Final Transcript

TRUVEN HEALTH ANALYTICS: January TEFT Grantee Training: Part II

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SPEAKERS

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PRESENTATION

Coordinator

Good day, ladies and gentlemen, and welcome to the HCBS CAHPS Survey National Training Part 2. My name is Catherine, and I'll be your operator for today. At this time, all participants are in a listen-only mode. Later, we will conduct a question and answer session. [Operator instructions]. As a reminder, this conference is being recorded.

I would now like to turn the conference over to you host for today Susan Raetzman. Please proceed.

Susan

Hello, and welcome to part 2 of the National Training Call on the CAHPS Home and Community-Based Services survey. Next slide.

We'd like to start this webinar with a few logistical issues. First, please note that phone lines will be muted. To post questions for speakers, please send questions to all participants via the chat function. Be careful not to accidentally select all panelists instead.

For help with technical issues, contact Lisa Gold via the chat or lisa.gold@truvenhealth.com. Finally, this training is being audio recorded to serve as a web-based technical assistance module. Please anticipate a pause after this announcement and prior to the Q&A portion in order to accommodate the recording. Next slide.

Welcome to part 2 of the National Training on the CAHPS Home and Community-Based Services survey. Next slide.

This section includes a brief description of the training, and introduction to the speakers, and an overview of the survey and the need it is intended to fill. Next slide.

This training is the second of two web-based events. Part 1 occurred earlier in January. A recap of topics covered is coming up. Part 2 will cover these topics: administering the survey, preparing and analyzing data from the survey, state use of the CAHPS Home and Community-Based Servicing survey. Next slide.

Presenters for today's training start with Kerry Lida from the Centers for Medicare and Medicaid Services, or CMS. She serves as the testing experience and functional tools, or TEFT, team lead in the Division of Community Systems Transformation, or DCST.

At this time, I'd also like to acknowledge from CMS, Allison Weaver. She is the TEFT technical assistance contracting officers' representative and project officer from DCST. Next slide.

Today's presenters from the CAHPS Home and Community-Based Services survey developer team are myself, Susan Raetzman from Truven Health Analytics; Elizabeth Frentzel from the American Institutes for Research, or AIR; Coretta Mallery, also from AIR. Next slide.

Also presenting from the survey developer team is Chris Pugliese from AAR.

Finally, we're pleased to have as presenters Kathy Bruni, a TEFT grantee from the state of Connecticut; Julie Robison, from the University of Connecticut who is part of the Connecticut TEFT grantee team.

Now, I'd like to turn it over to Kerry Lida. Next slide.

Kerry

Now, let's talk about why a CAHPS Survey focusing on the HCBS side is important. Historically, Medicaid systems for people with long-term services and supports needs had an institutional bias and that services were overwhelmingly provided in institutional settings such as nursing facilities, long-term care hospitals, and intermediate-care facilities to persons of intellectual and developmental disabilities. They were provider-based and financially unsustainable.

However, the percentage of Medicaid long-term services and supports' expenditures to HCBS has grown since the early 1980s. As you see on the chart, by the late 1990s, HCBS was more than 25% of the $70 billion spent on Medicaid LTSS. By fiscal year 2014, for the first time, over half of Medicaid's long-term services and supports dollars, over 53% was spent on community-based supports. With such a large portion of LTSS provided in the community, it is critical that there be a mechanism for insuring the quality of care delivered in these settings. Next slide, please.

Person-centeredness affects a variety of aspects of HCBS programs that are important to understand and measure. 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 HCBS services and supports to construct and describe what they want and need to bring purpose and meaning to their life. The third element, person-centered practice is the alignment of service resources that gives people access to the full benefits of community living and ensure that they receive services in a way that may help them achieve their individual goals. Next slide, please.

The HCBS CAHPS Survey fills a critical need in LTSS quality assurance because it focuses on Medicaid HCBS beneficiary experience outcomes and quality of life as a result of receiving services and supports. What distinguishes this survey from other HCBS surveys is that it was designed to be completed by the broad range of beneficiaries served by Medicaid HCBS programs. For example, individuals who are frail elderly, individuals with a physical disability, individuals with an intellectual or developmental disability, individuals with a brain injury, and individuals with serious mental illness. Next slide, please.

The entire development and testing process, beginning in 2010, was funded by CMS under two projects. The most recent is the demonstration grant for testing experience in functional assessment tools [indiscernible – 7:06] and community-based long-term services and supports. It was tested in both fee-for-service and managed long-term services and supports. Prior to this, it was under the National Quality Enterprise also funded through CMS. In June 2016, it received the CAHPS trademark and was finalized. Most recently, the National Quality Forum subsequently endorsed the set of measures derived from the survey. Next slide, please.

Part 1 of this training covered the following topics: the research and development of the survey including background on key features of this survey, lessons learned from the pilot and field test, and the presentation of the National Quality Forum and QF endorsed measures that were derived from the survey.

Now, I'm going to hand it over to Elizabeth from AIR. Next slide, please.

Elizabeth

Thank you, Kerry. This next section of the training provides information relevant to administering the HCBS CAHPS Survey. Next slide, please.

Most survey processes have three distinct phases that occur sequentially. They consist of survey planning and set up, fieldwork and data management, and last, data delivery analysis and reporting the results. Next slide, please.

This slide also depicts the three major phases of the survey, this time along with timeframes and associated tasks. Some of the time varies because of state processes, so for example, developing requests for proposals and choosing a vendor. However, the guidelines are here to give you a sense of the length of time for the entirety of the process and the need for early planning. Next slide, please.

To review part 1 of this training, the following are the items and measures in this finalized survey. First, a set of three cognitive screening items to help identify individuals who may not be able to provide reliable information. Second, service identification items and screening items ensure that the beneficiary answers only questions about the services they receive. Because not every beneficiary answers all questions, the average survey administration time is about 30 minutes.

Third, there's 34 items that make up composite measures. In addition, there are some single item measures that did not fit into composite. These include a series of questions that assess a person's unmet needs and physical safety.

There are also six global rating and recommendation items that provide information on the person's overall experience with staff including personal assistants, behavioral staff,

homemakers, and case managers. Fifth, there are 15 items that collect demographic information, some of which are used for case mix adjustment. Finally, a 21 supplementary employment module is an option for programs that provide employment services. Next slide, please.

Now that we've described the survey instrument in general, we will focus on how to tailor the survey to facilitate it during interview. In the initial identification questions, respondents are asked whether they received specific service such as personal care and a follow-up question asks what the respondent calls the type of staff that provides the service. That term used by the respondent is then plugged into the survey throughout where appropriate.

