

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 own—and have 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

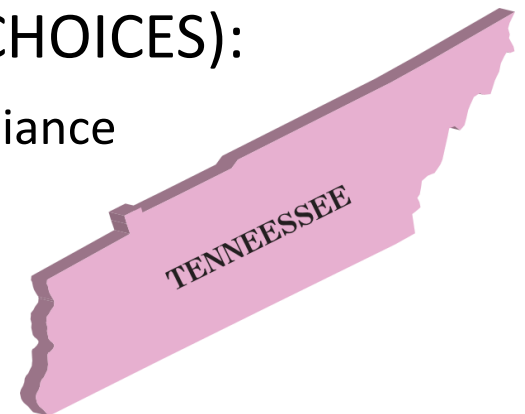


Table 1. HCBS Settings (Residential and Day) Requirements

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

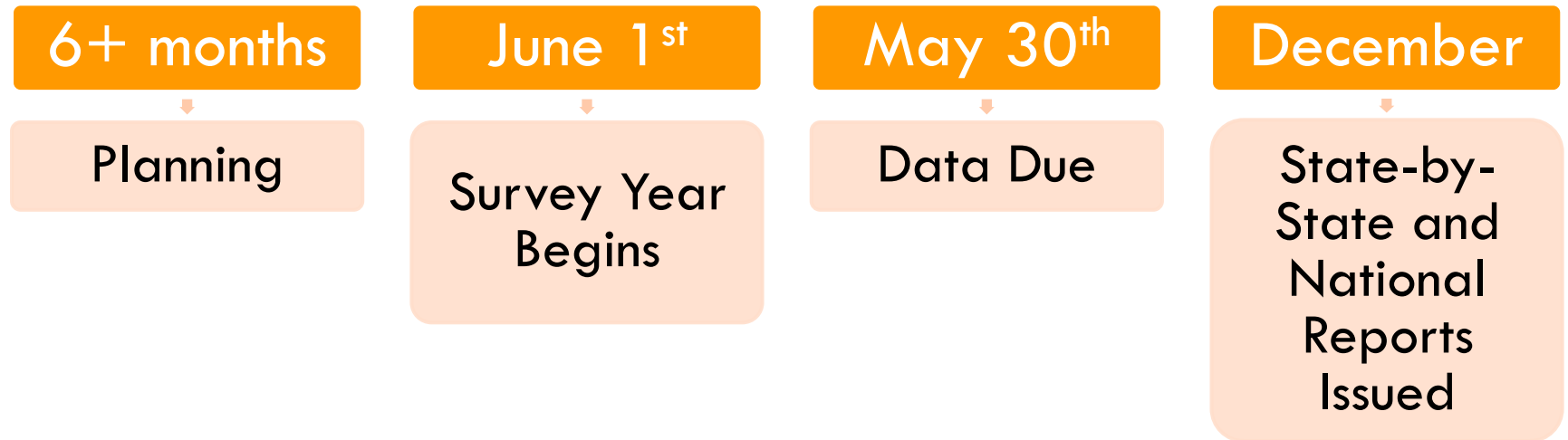
Table 2. HCBS Settings Requirements for Provider Owned/Operated Residential Settings

