

Unified Long-Term Care Budget
Quality Management/Assurance
Charter and Recommendations
March 13, 2008

Guiding principle – Do not add new levels of measurement where they currently exist (e.g., nursing homes complete the Minimum Data Set; home care agencies use the Outcome and Assessment Information Set) and be mindful of the cost and usefulness of data collected.

- **To explore the degree to which quality assurance systems can be integrated in a transformed long-term services and supports system and to recommend necessary improvements to the current system.**

1. Recommendations – Consumer Satisfaction:

- A. Apply consumer satisfaction across all long-term services and supports, using core questions and adding setting-specific questions.
- B. Develop a unified method of data collection related to satisfaction.
- C. Satisfaction should be measured by a third party (i.e., not the provider of service).
- D. In areas where satisfaction is not currently available as a measure of quality it should be developed.
- E. Satisfaction with smaller providers and consumer-directed services utilizing independent/individual providers should be available in aggregate form because confidentiality of responses cannot be ensured for a small number of consumers.
- F. Include all levels of service (e.g., home repair, homemaker, transportation in addition to nursing and personal care).

2. Recommendation – Outcome Measures:

Identify outcome measures that could be used across settings with specific application to the provider type and in consideration of other factors such as consumer age groups.

3. Recommendation – Financial Incentive:

Build incentives into public payment systems for all provider types, including quality and other measures such as serving hard-to-serve areas and populations. Incentives should use measurable quality indicators or criteria pertinent to the provider type, similar to the nursing home quality incentive payment as outlined in rule 5101:3-3-58 of the Ohio Administrative Code. The incentive should be formulated as an add-on payment to reimbursement.

4. Recommendation – Regulation:

- A. Regulatory data, where available, should be part of information available to consumers along with the quality measures.
- B. Identify provider types that are not regulated and explore whether licensing and periodic review would be appropriate as a means of demonstrating a minimum level of regulatory compliance.

- **To explore ways the CMS Quality Framework can be adapted for facility-based care providers as well as home-based providers.**

5. Recommendation – Quality Framework:

- A. Use the Quality Framework across all long-term care settings, acknowledging that it might not be possible to apply some parts of the matrix to individual independent providers but in those cases apply the Quality Framework to the system of independent providers.
- B. Utilize the Long-Term Care Consumer Guide to provide consumers with information about an expanded array of provider types and develop methods of increasing public awareness of the availability of information.
- C. Explore the use of technology for public awareness, education, and feedback (e.g., Web logs, bulletin boards)
- D. Utilize databases and IT systems that can extract data from current systems.
- E. Develop a reciprocal process across all systems that would recognize certification by another state agency resulting in a more efficient and flexible environment for providers in addressing consumer need.