This is also done for homemaker, behavioral health, and case management services and helps respondents immediately understand which provider type the question is focusing on. Another tailoring opportunity is the title, the official formal name of the survey is The CAHPS Home and Community-Based Services survey, or the HCBS CAHPS Survey, for short. Users can give the survey a name that might be more meaningful to the respondents. Some will find CAHPS meaningful. It may also be meaningful to include the state name. Users can also add the supplemental employment module or other questions that the survey sponsor might be interested in.

Let's go to the next slide for more information about adding questions.

Although the core of the survey must remain unchanged in order to retain the use of the CAHPS trademark in the survey name, project teams can tailor the survey by adding questions before the About You demographic section. It is also possible to add additional questions for interviewers.

If questions are added, it's better they are tested or at least have been used previously. Also, ideally, additional questions would be in the same format. For example, in the last three months, how often… Finally, you may add as many questions as you want, but research has indicated that adding more than 12 items for a respondent adversely affects response rates. Next slide, please.

We've just described methods to tailor the survey and add questions, but there are certain changes to the instrument that cannot be made if the CAHPS trademark is to be used. In essence, the core survey must stay as is with no changes made to it. Deleting items, revising question wording, or response options, and changing item order is not allowed if one wishes to use the CAHPS trademark. Next slide, please.

This next group of slides focuses on issues related to data collection entities which may be contracted survey vendors. In general, it's desired to select vendors with experienced surveying individuals with disabilities or those receiving HCBS services. Field test states indicated that vendors with this experience were particularly effective and efficient.

The contract with the vendors should include a security protocol for data collection, too. This should include information about safeguarding personally identifiable information, and personal health information, and what happens should a security breach occur. The security protocol should also include state mandatory reporting requirements when the vendor encounters instances of suspected, observed, or reported abuse or neglect of the beneficiary.

Safety protocols for the interviewer, for face-to-face interviewers, should also be specified. The contract should specify that the survey vendor submit a quality assurance plan to ensure data integrity and adherence to data collection protocols. The plan should include processes that the survey vendor will use to verify data collection.

The contract should also include requirements for interview, training and oversight, survey software requirements, data collection protocol, and the requirements for reporting to the survey sponsor. A weekly update from the vendor is suggested so that the sponsoring entity can receive reports on the number of completed surveys, disposition reports on the number of and the reasons for nonresponse, as well as to discuss and resolve any emergent issues.

The contract should also include periodic data submission, for example, after the first 25 completed surveys for review by both the vendor and the sponsoring entity to identify anomalies or problems in the data that might need addressing. Finally, the contract should include potential consequences to the vendor for not meeting quality assurance provisions. Next slide, please.

Survey sponsors can provide training directly to the interviewers. Alternatively, the survey sponsor can train the vendor to conduct this training, and the sponsor may choose to sit in on these training sessions to ensure fidelity to the training approach dictated by the survey sponsor. However, not only must the survey interviewer be trained on survey administration and protocols, but also other survey administration staff must be trained including supervisors and managers so that they understand data collection protocols as well as how to appropriately interact with a person with a disability if their role includes beneficiary contact. Next slide, please.

During the planning phase, there are key decisions that a user will make that affect the survey vendor. First, the sample size affects the number of surveys administered which in turn will affect staffing needs and pricing. If the sponsoring entity decides to add its own questions to the HCBS CAHPS Survey, the survey will be lengthened which adds to administration time and cost. Second, how a survey sponsor decides to administer the survey will also affect the survey vendor.

The survey was tested in two modes, phone and face-to-face which involved differing levels of effort to administer. Regardless of mode, it is strongly recommended that the survey vendor has computer-assisted interviewing software for telephone interviews, or CATI, and for in-person interviews, or CAPI, or both. Because the survey has several skip patterns, as well as respondent inserts for names of types of staff, CATI and CAPI facilitate the survey process.

Although the best respondent always will be the HCBS beneficiary, CMS allows proxy respondents for the survey. It is likely that including proxies will increase the response rate. The sponsoring entity should decide on the types of proxies that are allowed, for example, guardians only, family members, or persons who are in regular contact with HCBS beneficiary.

Finally, the sponsoring entities must decide whether to include the Spanish language version, and CATI, and CAPI programming and specify these requirements to the survey vendor. In addition, Medicaid regulations require that a translator be provided when the survey cannot be administered in a language readily understood by the beneficiary. Next slide, please.

It is important to perform quality assurance checks on vendor CATI and CAPI programs before the survey field operations begin to ensure fidelity to the survey items and skip patterns. Also, it's sensible to provide an early examination of the data. For example, results of the first 25 surveys might be examined to ensure that eligibility is being determined correctly, that the right questions are being asked, and that the responses being collected are logical.

More information on vendor quality assurance can be found on the HCBS CAHPS Survey webpage in the promising practices report on maximizing experiences of care data quality. Some examples include identifying data outliers and need for follow up with interviewers or programming staff, ensuring that survey respondents are appropriately identifying program staff in eligibility questions, and ensuring that all appropriate survey questions are administered. Next slide, please.

In addition to communicating with survey vendors, the survey planning process involves various types of communication with other parties. Alerting stakeholders such as case managers, providers, other state agencies that may serve the same beneficiaries and the state help line is important for their buy-in and support. Stakeholders can also provide information on other concurrent activities that may compromise response rates such as other surveys occurring in the same timeframe.

Pre-notification letters should be sent seven days before respondents are contacted. If a longer response period elapses between sending the letter and contacting the potential respondent, the respondent may not recall receiving the notification. Timely pre-notification letters increase response rates. Meeting this timing goal may require that pre-notification letters be sent in waves so that there is sufficient time for those making recruiting calls to participants to meet the seven-day window.

As part of the survey planning process, survey teams may need to obtain review and approval by an Institutional Review Board, or IRB. An IRB may request changes to the protocol. For example, an IRB may request that information sheets be sent to beneficiaries, or require consent from guardians for respondents who have guardians.

All states have abuse and neglect reporting mandates. The state's IRB may also have additional requirements. Next slide, please.

This slide lists some of the key materials that survey sponsors will want to generate to communicate with various stakeholders and collaborators. Templates for some of these items eventually will be available on the CMS webpage for the HCBS CAHPS Survey. The state-specific materials include consent form, letters to the survey participants including a pre-notification letter and a thank you letter, a recruitment protocol or script, a program-specific term guide, and abuse and neglect materials including state abuse and neglect reporting requirements, a sample abuse and neglect protocol, and a sample abuse and neglect reporting form. Next slide, please.