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



NCI-AD Process

Timeline



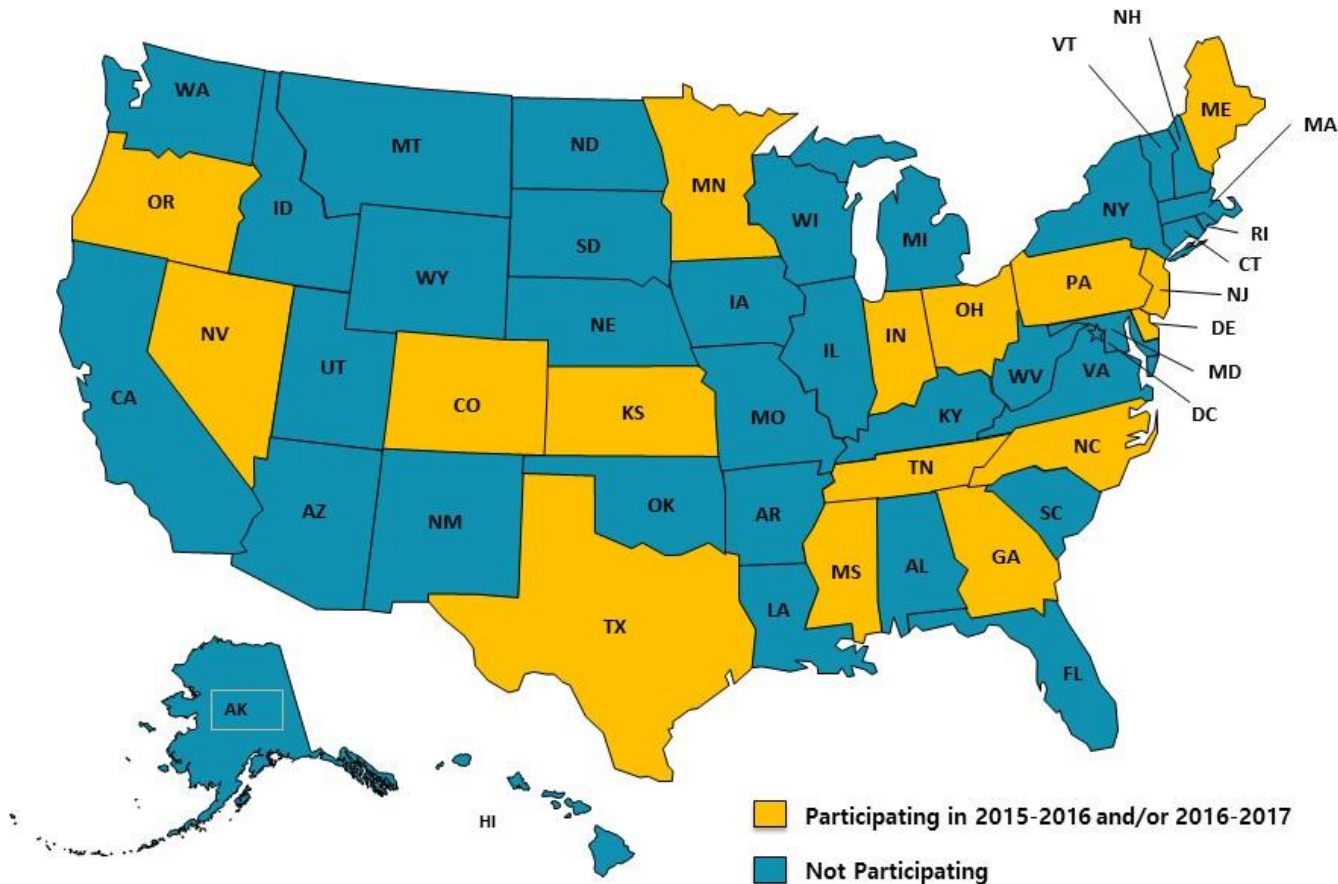
Expectations for States

- 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

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





Mid-Year Results 2015-2016

Six State Report



NCI-AD

NATIONAL CORE INDICATORS
Aging and Disabilities™

National Core Indicators
Aging and Disability Adult Consumer Survey

2015-2016 Mid-Year Results

National Report Categories for State Samples

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

Who helps the person most often

State	Paid support worker*	Paid family member	Paid friend	Unpaid family member	Unpaid friend or volunteer	Other
CO	43%	13%	1%	36%	6%	1%
GA	54%	2%	1%	41%	2%	1%
ME	49%	8%	1%	33%	8%	1%
MS	51%	5%	0%	39%	4%	0%
NC	56%	3%	0%	36%	3%	1%
NJ	54%	2%	0%	32%	6%	5%
NCI-AD Average	51%	6%	1%	36%	5%	1%

