From Data to Action: Interpreting Quality Measures in AARP's 2023 LTSS State Scorecard

December 13, 2023

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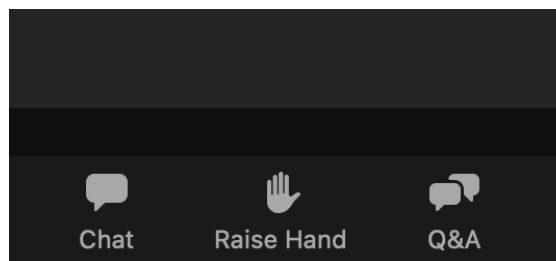LONG-TERM
QUALITY ALLIANCE

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LONG-TERM QUALITY ALLIANCE

About Long-Term Quality Alliance

- LTQA is a 501(c)3 membership organization aimed at improving outcomes and quality of life for people who need LTSS, and their families.

- LTQA advances person- and family-centered, integrated LTSS through research, education, and advocacy.

For more information:

www.ltqa.org   LinkedIn

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Volunteers of America National Services (VOA)

Brendan Flinn

Senior Policy Advisor, AARP

Innovation and Opportunities:
The 2023 State LTSS Scorecard
A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers

December 13, 2023
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#LTSSscorecard

Our Fifth *Scorecard*!

Thank you, *Scorecard* Funders

The Commonwealth Fund

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New Website: LTSSChoices.AARP.org

What's New

- Revised Conceptual Framework
- New and Revised Indicators
- Innovation Points
- Performance Tiers
- New Methodology with consideration of equity

Revised LTSS State *Scorecard* Framework

High-Performing LTSS System

Five Dimensions of LTSS performance, constructed from individual indicators

Affordability and Access

Choice of Setting and Provider

Quality and Safety

Support for Family Caregivers

Community Integration

Revised LTSS State *Scorecard* Framework

Affordability and Access	• Consumers can easily find and afford services, with meaningfully available safety net for those who cannot afford services. Safety net LTSS do not create disparities by income, race/ethnicity, or geography.
Choice of Setting and Provider	• A person- and family-centered approach allows for consumer choice and control of services (including self-directed models). A well-trained and adequately paid workforce is available to provide LTSS. Home and community-based services (HCBS) are widely available. Provider choice fosters equity, and consumers across communities have access to a range of culturally competent services and supports.
Safety and Quality	• Consumers are treated with respect and preferences are honored whenever possible, with services maximizing positive outcomes- including during and after care transitions. Residential facilities and HCBS settings are adequately staffed and prepared for emergencies. Policy-, system-, and practice-level efforts reduce and/or prevent disparities in quality and outcomes.
Support for Family Caregivers	• Family caregivers are recognized, and their needs are assessed and addressed, so they can receive the support they need to continue their essential roles. A robust LTSS workforce limits over-reliance on family caregivers. Family caregiver supports are culturally appropriate and accessible to all communities.
Community Integration	• Consumers have access to a range of services and supports that facilitate LTSS, including safe and affordable housing. Communities are age-friendly, supported by state Multisector Plans for Aging. Policy and programming that facilitates livable communities also drive equitable communities.

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AFFORDABILITY AND ACCESS	CHOICE OF SETTING & PROVIDER	SAFETY AND QUALITY	SUPPORT FOR FAMILY CAREGIVERS	COMMUNITY INTEGRATION
1 Home Care Cost	1 Medicaid LTSS Balance: Spending on HCBS	1 HCBS Quality Benchmarking: NCI-AD™	1 Nurse Delegation	1 Employment Rate for People with Disabilities
2 Nursing Home Cost	2 Self-Directed Program Enrollment	2 HCBS Quality Benchmarking: HCBS CAHPS®	2 Nurse Scope of Practice	2 *Successful Discharge from NH to Community^^*
3 Long-Term Care Insurance	3 Assisted Living Supply	3 HCBS Quality Benchmarking: NCQA	3 Family Responsibility Protected Classification	3 *Livability Index: Transportation^^*
4 ADRC/NWD (Aging and Disability Resource Center/ No Wrong Door) Functions	4 Adult Day Services Supply	4 Home Health Hospital Admissions	4 State Exceeds Federal FMLA (Family Medical Leave Act)	4 *Livability Index: Housing^^*
5 *Medicaid for Low-Income People with Disabilities^*	5 Home Health Aide Supply	5 *NH Hospital Admissions^^*	5 Paid Family Leave	5 *Access to Housing Assistance for People with Disabilities^*
6 Medicaid Buy-In	6 *Nursing Home Residents with Low Care Needs^^*	6 *NH Residents with Pressure Sores^^*	6 Mandatory Paid Sick Days	6 Age-Friendly Health Systems
7 Medicaid HCBS Presumptive Eligibility	7 LTSS Worker Wage Competitiveness	7 *NH Inappropriate Antipsychotic Use^^*	7 Flexible Sick Days	7 Multisector Plans for Aging
	8 PACE (Program of All-Inclusive Care for the Elderly) Enrollment	8 NH Staff Turnover	8 Unemployment Insurance for Family Caregivers	
	9 LTSS Worker Wage Pass-Through	9 NH COVID-19 Vaccinations: Residents	9 Spousal Impoverishment Protections	
	10 Green House® Policies and Availability	10 NH COVID-19 Vaccinations: Staff	10 CARE (Caregiver, Advise, Inform and Enable) Act Legislation	
	11 Point: CAPABLE (Community Aging in Place—Advancing Better Living for Elders) Availability	11 *Nursing Home with Top Quality Ratings^^*	11 Respite Care through Medicaid Waivers	
		12 *Nursing Home Staffing Levels^^*	12 State Caregiver Tax Credits	
		13 State Emergency Management Plans		

Safety and Quality Indicators

1. HCBS Quality Benchmarking: NCI-AD™
2. HCBS Quality Benchmarking: HCBS CAHPS®
3. HCBS Quality Benchmarking: NCQA
4. Home Health Hospital Admissions
5. Nursing Home (NH) Hospital Admissions
6. NH Residents with Pressure Sores
7. NH Inappropriate