Now, we'd like to briefly turn to an important aspect of administering the survey, getting an accurate sample list. The following are some of the main challenges to getting an accurate sample. Mortality, or deceased people, in the sample is particularly challenging for programs serving individuals who are frail elderly in which the mortality rate can be high. Also, centrally available up-to-date beneficiary contact information can pose difficulties in recruiting people for the sample.

Finally, guardian information may be missing in administrative data, or it can be difficult to determine whether the individual even has a guardian. Remember that this information is needed only if it is determined that consent is required. If consent is required, then the legal guardian consent is needed for those who have legal guardians.

Maximizing sample accuracy may require some planning and effort. However, it supports reduced time needed to collect data, lower cost of data collection, and the ability to use data to analyze survey results. In short, upfront efforts to maximize sample accuracy means that you may not need to go back to obtain second and third waves of sample and you will not waste time and resources making calls to wrong numbers or to individuals who require guardian consent. Next slide, please.

States have used different strategies to improve the accuracy of their samples. One way is to work with care coordinators or case managers. The state can elect to have staff update the entire program's data or just the sample. Another way is to work with managed care organizations or coordinating agencies who may have more up-to-date information.

One can also review the sample person against death records to ensure that the deceased persons are not contacted. Whoever's assembling the sample contact information can check individual data fields. This can involve looking for missing information on addresses and phone numbers.

A survey vendor should also have a method to verify or obtain correct contact information. Typically, survey vendors have a database for verifying update contact information if necessary, for example, partial phone numbers or partial addresses. Next slide, please.

When preparing to administer the survey, it is also important to minimize the potential for influencing respondents' answers. There are several steps that can be taken to do this. Survey vendors and HCBS programs can notify beneficiaries that they may be asked to participate in an HCBS CAHPS Survey. During the process, promotional communications should not be permitted either orally, or in writing, or in the survey materials, for example, in cover letters and in telephone script, because they may introduce bias into the survey results.

For example, don't permit anything that might suggest that a program provides excellent care. That may lead respondents to respond more positively than they would have had they not had exposure to the material. Survey sponsors, vendors, or their agents are strongly discouraged from asking any questions about quality of life, experience of care, or beneficiary satisfaction, similar to the HCBS CAHPS Survey, four weeks prior to fielding the HCBS CAHPS Survey.

They're also discouraged from attempting to influence or encourage beneficiaries to answer survey questions in a particular way and implying that the HCBS program, its personnel, or agents will be rewarded or gain benefits for positive feedback from the beneficiaries by asking beneficiaries to choose certain responses or indicating that the program is hoping for a given response.

Survey sponsors are encouraged to confirm the independence of the surveys, that is, that their responses will not affect any person's Medicaid or other state benefits. Interviewers should be trained to request that the paid providers not be present during the interviews

because their presence may engender bias and cause discomfort for HCBS beneficiaries. Next slide, please.

The remaining slides in this section deal with a variety of situations involving program beneficiaries, guardians, and/or proxy respondents that may arise during the survey administration process. First, we address some special situations that may be encountered during recruitment. First, a program beneficiary declines. In this case, answering the survey questions should be a voluntary activity for program participants. If the selected individual declines to participate, recruiters will want to record the reason given for the refusal on the format provided by the survey vendor. This will allow for a categorization and tabulation of refusal rates.

Second, a program beneficiary is unable to answer for him or herself. The goal of the survey is to have individuals receiving HCBS answer questions from the survey themselves. However, in some cases, a beneficiary either verbally indicates that he or she cannot answer for him or herself, or someone else indicates the individual cannot. In those cases, the recruitment protocol might suggest pursuing proxy respondents.

Third, a program beneficiary had significant problems with their HCBS program. If a recruiter determines during their initial phone call that the program beneficiary has significant concerns or problems with the HCBS program services, he or she may be referred to the appropriate program personnel for follow-up. Significant concerns may include issues such as a worker who routinely does not show up to provide services, or equipment needs have gone unheeded for an extended length of time.

Fourth, a program beneficiary has behavioral or other issues. If administrative data indicate any behavioral or other issues relevant to arranging the interview, such as a program respondent's fear of strangers or is more comfortable with a specific sex, it is suggested that the survey vendor make accommodations when possible. For example, if someone fears strangers, it is suggested that the interview be conducted over the phone if possible. Likewise, arrangements for a female interviewer should be made if a program beneficiary fears males. Interviewers never should be put in a situation in which they perceive that they may be in danger.

Last, a program beneficiary does not meet selection criteria. Although every attempt should be made to provide survey vendors with accurate and updated information about sample participants, it is possible that some individuals will not meet the criteria for participation. Individuals under 18 years of age should not be included in the sample, nor should anyone who is no longer enrolled in the HCBS program including those who have moved into institutional care, and nor should proxy respondents of persons who have died be interviewed. Next slide, please.

Now, we provide more detailed information about program beneficiaries with guardians. As noted earlier, the preferred respondent is always the HCBS beneficiary, and the beneficiary's choice to participate or to decline participation should be honored. Some beneficiaries have legal guardians, though. Having a legal guardian does not mean that an HCBS beneficiary cannot respond for him or herself, but it does mean that the survey sponsor or vendor will need to obtain consent from the guardian first before contacting the HCBS beneficiary to ask whether they will become a respondent. Next slide, please.

Now we provide more detailed information about beneficiaries with cognitive challenges. The survey was designed including question wording and responses to be accessible to as many HCBS beneficiaries as possible. However, it is also important that those using the results of the survey have confidence in the results.

For this reason, the survey starts with a set of three cognitive screening questions to identify individuals who are most likely to provide reliable responses. If all three questions are answered adequately, the interviewer continues to administer the remainder of the survey. If fewer than three questions are answered adequately, the interviewer stops the interview with the beneficiary and may seek a proxy respondent. Next slide, please.

This slide shows the three cognitive screening questions at the beginning of the survey. The purpose of these items is to ascertain whether someone can answer the survey. All three items should be answered in a meaningful way.

For the first item, "Does someone come into your home to help you?" the answer should be yes because only those receiving HCBS are surveyed. For the two open-ended questions, "How do they help you?" and "What do you call them?" a relevant response is needed. If the three questions are not answered appropriately, it is an indication to stop the interview and inquire about a potential proxy respondent. The next slides in this section focus on proxy respondents. Next slide, please.

The most reliable respondents, the ones who can give you the most accurate data, will always be those who experience the service, the individuals receiving home and community-based services. However, in some cases, they cannot answer for themselves and need someone else assisting them or answering on their behalf. It's up to the sponsoring entity to decide whether to allow proxies and which proxies to include.

