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Users' Guide to HCBS Explorer Home Care Quality Reports

EXECUTIVE OFFICE OF ELDER AFFAIRS
Promoting Your Independence

Contents

Contents

Introduction

Report Origins

A joint project of the Executive Office of Elder Affairs (EOEA) and the University of Massachusetts Medical School (UMMS), Home and Community Based Services (HCBS) Explorer now contains Home Care quality reports.

These reports were created to meet the requirements of the Centers for Medicare and Medicaid Services (CMS) for the Frail Elder Waiver programs, which include Choices / Waiver and Home Care Basic / Waiver. CMS requires that EOEA and ASAPs track waiver quality measures (WQMs). Previously, ASAPs and EOEA tracked these measures in a variety of ways. In addition, some agencies have had limited access to automated methods to review this data.

As a result, EOEA and UMMS are in the process of creating reports in HCBS Explorer—which draw on Senior Information Management System (SIMS) data. Ensuring consistency and uniformity, these reports give EOEA and ASAPs the ability to review the same reports with the same fields and calculation methods. And, as an automated system, the HCBS Explorer reports will streamline the tracking and reporting process.

Expanded Scope

Identifying the need to look at quality more broadly, EOEA has decided to expand the scope of quality reports to include all of the five Home Care programs—both waiver and non-waiver:

- Home Care Basic / Waiver
- Home Care Basic / Non-Waiver
- Respite / Over-Income
- ECOP / Non-Waiver
- Choices / Waiver

Because of the inclusion of non-waiver programs, Explorer reports are identified as Home Care quality, instead of waiver quality, reports. For the agencies' reference, the report selection screen includes each measure's WQM number (if applicable).

Accessing the Reports

To access the reports from HCBS Explorer, the user clicks the Program Monitoring and Quality Assurance folder and then clicks the Home Care Quality Reports link in the left region of the portal, as shown in Figure 1.

Figure 1. Location of Home Care Quality Reports

The user is taken to the report selection screen, shown in Figure 2, which allows the user to select the report and the period type: daily, monthly, and yearly, which are based on Home Care consumers' enrollment. Monthly data is available for the past 36 months and yearly data for the past three years.

Figure 2. Report Selection Screen

Health and Welfare

Overview

Reports

Four health and welfare reports currently are in HCBS Explorer:

- Health and Welfare 1: Abuse and Neglect (WQM 12)
- Health and Welfare 2: Housing Environmental Safety (WQM 13)
- Health and Welfare 3: Medication Administration (WQM 14)
- Health and Welfare 4: Falls

Purpose

The purpose of the reports is twofold:

1. To determine whether the health and welfare CDS questions[1] (listed in appendix A) are asked of all Home Care consumers every six months[2]
2. To identify consumers with positive responses to the health and welfare CDS questions—that is, consumers who have experienced abuse/neglect, housing risks, unmet needs with managing medications, and/or a history of falls—so that ASAPs can ensure that these consumers are receiving appropriate follow-up and assistance, as needed

Measures

Aligned with purpose 1—to determine whether the health and welfare CDS questions are asked every six months—the reports center on performance measures:

Home Care consumers were assessed every six months to identify

1. Concerns of abuse and neglect
2. Housing environmental safety risks
3. Concerns about managing medications
4. Their fall risk/frequency

Data sources

The data included in the health and welfare reports is from three assessment types: CDS-2-CM—Case Manager Comprehensive Data Set, CDS-2-RN—Registered Nursing Comprehensive Data Set, and CDS-2-Full—Comprehensive Data Set. (Data from the CDS-2-NF—Nursing Facility Comprehensive Data Set is not included in these reports.) Appendix A lists the CDS questions and the answer choices used in each report. In addition, the reports use Home Care enrollment data, such as the start, end, and termination dates.