Antipsychotic Use
8. NH Staff Turnover
9. NH COVID-19 Vaccinations: Residents
10. NH COVID-19 Vaccinations: Staff
11. Nursing Home with Top Quality Ratings
12. Nursing Home Staffing Levels
13. State Emergency Management Plans

LTSS State *Scorecard* State Performance by Tier

Tier 1 (Best) · Tier 2 · Tier 3 · Tier 4 · Tier 5 (Worst)
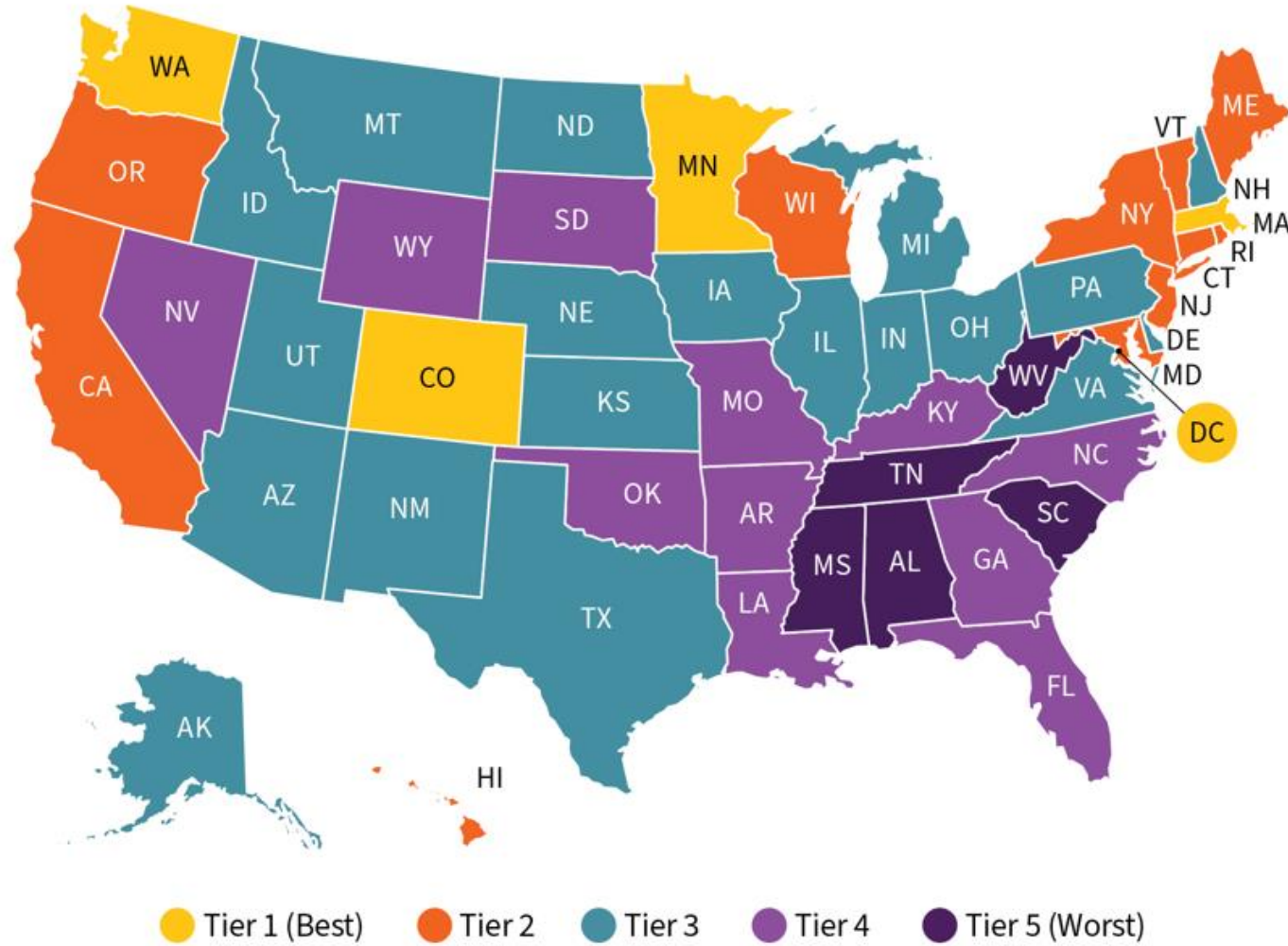
LTSS State *Scorecard* Overall Rankings

TIER 1	
State	Rank
Minnesota	1
Washington	2
District of Columbia	3
Massachusetts	4
Colorado	5

TIER 2	
State	Rank
New York	6
Oregon	7
Hawaii	8
Vermont	9
New Jersey	10
California	11
Rhode Island	12
Connecticut	13
Maryland	14
Wisconsin	15
Maine	16

TIER 3	
State	Rank
Delaware	17
Nebraska	18
North Dakota	19
New Mexico	20
Pennsylvania	21
Arizona	22
Iowa	23
New Hampshire	24
Illinois	25
Alaska	26
Indiana	27
Virginia	28
Utah	29
Kansas	30
Michigan	31
Ohio	32
Montana	33
Texas	34
Idaho	35

TIER 4	
State	Rank
South Dakota	36
Arkansas	37
Missouri	38
Georgia	39
Wyoming	40
North Carolina	41
Kentucky	42
Florida	43
Nevada	44
Louisiana	45
Oklahoma	46

TIER 5	
State	Rank
Tennessee	47
Mississippi	48
South Carolina	49
Alabama	50
West Virginia	51

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Innovation Points

Innovation Point Criteria

1. Adopted in only a few states but have notable potential for scaling.
2. Promising or evidence-based.
3. Within the control of state government leaders to implement or adopt.
4. Explicit goals of improving state performance in at least one of the dimensions of the *Scorecard*.

