

# CAHPS HCBS Transcript

## Introducing a New Database for Users of the CAHPS Home and Community-Based Services (HCBS CAHPS) Survey

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### Speakers

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### Moderator

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### Dale Shaller

#### *Shaller (opening), Slide 1*

Hello everyone and welcome to Introducing a New Database for Users of the CAHPS Home and Community Based Services or HCBS survey. This is a webcast presented by the Agency for Healthcare Research and Quality or AHRQ through its CAHPS User Network and today in collaboration with the Centers for Medicare and Medicaid Services or CMS.

#### *Shaller (opening), Slide 2*

We have three main objectives for today's webcast. The first is to introduce the CMS and AHRQ initiative on Home and Community Based Services or HCBS. Next we'll discuss the HCBS CAHPS Survey itself and lastly we'll introduce the new HCBS CAHPS Database and we hope we have plenty of time for your questions.

#### *Shaller (opening), Slide 3*

We've got a really great lineup of speakers today starting with Caren Ginsberg who directs the CAHPS division within the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality and from the Centers for Medicare and Medicaid Services. We have Melanie Brown, technical director in the CMS Division of Community Systems Transformation and Kerry Lida quality team member, also from the CMS Division of Community Systems Transformation. And we're also joined by Michael Corrothers, the CAHPS HCBS Database Lead at Westat which serves as the prime contractor to AHRQ for the CAHPS Database. I'm Dale Shaller, a longtime member of the CAHPS team serving as your moderator today.



*Shaller (opening), Slide 4*

So before we get started, I just have few of kind of standard housekeeping details to quickly review with you. If you have difficulty hearing the audio from your computer speakers, you can change the audio selection so that WebEx calls you back and you can connect through your phone instead. If your computer looks like it freezes up during the presentations, you can try logging in and logging back out so you can refresh the webcast page, but you might just be seeing a lag in the advancement of the slides because of your own internet connection speed.

*Shaller (opening), Slide 5*

If you need any help at any time during the webcast or importantly to ask a question for our speakers, you can submit a question through the Q&A feature shown here. Depending on your browser, your WebEx screen might look a little bit different than this, but in any case, find the Q&A icon and be sure that the dropdown option displays all panelists so that you can ask your question and so that our team can see it. And when you do that, feel free to share your name or organization when you type in and submit your question. Today's session is being recorded and a replay of the webcast along with the slides will be made available in a few weeks on the CAHPS Database website. So let's get started and I now have the pleasure of turning it over to Caren Ginsberg, Caren.

**Caren Ginsberg**

*Ginsberg, Slide 6*

Thanks so much Dale and good afternoon everyone. I'm Caren Ginsberg. I direct the Agency for Healthcare Research and Quality CAHPS Program and I'm very excited to bring this program to you today to describe the collaborative work between AHRQ and CMS. So the work first started several years ago with the development of the HCBS Consumer Assessment of Healthcare Providers and Systems or CAHPS Survey. And this survey development effort was funded by CMS and CMS worked with AHRQ and what's called the CAHPS consortium, which oversees the trademarking of CAHPS Surveys to ensure adherence to the CAHPS design principles and testing standards.

*Ginsberg, Slide 7*

Based on this collaborative work, AHRQ was able to grant use of the CAHPS trademark to this survey. So we're also now collaborating on a database to house the HCBS CAHPS data that will provide a secure platform for you to submit data, your HCBS CAHPS data. Of course, this is a voluntary effort. So if you choose to submit your CAHPS data, you'll receive a custom feedback report and you can compare your CAHPS scores to a de-identified summary of all the other data submitters. Even if you don't submit your CAHPS scores, you can access our research database and have access to an online reporting system. So and we'll talk more about this throughout this presentation today, but before we turn to a more descriptive work from CMS, a presentation from CMS and Westat about the material specifics of the Database and the survey. I'm just going to tell you a little bit about the Agency for Healthcare Research and Quality and the CAHPS Program and how the HCBS work fits into our mission.

So at AHRQ, we talk about our core competencies and I'm going to explain how they fit into AHRQ's mission, which is to improve the life of patients by helping healthcare systems and professionals deliver care that is of high quality and high value and care that's safe. So AHRQ is a science based agency and what we do, is we invest in research and evidence to make healthcare safer and improve quality. We create tools for healthcare professionals to use to improve care for their patients. We also generate measures and data that are used by providers and policy makers and researchers to evaluate the progress of the US healthcare system and to

improve its performance. We feel it's important to push our science to implementation and get our tools and products out to you, our users.

