



COMMUNITY HEALTHCHOICES (CHC)

OPERATIONS MEMORANDUM #2024-04

SUBJECT: CHC Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey

TO: CHC Managed Care Organizations (MCOs)

FROM: Bureau of Policy Development and Communications Management

DATE: June 4, 2024

PURPOSE

The CHC Agreement, in Exhibit F (Standards I, II, and III) and Exhibit W (2), requires CHC-MCOs to administer the CHC HCBS CAHPS Survey and provide the results to the Pennsylvania Department of Human Services (DHS). This Operations Memorandum provides guidance to CHC-MCOs pertaining to administering the CHC HCBS CAHPS Survey. CHC-MCOs must comply with the CHC HCBS CAHPS Survey requirements indicated in the CHC Agreement.

PROCEDURES

CHC-MCOs are required to annually administer the CHC HCBS CAHPS Survey using the most current version of the instruments with program-specific terms provided by DHS and report survey results to DHS as required under the CHC Agreement. [The Centers for Medicare & Medicaid Services \(CMS\)](#) has published comprehensive information and resources on how to administer and analyze the data from the survey.

CHC-MCOs are required to contract with a vendor to independently administer the CHC HCBS CAHPS Survey. The CHC-MCOs are required to provide DHS with their selected survey vendor's point(s) of contact information, a signed copy of the current survey administration year contract with the selected vendor, and a copy of the survey vendor's current survey Quality Assurance Plan. The CHC-MCO's vendor must conduct the CHC HCBS CAHPS Survey using the most current version of the survey instrument. Each CHC-MCO's vendor will administer the survey using the mode determined by DHS, which can be in person or via telephone. CHC-MCOs must contract with a vendor to administer the survey according to CMS survey protocol that is designed to produce standardized results. CHC-MCOs must ensure that the selected survey vendor has a process in place to report suspected participant abuse, neglect and/or exploitation to both the CHC-MCO and to DHS. The survey is based on a randomly selected sample of participants from each of the CHC-MCO's total HCBS population and summarizes satisfaction with the experience of care through ratings and composites. CHC-MCOs

are required to ensure that the selected survey vendor adheres to all report requirements and reporting timeframes as directed by DHS. Survey results must be reported to DHS electronically in an Excel file or in the format determined by DHS. The survey results must be reported separately for each Zone in which the CHC-MCO operates. Validated survey results must be submitted to DHS and DHS' External Quality Review Organization (EQRO) annually each calendar year unless otherwise specified by DHS.

DHS also requires that the CHC-MCOs:

- Provide Limited English Proficiency and Text Telephone services in support of the CHC HCBS CAHPS Survey if requested by the survey participant.
- Include all supplemental state specific questions as directed by DHS to the CHC HCBS CAHPS Survey.
- Must include all CHC HCBS CAHPS Supplemental Employment Module questions in the survey.
- Submit validated CHC HCBS CAHPS Survey results annually on November 15 unless otherwise specified by DHS.

The CHC-MCO shall submit to DHS the following reports on the CHC HCBS CAHPS Survey results in the applicable folder in DocuShare:

- An electronic copy of the CHC-MCO plan-specific CHC HCBS CAHPS Survey results issued by the vendor to the plan.
- An electronic copy of the CHC-MCO plan-specific CHC HCBS CAHPS Survey banner report issued by the vendor to the plan.
- CHC-OPS Report 035 which contains plan-specific data.
- A Narrative Report of the survey results. The report should contain, at a minimum:
 - Title page
 - Table of Contents
 - List of Tables/Exhibits
 - An Executive Summary
 - Introduction
 - Methodology, which is to include Survey Administration
 - Results
 - Summary, which is to include:
 - Lessons Learned/Suggestions for Administration of the following year's CHC HCBS CAHPS Survey.
 - Recognizing that the CHC HCBS CAHPS Survey sample for CHC was designed to be representative at the state level, what plan-level findings about participant experience of care and quality of life caught the CHC-MCO's attention?
 - What steps is the CHC-MCO taking to further investigate the potential quality improvement opportunities identified by the CHC HCBS CAHPS Survey?
 - Provide timeframes for when the quality improvements will be achieved and how the improvements will be applied and measured.

- Provide a representative sample of the CHC-MCO's enrolled population including a representative sample by race and ethnicity. What steps did the CHC-MCO take to ensure the survey includes a representative sample by race and ethnicity of the geographic representation of the enrolled population? What findings about participant-experience disparities by race and ethnicity of the geographic representation was found through the survey results?
- Provide how the response rates were calculated and the various disposition codes for the calculations. Explain specifically how their Definition compares to the [American Association for Public Opinion Research \(AAPOR\)](#).
- Provide the 19 [Partnership for Quality Measurement \(PQM\)](#) endorsed measures derived from the CHC HCBS CAHPS Survey.
- Provide component item scores, what aspects are driving the composite, and how the CHC-MCO would focus their effort.

