

## **Transcript for CAHPS HCBS Survey Overview Presented on 6-8-17**

Jennifer speaking:

OK. It's 10 AM, so I'm going to begin. Good morning, everybody. The purpose of today's webinar is to provide you with an overview of the Consumer Assessment of Healthcare Providers and Systems, referred to as CAHPS, Home and Community Based Services (HCBS) Survey.

This Survey is funded by the Centers for Medicare & Medicaid Services (CMS) through the Testing Experience and Functional Tools (TEFT) Grant.

This survey was previously referred to as the Experience of Care, or EoC, Survey. So some of you who have been around for a few years and were here during Round 1 of this survey, will be more familiar with that title for the survey.

I am Jennifer VanderNoot, the TEFT Grant Manager for NH. I work for the Department of Health and Human Services and my contact information is on the screen before you – please note that we have a web page devoted to this grant. You can visit this web page for an overview of the TEFT grant and to access this webinar and other information over the coming months which may be helpful to you now that we are in the final year of this grant.

Before we begin the presentation, I'd like to mention the following:

- Phone lines have been muted until the designated question and answer periods.
- However, once you become unmuted, please do not place this call on hold, as hold music may be heard by everyone else.

There are two ways to ask questions during this presentation:

- You may raise them directly during the designated question and answer periods.
- Or you may send them to Gail Deary via Chat.

This meeting is being audio-recorded for reference and will be posted on the NH DHHS TEFT website.

At the end of this presentation, you will:

- Understand the purpose of the TEFT grant and the CAHPS HCBS Survey.
- You will be familiar with the basic content of the CAHPS HCBS Survey.
- You will know what clients and providers can expect over the coming months.
- And you will be provided with the anticipated timelines for the survey.

First we will be delving into the purpose of the TEFT grant.

The CMS TEFT grant program is a four year grant program which started in March 2014 and runs through March 2018. It focuses on Medicaid recipients who are receiving community-based long term services and supports – and CMS refers to this as the CB (community based) LTSS (long term services and supports) population.

We are now in Year 4 of the TEFT Grant, the last year.

TEFT Grant recipients were allowed to participate in one or more of the following four TEFT grant components with this CB-LTSS population:

- They could field test a cross-disability experience of care survey, which is the only component we are doing here in NH;
- They could field test a set of functional assessment items. NH did not choose to participate in this component;
- They could opt to demonstrate personal health records. Again, NH did not choose to participate in this component; and/or
- They could create an electronic LTSS service plan standard. This too, NH did not choose to participate in.

So in summary, the TEFT grant is focused upon a certain population, the Medicaid CB-LTSS population, and TEFT grant recipients have been allowed to participate in one or more of the 4 components listed before you, but NH is only participating in the first component – which we now refer to as the CAHPS HCBS Survey.

So we've discussed what the TEFT grant is, now we'll briefly discuss why the TEFT grant has been made available to states.

The TEFT grant's purpose is to focus on enhancing CB-LTSS systems to achieve a true person-centered culture and improve the quality of care for people receiving Medicaid CB-LTSS.

- Person-centered thinking helps to establish the means for people to live a life that they and the people who care about them have good reason to value.
- Person-centered planning is a way to assist people needing Home and Community Based services and supports to construct and describe what they want and need to bring purpose and meaning to their life.
- Person-centered practice is the alignment of service resources that give people access to the full benefits of community living and ensures that they receive services in the way that may help them achieve their individual goals.

Supporting person-centered thinking, planning, and practice with our community-based long term services and supports population is important to the Department.

The TEFT grant allows NH DHHS to administer a survey tool that is both valid and reliable to participants in the various CB-LTSS programs and to individuals who have all types of disabilities. This allows for comparisons across programs serving different target populations.

We are fortunate to have been chosen to be one of the states awarded a TEFT grant.

Again, the Department is not participating in all four TEFT components. We are only participating in field testing a cross-disability experience of care survey, which is now called the CAHPS HCBS Survey.

This survey will elicit feedback on beneficiaries' experience with the services they receive in Medicaid CB-LTSS programs. The CB-LTSS beneficiaries that are included in NH's CAHPS HCBS Survey are:

- seniors and adults with physical disabilities;
- persons with developmental or intellectual disabilities;
- those with acquired brain injury; and
- persons with severe mental illness.

You were told that by the end of this presentation you would understand the purpose of the TEFT grant.

In summary, the TEFT grant focuses upon Medicaid recipients who are receiving community-based long term services and supports.