We will provide more information later in the slides about who might be considered a proxy. If a proxy is being used, the IRB may require that the assent of the beneficiary as well as the consent of the proxy be obtained and documented. If proxies are allowed, the introductory script for reaching out to the beneficiaries will need to allow for talking with proxies. This script should reflect decisions that a state makes about which proxies to include. Finally, while fielding the survey, consider monitoring the percentage of surveys that are completed by proxies and adjusting for the use of proxies in the data analyses. Next slide, please.

There are certain qualities that make an individual more likely to be a good proxy respondent. Good proxies are ideally willing to respond on behalf of the HCBS beneficiary, and they're not paid to provide services for the beneficiary. They should also be familiar with the services and supports the individual receives so that they're able to respond to all pertinent questions of the survey.

They should also have regular ongoing contact with the beneficiary. A good proxy is someone who lives with the individual, or manages the majority of their in-home care, or communicates with the individual regularly and is up-to-date on the services they receive or is present when the individual is receiving the services. Next slide, please.

There are also qualities that make someone less likely to be a good proxy respondent. Proxies who are paid to provide services and supports may have biased perspectives on

questions related to the care they provide. Family members and friends are included here if they are paid to help the beneficiary.

Guardians, conservators, or anyone who has limited contact with the individual who receives HCBS probably do not have sufficient knowledge to determine whether the beneficiary's needs are being met or how they experience the care they receive. Finally, the HCBS beneficiary's choice not to have a proxy respond on their behalf should always be honored. In that situation, a proxy should not answer the survey. Next slide, please.

This slide presents some considerations for conducting interviews that involve proxy respondents. First, the interviewer should check with the beneficiaries to see whether he or she wishes to have a proxy present during the interview. Both the beneficiary and the proxy may participate together either over the phone or in the same room. Alternatively, a proxy and beneficiary may agree to have the proxy do the interview without the beneficiary present.

The sponsoring entity may decide that a beneficiary should be the sole respondent for some questions. These will be questions about important topics that cannot be observed, for example, being able to talk to someone about personal safety concerns, being able to get together with nearby family or friends when desired, or participating in decisions about how time is spent which some sponsors may feel that only beneficiaries themselves can answer.

Finally, it's important that no one who is paid to provide services to the beneficiary be in the room during the interview. Interviewers should be trained to identify whether there's anyone present who is a paid provider, and if so, to request privacy for the interview. This is true whether the interviewee is the HCBS beneficiary or his or her proxy. Next slide, please.

Cognitive screening items must be asked of the beneficiary or of the proxy if the proxy is the main respondent. States and survey vendors should decide whether to ask the question as is, and if so, the proxy respondent would have to know that it relates to the beneficiary. The alternative is to modify the wording to make it easier for the proxy respondent. An example would be changing did you to did John, with John being the beneficiary who receives HCBS. Next slide, please.

If the eligible respondents and proxy respondents are answering the survey questions together, consider having the interviewer direct all questions to the beneficiary first which is easier to do for face-to-face interviews compared with phone interviews. For phone interviews, consider having the interviewer note that he or she will direct the questions first to the beneficiary, and if he or she cannot respond, then the proxy. If the proxy responds first, consider instructing the interviewer to defer to the beneficiary for confirmation or a different answer.

If both the beneficiary and proxy answer the question, and the answers are different, consider instructing the interviewer to record the beneficiary's answer. If the beneficiary does not seem to understand the question, or is not able to answer, instruct the interviewer to follow the protocol for alternative questions and responses first. If that does not help, ask the proxy respondent. Next slide, please.

Once an interview has been completed, there are a few interviewer questions that ask about proxy respondents. The questions shown on this slide are used in the HCBS CAHPS Survey to distinguish HCBS beneficiaries who were not helped in completing the survey from

beneficiaries who received assistance from another person in completing the survey or beneficiaries whose survey was completed by someone responding on their behalf.

Question 100 asks whether someone helped the beneficiary in responding to the survey. Question 101 asks how they helped, by answering some or all of the questions, restating or translating questions, or helping with assistive or communication equipment. Note that assistance to a beneficiary may include translating questions into another language. CMS requires that any survey funded with Medicaid funds provides for translation by a certified interpreter. Next slide, please.

Finally, we provide more detailed information about situations in which interviewers observe or suspect that a beneficiary is abused, neglected, or exploited. It's important to be prepared for the possibility of encountering abuse, neglect, and exploitation, or ANE, and establish a protocol for interviewers to report this. There are multiple ways that an interviewer may cover ANE.

For example, a beneficiary may report it to the interviewer in response to the survey questions that ask about ANE. Alternatively, the interviewer may observe ANE directly or suspect it. Sometimes, an interviewer may go to a respondent's home and be denied an interview but observe potential ANE. Interviewers should be trained on how to inform reported, observed, or suspected instances of ANE, follow state-mandated requirements, and finally IRBs may impose additional requirements for reporting ANE. Next slide, please.

This slide shows the introductory language right before the ANE survey questions, starting with question 65. States may need to further tailor the introductory language as noted in the text brackets. Also shown here is question 65 which asks about taking money or things from the respondent. Other ANE questions focus on yelling, cursing, and hitting or hurting. Each question about whether the beneficiary has experienced the ANE is accompanied by two additional questions, whether someone is helping the beneficiary fix the problem, and if so, who that person is.

Now, I'm going to hand it over to Coretta. Next slide.

Coretta

Thank you, Elizabeth. The next section that we will cover is about preparing and analyzing data from the HCBS CAHPS Survey. As a reminder, in part 1 of this training, we presented the development of the survey measures and the data analyses included with that phase. Next slide, please.

Preparing the CAHPS Home and Community-Based Services survey data for analysis helps to ensure that the data accurately reflects participant responses. It also confirms that data from the standard and alternate response options are combined appropriately for the analysis. Finally, it confirms that respondent characteristics in survey mode are coded correctly for use of case mix adjusters. Next slide, please.

One of the first activities to carry out after the data are back from survey collection is to clean the data. This involves checking for several common types of data errors. We will go over several of these types of errors in this presentation including out of range values and duplicate responses. Most of these errors should not be an issue for CATI or CAPI survey administration because the computer-assisted system should reduce most coding errors. It is still recommended, however, to check for data quality issues. For instance, incorrect

programming of CATI or CAPI can result in skip pattern errors and out of range values. Next slide, please.