*Ginsberg, Slide 8*

So CAHPS stands for Consumer Assessment of Healthcare Providers and Systems and CAHPS is a program. You might know it just from the survey, but it's really a larger program that advances the understanding and measurement and improvement and reporting of patients experiences with their healthcare. Let me say a few words about patient experiences first. So patient experience, which is what the CAHPS Surveys measure, is an actionable and objective measure of if something happened in a healthcare encounter and how often it happens. Patients' satisfaction refers to how patients felt about their healthcare encounter and how patients feel that their health care encounter is really based on their expectations for what they thought their healthcare encounter was going to be like. It's not an actionable measure, it just tells you how they feel and really what patient satisfaction is good for, is to understand for organizations that use a satisfaction measures. It helps them understand about the return business and people will come back and use your services or products again. Next slide please.

*Ginsberg, Slide 9*

Thanks. So let me tell you a little bit about the CAHPS Program activities. The CAHPS program conducts research to further our understanding of patient experience, to further our knowledge of how to measure patient experience, and how to collect patient experience data. We provide information on how to report patient experience, how we provide information on quality improvement strategies using CAHPS data. We developed surveys, the CAHPS surveys and the related materials to measure patient experience. We develop and operate several voluntary Databases for CAHPS survey data.

*Ginsberg, Slide 10*

So the CAHPS Surveys are now being recognized as the gold standard for patient experience measurement. They capture the patient's voice in the development and testing of the surveys and the CAHPS surveys measure what patients tell us is important to them to measure. The CAHPS Survey use standardized methodology and research findings to develop valid and reliable surveys and the surveys ask questions for which the patients are the best or sometimes the only source of the information. For example, if you want to find out if providers explain things to you and in a way that was easy to understand, the only person who can answer that question is the patient. So the CAHPS Surveys receive a Trademark after their development which recognizes that adherence to the CAHPS design principles; ensures comparability across settings, plans, providers and programs.

*Ginsberg, Slide 11*

Finally, just a quick slide on some of the uses of CAHPS Surveys and value based purchasing. For example, hospital CAHPS or HCAHPS and public reporting, you can look at the CMS compare websites to see public reporting of CAHPS surveys for accreditation for example, a national committee for quality assurance uses CAHPS surveys for quality improvement and also for health systems research. So thanks for the opportunity to tell you about AHRQ's program and the surveys generally. I'm going to turn this over to Melanie Brown.

**Melanie Brown**

*Brown, Slide 12*

Thank you Caren and thank you for having us here today. We really appreciate the opportunity to talk more about the HCBS CAHPS survey and the Database and we hope that all of our audience members will find the

content helpful. So before we talk more specifically about the survey and the Database, we thought might be helpful just to provide some additional background and context for sort of how this work developed and sort of the broader context in which of these activities are happening. So the HCBS quality framework is really an internal document that was developed by CMS as a way of sort of better understanding as well as aligning and coordinating the HCBS quality work that was happening, both internal to CMS as well as a work done by our federal partners.

*Brown, Slide 13*

What you see reflected in this slide, it's just a way of sort of visually depicting our work. So we really started by trying to identify the sort of the chief aims under which all of the HCBS quality work would sort of broadly fall under. That would include ensuring the safety and wellbeing of individuals receiving Home and Community Based Services, promoting high quality and accessible Home and Community Based Services, and then also promoting a value based care and services for people that are receiving HCBS.

After we sort of defined our chief aims, we began to talk about sort of what are the sort of critical strategies that would need to be implemented in order to achieve the optimal outcomes. So that's what you see reflected in that first column, measuring quality and outcomes, analyzing data, tracking and trending data, public reporting on quality and outcomes, detecting and responding to individual as well as system level problems, and then promoting improvement and quality and outcomes. Then that final column really shows sort of what we see as the optimal outcomes of the strategies and improved experience of care for HCBS beneficiaries, greater independence, health, wellbeing, self- determination, and community inclusion as well as achieving more cost effective inappropriate care and services.

*Brown, Slide 14*

So these five HCBS quality strategy elements sort of provide a bit more detail about that first column that's in the previous slide. What we tried to do for all of the activities that were happening related to HCBS quality, to find a way that we could sort of group those activities. So with the idea being that each of those initiatives would fall under a one of these strategic elements. Those elements would include the promotion and development of standardized validated and meaningful quality measures, aligning, coordinating and addressing gaps in federal and state measurement and reporting, developing implementing and supporting the use and availability of a comprehensive set of quality improvement tools for technical assistance, improving oversight and enforcement, as well as addressing gaps in shortcomings and regulations, to better support States to comply with federal regulations, policies and guidance.

