



Rollout of the NCI-AD Survey

August 2, 2015

What is NCI-AD?



- Quality of life survey for older adults and adults with physical disabilities
- Assess outcomes of state LTSS systems
 - Skilled nursing facilities
 - Medicaid waivers
 - Medicaid state plans
 - MLTSS populations
 - State-funded programs, and
 - Older Americans Act programs
- Gathers information directly from consumers through face-to-face interviews
- State-developed initiative
- Launched nationally June 1, 2015

Consumer Outcomes:

- Community Participation
- Choice and Decision-making
- Relationships
- Satisfaction
- Service and Care Coordination
- Access
- Self-Direction of Care
- Work/Employment
- Rights and Respect
- Health Care
- Medications
- Safety and Wellness
- Everyday Living and Affordability
- Planning for the Future
- Control

Why join?

- States own their data
- Can add questions to the survey tool
- Receive state specific data reports and technical assistance
- Can provide state, program, and regional comparisons
- Captures the performance of state LTSS systems regardless of funding source (Medicaid/State/Older Americans Act) or setting (home, SNF) – Statewide strategy
- Focuses on how consumers experience services and how services impact their quality of life (goes beyond service satisfaction)
- Provides transparency and accountability
- Provides timely and actionable data over time

Expectations for States

- Commit to technical assistance year and 1 year of surveying
- Develop a project team and contact state agency partners (Medicaid, Aging, and Disability)
- Monthly technical assistance calls
- Determine target populations and sample design
- Contract with vendor or develop team to conduct interviews
- Gather background information from administrative records
- In-person interviewer training
- Send data to HSRI through ODESA
- HSRI provides state and national report
- Data is published on www.nciad.org

Funding Mechanisms

- Medicaid Administrative Match
 - 50% reimbursement
- Older Americans Act Administrative funds
- Using the State's External Quality Review Organization
 - 75% reimbursement
- Balancing Incentive Program (BIP)
- Money Follows the Person (MFP)
- Grant Funding
- State funding mandated by statute

- 3 pilot states: Minnesota, Georgia, and Ohio
- Sample could include recipients of Medicaid state plan and waiver services (aging or non-I/DD disability), Older Americans Act services, and state-funded only services
- Each state to collect at least 400 interviews
- Oct 2013 – Jan 2014 – TA Calls with each state individually
- Jan 2014 – First round of interviewer training in Georgia
 - ▣ Feb 2014 – Minnesota & Apr 2014 – Ohio
- Gave until the end of September 2014 to complete pilot
 - ▣ As of beginning of Aug 2014 all states had submitted data

8

Pilot Results

Sample Overview

9

State 1: Total N = 806

- Waiver: Under 65, classified as disability in waiver: N = 110 (14%)
65 and older, classified as older adults in waiver: N = 245 (30%)
- OAA and some state services: N = 394 (49%)

State 2: Total N = 357

- Disability in waiver: N = 118 (33%)
- Older adults in waiver: N = 170 (48%)
- OAA: N = 67 (19%)

State 3: Total N = 409

- Disability in waiver: N = 94 (23%)
- Older adults in waiver: N = 272 (66%)
- OAA: N = 37 (9%)

Background information

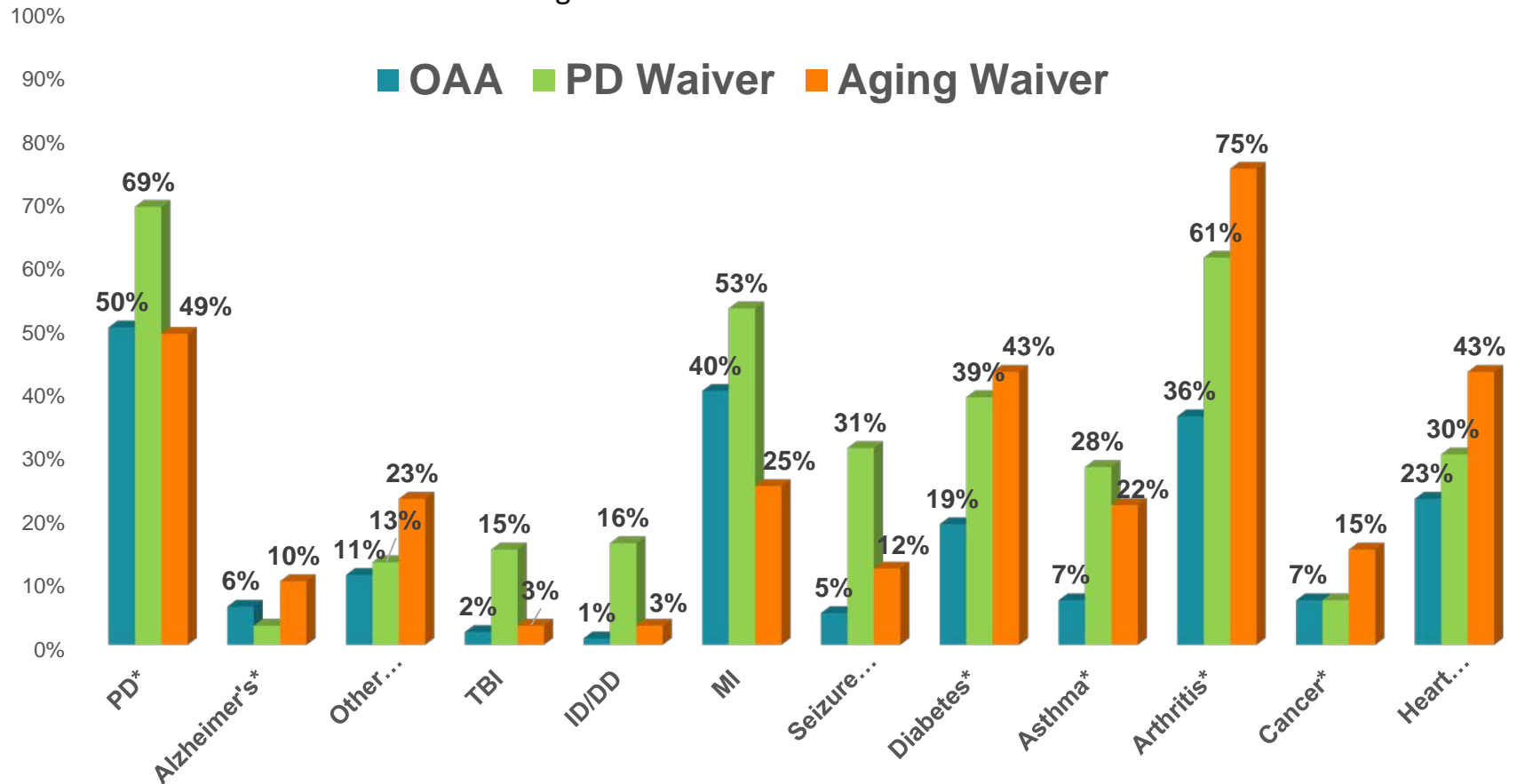
	Who the person lives with							
	Alone	Spouse/ partner	Parent	Child	Other family	Friends	Congregate setting	Other
State 1	27%	9%	0%	8%	4%	0%	37%	14%
State 2	52%	20%*					21%	5%
State 3	56%	16%	4%	9%	10%	2%	0%	3%

