
CF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
FF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Requires Legislation?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Type of Request?	Department of Health Care Policy and Financing Prioritized Request				
Interagency Approval or Related Schedule 13s: None					



Cost and FTE

- The Department requests \$639,237 total funds, including \$280,869 General Fund and \$358,368 federal funds in FY 2017-18 and ongoing to improve member quality of care through enhanced patient assessment and performance improvement processes.

Current Program

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a series of patient surveys that rate health care experience satisfaction related to various measures including the communication efforts of doctors and nurses, pain management during a health care visit, and end of life care and considerations.
- The National Core Indicators (NCI) is a voluntary effort for states to measure and track their own performance, compare results across states, and establish national benchmarks. The initiative is designed to assess the performance of the Department's programs and delivery systems and improve services for older adults and individuals with physical and developmental disabilities.
- A Performance Improvement Project (PIP) is a quality improvement requirement implemented by regional provider entities and validated by the Department's external quality review organization (EQRO).

Problem or Opportunity

- CAHPS surveys are performed at the provider network level, which only allows the Department to identify and align the results with a corresponding region of the state. The survey results do not provide sufficient detail for a direct and meaningful intervention to mitigate shortfalls within a specific practice.
- The Department lacks the funds necessary to expand NCI surveys in FY 2017-18 for aging or disabled adults (referred to as NCI-AD surveys), which are valued surveys used to improve quality of services and strategic use of funds. The current NCI-AD pilot program, entirely through a federal grant, ends in FY 2016-17.
- Current NCI funding for individuals with intellectual and developmental disabilities (referred to as NCI-IDD surveys) provides for only one survey, which limits ability to track performance and affect change.
- The Department could be required under new federal Medicaid managed care rules to validate up to 57 PIPs annually, however, the current available funding is only sufficient to conduct 31 PIPs.

Consequences of the Problem

- If the Department is unable to implement the CAHPS survey at the practice level, the ability for process improvement and in identifying and reducing the sources of patient frustration and dissatisfaction is limited.
- If the Department is unable to implement and expand the NCI-AD and NCI-IDD surveys on a statewide basis, critical data for assessment and process improvement to improve services for older adults and individuals with physical and developmental disabilities would be limited or unavailable.
- If additional resources are not provided, the Department may be unable to fund the validation of the PIPs, risking non-compliance with federal regulations and opportunities for process improvement measures implemented by the regional provider entities could be missed or delayed.

Proposed Solution

- The Department would be able to more effectively identify the sources of patient dissatisfaction by conducting annual CAHPS surveys at the practice level, and then work collaboratively with the specific practice to improve the shortfalls identified in the survey results.
- Implementation of 6 NCI surveys on a permanent, statewide basis would provide critical data by which policy and programmatic strategies could be based to improve services for older adults and individuals with physical or developmental disabilities.
- With the requested funding, the Department would be able to fund the 26 additional PIP validations to support the continual process improvement of the provider entities.



COLORADO

Department of Health Care
Policy & Financing

FY 2017-18 Funding Request | November 1, 2016

John W. Hickenlooper
Governor

Susan E. Birch
Executive Director

Department Priority: R-13

Request Detail: Quality of Care & Performance Improvement Projects

Summary of Incremental Funding Change for FY 2017-18 and Ongoing	Total Funds	General Fund
Quality of Care & Performance Improvement Projects	\$639,237	\$280,269

Problem or Opportunity:

The Department does not have sufficient funding in its Professional Contracts line item to fund changes needed to measure member experience by conducting the Consumer Assessment of Healthcare Providers and Systems (CAHPS) adult and child surveys at the practice level, to implement and expand existing National Core Indicators surveys on a permanent, statewide basis, and to increase the number of Performance Improvement Projects (PIP).

Consumer Assessment of Healthcare Providers and Systems

The goal of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys is to provide performance feedback that is actionable and aid in improving overall member satisfaction. Through these surveys, health care experience satisfaction is rated using various measures including:

- Communication effectiveness of primary care physicians and specialists;
- Access to care, including appropriateness and timeliness of care; and
- Coordination of health care needs and integration of behavioral health treatment.

In addition, the surveys reflect whether prescription medication reconciliation, smoking cessation options, and neighborhood resource awareness were discussed or considered. The CAHPS surveys ask patients (or in some cases their families) about their experiences with, and ratings of, their health care providers and plans, including hospitals, home health care agencies, doctors, and health and drug plans, among others. The surveys focus on matters that patients themselves say are important to them and for which patients are the best, and sometimes only source of information.

