

## WISCONSIN'S CONSUMER OUTCOMES SURVEY

### Abstract

*Family Care, Wisconsin's Medicaid managed long-term care waiver, fields a Consumer Outcomes Survey annually to a random sample of waiver participants. The survey is an adaptation of The Council for Quality and Leadership's consumer outcomes tool and focuses on whether program participant outcomes, as defined by the individual, are realized and whether services/supports are in place to facilitate these outcomes. The survey generates 14 outcomes within three domains (Self Determination and Choice, Community Integration, Health and Safety). The State shares information garnered from the surveys with the Care Management Organizations (CMOs — coordination and management entity for waiver services), uses the information to monitor changes in outcomes over time, shares the database with the CMOs and encourages them to conduct their own analyses, and meets with them to discuss baseline results and how to use consumer outcomes information to monitor and improve quality of care.*

### PRODUCT HIGHLIGHTS

- Annual survey of Medicaid HCBS waiver participants enrolled in Wisconsin's Family Care program, a managed long-term approach to providing services for elderly persons with disabilities and individuals with physical or developmental disabilities
- Focuses on whether program participant outcomes are realized
- Each outcome is ultimately defined by the waiver participant
- Based on information gathered during interview, the interview follows a specified protocol to decide if the program participant-defined outcome is present
- Interviewer also makes judgment whether services/supports are in place to facilitate program participant-defined outcomes
- Based on an adaptation of The Council for Quality and Leadership's consumer outcomes tool
- Random sample of program participants interviewed
- Department of Health and Family Services staff conduct interviews with program participants
- 14 Outcomes within 3 Domains
- Development of the Consumer Outcomes Survey
  - Many stakeholder meetings and work groups
  - Heavy involvement of consumers
  - Consensus about program participant-defined outcomes driving the system
- Domains and Outcomes
  - Self Determination and Choice Outcomes
    1. People are treated fairly
    2. People have privacy
    3. People have personal dignity and respect
    4. People choose their services
    5. People choose their daily routine
    6. People achieve their employment objectives
    7. People are satisfied with services
  - Community Integration Outcomes
    8. People choose where and with whom they live
    9. People participate in the life of the community
    10. People remain connected to informal support networks



- Health and Safety Outcomes
  11. People are free from abuse and neglect
  12. People have the best possible health
  13. People are safe
  14. People experience continuity and security

■ The Interviewing Process

- Interviewers are state staff trained in the Council’s approach
- Interviews are conducted face-to-face with the waiver participant, support staff and case manager
- The meaning of each outcome is defined by each individual program participant
- Interviewers determine whether each outcome is present or absent using the Council’s protocol

*Example: The outcome “people choose where and with whom they live” is present if: the person has options about where/with whom to live; the person decides where to live; and the person selects housemate(s).*

- Interviewers determine whether services/supports are in place to facilitate the person-determined outcomes

*Example: The service supports to facilitate participant choice of where/with whom to live are present if the Care Management Organization (CMO): knows where/with whom the person wants to live; supports the person to explore all options; acknowledges the persons preferences; and supports the person to address barriers.*

■ Use of Data

- An outcomes score is generated, summarizing the percent of outcomes deemed present
- Outcomes score is considered a Quality of Life indicator for the waiver participant
- A support score is generated, summarizing the percent of outcomes for which support is present
- Support score considered a measure of the quality of Family Care services/supports
- Data reports and database shared with CMOs
- CMOs encouraged to conduct their own analyses on outcomes data
- State monitors changes over time for entire program for each CMO (baseline versus subsequent surveys; individual CMO versus comparably-sized and -scoped CMOs)
- State staff meet with CMOs to discuss baseline results and how to use consumer outcomes information to monitor and improve quality of care
- Currently no benchmarks
- Goal is to establish standards for CMOs and hold them accountable (e.g., through contract performance standards, contracting requirements, and – when warranted – sanctions for poor performance)
- Outcomes data expected to guide CMO internal quality improvement activities

**LESSONS LEARNED**

- Before beginning data collection, brief providers on the process and content of the survey. Program participant surveys can be anxiety-provoking for providers, because they are being evaluated. Letting them know what you will be asking program participants, and how, will decrease their anxiety. Case managers and support staff can be your allies in gaining the participation of program participants.