Reporting period

Each report contains a daily, monthly, and yearly version. These reporting periods, or period types, are based on Home Care enrollments:

- **Daily:** The daily report includes Home Care consumers with an active enrollment on the last data refresh date, which is three days before the current date, in most cases
- **Monthly:** The monthly report includes Home Care consumers with an active enrollment for at least one day in the month selected by the user (monthly reports are refreshed overnight between the 14th and 15th of each month)
- **Yearly:** The yearly report includes Home Care consumers with an active enrollment for at least one day in the calendar year selected by the user

[1] Except for question 3868—who helps with medication management—which is included in the medication report to provide additional information on the consumers, especially to identify unmet needs.

[2] For reporting purposes, HCBS Explorer reports use seven, not six, months in the calculations. See the section on the time frame for more information.

If a consumer transferred from one Home Care program to another during the reporting month or year, then that consumer will be counted in his/her most recent program. The daily reports include consumers' current Home Care enrollment, as of the date that the data was refreshed.

Assessment data

Generally, the assessment data reflects the consumer's most recent assessment prior to the date that the data was refreshed in the daily reports and prior to the end of the reporting period in the monthly and yearly reports. If the CDS question was not answered in the consumer's most recent assessment, then the report retrieves the data from the most recent assessment with an answer to the question, even if the most recent assessment is outside of the reporting time frame.

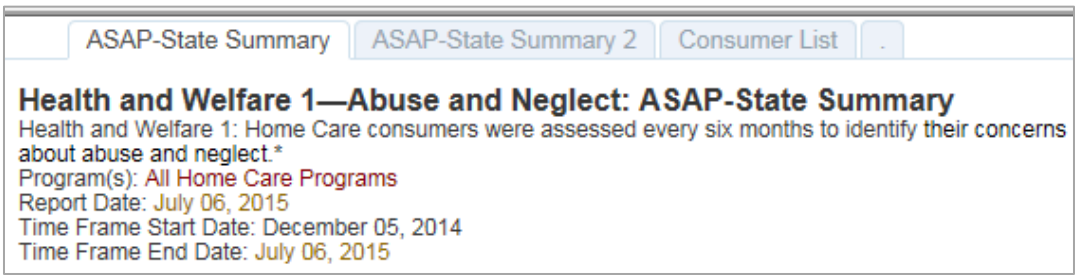
Time frame

All of the health and welfare reports refer to a time frame, which is based on the EOEA requirement that the CDS, including the health and welfare report questions, should be completed for each consumer at least every six months. The reports indicate whether the health and welfare CDS questions are answered in the required time frame.

Although the requirement is based on six months, the reports' calculations of the time frame use 213 days (or seven months) before the reporting period. The extra time beyond six months takes into account the guideline that assessments must be completed by the end of the month in which they are due.

The headings at the top of the daily report dashboards show the time frame start date and the time frame end date, as shown in Figure 3.

Figure 3. Daily Report Headings, with Time Frame Start and End Dates



These time frame start and end date headings are not in the monthly or yearly reports, because for terminated consumers, the time frame is relative to the end/termination dates. For example, if a consumer's Home Care enrollment was terminated on January 1, 2015, this date would be the time frame end date. For this consumer, June 2, 2014, would be the time frame

start date, because June 2, 2014, is 213 days before the consumer's termination date. The expectation is that this consumer would have been assessed sometime between June 2, 2014, and January 1, 2015. Table 1 provides more information.

Table 1. Assessment Time Frames

Period Type	Consumer Enrollment Status: Active[3]	Consumer Enrollment Status: Terminated
Daily	The time frame begins 213 days before the data refresh date and ends on the data refresh date	N/A—there are no consumers with terminated enrollments in the daily report
Monthly	The time frame begins 213 days before the last day of the month and ends on the last day of the month	The time frame begins 213 days before the end/termination date and ends on the end/termination date
Yearly	The time frame begins 213 days before the last day of the year and ends on the last day of the year	The time frame begins 213 days before the end/termination date and ends on the end/termination date

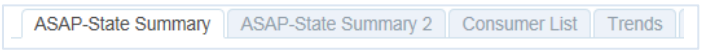
Yearly reports tend to have lower performance measure percentages than the monthly and daily reports. Yearly reports retain the terminated consumers who were assessed outside of the time frame, while daily and monthly reports do not include these consumers once the day or month that they were terminated has passed.