The CAHPS patient surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. The surveys are conducted for physical health only, and are currently performed at the regional level. This allows the Department to identify and align the results with a corresponding region of the state but does not provide sufficient detail for a direct and meaningful intervention to mitigate identified

shortfalls at the individual provider level. Additionally, the current amount of CAHPS funding is only sufficient for annual sampling of either adults or children, but not both during a fiscal year.

Based on stakeholder feedback and an 8-month review of current practices in Colorado, the Health Impact on Lives: Health Improvement Subcommittee of the Program Improvement Advisory Committee (PIAC) recognized the limitation of administering the CAHPS survey statewide without attention to specific practices or primary care providers. The committee recommends that data from member satisfaction surveys be analyzed at both the individual provider and regional level to identify not only those providers offering exceptional care but also those providers who need improvement and the areas where interventions are needed.¹

National Core Indicators

The Department seeks to expand its ability to identify shortcomings in services that could be corrected if known. Without the availability of the National Core Indicators (NCI), the long term services and supports (LTSS) and intellectual and developmental disabilities (IDD) landscape would be dramatically impacted by lack of quality assessment necessary to improve care to the most vulnerable populations who need it. Currently, the existing NCI surveys have provided information that could be used by the Department to gain this information, but this is limited by the relatively small scale by which this can be employed. The Department is in need of further improving its quality strategy, but the funding available for the NCI projects is not sufficient to realize this goal. The Department conducts face-to-face surveys with randomly selected individuals receiving services. In addition, families are randomly selected for a survey by mail. Data from these interviews and surveys are used to create state reports about individual outcomes; health, welfare, and rights; staff stability and competency; family outcomes and system performance. A national report is generated as well as a report for each state. The State report, based on the data collected through the interviews and surveys, is issued annually and are publically available. States can use the reports to track their own performance over time, to compare results across states, and to establish national benchmarks. The Department currently engages in two types of surveys, NCI surveys for aging or disabled adults (hereafter referred to as NCI-AD surveys) and NCI surveys for individuals with intellectual and developmental disabilities (hereafter referred to as NCI-IDD surveys).

National Core Indicators - Aging and Disabilities

The National Core Indicators - Aging and Disabilities (NCI-AD) is an initiative designed to support states' interest in assessing the performance of their programs and delivery systems to improve services for older adults and individuals with physical disabilities. NCI-AD is a collaborative effort between the National Association of States United for Aging and Disabilities (NASUAD) and the Human Services Research Institute (HSRI). NCI-AD's primary aim is to collect and maintain valid and reliable data that give states a broad view of how publicly-funded services impact the quality of life and outcomes of service to recipients.

¹ The Department of Health Care Policy and Financing, Recommendation to the PIAC: Measuring Patient/Client Experience of Primary Care in ACC Phase II.

<https://www.colorado.gov/pacific/sites/default/files/Final%20Recommendation%20from%20Health%20Improvement%20to%20the%20PIAC%20February%202016.pdf>

Data for the project are gathered through annual in-person surveys administered to a sample of older adults and individuals with physical disabilities accessing publicly-funded services via skilled nursing facilities, Medicaid waivers, Medicaid state plans, and/or state-funded programs, as well as older adults served by Older Americans Act programs. The survey instrument includes a background survey, which gathers data about the consumer from agency records, and an in-person survey, which includes subjective satisfaction-related questions that can only be answered by the consumer, and objective questions that can be answered by the consumer, or if needed, their proxy.

After the data is collected, HSRI interprets data and provides a state-specific report that serves to support state efforts to strengthen Long Term Services and Supports (LTSS) policy, inform quality improvement activities, and compare their performance with national norms. All data is then published on the NCI website². For FY 2015-16 Colorado was able to secure federal grant funding through U.S. Department of Health and Human Services, Administration for Community Living, to test the survey tool in the state and determine its long-term applicability and effectiveness. The survey was conducted to over 400 respondents across four populations:

- Home and Community Based Services waiver program populations Elderly, Blind and Disabled (HCBS-EBD) and Brain Injury (HCBS-BI),
- Older Americans Act (OAA) population; and
- Accountable Care Collaborative: Medicare-Medicaid (ACC_MMP) program population.

The survey consists of more than 100 items and is administered in-person by a trained interviewer, with proxy respondents if the person receiving services cannot answer questions or prefers proxy responses.

National Core Indicators – Intellectual and Developmental Disabilities

National Core Indicators specific to intellectual and developmental disabilities were developed by HSRI and the National Association of State Directors of Developmental Disabilities Services as a means for public agencies who provide intellectual and developmental disabilities services to measure and track their own performance. States that participate in NCI-IDD pool their resources and knowledge to create performance monitoring systems, identify common performance indicators, collaborate on data collection strategies, and share results.