* State 2's administrative data did not allow for distinguishing whether person lived with a spouse, any other family, or friends

	Usual living arrangement					
	Own/family home or apt	Adult family home	Assisted living	Other senior housing/ retirement community	Nursing facility	Other
State 1	40%	3%	48%	4%	2%	4%
State 2	81%	8%	0%	0%	0%	10%
State 3	98%	0%	2%	0%	0%	0%

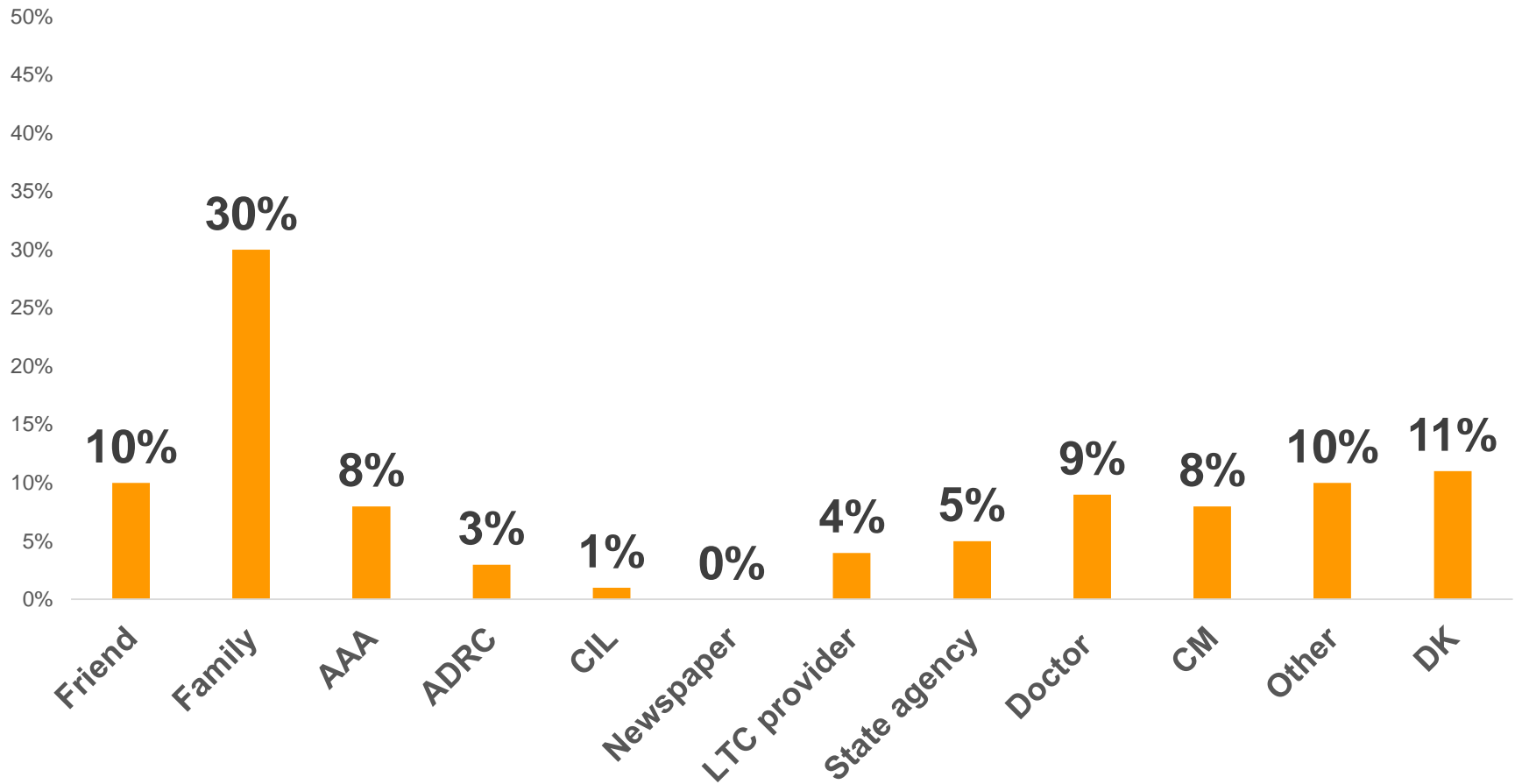
Background information – Snapshot of Health

* based on 2 states
Missings excluded from denominator



How Person Heard About Services

12



Community Participation

- Person participated in some social activity in last 30 days (either inside of home or outside of home):

	No	Yes
State 1	15%	85%
State 2	28%	72%
State 3	41%	59%

- Why hasn't participated: Did not want to, Health/physical limitations, Transportation, Accessibility
- Person participated in some social activity in last 30 days, by program:

	OAA	PD Waiver	Aging Waiver
State 1	89%	82%	83%
State 2	75%	72%	71%
State 3	63%	68%	56%

Community Participation

- Person gets to do things outside of home when they want to:

	No	Sometimes	Yes	N/A - Doesn't want to
State 1	17%	15%	66%	2%
State 2	11%	9%	76%	4%
State 3	17%	15%	58%	11%

- Why not:
 - ▣ Health/physical limitations
 - ▣ Transportation
 - ▣ Accessibility
 - ▣ Cost

Choice and Decision Making

- Person can eat meals when they want to

	No	Sometimes	Yes
State 1	23%	3%	75%
State 2	9%	2%	88%
State 3	4%	4%	93%

- Person can get up and go to bed when they want to

	No	Sometimes	Yes
State 1	5%	2%	93%
State 2	2%	5%	93%
State 3	1%	2%	97%

Relationships

- Can see or talk to family as often as they want to

	No	Sometimes/some family	Yes
State 1	1%	3%	95%
State 2	10%	9%	82%
State 3	8%	9%	83%

- Can see or talk to friends as often as they want to

	No	Sometimes/some family	Yes
State 1	2%	3%	95%
State 2	7%	6%	87%
State 3	7%	8%	86%

Satisfaction with Living Arrangement

■ Person would prefer to live somewhere else

	OAA	PD Waiver	Aging Waiver
State 1	2%	21%	16%
State 2	14%	40%	18%
State 3	28%	44%	28%

■ What prevents person from living somewhere else?