2023 Innovation Points Awarded

AFFORDABILITY AND ACCESS

Presumptive eligibility for HCBS

CHOICE OF SETTING AND PROVIDER

CAPABLE (Community Aging in Place—Advancing Better Living for Elders) Program

and Green House Nursing Homes

SAFETY AND QUALITY

Enhanced State Hazard Mitigation Plans

SUPPORT FOR FAMILY CAREGIVERS

Caregiver Tax Credit

COMMUNITY INTEGRATION

Multisector Plan for Aging

Scorecard Indicators with the Most Improvement or Decline

Indicators With Most States Showing **Improvement**	Indicators With Most States Showing **Decline**
• Self-Direction Enrollment (35 states)	• Home Care Cost (23 states)
• Aging and Disability Resource Center/No Wrong Door (34 states)	• Adult Day Services Supply (21 states)
• Home Health Hospitalizations (32 states)	• Home Health Aide Supply (16 states)

The Scorecard and the LTSS Workforce

- This new *Scorecard* includes new indicators describe state performance in wages, turnover, and staffing levels
- All states in the top two performance tiers demonstrate better-than-average performance specific to the workforce indicators.

Indicator Name	Indicator Data Source	Indicator Data Year(s)
Home Health/Personal Care Aide Supply	American Community Survey Data	2020-2021
New: Direct Care Worker Wage Competitiveness	PHI State Workforce Data Index	2021
New: Direct Care Worker Wage Pass Through Policy	PHI State Workforce Data Index	2022
New: Nursing Home Staffing Levels	Centers for Medicare & Medicaid Services	2021
New: Nursing Home Staff Turnover	Centers for Medicare & Medicaid Services	2022

Good Workforce Performance Begets Stronger LTSS System Performance

State	Overall Rank	Performance Tier	Workforce Aggregate Rank[11]
Minnesota	1	1	10
Washington	2	1	7
District of Columbia	3	1	12
Massachusetts	4	1	1
Colorado	5	1	18
New York	6	2	5
Oregon	7	2	19
Hawaii	8	2	21
Vermont	9	2	24
New Jersey	10	2	16
California	11	2	3
Rhode Island	12	2	17
Connecticut	13	2	4
Maryland	14	2	20
Wisconsin	15	2	14

High Turnover Persists in Nursing Homes Nationally

Less Than 50% Turnover   50% or Greater Turnover

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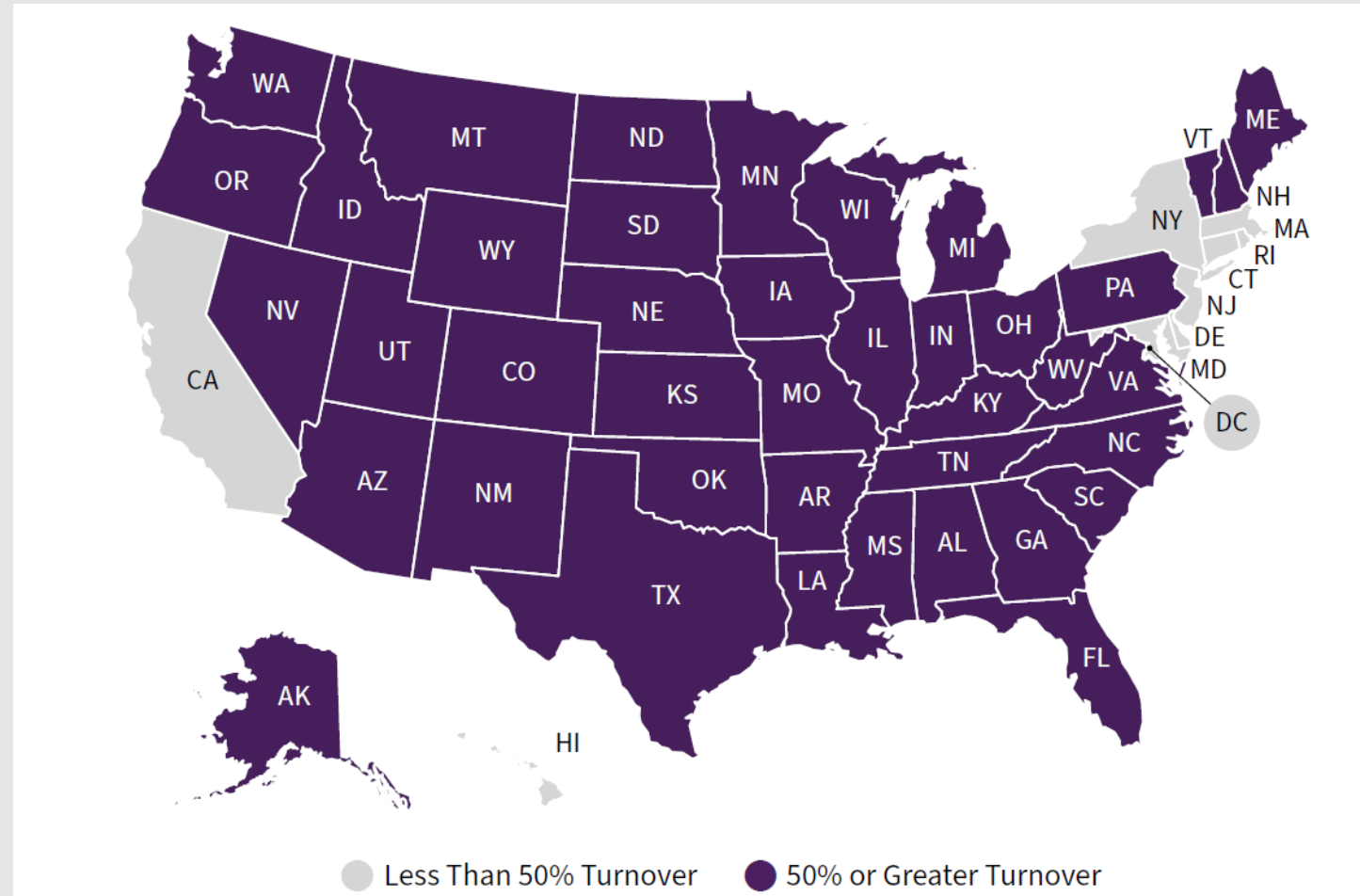
HCBS Quality Indicators

- In the absence of comparable, state-to-state HCBS quality data, we measure state use (or lack thereof) of various HCBS quality surveys.

- States and CMS have made strides in making such HCBS quality data a reality, and we hope to be able to measure quality itself in future editions.

