SUPPORTING STATEMENT

Part A

Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home and Community Based Services (HCBS) Survey Database

November, 2018

Agency for Healthcare Research and Quality (AHRQ)

Contents

Supporting Statement A
CAHPS® Home and Community Based Services (HCBS) Survey Database

1. Circumstances that make the collection of information necessary

AHRQ's mission. The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999, is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. Research that develops and presents scientific evidence regarding all aspects of health care; and

2. Synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and

3. Initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

Background on the CAHPS Home and Community-Based Services Survey (HCBS-CAHPS). The CAHPS Home and Community-Based Services Survey is the first cross-disability survey of home and community-based service beneficiaries' experience receiving long-term services and supports. It is designed to facilitate comparisons across state Medicaid HCBS programs throughout the country that target adults with disabilities, e.g., including frail elderly, individuals with physical disabilities, persons with developmental or intellectual disabilities, those with acquired brain injury and persons with severe mental illness.

The HCBS CAHPS Survey was developed by the Centers for Medicare & Medicaid Services (CMS) for voluntary use by state Medicaid programs, including both fee-for-service HCBS programs as well as managed long-term services and supports (MLTSS) programs. States with adequate sample sizes may consider using survey metrics in value-based purchasing initiatives.

The HCBS-CAHPS Database will serve as a primary source of data available to states, agency programs and researchers to help answer important questions related to beneficiary experiences. AHRQ, through its contractor, will collect and make available de-identified survey data, enabling HCBS programs to identify areas where quality can be improved.

Rationale for the information collection. Aggregated HCBS Database results will be made publicly available on AHRQ's CAHPS website. Technical assistance will be provided by AHRQ through its contractor, Westat at no charge to programs to facilitate the access and use of these materials for quality improvement and research. Technical assistance will also be provided to support HCBS-CAHPS data submission.

The HCBS-CAHPS Database will support AHRQ's goals of promoting improvements in the quality and patient-centeredness of health care in home or community based care settings. This research has the following goals:

1. Improve care provided by individual providers and state programs.

2. Offer several products and services, including providing survey results presented through an Online Reporting System, summary chartbooks, custom analyses, private reports and data for research purposes.

3. Provide information to help identify strengths and areas with potential for improvement in patient care. The HCBS-CAHPS Survey comprises 69 core items, developed for measuring beneficiary experience, and also includes 3 cognitive screening questions, 9 questions to identify the relevant HCBS services to be asked about, and 15 demographic questions. A 21-item module on experience with employment services is offered as a separate supplement.

Key Project Components

The development and operation of the HCBS-CAHPS Database will include the following major components undertaken by AHRQ through its contractor. To achieve the goals of this project, the following activities and data collections will be implemented:

1. **Program Recruitment.** Outreach will be conducted with the HCBS-CAHPS user community (including state agencies, managed long-term services and supports (MLTSS) programs, centers for independent living, improvement collaborative organizations, survey vendors, etc.) to promote the database and its benefits and to encourage voluntary contributions of survey data. A variety of communications will be used (e.g., GovDelivery announcements, personal email messages, conference and meeting presentations, etc.) to present the value case for the database and key dates and details about submitting data.

2. **Data Submission Platform.** AHRQ's contractor currently provides a web-based user-friendly submission platform for both the CAHPS Health Plan and CAHPS Clinician & Group survey data. This platform will be used as a model to develop the HCBS-CAHPS Database submission system, including: data submission specifications; technical assistance and step-by-step instructions for participation; analysis programs for data cleaning and reporting; and data use agreements to protect the confidentiality of the participating organizations and their data.

3. **Submission Notifications and Instructions.** Clear instructions and notifications are of paramount importance for successful submission of valid data, seamless report dissemination, and streamlined communication with survey vendors, state programs, or other submitters. Procedures for data submission through the data submission platform will include the following:

   - Registration with the site to obtain an account with a secure username and password (see Attachment A) ;
   - Submission of signed Data Use Agreements (DUAs) and survey questionnaires (see Attachment B);
   - Submission of program information form (see Attachment D);
   - Submission of de-identified survey data files
   - Generation of status reports indicating that submitted files are either accepted or rejected; and
   - Follow-up with submitters in the event of a rejected file, to assist in making corrections and resubmitting the file (see Attachment E).

4. **Data Cleaning and Preparation.** Thorough data cleaning and data preparation are extremely important in maintaining the integrity of the data and for analyzing the data in a valid and reliable way. During data submission, submitters and AHRQ's contractor's database team will review survey response frequencies to identify out-of-range values, missing variables, or other data anomalies such as when unexpected responses are detected (e.g., an unusually large proportion of "0" responses on a 0-10 response scale). A submission status report will inform submitters of such errors so that the file can be corrected and resubmitted. Once the data submission period closes, SAS® software will be used for data cleaning, analysis, and reporting.

