

- [Dale] Good afternoon or good morning,
or even good evening
to everyone and welcome to today's webcast
on Participating in the 2021 CAHPS Home
and Community-Based Services
or HCBS CAHPS Survey Database:

What You Need to Know.

My name is Dale Shaller

and I'll be moderating our
session today, which is presented

by the Agency for Healthcare
Research and Quality,

or AHRQ, CAHPS User Network.

Next slide please.

Today we have three main objectives,

and the first is to introduce

the Home and Community-Based Services,

or HCBS initiative, that
is jointly sponsored

by the Centers for Medicare
and Medicaid Services,

or CMS, and AHRQ.

We'll also be discussing the
HCBS CAHPS survey itself,

and then reviewing the
new HCBS CAHPS Database,

the benefits of participating

and how to go about doing that.

Next slide please.

So before we begin,

I just wanna sort of walk through a few

of the standard housekeeping
details to make sure

that the webcast is a good experience for everyone.

And the first is to know that

if you're having any difficulty hearing the audio

from your computer speakers

you can always change the audio selection

so that WebEx calls you back

and connects through your phone instead.

And if your computer freezes up during the presentations

you can always try to log out

and log back in in order to refresh the page.

And most importantly, if you need any help

at any time during the webcast, you can use the Q

and A feature that I will show you on the next slide.

So at any point today, as we go through the presentations

you can ask your question and we encourage you to do that,

by using the Q and A feature shown here on your screen.

And it may look a little different

depending on your browser.

But the basic idea is to be sure

that the dropdown option displays all panelists

so that when you ask a question

everyone on our team can see it.

And when you do that, we also ask

if you're willing to share your
name and your organization,

your role, so that we sort of
know where you're coming from.

I will say that today's
session is being recorded

and that a replay of today's webcast

and the slides that will be
used will be made available

in the near future on the CAHPS website.

Next slide.

So we really have a nice
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.

From the Centers for Medicare
and Medicaid services

we have Melanie Brown, who
is a Technical Director

in the CMS Division of Community
Systems Transformation.

Following Melanie, we will
have Kathleen Woodward,

who is a Managing Consultant
with the Lewin Group,

who works on the HCBS CAHPS initiative

under contract to CMS.

And finally, we'll have Michael Corrothers,

who is the CAHPS Database Lead

for the HCBS survey at Westat.

And Westat is the prime contractor to AHRQ

for the CAHPS Database.

And again, I'm Dale Shaller,

I'm a member of the CAHPS team,
serving as your moderator.

And now turning this over
to Caren Ginsberg, Caren.

- [Ginsberg] Hey everybody.

I'm excited to welcome you to this webcast

and to bring you this program today

to describe the collaborative
work between AHRQ and CMS.

So this work first started

with the development of the
HCBS Consumer Assessment

of Healthcare Providers and
Systems or CAHPS survey.

And this survey development
effort which was funded by CMS

was, it worked in conjunction with AHRQ

and the CAHPS team at AHRQ to
ensure adherence to the CAHPS

design principles and testing standards.

And based on their work, AHRQ
was able to grant the use

of the CAHPS trademark to this survey.

So we're now collaborating with CMS

on a database to house
the HCBS CAHPS survey data

and to provide a secure platform

for you to submit your HCBS CAHPS data.

You'll hear more about this

but you'll receive a
custom feedback report

and be able to compare your CAHPS scores

to be identified summary
of all the data submitters

and access to a research database online.

And even if you choose not to
submit data to the database

because this is all voluntary effort,

you're still going to have access

to the summary database report.

So before we turn to the main
event, to the main speakers

in this program, I just
wanna tell you a little bit

about the Agency for Healthcare
Research and Quality,

and the CAHPS program, and how
CAHPS fits into the mission

of the Agency for Healthcare
Research and Quality.

So can I have the next slide please?

Thanks.

AHRQ's mission is to improve the life
of patients by helping healthcare systems
and healthcare professionals deliver care

that's safe, of high
quality and high value.

And AHRQ is a science-based agency.

We're a research and development agency.

And so what we do to fulfill
our mission is to invest

in research and evidence
to make healthcare safer

and improve quality, and
improve healthcare quality.

We create tools for healthcare

professionals and to use

to improve care for their patients.

And we generate measures and
data that are used by providers

and policymakers and researchers
to improve performance

and evaluate the progress
of the US healthcare system.

And it's important for
AHRQ to push our science

to implementation and to get our tools

and our products out to you, our users.

So we spend a lot of time

on making sure our
products are user-friendly

and that we advertise
them and train on them.

So the next slide please.

So about the CAHPS program,

CAHPS again, Consumer Assessment

of Healthcare Providers and Systems,

and it's a program to
advance our knowledge

about patients' experiences
with their healthcare.