Needs Help with Everyday Activities

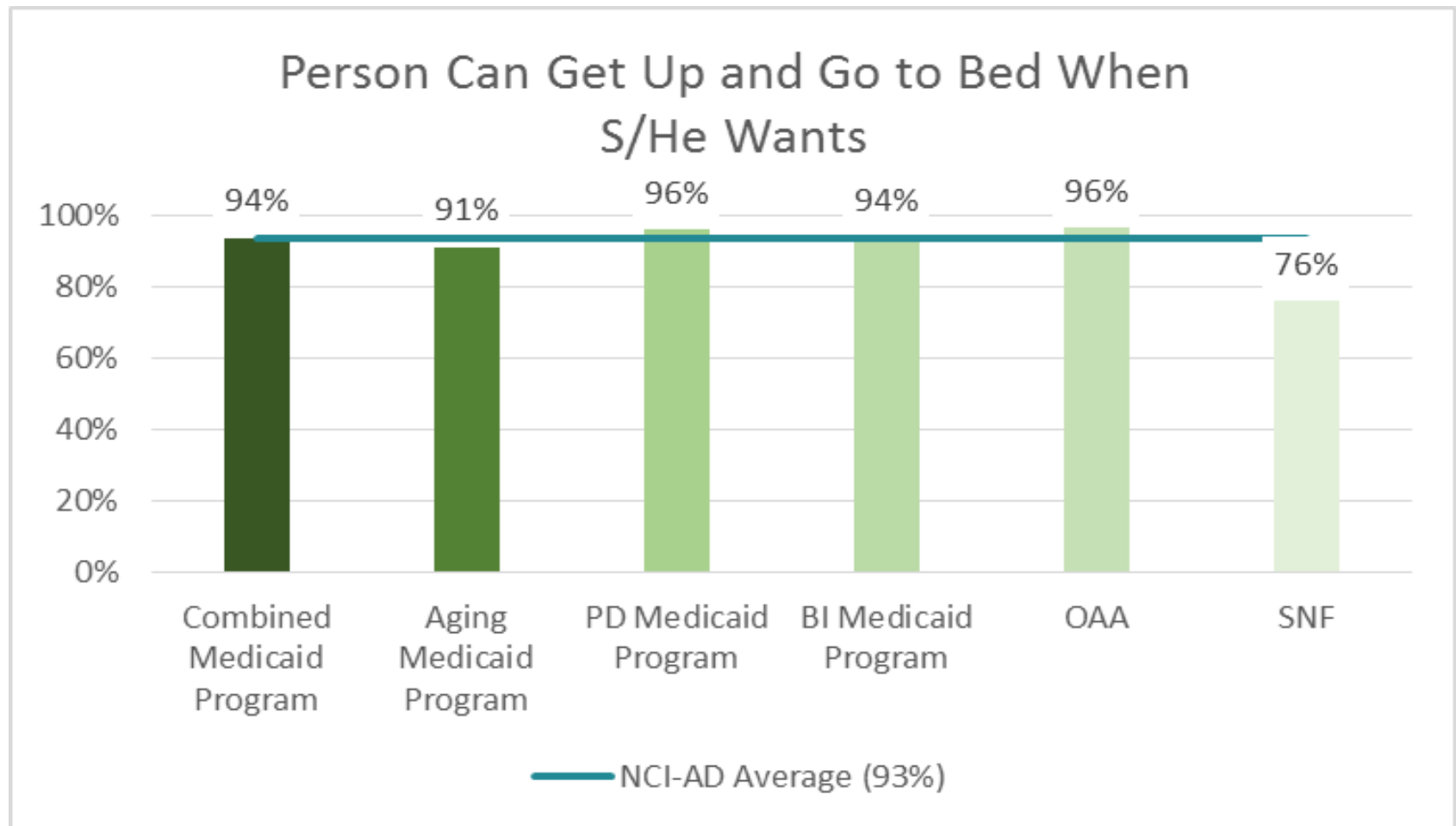
State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	87%	401	92%	n/a	n/a	n/a	72%	n/a
GA	92%	786	96%	n/a	n/a	n/a	87%	n/a
ME	82%	537	92%	n/a	n/a	n/a	76%	n/a
MS	94%	932	93%	n/a	98%	99%	n/a	n/a
NC	81%	954	98%	89%	100%	n/a	67%	95%
NJ	92%	719	96%	92%	n/a	n/a	89%	93%
NCI-AD Average	88%	4329	94%	91%	99%	99%	78%	94%

