Overview for HCBS

August 31, 2016
What is NCI-AD?

- Officially launched June 1, 2015
- Quality of life survey for older adults and adults with physical disabilities
- Assesses state LTSS systems
  - SNFs/Nursing Homes
  - Medicaid waivers
  - Medicaid state plans
  - PACE
  - MLTSS populations
  - State-funded programs, and
  - Older Americans Act programs
  - Money Follows the Person
- Gathers information directly from consumers through face-to-face interviews
- State-developed initiative guided by a steering committee
- Relative of the ID/DD systems National Core Indicators (NCI)
Adult Consumer Survey

- Pre-survey Form
  - Used to setup interviews, for use by the interviewers only

- Background Information (21 questions)
  - Demographics and personal characteristics: gathers data about the consumer from agency records and/or the individual

- Consumer Survey (86 (51 proxy) questions + 2 optional)
  - Includes subjective satisfaction-related questions that can only be answered by the consumer, and objective questions that can be answered by the consumer or, if needed, their proxy

- Interviewer Feedback Sheet
  - Asks interviewer to evaluate the survey experience and flag concerns
Measures

- 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
Validity and Reliability

- Extensive revision and testing
- Validity
  - Face validity
  - Content validity
  - Concurrent validity
  - Cognitive testing
- Reliability
  - Internal consistency
  - Inter-rater
What Sets NCI-AD Apart?

- States owns—and has immediate access to—their data
- Can be used across settings and funding sources
- States can add questions to the survey tool
- Can provide state, program, and regional comparisons
  - Crosswalks to NCI (ID/DD) measures
- Focuses on how consumers experience services and how services impact their quality of life
  - Goes beyond service satisfaction
- Provides transparency and accountability
  - State and National reports are published on www.NCI-AD.org
- Provides timely and actionable data over time
Using NCI-AD Data

- Quality improvement efforts (CQI framework)
- Incentivizing quality outcomes in MLTSS
  - Process measures for accountability: care coordination, transitions, choice/control, access to community
  - MCOs may assess quality: United Healthcare’s MLTSS Proposed Framework
  - Data useful for pre/post MLTSS comparisons
- Compliance – Olmstead planning, BIP, MFP
- Benchmarking and comparing data nationally
- Identifying service needs and gaps
- Allocating services
- Budget justifications to state legislatures
- Communicating with family and advocates
New HCBS Requirements

- Many states are using NCI-AD data to demonstrate compliance to the new HCBS Settings Requirements
- Data may also be useful for quality management activities with the Person-Centered Service Planning Requirements

Tennessee State Transition Plan (1115 CHOICES):
- Annual surveys to demonstrate ongoing compliance
- Compare to Individual Experience Assessment to identify trends or variances
<table>
<thead>
<tr>
<th>HCBS Setting Requirement</th>
<th>NCI-AD System Level Compliance Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is integrated in and supports access to the greater community</td>
<td>Yes</td>
</tr>
<tr>
<td>Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS</td>
<td>Yes</td>
</tr>
<tr>
<td>Selected by the individual from among setting options, including non-disability specific settings</td>
<td>Yes, in part</td>
</tr>
<tr>
<td>Respects the participant’s option to choose a private unit in a residential setting</td>
<td>Not Addressed</td>
</tr>
<tr>
<td>Ensures right to privacy, dignity and respect and freedom from coercion and restraint</td>
<td>Yes</td>
</tr>
<tr>
<td>Optimizes individual initiative, autonomy and independence in making life choices</td>
<td>Yes</td>
</tr>
<tr>
<td>Facilitates choice of services and supports, and who provides them</td>
<td>Yes</td>
</tr>
<tr>
<td>HCBS Setting Requirement for Provider-Owned or Operated Residential Settings – Individuals must have:</td>
<td>NCI-AD System Level Compliance Data Available</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>A lease or other legally enforceable agreement to protect from eviction</td>
<td>Not Addressed</td>
</tr>
<tr>
<td>Privacy in their sleeping or living unit including entrances lockable by the individual (Staff have keys as needed)</td>
<td>Yes</td>
</tr>
<tr>
<td>Individuals sharing units have choice of roommates</td>
<td>Yes</td>
</tr>
<tr>
<td>Freedom to furnish and decorate their sleeping or living units within the lease or other agreement</td>
<td>Yes</td>
</tr>
<tr>
<td>Freedom and support to control of their schedules and activities</td>
<td>Yes</td>
</tr>
<tr>
<td>Access to food at any time</td>
<td>Yes</td>
</tr>
<tr>
<td>Visitors at any time</td>
<td>Yes</td>
</tr>
<tr>
<td>Setting is physically accessible to individual</td>
<td>Yes, in part</td>
</tr>
</tbody>
</table>
NCI-AD Process
Timeline