Through existing funding in FY 2015-16 the Department was able to conduct one face-to-face survey to assess the programs for individuals with developmental disabilities, and included interviews of the waiver program populations, Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS), as well as for the State Supported Living Services (State SLS) program population. The Department seeks to further its use of the NCI-IDD surveys to expand on its ability to identify issues and successes for overall system improvement and improved member experience with the systems of care. The Department currently has \$69,102 (\$34,551 General Fund and \$34,551 federal funds) of available funding in FY 2017-18 for the NCI-IDD project allowing for one face-to-face survey implementation for the programs for individuals with developmental disabilities. The Department lacks funding for additional interviews and flexibility of the survey structure for assessing IDD programs and for in-depth analysis of sub-populations.

² <http://www.nationalcoreindicators.org/>

Performance Improvement Project

A Performance Improvement Project (PIP) is a quality improvement requirement for all 19 regional provider entities that must first be validated by the Department's external quality review organization (EQRO). A PIP is a concentrated effort towards process improvement in the provider health care delivery system.

Following the validation process, the PIP is self-administered by each of the 19 regional provider entities listed below:

- Seven Regional Care Collaborative Organizations (RCCOs)³
- Five Behavioral Health Organizations (BHOs)
- Five Child Health Plan Plus (CHP+) program plans.
- Denver Health Medicaid Choice
- Rocky Mountain HMO

Typically, a PIP would direct the collection of sufficient data to clarify an issue or concern within the entity. A subsequent intervention is then designed and implemented to target improvements in the areas identified. Areas include both clinical and nonclinical areas and vary depending on the type of entity and the unique scope of services provided.

The Department needs funding for 57 PIP validations, but only 31 PIP validations are funded in FY 2017-18 and ongoing, which is insufficient to carry out the number of PIP validations necessary as indicted by Centers for Medicare and Medicaid Services (CMS). CMS issued final rules on May 6, 2016, intended to modernize the Medicaid managed care regulations including promoting quality of care and strengthening the efforts to reform the managed care delivery systems. Federal regulations at 42 CFR § 438.330(a)(2) states that "CMS may specify performance measures and PIPs which must be included in standard measures identified and PIPs required by the State" and 42 CFR §438.330(d) adds that the State must require managed care organizations to conduct performance improvement projects, including any performance improvement projects required by CMS that focus on both clinical and nonclinical areas. While the regulations are somewhat ambiguous in specifying a number of PIPs required annually, in the preamble of the May 6, 2016 final rule CMS states, "We assume that each MCO/PIHP will conduct at least 3 performance improvement projects." Therefore, the Department anticipates that three PIPs for each of the 12 managed care entities would be required annually resulting in a total of 36 PIP validations needed for the MCOs. Additionally, it is the Department's policy to apply the same level of quality standards to the seven fee-for-service RCCOs, therefore, 21 PIP validations in total annually would be needed for the RCCOs.

The Department received \$60,000 in additional funding for PIPs from FY 2016-17 BA-7 "Compliance with Proposed Federal Managed Care Regulations" request, which was based on proposed Medicaid managed care rules. It was assumed that the timeline for implementing the additional PIPs would be on a bi-annual basis. In addition, that budget request only included additional funding for PIPs for the MCOs, however, the Department did not request funding for additional PIPs for RCCOs, as it is the Department's policy to hold

³ Beginning July 1, 2018, the Department will transition RCCOs to "Regional Accountable Entities" (RAEs). See the Department's November 1, 2016 budget request R-6 "Delivery System and Payment Reform" for more information about the Department's Accountable Care Collaborative Phase II initiative. Although this request uses terminology from the existing ACC program, the Department would fully integrate the proposed programs in this request with the ACC Phase II program redesign.

the fee-for-service RCCOs to the same quality standards as the MCOs. The current funding only supports seven PIP validations for the RCCOs, which falls short of the 21 PIP validations needed for the Department to align with the federal policy for PIP validation for the MCOs.

Proposed Solution:

The Department requests \$639,237 total funds, including \$280,869 General Fund and \$358,368 federal funds in FY 2017-18 and ongoing in order to improve quality of care through enhanced consumer assessment and performance improvement processes.

Consumer Assessment of Healthcare Providers and Systems

The Department requests \$163,478 total funds, including \$81,739 General Fund and \$81,739 federal funds in FY 2017-18 and ongoing to conduct CAHPS surveys at the practice level which would enable the Department to identify sources of patient dissatisfaction and then work collaboratively with the specific practice to improve the areas identified in the survey results. The requested funding would permit the surveys to be conducted to both adults and children on an annual basis.