And, finally supporting the development, testing and implementation of value based purchasing and alternative payment models. So most of the work related to the HCBS CAHPS Survey would fall under that first element, which you're going to hear more about. I'm going to turn it over to my colleague, Kerry Lida, who's going to talk more specifically about the HCBS CAHPS Survey.

**Kerry Lida**

*Lida, Slide 15*

Good afternoon. Thank you Melanie and within the framework that Melanie provided, the HCBS CAHPS Survey fills a critical need in long-term services and supports quality assurance because it focuses on Medicaid, HCBS beneficiary experienced outcome and quality of life as the result of receiving services and supports. What distinguishes it from other HCBS Surveys is that it was designed to be cross disability in nature and complete by the broad range of beneficiaries that we serve in the Medicaid HCBS program, including individuals who are

frail elderly, individuals with a physical disability, individuals with an intellectual or developmental disability, individuals with brain injury, and individuals with serious mental illness. As with individuals with serious mental illnesses, also incorporates a significant number of individuals who may have co-occurring substances disorders.

*Lida, Slide 16*

States are encouraged to use the HCBS CAHPS Survey for quality management in their programs and on the screen in front of you, you'll see key features of the HCBS CAHPS Survey, including the surveys, orientation towards person centeredness. 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. The survey was designed to be as accessible as possible to all HCBS beneficiaries, but offering both an in person and phone motive administration, alternate response options, and proxy respondents.

It was developed to align with CAHPS 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 that providers recognize the CAHPS Trademark. The surveys supports several quality metrics and in particular 19 measures derived from the survey have National Quality Forum, NQF endorsement. There is an opportunity for users to add the supplemental employment module or other specific questions that the survey sponsor may be interested in. The HCBS CAHPS Survey is free for voluntary use in HCBS programs and we'll be providing additional information on that in coming slides.

*Lida, Slide 17*

This is a brief slide that provides an overview of many questions that we often receive and the survey is intended to result in reports about a particular program's performance through beneficiary reported outcomes. The unit of analysis is either at the HCBS program as the accountable entity. An accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state. Although Medicaid HCBS programs are administered by state Medicaid agencies under different authorities, they frequently are operated by other entities including Non-Medicaid State Agencies or Managed Care Organizations under managed long-term services and supports program. The HCBS CAHPS Survey was developed for comparisons about the quality of services and supports can be made across programs.

*Lida, Slide 18*

And there's quite a bit of information available regarding survey administration on our website, these are highlights that are very helpful to look at. The survey is designed to be administered by an interviewer in person or by telephone. It is a participant's choice which option they will be using. There is a maximum of a 69 items, in average it can take 30 minutes for the survey completion due to skip patterns. There are alternate response options that were included for accessibility and the options are noted on the screen in front of us, mostly yes, mostly no instead of a four point scale or excellent, very good, good, fair, poor, instead of one to 10. We also have the option for assistance and proxy respondents, which is allowed not including a paid provider.

*Lida, Slide 19*

As noted earlier, the HCBS CAHPS Survey instruments are available publicly on Medicaid.gov. This includes the core instrument, the supplemental employment module, and English and Spanish versions of both are available. We also have a number of assistance materials and we do have technical assistance through Westat.

*Lida, Slide 20*

As I close this section, other important considerations that may be helpful, the 19 National Quality Forum, NQF Endorsed HCBS measures under (NQF 2967), are derived from the HCBS CAHPS Survey. The information is available publicly and we'd be happy to answer questions on this, via email or through any of our web box or email boxes.

Current work is also underway, which is why we are meeting today with AHRQ to implement the HCBS CAHPS Database, which offers free access to aggregated results for analysis in use. So with this bullet, I am delighted to turn it over to Michael Corrothers from Westat and he will walk us through the key points of the Database for your use. Thank you.

**Michael Corrothers**

*Corrothers, Slide 21*

Good afternoon everyone. These next slides are regarding the new CAHPS Home and Community Based Services Database currently in development.

*Corrothers, Slide 22*

Just as a brief overview, the CAHPS database has a central repository of data for selected CAHPS Surveys, currently the CAHPS Health Plan Survey, the Clinician and Group Survey, and the newest component in development being the Home and Community Based Services Survey Database. The Database has worked to serve two major applications, providing program level data to assess patient experiences and to provide the de-identified data for research. Participation is voluntary and open to all users and the new HCBS database is going to be funded by CMS and administered through the Agency of Healthcare Research and Quality and Westat through the CAHPS User Network.