One type of data quality issue is an out of range value. This means that the data are outside of the numeric bounds of a specific survey item response set. An example here is shown for question 46. The respondent here has a value of 11, but values should only range between zero and 10 for this item. It is recommended that you recode out of range values as missing. Next slide, please.

Another type of data quality issue is a failed skip. This occurs when a respondent answered questions from a section that should not have been administered to them on the basis of the previous question. In those cases, you should recode the values of the items that the respondent should not have answered to missing. Next slide, please.

An indeterminate eligibility problem occurs when there is no response to a screener item, but the respondent answered the subsequent question. If the screener is blank or missing, and the follow up question is answered, then keep the response to the follow up, and back-code the screener question to yes. This makes the assumption that the respondent was eligible to respond, but the interviewer left the screener blank. Next slide, please.

Finally, duplicate cases refer to when a respondent is represented more than once in the data set. A respondent should be represented only once in the data set. The graphic on the right shows that the respondent, number six, is in the data set twice. In many instances, simply deleting the duplicate respondent case will work to clean your data up if both records contain the same values for all items.

If two cases with the respondent ID have different answers for items, you may wish to go back to your records to see whether the duplicate cases actually refer to separate responses. Next slide, please.

Another step for preparing the data is reverse coding responses. Several questions must be recoded to ensure the highest value always corresponds to the most positive response. One example is question 71 which asks, “In the last three months, how often were the explanations that your PTA staff gave you hard to understand because of an accent or the way they spoke English?” Because the most positive response to the question is never, one must reverse code this to be the highest possible value of four. The graphic here shows you how values would change when these types of questions are reverse coded.

Note that the reverse coding of the standard response option for an item does not necessarily mean the alternate response option for the same item will also need to be reverse coded. For example, for question 71, the alternate response option already has the most positive response at the highest value. Mostly no equals two, mostly yes equals one. Next slide, please.

CAHPS Surveys require that analysis should be limited to complete surveys. The CAHPS definition of a complete survey is one in which a respondent provided a substantive response to at least half of the items that all respondents are eligible to answer in the survey. Each survey sponsor should determine which questions every respondent is eligible to answer specific to their programs and beneficiaries. Next slide, please.

The following steps can be taken to determine whether a survey is complete. First determine the number of key items, or items that all respondents are eligible to answer. Key items may vary depending on the types of services that all beneficiaries receive in a program and additional items added to the survey. Second, sum the number of substantive responses, responses other than, don't know, refused, unclear. From these key items for each respondent, if the number is equal to or greater than half the number of key items, then that respondent's survey is considered complete. If the number is fewer than half, then that respondent's survey is considered incomplete.

For proxy surveys follow the same steps with the total number of items that proxy respondents are eligible to answer.

Now, I'm going to hand it over to Chris. Next slide, please.

Chris

Thank you, Coretta. As discussed in previous sections, the HCBS CAHPS Survey offers two response options for participants, a standard response option, and an alternate response option. Offering both response options necessitates the combining of responses before the data can be analyzed.

An example of the two response options is shown here. First we have a standard which reads, "In the last three months how often did personal assistance staff come to work on time?" The standard response options are never, sometimes, usually, and never, and always. Then we have the alternate version of the question, "Do personal assistance staff come to work on time?" The alternate response options are mostly yes and mostly no. Next slide.

If you use both types of response options to collect data, two types of transformations are needed. The transformations address two different formats of the alternate response option used in the survey. First, alternate two-point mostly yes, mostly no responses are transformed into the standard four-point never, sometimes, usually, and always scale. Second, standard zero to ten responses are transformed to the alternate five-point global rating excellent, very good, good, fair, and poor scale. You can use your statistical package of choice to merge the separate variables for standard and alternate responses so that all data are represented in one variable. Next slide.

One format of alternate response options is mostly yes and mostly no instead of the standard never, sometimes, usually, always. Use the following logic to combine never, sometimes, usually, and always responses with analogous mostly yes, mostly no responses. First, ensure that the standard responses are coded as the least positive response equals one, the third most positive response equals two, the second most positive response equals three, and the most positive response equals four.

Second, recode alternate responses as least positive response equals one, and most positive response as four. Finally, use your statistical package of choice to merge the separate variables for standard and alternate responses so that all data are represented in one variable. Next slide.

The second format of alternate response options is excellent, very good, good, fair, and poor, instead of the standard zero to ten rating. Use the following logic to combine

standard global ratings with alternate global ratings. First, keep alternate responses on the five-point excellent, very good, good, fair, and poor scale. Recode alternate responses as poor equals one, fair equals two, good equals three, very good equals four, and excellent equals five.

Second, recode standard responses as zero, one, or two equals one, three or four equals two, five or six equals three, seven or eight equals four, and nine or ten equals five. Again use your statistical package of choice to merge the separate variables for standard and alternate ratings so that all data are represented in one variable. Next slide.

To fairly compare one program or group against others, it is important during analysis to adjust the results for case mix. This means adjusting scores for certain beneficiary characteristics that are collected during the survey. Traditional beneficiary characteristics that are recommended to include for case mix are general health rating, mental health rating, age, sex, education, and whether the beneficiary lives alone. Factors specific to survey administration to use for adjustment include mode if both phone and in-person interviews are used as well as response option mode. Finally, you may consider respondent status as an adjuster if proxy respondents are used. Next slide.

A multivariable analysis is required to produce case mix adjusted scores. This can be done using general linear models that include and can be an extension of ordinary least squares regression. Adjusted scores are the predicted scores generated by such a model. The analysis can be accomplished in two ways. First by using the fast CAHPS Analysis Scoring Program also called the CAHPS Macro, and second by using a statistical software package of your choice such as SPSS, Stata, or R. Next slide.

The CAHPS Macro has set up coding files for SAS used to produce case mix adjusted scores. The CAHPS Macro is extremely well documented and is available online to use for free. You can find a link to the CAHPS Macro in the slide. It links to a zip file containing instructions for analyzing data from CAHPS Surveys, as well as all SAS files needed to run the CAHPS analysis program. Next slide.

One other analytic decision to make is how to present scores for measures derived from the HCBS CAHPS Survey and other survey items. There are two recommended ways to present scores. First is the average score, which is a mean across all the response categories. Second is a top box score, which is the percentage of survey respondents who chose the most positive score for a given item response scale. The most positive score is considered to be always for composite items, nine or ten for global ratings, and definitely yes for recommend items. Each type of score presentation will require you to recode your data. For example, to produce average scores data will need to be recoded for a zero to 100 scale. Next slide.

