

MN
2030

LOOKING
FORWARD

Status Check

SERVICE QUALITY AND STANDARDS

MINNESOTA BOARD ON AGING

AUGUST 8, 2017

REIMAGINING THE FUTURE OF AGING

The Minnesota Board on Aging, in partnership with the Minnesota Department of Human Services, is looking forward to 2030. Today marks the midpoint between our original vision for the long-term services and supports (LTSS) system, and the year that baby boomers start turning 85. It is truly a transformative time in our communities. To that end, we are revisiting our multi-year commitment to prepare for a permanently older society. Across all Minnesota communities, sectors and generations, we aim to refresh and refocus our efforts. In 2000 Minnesota worked with key stakeholders and developed a report called Reshaping Long-Term Care in Minnesota, known as the [Long-Term Care Task Force Report](#). The Long-Term Task Force Report identified six broad goals and 15 strategies to prioritize action. This Status Check document provides a snapshot of progress made and our current status in one of the goal areas:

#4: Align systems to support high quality and good outcomes.

Long-term services and supports (LTSS) refers to on-going supports that an individual needs due to a chronic health condition or disability. These services can be delivered in a person's home, in another community setting, or in an institutional setting. Currently, LTSS is the nationally recognized term for this range of services and is used by the federal government. The term home and community-based services (HCBS) refers to LTSS that are delivered in homes or other community-based settings, not in institutional settings.

Why is this important?

The Long-Term Care Task Force recognized that central to any effort to improve Minnesota's LTSS system must be a focus on achieving high standards in service quality. The task force recommended measuring the quality of services and quality of life for older Minnesotans across LTSS settings, from HCBS received in one's own home to services received in a nursing home. The task force emphasized the importance of consumer protection by ensuring adequate capacity for the Office of Ombudsman for Long-Term Care and protection for older adults through the Vulnerable Adults Act.

Where do we stand today?

Since the Long-Term Care Task Force report the state has made considerable progress measuring, improving and assuring the quality of LTSS used by older adults. Minnesota has led

the nation in these efforts related to nursing home services. The HCBS sector is learning from this work and developing similar capacity for HCBS quality initiatives.

Nursing Home Quality Initiatives

Nursing Home Report Card

In 2006, the Department of Human Services (DHS), Department of Health (MDH), the University of Minnesota and numerous stakeholders worked together to create the [Minnesota Nursing Home Report Card](#). Information included in the online Report Card is designed to provide important information to older Minnesotans and their families before choosing a nursing home. The Nursing Home Report Card has information that includes daily prices, including private pay charges, and allows people to compare facilities on eight quality measures (see measures below). Each facility has a score between 1 and 5 stars (5 being the best) for each quality measure.

- Resident quality of life
- Family satisfaction
- Clinical quality indicators
- State inspection results
- Hours of direct care
- Staff retention
- Use of temporary nursing staff and
- Proportion of beds in single bedrooms.

The Report Card is one of only two state nursing home rating websites to receive an “A” by the Informed Patient Institute (IPI). IPI cites the Minnesota’s Report Card wide range of quality and financial information, its unique function that allows users to prioritize the search based on what’s important to them, and its user-friendly interface. Resident quality of life in particular is information national focus groups prioritize for nursing home rating sites.

Nursing Home Performance-Based Incentive Program (PIPP)

Since July 1, 2006, the Nursing Home Performance-Based Incentive Payment Program (PIPP) has allowed nursing homes to apply for a time-limited rate increase in exchange for implementing a project to improve the nursing home’s quality. DHS uses a competitive application process to select which projects will be funded. Individual nursing homes or a collaboration of multiple homes are eligible to apply for PIPP funding. A nursing home may request a performance-based incentive payment of up to 5 percent of their operating payment rate, but providers must achieve measurable program outcomes to retain full funding. The rate add-on amount, duration, and outcomes are negotiated with DHS. DHS has funded projects to improve employee recruitment and retention, reduce the rate of falls among residents, improve clinical care and provide meaningful activities.