*Corrothers, Slide 23*

Each survey Database currently produces four distinct products, an Online Reporting System that allows users to view, print, and download aggregated data reports. A Private Feedback Report, which is provided to organizations that have submitted data to compare their results to the Database averages. A Chartbook which is a print product, providing information on the Database composition and summary level Database results and the research datasets which are de-identified data files that can help researchers answer questions related to patient experience of care.

*Corrothers, Slide 24*

The new HCBS Database is a collaborative initiative between the Agency of Healthcare Research and Quality and the Center for Medicare and Medicaid Services. It is designed to facilitate comparisons of HCBS CAHPS Survey findings by individual States and HCBS program types. As with other CAHPS Databases, participation is free and open to all users on a voluntary basis. We're anticipating the Database being operational and accepting data submissions in early 2020.

*Corrothers, Slide 25*

Some of the benefits of participation as previously mentioned, organizations that submit data can receive a customized report that compares your state and individual program type results to the overall Database averages. These reports contain case-mix adjusted tests of statistical differences for each composite measure and questions that comprises that composite. We also provide free technical assistance in using other reporting

products such as the Online Reporting System and Chartbooks and data submitters would be contributing to a new HCBS CAHPS research Database.

*Corrothers, Slide 26*

This next slide is an example of an HCBS Private Report. The report displays a State's overall scores by program type for each composite measure and the individual items that comprise the composite, including statistical tests for significance, and the overall database averages for comparison. These are confidential reports that are only provided by request to organizations that have submitted data.

*Corrothers, Slide 27*

This next slide shows an example of the Online Reporting System, top box scores display. The Online Reporting System is publicly available at CAHPS Database.ahrq.gov and only displays aggregated de-identified results from all submitters. It will not identify individual HCBS programs by name and will display results for all NQF endorsed measures and frequency distributions for individual questions.

*Corrothers, Slide 28*

This next slide just goes over some of the steps for submitting data. The first step being to register, we ask the data submitters simply provide some basic information to register and create an account. Step two is we ask users to sign and upload a Data Use Agreement, which specifies how the data will be used and stored. Step three is we ask that a copy of the survey instrument that was used be provided for review. That's just to ensure it conforms to CAHPS standards. The final step is to actually submit a data file and this would be according to data specifications that we would provide via the CAHPS database website and free technical assistance is available at each step during the process to assist organizations with submission.

*Corrothers, Slide 29*

HCBS programs can be assured that their data are always kept confidential. Only aggregated de-identified results will be publicly reported in our HCBS CAHPS Database. With that I'll conclude my portion of the presentation and we'll now turn things over to our moderator, Dale Shaller.

**Dale Shaller**

*Shaller, Slide 30*

Okay. Thanks so much Michael and thanks also to Caren and to Melanie and Kerry for these very informative presentations. We are now moving into the part of the webcast that invites all of you as participants in the audience to submit questions. Again to do that, use the Q&A function shown here to type and submit your question to all panelists. So we do have a few questions that have already come in and we'll begin with those. As we do this, please feel free to continue submitting your questions through the Q&A box. So I'd like to start with a couple of questions related to the CAHPS HCBS Survey itself, its implementation. Kerry, some people want to know about how many States or programs have actually been using the HCBS CAHPS Survey. Is there an inventory of that kind of information available?

**Kerry Lida**

*Lida, Slide 31*

Thank you Dale. That's a good question. At this time, we're able to share information from the HCBS CAHPS Survey from the results of the TEFT Demonstration and TEFT stands for Testing Experience and Functional Tools and they are posted on medicaid.gov and I'm going to give the link for that and you can also Google it if you'd like, but let me read the link. It's a Test Demonstration Components Evaluation and related information,

which is <https://www.medicaid.gov/medicaid/ltss/teft-program/index.html>. The TEFT Demonstration just concluded in June, 2019 for the TEFT States. Most States continued to work under the demonstration for an additional year after the formal grant period. We have developed next steps for several TEFT components, not only each HCBS CAHPS. We also have an LTSS standard through HL7 and OMC and we have a new measures line of work and contract, which includes the FASC and HCBS CAHPS components and we're happy to share the HCBS CAHPS Database on the call right now. Thank you.

**Dale Shaller**

*Shaller, Slide 31*

Great. Thanks Melanie and I see a question regarding the URL that Kerry just mentioned. It should be visible on your screen right now.

**Dale Shaller**

*Shaller, Slide 30*

I'm going to move back to the Q&A box so people can see how to submit a question. But if there's any further questions that people don't have, we're going to remind you at the end of the webcast how to submit those questions and we'll be able to field them post webcast. So another question and this also relates to administration of the HCBS CAHPS Survey. I'm going to toss this to you and Melanie. The question has to do with whether states or programs need to contract with a survey vendor that has already been improved either by CMS or by NCQA, the National Center for Quality Assurance, in order to administer the CAHPS Survey.

