NCI-AD: The State Experience

NCI-AD Overview and Background
Overview and Background

- Collaboration between the National Association of States United for Aging and Disabilities (NASUAD) and Human Services Research Institute (HSRI)
- Relative of the National Core Indicators (NCI) project, which focuses on IDD population
- State–developed initiative
- Supported by participating states
  - Some funding from the Administration for Community Living
- The NCI-AD project is new!
  - Survey launched June 1, 2015
  - Currently in its 3rd year of implementation
Overview and Background

- Face-to-face survey
- Focused on older adults and adults with physical disabilities being served by state LTSS systems
  - Medicaid waivers
  - Medicaid state plans
  - MLTSS populations
  - Older Americans Act programs
  - Skilled nursing facilities
  - PACE programs
  - State-funded programs
Purpose

- Gather feedback directly from service recipients
- Assess quality of life, service satisfaction, and outcomes of service recipients
- Support state Aging, Disability, and Medicaid Agencies interested in measuring the performance of their state LTSS systems
- Assist states to improve the quality of services and supports provided to individuals
State Participation 2017-2018

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How NCI-AD Works

States:
- Commit to a technical assistance (TA) year and 1 survey year
- Participate in TA calls with NASUAD and HSRI (NCI-AD team)
- Decide how surveys will be conducted
- Pull a sample of at least 400 LTSS recipients to survey
- Gather pre-survey and background information from administrative records

NCI-AD team holds onsite in-person interviewer training (1-1 ½ days) before surveying begins

State (or vendor) conducts in-person NCI-AD interviews and enters data into ODESA to share with HSRI

HSRI analyzes data and produces state-specific and national reports

State reviews reports and provides feedback as needed

All reports are published on www.NCI-AD.org
NCI-AD Adult Consumer Survey

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

- **Background Information** (19 questions)
  - Demographics and personal characteristics: gathers data about the consumer from agency records and/or the individual if necessary

- **Consumer Survey** (91 questions)
  - Includes *subjective* questions that can only be answered by the consumer, and *objective* questions that can be answered by the consumer or, if needed, their proxy
  - States may add up to 10 “state-specific” questions to consumer survey

- **Proxy Survey version** (50 questions)
  - Includes *objective* questions only; questions rephrased to be in third person and ask about the consumer

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

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
National Data Example:
Service Coordination

Proportion of people who can reach their case manager/care coordinator when they need to

<table>
<thead>
<tr>
<th>Program</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF</td>
<td>87%</td>
</tr>
<tr>
<td>PACE</td>
<td>87%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>86%</td>
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<tr>
<td>Combined Medicaid Program</td>
<td>73%</td>
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<tr>
<td>Aging Medicaid Program</td>
<td>72%</td>
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<tr>
<td>PD Medicaid Program</td>
<td>74%</td>
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<tr>
<td>BI Medicaid Program</td>
<td>89%</td>
</tr>
<tr>
<td>OAA</td>
<td>77%</td>
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</tbody>
</table>

NCI-AD Average = 79%
National Data Example: Service Coordination

Proportion of people whose services meet all their needs and goals (risk-adjusted)

- SNF: 59%
- PACE: 70%
- MLTSS: 66%
- Combined Medicaid Program: 66%
- Aging Medicaid Program: 70%
- PD Medicaid Program: 68%
- BI Medicaid Program: 65%
- OAA: 52%

NCI-AD Average = 62%
National Data Example: Care Coordination

Proportion of people who reported someone followed-up with them after discharge from a hospital or rehabilitation facility (if occurred in the past year) *(risk-adjusted)*

- SNF: 72%
- PACE: 88%
- MLTSS: 80%
- Combined Medicaid Program: 79%
- Aging Medicaid Program: 81%
- PD Medicaid Program: 82%
- BI Medicaid Program: 90%
- OAA: 78%

NIH-AD Average = 80%
National Data Example: Implications for QI

- Set goals to increase the number of people who can reach their care coordinator.
- Conduct root cause analysis for lack of follow-up after hospitalization.
  - Delay in identifying discharge?
  - Lack of knowledge about needed follow-up
- Use as benchmarks prior to system redesign (i.e. move to MLTSS).
- Use as a compliance tool with the HCBS regulation.
What Sets NCI-AD Apart?