6+ months
Planning

June 1<sup>st</sup>
Survey Year Begins

May 30<sup>th</sup>
Data Due

December
State-by-State and National Reports Issued
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
- Review state report
- Data is published on [www.nci-ad.org](http://www.nci-ad.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
State Participation 2016-2017

- Participating in 2015-2016 and/or 2016-2017
- Not Participating
### National Report Categories for State Samples

<table>
<thead>
<tr>
<th>State</th>
<th>Combined Medicaid program</th>
<th>Aging Medicaid program</th>
<th>PD Medicaid program</th>
<th>BI Medicaid program</th>
<th>OAA</th>
<th>SNF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>EBD Waiver (N=312)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A*</td>
<td>OAA (N=88)</td>
<td>N/A</td>
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<tr>
<td>Georgia</td>
<td>CCSP Waiver (N=331)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>HCBS (N=470)</td>
<td>N/A</td>
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<tr>
<td>Maine**</td>
<td>Consumer Directed PC Services; Elder and Adults with Disabilities Waiver; Private Duty Nursing; MaineCare Day Health (N = 261)</td>
<td>(N/A)</td>
<td>(N/A)</td>
<td>(N/A)</td>
<td>OAA (N=90)</td>
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<tr>
<td>Mississippi</td>
<td>Assisted Living Waiver; Elderly and Disabled Waiver (N=529)</td>
<td>N/A</td>
<td>IL Waiver (N=293)</td>
<td>TBI/SCI Waiver (N=113)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>North Carolina</td>
<td>MFP (N=56)</td>
<td>PACE (N=57)</td>
<td>CAP/DA (N=224)</td>
<td>N/A</td>
<td>HCCBG (N=296)</td>
<td>SNF (N=331)</td>
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<tr>
<td>New Jersey</td>
<td>NJ Family Care (4 MCOs) (N=415)</td>
<td>PACE (N=101)</td>
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<td>N/A</td>
<td>OAA (N=104)</td>
<td>SNF FFS (N=104)</td>
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<td>Total N</td>
<td>1904</td>
<td>158</td>
<td>517</td>
<td>113</td>
<td>1048</td>
<td>435</td>
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Who helps the person most often

<table>
<thead>
<tr>
<th>State</th>
<th>Paid support worker*</th>
<th>Paid family member</th>
<th>Paid friend</th>
<th>Unpaid family member</th>
<th>Unpaid friend or volunteer</th>
<th>Other</th>
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<tbody>
<tr>
<td>CO</td>
<td>43%</td>
<td>13%</td>
<td>1%</td>
<td>36%</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>GA</td>
<td>54%</td>
<td>2%</td>
<td>1%</td>
<td>41%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>ME</td>
<td>49%</td>
<td>8%</td>
<td>1%</td>
<td>33%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>MS</td>
<td>51%</td>
<td>5%</td>
<td>0%</td>
<td>39%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>NC</td>
<td>56%</td>
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<td>0%</td>
<td>36%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>NJ</td>
<td>54%</td>
<td>2%</td>
<td>0%</td>
<td>32%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>NCI-AD</td>
<td>51%</td>
<td>6%</td>
<td>1%</td>
<td>36%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Average</td>
<td>51%</td>
<td>6%</td>
<td>1%</td>
<td>36%</td>
<td>5%</td>
<td>1%</td>
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</table>
# Needs Help with Everyday Activities