To produce top box scores, a new variable will need to be created for each question. It should be assigned a value of one if the respondent chose the most positive category and a value of zero if the respondent did not choose the most positive category. Again the most positive category is always for composite items, or never for reverse coded items, nine or ten for global ratings, definitely yes for recommendation items. If you look at the diagram on the right-hand of the slide, this shows an example of transforming question 13 from original coding to top box coding. We see that always now has a value of one. And never, sometimes, and usually have a value of zero. Next slide.

Here's examples of two different ways of presenting scores that we just reviewed. We can see that the scores either can be presented as an average score ranging from zero to 100 or the top box score. So for the global rating of personal assistants and behavioral health staff, the mean score would be 89.5. Whereas the percentage of individuals rating their personal care attendant a nine or ten, is 77%.

Now, I'm going to hand it back to Susan. Next slide.

Susan

Thank you, Chris. This section of the training describes considerations for states regarding the use of the HCBS CAHPS Survey for program quality management. Next slide.

States are encouraged to use the HCBS CAHPS Survey for quality management in their programs. Aspects of the survey to consider include the following. Number one, the survey's orientation toward person-centeredness. Number two, the ability to use the survey with a broad range of individuals with disabilities. This means that results from different programs can be compared by implementing a single survey instrument. Number three, the survey was designed to be as accessible as possible to all HCBS beneficiaries by offering both an in-person and phone-mode of administration, the alternate response options and proxy respondents.

Number four, it was developed to align with CAHPS's principles. This means that the content focuses on service and support issues that are important to beneficiaries. In addition, the CAHPS trademark ensures that rigorous methods were used in its development, and providers recognize the CAHPS trademark. Number five, the survey supports several quality metrics. In particular, 19 measures derived from the survey have earned national quality form endorsements. Number six, because CMS provides the HCBS CAHPS survey to the public, there's no cost to access the instrument or supporting documents. Additional resources are available for help in using the survey. Next slide.

The HCBS CAHPS Survey can be used in a variety of ways for program quality management. First it can help document program successes. In addition, by fielding the survey over a short time period of no more than a few months, users can get a point in time performance snapshot and identify areas needing improvement. Further investigation may be required to investigate the cause of any performance problem identified.

Another way to use the survey is to repeat survey administrations in order to track performance over time and monitor changes. For example, comparing performance before and after implementation of the program improvement project can provide an assessment of the project's impact. Provided there is sufficient beneficiary samples for each program or subprogram group, the HCBS CAHPS Survey can make comparisons among programs that serve individuals with different types of disabilities.

The HCBS CAHPS Survey results can be used to convey performance information to stakeholders. Important stakeholders include program managers and internal state staff, CMS, beneficiaries, providers and managed care organizations, state legislatures, and the general public. Because measures align with some of CMS's quality requirements for the various HCBS Medicaid authorities, the survey can assist states engage in compliance with regulatory requirements such as HCBS beneficiary health and welfare, the 2014 HCBS rule, and the HCBS settings requirements. Next slide.

An example of how the survey can assist states engage in compliance with regulatory requirements can be seen with the HCBS final rule for person-centered planning, the survey's composites on staff reliability and helpfulness, choosing services that matter to the beneficiary, and planning time and activities, address the rules requirements for services that are responsive to beneficiary needs and assist with community-based supported life. Next slide.

This section of the training provides examples of how grantees are using the survey instrument in the TEFT demonstration. Next slide.

TEFT grantees participated in the pilot and field tests that were conducted to test the reliability and validity of the instrument and measures derived from it. This table shows that beneficiaries from up to four HCBS programs in each of the ten test states, were surveyed in that phase. Next slide.

Currently seven TEFT grantees are demonstrating use of the survey to assess and improve HCBS program quality. In 2016 and 2017, each of the grantees is administering the survey to beneficiaries in up to four HCBS programs in their state. Unlike in the field test, grantees have the option to use proxy respondents. Next slide.

TEFT grantees have a variety of plans for how the survey will be used by their HCBS programs. This ranges from comparing performance across programs, to identifying quality improvement opportunities, to assessing the addition of questions from other surveys conducted by the state, to exploring whether future managed LTSS programs should use the instrument. One grantee is further studying response rates from different administration modes and probing for barriers.

Another grantee, the state of Connecticut, is using the survey to set quality benchmarks. More information about Connecticut's approach and lessons learned to date will be provided by the Connecticut grantee team in the next section of this training.

And now I am going to hand it over to Kathy from Connecticut. Next slide.

Kathy

Thank you. In this section of the presentation, we'll discuss Connecticut's experience utilizing the Experience of Care Survey and the collaboration between the Connecticut Department of Social Services, the state Medicaid agency, and the University of Connecticut Center on Aging. Next slide, please.

We will utilize results from the survey to develop performance benchmarks for our providers. In particular, we have contracted entities that provide case management, and we will also use the survey to address waiver performance measures. Our goal is to improve the experience of care for all HCBS recipients. It will help us identify program strengths and weaknesses, and enable us to develop remediation plans for areas identified as needing improvement. Next slide, please.

We have been utilizing the survey for our disabled waiver, which is a personal care assistant waiver, and two brain injury waivers. The structure of those waivers is that case management is provided as a contracted service with contractors in five different regions of the state. Some of them are private, non-profit entities and others are local agencies on aging. Just recently, I've been approached by the ARC DD agency, which directly operates

three Medicaid waiver programs, and they're also interested in working alongside of us in utilizing this survey as a quality tool in their waivers.

What we've found with our case management entities is that quality varied among these providers. With each subsequent RFP, we were adding new providers and we had no means of really comparing one against the other. But the HCBS CAHPS Survey offered us that opportunity. Next slide, please.

In 2013 when our case management contracts were being renewed after an RFP, we added a performance bonus incentive to the Older Adult Waiver contracts. The performance tool is divided among a number of standards and the total money available is $500,000. But as in most states, that's subject to available appropriations. So we haven't yet been able to expend $500,000, but we just did issue payments within the last week for $300,000. We are hoping to utilize some of the pool to establish a web-based site to complete surveys and build it into our PHR.

Four performance incentives were tied to the HCBS CAHPS Survey. We were looking to tie our measures into the original composite that involves access to care, having choice and control over assistance received, the sense of being treated with respect and dignity, and feeling included in the community. We have particular interest in the questions surrounding the experience with the case management entities.

With that, I'm going to pass it on to Julie Robison.

Julie

Okay. Could you change to the next slide, please? Thank you. So far in round two of our TEFT demonstration grant we are surveying three different groups, three different HCBS waivers: older adults, adults using the personal care assistance waiver, and the acquired brain injury waiver. Our guidance from the TEFT TA providers was that we needed to try to collect 400 surveys from each group to get representative samples in order to do cross group comparisons. We have been fielding the pre-CAHPS trademark version of the instrument because we started our data collection before that trademark version was available. But the differences are very minor.