And I wanted to just spend a little bit

of time explaining what
patients experience

because that's what we measure.

And I'll be comparing this
to patient satisfaction

which we don't measure.

Patient experience refers

to whether something actually happened

to a patient or how often it happened.

It's an objective measure that you can use
for quality improvement.

You know where there might
be an issue to work on,

it's whether something did
happen or how often it happens.

Patient satisfaction is how patients feel
about their care or their health plans
or their interaction with
the healthcare setting.

And those feelings are based

on what a patient's
expectations were for that care.

It's not actionable in the same way,

for in the same way a patient
experience question is.

So we're measuring patient experience.

So I just wanna make sure
everybody understands that.

Can I have the next slide please?

So the CAHPS program conducts research
to further our knowledge
of understanding patient experience,
how to measure and collect CAHPS data,
how to report CAHPS data and
how and QI using CAHPS data.

And we've done a lot of
work on this recently,

if you're interested
in all of these areas,

please look at our offerings
on the CAHPS website,

the AHRQ CAHPS website.

We're most known for
developing our surveys

and related materials to
assess patient experience

in healthcare settings with
health plans and providers.

And we also developed as I
mentioned, voluntary databases

for CAHPS survey data for
selected CAHPS surveys.

Next slide please.

So again, the CAHPS surveys
measure patient experience,

not satisfaction.

They capture the patient's
voice and developing

and development and testing of the survey.

They measure what patients
tell us is important to them.

And we ask patients they tell
us what's important to them

and that's how questions
end up on surveys.

We use standardized methodology

and research findings to develop
valid and reliable surveys.

And also, I just wanna mention

the patients who respond

to these surveys are sometimes

are the best and sometimes the only source

of the information that we ask.

I wanna mention

that the CAHPS surveys are trademarked,

trademarks held by the
Department of Health

and Human Services and operated by AHRQ.

And the trademark recognizes adherence
to the CAHPS design principles to ensure

that measures are
comparable across settings

or health plans or providers or programs.

And my last slide please.

Just a couple of uses for CAHPS surveys.

CAHPS surveys are used

for value-based purchasing,
public reporting,

accreditation, quality
improvement and research.

So I'm gonna,

again thank you for
attending our webcast today

and turn this over to Melanie.

- [Melanie] Thanks Caren.

And thank you for inviting
me to present today.

I am Melanie Brown.

I'm a Technical Director at CMS

within the Division of Community
Systems Transformation,

which is in the Disabled and
Elderly Health Programs Group.

And I'm gonna be sharing more

about the Home and
Community-Based Services

or HCBS CAHPS survey.

Just as a refresher,

the HCBS CAHPS survey was developed to support states with quality assurance and improvement by identifying areas that need improvement based specifically on the HCBS participants experience.

And then allowing for the comparison of home and community-based services across states, programs and populations.

The HCBS CAHPS survey is the first Medicaid experience survey that's been tested and validated for use across HCBS programs and for all the different populations that are served through HCBS programs.

Next slide please.

So I wanna start by just briefly reviewing the HCBS quality framework, then we'll get into more specifics about the HCBS CAHPS survey itself.

So the three programmatic aims of the HCBS quality framework are to ensure safety and well-being of people receiving home and community-based services, to promote high quality and accessible HCBS, and to promote value-based care and services for people receiving HCBS.

Now, those aims are achieved through certain actions.

They may include measuring quality and outcomes,

analyzing data, tracking and trending data,

internally and publicly reporting on quality and outcomes,

detecting and responding

to individual and system mobile problems

and promoting improvements in quality and outcomes.

So the hope is that by focusing

on these areas with the programmatic aims in mind,

we'll be able to achieve improved experience of care,

greater independence, health, well-being, self-determination,

and community inclusion for participants,

as well as achieving more cost-effective

and appropriate care and services.

Next slide please.

So CMS has five quality strategy elements

that support the framework.

The HCBS CAHPS survey as supports the measurement

and assessment of these elements.

And these five elements are: promote the development

and use of standardized, validated

and meaningful quality measures.

Align, coordinate and address gaps

in federal and state measurement, reporting

and monitoring requirements,
activities and systems.

Develop, implement, and support use
and availability of a comprehensive set
of quality improvement, quality assurance
and technical assistance
strategies, activities, and tools.

Improve oversight and enforcement,
address gaps in regulations
and oversight or enforcement,
and better support states to comply
with federal regulations,
policies, and guidance.

And five: support development,
testing, and implementation
of value-based purchasing and
alternative payment models.

Next slide please.

So now we're gonna focus a bit more
on the actual HCBS CAHPS survey.

As I said earlier,
the HCBS CAHPS survey was
developed to support states
with quality assurance and improvement
by identifying areas that need improvement
based specifically on the
consumer's experience.