CHC HCBS CAHPS Survey Reporting Deadlines:

- CHC-MCOs are to provide DHS a signed copy of the current survey administration year contract with selected survey administrator and a copy of the administrator's current Quality Assurance Plan by **April 26, 2024**.
- CHC-MCOs' survey administrator is to pull the survey participant sample in **June 2024**.
- CHC-MCOs are to provide DHS their survey participant sample and stratification plan regarding representation of their enrolled population by race and ethnicity of the geographic representation of the CHC waiver population by **June 28, 2024**.
- CHC-MCOs are to provide DHS the template of their pre-survey participant contact letter by **June 28, 2024**.
- CHC-MCOs are to provide DHS a copy of their survey administration instrument by **June 28, 2024**.
- CHC-MCOs are to send out their pre-survey participant contact letter by **July 19, 2024**.
- CHC-MCOs' survey administrator to conduct the survey between **August 1, 2024 through October 31, 2024**.
- CHC-MCOs are to provide the following reports to DHS:
 - Weekly Status Reports starting **August 12, 2024 through November 4, 2024**.
 - First 25 Completed Surveys by **August 19, 2024**.
 - Survey Results Report by **November 15, 2024**.
 - Survey Results Banner Report by **December 13, 2024**.
 - Survey Narrative Report by **December 27, 2024**.
 - Survey Areas for Improvement Plan by **March 7, 2025**.

NEXT STEPS

1. Review this information with appropriate staff.
2. Submit CHC HCBS CAHPS Survey results to DHS as indicated in this Operations Memorandum.
3. Contact the Bureau of Quality Assurance and Program Analytics if you have questions.

ATTACHMENT

Attachment 1: Pennsylvania-Specific CHC HCBS CAHPS® Survey Questions Calendar Year 2024

Attachment 2: 2024 CHC HCBS CAHPS® Survey Resources

2024 CHC HCBS CAHPS® Survey Resources

- General information about [CAHPS Surveys](#).
- HCBS CAHPS® Surveys are considered part of quality assurance, improvement activities and public reporting: [HCBS CAHPS Survey Instruments](#).
- **“CAHPS Home- and Community-Based Services (HCBS) Survey Supplemental Employment Module”** on the [Centers for Medicare & Medicaid Services \(CMS\) website](#).
- Comprehensive information about administering the HCBS CAHPS Survey: **“Technical Assistance Guide for Administration of the CAHPS Home and Community-Based Services Survey”** on the [CMS website](#) or by contacting hcbs-cahps@cms.hhs.gov.
- Detailed information about analyzing HCBS CAHPS Survey data and generating measure scores: **“Technical Assistance Guide for Analyzing Data From the CAHPS Home and Community-Based Services Survey”** on the [CMS website](#) or by contacting: hcbs-cahps@cms.hhs.gov.

Pennsylvania-Specific CHC HCBS CAHPS® Survey Questions Calendar Year 2024

The questions below are Pennsylvania-specific survey questions. These questions pertain to person-centered service plans, transportation, housing, dental, Supplemental Nutrition Assistance Program (SNAP), survey assistance and mental health. Community HealthChoices (CHC) Managed Care Organizations (MCOs) must add these questions to the CHC HCBS CAHPS Survey tool in accordance with Centers for Medicare & Medicaid Services (CMS) and Agency for Healthcare Research and Quality (AHRQ) guidance. Only with the approval of the Pennsylvania Department of Human Services, can the selected vendor modify these questions.

CHC-MCOs are required to ensure that their survey vendor selects the best applicable answer for the following questions during administration of the survey participant interviews:

Person-Centered Service Plan

- I know how to report abuse, neglect or exploitation including the use of restraints and other restrictions.
 - Yes
 - No
 - Don't know
 - Refused
 - Unclear Response

Transportation

- In the last three months, have you been unable to get to a non-medical appointment, event, or errand due to lack of transportation?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

Housing

- In the last three months, did you need assistance with issues related to your housing?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- In the last three months, did you receive assistance related to your housing from your housing or service coordinator?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- Are you aware of your rights regarding housing and how to access information regarding prevention of eviction and/or foreclosure?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

Dental

- In the last six months, did you get care from a dentist's office or dental clinic?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- In the last six months, how many times did you go to a dentist's office or dental clinic for care for yourself?
 - None
 - 1
 - 2
 - 3
 - 4 or more
 - Don't Know
 - Refused
 - Unclear Response

- We want to know your rating of all your dental care from all dentists and other dental providers in the last six months. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate your dental care?
 - 0 Worst dental care possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best dental care possible
 - Don't Know
 - Refused
 - Unclear Response

Supplemental Nutrition Assistance Program (SNAP)

- In the last six months, did you receive Supplemental Nutrition Assistance Program (SNAP) benefits to help you buy food?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- Do you know that you may be eligible for SNAP benefits to help you buy food?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- Do you know how to apply for SNAP benefits to help you buy food?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

Survey Assistance

- If someone helped you complete this survey, how is that person related to you?
 - No one helped me complete this survey
 - Spouse/partner
 - Adult child
 - Parent
 - Other family member
 - Guardian or legal representative
 - Friend or neighbor
 - Staff or someone paid to provide support to the respondent
 - Other (specify) _____
 - Don't Know
 - Refused
 - Unclear Response

- Would you have preferred to take this survey in person? In that case, an interviewer would have come to where you live or another location you agreed on in advance.
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

Mental Health

- In the last six months, did you try to make any appointments for counseling or mental health treatment?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- In the last six months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always
 - Don't Know
 - Refused
 - Unclear Response