHealthCompare/About/What-Is-HHC.html
https://homehealthcahps.org/Home.aspx

Alabama Home Health Performance

Quality of Patient Care

Star Rating	# of Facilities	% of Total
5	5	3%
4.5	28	19%
4	41	27%
3.5	28	19%
3	25	17%
2.5	13	9%
2	4	3%
1.5	2	1%
NA	5	3%
Total	151	

68%

13%

Patient Experience of Care

Patient Survey Questions	Result	State Rank
Percent of patients who reported that their home health team gave care in a professional way	91%	3rd
Percent of patients who reported that their home health team communicated well with them	89%	3rd
Percent of patients who reported that their home health team discussed medicines, pain, and home safety with them	87%	3rd
Percent of patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	89%	2nd
Percent of patients who reported YES, they would definitely recommend the home health agency to friends and family	84%	6th

Source: https://data.medicare.gov/data/home-health-compare
Measure Data Range: April 2015 – March 2016
Note: CMS does not report a National or State Average star rating for Patient Experience of Care

Hospice Performance Measures

- Hospice Quality Reporting Program (HQRP) – 7 Measures
  - CMS requires that all Medicare-certified hospices submit a Hospice Item Set (HIS) Admission record and an HIS Discharge record for each patient admission on or after July 1, 2014.
    - Used to calculate seven National Quality Forum (NQF)–endorsed quality measures.
    - Measures focus on care processes around hospice admission that are either clinically recommended, required in the hospice Conditions of Participation, or both
  - No date has been specified to begin public reporting of quality data
- Hospice CAHPS® Survey

Source: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/HQRP-HIS-Based-QMs-Annual-Testing-Executive-Summary-October-2016.pdf

Alabama Hospice Performance

Alabama

State Snapshot for Home Health-Hospice

In this comparison, the NHQR quality measures for Alabama for the most recent data year and the baseline year are compared to the average of all States.

Measures Better Than Average in The Recent Year

Measure	Recent Year	Recent Rate	Recent Performance	Baseline Year	Baseline Rate	Baseline Performance
Hospice patients who received the right amount of help for feelings of anxiety or sadness	2014	92.9	Better than Average	2009	93.6	Better than Average
Family caregivers who did not want more information about what to expect while the patient was dying	2014	88.6	Better than Average	2007	88.8	Better than Average

Measures That Are Average in The Recent Year

Measure	Recent Year	Recent Rate	Recent Performance	Baseline Year	Baseline Rate	Baseline Performance
Hospice patient caregivers who perceived patient was referred to hospice at the right time	2014	91.5	Average	2007	90.8	Better than Average
Hospice patients who received care consistent with their stated end-of-life wishes	2014	94.4	Average	2006	95.6	Average

Source: https://nhqrnet.ahrq.gov/inhqrdr/Alabama/snapshot/table/Setting_of_Care/Home_Health-Hospice

State Requirements – Assurances for HCBS

- Alabama operates its HCBS programs in accordance with certain CMS waiver "assurances" for fourteen different areas.
- Most of Alabama's assurance performance measures are process oriented measures and are used by CMS to ensure that Alabama is effectively managing its programs. Examples below:
  - "Number and percent of LOC determinations made by a qualified evaluator"
  - "Number and percent of substantiated complaints"

# of Performance Measures Used by Alabama to Meet CMS's Waiver Assurances

Waiver	# of Performance Measures
ACT	58
Elderly and Disabled	57
HIV/AIDS	53
SAIL	27
Technology Assisted	40
Total	**235**

See **Attachment K** for a listing of Alabama's waiver assurances for HCBS

Today's Discussion

1. QAC Role and Responsibilities
2. ICN Program Background
3. Quality 101
4. Quality Measures
5. What LTC Quality Looks like in Alabama
6. **Alabama Medicaid's Example Quality Domains**
7. Next Steps

Alabama Medicaid's Example Quality Domains

#	AMA Example Quality Domains
1	Clinical
2	Long-Term Care
3	Service Delivery and Effectiveness
4	Person-Centered Planning and Coordination
5	Choice and Control
6	Community Inclusion
7	Caregiver Support
8	Holistic Health and Functioning

Identified RCO Measures

Nursing Home Measures

HCBS Measures

Alabama Medicaid's Example HCBS Quality Domains

#	NQF Quality Domains
1	Service Delivery and Effectiveness
2	Person-Centered Planning and Coordination
3	Choice and Control
4	Community Inclusion
5	Caregiver Support
6	Workforce
7	Human and Legal Rights
8	Equity
9	Holistic Health and Functioning
10	System Performance and Accountability
11	Consumer Leadership in System Development

#	AMA Example Quality Domains
1	Service Delivery and Effectiveness
2	Person-Centered Planning and Coordination
3	Choice and Control
4	Community Inclusion
5	Caregiver Support
6	Holistic Health and Functioning

See **Attachment E** for a listing and explanation of NQF's quality domains

Today's Discussion

1. QAC Role and Responsibilities
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4. Quality Measures
5. What LTC Quality Looks like in Alabama
6. Alabama Medicaid's Example Quality Domains
7. **Next Steps**

Next Steps

- Prior to the 2nd meeting (December 2016):
  - Review your materials!
  - Alabama Medicaid will provide a listing of ICN quality measures by domain for QAC consideration. Instructions will be provided for how QAC members may recommend additional measures for the QAC to review during the 2nd meeting.

- If you have any questions please email ICNinfo@medicaid.alabama.gov

Appendices

Comparison of ICN to RCO

Program Elements	ICN	RCO
Requires organizations to be non profits	?	X
Includes requirements for a Governing Board	X	X
Includes requirements for a Citizen's Advisory Committee	X	X
Includes requirements for a Quality Assurance Committee	X	X
Requirements for probationary status		X
Competitive Bid Process	X	
Requires Certification	X	X
Shall not be insurance organizations	X	X
Establishes at-risk, capitated payments for managed care structure	X	X
Includes an "any willing provider" provision	X	X
Regional-based organizations		X
Statewide organizations (with regional offices)	X	
Medicaid to establish rules governing the program	X	X