And then allowing for the comparison
of HCBS services across states,
programs and populations.

The HCBS CAHPS survey
is the first consumer
experience survey that has been tested
and validated for use across HCBS programs

and for all of the different
populations that are served

through HCBS programs.

So, as opposed to the measures
you would normally see

on a satisfaction survey,

CAHPS measures consumer experience.

So for example, it asks participants
about what they actually experienced
on the day-to-day basis.

What services did you actually receive?

How often are certain things
happening or not happening?

And that kind of data provides more

of an objective picture

of how well service
plans are being followed.

Next slide please.

So the survey is meant to be administered

by an interviewer either
in-person or over the phone.

The choice is up to the participant.

The survey is not meant to be administered

by mail or online.

And as long as they're
not a paid provider,

assistance from proxy respondents

such as a family member or a
close friend, that's allowed.

The HCBS CAHPS survey contains a maximum

of 69 core items, depending
on the types of services use,

the survey contains nine questions asked

to the participant

to determine which type
of service they use.

And it ends with a set of
15 demographic questions.

Many items in the survey
are preceded by screener

or gate questions, asking
if the participant actually

used the services that are
addressed in the items to follow.

And if the participant responds
to the screener question

by saying that they
didn't use that service,

the skip logic is employed

and the interviewer would then
move on to the next section.

There's also an optional
supplemental module

that contains 21 items
about employment services

and that really focuses on job coaches.

Next slide please.

So the survey does have two options

for response types that
the participant can use.

The standard option includes
never, sometimes, usually,

and always as response options.

But if those options

for some reason are not easily usable

by the participant, the
interviewer can also choose

to have the participant
answer either mostly yes

or mostly no.

Next slide please.

So now some key features
of the HCBS CAHPS survey.

The survey also collects information
about the extent to which the services

the participant receiver person center,

that the extent to which they
prioritize what's important

to the consumer

and the extent to which
participants can direct

and control their own plan

as well as how their
services are delivered.

And that is critically important feedback

for states and programs to gather.

And it helps them to see
how well their efforts

towards adopting a person-centered
practices and approaches

and service planning and
delivery are working.

And what kind of a difference it's making

in program participants lives.

The HCBS CAHPS survey
was developed with input

from a wide range of
stakeholders, and it was tested

through the CMS Testing
Experience & Functional Tools

or TEFT program by nine states
that participated in CAHPS.

At the conclusion of
the TEFT demonstration,

the survey was formerly adopted
into the CAHPS trademark program.

So it comes with all of the benefits
of being a part of that
suite of tool would entail.

CAHPS is a trusted brand
that's familiar to providers,

it's publicly available

and users have access
to high level as well

as one-on-one technical
assistance as needed.

Finally, the survey is applicable to field

in both fee-for-service
and managed care programs.

This is critically important.

As more states adopt managed

long-term services and supports.

And this allows all the plans operating

within a state to be
compared to one another

or aggregated to provide a picture

of what's happening across the state.

For managed care plans

using the survey, they
can measure the quality

of their services across the
state in which they operate.

And we'll hear more
about the CAHPS program

from Caren Ginsberg in a few minutes.

Next slide please.

So the unit of analysis in this context is the unit

for which the survey results will be produced and reported.

The unit of analysis should in this case be the accountable entity.

The accountable entity is the operating entity

that's responsible for managing and overseeing the specific HCBS program in a given state that's being assessed.

So, although Medicaid HCBS programs are administered

by state Medicaid agencies under various legal authorities,

the programs frequently are operated by other entities

such as the county or other non-state governmental agencies

or managed care plan.

Because the accountable entity can vary,

the unit of analysis may differ from situation to situation.

Next slide please.

So some other important considerations.

At the conclusion of the tech demonstration

round one of testing,

19 composite measures of quality that were derived

from the HCBS CAHPS survey

were endorsed by the National Quality Forum in 2016.

Most developers put their measures through a rigorous process long before NQF considers them for endorsements.

NQF's careful review and assessment gathers input

from stakeholders across the healthcare enterprise

and develops consensus among those stakeholders

about which measures won endorsement as the best in class.

Also important to note

that AHRQ, along with its contractor Westat, manages the HCBS CAHPS database

which offers free access

to aggregated results for analysis and use.

And the Lewin Group provides technical assistance

to states, managed care plans and groups that are using

or interested in implementing the HCBS CAHPS survey.

Next slide please.

And now I'm gonna turn it over to Kathleen Woodward

from the Lewin Group.

- [Kathleen] Great. Thank you Melanie.

My name is Kathleen Woodward.

I'm a Managing Consultant with the Lewin Group,

and I'd like to share those that have adopted

HCBS CAHPS survey

or in the planning
stages, the few resources

and technical assistance
opportunities available to you.