- Before the survey begins, develop guidelines for persons scheduling the interviews and conducting them, and train them how to implement the guidelines. Develop a manual to which schedulers and interviewers can refer.
- Ensure the cultural competence of interviewers through training; it will increase rapport between interviewers and program participants, and result in a higher response rate and more valid information.
- Case managers can be helpful to schedulers in arranging interviews. But they can also present barriers if they are particularly sensitive to being evaluated by program participants. Train schedulers to make follow-up calls to program participants whose case managers report that they have refused to participate in the survey.
- Before the survey is fielded, decide who, besides the state, will have access to the information collected (providers? the public?) and whether it will include identifying information.

## PROGRAM CONTEXT

### Program:

*Family Care (Medicaid elderly with disability; individuals with physical or developmental disability)1*; administered and operated by Wisconsin Department of Health and Family Services under Medicaid 1915b/c Waiver Authority (Approved 6/2001; full operation 1/2002)

### Services Covered:

Traditional HCBS waiver services plus state plan home/community based long-term care services (home health, personal care attendant, supplies, DME)

### Persons Enrolled:

6700 in 5 counties

## ADDITIONAL PROGRAM INFORMATION

- A managed long-term care approach
- County-run Care Management Organizations (CMO) coordinate and manage LTC service delivery
- All community-based long-term care services capitated
  - CMOs receive single payment for all enrollees
- County-run Aging and Disability Resource Centers (RC)
  - Serve as a single entry point to public LTC system – “one-stop shopping”
  - Provide information and counseling about service options – public and private
  - Conduct eligibility screening (functional and financial) for Family Care and other public programs
- In Family Care Counties, the traditional HCBS waiver program is not available
  - Only other option is state plan LTC services
- Benefit to Family Care counties: no waiting lists
  - Entitlement for all who qualify

## QUALITY MANAGEMENT SYSTEM

While the Consumer Outcomes Survey, highlighted in this report, is the cornerstone of the Family Care quality management system, the state relies on several other mechanisms for assuring quality. Indeed, those who designed the quality management program were very intentional about balancing program participant feedback with other more traditional structure and process compliance approaches as well.

The county-run managed care organizations – the Care Management Organizations (CMOs) – must demonstrate to the state that they have the structures and processes in place that are required by state legislation, administrative rules and MCO contracts. On-site reviews are conducted by state staff prior to an initial contract with a CMO and as a condition of contract renewal.



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The State (or its contractor) also conducts Member-Centered Assessment and Plan reviews on a 5% sample of new and ongoing waiver participants annually. It includes participants identified at higher risk for health, safety and welfare problems. Reviewers follow a written protocol and use a standardized data collection form. Reviews focus on the extent to which waiver participant needs are met, service plan timelines are met, services coordinated, and assessment/planning are conducted consistent with a member-centered approach. At the conclusion of a review, written case-specific and summary reports are provided to the CMO.

Each county CMO receives an annual site review from the state, focusing on the CMO's quality assurance and quality improvement program. Included in the review is the adequacy of the CMO's provider network, its monitoring of provider performance, and its safety/risk policies and procedures.

Contracts with the CMOs specify multiple performance indicators/measures that the CMO must report on annually. These indicators are tied to program participant outcomes and focus on self-determination and program participant rights, community integration and social roles, and health and safety.

CMOs contracts also require they conduct at least one Performance Improvement Project annually. The focus of the project(s) must be on at least one program participant outcome: self-determination/choice; community integration; or health and safety. CMOs must develop specific measurable outcome indicators to measure the progress of their performance in the context of this project, and they are required to demonstrate improvement by the end of the following year. The program participant outcome that they choose must be a relevant concern for the CMO. They are required to have a data collection and analysis plan, and implement an improvement plan. State staff conduct an annual review of CMO outcome-focused performance improvement projects.

The State also monitors a series of population health indicators for Family Care members. These include 17 clinical, functional and preventive health measures. The data for generating these indicators come from already existing data sources that are

part of the State's data warehouse (i.e., the MMIS and the functional eligibility screen). The state hopes to set norms for these indicators after two to three years of monitoring the data.

The federal government, as one of the conditions of the waiver, has required Wisconsin to engage a contractor to conduct an independent assessment of the Family Care program. The State has contracted with the Innovative Resource Group for this purpose.

Finally, as part of its ongoing quality assurance and improvement activities, state program staff and consultants engaged by the CMOs provide technical assistance to both the CMOs and the Resource Centers on an as-needed basis. Technical assistance addresses problem areas and performance improvement.

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