Assessing the Capacity of HCBS Providers: Key Considerations for Health Plans

Home and community-based services (HCBS) encompass a broad range of services and supports designed to help older adults and people with disabilities live in their homes and communities rather than in institutional settings. If your health plan operates in states with managed long-term services and supports for Medicaid, your organization will need to assess the capacity of HCBS provider agencies to deliver the range of services your members need to develop and maintain an adequate provider network.

Key Considerations

- **Determine network adequacy needs.** Determining the number and types of HCBS providers needed by your health plan may be especially challenging if these are services that you have not been required to cover previously. Many states have established standards to help health plans determine their network adequacy. Another approach to determining the needs of your members for HCBS is to look back over two years of your Medicare and Medicaid claims. An analysis of claims and encounters for transportation, skilled nursing home placements, home health, durable medical equipment, behavioral health, and personal care services may provide insight into the types and frequency of service needs for your projected enrollment. Additionally, you should ask your case management department to estimate the number of members who might need HCBS services. This could include identifying members who transition from one setting to another and members who are older or disabled who currently receive case management or care coordination services.
- **Assess service delivery capacity.** Assessing the capacity of HCBS providers to deliver the range and volume of services needed by your members will involve examining a number of factors. These include the providers' coverage area, hours of operation, and their ability to serve individuals with different types of disabilities and needs. Determine the additional capacity they have to serve new members and how quickly they hire employees to cover service needs. Assess their annual turnover rate, which could indicate staffing problems. Be sure to ask about their back-up plan for instances where a direct service worker fails to show up.
- **Account for differences among HCBS providers.** Some HCBS providers offer a variety of services for multiple populations, others provide only one type of service (e.g., employment training), and others offer many different services but focus on serving people with one type of disability (e.g., people with traumatic brain injuries). These differences are important to keep in mind while ensuring network adequacy.
- **Review personnel policy and procedures.** Review the providers' hiring and credentialing practices to assess qualifications, criminal background checks, how they measure performance, and if there is supervisory coaching and mentoring in the field. Determine whether they use electronic visit verification or another kind of biometrics system to track timesheets and monitor service delivery.

Ask the provider about the kinds of deterrents they have in place to detect and prevent fraud and abuse.

- **Assess person-centeredness of providers.** In the context of HCBS, quality is measured at the individual level. High quality services are those that help individuals maintain or improve their quality of life, as defined by the individual member. Providers who are flexible in their service approach, value the expertise and experience of the individuals receiving services and their families, and use person-centered tools and planning techniques are best positioned to provide high quality services.
- **Assess providers' capacity to serve your member population.** To ensure that the individuals providing direct services to your members have the necessary training, expertise, and experience to serve your members, you will need to assess providers' capacity to serve people with different cultural backgrounds, limited English proficiency, oral communication challenges, cognitive dementia, developmental disabilities, mental illness, or behavioral health conditions.
- **Use member feedback to confirm assessment data.** Your assessment will only provide part of the picture. Use the information you collect from members and their families about their experiences receiving services from providers in your network to help you identify your providers' strengths and weaknesses. Your plan may also consider the use of self-directed personal care services, which allows the members to hire, manage, and replace their providers.

Additional Resources

These resources provide additional information on assessing the capacity of HCBS providers.

- Thomson Reuters, *Assessing HCBS Providers' Performance: Candidate Measures for Minnesota Department of Human Services - Excerpt,* 2009
- Iowa Department of Health and Human Services, *HCBS Waiver Provider Self-Assessment Resources*, 2018

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