Next slide please.

On this slide you'll see a list
of different links that'll be available
when the slides are posted online.

For more information, you can
find a wealth of resources

on the AHRQ CAHPS website,
as well as on Medicaid.gov.

We have technical assistance
documents available

such as the technical guidance document,

frequently asked questions,

examples of scripts for interviewers,

the survey instruments in
English and in Spanish, and more.

The resources include best practices

for surveying, sampling and
improving response rates.

We'll be uploading the
updated team materials

on the website in the next few months.

You can also contact
HCBSMeasures@Lewin.com

for individualized
technical assistance related

to the HCBS CAHPS survey administration.

Technical assistance available to states,

managed care plans and
other HCBS CAHPS users.

Next slide please.

On this side, you'll see that
we just wanted to let you know

about some additional
upcoming HCBS CAHPS events.

We'd like to invite you
to continue attending

or to join our early
adoption work group meetings.

Our next meeting is scheduled
for Monday, June 7th

from 2:00 to 3:00 p.m. Eastern Time.

The Early Adoption Work Group

is for interest in states
and managed care plans.

I mean, by anyone who has
implemented the HCBS CAHPS survey

or is considering HCBS CAHPS
as an experience survey

for your medicaid HCBS programs,

should join this work group.

The work group has met twice so far

and will support the adoption
and successful administration

of HCBS CAHPS survey across
states, and managed care plans,

support data analysis, data aggregation

and participation in
the HCBS CAHPS database,

identify and promote best
practices in HCBS CAHPS,

survey implementation

and support the continuous
quality improvement of HCBS.

We also have information about Lewin's

next two quarterly HCBS CAHPS

webinars that are available

for your reference in
July and the fall of 2021.

When the slides are shared, you'll be able

to click the link to register,
or you can also subscribe

to the HCBS measures list serve emails,

and we'll be sending out links

for the upcoming events
in the coming weeks

by emailing [HCBSMeasures@Lewin
L-E-W-I-N.com](mailto:HCBSMeasures@LewinL-E-W-I-N.com)

for additional details
about what we'll cover

during the webinars and for
the registration information.

If you have questions
related to HCBS CAHPS

technical assistance or suggestions,

please email the HCBS measures mailbox

that I just mentioned.

I'll now turn it over to
Michael Corrothers of Westat

to tell you more about the
broader CAHPS Database.

- [Michael] Yes, thank you Kathleen.

Good afternoon everyone.

The CAHPS database is the, I'm sorry

next slide please.

We can go ahead. Progress.

The CAHPS Database is
the central repository

of data from the health plan survey,

the clinician and group survey,

which does have reporting data

but has suspended new submissions.

And as of early 2020, a repository

for CAHPS Home and Community-Based Services survey data.

The database is designed for two major applications.

The primary purpose is to facilitate comparisons

of CAHPS survey results

by and among survey users to assess performance.

And the database also provides de-identified data

for research purposes.

Participation in the database is voluntary and open

to all users, and the database is funded

by the Agency for Healthcare Research and Quality,

and administered by Westat through the CAHPS User Network.

Next slide please.

The HCBS CAHPS Database, excuse me

is a collaborative initiative

between the Agency of Healthcare Research and Quality,

and the Centers for Medicare and Medicaid Services, CMS.

The database will facilitate these comparisons

of HCBS CAHPS surveys findings

by individual states and HCBS program types.

And again, participation is free and open
to all states and managed care
plans on a voluntary basis.

The next data submission period opens
in October of this year.

Next slide.

Some of the benefits
of participation are any data submitter
will receive a customized
report that compare their state
or managed care plan and
individual program type results
to the overall HCBS
CAHPS Database results.

And that data will also be included
in our other reporting products
which we will discuss a bit
further on in upcoming slide.

And free technical assistance is provided
to data submitters and users
of the reporting products.

Next slide.

The HCBS CAHPS Database
online submission system
opens once a year in October.

Organizations that are interested
in submitting data just need to complete
four very easy steps.

The first step is to register
for an account where we ask
for some general information
regarding the state
or managed care plan.

Step two is the state

where managed care plan
needs to provide a signed

data use agreement,

which specifies how the data
will be used and stored.

The third step is prior to data submission

we request a copy of the
survey instrument used,

where it is reviewed

to ensure it adheres to CAHPS standards.

And we would encourage submitters to send

their survey instruments to
the HCBS CAHPS Database prior

to data collection if possible.

And the final step, step four

is that the state or managed
care plan survey vendor

will need to provide a data
file that has been formatted

to CAHPS Database specifications.

Next slide.

The CAHPS Database produces

four distinct reporting products.

