



**HHSC: STAR+PLUS Pilot  
Program Workgroup  
(SPPPW) Quality  
Subcommittee  
September 9, 2021**

***This meeting was joined 20 minutes in progress.***

**Introductions and welcome.**

**Consideration of July 8, 2021, SPPPW Quality Subcommittee draft meeting minutes** The minutes were approved as written.

**Review of goals of SPPPW Quality Subcommittee.**

**Quality Subcommittee** - Purpose Utilize best practices and evidence-based care to provide high quality services at a reasonable cost to individuals with IDD or similar functional needs to ensure they can live successfully in the community in the most integrated setting. Quality Subcommittee –

**Goals**

	<b>Goals</b>	<b>Reference Title 4, Subtitle 1, Chapter 534</b>
1	The commission, in consultation and collaboration with the advisory committee and pilot program workgroup shall develop criteria regarding the selection of a managed care organization to participate in the pilot program.	534.1035 (a)
2	Review National Core Indicators applicable to identified population	534.105 (a)
3	National Quality Forum long-term services and supports measures	534.105(a)
4	Review other appropriate Consumer Assessment of Healthcare Providers and Systems measures	534.105(a)
5	The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall develop specific strategies and performance measures for achieving the identified goals. A proposed strategy may be evidence-based if there is an evidence-based strategy available for meeting the pilot program's goals.	534.105(b)
6	Recommend mechanisms to report, track and assess specific strategies and performance measures	534.105(c)
7	Make recommendations to HHSC external contractor regarding pilot program participants' feedback on their experience, including feedback on whether the pilot program was able to meet their unique support needs	534.1065(b)(4)(A)
8	Ensure that pilot program participants have a choice among acute care and comprehensive long-term services and supports providers and service delivery options, including the consumer direction model and comprehensive services model.	534.1065(b)(4)(D)
9	Set eligibility criterion expectations indicated in statute	534.1065(c)

The functional needs-based assessment (*My Life Plan*) in the pilot will be used to identify the pilot participants' strengths and needs and inform the service planning process. The functional needs-based assessment will be used in conjunction with a person-centered planning tool to develop a pilot participant's service plan. HHSC is pursuing use of the International Resident Assessment Instrument Intellectual Disability (interRAI ID) as the pilot functional needs-based assessment. • Form H6516 Community First Choice (CFC) Needs Assessment is identified as a backup assessment if funding is not secured to support the interRAI ID.

**From: HHSC:** *The My Life Plan Assessment* (Draft) was not available to the public at this time. It was shared as a confidential document to SP3W Quality Members to assist with their planning. Once the *My Life Plan* is finalized it will be available to share.

The document that the *My Life Plan* was modeled on can be purchased online. The interRAI Intellectual Disability (ID) Assessment System is a comprehensive, standardized instrument for evaluating the needs, strengths, and preferences of persons with intellectual or developmental disabilities. It is designed to inform comprehensive planning for support needs, outcome measurement, quality improvement, and case-mix classification to estimate relative resource intensity. The target population is all adults with intellectual or developmental disabilities aged 18 and over receiving services in the community (including residential services) or in institutional settings.

This book contains introductory material, an item-by-item guide for using the assessment form, and the assessment form itself.

All books and publications are printed on demand and **sold on a nonreturnable basis**.

Use of our instruments (forms) is permitted only by [written license](#) with interRAI; the purchase of a User's manual does not provide a use license.

For the latest approved editorial updates, please see our [Errata page](#).

For questions regarding your order, including special orders and bulk discounts, or discounts on materials to be used for training purposes, visit our [discount page](#), email [cservice@interRAI.org](mailto:cservice@interRAI.org), or call 866-595-5055 (in the United States) or +1-978-546-8475 (outside the United States).

[interRAI Intellectual Disability \(ID\) Assessment Form and User's Manual, \(Standard English Edition\), 9.2.1 | interRAI Catalog](#)

## Question/Answers/Comments



Is there a time frame for the life assessment? The governance process has occurred. We are on the path to use this in the STAR Plus Pilot Program. IT has reviewed it. The intention is to move forward with “My Life Plan” as it is. There has been involvement from stakeholders over time developing the Plan. We will learn from the operation of the pilot to determine if changes would have to be made.