- State owns—and has immediate access to—their own data
- Can be used across settings and funding sources
- Can provide state, program, and regional comparisons
  - Crosswalks to NCI (ID/DD) measures
- Focuses on how services impact consumers’ quality of life
- Goes beyond service satisfaction
- Provides transparency and accountability
- State and national reports are publicly available online
- Provides timely and actionable data over time
Other Uses for NCI-AD Data

- Compliance – Olmstead planning, BIP, MFP
- Support for new HCBS and Person-Centered Planning Requirements
- Benchmarking and comparing data nationally
- Identifying service needs and gaps
- Allocating services
- Communicating with family and advocates
NCI-AD Website

- www.NCI-AD.org
- Project overview
- State and National reports
- Webinars
- Presentations
- Staff contacts
- State-specific project information
NCI-AD Experience

State of Indiana
Family and Social Services Administration
Division of Aging
December 14, 2017
Contractor Experience

• Used a staffing contractor that had sub-contracted with a previous nursing facility survey vendor
• Significant cost savings over some of the initial estimates we got
• Since have used that contractor for some other phone survey work
Settings Rule Implications

- Crosswalk to HCBS settings requirements
- Problem is small sample size
- Considering how to utilize to assess by site/provider
- Community engagement indicator indicated about half of participants are able to do things outside of the home
- However, nearly 2/3 of people ranked being engaged with community and friends as LEAST important compared with health, safety and being independent.
Proportion of people who are able to do things they enjoy outside of their home when and with whom they want to do so.

- CHOICE: 54% (N=167)
- Aged and Disabled Waiver: 46% (N=325)
- Traumatic Brain Injury Waiver: 72% (N=39)
- Older Americans Act: 48% (N=185)

State Average: 48% (N=722)
Enhanced Case Management

- Looking to improve integration of waiver case management and primary care physician
- Looking to some of the NCI-AD items to define desired outcomes
- One example - flu shots
Proportion of people who have had a flu shot in the past year

- CHOICE N=200: 71%
- Aged and Disabled Waiver N=407: 71%
- Traumatic Brain Injury Waiver N=68: 71%
- Older Americans Act N=197: 60%

State Average (68%) N= 881
Tennessee Background

- TennCare is Tennessee’s Medicaid program that provides physical health, behavioral health, and LTSS for 1.5 million Tennesseans -roughly 20% of the state’s population.

- Tennessee is one of the oldest Medicaid managed care programs in the country and the only program in the nation to enroll the entire state Medicaid population in managed care.

- TennCare CHOICES in Long Term Services and Supports (CHOICES) provides LTSS including nursing facility services and home and community based services to older adults and adults with physical disabilities. CHOICES was implemented in 2010.
How TN uses NCI-AD

• Prior to the implementation of the NCI-AD survey, Tennessee conducted an annual satisfaction and quality of life survey of its participants.  
  – The survey allowed the state to measure and monitor participant satisfaction and overall quality of life across the 3 regions of the state (East, Middle and West) and across the 3 benefit groups (G1 – nursing facility residents, G2 – comprehensive HCBS, G3 – limited HCBS for at-risk population).

• Transition to the NCI-AD allowed Tennessee to expand its approach to include comparison among its MCOs (3 statewide – Amerigroup, BlueCare and UnitedHealthcare) and other states’ LTSS and MLTSS programs.  
  – Sample strategy allows for comparison across both CHOICES benefit group and MCO. Sample size in 2015 and 2016 was 900+.
  – The state elected to utilize the 9 Area Agencies on Aging and Disability to complete the surveys.
• New Person Centered Support Tool - Moving from an ADL task list to person centered support plan with goals for employment and community engagement.

• CHOICES 2.0 - An initiative that we are starting now with our MCOs and our stakeholders is to take stock of what is working, what isn’t working and where do we need to go to achieve the outcomes we want to achieve. This will be driven and supported by the NCI-AD data.

• Baseline Data
  ▫ Participant satisfaction
  ▫ MCO performance
  ▫ Stakeholder feedback for program improvements
  ▫ National comparison, benchmarks – how does Tennessee compare to other states?

• MCO Project Plans based on survey results
THANK YOU