Needs help with self-care

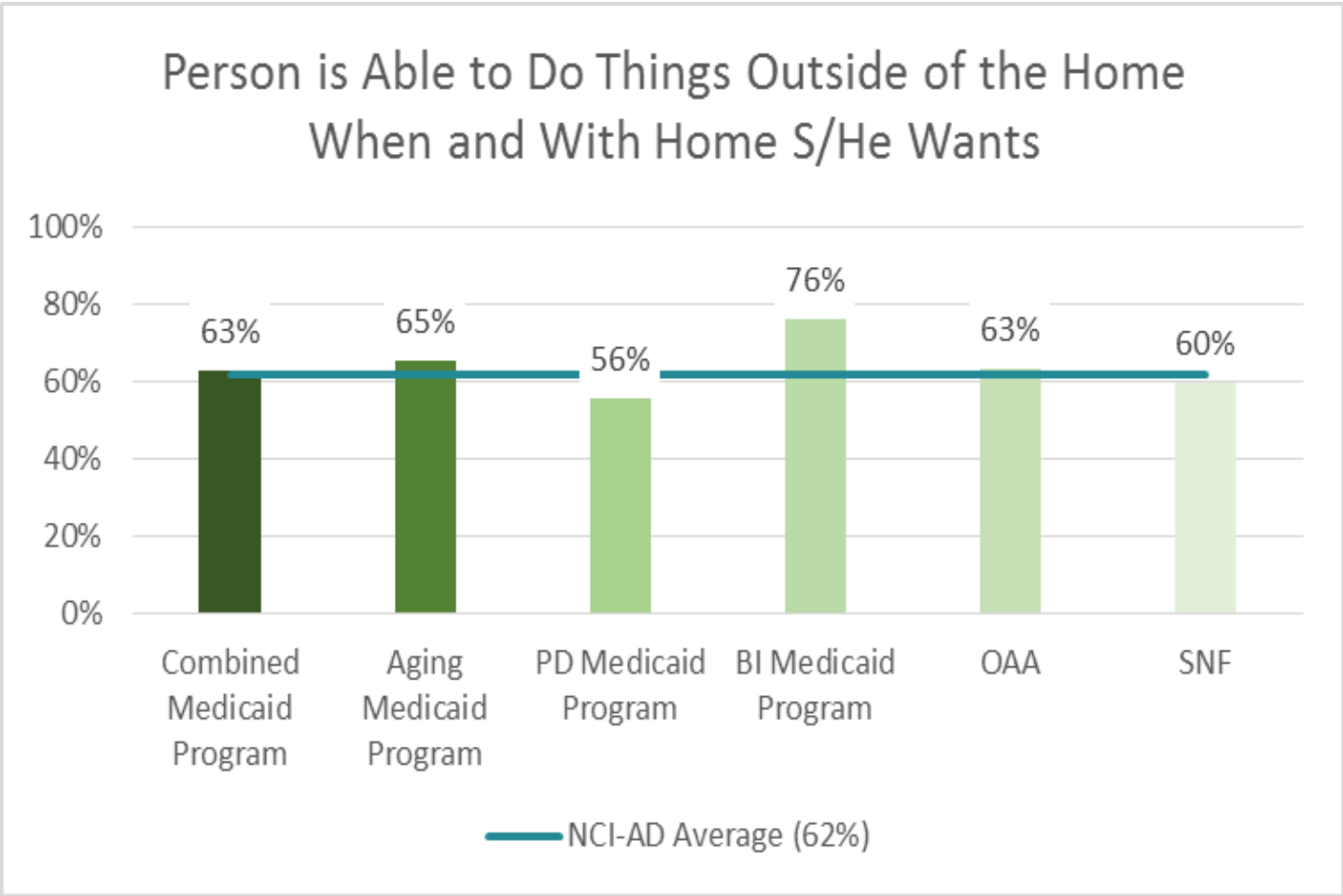
State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	62%	402	69%	n/a	n/a	n/a	38%	n/a
GA	83%	788	85%	n/a	n/a	n/a	80%	n/a
ME	61%	541	85%	n/a	n/a	n/a	44%	n/a
MS	70%	933	65%	n/a	91%	93%	n/a	n/a
NC	68%	959	93%	79%	92%	n/a	46%	94%
NJ	84%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