HCBS Quality Indicators

Indicator	Number of states in reference year	Number of states in 2023
Use of National Core Indicators –Aging/ Disability survey for one or more HCBS programs	19	23 (+4)
Use of HCBS Consumer Assessment of Healthcare Providers and Services survey for one or more HCBS programs	11	10 (-1)
National Committee for Quality Assurance Statewide Accreditation for one or more HCBS program	7	12 (+5)

National Findings on LTSS Disparities

Nursing homes with the most admissions of Black residents provide almost 200 fewer hours of care per year annually compared to those with the most white resident admissions.

Black and multiracial long-stay nursing home residents were most likely to be hospitalized.

Black (13%), AI/AN and Hispanic (19% each) nursing home residents were least likely to live in 5-star facilities.

The rate of pressure sores in nursing home residents was relatively consistently across groups but increased nationally.

Inappropriate administration of antipsychotics similar across groups but questions remain.

Black and Hispanic nursing home residents have slightly less likelihood of successful discharge to community

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Opportunities for the Future

- Continue to invest in HCBS infrastructure
- Build and strengthen coalitions to drive change
- Boost supports for family caregivers and paid workers
- Implement Multisector Plans for Aging
- More robust HCBS data, including demographics
- Continue to scale Age-Friendly Health Systems.
- Build stronger and more equitable communities.

Our Speakers

Martha Porter

University of Connecticut

Jasmine Travers

New York University

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

Use of the HCBS CAHPS® Survey for Waiver Quality Management

Martha Porter, BA
Therence James, MPH
Julie Robison, PhD

UCONN

HCBS CAHPS® Survey – Overview

➢ Medicaid Home and Community-Based Services and supports (HCBS)

➢ Focuses on participant experience

➢ Standardized and validated across multiple populations and diverse HCBS

➢ Accepted into CAHPS® 2016

- Rigorous review of testing methods and results

➢ Provides the HCBS community with one universal, cross-disability tool to measure and improve Medicaid HCBS program quality

CT Waiver Landscape

- Operates 10 waiver programs

  - 3 waivers use contracted case management

- Performance measurement among agencies varied

  - Participant experience relied on diverse surveys

- Lack of a standardized approach across all waivers

Waiver and Case Management Contractor Quality Assurance

- ➢ HCBS CAHPS® provided:
  - One standardized survey for multiple waivers and populations
  - Validated key results

- ➢ Develop cross-waiver standard quality metrics for:
  - Case management agency performance benchmarks and value-based payments
  - CMS Medicaid waiver performance measures
  - State and Federal Reporting

Care Management Performance Benchmark Items

➢ Chose items that a care manager could impact within scope of responsibilities

➢ 3 HCBS CAHPS® Composite scores

- Case manager is helpful
- Choosing the services that matter to you
- Personal safety and respect

➢ 2 individual items

- Care manager global rating
- Care manager recommendation

Case Manager is Helpful – 3 Item Composite

1. In the last 3 months, could you contact this case manager when you needed to?

2. In the last 3 months, did this case manager work with you when you asked for help with getting or fixing equipment?

3. In the last 3 months, did this case manager work with you when you asked for help with getting other changes to your services?

Performance Benchmark by Agency: Care Manager is Helpful

Care Manager is Helpful (mean score, range 1-4)
Benchmark 3.5

Agency	Score
Agency A	3.93
Agency B	3.95
Agency C	3.88
Agency D	3.63
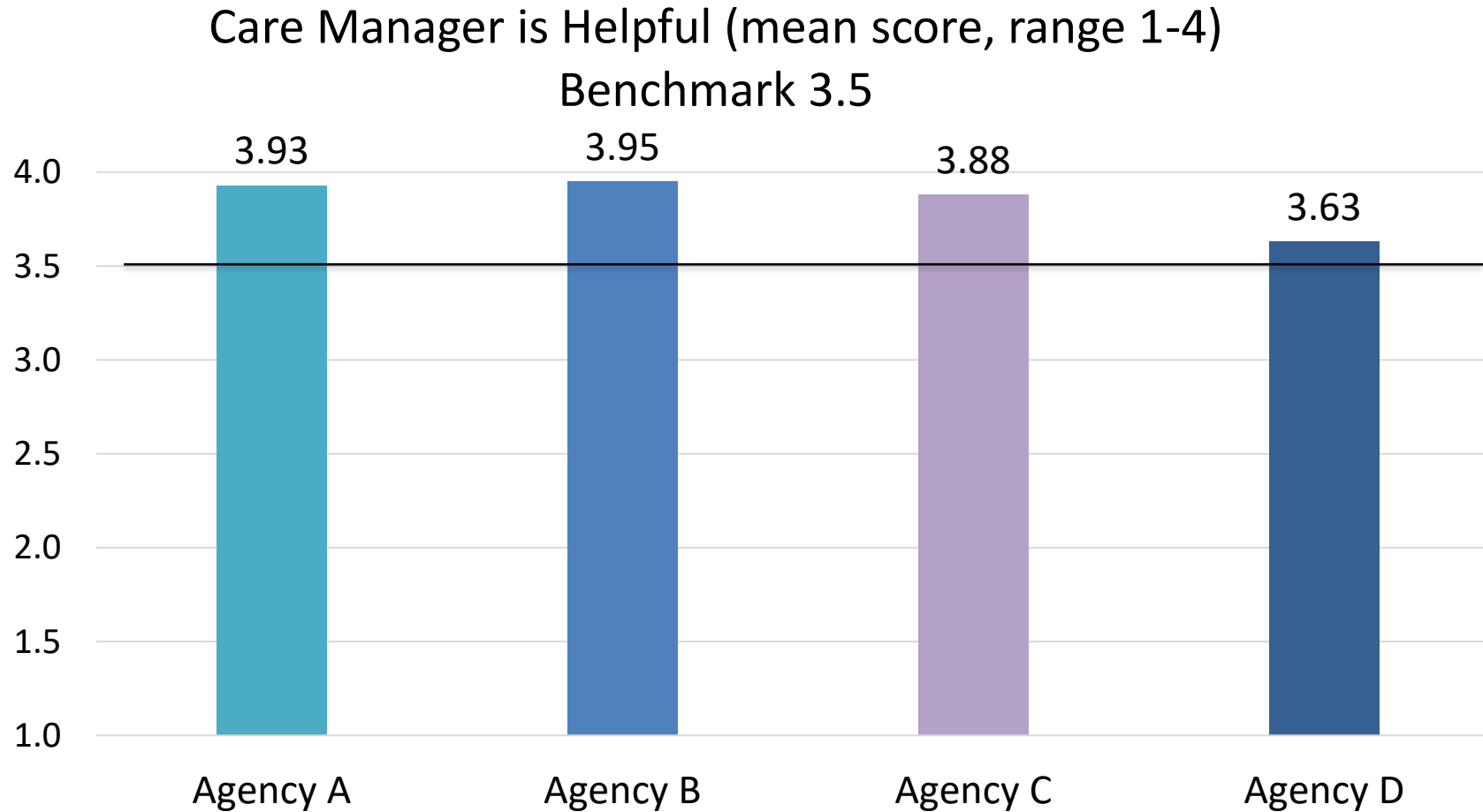
Medicaid Waiver Assurances Performance Measures