<table>
<thead>
<tr>
<th>State</th>
<th>Overall In State</th>
<th>N</th>
<th>Combined Medicaid Program</th>
<th>Aging Medicaid Program</th>
<th>PD Medicaid Program</th>
<th>BI Medicaid Program</th>
<th>OAA</th>
<th>SNF</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO</td>
<td>87%</td>
<td>401</td>
<td>92%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>72%</td>
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<tr>
<td>GA</td>
<td>92%</td>
<td>786</td>
<td>96%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>87%</td>
<td>n/a</td>
</tr>
<tr>
<td>ME</td>
<td>82%</td>
<td>537</td>
<td>92%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>76%</td>
<td>n/a</td>
</tr>
<tr>
<td>MS</td>
<td>94%</td>
<td>932</td>
<td>93%</td>
<td>n/a</td>
<td>98%</td>
<td>99%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>NC</td>
<td>81%</td>
<td>954</td>
<td>98%</td>
<td>89%</td>
<td>100%</td>
<td>n/a</td>
<td>67%</td>
<td>95%</td>
</tr>
<tr>
<td>NJ</td>
<td>92%</td>
<td>719</td>
<td>96%</td>
<td>92%</td>
<td>n/a</td>
<td>n/a</td>
<td>89%</td>
<td>93%</td>
</tr>
<tr>
<td>NCI-AD</td>
<td>88%</td>
<td>4329</td>
<td>94%</td>
<td>91%</td>
<td>99%</td>
<td>99%</td>
<td>78%</td>
<td>94%</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
<td>94%</td>
<td>91%</td>
<td>99%</td>
<td>99%</td>
<td>78%</td>
<td>94%</td>
</tr>
</tbody>
</table>
## Needs help with self-care

<table>
<thead>
<tr>
<th>State</th>
<th>Overall In State</th>
<th>N</th>
<th>Combined Medicaid Program</th>
<th>Aging Medicaid Program</th>
<th>PD Medicaid Program</th>
<th>BI Medicaid Program</th>
<th>OAA</th>
<th>SNF</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO</td>
<td>62%</td>
<td>402</td>
<td>69%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>38%</td>
<td>n/a</td>
</tr>
<tr>
<td>GA</td>
<td>83%</td>
<td>788</td>
<td>85%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>80%</td>
<td>n/a</td>
</tr>
<tr>
<td>ME</td>
<td>61%</td>
<td>541</td>
<td>85%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>44%</td>
<td>n/a</td>
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<tr>
<td>MS</td>
<td>70%</td>
<td>933</td>
<td>65%</td>
<td>n/a</td>
<td>91%</td>
<td>93%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>NC</td>
<td>68%</td>
<td>959</td>
<td>93%</td>
<td>79%</td>
<td>92%</td>
<td>n/a</td>
<td>46%</td>
<td>94%</td>
</tr>
<tr>
<td>NJ</td>
<td>84%</td>
<td>717</td>
<td>91%</td>
<td>69%</td>
<td>n/a</td>
<td>n/a</td>
<td>81%</td>
<td>84%</td>
</tr>
<tr>
<td>NCI-AD Average</td>
<td>71%</td>
<td>4340</td>
<td>81%</td>
<td>74%</td>
<td>92%</td>
<td>93%</td>
<td>58%</td>
<td>89%</td>
</tr>
</tbody>
</table>
Choice and Decision Making

Person Can Get Up and Go to Bed When S/He Wants

- Combined Medicaid Program: 94%
- Aging Medicaid Program: 91%
- PD Medicaid Program: 96%
- BI Medicaid Program: 94%
- OAA: 96%
- SNF: 76%

NCI-AD Average (93%)
Community Participation

Person is Able to Do Things Outside of the Home When and With Home S/He Wants

- Combined Medicaid Program: 63%
- Aging Medicaid Program: 65%
- PD Medicaid Program: 56%
- BI Medicaid Program: 76%
- OAA: 63%
- SNF: 60%

NCI-AD Average (62%)
Transportation

Has Transportation When Wants to Do Things Outside of Home

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Medicaid Program</td>
<td>72%</td>
</tr>
<tr>
<td>Aging Medicaid Program</td>
<td>72%</td>
</tr>
<tr>
<td>PD Medicaid Program</td>
<td>74%</td>
</tr>
<tr>
<td>BI Medicaid Program</td>
<td>78%</td>
</tr>
<tr>
<td>OAA</td>
<td>69%</td>
</tr>
<tr>
<td>SNF</td>
<td>70%</td>
</tr>
</tbody>
</table>