Nursing Home Quality Improvement Incentive Programs (QIIP)

The 2013 Legislature directed DHS to develop a Quality Improvement Incentive Program (QIIP) in consultation with stakeholders. The QIIP gives Medicaid (called Medical Assistance in Minnesota) certified nursing homes the opportunity to receive funds if they improve their quality. QIIP went into effect on October 1, 2015. QIIP is a broader quality incentive program than PIPP and is designed to be easier to participate in than PIPP. To participate in QIIP, a nursing home must select one quality measure to improve. Unlike PIPP, there is no competitive application process—to participate a nursing home only needs to select a single quality indicator and work to improve that measure. The amount of a nursing home's rate increase is based on the amount of improvement in the quality indicator relative to the previous year.

Nursing Home Value-Based Reimbursement

In 2015, the Minnesota legislature enacted major reforms to Medical Assistance nursing home reimbursement. This new system is commonly referred to as "Value-Based Reimbursement" (VBR). Under VBR, the daily per diem rate is a combination of cost-based and price-based rate components. VBR incorporates pay for performance by setting nursing homes' care-related payment rate limits based on their quality. In doing so, the state pays for higher costs if the services provided are of higher quality. An initial evaluation report of VBR has been published. ([Nursing Facility Payment Reform](#) - Report). DHS has recommended an on-going evaluation of VBR to fully understand the impact VBR is having on nursing home quality of care and life and its effectiveness in addressing workforce issues. Nursing homes file a detailed annual cost report which is used to establish payment rates.

Home and Community-Based Services Quality Initiatives

HCBS Performance-Based Incentive Payment Program (HCBS PIPP)

In 2013, the Minnesota Legislature authorized DHS to implement a one-time HCBS Performance-Based Incentive Payment Program (HCBS PIPP). The HCBS PIPP supported provider-initiated projects to improve the quality and efficiency of HCBS delivered to older adults and people with disabilities. The HCBS PIPP program was intended to improve the quality of life of HCBS participants, improve the quality of services and deliver good quality services more effectively. Providers selected through a competitive process to participate in the program were encouraged to identify a problem, take risks and implement innovations, develop goals and show evidence that their plan improved HCBS.

HCBS Quality Improvement Website

The purpose of the [HCBS Quality Improvement website](#) is to share resources and foster a learning community among HCBS providers. The website is a place for providers to connect

with each other, share experiences, and find ideas for future quality improvement projects. The website is part of a broader set of HCBS quality improvement initiatives which are a collaboration between DHS, providers, stakeholder groups, provider associations, and other state agencies to develop resources and foster learning communities on service quality.

National Core Indicators for Aging and Disabilities© (NCI-AD)

The NCI-AD is a standard survey used across participating states that analyzes the quality of life and outcomes of older adults and adults with physical disabilities—including traumatic or acquired brained injury (TBI/ABI). Face-to-face interviews are conducted with individuals who access publicly-funded services through Medical Assistance-funded HCBS programs and nursing home services, state-funded HCBS programs and/or Older Americans Act programs. Indicators are standard questions that review how individuals are doing who receive publicly funded LTSS and are grouped together into 18 broad domains. Domains include employment, respect/rights, service coordination, care coordination, choice, and health and safety. An example of an indicator around service coordination is: “Proportion of people who receive the services that they need.”

Looking Forward

The Long-Term Care Task Force prioritized work to “provide more and better information to consumers and their families about assisted living options, and help identify methods to help consumers compare services packages across different assisted living providers.” As recently as the 2017 legislative session, Governor Dayton proposed an assisted living report card, modeled after the highly successful nursing home report card, to provide consumers with more information about their assisted living options. The proposal would have surveyed existing assisted living residents using the NCI-AD survey and combined with other existing data to compare assisted living facilities on quality and other factors important to consumers. Although not passed by the 2017 Legislature, this proposal points to one of many opportunities ahead of us to measure, improve and assure the quality of all types of LTSS. Minnesota has developed a strong approach to measuring, improving and assuring the quality of nursing home services used by older adults. The capacity to undertake quality efforts in HCBS is not as established as those with nursing homes. Current trends show a greater proportion of older adults use and will continue to use HCBS compared to nursing home services. With that there is an opportunity for Minnesota to build and improve how to measure HCBS quality.

How can I learn more?

Join the conversation! Go to the [MN2030: Looking Forward](#) website to find out more about the initiative and how you can get involved. There you will find tools to help you be a part of the conversation to shape our state's future.