In our survey, participants are asked to choose whether they prefer a telephone or an in-person survey. We are allowing either assisted or complete proxy interviews if the participant needs that. Next slide, please.

So far we have completed surveys with the PCA and the older adult sample and we are this week planning to finish collecting our acquired brain injury waiver sample. You can see here in the PCA and the older adult samples, we were able to achieve the 400 surveys completed for each. Looking at the bottom two rows, that's a 70% response rate for the PCA group and a 58% response rate for the older adults.

I do have some very preliminary numbers for the ABI group that are not in the slide here which I wanted to share with you as well, just to date. That waiver is a smaller total population; there are 572 people participating, and so far we have interviewed 296 of them. When we take out people who were ineligible for various reasons, either they had actually died since their name was provided to us, they were institutionalized, a non-English or Spanish speaker, or wrong contact information, or cognitively incapable of doing the survey, that brings us down to 539 who were eligible. At this point, we have about a 61% response

rate for the acquired brain injury group as well, which is sort of right in between the other two. Next slide, please.

The breakdown of the interviews is as follows. There are predominantly English interviews being completed. We did have 80 Spanish interviews for the older adult group. In the ABI population, so far there are only 3, as opposed to 293 English surveys that had been completed. Participants alone as recommended are by far the most common way the survey is conducted; they are doing it themselves. Allowing the assisted and proxy interviews also helped us to increase the sample. In the ABI group, where you don't see these numbers, but I'll just add these as well, about 65% of the ABI interviews that we've completed so far were by the participant alone, 20% had a proxy, and 15% was a combination with some assistance from somebody else.

Looking at the survey mode, we have offered telephone or in-person. We are hoping, as Kathy mentioned, to add a web-based version, but we weren't able to do that for this round. As you can see between the PCA and the older adults, they actually prefer the telephone option. People who prefer an in-person option are usually people who have a communication issue where they need to meet in-person. Or, if it's an assisted interview, those are sometimes preferred to do in-person, although we also do those over the telephone. In terms of the ABI population so far just under 20% have been in-person, so a little bit higher percentage, but still the majority are preferring the telephone option. Next slide, please.

We wanted to share some lessons learned to explain how we get our high response rates and to give other entities a leg up in trying to plan how to implement the survey in your most successful way. Elizabeth touched on several of these things as well. Flexibility is critical. We found giving people a choice in the survey mode, whether they do it by telephone or in-person really allows them to participate in the way that they want to and they are much more likely to agree.

Allowing assistance, if the individual, or in the cases where someone has a legal guardian, desires or needs that assistance, is a way to allow people who can't participate to at least have their views reflected. As Elizabeth said, it's important to look at your data after you've done that, if you've used proxy respondents, to make sure that they're not influencing the outcomes of the data, but it's preferable to excluding people all together.

Also providing choice in language. The survey is available in English and Spanish, but if somebody needs it in another language, again as previous speakers have mentioned, it's required to provide a translator, and also to accommodate people who may communicate nonverbally. Sometimes we've done interviews where the person has sat side by side with the interviewer. All of our surveys are done through a CATI or CAPI system so if we're doing an in-person survey, we are using an iPad. The person can either point, or actually with some assistance from the interviewer, can complete the survey themselves. Again adding a web-based version of that will just improve the accommodations for people who may communicate in a nonverbal way. Next slide, please.

It's also very, very important to get stakeholder input into the whole process. You want to start that early. Very early in the webinar you saw a slide that showed the whole timeline and this should be one of the earliest things in that timeline. You want to share information about the survey, both what the survey includes, what kinds of topics as well as logistics for how you plan to implement it. Then you want to get suggestions from those stakeholders.

You're not just pushing information out to them, but you're getting their feedback on who else should be notified, what kinds of procedures should be put into place as you try to implement, or as your survey vendor tries to implement the survey. Collaborating with other involved providers can really improve your response rate enormously.

In our experience, as Kathy mentioned, case managers through different access agencies around the state provide the case management services and our access agencies designated one person from each agency to help contacting consumers who we couldn't reach. So if we had contact information that wasn't working for that consumer, we would contact that person at the access agency. They would look up their most recent information, which might not have been the information that we got when we got our original sample, and let us know there's another phone number, oh, this person has moved, that kind of thing. And so that is very, very helpful to do that collaboration in order to make sure that you have the information to reach people.

For our ABI group we have gotten contact information also through the fiscal intermediary that helps with that program. Next slide, please.

Organization, particularly, before you start, but throughout the process is also a critical lesson. Before you send out any notification letters, as Elizabeth mentioned, you need to get any IRB issues resolved. In our case, University of Connecticut, IRB reviewed the survey plans and decided that it was not actually human subject research, they consider it to be a quality improvement project, and so we've gone ahead with that designation.

It's very important to program and then test both the English and the Spanish surveys. That's the way that you're going to avoid having things like Coretta mentioned outliers that don't make sense in your survey or skip patterns that aren't working correctly.

Training of the interviews is very important. Obtaining and then cleaning contact information before you send out letters can also help quite a bit. Elizabeth also suggested starting your calls within a week of the letter going out to make sure that people remember getting the letter, and that you should batch your letters depending on your interviewer capacity, so you just send out enough letters that you will be able to call within that first week.

It's also important to send letters, for people who have guardians, to both the guardian and the beneficiary. You want to send two copies of the same letter so that they're both aware that you're trying to reach them.

As you program or design your CATI or CAPI system, it's important for the interviewer to be able to move around easily within the survey. There should be buttons on every screen to allow you to start the survey, save the survey, go back to another page, and making sure that the data is safely saved as you go through. Your recruitment script, and this is true also for any other recruitment materials, should really be as simple as possible, written on an education level that's appropriate and with a natural flow. Next slide, please.

The last thing I wanted to touch on is in selecting your vendor, it's really important that there's public trust in that vendor. If you can use a known entity, that when the person gets a call from so and so vendor, they actually are familiar with the name; that's very, very helpful. In our case because we are the University of Connecticut, we're able to say this is

so and so calling from the University of Connecticut and everybody is familiar with that and knows that we do research here.

The other important piece of your vendor trustworthiness is that it's seen as an independent entity from the state agencies and those who are providing the services so that people can really trust that they can share information with you that might be sensitive or confidential, and that that information will get back in a safe and secure way to actually achieve the goals of improving the program. Your materials should emphasize the confidentiality, the privacy, and the choice or the voluntary nature of conducting the survey as well.