The TEFT grant's purpose is to focus on enhancing CB-LTSS systems to achieve a true person-centered culture and improve the quality of care for people receiving Medicaid CB-LTSS.

NH is one of only nine states who were awarded this grant, and although there are up to four components in which TEFT grant recipients may participate, NH is only participating in one component: The CAHPS HCBS Survey.

Are there any questions so far?

OK. Then we can move on.

Now we are going to discuss the purpose of the CAHPS HCBS Survey.

CAHPS® stands for Consumer Assessment of Healthcare Providers and Systems.

- CAHPS® is a category of surveys assessing a person's experience within a variety of healthcare settings and services.

- CAHPS® tools provide a standard methodology for benchmarking the performance of healthcare providers, using data obtained from recipients of those services.
- Such measures support exploration of the impact of program services, benchmarking, and identification of best practices.

CMS sought and received a CAHPS® trademark for and a National Quality Forum (NQF) endorsement of the survey that NH will be using.

The CAHPS HCBS Survey is designed to:

- ❖ Function as a cross-disability tool, suitable for individuals with physical, intellectual, cognitive and developmental disabilities;
- ❖ It's designed to focus on participant experience, not satisfaction;
- ❖ It's designed to address dimensions of quality valued by HCBS participants; and
- ❖ It's designed to align with existing Consumer Assessment of Healthcare Providers and Systems (CAHPS®) tools.

This is the first survey focusing on experience of care that may be used with all categories of the CB-LTSS population in NH.

NH already field tested a version of this survey in 2015. CMS has since made several changes in survey implementation for Round 2, scheduled for Summer 2017. Changes for Round 2 include:

- ❖ That proxies are now allowed.
- ❖ Phone interviews are now allowed.
- ❖ Messages can now be left on a client's phone when calling to remind them of the survey or to request their participation in the survey.
- ❖ Timing of the survey is more flexible and up to the state conducting the Survey (within certain parameters) so, for example, the Department chose a schedule to field Round 2 that does not overlap with other surveys being administered (causing survey burn-out) and a schedule where winter weather does not impact survey participation.

Valid and reliable results obtained from Round 2 will be used:

- ❖ To address and improve community based long term services and supports program quality; and
- ❖ As input in future NH DHHS initiatives.

So earlier in this presentation, you were told that by the end of this presentation you would also understand the purpose of the CAHPS HCBS Survey.

To summarize, the CAHPS HCBS Survey is primarily designed to function as a cross-disability tool, suitable for individuals with physical, intellectual, cognitive and developmental disabilities. Its focus is on participant experience, not satisfaction.

Use of the data from the survey will be used to address and improve CB-LTSS program quality in NH, and may also be used in future NH DHHS initiatives.

Are there any questions so far?

Alright. Thank you. We'll move on.

Now we are going to talk briefly about the content of the CAHPS HCBS Survey.

In the survey, questions that measure similar topics are grouped together into composites. I'll go into more details in a moment about each of these composites, but a high level summary of the CAHPS HCBS Survey is that it includes:

- 9 composite measures;
- 3 global ratings;
- 3 recommendation measures;
- 5 unmet needs measures;
- 1 physical safety measure; and
- Additional individual item measures including the employment module which NH will also be using.

Most answers for the questions are simply a "Yes or a No" or a "Never/Sometimes/Usually/or Always" or "Mostly Yes/Mostly No" with "don't know" always offered as an option.

Although I'm going to go into more details about the survey right now, both the CAHPS HCBS Survey and the Employment Module are available for you to peruse in their entirety at your convenience on our website. The web address is on the first slide as well as the final two slides of this presentation for reference.

The specific topics for the composite measures are:

- Staff are reliable and helpful. An example on the CAHPS HCBS Survey of a question that falls under this composite is: "In the last 3 months, did you need help from a staff person to get dressed, take a shower, or bathe?"
- Composite Measure 2: Staff listen well and communicate well. An example on the survey of this type of composite is "In the last 3 months, how often did a staff person explain things in a way that was easy to understand?"
- Composite Measure 3: Homemaker provides needed services. An example of a question on the survey for this composite is "In the last 3 months, how often did your homemaker work as long as they were supposed to?"