➢ CMS Annual performance measures varied among waivers

➢ Process of utilization of HCBS CAHPS® data for cross-waiver performance measures:

- Crosswalk of waiver assurances and survey items

- Alignment between survey items and several performance measures

Services are delivered in accordance with the service plan

➤ <u>2 Performance Measures</u>: Number and percent of waiver participants completing the HCBS CAHPS® survey who report that their personal assistance staff: 1) came to work on time, 2) worked as long as they are supposed to:

- "In the last 3 months, how often did [staff] come to work on time?"

- "In the last 3 months, how often did [staff] work as long as they were supposed to?"

How Often Did Personal Assistants Come to Work on Time – Older Adult vs. PCA (percentage)
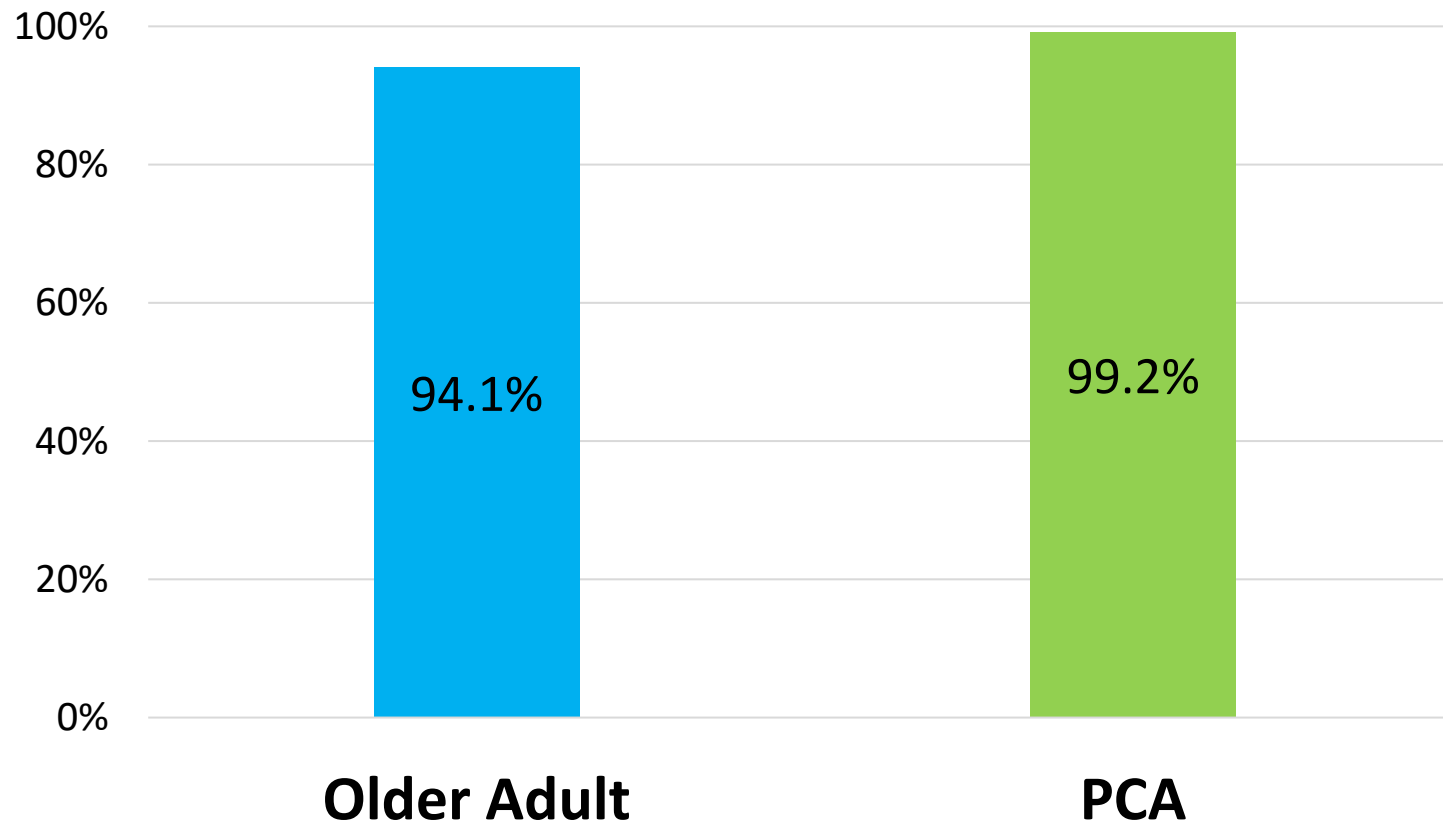
Participants are afforded choice: Between/among waiver services and providers.

- <u>Performance Measure</u>: The number and percent of waiver participants completing the HCBS CAHPS® survey who indicate that they can choose the services which matter to them.

  - "Did your service plan include [None, Some, Most, or All] of the things that are important to you?"