- Finances
- “too much trouble to move”
- Health/physical/mental condition
- Accessibility
- “don’t know anything else”/fear of change

Satisfaction/Needs

■ Services meet needs:

	No	Some needs/services	Yes
State 1	3%	6%	90%
State 2	2%	12%	84%
State 3	3%	16%	80%

■ All service needs met, by program:

	OAA	PD Waiver	Aging Waiver
State 1	92%	91%	91%
State 2	81%	81%	88%
State 3	83%	63%	85%

Coordination of Care

19

- Person felt ready/comfortable to go home after rehab/hospital stay:

	No	In-between	Yes
State 1	5%	4%	91%
State 2	13%	4%	83%
State 3	8%	8%	85%

- After leaving rehab/hospital, someone followed-up to make sure the person had the services/supports they needed:

	No	Yes
State 1	8%	70%
State 2	16%	79%
State 3	18%	73%

Coordination of Care

■ Person can reach case manager:

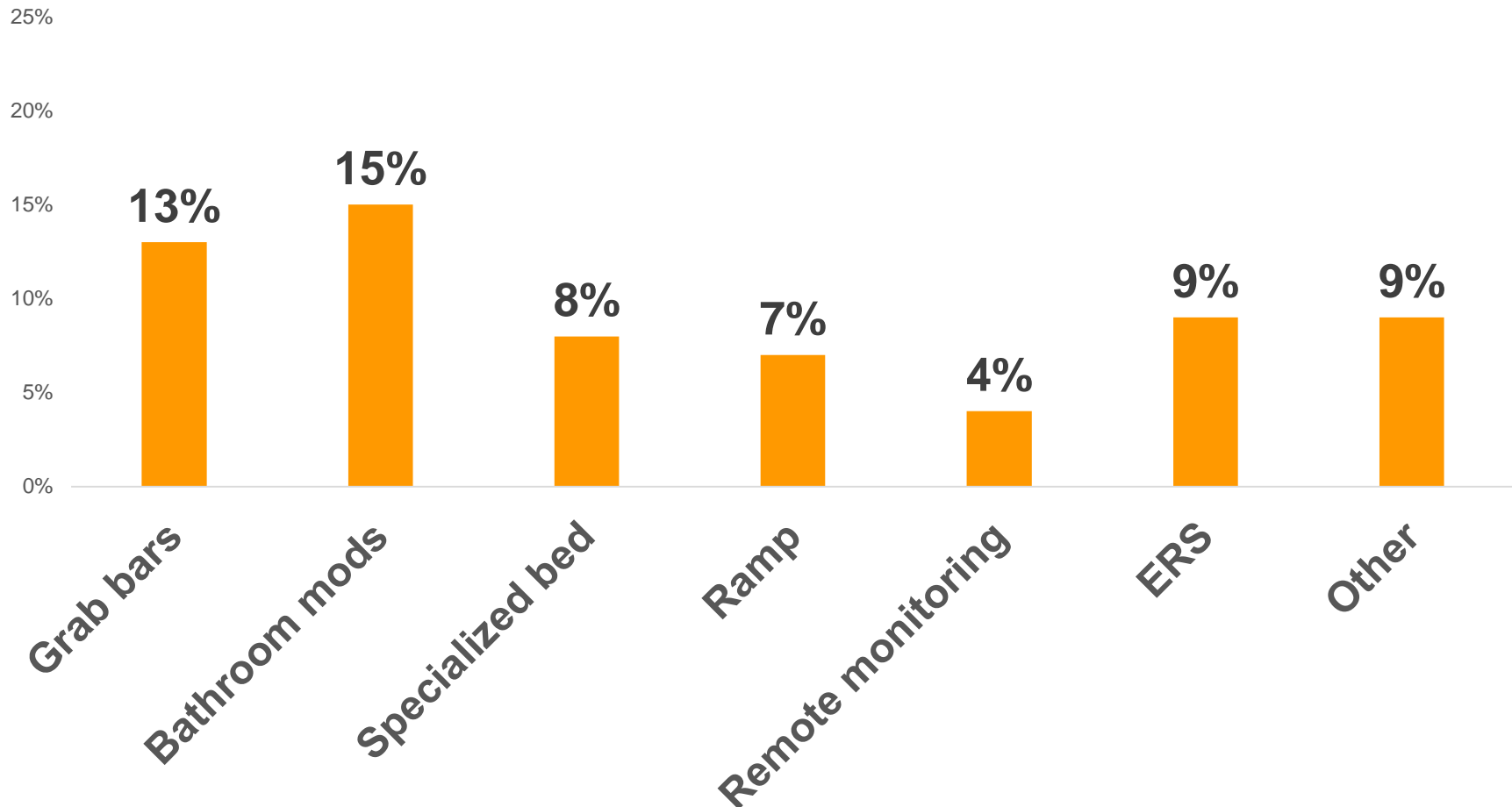
	No	Sometimes	Yes
State 1	10%	3%	82%
State 2	4%	8%	87%
State 3	6%	11%	81%

■ If the person has unmet needs, has their case manager talked to them about service that might help?