The Department would conduct the CAHPS surveys at the provider level beginning in FY 2017-18. Conducting the surveys at the provider level in advance of the ACC Phase II implementation would promote advanced understanding and experience of the methodology, protocols and challenges for surveying at such a granular level. The Department would include a broad sample of providers, including rural and urban provider groups and Federally Qualified Health Centers.

National Core Indicators

The Department requests \$345,759 total funds, including \$179,130 General Fund and \$166,629 federal funds in FY 2017-18 and ongoing for the implementation of five additional NCI surveys (four NCI-AD surveys and 1 additional NCI-IDD survey) on a permanent statewide basis, and includes a funding adjustment to address cost increases for the existing NCI-IDD survey.

National Core Indicators - Aging and Disabilities

With the requested funding for four NCI-AD surveys, the Department intends to leverage lessons learned during the pilot to accomplish a full-production rollout of the NCI-AD as an outcome measure in its federally required Quality Improvement Strategy (QIS) in the HCBS-EBD waiver program. The HCBS-EBD waiver program is the Department's single biggest HCBS waiver in terms of the number of individuals using services. The Department expects that through the process of waiver simplification outlined in the recommendation of the Community Living Advisory Group (CLAG) that ultimately this would lead to the NCI-AD being used for QIS for all adult waivers.

The Department has been able to make interesting comparisons between other states under the pilot, however, the pilot sampling frame is inadequate for use in federally approved waiver quality monitoring. The Department intends to continue and enhance its surveys of members within the Department of Human Services administered Older Americans' Act programs, the HCBS-EBD waiver program, the Accountable Care Collaborative: Medicare-Medicaid program, and the HCBS-BI program. Further, this request would allow the Department the flexibility to structure surveys for a specific waiver program, for specific populations across several program, or for sub-populations within a specific program. For example, an

assessment of members with co-occurring diagnosis that includes behavioral health problems could be designed for a cross-section of programs and include the HCBS Community Mental Health Supports (CMHS) program, residents of skilled nursing facilities, and enrollees in the PACE program.

National Core Indicators – Intellectual and Developmental Disabilities

Expanding to two NCI-IDD surveys would increase the availability of system performance data would strengthen Colorado’s ability to administer key long term support programs for individuals with intellectual disabilities. NCI-IDD has been instrumental in facilitating collaboration between state developmental disabilities (DD) agencies on the identification of service delivery trends, policy planning and development of mutual strategies to improve the well-being of those receiving services. Performance data on service outcomes, particularly those that are meaningful to people with disabilities, such as choice, relationships, community participation and employment, make it possible to determine the extent to which the values that underpin the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and state laws are manifested in the lives of those served.

Performance Improvement Project

The Department requests \$130,000 total funds, including \$20,000 General Fund and \$110,000 federal funds for FY 2017-18 and ongoing for 26 additional PIP validations, which would allow for validation of a total of 57 PIPs annually. The validation of the additional PIPs places the Department in compliance with new federal regulations, aligns quality standard processes for the RCCOs with the MCOs, and facilitates implementation of process improvement measures by regional provider entities.

Anticipated Outcomes:

This request links to the Department's Performance Plan and its specific strategic policy initiative of operational excellence. The transformation of the CAHPS survey program, by providing the Department with clear, actionable data sufficient for meaningful interventions, reflects the Department's core value of continuous improvement. This transformation, along with the additional implementation of PIPs required by federal statute, strengthens the Department as a model of compliant, efficient and effective business practices that are person- and family-centered.

Consumer Assessment of Healthcare Providers and Systems

Conducting the CAHPS surveys at the practice, clinic, or institution level would allow the Department to identify areas of dissatisfaction at the point of service and then provide the specific practice, clinic or institution with the concrete and personalized evidence needed to foster change in a more targeted and timely manner. Since the Accountable Care Collaborative launch in 2011, progress has largely been measured by whether Medicaid costs or the use of certain services have declined, such as emergency room visits or high-cost tests such as MRIs. The program has also reported on the use of services among Colorado enrollees with chronic diseases such as diabetes and hypertension. The CAHPS data complements these metrics by providing a baseline measurement for understanding the patient’s experience of care. Ongoing annual CAHPS surveys would help the Department understand how patients perceive the quality of their care and whether their perceptions change over time.