5. **Data Analysis and Reporting.** Using reporting systems and templates developed for AHRQ's other CAHPS databases as a model, the contractor will work with database participants to develop reporting products with appropriate data visualization techniques to present results that are meaningful and useful.

2. Purpose and Use of Information

With the approval and addition of the HCBS-CAHPS Database, data submitted will be used to produce three types of reporting products:

- **Program Feedback Reports.** Agencies or programs that submit data will have access to a customized report that presents findings for their individual submission along with summary results from the database overall. These "private" program feedback reports will display sortable results for each of the HCBS-CAHPS core composite measures and for each individual survey item that forms the composite measure.
- **HCBS-CAHPS Chartbook**. A summary-level Chartbook will be compiled to display top box and other proportional scores for the HCBS-CAHPS items and composite measures

broken out by selected program characteristics (e.g., type of program, geographic region, etc.).

- **Online Reporting System.** Aggregate results also will be made publicly available through an interactive, web-based system that allows users to view survey item and composite results in a variety of formats.

All three of these reporting products can be used by State Medicaid agencies, CMS and others to:

1. Raise general awareness about the home and community based care experience;
2. Diagnose and assess the current status of patient experience and programs;
3. Identify strengths and opportunities for patient experience improvement;
4. Examine trends in home and community based patient experience over time; and
5. Evaluate the impact of patient experience improvement initiatives and interventions.

Research files for qualified users. The Adult HCBS Database will serve as a primary source of data available to researchers to help answer important questions related to patient experiences. AHRQ through its contractor will create and make available de-identified survey data sets for research purposes. Researchers seeking de-identified Adult HCBS data will fill out a one-page research abstract form for initial review to determine if the required data are available, whether the proposed analyses are feasible, and if the nature of the request and proposed use of the findings are consistent with research purposes. CMS and AHRQ will then make a decision for approval or denial. For requests approved by CMS and AHRQ, the researcher will sign a Data Release Agreement, which specifies the appropriate uses of the data, and then the researcher will be given access to a secure FTP site to access and download the data.

3. Use of Improved Information Technology

All information for the Adult HCBS Database will be collected electronically. The Data Use Agreement (DUA) will be uploaded directly to the Data Submission System through an online portal. Registration will be performed online and data submission information and data upload will be handled through a secure web site. Delivery of confidential survey results will also be done electronically through a secured FTP site.

4. Efforts to Identify Duplication

There may be many survey vendors that collect the Adult HCBS Survey data and may maintain databases of their own clients' data, CMS and AHRQ will be the only entity that serves as a central comprehensive repository of Adult HCBS survey data. In addition, this proposed database would be the only database for which State Medicaid programs could calculate case-mix adjusted comparative performance on the Adult HCBS measures.

5. Involvement of Small Entities

The collection of information associated with data submission does not unduly burden small business or small health systems, providers, or programs. Many State Medicaid programs are already contracting or in process of collecting HCBS experience survey data. The information being requested is held to the absolute minimum required for the intended uses and is likely already being compiled by some survey vendors.

6. Consequences if Information Collected Less Frequently

Adult HCBS Survey data will be collected and results reported once a year. Less frequent data collection and delivery of individual feedback reports would prevent timely evaluation and implementation of quality improvement efforts by participating organizations. It also would detract from the ability of survey users and policy makers to monitor overall patterns and trends in survey results and the ability of researchers to access data to conduct timely research.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), the notice was published in the Federal Register on March 19, 2019, on page 10085 for 60 days (see attachment C). No substantive comments were received.

8.b. Outside Consultations

No outside consultations will be pursued at this time.

9. Payments/Gifts to Respondents

No payment or remuneration will be provided to participating organizations for submitting data to the Adult HCBS Database.

10. Assurance of Confidentiality

State agencies and programs will be assured of the confidentiality of the information they provide under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied.

Confidentiality of the Point-of-Contact for a Participating Organization. The agencies or programs’ POC, who submits data on behalf of their program, will be asked to provide his/her name, phone number and email address during the data submission process to ensure that the programs’ individual survey feedback report is delivered back to that person for use by the program. In addition, the POC's contact information is important when any clarifications or corrections of the submitted data set are required and follow up is needed. However, the name of the POC and name of the program will be kept confidential and not publicly reported. Only aggregated, de-identified results will be displayed in any public reports.

Confidentiality of the Survey Data Submitted. Programs will be assured of the confidentiality of their Adult HCBS survey data through a DUA that they must sign that has been approved by CMS and AHRQ (see Attachment B). The DUA states that their data will be handled in a secure manner using necessary administrative, technical and physical safeguards to limit access to it and maintain its confidentiality. In addition, the DUA states the data will be used for the purposes of the database that only aggregated results will be reported, and that the agency or program will not be identified by name.