Report structure

Each report consists of dashboards, providing different data displays, which the user can access through clicking tabs at the top of the report, shown in Figure 4:

- ASAP-State Summary
- ASAP-State Summary 2
- Consumer List
- Trends (in the monthly and yearly reports)

Figure 4. Tabs



[3] Consumers' enrollment status is calculated by HCBS Explorer and can be either active or terminated. The "Enrollment Status" section of this document provides more information.

Filters

The filter panels listed in this section are in more than one dashboard. Other filters panels are available in the Consumer List dashboard and are discussed in the "Consumer List" section of this document.

The right side of the dashboard has a variety of filter panels. When a filter is selected, only the consumers that correspond with that selection are displayed in the dashboard. A user can select multiple filters simultaneously.

Period type

The user can select three period types:

- Daily
- Monthly
- Yearly

To switch among daily, monthly, and yearly reports, the user should return to the initial Home Care quality report selection screen and select a period type.

Period

When the user chooses the period type of monthly, 36 months appear in the period filter. The user then chooses a month and that month's report will display.

When the user chooses the period type of yearly, a list of calendar years appears in the period filter. The user then chooses a year and that year's report will appear.

Program(s)

The user can choose which Home Care programs to include in the report. In addition to choosing a single Home Care program, the user may select other options:

- **Home Care Basic Total,** which includes Home Care Basic / Waiver, Home Care Basic / Non-Waiver, and Respite / Over-Income
- **Waiver,** which includes Home Care Basic / Waiver and Choices / Waiver
- **Nursing Facility Eligible (Waiver + ECOP),** which includes Home Care Basic / Waiver, Choices / Waiver, and ECOP / Non-Waiver
- **All Home Care Programs,** which includes Home Care Basic / Waiver, Home Care Basic / Non-Waiver, Respite / Over-Income, Choices / Waiver, and ECOP / Non-Waiver

Agency

The user can choose his/her agency, as well as the Commonwealth.

Other filters

The Consumer List includes other filters, such as assessment status, and filters for the different CDS health and welfare questions. These filters are discussed in the "Consumer List" section of this document.

ASAP-State Summary

The ASAP-State Summary dashboard, shown in Figure 5, includes summary data for the state as a whole (the sum of all ASAP data) and the data for the individual ASAP. The basic structure of the ASAP-State Summary is the same across the health and welfare reports and each one focuses on one or two CDS questions:

- Total number of Home Care consumers
- Time frame results (including percentages), showing the number of consumers with an answer to the CDS question in and outside of the required time frame (213 days), as well as the number without an answer to the question
- Breakdown of the responses to the CDS question, depending on the report (including percentages)
- Results of the measure, including the percentage and the numerator and denominator that make up the percentage