	No	Maybe, not sure	Yes	DK/Unclear/Refused
State 1	9%	14%	64%	14%
State 2	36%	13%	49%	3%
State 3	36%	9%	52%	3%

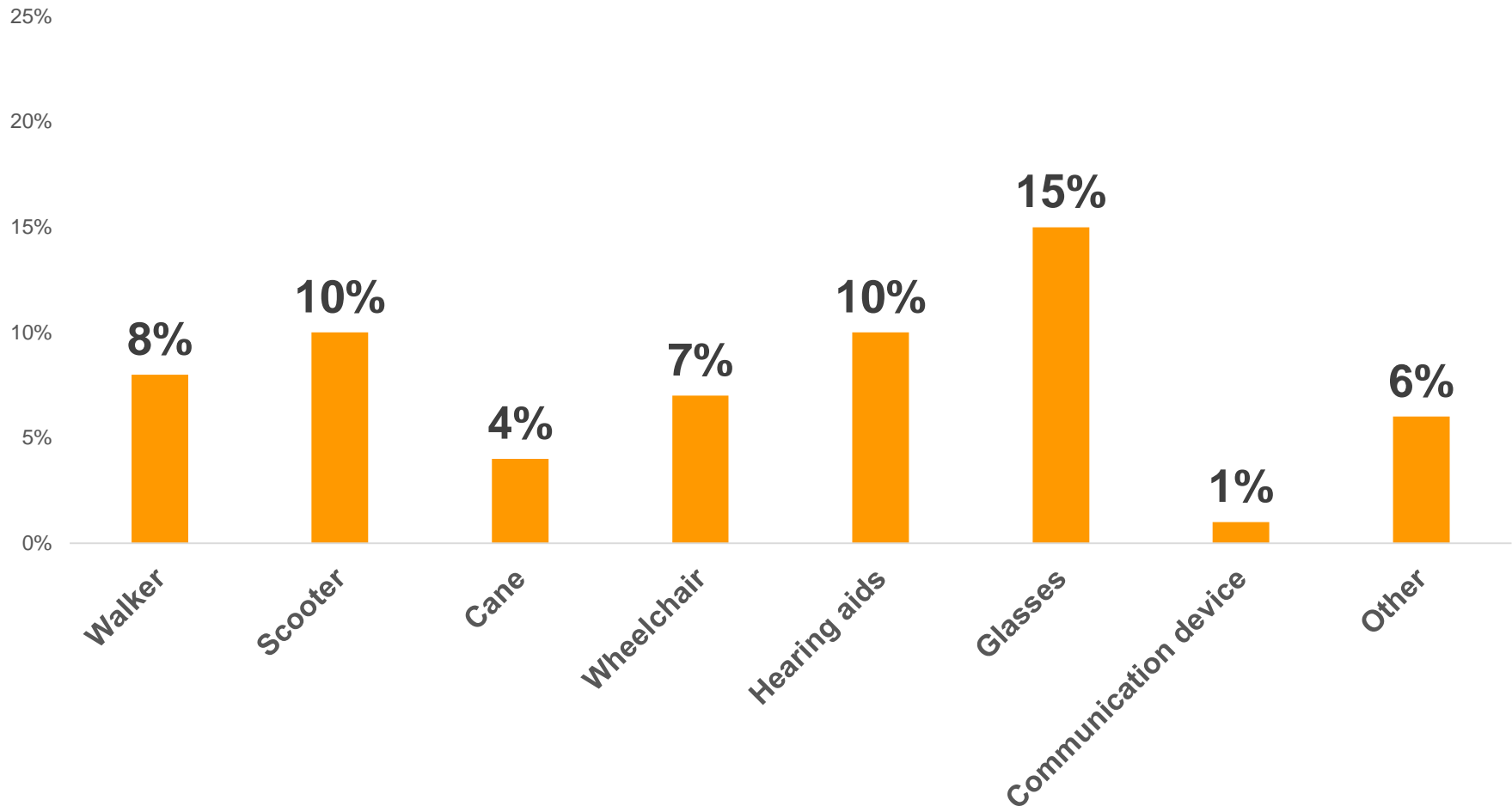
Access – Home Modifications Needed

21



Access – Assistive Devices Needed

22



Access Transportation

23

- The majority of people have transportation to get to medical appointments/pick up their medications.
- However, fewer people said they have transportation to do things outside of home when they want to (not to medical appointments):

	No	Sometimes	Yes
State 1	19%	16%	65%
State 2	13%	14%	73%
State 3	14%	18%	68%

Safety

- 30% of people are afraid of falling.

- Of those afraid of falling, someone has worked with the person to help reduce that risk/fear:

	OAA	PD Waiver	Aging Waiver
State 1	61%	48%	53%
State 2	50%	34%	56%
State 3	56%	58%	54%

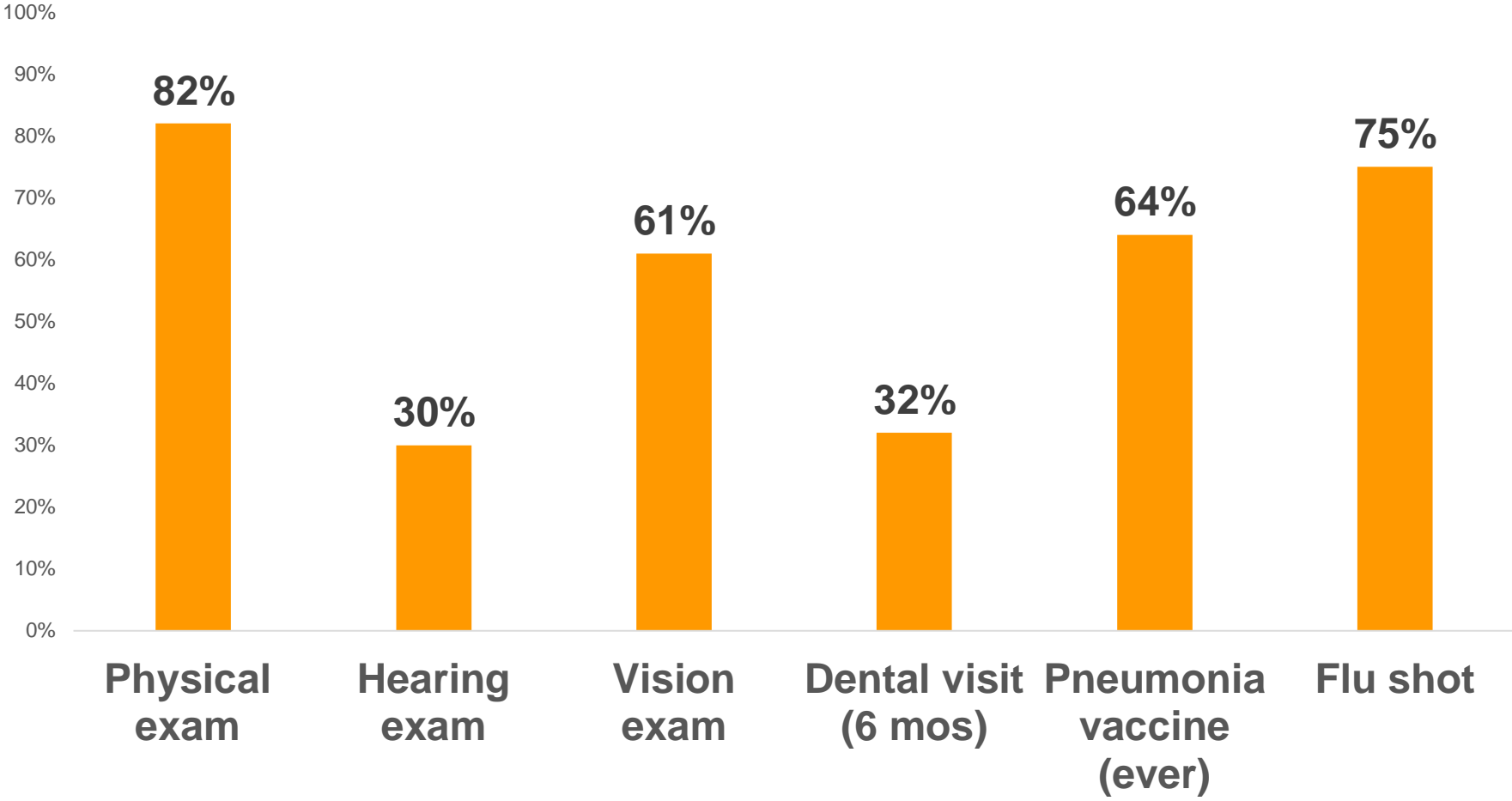
- Person can get an apt to see primary care doctor when needed:

	Sometimes/ rarely	Usually	Yes, always
State 1	1%	3%	95%
State 2	7%	9%	83%
State 3	4%	5%	90%

- Person gets enough info and support to manage chronic conditions:

	No	Maybe, some	Yes
State 1	1%	4%	95%
State 2	5%	6%	86%
State 3	2%	7%	90%

Preventive Health Care



- Person has trouble remembering basic things:

	No	Sometimes	Yes, often
State 1	66%	21%	13%
State 2	60%	23%	17%
State 3	51%	32%	17%

- Talked to someone about this trouble:

	No	Yes
State 1	53%	47%
State 2	37%	63%
State 3	41%	59%

Rights and Respect

- Person feels they have enough privacy in their own home

	No	Yes
State 1	9%	91%
State 2	6%	95%
State 3	5%	95%

- Person feels paid support workers treat them with respect:

	No, never	Usually	Yes, always
State 1	0%	6%	94%
State 2	1%	6%	94%
State 3	2%	8%	90%

Self-Direction of Care

■ Person helped plan services:

	No	Yes, some	Yes, all
State 1	12%	16%	67%
State 2	30%	19%	48%
State 3	25%	16%	53%

■ Person did not help plan any of the services:

	OAA	PD Waiver	Aging Waiver
State 1	2%	21%	18%
State 2	37%	17%	37%
State 3	27%	18%	28%

Employment

- Most people do not work – 97%
- However, many people would like a job
(6%, 16%, 14%)

- Yes, would like a job, by program:

	OAA	PD Waiver	Aging Waiver
State 1	1%	19%	5%
State 2	7%	26%	12%
State 3	9%	29%	9%

Everyday Living

- Of respondents who need help, do they get enough help with basic self-care needs (ADLs)?

	No	Sometimes	Yes, always
State 1	13%	7%	80%
State 2	5%	14%	80%
State 3	5%	14%	80%

- Always gets enough help with basic self-care:

	OAA	PD Waiver	Aging Waiver
State 1	69%	85%	85%
State 2	71%	80%	85%
State 3	73%	75%	83%

Everyday Living

- Of respondents who need help, do they get enough help with everyday activities (IADLs)?

	No	Sometimes	Yes, always
State 1	8%	7%	85%
State 2	7%	10%	83%
State 3	5%	13%	82%

- Always gets enough help with everyday activities, by program:

	OAA	PD Waiver	Aging Waiver
State 1	67%	91%	92%
State 2	81%	80%	85%
State 3	72%	76%	86%

Planning for Future

- Many people said they did not know how to get information/help when planning for future service and support needs.
- **New Question:** “Which of the following forms of decision making assistance do you have in place, if any?”
 - Durable power of attorney
 - Health care proxy
 - Supported decision making (you voluntarily appointed someone to assist you with making decisions about your life)
 - Court-appointed legal guardianship (someone else was appointed by the court to make decisions for you in at least one of these areas: medical, personal or financial)
 - Living will (written instruction for end of life care)

Functional Competence

■ Person feels as independent as they can be:

	No	In-between	Yes
State 1	7%	5%	84%
State 2	8%	8%	82%
State 3	9%	10%	80%

■ Person feels in control of life:

	No	In-between	Yes
State 1	6%	8%	83%
State 2	11%	12%	74%
State 3	11%	14%	73%

■ Most important: 1) health, 2) being independent, 3) feeling in control, 4) safety

Using NCI-AD Data

- Quality improvement efforts (CQI framework)
- Identifying service needs and gaps
- Allocating services
- Budget justifications to state legislatures
- Describing the state's service delivery system
- Communicating with family and advocates
- Benchmarking and comparing data nationally
- Quality assurance in managed care
- Compliance – waiver performance, Olmstead planning, BIP, HCBS settings rule

HCBS Settings Crosswalk

NCI-AD Performance Indicators: Series of Technical Assistance Tools for States

- A Crosswalk to HCBS Settings Requirements
 - ▣ Survey data that demonstrates compliance
- A Quality Improvement Tool for Person-Centered Service Planning
 - ▣ Survey data that is useful for quality management activities

Table 1. HCBS Settings (Residential and Day) Requirements

HCBS Setting Requirement	NCI-AD System Level Compliance Data Available
Is integrated in and supports access to the greater community	Yes
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources	Yes
Individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS	Yes
Selected by the individual from among setting options, including non-disability specific settings	Yes, in part
Respects the participant's option to choose a private unit in a residential setting	Not Addressed
Ensures right to privacy, dignity and respect and freedom from coercion and restraint	Yes
Optimizes individual initiative, autonomy and independence in making life choices	Yes
Facilitates choice of services and supports, and who provides them	Yes