So I'll just conclude by saying that we are very excited to be almost through, literally, just in the next day or two, we expect to wrap up completing our last round of interviews. We'll be analyzing the data and then working with Kathy and her team at the Department of Social Services to develop these performance measures and help them develop their plan for ongoing annual administration of the survey, which is going to be a very key part of Connecticut's ongoing quality assurance system for the home and community-based system.

And I will turn it back over to Lisa.

Lisa

Great, thank you. Next slide, please. Thank you, Julie. And thanks to all our presenters today. We realize a lot of information was presented in this training. Remember that the HCBS CAHPS webpage on the CMS site is a key resource for individuals wanting more information about the survey. Resources that can be accessed through this webpage include the survey instruments in English and Spanish, both core and the employment supplement, and technical assistance documents.

Questions about the HCBS CAHPS Survey or requests for technical assistance related to the survey can be directed to the HCBS CAHPS mailbox. This link is on the CMS webpage. Mailbox staff will answer generic questions including identifying relevant resources. For the most up-to-date information about modifying and naming the HCBS CAHPS Survey, see the CAHPS webpage on modifying and naming HCBS CAHPS Surveys. The rules include flexibility to add items borrowed from other surveys. Next slide, please.

Thank you for participating in this training. Alright, I'll advance to the next slide now and we will open our session now for some questions from everyone. To pose questions, again, please send them to all participants. In my chat view, all attendees and all panelists are listed near the top. When I scroll past the panelist names, Truven Health Events being the last listed panelist, there is an all participants option. By selecting all participants, this ensures that everyone can see the questions being asked.

One of the questions that we have received already is asking about receiving a copy of the slides. Thank you for that. We will be sending a copy of the slides sometime after this webinar to everyone who registered. We have received email addresses for everyone who has registered for today's webinar so please be on the look-out for that email that will contain the slides. Another question that has been asked pertained to an option to conduct the survey via email. Is it possible to conduct the survey via email, sending it to recipients for their later completion and return?

Susan

This is Susan Raetzman, and Elizabeth, you may want to weigh in as well. I'll just say quickly that the survey was designed and tested as one that would be administered by an interviewer. There's several reasons for that because of how it is designed, because there are a lot of complicated skips, because there are instructions to fill in information that's specific to the individual who's answering. For those reasons and others, it is really intended to be administered by an interviewer, rather than being mailed out to someone and having them complete hard copy, whether they receive it by email or regular mail.

I know there are also some questions about web-based administration. I'll just go ahead and talk about that.

Elizabeth, do you want to add anything about the mailing or emailing?

Elizabeth

No, that's perfect.

Susan

Okay. In terms of web-based administration, again, the survey was not tested that way. That mode is something that one of the TEFT grantees is exploring when they do their demonstration. As Julie mentioned, Connecticut is going to be interested in what they learn because they're also interested in going that direction.

Part of what they're going to be looking at, is how they do that translation, if you will, in the aspects of the survey that really needed to have an interviewer there, how can those things be accommodated by doing it electronically through a survey instrument that a person takes themselves through. They've received some ideas about what some of the issues are. They're going to be working through that with their vendor. I think CMS and others will be interested in what they learn.

Julie

Can I add to that? This is Julie Robison in Connecticut. Just one thing on the emailing of the survey. If you had a web-based version of the survey, then I think you could use email to notify people that there's a web-based version available, and even to send them a link to the survey. You wouldn't want to just send it as an attachment, but I think email could be used in combination with a web-based version of the survey, which would have all of the skips programmed into it.

Susan

Right, exactly, and that's the point that we're at right now is seeing whether the state's experience doing that web-based version, how that plays out.

Lisa

Another question received was asking about whether there's an established CAPI provider. Other surveys are available on Survey Monkey for minimal cost. Is there an established CAPI provider?

Coretta

Hi, this is Coretta. I can try to answer that question. I think this goes along with the question about is there a list of approved vendors by state. I believe that the answer to that is no, and that it's up to the state to find a survey vendor that they'd like to work with.

Elizabeth

This is Elizabeth. Just to add on to that, so in some CAHPS surveys that are paid for by CMS, CMS requires certified vendors. This is not that case. It is up to the state to work with vendors to make sure that they have CATI and CAPI.

Lisa

Alright, thank you. We have time for just a couple more questions. The next one I have is, "Have any states directly administered this survey instead of using a vendor?"

Susan

Our experience to date is with the TEFT grantees. Over time, we are aware that there are some other states that are starting to do this. All of my knowledge so far is that whether it be the grantees or the few states that I'm aware of, they are using vendors to administer the survey.

Lisa

Another question pertains to web-based administration, was that done through a tool such as Survey Monkey?

Susan

Again, the status of the web-based administration is going to be done as part of the demonstration. I believe that state is still working through the mechanics of how that will be done. I don't know the answer, exactly how they will launch that.

Lisa

Alright, this is likely our last question, but please keep sending any if you have them. "Can you speak more to the benefits of using the survey as related to the final rule?" Question to Connecticut, "Did you call to ask people's preference for survey administration? And what level of difficulty did you have getting people to answer the phone?"

Beth

This is Beth Jackson. I'll take the one on the HCBS rules. I think Susan spoke to this issue more broadly during the presentation. Virtually all the Medicaid authorities that support Home and Community-Based Services do require quality monitoring and quality improvement activities. Certainly the HCBS final rule that came out a couple of years ago as well as the final rule for managed care all have these kind of quality requirements related to HCBS, or MLTSS in the instance of the managed care rule.

The various measures and single item measures in the HCBS CAHPS can be used to help a state assess their performance of these programs and to track improvement over time, particularly things like the extent to which a program is person-centric, and it is performing

well in terms of inclusion and integration issues. Those are a couple of the areas of the survey where the measures are particularly responsive to the HCBS rule including both the person-centric component as well as the component of the HCBS rule that addresses settings, where people live.

Lisa

Okay, great. Thank you. We are out of time now. If everyone could please stay on just another minute or two. Any questions still, that come through to the chat, that we don't have time to answer, will be responded to directly via email to the person who submitted it.

If participants have additional questions not posed, please contact the HCBS CAHPS mailbox on the CMS webpage for the HCBS CAHPS Survey. As we prepare to conclude part 2 of this national training, we ask all attendees to please take a minute to answer these brief poll questions. We do appreciate your feedback.

Thank you again for your participating in this training and for your questions.

Coordinator

Ladies and gentlemen, that concludes today's conference. Thank you for joining. You may now disconnect and have a great day.