NCI-AD Average (71%)
Employment

Wants a Job

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Medicaid Program</td>
<td>26%</td>
</tr>
<tr>
<td>Aging Medicaid Program (PACE)</td>
<td>25%</td>
</tr>
<tr>
<td>PD Medicaid Program</td>
<td>20%</td>
</tr>
<tr>
<td>BI Medicaid Program</td>
<td>59%</td>
</tr>
<tr>
<td>OAA</td>
<td>16%</td>
</tr>
<tr>
<td>SNF</td>
<td>24%</td>
</tr>
</tbody>
</table>

NCI-AD Average (20%)
Service Coordination

Can Contact Case Manager/Care Coordinator When Needed

- Combined Medicaid Program: 87%
- Aging Medicaid Program (PACE): 82%
- PD Medicaid Program: 88%
- BI Medicaid Program: 91%
- OAA: 80%
- SNF: 88%

NCI-AD Average (85%)
Care Coordination

Someone Followed Up After Leaving Hospital or Rehabilitation Facility
(If Stayed Overnight In the Past Year)

- Combined Medicaid Program: 80%
- Aging Medicaid Program (PACE): 90%
- PD Medicaid Program: 78%
- BI Medicaid Program: 91%
- OAA: 79%
- SNF: 73%

NCI-AD Average (79%)
Had a Regular Dental Visit (In the Past Year)

- Combined Medicaid Program: 36%
- Aging Medicaid Program: 71%
- PD Medicaid Program: 35%
- BI Medicaid Program: 31%
- OAA: 34%
- SNF: 62%

NCI-AD Average (37%)
Someone Talked or Worked With Person to Reduce Risk of Falling (If There Were Concerns About Person's Stability)

- Combined Medicaid Program: 75%
- Aging Medicaid Program (PACE): 85%
- PD Medicaid Program: 67%
- BI Medicaid Program: 65%
- OAA: 70%
- SNF: 77%

NCI-AD Average (71%)
Houses:
- Project overview
- Reports
- Webinars
- Presentations
- Staff contacts
- State-specific project information
For Additional Information:

Kelsey Walter, NCI-AD Director, NASUAD

kwalter@nasuad.org

Julie Bershadsky, NCI-AD Director, HSRI

jbershadsky@hsri.org
We wanted to directly hear from people

Minnesota began using the NCI Suite of surveys in 2013

- NCI – AC for adults with I/DD
- Three different family and guardian surveys
- Staff Stability Survey

- One of three states that piloted NCI-AD for older adults and adults with physical disabilities
Following positive response to pilot, decided to move forward with NCI-AD

Conducted 4,000 interviews with older adults and adults with disabilities

Sampling strategy

- Older adults
  - Program
  - Managed care organization
  - Rae/ethnicity

- People with physical disabilities
  - Region
  - Race/ethnicity
What it took to complete 4,000 interviews

- January: began defining survey population
- May: Issued RFP for a survey vendor
- By July: Selected Vital Research as the vendor and negotiated contract
- August: received department approval of the survey, our process and documents
- September: began translation of documents into Hmong, Russian, Somali, and Spanish
- September and October: Vital Research hiring of interviewers
- December: finished pulling lists of about 16,000 people to be randomly selected for an invitation to participate in an interview
- By the end of December, all survey documents translated.
- January – interviewer were trained and interviews started shorted after that
- By June, all 4,000 interviews were completed.
What we learned

- Questions matter and changes have impact on time and cost
  - Challenge of matching information needed with what is in our systems
  - Survey Translation

- Definitions matter: Definition of “physical disabilities”
  - System data points
  - Added question in survey to test our assumptions

- Build in time for when things don’t go as planned
  - Incorrect contact information, especially for guardians
  - Translations took more time than expected

- Significant coordination required with multiple surveys
Examples of how data will be used

- Measures for Olmstead Plan outcomes
  - Are people really making informed choices
  - How well are we supporting people in what matters to them

- Evaluate preventative care and health care access

- Compare outcomes across managed are organizations and identify priorities for improvement
Examples of how we will use data

- Evaluate outcomes of initiatives
  - Employment First
  - Innovation grants

- State and Regional Quality Councils will evaluate progress and regional differences in person centered practices and outcomes

- Engage with diverse communities to improve services to better meet needs and preferences
  - Somali elders
  - Families with a family member on the autism spectrum.
Contact Information

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Alex.e.Bartolic@state.mn.us

Kari Benson
Director, Aging and Adult Services
651/431-2566
Kari.L.Benson@state.mn.us