National Core Indicators

National Core Indicators – Aging & Disabilities

The NCI-AD program brings an important value proposition to the field of aging and disability services through development of indicators and outcomes that assess quality of life, community integration, and person-centered services. The program would help address long-recognized gaps in assessing outcomes in LTSS service systems that go beyond measures of health and safety to address important social, community, and person-centered goals as well as quality of life.

The NCI-AD aligns with the Department's performance plan by promoting community living and striving toward the goal of an enhanced quality of life and community experience for individuals and families. The Department supports the National Quality Forum's Home and Community-Based Services (NQF-HCBS) quality measurement recommendations which state that measurement should be approached at three levels: at the level of the person receiving HCBS, at the level of service provision, and at the systems level. According to NQF, the NCI-AD most closely assesses the constructs defined within this type of measurement.⁴

The NCI-AD survey provides hard data on whether LTSS is improving the lives of members, as perceived directly and subjectively by the members receiving services. Whether people receiving services report that their lives are improved through their access to those services is possibly the most important measure of quality that HCPF could conceivably measure. However, the current QIS is comprised solely of process measures and contains no measure currently that addresses member experience of access to services. While maintaining non-subjective process measures in its waiver, QIS is an important part Department's quality monitoring, the addition of NCI-AD to QIS fills a large gap, and would be a large improvement in the accountability of HCPF to people in services.

The NCI-AD aligns with the Department's performance plan by promoting community living and striving toward the goal of an enhanced quality of life and community experience for individuals and families. The Department supports the National Quality Forum's Home and Community-Based Services (NQF-HCBS) quality measurement recommendations which state that measurement should be approached at three levels: at the level of the person receiving HCBS, at the level of service provision, and at the systems level. According to NQF, the NCI-AD most closely assesses the constructs defined within this type of measurement.

National Core Indicators – Intellectual and Developmental Disabilities

Expanded participation in the NCI program would improve the performance of the programs in the Division for Intellectual and Developmental Disabilities (DIDD) by utilizing nationally recognized standardized outcome measures to better measure and evaluate the performance and effectiveness of the developmental disabilities system in Colorado. The data obtained through this project would assist the Department in identifying service gaps or developmental disabilities systems issues, and support improvements to policy, processes and quality improvement efforts as well as federally required quality and evaluation activities for the Medicaid waiver programs. The NCI collaboration seeks to share information in a variety of formats to

⁴National Quality Forum, Measuring HCBS Quality. http://www.qualityforum.org/Measuring_HCBS_Quality.aspx

maximize the use of findings for quality improvement and policy change. Data from NCI are aggregated and used to support state efforts to strengthen long term care policy, inform the conduct of quality assurance activities, and compare performance with national norms. Additionally, NCI data have been used as the basis of data briefs on specific areas of interest such as employment, dual diagnosis, self-directed services, and autism spectrum disorders.

Performance Improvement Project

This component of the request aligns with the Department's FY 2016-17 Performance Plan strategy to support statewide efforts to improve population health by identifying problem areas of the provider network health care delivery system and intervening for targeted improvements. The validation of additional PIPs complies with federal regulation and furthers the Department's goal towards continuous quality improvement in line with the Department's mission and the Triple Aim component of person-centeredness toward better care-quality for its members.

The following is an example of how the PIP is used to promote improvements and improved outcomes regarding access to services. Data for a BHO showed that children and teens in their region had a much lower utilization rate of behavioral health services than other BHOs across the state. The BHO addressed this issue through a PIP. The PIP supported healthy living initiative goals of improved screening, diagnosis, referral and treatment for depression among adolescents. Goals of this PIP were to improve processes related to service access for the youth population and to increase treatment utilization, as demonstrated by an increase in overall penetration rates. This study topic addressed access to a broad range of mental health services including screening, referral, assessment and treatment. The provider convened an internal core task group and held a number of stakeholder to identify barriers to mental health access and potential interventions. In addition, parent focus groups were held.

Key interventions for this PIP included:

- Creation of a flyer for newly enrolled members about early warning signs that children may need mental health referrals and information about how to access mental health services
- Collaboration between crisis service agencies, the BHO and RCCO Primary Care Providers to refer youth to mental health services
- Reorganization within the BHO to provide immediate assistance to parents/children who need a mental health appointment or services.
- Quarterly articles in the agency newsletter, produced in English and Spanish, regarding importance of accessing MH services for children with the BHO contact number prominently displayed.
- The regional RCCO included BHO contact phone numbers in monthly online newsletters.

After interventions specified through the PIP were implemented there was a 26% increase in utilizers of behavioral health services between baseline and re-measurement, and because the implementation is built into the entities' business model, the Department expects the baseline to be re-established at a higher number.