11. Questions of a Sensitive Nature

There are no questions for data submitters of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated burden hours for the respondents to participate in the database. The 51 POCs in Exhibit 1 represent the 51 states or agencies that will administer the Adult HCBS survey. An estimated thirteen survey vendors will assist them.

Each state or agency will register online for submission. The online Registration form (see Attachment A) will require about 5 minutes to complete. Each submitter will also complete a program information form of information about each program such as the name of the program, program size, state, etc. The online program information form (see Attachment D) takes on average 5 minutes to complete. The data use agreement will be completed by each of the 51 participating States. Survey vendors do not sign or submit DUAs. The DUA requires about 3 minutes to sign and return by fax or mail. Each submitter, which in most cases will be the survey vendor performing the data collection, will provide a copy of their questionnaire and the survey data file in the required file format. Survey data files must conform to the data file layout specifications provided by the HCBS-CAHPS Database. Since the unit of analysis is at the program level, submitters will upload one data file per program. Once a data file is uploaded the file will be automatically checked to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be expected to correct any errors in their data file and resubmit if necessary. It will take about one hour to submit the data for each program. The total burden is estimated to be 63 hours annually.

Exhibit 1. Estimated Annualized Burden Hours

Form Name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Registration Form	51	1	5/60	4.25
Program Information Form	51	1	5/60	4.25
Data Use Agreement	51	1	3/60	2.5
Data Files Submission	13	4	1	52
Total	NA	NA	NA	63

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete one submission process. The cost burden is estimated to be $2,880 annually.

Exhibit 2. Estimated annualized cost burden

Form Name	Number of respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost burden
Registration Form	51	4.25	53.69[a]	$228
Program Information Form	51	4.25	53.69[a]	$228
Data Use Agreement	51	2.5	94.25[b]	$236
Data Files Submission	13	52	42.08[c]	$2,188
Total	166**	63	NA	$2,880

* National Compensation Survey: Occupational wages in the United States May 2017, "U.S. Department of Labor, Bureau of Labor Statistics."

a) Based on the mean hourly wage for Medical and Health Services Managers (11-9111).

b) Based on the mean hourly wage for Chief Executives (11-1011).

c) Based on the mean hourly wages for Computer Programmer (15-1131).

**The 51 POC listed for the registration form, program information form and the data use agreement are the estimated POC's from the estimated participating programs.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3 shows the estimated annualized cost to the government for maintaining and managing the Adult HCBS CAHPS Database, analyzing the data and reporting results. The cost is estimated to be $449,000 annually. Annualized costs for collecting and processing the Adult HCBS CAHPS Database are based upon historical CAHPS Clinician & Group Database project costs. AHRQ wishes to begin this data collection, to continue indefinitely, and requests OMB approval for 3 years.

Exhibit 3. Estimated Annualized Cost

Cost Component	**Total Cost**	**Annualized Cost**
Database Development, Maintenance and Data Submission	$249,000	$83,000
Data Analysis, and Reporting	$200,000	$67,000
Total	$449,000	$150,000

Exhibit 4. Estimated Annual Cost to AHRQ for Project Oversight

Tasks/Personnel	**Annual Salary**	**% of Time**	**Cost**
Social Science Analyst – GS15*, Step 5	**$152,700**	**3%**	**$4,581**
Social Science Analyst – GS13*, Step 5	**$109,900**	**3%**	**$3,297**
Grand Total			**$7,878**

***Based on 2019 OPM Pay Schedule for Washington/DC area: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule/**

15. Time Schedule, Publication and Analysis Plans

Programs will be asked to voluntarily submit their Adult HCBS Survey data to the CAHPS Database annually through an online submission system. Once the submission system is closed, the data are cleaned with standardized programs, aggregated and used to produce survey results. Adult HCBS survey results will be adjusted by characteristics such as respondent's age, education, and child's overall health status in order to account for factors beyond the control of the program that would confound comparisons to other programs. See Supporting Statement Part B for detailed information on collection procedures for submitting, processing, and reporting Adult HCBS data.

The estimated time to conduct data collection, data analysis and report production activities is shown below:

1) Data submission – 3 weeks
2) Data cleaning and data analysis – 2 months
3) Database report production including individual private feedback reports – 1 month

16. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Attachment A: Adult HCBS Registration Form
Attachment B: Adult HCBS Database Data Use Agreement

Attachment C: 60 Day Federal Register Notice
Attachment D: Program Information Submission Form
Attachment E: Submission Emails