There is an online reporting
system where users can view

and download reports,

a private feedback report
that is only provided

to the submitters of the
database which compares the state

or the managed care plans
results to the database average,

a chartbook which displays

summary-level database results.

And we also make available
research datasets

that are de-identified data
files that can help researchers

answer questions related
to the experience of care.

Now, I should note that some

of these products may not be
available as they are dependent

on the number of the
volume of data we receive.

So we encourage states or
managed care plans to submit data

to ensure that we can provide
all of these products.

Next slide.

This slide shows an example

of a private Excel report
that would be received

by a submitter to the database.

And again, these reports are provided

to submitters upon request.

And the report shows
how a particular state

or managed care plan performed compared

to the overall database averages.

Some items shown such
as the database average

and significance tests are dependent

on the amount of data
received to be included.

Next slide.

This slide also shows an example
of how data may be reported

in the online reporting system,
and overall composite score

and scores for the individual questions

that comprise the composite
measure would be displayed.

Next slide.

I just wanna speak a little bit

about data confidentiality.

HCBS programs can be assured

that their data are kept confidential,

and that no program names
or other identifying

information is ever
made publicly available.

Only aggregated program data
is ever publicly reported.

And next slide please.

And as I mentioned earlier,
the CAHPS Database team

at Westat offers free technical assistance

with data submission issues,

responding to the questions
regarding data specifications

and the data submission process.

And we also offer assistance

to any user with our
public reporting products

such as the use of the
online reporting system

and how to obtain and use
the research datasets.

The CAHPS Database team can be contacted

at the email address,

HCBSCAHPSDatabase@westat.com,

and at our phone number
1-800 or 855-580-4657.

And thank you very much.

And I'll turn things back
over to Dale, our moderator.

- [Dale] Thank you so much Michael,
and Kathleen, and Melanie, and Caren

for that a really excellent
overview of the program,

the survey and the database
supporting HCBS CAHPS.

We've reserved quite a bit

of time here for your
questions and answers.

Let me just remind you
and encourage you again

to use the Q and A box to
type your questions submitted

to all participants so that we can see it.

And we'll get started with your questions.

So Michael you were last up

and I'm gonna start with you
with a question with respect

to the data that are
submitted or de-identified

but do they have indicators

for the states and or
programs that they refer to?

And this is from Gabriel Katz.

- [Michael] The reporting
products, including the research

dataset are, would be available
depending on the amount

of data received as

I've mentioned earlier.

But at this time I don't believe we would have plans

to include any identifiers in the dataset

that would allow linkage to any claims

or other encounter data.

If that's answering the question, hopefully.

- [Dale] Well, in the future depending on the volume

of data received, will there ever be a display

of individual identified states and programs

or is it all pretty much gonna be by program type?

- [Michael] We're expecting that we would display results

only by program type,

not identifying any individual programs

or state agencies

and that the data would be rolled up

to an overall state level.

- [Dale] Got it.

Right. Thank you.

So Melanie, there are a couple of questions

that have come in with respect to what is required

or not on the part of states or programs.

The first question comes from Sandra Maldonado

and she asks if they, and I am assuming this is a state

or possibly a HCBS program,
are required to notify

either AHRQ or CMS

that they don't have any
patients to send a survey to.

She indicates that there are a startup,

they're in the process

of attaining Medicare and
or CAHPS accreditation.

- [Melanie] Thanks Dale.

And so there is no current requirement

that states or any entity implement

or field the HCBS CAHPS survey,
it's completely voluntary.

So no, is the answer to your question

or would not be any requirement
for you to notify CMS

or that you don't currently have patients

to fill the survey.

- [Dale] Okay, thanks.

There's another question regarding

I know this is requirements,
but expectations.

And the question is whether
the idea behind HCBS

is to replace what's
called the MHSIP survey.

I'm not quite sure what that stands for.

Maybe you do Melanie, with HCBS.

The question of Cindy
Helstad says that it seems

like HCBS would be more inclusive

of consumers without a
state or county funding,

and whether or not this is
on the government's radar.

- [Melanie] So again,
administering HCBA CAHPS survey

right now is is 100% a
voluntary states can elect

to use those as one of the
tools that they're using

to assess the experience of
care for their HCBS population.

But it's in no way at
this point mandatory.

So it's not intended to replace any
of the states current tools at this point.

- [Dale] Okay. Got it.

Thank you.

Kathleen there're a few questions
that have been submitted regarding the use
of the survey, administering the survey.

This question again comes
from Gabrielle Katz,

and she asks if there's a way to determine
how much proxy involvement
there has been for each survey.

- [Kathleen] That's great.

Great question.

So survey sponsors or
vendors who had participated

both in the pilot

or that may be administering
the surveys currently

they often indicate who responded
with help from a proxy.