Assumptions and Calculations:

Detailed calculations of this request are included in the attached appendix. Table 1 in the appendix lists the components of this request along with their respective dollar amounts. Table 2 shows the incremental request by component.

Consumer Assessment of Healthcare Providers and Systems

The Department estimates it would need a \$163,478 incremental increase in total funds in FY 2017-18 and ongoing for the increased workload required for the enhance CAHPS survey operations. The total cost of conducting the CAHPS is \$389,403, based on an estimate provided to the Department by its external quality review organization (EQRO) and consists of an annual sampling size of 13,200 children and 10,800 adults.

National Core Indicators

The Department is requesting \$340,622 total funds to expand the NCI project. The total cost of the new NCI components is \$409,724; however, the Department currently has funding for NCI-IDD in the Division of Intellectual Developmental Disabilities, Operating Expenses line item for \$69,102 (\$34,551 General Fund and \$34,551 federal funds). This request proposes to consolidate this funding under the Professional Contracts line item for administrative efficiencies. Both the NCI-IDD and NCI-AD projects are managed under through a single unit in the Department. Additionally, the Department contracts with one vendor to administer both the NCI-IDD and NCI-AD projects, thus, consolidating funding in one line would facilitate more effective contract management and simplify administrative processes.

To obtain federal approval, it is necessary that HCBS-EBD, now only a subset of a statistically significant sample, have enough survey observations to be independently statistically significant at the 95% level with a 5% confidence interval. The recommended sample size is 411 face-to-face interviews for each survey. NCI-AD is useful for management oversight to continue to sample other populations in addition to HCBS-EBD, so that comparisons in quality can be made between and among different Departmental programs.

Table 6.2 shows the key components of the \$235,500 NCI-AD project costs based on the current FY 2016-17 contract for the grant funded pilot project. The Department is proposing to contract with a vendor to conduct four surveys annually, including 411 face-to-face interviews for each survey at \$125.00 per interview. The cost per survey is \$51,375. Out of the funding for 1,644 (4 surveys x 411 interviews) NCI-AD interviews, the Department estimates that 100 members in the sample from the Older Americans Act population would not qualify for Medicaid, therefore, the cost of the interviews for this group would be supported with General Fund only, as shown in table 2, row C. Table 6.3 shows the key components of the NCI-IDD project costs of \$143,025 and includes the cost of two surveys of 411 face-to-face interviews each at \$137.50 per interview.

Performance Improvement Projects

The Department estimates, as shown in tables 3.1 in the appendix, it would need \$130,000 total funds including \$20,000 General Fund in FY 2017-18 and ongoing for 26 additional PIP validations to be performed by the Department's EQRO contractor. Table 7 shows the applicable federal financial participation (FFP) for the PIPs. An enhanced FFP of 75% is available for the validation of MCO PIPs and a FFP of 50% for the RCCO PIPs. Table 8 shows the approximate cost of a PIP validation at \$5,000 and the maximum number of PIP validations on a yearly basis is 57 (three PIPS per each of the 19 provider network

entities). The Department currently has available funding for thirty-one PIPs, which falls short of the necessary funding needed to conduct 57 PIP validations on an annual basis.

R-13 Quality of Care and Performance Improvement Projects
Appendix A: Assumptions and Calculations

Table 1.1 - Summary by Line Item FY 2017-18							
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Federal Funds	Source
A	Total Request	\$639,237	0.0	\$280,869	\$0	\$358,368	Row B + Row C
B	(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$708,339	0.0	\$315,420	\$0	\$392,919	Table 2, Row E + Table 3.3, Row B (see Row C below)
C	(4) Office of Community Living; (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs, Operating Expenses	(\$69,102)	0.0	(\$34,551)	\$0	(\$34,551)	Table 3.3, Row B * (-1); Transfer of funds for NCI-IDD to Professional Services line

Table 1.2 - Summary by Line Item FY 2018-19 and Ongoing							
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Federal Funds	Source
A	Total Request	\$639,237	0.0	\$280,869	\$0	\$358,368	Row B + Row C
B	(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$708,339	0.0	\$315,420	\$0	\$392,919	Table 2, Row E + Table 3.3, Row B (see Row C below)
C	(4) Office of Community Living; (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs, Operating Expenses	(\$69,102)	0.0	(\$34,551)	\$0	(\$34,551)	Table 3.3, Row B * (-1); Transfer of funds for NCI-IDD to Professional Services line

R-13 Quality of Care and Performance Improvement Projects
Appendix A: Assumptions and Calculations