Choose Services Important to You – Older Adult vs. PCA (percentages)

Older Adult

7.8

92.2
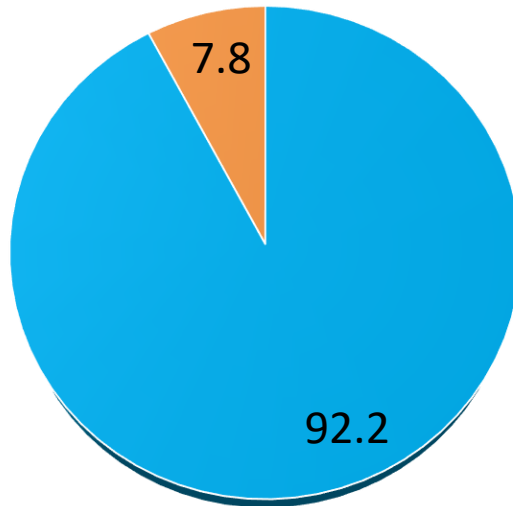
- ■ Yes (Most, All)
- ■ No (Some, None)

PCA

6.0

94.0
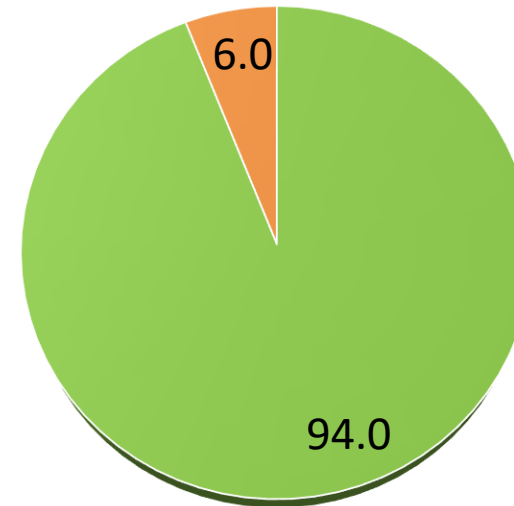
- ■ Yes (Most, All)
- ■ No (Some, None)

Questions?

Contact information:

Martha Porter

UConn Health, Center on Aging

porter@uchc.edu

Julie Robison, PhD

UConn Health, Center on Aging

jrobison@uchc.edu

The AARP 2023 LTSS Scorecard: An Equity-Focused Review

JASMINE TRAVERS, PHD, RN, MHS

Assistant Professor

NYU Rory Meyers School of Nursing

Background

- 25% of older adults identify as non-White
  - Expected to increase to 34% by 2040.

- Significant increase in older adults from Black/African American and Hispanic/Latino groups using LTSS.

- Shifting racial and ethnic composition of the older adult population ➔ more complexity to providing high-quality LTSS.

Administration of Community Living. "2020 Profile of Older Americans." May 2021, https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans.

Travers, Jasmine L., Karen B. Hirschman, and Mary D. Naylor. "Adapting Andersen's Expanded Behavioral Model of Health Services Use to Include Older Adults Receiving Long-Term Services and Supports." BMC Geriatrics 20, no. 1 (2020): 1–16.

Definition of Equity in an LTSS System

Equity in a high performing LTSS system means that high performance is shared across all groups, defined by race/ethnicity, gender identity, sexual orientation, age, disability status, and income, among others.

States where every measured group does well will score highly, and states in which some groups perform poorly will score lower.

*For the 2023 Scorecard, race/ethnicity data for the indicators was included only when available. As more data becomes available, researchers hope to be able to include other groups and all indicators in future editions.

A Note on Data Availability and Equity

- 7 of the 9 indicators for which we were able to analyze race/ethnicity data pertain to residents in nursing homes.

- The limited availability of demographic data for HCBS recipients is a significant barrier to this effort.

Types of Indicators Scored for LTSS Equity

- Individual (or Person-Level) Indicators: Measures across facilities among members of a given group.

- Facility Indicators: Measures among facilities with the most (top 10 percent) admissions of a given group.

- Neighborhood Indicators: Derived from the AARP Livability Index, measures among neighborhoods with the most residents of a given group.

Calculation Methodology: Individual Indicators

1 Divide the total population into groups and calculate the values for all groups.

For individual level indicators, where sample sizes are too small to analyze for some groups in some states, divide total population into two groups: 1) white group & 2) group w/ American Indian/Alaska Native, Asian, Black, Hispanic, Native Hawaiian/Pacific Islander, and Multiracial

2 Identify the lowest group value of those two groups.

3 Compare that value with the national average for all populations.

4 Rank states in order of how much higher or lower their lowest group value is compared to the national average.

Individual Indicators Scored with Equity Methodology

- Nursing Home Long-Stay Resident Hospitalizations

- Percent of Nursing Home Residents with Low Care Needs

- Percent of High-Risk Nursing Home Residents with Pressure Sore

- Percent of Nursing Home Residents Inappropriately Prescribed Antipsychotics

- Percent of Nursing Home Residents Living in a 5-Star Facility

Equity Issue:

A "Two-Tiered" System of Care & Lower Quality of Care

Black/African American and Hispanic/Latino NH and AL residents are more likely to be segregated into lower-tier facilities and poorer communities than their White counterparts.

Among nursing home residents, Black/African American and Hispanic/Latino adults report worse quality of care and quality of life.