So, a state or program level
they'd be able to calculate that number.
We don't have the specific data
on how many responded with the proxy help
but just as reminder, proxies
may be used and a proxy's
someone who answers on behalf
of the program participants
and represents the
participants experiences,
not his or her own experiences.

And then if a participant
chooses to not to participate
that participant's wishes would be honored
and no proxy would be used.

And so approximate response
to the participant when the person agrees
and is willing to participate
but is not able to
respond to the questions.

And that's where Melanie was talking
about how unpaid family members, friends
or neighbors may meet this criteria,
but proxies may not be paid providers
of the participant services.

- [Dale] Okay. Thank you so much.

That was a very thorough answer.

There's another question
that I'm gonna direct

to you Kathleen again,
from Gabrielle Katz

who is asking about if
there's any evidence today

based on the HCBS survey
data that's been collected

regarding how well the
demographic questions

have been collected or filled out,

particularly related to ethnicity.

- [Kathleen] So again, we
don't have this specific

individual level of responses to be able

to provide that response exactly.

But I would say that there
has been many surveys

that are completed

and most states have
reported the high completion.

And that includes responses
to the about you section,

which asks about race and ethnicity.

So those questions included in the survey,

are you of Hispanic,
Latino, or Spanish origin?

And then there's other
questions that will ask

what is your race?

And it drills down into which
group best describes you.

And those are in the about you
section of the demographics.

- [Dale] Got it.

Melanie, I'm gonna direct
this question to you

because it relates to any
requirements that may exist

for users of the survey to work

with a vendor or organization
that has been certified.

Is there a list of certified vendors?

Can you comment on what the
requirements are if any,

with respect to you're
using a survey vendor

and their certification?

- [Melanie] Sure.

So as I said earlier,

use of the HCBS CAHPS survey is voluntary.

It's not required or
necessary to use a vendor

to administer the survey
or to submit survey data.

The CAHPS Database is also
open to all organizations

that are able to follow the
submission requirements.

At this time CMS does not approve vendors

for the HCBS CAHPS survey.

It is possible for the
survey data to be collected

by in-house staff of a state
agency or other sponsor

or through a commercial
survey research organization.

Regardless of which approach is taken,

there are some basic competencies
that must be present.

So for example,

the data collection effort
requires a data collection

entity to have computer
assisted telephone interviewing

and or computer assisted personal
interviewing capabilities.

Just in terms of how states would go about

sort of identifying a survey vendor,

states will need to decide
sort of how to accomplish

the data collection

but there's, if you do
decide to do in-house

or to utilize an external vendor

under the contract, your
in-house data collection

could involve using
existing state employees

or you could hire contract staff.

At this time there's no recommendation

by the Centers for Medicare
and Medicaid Services

for programs or states
to conduct a survey.

And as a result, there's no
standardized recommendations

or approved survey vendors.

- [Dale] Got it.

Thanks so much Melanie.

So Michael, I'm gonna come
to you now with a couple

of database-related questions.

The first has to do with
the research dataset

when it does become available,
or can you talk about what

is available now with respect
to the number of states,

how many respondents, et cetera.

- [Michael] As of now, we've had very limited participation in the database up to this point.

So I don't have hard numbers on number of participants,

but we will be looking forward

to being able to produce public reporting products

in the near future after the next data submission period.

At this current point, we are only providing

as I've mentioned in the presentation, private Excel reports

to the entities that have submitted data this current year.

- [Dale] Okay. So no research datasets

until there's a more complete set

of data that have been submitted by users of the survey.

And I think, you know one of the key messages

of this whole webcast is to encourage users

of the HCBS survey now and in the future

to submit their data

to basically avail themselves

of the benefits that you described.

All of this is very conservative of there's, you know

it's kind of a two-way street

that the database will become more useful

to the extent that users submit data.

And so we're really relying

on the user community
to make that possible.

One other question for you Michael.

When the data become more complete

and available for producing
research datasets,

will the de-identified
dataset include, for example

the demographic indicators
regarding racial ethnic

characteristics of respondents?

- [Michael] Yes. Current
plans are to include

the typical case mix adjustment items

that would include racial

and other age and other
demographic information.

That's correct.

- [Dale] Okay.

So I'm gonna continue to encourage all

of you to continue to submit data

or your questions, excuse
me, for the CAHPS Database

for HCBS and or issues related
to survey administration.

Michael let me just stick with
you for a few more minutes.

With respect to the opening

of the database in 2021
in October, how far back

will you accept HCBS CAHPS
results to be uploaded

as part of that submission?

- [Michael] As we had

mentioned, we're still actively
encouraging submission to the database
and then trying to see this database
as it is a new endeavor.

So current plans are to
accept data as far back

as July 1st, 2017 up through
December 31st of 2020

if it has not been previously submitted.