**Melanie Brown**

Thanks, Dale. So completion and submission of data for the HCBS CAHPS survey is completely voluntary. It's not required or necessary to use a vendor to submit survey data. The CAHPS database will be open to all organizations that are able to follow the submission requirements.

**Dale Shaller**

And just as a quick follow up to that one, do you have any guidance on how states can actually go about selecting a survey vendor?

**Melanie Brown**

So States will need to sort of decide how to accomplish the data collection. There's really two primary options, you could do in house data collection directly by the survey sponsor for example, if you're a State or other organization. You could also have data collection that's performed by an external vendor who is typically under contract with the State. In house data collection for State survey sponsors could involve using existing State employees or existing HCBS program staff or hiring a contract staff and data collection through an external vendor would involve a typically contracting with a survey research center such as a university or other for profit organization.

**Dale Shaller**

Okay, great. Thanks so much. A couple more questions just on the HCBS CAHPS survey administration, Kerry. You did review the administration methods, a couple of questions for you. First of all, can you just review quickly the various survey administration methodologies that are available for HCBS CAHPS and also whether customized questions can actually be added to the core survey that you reviewed.

**Kerry Lida**

Yes. Thank you, Dale. The survey regarding how is the survey administered? It's through CAPI which stands for the Computer Assisted Personal Interview conducted in person or by CATI which stands for Computer Assisted Telephone Interview. You also asked can customized questions be added to the survey? They can if they are before the About You section in the survey.

**Dale Shaller**

Okay. Thanks very much. Michael, there are a few questions that have come in related to the HCBS CAHPS Database that you've just described. You mentioned that there's no cost to participate. Are the customized private Excel reports that you described also free of charge?

**Michael Corrothers**

Yes, they are. Access to the Online Reporting System, the Chartbooks, the Private Excel Reports and the De-identified Datasets are free of charge to anyone who requests them.

**Dale Shaller**

You also noted in just actually now in that answer that there are these research data files that are available. I know that there's a request and approval process for that, but can you give a few examples of what kinds of approved research purposes have been allowed when people do request a de-identified research data sets?

**Michael Corrothers**

Yes, the de-identified data sets are generally released for dissertations, research for quality improvement efforts, white papers etc.

**Dale Shaller**

Okay, great. Question, I think possibly Kerry for you or Melanie, I'll let you decide. The question is how do States know which programs are comparable to theirs? I'm wondering if this has something to do with the sort of the quality that you described as the HCBS CAHPS surveys that it is cross disability.

**Melanie Brown**

So yeah, that was my understanding of the question and if the person who submitted the question wants to add any additional clarification. So it is cross disability. When we were piloting the survey, typically States would group according to the target population. So if they had an HCBS program that particularly served only the elderly and we want it to compare across groups, it would be target population, but in terms of whether or not for use, it is cross disability. So theoretically you could make comparisons across the entire group, even if there is a mix of consumers who received services within a particular program.

**Dale Shaller**

Okay, great. That's really helpful. There's another question that sort of relates to that. I think it gets at a little bit more specifically to an MLTS program. If you could just explain what that acronym stands for, how would a program type of that nature be grouped in the way that you're sort of able to sort of apply this cross disability feature to?

**Melanie Brown**

So MLTSS is Managed Long-term Services and Supports, I'm not sure if I caught the rest of the question but again, it is cross disability. So to the extent that your MLTSS program is providing services to a mix of different consumers who are receiving a Home and Community Based Services, you would be able to use the survey for

any beneficiaries who is receiving Home and Community Based Services. If that doesn't answer the question, please ask a clarification in the chat box and Kerry chime in if there's anything you'd like to add.

**Dale Shaller**

As far as I'm concerned, Melanie, I think it does address it. I think it has to do with the sort of ways in which different individuals with various disabilities are grouped in different waiver programs. And so how does it all end up being comparable and I think you have addressed the comparability because of the cross disability nature of the survey. That's kind of how I'm understanding it. I'm going to go back to Michael. This is a question related to the HCBS CAHPS Database. Question has to do with data submission and whether that can be done through a cloud based application or does the organization need to install some kind of software program at their end in order to do the data submission?

**Michael Corrothers**

No, there are no platform or software requirements on their end at all. We just require that the data be provided in a specific format. We'll be posting data specifications in the next few weeks. Actually on the CAHPS Database website but we'll be pretty much looking for an ASCII text, a flat file during data submission that will come directly to us here at Westat and through a secure submission portal.