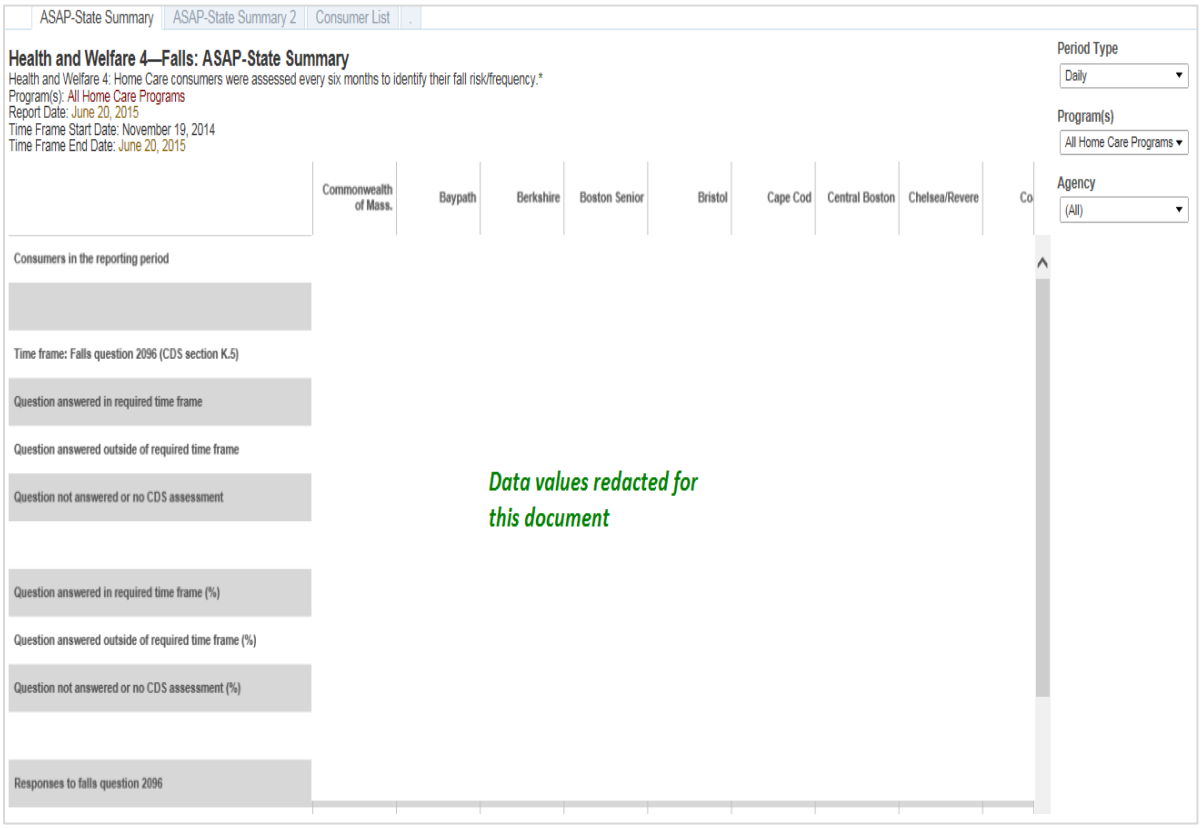
In the time frame results section of this dashboard, the total of the percentages should equal 100 percent but because of rounding, the total may be slightly higher or lower.

In some of the reports, in the section showing a breakdown of the responses to the CDS question, the percentages do not equal 100 percent—for example, in the health and welfare 1 report "Responses to abuse and neglect question 1242" section. Each percentage reflects the percentage of consumers with the corresponding answer to the question. The percentages in this section do not equal 100 percent for two reasons:

1. This grouping of percentages is a duplicated count of consumers, because CDS question 1242 is a multiple-selection question, which allows the assessor to choose more than one answer. Therefore, the same consumer could be counted more than once in this section.
2. The percentage who did not answer the question or who did not have a CDS is not included in this section.

For the same reasons, the totals in this section do not equal the total number of consumers.

Figure 5. Partial Screenshot of the ASAP-State Summary Dashboard[4]



ASAP-State Summary 2

The ASAP-State Summary 2 dashboard includes the same information as the ASAP-State Summary, except in a different format. It appears in the report to enable EOEA to have a quick view of the performance of all of the ASAPs. Because its data appears in the first dashboard, ASAPs may disregard the ASAP-State Summary 2.

Consumer List

The Consumer List dashboard, shown in Figure 6, provides details on each consumer counted in the report. When aggregated, these details make up the summary data in the ASAP-State Summary. Grouped by Home Care programs, the list includes each consumer's SIMS ID.

The assessment date displayed in the list may not correspond with the consumer's last assessment; the date is associated with the last assessment in which the applicable health and welfare question is answered.

Also listed are the Home Care enrollment dates: the daily report includes the start date; the monthly and yearly reports include the start, end, and termination dates (if the consumer's enrollment is active, the end and termination dates are blank).

[4] From the falls daily report.

In addition, the primary care manager and the assessor's name are included. The primary care manager is the *current* one; this should especially be noted when reviewing monthly and yearly reports. When a consumer's primary care manager changes, the older reports will display the current primary care manager, because SIMS does not store historical information for this field.