And again, this is just

into an effort to create as a
robust database as possible.

And again, be able to produce
the reporting products

as you mentioned such
as a research dataset.

- [Dale] Got it.

I think this question has been

in a sense answered
implicitly, but let me pose

the question to you Kathleen.

Is there any cost of using the survey

other than the actual
cost of administration?

- [Kathleen] The survey is available

to state the Medicare plans

that at no cost from CMS.

And so the tool right now, you can go

to Medicaid.gov on the website
and be able to download

both the CAHPS survey as well
as the employment module.

And then the costs that we've found

that have been associated is just related to administration.

So there might be startup costs associated with the vendor

or the staff time to program the survey

into an AHRQ or KP system.

And then again, for any data analysis that might be required

as part of your quality improvement plan.

- [Dale] Thank you.

And Caren, there's a question I think suited for you

with respect to the accessibility and use of the survey

outside of the United States.

Can it be used by other countries?

And this comes from, I think one

of our participants from the United Arab Emirates.

- [Ginsberg] Thanks for asking that question.

As you know,

there is a big use of CAHPS internationally,

actually the surveys that we produce

at CAHPS surveys here are very widely used internationally.

And I think in order to use this survey internationally

I think you'd have to really think about, you know how

whether it's applicable

to the program that you wanna measure.

And because the survey was developed and tested

for use in the United States
and only for US programs.

So I would ask first, if it's applicable

to what you need to do,
and if you want to use it

or do your own translation
for international use,

you'd have to ask AHRQ for permission.

I've never seen a situation

in which anybody's been denied permission

but if you write

to our technical assistance program

at CAHPS C-A-H-P-S1@westat
W-E-S-T-A-T.com,

they can help guide you

through how to ask permission

or and get you started on that process.

But yes, it's available
for you to use this.

I would urge caution and making sure

that the questions and the
concepts are appropriate

to your particular situation.

- [Dale] Very good.

I have a question here related
to the use of CAHPS data

and I'm assuming this is specific
to the HCBS CAHPS survey.

I'm gonna direct this to you Melanie.

Are there any examples

or can you imagine in
the future, any examples

of how the data collected

with this survey might be used
in value-based purchasing models?

This comes from Laura Vegas.

- [Melanie] Yeah, I did see the question
and I'm not thinking
of anything off the top of my head.

I would encourage you to
submit this question though
to the mailbox, because we can look back
at some of the work that
was done during CAHPS
and see if there are any specific examples
of states who use the CAHPS data
for value-based payment model.

- [Dale] And it is clearly
true to the extent that CMS
in other programs related
to other settings of care
like hospitals and health
plans, CAHPS data have been used
and are currently being used
in value-based programs.

Okay. I wanna just again,
encourage people as we wind down
toward the end of our hour to
continue to submit questions.

We had a few that were submitted
in the registration process.

I wanna just pose the question
with respect to what we know
given the uptake to date of the
survey about response rates.

And I believe Kathleen, this is a question

that you will be able to field
in terms of the use to date of the survey.

What kind of response
rates are people seeing
with the survey?

- [Kathleen] So just wanna
caveat that data's still coming
into the HCBS CAHPS Database.

So response rates,
as we have more information,
will be available

but what I can speak to
is the testing experience

and functional tools, response rates,

just in general response rates

for most surveys of older adults

and adults with disabilities
tend to be relatively low,

and response rates for the
testing had been about five

to 30% for the HCBS CAHPS survey,

but they may be higher
depending on the state

that had performed the testing.

And then during the HCBS
CAHPS survey testing in 2016,

Connecticut reported a 63% response rate

across HCBS programs.

And when you're thinking

about the response rates, the regions can

should consider past experience
administering other surveys

within your HCBS program
and with those participants.

So there might be other strategies
you might wanna consider

for maximizing response rates

that are using promotional communications,

such as a pre-notification
letter that would you include

on state letterhead or your
managed care plan letterhead

as well as informing case managers

so they can verify
legitimacy of the survey,

making calls to schedule
the interview appointments

and making several telephone call attempts

as well as allowing
for proxies to respond.

So those are just a few of the examples

and then more information can be found

on the Medicaid.gov. HCBS
CAHPS survey web page.

- [Dale] Great, thanks Kathleen.

So Melanie, there was a
question that came in earlier

regarding the ability
to add custom questions

to the survey.

Can you comment on what sort of guidelines

are in place for adding custom
questions to HCBS CAHPS?

- [Melanie] Sure.

So we do advise that survey
users to be very cautious

about making any modifications
to the HCBS CAHPS survey.

The survey can only be modified in very specific ways

and still be eligible to maintain the CAHPS trademark

and participate in the AHRQ HCBS CAHPS Database.