**Dale Shaller**

Okay, great. Thank you very much. This is a question back to administration sort of the methodology, the question has to do with whether the survey would exclude people who only have paid providers to serve as a proxy. I'm not sure I understand exactly what the paid providers refers to. Could you maybe let's broaden the question to either you, Melanie or Kerry. Who is eligible to serve as a proxy for these surveys? Are there rules about that?

**Melanie Brown**

There are paid providers would be excluded as proxies.

**Dale Shaller**

Can you explain what that means to the audience members? What does a paid provider actually mean?

**Melanie Brown**

So for example, if your personal care attendant who is actually receiving payment for the provision of those services could not serve as your proxy respondent for the survey.

**Dale Shaller**

I see. That makes total sense. Yup. Great. Thank you so much. Michael, back to you. This has to do with the output of all the HCBS CAHPS data that might be submitted to the CAHPS Database, when you get to the reporting will the reports that you've described compare results overall in terms of sort of an aggregate or by program type or what will be the units of comparison that you anticipate in the HCBS CAHPS Database?

**Michael Corrothers**

We will be aggregating data and organizing data hopefully by State and by region and then we also will have some breakouts by program type.

**Dale Shaller**

Okay. Another question having to do with the administration of the survey. We discussed supplemental questions that can be added to the survey before the, About You section. What about the potential to remove

questions from the core part of the survey? How permissible is that? I guess I'll go back to either Kerry or Melanie for that. Either one of you. If you don't have an answer to the question...oh, go ahead Kerry.

### **Kerry Lida**

This is Kerry and I will also encourage Caren Ginsburg to respond to this too. To receive the CAHPS Endorsement, we went through a rigorous process to do that. We are not allowed to remove questions from the core set and I would encourage Caren to respond in more depth regarding this because she sets very rigorous requirements through the CAHPS consortium that we are required to meet. This is a very good question for CAHPS overall.

### **Dale Shaller**

Caren, can you respond to that?

### **Caren Ginsberg**

I'm happy to respond to that and Kerry is right. There's pretty strict requirements when it comes to adding supplemental items or modifying the core surveys and response options. So in order to maintain use of the CAHPS, Trademark and use of the CAHPS name, you can't alter in any way, any of what we call the core questions, which are the central part of the survey. You know, before the, About You that occurred before the About You questions and you can't add anything there in that part of the survey. You can't take anything out. You can't change the wording, you can't change the response options because the entire survey as a whole, this part of the survey has been tested and shown to meet certain kinds of properties.

If you disrupt those property, if you disrupt the survey by taking out or modifying any of the questions, you lose the benefits of a standardized validated survey instrument. So you can't change anything. But if you wanted to add supplemental items as we've talked about, you can add them. We said before the About You, but they have to occur actually just before the, About You, not anywhere before the About You, but just before those demographic questions start.

### **Dale Shaller**

Caren, thanks so much. That's very helpful clarification and I will add as someone who's been involved with the CAHPS Database on the other surveys that Michael described. Part of the submission process, which is really quite easy and straightforward, does include kind of a deep detailed sort of sequence of quality assurance checks for incoming data, which does involve a review of the actual questionnaire that's been used to administer the survey and collect the data. So we carefully at the CAHPS Database review what survey instrument was used to kind of assure that all of those core questions that are part of the endorsed survey are in place with the right wording, the right sequence, etc. So it's all part of the quality assurance process for data submission. I do want to also just sort of on the topic of what's permissible, kind of get to sort of a forward looking question and it has to do with whether the survey may be become mandatory in the future, the near future or beyond. Obviously, this might be a question for Kerry or Melanie at CMS.

### **Melanie Brown**

So at this time CMS does not have plans to mandate a submission or collection of HCBS CAHPS Survey.

### **Dale Shaller**

Okay. Want to go back to the Database for a couple of questions? Michael, I know that, you know, some of the reporting specific to HCBS will be worked out depending on the extent and the volume and the types of program data that are actually submitted, and we won't know that until we get through that first submission

period in early 2020. But the question has to do, if a State with MLTSS wants to compare their plans to each other, would in their private feedback report get plan specific results, how do you anticipate that working?

**Michael Corrothers**

You would have a separate row or line item for each program that was surveyed in the Excel report. So you would be able to compare those each individually to the overall results or as the consolidated organization.

**Dale Shaller**

Yeah, very good. Another question related to submission. The question has to do with whether there is a sort of set submission period on an annual basis or whether submission is kind of on a rolling basis for data to be entered?