Mor, V., J. Zinn, J. Angelelli, J. M. Teno, and S. C. Miller. (2004). "Driven to Tiers: Socioeconomic and Racial Disparities in the Quality of Nursing Home Care." The Milbank Quarterly 82(2), 227–56. https://doi.org/10.1111/j.0887-378X.2004.00309.x.
Shippee, "Evidence for Action: Addressing Systemic Racism Across Long-Term Services And Supports."
Shippee, Tetyana P., Weiwen Ng, and John R. Bowblis. "Does Living in a Higher Proportion Minority Facility Improve Quality of Life for Racial/Ethnic Minority Residents in Nursing Homes?" Innovation in Aging 4, no. 3 (2020): igaa014.
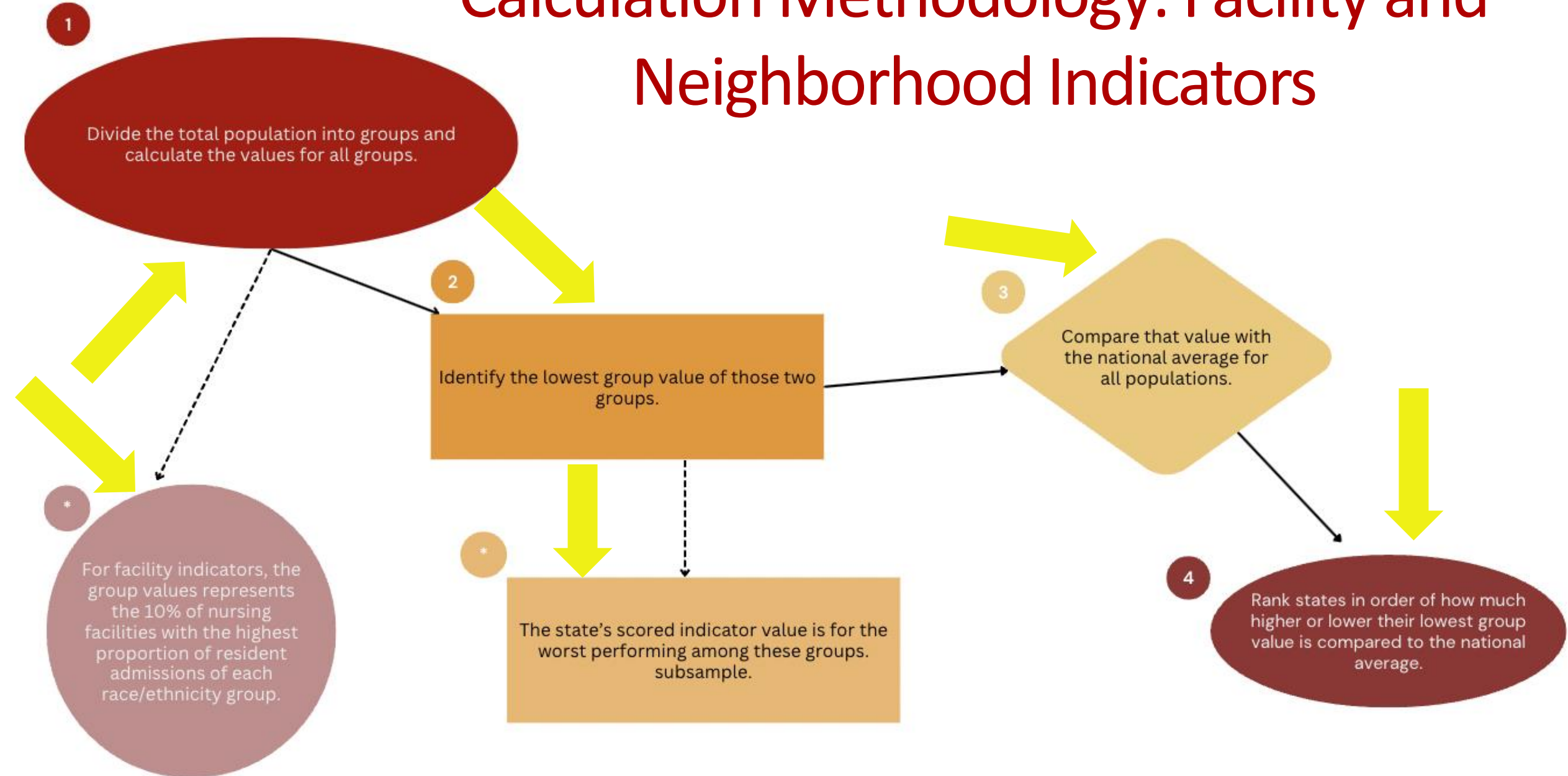
Example of Individual-Level Indicator Calculation

% of High-Risk Nursing Home
Residents w/ Pressure Sores

State	State A	State B
American Indian/ Alaska Native	9.2%	††
Asian	9.6%	††
Black	13.5%	8.1%
Hispanic/Latino	11.5%	5.5%
Native Hawaiian/ Pacific Islander	8.6%	††
Two or More Races	10.1%	††
Combined	11.6%	6.4%
White	10.8%	7.1%
Scored Value	11.6%	7.1%

- A lower value is better.

- In state A, the combined group had a higher rate of pressure sores.

- In state B, the white group had a higher rate of pressure sores.

- Also in state B, there were 4 populations with too few cases to individually quantify (but all 4 count toward the combined group).

Calculation Methodology: Facility and Neighborhood Indicators

1 Divide the total population into groups and calculate the values for all groups.

* For facility indicators, the group values represents the 10% of nursing facilities with the highest proportion of resident admissions of each race/ethnicity group.

2 Identify the lowest group value of those two groups.

* The state's scored indicator value is for the worst performing among these groups. subsample.

3 Compare that value with the national average for all populations.

4 Rank states in order of how much higher or lower their lowest group value is compared to the national average.

Facility Indicators Scored with Equity Methodology

- Nursing Home Nurse Staffing Per Resident Per Day

- Percent of Short-Stay Nursing Home Residents with a Successful Discharge to the Community

Example of Facility-Level Indicator Calculation

Nursing Home Nurse Staffing Per Resident
Per Day

State		State A	State B
Facilities with the top 10% of admissions by race/ ethnicity	American Indian/Alaska Native	3.19	2.88
	Asian	3.11	3.17
	Black	2.58	3.14
	Hispanic/Latino	2.93	2.86
	Native Hawaiian/ Pacific Islander	3.2	2.92
	White	3.49	3.37
	Two or More Races	3.21	3.12
	Scored Value	2.58	2.86

- A higher value is better.

- In state A, residents of facilities with the top 10% admissions of Black residents received the lowest level of staffing.

- In state B, residents of facilities with the top 10% admissions of Hispanic residents received the lowest level of staffing.

Stark Inequities Exist for Nursing Home Staffing

Group		Nursing care hours per resident per day (highest to lowest)	Fewer **minutes** of care per **day** compared to group with most hours of care	Fewer **hours** of care per **year** compared to group with most hours of care
All facilities		**3.53**		
Facilities with the top 10% of admissions by race/ethnicity	White residents	3.85	N/A	N/A
	Multiracial residents	3.56	17	106
	Asian residents	3.54	19	113
	Native Hawaiian and Pacific Islander residents	3.50	21	128
	American Indian/Alaska Native residents	3.49	22	131
	Hispanic residents	3.42	26	157
	Black residents	3.31	32	197

Equity Issue:

Supply of Direct Care Workers

A significant CNAs shortage which is even more severe in nursing homes serving a high proportion of Black/African American residents and in NHs located in socioeconomically deprived neighborhoods.