Users can send their survey

with proposed supplemental items to the AHRQ Westat team

prior to administering the survey

to make sure that the survey would still be eligible

for use of the CAHPS trademark and inclusion

in the HCBS CAHPS Database.

You can write to them at HCBSCAHPSDatabase@westat.com.

Just a little bit more information about that.

Questions should not be asked out of order

and question texts and answer options

shouldn't be deleted or altered.

Survey users can though tailor their survey

by adding questions after the core questions.

And then immediately

before the about you demographic section.

I would encourage you to reach out

if you have additional questions about those.

You can contact the CMS HCBS measures team

to discuss specific modifications

that you're considering at hcbsmeasures@lewin.com.

- [Dale] Thank you.

Caren I'm gonna ask you the question

that's been posed
regarding any comparability

that you can comment on
between the HCBS CAHPS content

and skilled nursing facility CAHPS.

Is there ability to do any sort

of comparison of those
two survey instruments?

- [Ginsberg] There are, I'm
assuming you're referring

to the Nursing Home CAHPS surveys

and there are three, is that right?

- [Dale] It doesn't specify.

Yeah, I think you should assume that.

- [Ginsberg] Yeah, there's
three nursing home surveys.

One for long stay residents
and for short-stay residents.

And then one that measures
the family members experience

in a nursing home connected
with their relatives,

their family members
stay in a nursing home.

So those are three surveys.

And well, I think that
there are probably questions

that are comparable.

I think the settings
are very, very different

and the populations that they're measuring

are different as well.

And so even if there's content,
that overlaps the settings
are different enough

that I would encourage
you to use the survey

in the setting that you're
most concerned with.

One thing that the HCBS survey
and the long-stay nursing home surveys
have in common are
in-person administration.

Those are the only two CAHPS surveys
that have that recommend
for in-person administration
or interviewer administration.

So that's a unique feature
of both of them unique to the CAHPS world.

- [Dale] Thanks Caren.

A question here
that I'm going to direct to Melanie.

I've been trying interpret the
question is from Hanna Klein

who is asking about whether this survey
and its requirement is
similar to the core question.

I'm assuming the core
set possibly required
or compiled for medicaid programs.

Because the question has to do with
if the data from this
survey are submitted,

does that in any way sort of qualify
as participation for a Medicaid program

on the core set.

I don't know if that's something that's

in your sort of wheelhouse
to answer, but give it a try.

- [Melanie] So again, use
of the HCBS CAHPS survey

is completely voluntary.

There is no CMS requirement

for states or other entities to use it.

So use of it would not
result at this point

in any additional rate in
terms of payment for Medicaid.

- [Dale] Yeah. And I can
confirm that in terms

of the current version
of the core measures

for adult Medicaid programs,

this particular survey is
not part of that course.

That gets updated annually.

So stay tuned.

Now I think we have run the table

on the questions that have
come in during the webcast

and those that were submitted
via the registration.

And with that, I'm gonna ask
for us to move toward sort

of a wrap up, and a number
of questions have been posed

that might require sort
of ongoing communication

and sort of being able
to receive information

from both AHRQ and CMS
regarding program updates,

CAHPS news, things about a
webcast, submission timelines,

et cetera, other products.

We wanna encourage all of you to sign up

for this email update program

that's managed by AHRQ.

And the way to do that is to go

onto the CAHPS site and
look for email updates

in the upper right-hand
corner of the screen.

And you basically hit that and you choose

from a number of programs
to receive information

and you would be selecting CAHPS,

the Consumer Assessment of
Healthcare Providers and Systems

to get ongoing email updates

on various programs including HCBS

and the HCBS CAHPS Database.

And if we can move to the last slide,

we've given this information out

throughout the course
of our webcast today.

But if you have questions,

if your questions did not get answered

or you have questions that occur to you

after the webcast concludes,

we encourage you to email
the HCBS CAHPS Database

email box at HCBSCAHPSTDatabase@westat
W-E-S-T-A-T.com.

We have a 1-800 number,
which is 1-855-580-4657

if you prefer to be in touch by phone.

And of course, the website

which is www.cahpsdatabase

that's D-A-T-A-B-A-S-E.ahrq.gov

which you can come to at any time

and look for information and
updates regarding this survey,

the database, what's available,
timelines for submission,

the requirements of submission

and any other questions
that you might have

about participating in the database.

And with that, I guess I
would just wanna again,

thank all of you for participating

in today's webcast and
especially Caren, and Melanie,

and Kathleen, and Michael
for your presentations.

We hope that do stay in touch with us

and continue to field your questions.

And we will do our best
to answer any requests

for information that come our way.

And with that, I'd just like

to on behalf of AHRQ and
CMS, thank you all again.

And this will conclude our webcast today,

and wishing you all a

great rest of your day.