Table 2 - Summary of Request with Fund Splits FY 2017-18 and ongoing								
Row	Description of Activity	Acronym	Total Funds	General Funds	Cash Funds	Federal Funds	FFP	Source
A	Consumer Assessment of Healthcare Providers & Systems	CAHPS	\$163,478	\$81,739	\$0	\$81,739	50.00%	Table 3.1, Row A
B	National Core Indicators - Surveys - Medicaid Eligible	NCI-IDD NCI-AD	\$333,259	\$166,630	\$0	\$166,629	50.00%	Table 3.1 Row B, - Table 2, Row C
C	National Core Indicators - AD Non-Medicaid Older American's Act (OAA) Surveys	NCI-AD only	\$12,500	\$12,500	\$0	\$0	0.00%	Approximately 100 individuals of OAA population are not Medicaid eligible.
D	Performance Improvement Projects	PIPs	\$130,000	\$20,000	\$0	\$110,000	Blend	Table 7, Row E
E	Total Request		\$639,237	\$280,869	\$0	\$358,368	Blend	Sum of Rows A through D

R-13 Quality of Care and Performance Improvement Projects
Appendix A: Assumptions and Calculations

Table 3.1 - Incremental Request FY 2017-18 and Ongoing				
Row	Description of Activity	Acronym	Total	Notes
A	Consumer Assessment of Healthcare Providers & Systems	CAHPS	\$163,478	Table 3.2, Row A - Table 3.3, Row A
B	National Core Indicators - Surveys	NCI-IDD NCI-AD	\$345,759	Table 3.2, Row B - Table 3.3, Row B
C	Performance Improvement Project	PIPs	\$130,000	Table 3.2, Row C - Table 3.3, Row C
D	Total Incremental Request		\$639,237	Row A + Row B + Row C

Table 3.2 - Total Estimated Cost of Program Implementation FY 2017-18 and Ongoing				
Row	Description of Activity	Acronym	Total	Notes
A	Consumer Assessment of Healthcare Providers & Systems	CAHPS	\$389,403	Table 4, Row C
B	National Core Indicators - Surveys	NCI-IDD NCI-AD	\$414,861	Table 5, Row E
C	Performance Improvement Project	PIPs	\$285,000	Table 7, Row C
D	Total Estimated Cost of Program Implementation		\$1,089,264	Row A + Row B + Row C

Table 3.3 - Total Base Funding Available FY 2017-18				
Row	Description of Activity	Acronym	Total	Notes
A	Consumer Assessment of Healthcare Providers & Systems	CAHPS	\$225,925	Current program measures patient experience at the entity level. Also, funding is only sufficient for either adults or children on annual basis.
B	National Core Indicators - Surveys	NCI-IDD NCI-AD	\$69,102	FY 2014-15 R-16 "New Operational and Membership Funds for the Division for Developmental Disabilities"
C	Performance Improvement Project	PIPs	\$155,000	Existing funding for validations of one annual PIPs for each of the nineteen entities (DH, Rocky, RCCOs, BHOs, CHP+). Plus, additional funding for an additional 12 PIPs from FY 2016-17 S-7, BA-7 "Compliance with Proposed Federal Managed Care Regulations"
D	Total Base Funding Available		\$450,027	Row A + Row B + Row C

R-13 Quality of Care and Performance Improvement Projects
Appendix A: Assumptions and Calculations

Table 4 - Consumer Assessment of Healthcare Providers & Systems (CAHPS)				
Total Estimated Cost of Program Implementation				
FY 2017-18 and Ongoing				
Row	Description	Sample Size	Cost	Notes
A	CAHPS surveys and annual report - Children	13,200	\$225,925	Actual cost of conducting the FY 2015-16 CAHPS surveys and annual report completed by the Department's external quality review organization (EQRO)
B	CAHPS surveys and annual report - Adults	10,800	\$163,478	Estimate of additional costs for expanding sample size to include adults and to compile data at the provider/practice level; estimate provided by EQRO and submitted to the Department's Quality and Health Improvement
C	Total	24,000	\$389,403	Row A + Row B

R-13 Quality of Care and Performance Improvement Projects
Appendix A: Assumptions and Calculations

Table 5 - Summary of Costs - National Core Indicators (NCI) Survey Program FY 2017-18 and Ongoing			
Row	Description	Amount	Notes
A	Cost of NCI Surveys	\$378,525	Table 6.1, Row C
B	NCI-IDD Annual Participation Fee	\$15,000	Paid to National Association of State Directors of Developmental Disabilities Services (NASDDDS)
C	NCI-AD Annual Participation Fee	\$15,000	Paid to National Association of States United for Aging and Disabilities (NASUAD)
D	Mailing of Pre-Notification Letter	\$6,336	Letter sent to all potential participants by Integrated Document Solutions (IDS)
E	Total Cost of NCI Survey Program	\$414,861	SUM (Row A: Row D)