Racially and ethnically diverse groups are overrepresented in the direct care workforce, where wages are low and formal training is minimal.
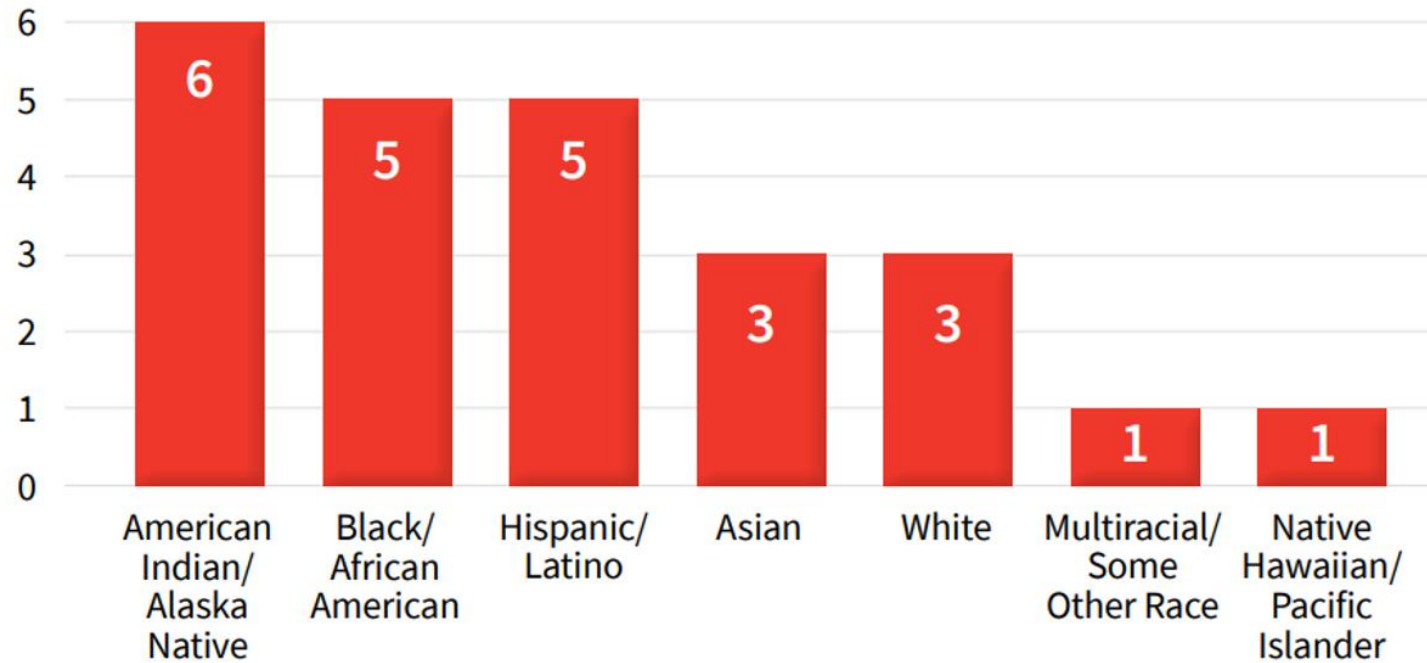
Measure	Definition
Home Health Aide Supply	The number of personal care, nursing, psychiatric, and home health aide direct care workers currently in the workforce per 100 population ages 18+ with need for assistance with an ADL disability.
NH Staff Turnover	The percentage of nursing staff who worked at a nursing home but stopped working there over a 12-month period, aggregated to the state level.
LTSS Worker Wage Competitiveness	Measures the gap between the median hourly wage of direct care workers and other occupations with comparable or lesser entry requirements

Falvey, Jason R., Erinn M. Hade, Steven Friedman, Rebecca Deng, Joelle Jabbour, Robyn I. Stone, and Jasmine L. Travers. "Severe Neighborhood Deprivation and Nursing Home Staffing in the United States." Journal of the American Geriatrics Society 71, no. 3 (2022): 711–719. https://doi.org/10.1111/jgs.17990.

Nursing Home Indicator National Results

NURSING HOME INDICATORS WHERE GROUP PERFORMANCE WAS BELOW NATIONAL PERFORMANCE OUT OF SEVEN INDICATORS

Group	Value
American Indian/Alaska Native	6
Black/African American	5
Hispanic/Latino	5
Asian	3
White	3
Multiracial/Some Other Race	1
Native Hawaiian/Pacific Islander	1

Where Are These Data?

- Each state has its own fact sheet with complete Scorecard data, including by race and ethnicity. Fact sheets are found in the "Download The State Fact Sheet" button on each state's webpage.
- Each indicator has its own webpage. For indicators with race/ethnicity data, there is a tab that says "Data Table with Race/Ethnicity" that provides complete state data.

Additional National Findings on LTSS Disparities

- Black and multiracial long-stay nursing home residents were most likely to be hospitalized.

- Black (13%), AI/AN and Hispanic (19% each) nursing home residents were least likely to live in 5-star facilities.

- The rate of pressure sores in nursing home residents was relatively consistently across groups but increased nationally.

- Inappropriate administration of antipsychotics similar across groups but questions remain.

- Black and Hispanic nursing home residents have slightly less likelihood of successful discharge to community

- Data infrastructure limitations prevent full understanding of ltss equity

Implications

- Reporting and measuring LTSS systems for racial and ethnic groups at the state level are important to understanding:
    - Who is receiving LTSS
    - Monitoring the quality of LTSS
    - Improving equity in LTSS delivery
- Listing measures of quality by race and ethnicity is of interest to consumers, can guide state quality improvement through the evaluation of current efforts, and can help address existing disparities
- Lower performing states can look to higher performing states to understand successes

Considerations

Several groups are still excluded from the scorecard because of low numbers. We suggest:

- An intersectional approach to include other measures of equity.
- Sensitivity for how data on NHs and providers that serve a high proportion of racially and ethnically diverse. residents is used by each state
- Considering the unintended consequences.
- Providing more than just NH data metrics by race and ethnicity.

Thank you!

JasT_PhD

Jt129@nyu.edu