- Composite Measure 4: Homemaker’s communication. An example question for this composite is “In the last 3 months, how often did your homemaker listen carefully to you?”
- Composite Measure 5: Case manager is helpful. An example of a question on the survey representing this composite is “In the last 3 months, did your case manager work with you when you asked for help with getting or fixing equipment?”
- Composite Measure 6: Choosing the services that matter to you. An example question for this type of composite is “In the last 3 months, did you feel your staff person knew what was on your service plan, including the things that are important to you?”
- Composite Measure 7: Transportation to medical appointments. For Mental Health Centers, transportation would only be involved if related to a mental health issue. An example of a question on the survey for transportation to a medical appointment is “In the last 3 months, did you use a van or some other transportation service?”
- Composite Measure 8: Personal safety and respect. An example question for this type of composite is “In the last 3 months, was there a person you could talk to if someone hurt you or did something to you that you didn’t like?” and
- Composite Measure 9: Planning your time and activities. An example question for this type of composite is “In the last 3 months, when you wanted to, how often could you do things in the community that you like?”

For the Global Ratings Measures, the survey participant is asked for his or her global rating of the specific staff people providing the services. An example of a question under this measure is “Using any number from 0 to 10, where 0 is the worst help from your staff person possible and 10 is the best help from your staff person possible, what number would you use to rate that help you get?”

For the Recommendation Measures, the survey participant is asked if he or she would recommend the specific staff person to family and friends. An example of a question under this measure is “Would you recommend the staff person who helps you to your family and friends if they needed help?”

For the unmet needs measures the survey participant is asked if his or her needs have not been met due to lack of help or assistance with:

- dressing/bathing
- meal preparation or eating
- medication administration
- toileting or
- household tasks

An example question on the survey for this measure is “In the last 3 months, did you get all the help you needed when toileting from your staff when you needed it?”

For the Physical Safety Measure, the survey participant is asked about his or her safety and wellbeing. An example question on the survey for this measure is “In the last 3 months, did any staff person yell, swear, or curse at you?”

Earlier in this presentation, you were told that by the end of this presentation you would be familiar with the basic content of the CAHPS HCBS Survey.

In summary, the survey covers 9 composite measures, from getting needed help from the staff who are providing services to the recipient, to personal safety, to choosing the services that matter to the recipient. Most answers are yes/no, or mostly yes/mostly no, and you were provided with example questions for the composites and the measures. A link to the surveys is also provided on the NH DHHS TEFT website.

Are there any questions about the content of the survey?

Now we are going to discuss what clients can expect with the CAHPS HCBS Survey.

- The survey takes about 30 minutes to complete. It can be conducted over the phone or in the client’s home, whatever method is most comfortable for the client.
- Questions will be read out loud to clients. Responses will be entered directly into the computer.
- The survey is voluntary. Once started, the client can skip any question that he or she does not want to answer.
- Participating in or not participating in the survey does not impact the client’s benefits or services in any way.
- All responses are kept confidential and no one else will know how the client answers the questions unless the client wants people in the room while he or she responds to the survey.

I also supplied a Frequently Asked Questions document with this presentation for reference. Please feel free to use this with clients and family members who have questions about the survey – it will also be available on the NH DHHS TEFT website once this presentation is posted. Additionally, if we receive more questions from our clients then we could be updating that document so the newest version will always be on the website.

Are there any questions about what clients can expect?

This is what providers can expect:

- All responses are confidential and grouped with other answers from survey participants, so no provider, individual worker, or client will be identified in any way in the data collected.

- Survey staff are mandated reporters and must follow DHHS policy on safety, so if a safety concern arises, the staff person conducting the survey is mandated to report.
- Data will be used in quality analysis processes statewide, program improvement, and future DHHS initiatives.

I have also supplied a list of resources for providers at the end of this presentation and there are other resources that can be explored on our website.

Are there any questions about what providers can expect?

Now let's talk about the timelines for the survey. Contract negotiations are in process with the vendor, so the final timeline and specific dates have not been solidified. However, based upon preliminary information, this is what we anticipate.

- The vendor will field the survey later this summer.
- An introductory letter will be mailed to clients to explain the survey 1 week prior to the vendor making follow-up calls to the client.
- Following the mailing of the letter, the vendor will call the client to obtain his or her agreement to participate in the survey. If a guardian is involved, the guardian will be called first.
- Later this summer 2017, it is anticipated that the vendor will field the survey. Reminder calls will be placed 24 hours before the interview.
- Fall 2017 (tentative) will be devoted to data analysis.
- Winter 2017 – 2018 (tentatively) will include writing the report.
- March 2018: The final report is due to CMS and the results of the survey will be posted on the DHHS website.

Are there any questions about the topics covered in this presentation or the CAHPS HCBS Survey in general?

If you have additional questions, please don't hesitate to email them to me. All questions and associated responses will be posted on the website so that everybody can refer back to them.

Thank you so much for participating, and here are some additional resources that you may find useful.