The response(s) to the applicable CDS question(s) are listed, depending on the report:

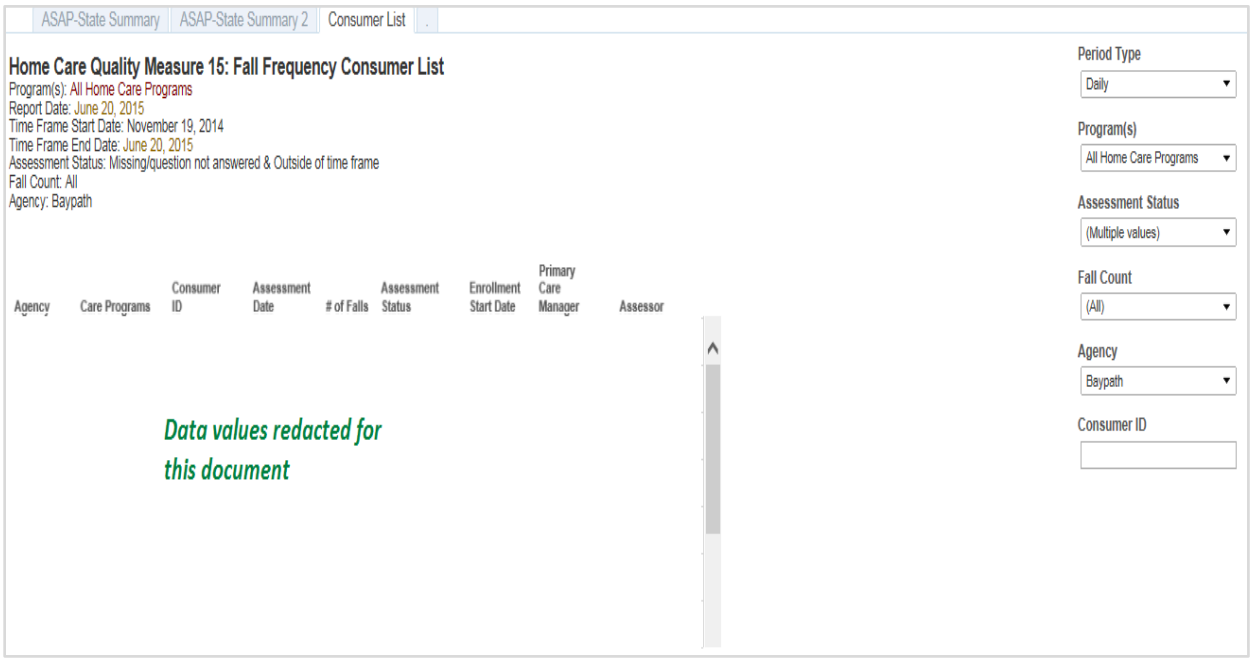
- Other status indicators[5]
- Housing risk
- Medication performance
- Medication supports
- Number of falls

The user can filter the data by the responses to these questions, using the filter panels on the right side of the dashboard.

Two other columns—and filters—are included:

- Assessment status
- Enrollment status

Figure 6. Partial Screenshot of the Consumer List Dashboard[6]



[5] Reflecting the terminology in the CDS, "other status indicators" is the name of the abuse and neglect question 1242.
[6] From the falls daily report.

Assessment status

The assessment status column and filter include three statuses:

- In time frame
- Outside of time frame
- Missing/question not answered

"In time frame" means that the health and welfare CDS question was answered within the report's time frame. "Outside of time frame" indicates that the question was asked before the beginning of the report's time frame.

"Missing/question not answered" means either that the consumer does not have an assessment or that there is an assessment but the health and welfare question that the report focuses on was not answered.

The Consumer List dashboard defaults to "outside of time frame" and "missing/question not answered." To view all of the consumers in the period, the user should also check the "in time frame" option in the assessment status filter panel.

Enrollment status

The enrollment status column and filter appear in the monthly and yearly reports. In these reports, the status is either "active" or "terminated." (This column is *not* the same as the status field in SIMS.)