Table 2. HCBS Settings Requirements for Provider Owned/Operated Residential Settings

HCBS Setting Requirement for Provider-Owned or Operated Residential Settings – Individuals must have:	NCI-AD System Level Compliance Data Available
A lease or other legally enforceable agreement to protect from eviction	Not Addressed
Privacy in their sleeping or living unit including entrances lockable by the individual (Staff have keys as needed)	Yes
Individuals sharing units have choice of roommates	Yes
Freedom to furnish and decorate their sleeping or living units within the lease or other agreement	Yes
Freedom and support to control of their schedules and activities	Yes
Access to food at any time	Yes
Visitors at any time	Yes
Setting is physically accessible to individual	Yes, in part

HCBS Person-centered Service Plan Process Requirements*	NCI-AD Data Available
Service planning process is driven by the individual	Yes, in part
Includes people chosen by the individual	Not addressed
Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible	Yes, in part
Is timely; occurs at times and locations convenient to the individual	Not addressed
Reflects cultural considerations	Yes, in part
Plan discussions are in plain language. Information is available in a manner that is accessible to individuals.	Yes, in part
Includes strategies for solving disagreement within the process, including clear conflict-of-interest guidelines for all planning participants	Not addressed
Offers choices to the individual regarding the services and supports the individual receives and from whom	Yes, in part
Provides a method for individual to request updates	Yes, in part
May include whether and what services are self-directed	Yes, in part
Signed by all individuals and providers responsible for its implementation. A copy of plan must be provided to individual and his/her representative.	Not addressed
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others	Yes, in part
Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of individual	Not addressed
Includes risk factors and plans to minimize them	Yes, in part
Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	Yes, in part

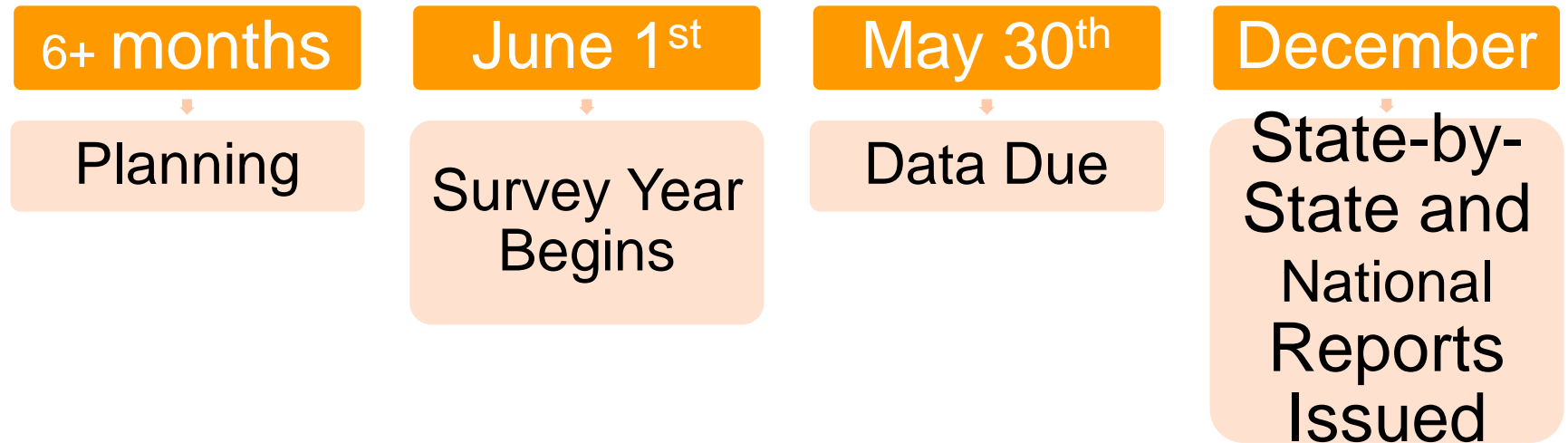
*Applicable to 1915(c) waivers and 1915(i) state plan options.



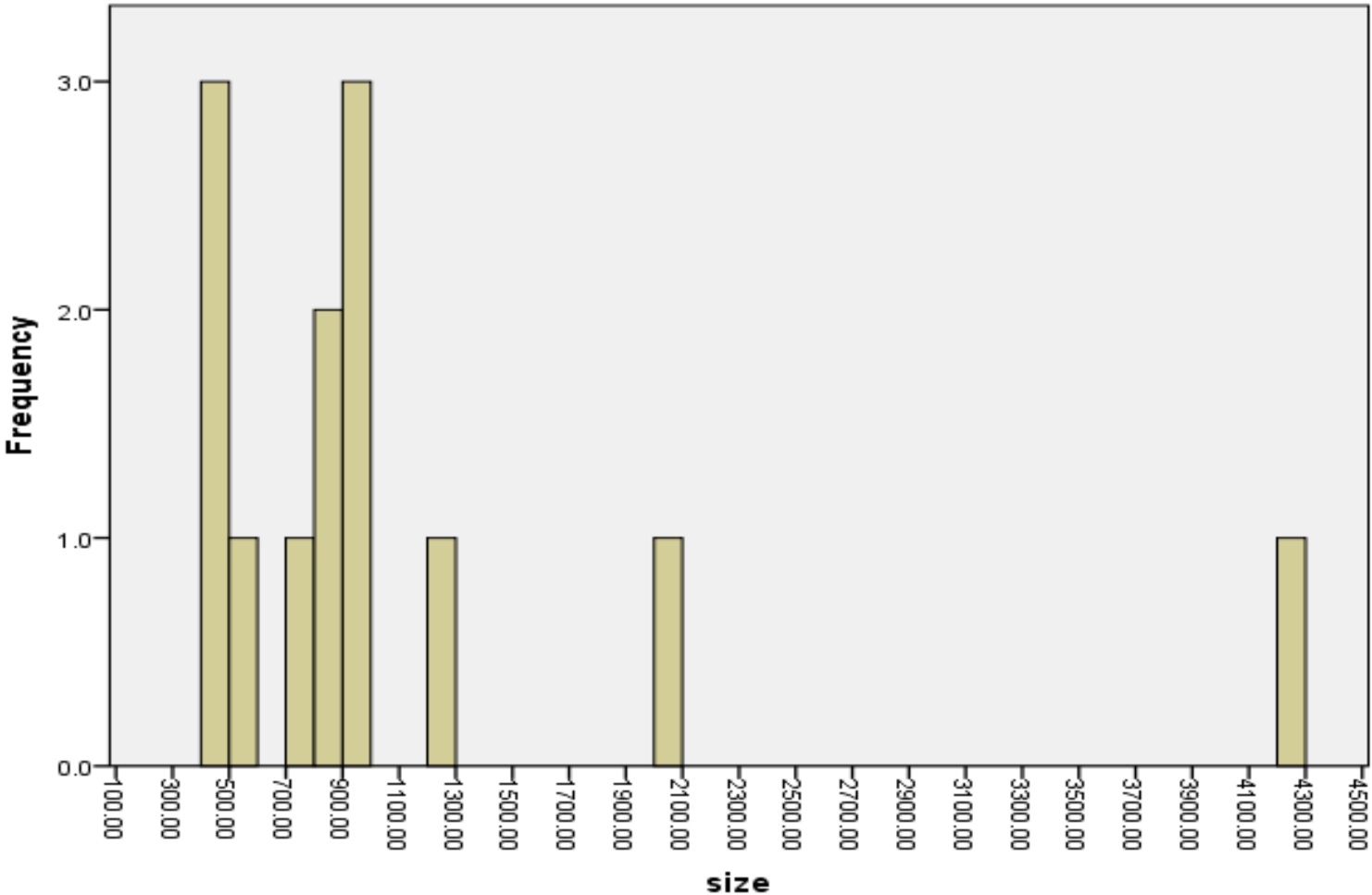
Data powered by HSRI
Project managed by NASUAD