R-13 Quality of Care and Performance Improvement Projects
Appendix A: Assumptions and Calculations

Table 6.1 - Summary of Survey Costs - National Core Indicators (NCI) Surveys FY 2017-18 and Ongoing			
Row	Description	Amount	Notes
A	Total Cost of NCI-AD Surveys	\$235,500	Table 6.2, Row I
B	Total Cost of NCI-IDD Surveys	\$143,025	Table 6.3, Row I
C	Total Cost of NCI Surveys	\$378,525	Row A + Row B

Table 6.2 - National Core Indicators-Aging & Disabilities (NCI-AD) Surveys FY 2017-18 and Ongoing			
Row	Description	Amount	Notes
A	Survey Sample Size	411	Statistical significant sample size
B	Cost Per Interview	\$125.00	The Department's contract with NCI-IDD survey vendor in FY 2016-17.
C	NCI-AD Base Survey Rate	\$51,375	Row A * Row B
D	Number of Annual NCI-AD Surveys	4	Number of surveys for target populations
E	Subtotal Cost of Surveys	\$205,500	Row C * Row D
F	Interviewer Assignment List	\$6,000	The Department's contract with NCI-AD survey vendor in FY 2016-17.
G	Interviewer Training	\$9,000	
H	Survey Results Report & Final Data Report	\$15,000	
I	Total Cost of NCI-AD Surveys	\$235,500	SUM (Row E:Row H)

Table 6.3 - National Core Indicators-Intellectual and Developmental Disabilities (NCI-IDD) Surveys FY 2017-18 and Ongoing			
Row	Description	Amount	Notes
A	Survey Sample Size	411	Statistical significant sample size
B	Cost Per Interview	\$137.50	The Department's contract with NCI-IDD survey vendor in FY 2016-17.
C	NCI-IDD Base Survey Rate	\$56,513	Row A * Row B
D	Number of Annual NCI-IDD Surveys	2	Number of surveys for target populations
E	Subtotal Cost of Surveys	\$113,025	Row C * Row D
F	Interviewer Assignment List	\$6,000	The Department's contract with NCI-AD survey vendor in FY 2016-17.
G	Interviewer Training	\$9,000	
H	Survey Results Report & Final Data Report	\$15,000	
I	Total Cost of NCI-IDD Surveys	\$143,025	SUM (Row E:Row H)

R-13 Quality of Care and Performance Improvement Projects
Appendix A: Assumptions and Calculations

Table 7 - Performance Improvement Plans (PIPs) Incremental Request with Fund Splits for FY 2017-18 and ongoing							
Row	Description	Total Funds	General Funds	Cash Funds	Federal Funds	FFP	Notes
A	Managed Care Organization (MCO) PIP validations	\$180,000	\$45,000	\$0	\$135,000	75%	Table 8, Row A
B	Regional Care Collaborative Organization (RCCO) PIP validations	\$105,000	\$52,500	\$0	\$52,500	50%	Table 8, Row B
C	Total Funding Needed	\$285,000	\$97,500	\$0	\$187,500	Blend	Row A + Row B
D	Total Funding Currently Available	\$155,000	\$77,500	\$0	\$77,500	50%	Validation of one annual PIP for each of the nineteen plans (DH, Rocky, RCCOs, BHOs, CHP+ plans); plus additional funding of \$60,000 from FY 2016-17 S-7 "Compliance with Proposed Federal Managed Care Regulations"
E	Incremental Request with Fund Splits	\$130,000	\$20,000	\$0	\$110,000	Blend	Row C - Row D

R-13 Quality of Care and Performance Improvement Projects
Appendix A: Assumptions and Calculations

Table 8 - Performance Improvement Projects (PIPs)					
Incremental Request for FY 2017-18 and ongoing					
Row	Description	Amount per PIP	# of PIPs	Total	
A	Managed Care Organizations (MCOs)	\$5,000	36	\$180,000	Validation of three annual PIPs for each of the 12 MCOs (Denver Health HMO, Rocky Mountain HMO, BHOs, and CHP+ plans)
B	Regional Care Collaborative Organizations (RCCOs)	\$5,000	21	\$105,000	Validation of three annual PIPs for each of the 7 RCCOs
C	Total Funding Needed	\$5,000	57	\$285,000	Row A + Row B