If a consumer has an active Home Care enrollment on the last day of the reporting month or the last day of the year (depending on the period type—monthly or yearly), then the consumer is categorized as active. If the consumer's enrollment has an end or termination date on or before the last day of the month or the year, then the consumer is categorized as terminated.

For example, in the May 2015 reports, a consumer with an end or termination date of May 31, 2015, would be considered terminated. In the May 2015 reports, a consumer with an end or termination date of June 5, 2015, would be considered active; that consumer would be terminated in the June 2015 report.

Consumer ID

To use the consumer ID search box, the user types a SIMS consumer (or client) ID and presses enter, which will prompt HCBS Explorer to search for the ID in the Consumer List. If the ID is in the list, then that ID will appear. If the ID is not found, then the list will be blank. If the user types, for example, just two digits, such as "12," then all IDs with "12" anywhere within the ID will display.

The user should be aware that if nine digits are typed, instead of ten, those nine digits may match an unintended consumer with ten digits—the first nine of which match the searched-for

ID. After HCBS Explorer returns an ID, the ID should be double-checked to ensure that it corresponds to the consumer that the user is searching for.

It is also important to note that if the user enters a particular ID, the other filter selections will match that consumer's data, including the answer to the applicable health and welfare CDS question and that consumer's assessment status.

To reset the list, click the "x" in the consumer ID search box.

Medication supports—"Who helps with medication management?"

The medications report contains a medication supports search box for question 3868—who helps with medication management. The user can type in any of the response choices to the question to display all instances of that response. For example, the user could type "unmet." The report then displays all consumers with an unmet need with medication management, as well as all consumers who have both an unmet need and another response to the question, such as "informal," "other formal," or "met by ASAP."

Trends

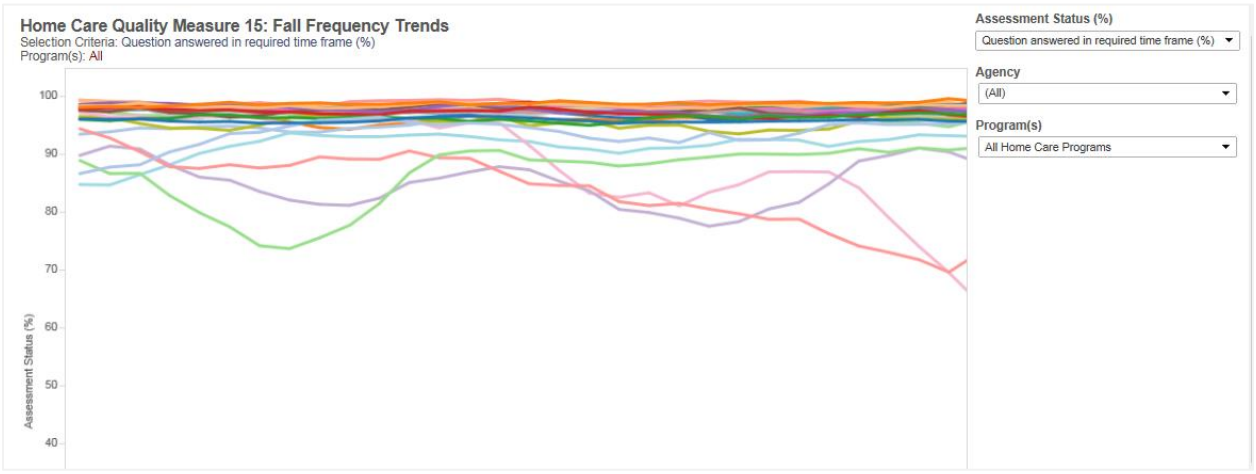
The Trends dashboard, shown in Figure 7, appears in the monthly and yearly reports. In this dashboard, a chart depicts the ASAP and state performance on the measures.

The chart is based on the assessment status filter in which one of the following can be selected:

- Question answered in required time frame (%)
- Question answered outside of required time frame (%)

Other filters in the Trends dashboard are agency and program(s).

Figure 7. Partial Screenshot of the Trends Dashboard[7]



[7] From the falls monthly report. ASAP users will see only their own agency's trend line, as well as the Commonwealth's.