Choice and Decision Making

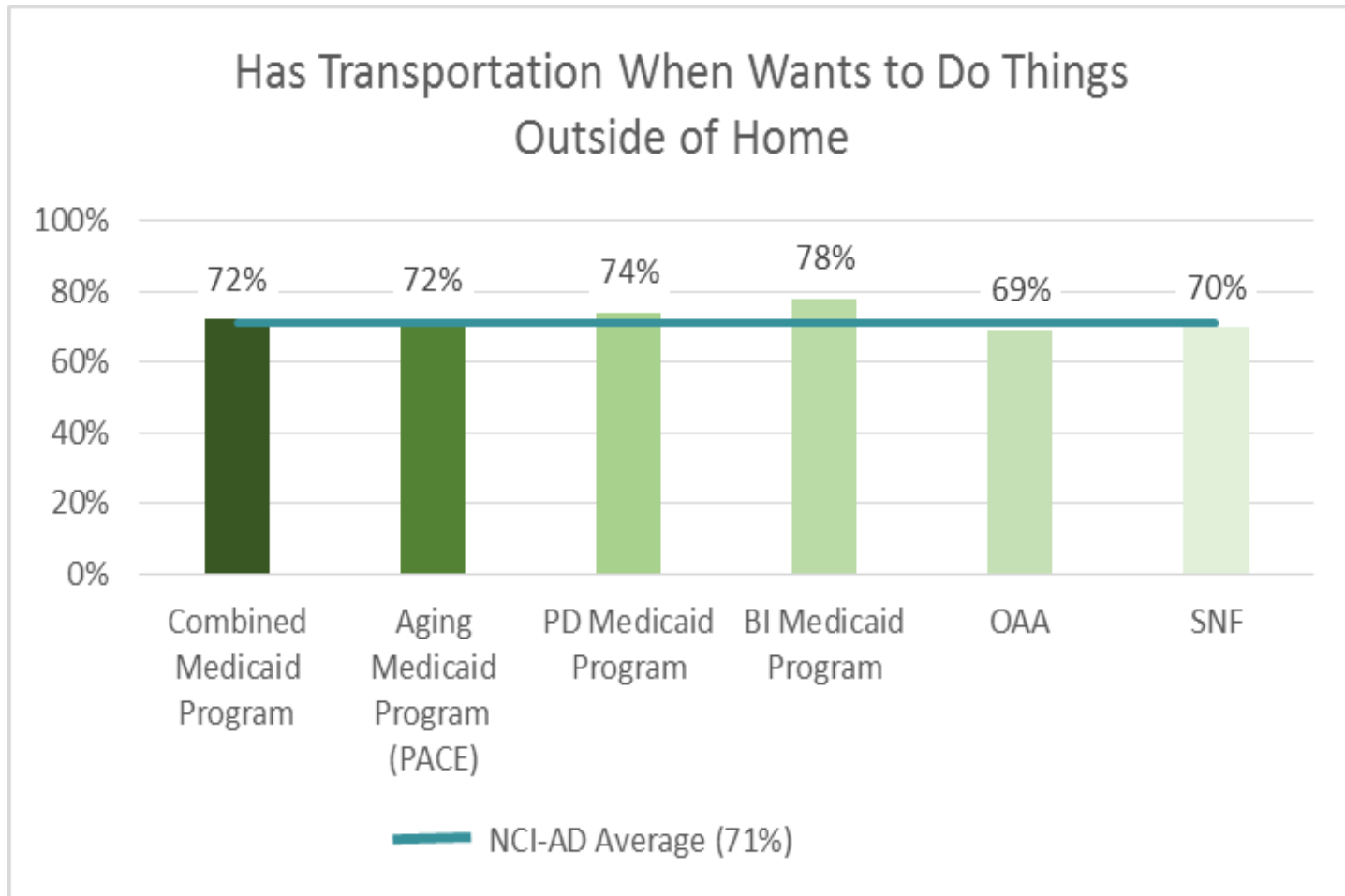
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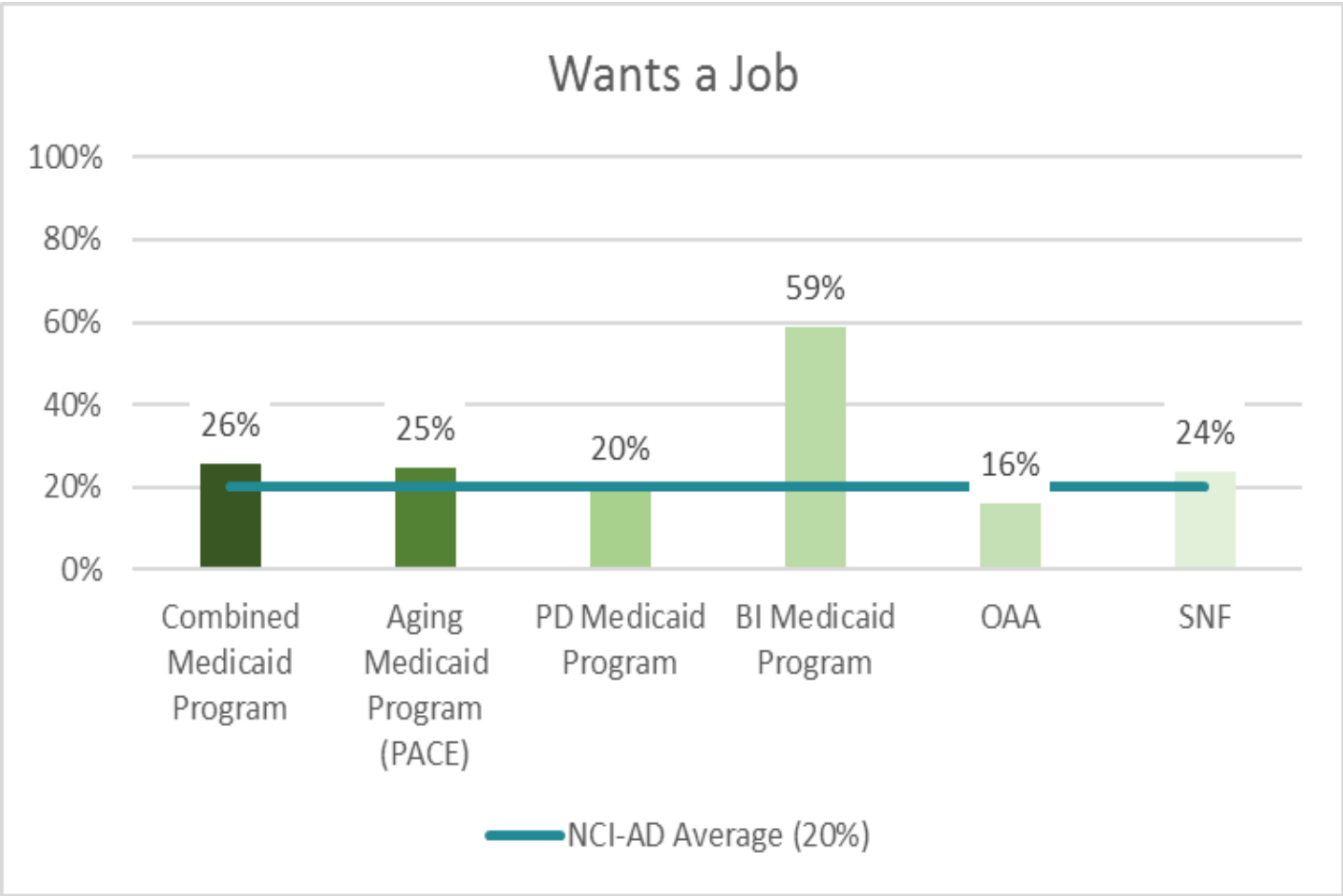
Community Participation