Nationwide Rollout

Timeline



State Samples - Sizes



State Samples – Makeup

	Waiver	Waiver – MCO	MFP	OAA	State plan	PACE	SNF
State A	X			X			
State B	X			X			
State C	X			X			
State D	X			X	X		
State E	X			X	X	X	
State F	X			X	X		
State G	X	X		X	X		
State H	X						
State I	X		X	X			X
State J		X		X		X	X
State K	X			X			
State L	X			X			
State M		X					
State N		X			X	X	

State Samples – Examples

■ ME

■ MN

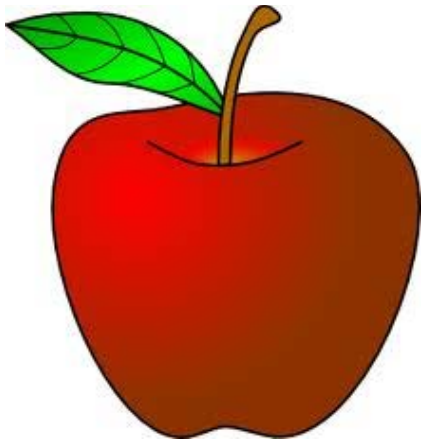
■ TN

■ TX

Reporting – by Makeup

	Waiver (Aging, PD, other)	Waiver – MCO	MFP	OAA	State plan	PACE	SNF
State A	X			X			
State B	X			X			
State C	X			X			
State D	X			X	X		
State E	X			X	X	X	
State F	X			X	X		
State G	X	X		X	X		
State H	X						
State I	X		X	X			X
State J		X		X		X	X
State K	X			X			
State L	X			X			
State M		X					
State N		X			X	X	

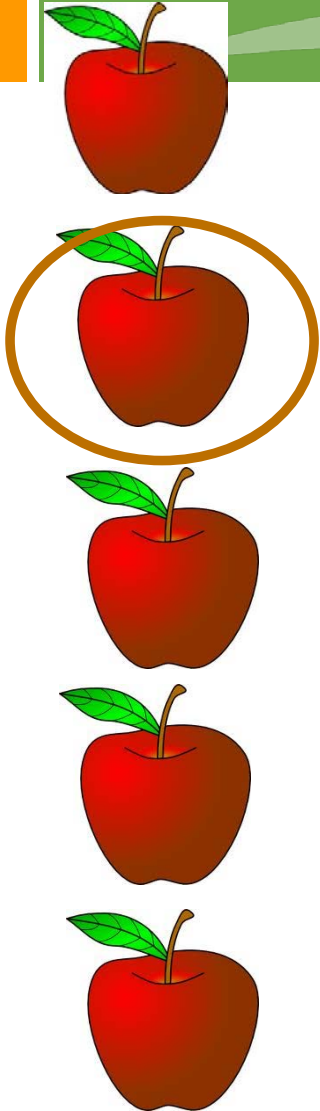
Risk-Adjustment – Why?



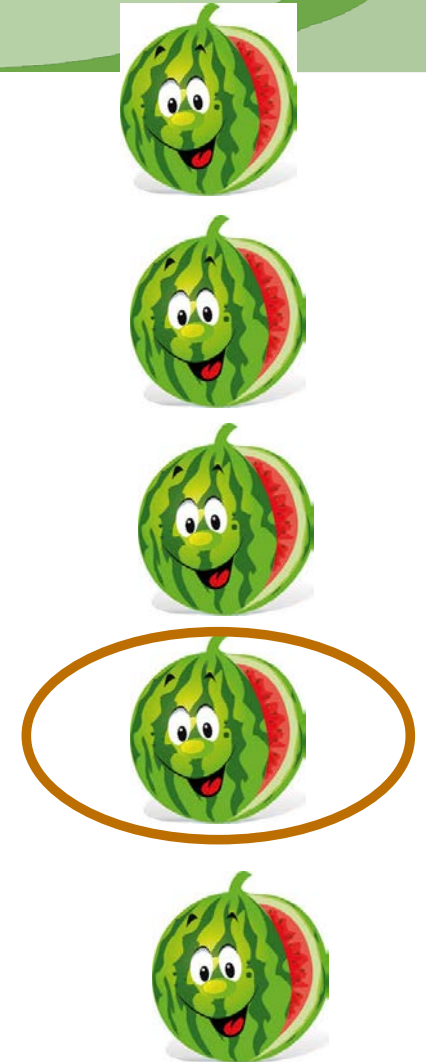
?



Risk-Adjustment – Why?



is better than



Risk-Adjustment – Why?