Report Issues

The following describes data issues in the reports. A future release of the reports may address these issues.

Other agency assessments

The reports may include assessments conducted by other ASAPs—the assessor may be from another agency. The consumer's agency is not tied to the enrollment. The report retrieves the consumer's current default agency and then finds the last assessment with an answer to the relevant health and welfare question, which may have been completed by another agency.

Suspensions

Currently, the reports do not identify when a consumer is suspended within the reporting period.

New enrollments

If an enrollment start date is at the end of the month and an assessment is conducted at the beginning of the following month, the report will count that assessment as missing in the month of the enrollment start date. In the following month, the report will show that the assessment was completed.

Additional dashboard

An additional dashboard appears in the reports, which can be accessed through the last tab. Enabling the Consumer List to display data, this dashboard is similar to the Consumer List, except that it does not include headings and filters. The user can disregard this additional dashboard, since its purpose is only to support the functioning of the Consumer List.

Appendix A: Health and Welfare Reports and Corresponding CDS Questions/Responses

Report	WQM	CDS Question	CDS Response Choices
Health and Welfare 1—Abuse and Neglect	12	**1242,** Other status indicators *Question text:* Check all that apply *Question type:* Multiple selection[8] *CDS location:* Section K, Health Conditions and Preventive Health Measures, subsection 9, Other Status Indicators	• Fearful of a family member or caregiver • Unusually poor hygiene • Unexplained injuries, broken bones, or burns • Neglected, abused, or mistreated • Physically restrained (e.g., limbs restrained, used bed rails)[9] • None of the above
Health and Welfare 2—Housing Environmental Safety	13	**1264,** Home environment *Question text:* Check any of the following conditions that make the client's home environment hazardous or uninhabitable *Question type:* Multiple selection *CDS location:* Section O, Environmental Assessment, subsection 1, Home Environment	• Lighting in evening (including inadequate or no lighting in rooms) • Flooring/carpeting (e.g., holes in floor, electric wires where client walks) • Bathroom and toilet room (e.g., non-operating toilet, leaking pipes) • Kitchen (e.g., dangerous stove, inoperative refrigerator, rats or bugs) • Heating and cooling (e.g., too hot in summer, too cold in winter) • Personal safety (e.g., fear of violence, safety problem in going to mailbox) • Access to home (e.g., difficulty entering/leaving home) • Access to rooms in house (e.g., unable to climb stairs) • None of the above • Information not available
Health and Welfare 3—Medication Administration	14	**1084,** Performance code—managing medications *Question text:* Performance Code—Managing Medications: How medications are managed (e.g., remembering to take	• Independent—did on own • Some help—help some of the time • Full help—performed with help all of the time • By others—performed by others • Activity did not occur

[8] Multiple-selection questions allow for more than one response to be chosen.

[9] For conciseness and to conserve space, the HCBS Explorer reports do not include the "e.g." portions of the response choices.

Report	WQM	CDS Question	CDS Response Choices
		medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments) *Question type:* single selection[10] *CDS location:* Section H, Physical Functioning (IADL Performance In 7 Days/ADL Performance In 3 Days), subsection 1, IADL Self Performance	
Health and Welfare 3—Medication Administration	14	**3868,** Who helps with medication management?[11] *Question text:* Who helps with medication management? *Question type:* Multiple selection *CDS location:* Section H, Physical Functioning (IADL Performance In 7 Days/ADL Performance In 3 Days), subsection 1, IADL Self Performance	• Other formal • Informal • Unmet • Met by ASAP • No help needed
Health and Welfare 4—Falls	N/A[12]	**2096,** falls frequency *Question text:* Number of times fell in last 90 days (or since last assessment if less than 90 days) *Question type:* Numeric *CDS location:* Section K, Health Conditions and Preventive Health Measures, subsection 5, Falls Frequency	Any integer

[10] Single-selection questions allow for only one answer to be chosen.
[11] The Health and Welfare 3—Medication Administration report includes two CDS questions, unlike the other health and welfare reports, which include one.
[12] The falls measure is new, so there was no WQM associated with this measure.