What is really important is the medical and psychiatric advance directive. The “Other Things About Me” is another area for clarification. Don’t get stuck on what you don’t see in the document But look to see if it can be covered in other sections.

NCAPPS have adopted the five domains for staff involving person centered planning. This was developed from the National Quality Forum. Through a technical assistance grant we have developed the person centered plan. The technical assistance plan has brought national experts to the effort. There is a survey for the agency to identify how we are measuring person centered planning as an agency. The workgroup is quality life and measurement. We agreed to modify the national core indicators several years ago but some may have gotten lost in the transition from DADS to HHSC.

[Becoming a Person Centered Organization \(texas.gov\)](http://www.texas.gov)

We are measuring change in people’s lives and not just the inputs.

### **Person-centered planning.**

NCAPPS have adopted the five domains for staff involving person centered planning. This was developed from the [NQF: Home \(qualityforum.org\)](http://qualityforum.org), National Quality Forum. Through a technical assistance grant we have developed the person centered plan. The technical assistance plan has brought national experts to the effort. There is a survey for the agency to identify how we are measuring person centered planning as an agency. The workgroup is quality life and measurement. We agreed to modify the national core indicators several years ago but some may have gotten lost in the transition from DADS to HHSC.

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There was a section on communication for people who do not use traditional modes of communication

## **National Core Indicators review and input**

Chapter 534.105(a) of the statute charges the advisory committee and the pilot program workgroup to identify measurable goals to be achieved by the pilot program using appropriate survey products such as the National Core Indicators (NCI), The National Quality Forum (NQF) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS). Texas Health and Human Services Commission (HHSC) has informed the STAR+PLUS Pilot Program Workgroup and the Quality Subcommittee that an external contractor, ICHIP, has been engaged to implement this requirement of the statute. The Quality Subcommittee has invited subject matter experts, Dr. Soila Villareal and Jodi Fenner, on two separate Quality subcommittee meetings this year. Separately, as part of a small Quality subcommittee workgroup, subcommittee members met with the Director of NCI, Ms. Laura Vegas, and other members of her team on July 21, 2021 to learn more about the NCI surveys. The small workgroup also met as part of planning meeting with HHSC staff on August 24, 2021. Based on information from previous presentations and discussions with Ms. Vegas and her team the Quality Subcommittee recommends that HHSC explore the possibility of using the NCI IDD-In-Person Survey as part of the pilot program client experience, in conjunction with independent contractor (ICHIP).

The Subcommittee's recommendations are based on:

1. The need to have an evidence-based product to assess the quality and outcomes of services provided to individuals with IDD and similar conditions;
2. Discussion with Ms. Vegas, NCI Director, and her colleagues, which clarified that collection of data for this pilot population using the IDD-In-Person Survey instrument is possible. In addition, NCI offers the option of adding 10 statespecific questions;
3. No appearance of conflict between statute requirements assigned to ICHIP and the use of NCI IDD-In-Person Survey, which the Subcommittee visualizes as a supplement to the requirements charged to ICHIP. (The Subcommittee understands that upon further discussions, including those with ICHIP, the need for the NCI survey may be redundant)

## **Questions/Answers/Comments**

The state usually does a cycle doing NCI every other year. The cycle fell into the NCI aging and disability (AD). It doesn't have all the features of the NCI IDD. Maybe use the IDD for the pilot and access the family survey. There will be some people in the pilot with ID and DD or have other needs.



We would want access to a family survey. We could add a recommendation to include a family survey appropriate for adults. This could be recommendation 4 with the ability to amend it in the future..

HHSC stated that the evaluation was to include people enrolled in the pilot and family members. They will be included in the evaluation. The ICHIP people will be coming to the November workgroup meeting. We can table the suggestions until we have talked with the ICHIP people.

It was decided that there would be language clean up and it will be brought back in November.

**Public comment** No public comment was offered.

**Adjourn**. There being no further business, the meeting was adjourned.

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*This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.*

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