Older Adult Services Advisory Committee
Services Work Group

Date: January 19, 2006

Attending: Carol Aronson, Paul Bennett, Pat Cohen, Cindy Cunningham, Kelly Cunningham, Diane Drew, John Eckert, Chloe Frooninckx, Barb Ginder, Ryan Gruenenfelder, Matt Hartman, Martha Holstein, Marsha Johnson, Juanita McCaffrey, Robin Morgan, Walt Myers, Nancy Nelson Mike O'Donnell, Sally Petrone, Gail Poundstone, and Karen Schainker

Quality Assurance in Home and Community Based Services
CMS Waiver Information:

Barb Ginder of the Illinois Department of Healthcare and Family Services (DHFS) presented and explained the HCBS Quality Framework that was created and has been distributed by the federal CMS.

This framework includes seven focus areas that the committee thought would be worthwhile to utilize as a guide to create its own quality framework for services. The focus areas include:
1. Participant Access
2. Participant Centered Service Planning and Delivery
3. Provider Capacity and Capabilities
4. Participant Safeguards
5. Participant Rights and Responsibilities
6. Participant Outcomes and Satisfaction
7. System Performance

The framework includes guide points for each of the focus areas to assist in creating quality assurance guidelines.

Other notes regarding the CMS framework:
- CMS feels case managers should see clients more and work with them more.
- CMS believes this is a partnership. As long as the state identifies and meets timelines and requirements, CMS is flexible.
- CMS outcomes measurement: CMS has developed an electronic tool to enter information and to track and measure outcomes.
- Another suggestion was made to create a CCPAC subcommittee to look at quality simply for the CCP.

Other quality research reviewed:

o Paul Bennett – Distributed and reviewed an article by Robert Applebaum that discusses state strategies in assuring homecare quality. The Applebaum article mentioned quality approaches can be structural, processed, and/or outcome based. It also mentions that the type of system you have partially depends on funding.

o Ryan Gruenenfelder – Distributed and reviewed an article from the AARP Public Policy Institute that discusses the challenge of involving the consumer in assuring quality home care, and briefly highlighted an article by the American Health Care Association regarding quality issues in home and community based care.
o Someone also mentioned that the Illinois Foundation for Quality Health Care is a good resource for quality tools and information.

The committee discussed that we need to figure out what needs to be measured and what the universal outcome measures are. Quality, access and training are top measurement issues to measure. Structure indicators and process indicators are easier to measure than outcome indicators.

CMS Quality Framework:

The committee decided to begin discussing the quality framework and working through the focus areas.

Focus Area 1:
Participant Access – How do I get into the system?
o This focus area discusses information/referral and intake and eligibility processes and includes desired outcomes such as readily obtainable information, referrals and application, understandable and user-friendly intake and eligibility determination processes, links to other resources
o The committee determined that this is an issue that should be taken up by the coordinated point of entry subcommittee.
o It was mentioned that South Carolina will soon have a web-based inventory of services. This web-based inventory will be interactive in that it will answer questions to guide individuals to the services that are available. Minnesota is doing the same thing. "North Light" is the company that does it.

Focus Area 2:
Participant-Centered Service Planning and Delivery: The committee discussed how person-centered care planning is incorporated into the comprehensive tool.
o Area 2A: Participant-Centered Service Planning
  • Need to start with "What are your goals?": We need to meet the main goal and move on to meet others. The goals for a care plan are brought out during the comprehensive assessment.
  • Mentioned that the comprehensive tool is only good with meaningful case management
  • To what degree can case managers provide service on a nearly daily basis?
o Area 2B: Ongoing Service and Support Coordination
  • How do the participants have continuous access to promptly address issues coming up?
  • Telemedicine could be an option for ongoing contact.
  • It was also mentioned that a nursing component needs to be provided at the CCU level to ensure proper access to services.