

HCBS Access Project update and discussion: Measure Starter-Set

Approach to Measure Development

- Conducted limited measure scan to identify existing HCBS quality measures and measurement approaches
- Identified potential measures building on prior contract's work
- Crosswalked list of potential measures to existing frameworks used to assess health service access (Penchansky & Thomas) and HCBS quality (National Quality Forum), and developed additional set of criteria to rate them (e.g., feasibility of implementation, reportability)
- Compiled full list of candidate measure topics and an initial evaluation of each topic in an Analytic Plan
- Created abbreviated "starter set" of measures of best candidates for testing and implementation, based on DHS input

"Starter-Set": List of Proposed Measures for Testing and Implementation for HCBS Access Monitoring

- Chosen from a longer list of candidates, based on the evaluation criteria
- DHS prioritized measures that are directly related to dimensions of access relative to other components of quality

Measure Title	Definition	Why Measure This?
1. Number of Active HCBS Providers	The number of providers who were active (i.e., had at least one paid claim) for select HCBS per 1,000 potential users during a 12-month period	Decreases in the ratio of active HCBS providers to current/potential HCBS users over time may be associated with more constrained access to services.
2. Mean/median provider caseloads	The mean (or median) caseload served by active providers for select HCBS	Changes in provider caseload have implications for system capacity to absorb and serve new HCBS users.
3. Any LTSS institutional use among HCBS users	The proportion of HCBS users who transitioned into institutional LTSS care within 12 months of being assessed as capable of remaining in the community	Institutional stays experienced by HCBS users assessed as capable of remaining in the community may reflect constrained access to less acute care and supports (i.e., HCBS).
4. HCBS use rates by select user demographics and changes to HCBS use rates among these subgroups over time	HCBS utilization by demographic subpopulations, and enables DHS to see changes in service use among these subgroups over time	Variations in use rates may suggest that access to needed HCBS is limited for select user subgroups.
5. Any ED use among HCBS users	The number of HCBS users reporting an emergency department (ED) visit within a specified time period	Potentially avoidable ED use, and/or ED use for ambulatory care sensitive conditions, could reflect that access to less acute care (i.e., HCBS) was insufficient or unavailable.

Continued on backside of page

HCBS Access Project update and discussion: Measure Starter-Set

Measure Title	Definition	Why Measure This?
6. HCBS use rates among individuals with and without a mental health diagnosis, enrolled (vs. not enrolled) in a State waiver program	HCBS utilization by individuals with and without a mental health diagnosis, enrolled or not enrolled in a State waiver program	Beneficiaries with MH needs may attempt to approximate or substitute needed (but inaccessible) services with HCBS. This measure would enable DHS to identify how service patterns shift as waiver-only HCBS become available to users.
7. Percent of HCBS users with a mental health diagnosis and no mental health treatment claims over a given time period	The proportion of HCBS users with a mental health diagnosis who did not receive any mental health treatment within a given timeframe	HCBS users with MH conditions, but who are not accessing MH treatment services, may have constrained access to the services most appropriate to their conditions. This measure would allow DHS to quantify and identify the characteristics of HCBS users with potentially unmet mental health treatment needs.
8. Percent of HCBS users who receive at least 85% of “planned” services	The proportion of users who receive most (at least 85%) of service levels planned for a beneficiary (at the time of LTC assessment)	Failure to receive “planned” HCBS may suggest there is insufficient system capacity to deliver needed services, and/or barriers to accessing these services.
9. Mean/median time between waiver eligibility and receipt of services	The average and median time beneficiaries wait between being assessed as eligible for participation in a State waiver program and their ultimate enrollment in said program	Increases in wait time to service receipt after waiver eligibility could similarly suggest there may be insufficient system capacity to deliver needed services, and/or barriers to accessing them.

Discussion

- In your opinion, do these constructs measure access to HCBS? How could they be used to look at policy and program changes?
- What additional information would you want or need to make the measure and its results more meaningful?
- Which measures should be prioritized for development?