**Michael Corrothers**

At this time we will be following the protocols that are currently in place for some of the other CAHPS surveys where we will have an annual data submission that usually is announced during our via GovDelivery. I would encourage everyone to sign up for that Listserv if possible to get CAHPS updates.

**Dale Shaller**

I will get back to that listserv, kind of email alert feature at the end of the webcast so people know how to sign up for that. It's a very helpful service. Then one more question, Michael for you before we move on. That has to do with, again, back to their research datasets that are available upon request and through approval. The question has to do with can you do custom data extracts and I guess that might refer for not only to accessing approval to receive the data, the research data files, but on the online reporting system. Can you explain a little bit about what is customizable when you go online to look at the aggregate level data that are available?

**Michael Corrothers**

There is not a lot that is customizable there, but you can put together customized reports via a report builder feature that's available and that will allow you to select a different displays or frequencies and puts them into a customized report for your needs and be able to download and print that if necessary.

**Dale Shaller**

Okay, great. So here's a question it goes back to the paid provider question as proxies. The question is in our state, most of our participants paid providers are also their parents' guardians. So how would it work in that case when there are sort of multiple roles played by the same person? Because in this particular instance, because I guess of that circumstances, they're unable to get a very high response rate.

**Melanie Brown**

Yeah. Response rates are definitely a challenge. I think what we've found, we've asked consistently that if this family member is also the person who provides the services but is payed that we identify an alternative of proxy. Kerry, I don't know if there's anything you wanted to share about that related to what states may have experienced during the piloting of the survey?

**Kerry Lida**

Not at this time. But I think this would be a good discussion to follow up through email with if we could. Because there are state specific areas that are very unique in some ways. So I think to provide follow up we'd be happy to do this by email or a call if you'd like to because we did pilot with different States and we can share that experience.

**Dale Shaller**

Okay. Thank you very much. Both of you. Couple of questions again related to the survey instrument itself. The first has to do with we've discussed the addition of supplemental items and where they go in a survey after the end of the sequence of core questions, but before the, About You section, so right in that sort of transition period, the question has to do with can supplemental questions be added that aren't already on a kind of a sort of an approved list of supplemental questions? Would other sort of homegrown or State or program specific questions be able to be added that aren't already on the supplemental question sort of approved document?

**Melanie Brown**

So yes. Provided that the questions are added and where we've indicated as States have in the past added sort of homegrown questions. I'm not sure what's being referenced when you say the approved supplemental document, but you can certainly add questions that aren't from I think a preset list. So if your State sort of has a homegrown assessment tool that you use and you want it to add a question from that, that would be appropriate.

**Dale Shaller**

I guess Melanie, I'm not sure either about the existence of an approved document. I guess what I'm thinking of are like the CAHPS website has a set of supplemental items that can be added to various CAHPS surveys and they include a range of domains from health literacy to patient centered medical home type questions to cultural competence questions. Also to share decision making and actually that is a specific question that's come in as to whether, CMS has plans to include shared decision making in the survey core itself. But there may be or may not be a specific HCBS set of supplemental items. Maybe what the reference has to do with is there is an employment, isn't there sort of a supplemental-

**Melanie Brown**

Employment.

**Dale Shaller**

Go ahead and just describe that and that may be what the question is referring to.

**Melanie Brown**

So there is a supplemental module which still specifically was a supportive employment. So if the question was whether or not you could only include questions from that supplement or, or any of the other supplements that are available on the CAHPS website, no, you're not limited to that. If your State again, has a homegrown assessment question or tool or set of questions that you'd like to add, you could do that. With reference to the shared decision making, I wasn't able to tell if that was a question about whether or not we're planning on adding a question about shared decision making or I wouldn't, sure.

**Dale Shaller**

I interpreted it is whether in terms of the, sort of the next version, version 2.0, of HCBS CAHPS, would there be any consideration to including shared decision making as a core part of the survey?

**Melanie Brown**

Yeah. So there's not plans for that. Now I do think that there is a section that already sort of deals with self-direction, which I think gets at some of the shared decision making tenure. But at this time there's not a specific plan to move given that direction.

### **Dale Shaller**

Going back to the question of supplemental items Caren, would you be able to address whether there's any limitation on how many of these supplemental items that may be added by different States or programs will actually be accepted by the CAHPS Database? Or is that sort of an open ended question at this point in terms of what gets submitted to the CAHPS Database.

### **Caren Ginsberg**

Right now and Michael also please jump into this. You know, I think we're prepared to accept the core survey at this point. I think we have to discuss in the long-term about supplemental items sets and if the Database will accept them, but which I don't think that we're going to be able to accept supplemental items sets that each program might want to add for their own quality improvement purposes.