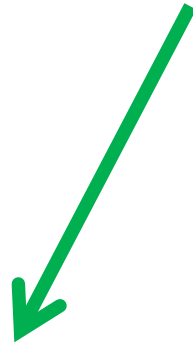
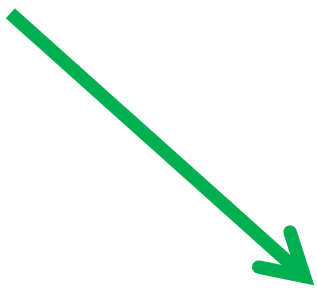
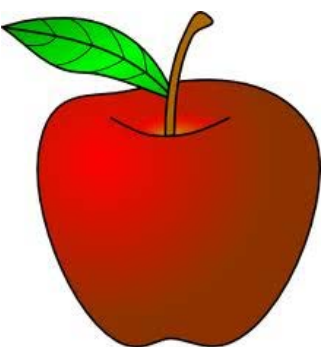
?



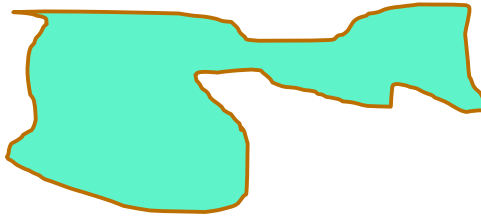
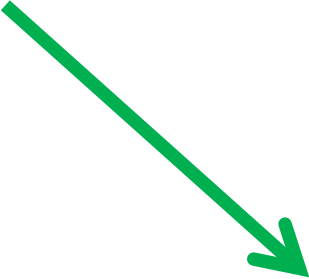
Risk-Adjustment – Why?



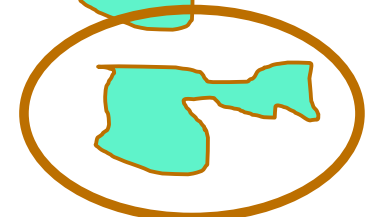
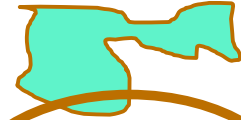
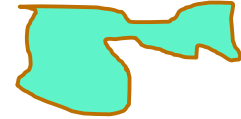
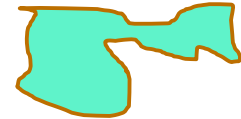
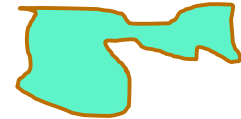
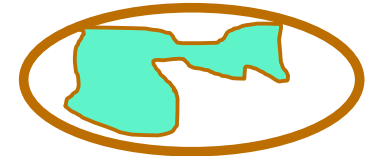
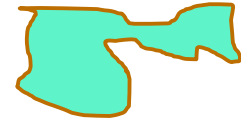
Risk-Adjustment – Why?



Risk-Adjustment – Why?



Risk-Adjustment – Why?



Candidate Risk-Adjusters

- Age
- Rurality
- Diagnoses
- Hearing/vision impairment
- Mobility
- Where person lives (?)
- How much help is needed (ADLs/IADLs)
- Health
- Length of services

Validity and Reliability

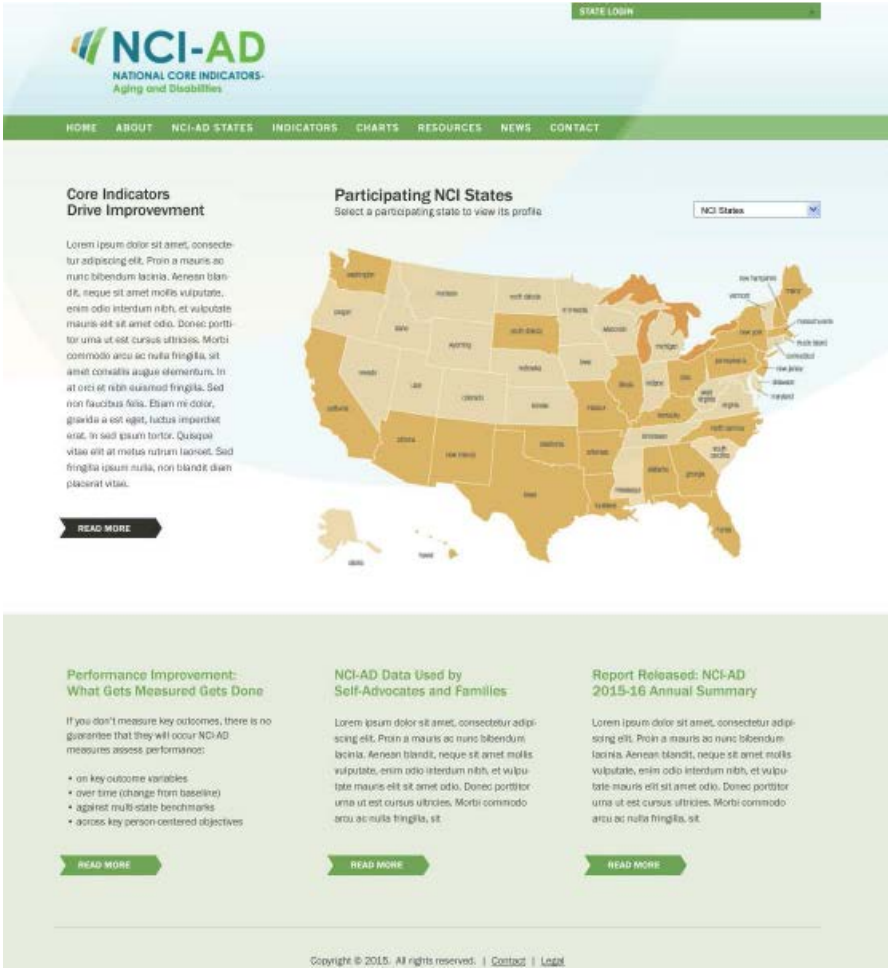
Validity

- Face validity
- Content validity
- Concurrent validity

Reliability

- Internal consistency
- Inter-rater

NCI-AD Website



www.nciad.org

Houses:

- Project overview
- Reports
- Webinars
- Presentations
- Staff contacts
- State-specific project information

Data powered by HSRI

Project managed by NASUAD

For Additional Information:

Kelsey Walter, NCI-AD Project Director, NASUAD

kwalter@nasuad.org

Julie Bershadsky, NCI-AD Project Director, HSRI

jbershadsky@hsri.org