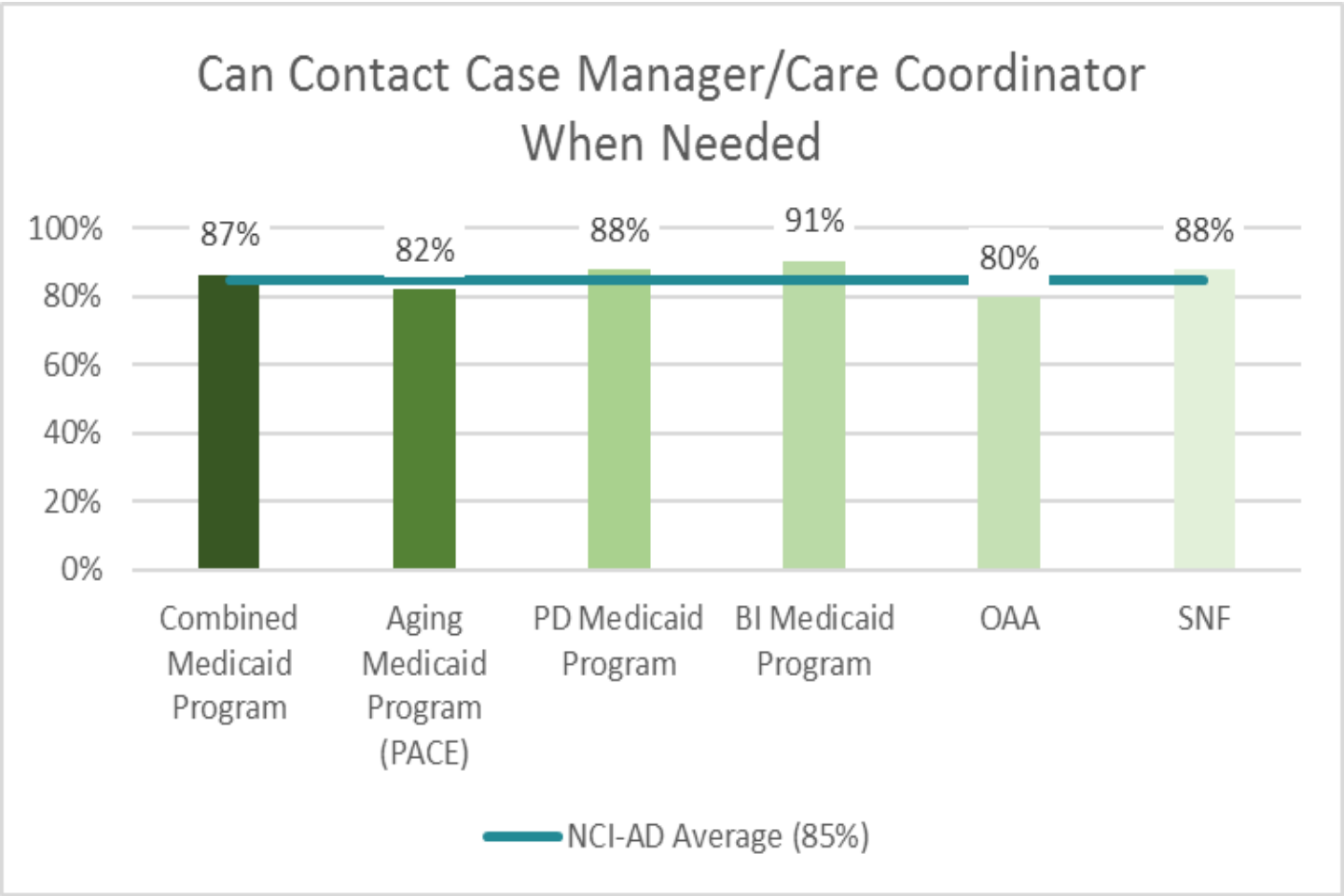
Transportation



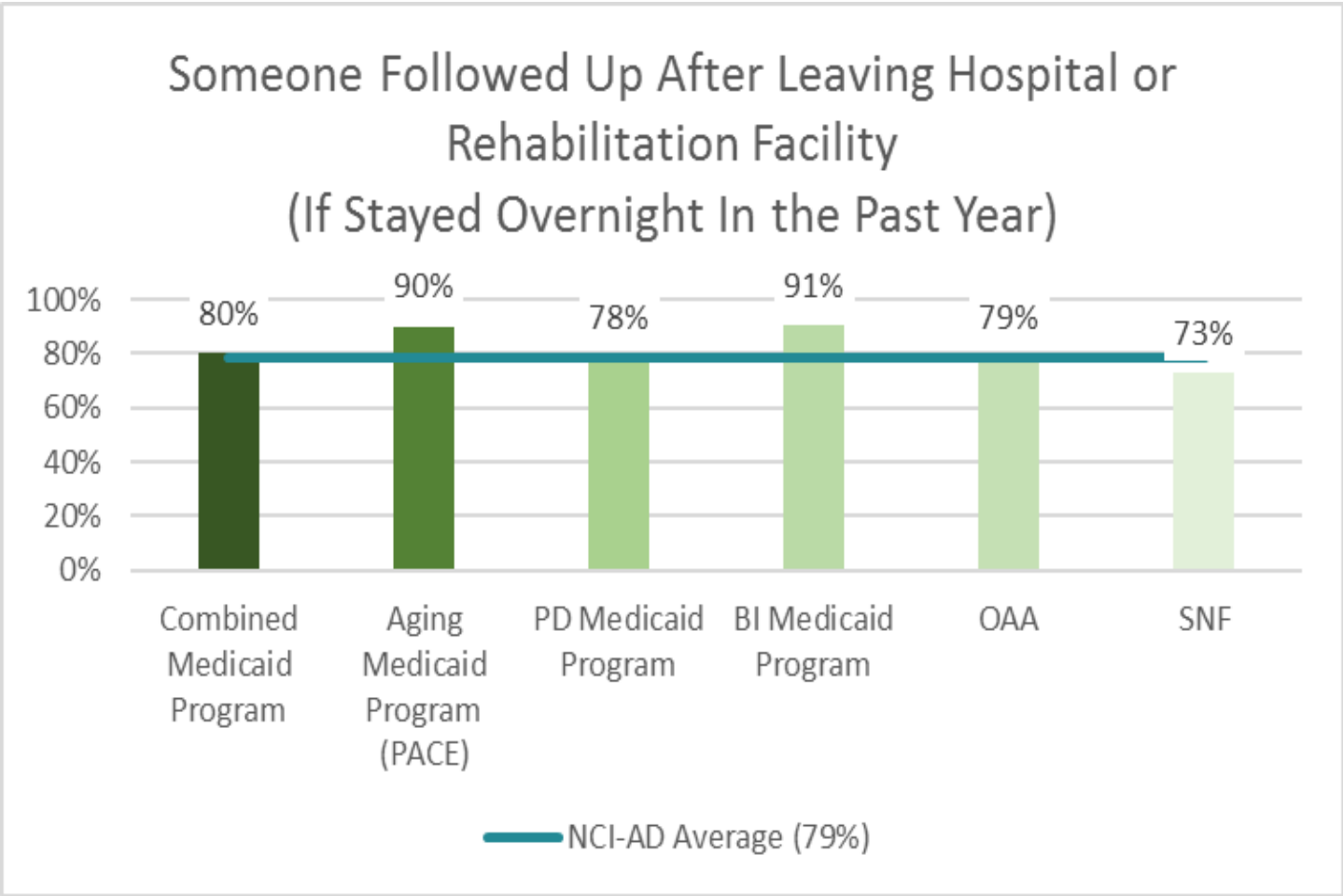
Employment



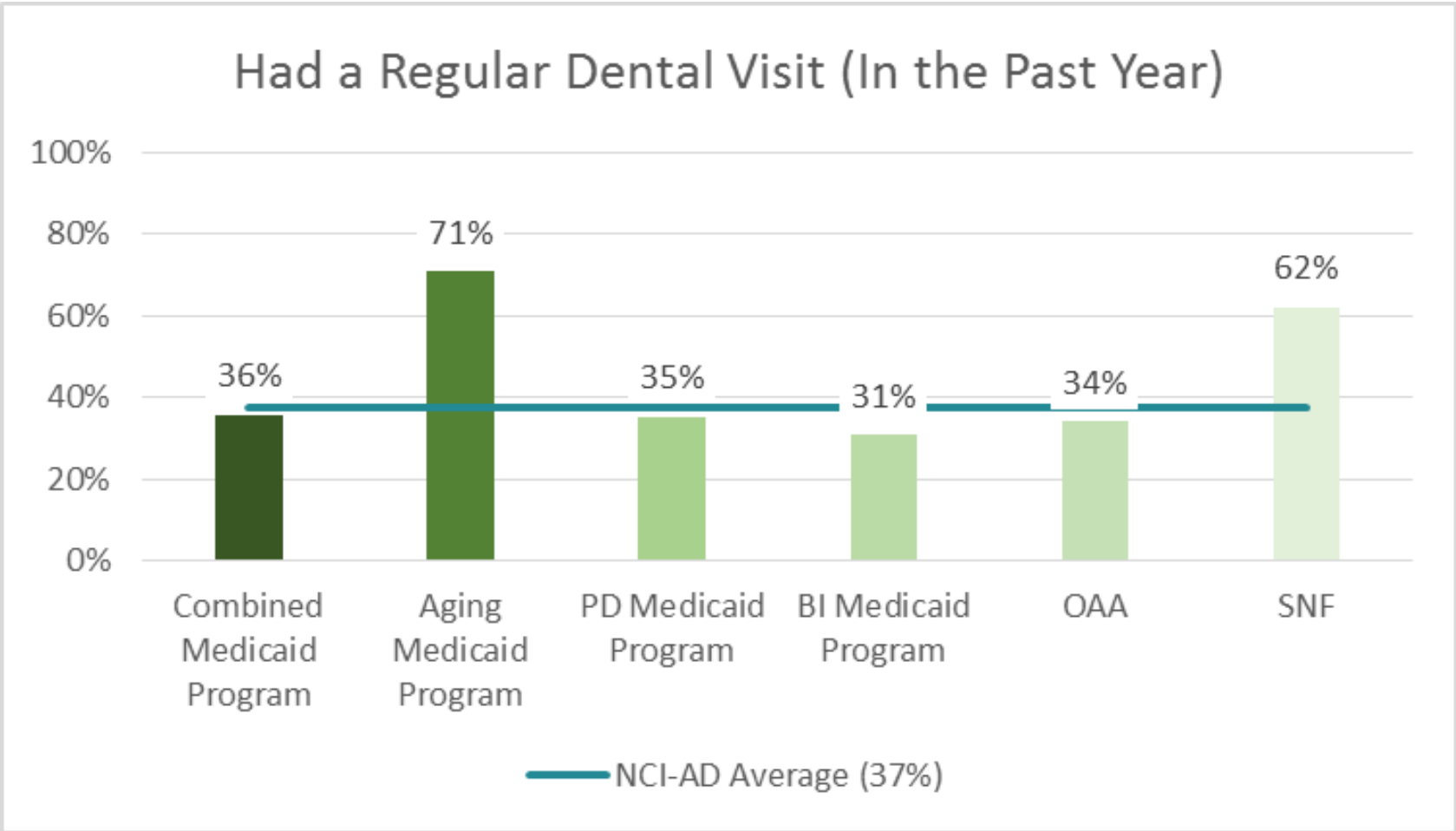
Service Coordination



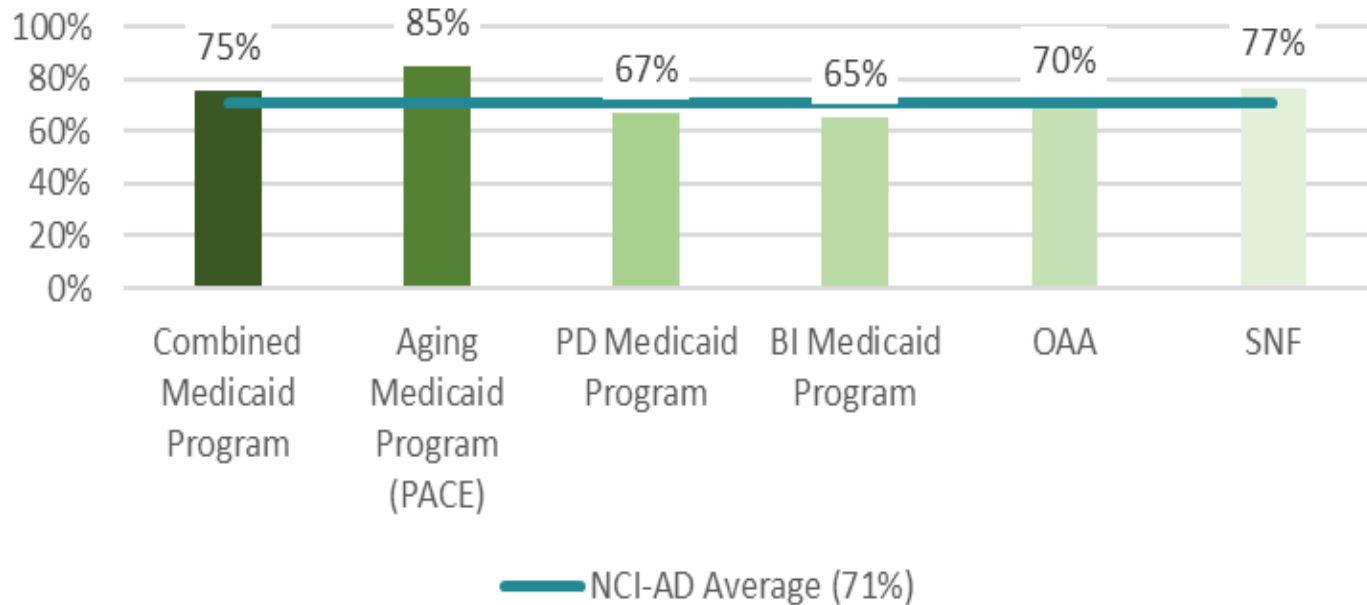
Care Coordination



Health Care



Someone Talked or Worked With Person to Reduce Risk of Falling (If There Were Concerns About Person's Stability)



NCI-AD Website



The screenshot shows the NCI-AD website homepage. At the top left is the NCI-AD logo. To the right are logos for NASUAD and the Human Services Research Institute. A navigation bar contains links for HOME, ABOUT, NCI-AD STATES, RESOURCES, NEWS, and CONTACT. The main content area features a section titled "National Core Indicators – Aging and Disabilities (NCI-AD)™" with a sub-section "Participating NCI-AD States" which includes a map of the United States with several states highlighted in dark green. Below the map are two buttons: "READ MORE" and "HOW TO PARTICIPATE". At the bottom of the page, there are three columns of text: "Join NCI-AD", "Presentations", and "2015-2016 Six State Mid-Year Report", each with a "READ MORE" button.

www.nci-ad.org

Houses:

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

Data powered by HSRI

Project managed by NASUAD

For Additional Information:

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MINNESOTA'S EXPERIENCE WITH NCI-AD

2016 HCBS National Conference

NCI-AD: Measure Quality in LTSS for Seniors and Adults with Physical
Disabilities

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

Moving forward with NCI-AD



- 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 shortly 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 care 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.

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