### **Michael Corrothers**

Yeah. At this point, this is Michael Corrothers, we're going to be accepting the core instrument and the employment supplemental module that's available at this time.

### **Dale Shaller**

We have one question that's fairly involved. I'm going to go ahead and try to read it. This would be really just to give you a heads up, Melanie and Kerry, I think for you, so the question is we're considering integrating CAHPS with their regular service plan monitoring activities where their case managers would conduct a survey with each waiver participant each year. However, the case managers would not ask the questions about their own services. They would use the State employees or the vendor to conduct a survey for their case management services. So if you're following me, would you have any concern with gathering the information separately where the State employee or vendor conducts their questions that relate to the case managers, who wouldn't be asking the questions about their own services and then would those results be able to be contributed to the Database? Kind of a long question and hope you followed that.

### **Melanie Brown**

Yeah, so my sense is, and I'll ask Kerry to weigh in as well. I think this is one of those questions where we'd want to sort of talk with the State sponsor or the individuals that are considering using the survey just to get a better sense of sort of how this would work. I mean, I think that the intent here is just so ensure that the person who is to some extent being assessed is not actually asking the questions of the respondent. So perhaps there's a way to do that and the system that you've described, it seems like there's still some potential for some problems. But I think, if you would reach out to us by email, maybe, perhaps we can talk through it and see if there's any precedent for using this kind of systems again with the States that piloted the instrument and some information that we could share with you to help us sort of think through a process that works for your State.

### **Dale Shaller**

Yeah, go ahead Kerry.

### **Kerry Lida**

I would agree with Melanie and this will be mentioned I think at the conclusion of the call, but it's a nice time to mention it now. We're happy to follow up with people by email, set individual calls that include Westat so we can see what would work best for your State. We're getting ready to begin individual calls. There may be small groups of States and meeting with them and so please do send us your contact information if you'd like to

follow up. We'd be very happy to do that regarding how you would be interested in incorporating the HCBS CAHPS. These are very good questions. Thank you.

### **Dale Shaller**

I agree these are excellent questions and I think a number of them, as you've both pointed out, lend themselves to sort of individual case by case answers, which I think as you pointed out Kerry, there will be a really valuable opportunity for States to have those questions answered. As part of this outreach process that is being planned to reach out to states to set up individual conversations that would be unique to their situation and also kind of informative to us, about what's actually happening at the State level with HCBS administration. So I'm going to ask one more question before we close and this kind of gets back to the supplemental item set issue. So if a State does add questions to the survey and Michael, this is to you, should they be prepared to remove the supplemental items before they submit the data or is that something that would be done at your end?

### **Michael Corrothers**

No, we would actually request that vendors or the actual organization that will be submitting data format the data as specified in our data specifications. We will at the point of submission where we're reviewing questionnaires ensure that we will provide any comments back to the vendor of any need for any questions to be reworded or removed.

### **Dale Shaller**

*Shaller (closing), Slide 32*

Okay. I think we've gotten actually through most of the questions. I know that there will likely be questions that participants have following the webcast and moving forward and again the opportunity to submit those kinds of questions is ongoing. Before I get to those points of contact, let me just encourage all of you to subscribe to the GovDelivery Listserv if you're not already on that subscription. This is the way that you can stay up to date on everything related to CAHPS and receive announcements. For example, like this webcast or survey data that is being updated in the CAHPS Database or other information that comes out of the CAHPS consortium. So to subscribe to that, the URL is here. I'll try to say it quickly. It's basically [subscriptions.ahrq.gov/accounts/USARHQ/subscriber/new](https://subscriptions.ahrq.gov/accounts/USARHQ/subscriber/new).

*Shaller (closing), Slide 33*

Because we've made several references to it throughout today's webcast. These on your screen are the points of contact by email [HCBSCAHPSDatabase@westat.com](mailto:HCBSCAHPSDatabase@westat.com) by phone at the 1-855-580-4657 number and the website address for the CAHPS database, which is [www.cahpsdatabase.ahrq.gov](http://www.cahpsdatabase.ahrq.gov).

So in conclusion, first of all, thanks again for everyone who attended today's webcast in a special thanks to our speakers, Caren Ginsburg, Melanie Brown, Kerry Lida and Michael Corrothers and my name is again Dale Shaller. We really appreciate your being part of today's webcast and as we close out, I just want to sort of encourage you to stay in touch, submit questions if they have not already been answered. Again, thanks for your participation and have a great rest of your day.