Priority Measures of Quality in LTSS: NCI™ & NCI-AD™

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Agenda

• NCI and NCI-AD: The Basics
• Why measure and report?
• NCI and NCI-AD: Measure Properties
• NCI and NCI-AD: Feasibility and Implementation
• NCI and NCI-AD: Usability and Use
• Other Measures
NCI & NCI-AD: Intro 101

- National Core Indicators (for Intellectual and Developmental Disabilities) (NCI)
- National Core Indicators for Aging and Disabilities (NCI-AD)

• Two distinct but related sets of survey instruments
• Both designed to assess state systems performance along a number of key indicators related to community living for various populations
• Both are quality of life and outcomes surveys
• Both are state-developed initiatives
• Focus population: **Adults with I/DD** who receive at least one service in addition to case management from state IDD systems:
  - Most participants are receiving services under an HCBS Waiver
  - A small % are either state only, or ICF/ID

• Began in 1997

• Collaboration between NASDDDS and HSRI

• Suite of surveys
  - Adult Consumer (in-person)
  - Family (mail-in)
  - Staff Stability

• Current participation: 46 states and DC

• Funded by state membership fees with ACL support for specific expansion activities
Focus population: **Older adults and adults with physical disabilities** accessing publicly funded services in:

- Medicaid Waivers
- Medicaid State Plan
- PACE
- Skilled Nursing Facilities
- MLTSS
- State Funded Programs
- Older Americans Act Programs

Development began in 2012; Implementation began in 2015

Collaboration between NASUAD and HSRI

Adult in-person survey only

Current participation: 20 states

Funded by state membership fees
The Map

- Participating in both NCI and NCI-AD
- Participating in NCI Only
- Not Participating
Both measure service outcomes of individuals receiving services

- **In-person interview** with trained surveyors (*Person-Reported Outcomes*)
  - Protocols allow for proxy response if person unable or unwilling to respond
  - States may opt to add questions to core set
  - Questions developed and tested through pilot phases
  - Standardized training materials and protocols

- **Background Information** Section:
  - Data from administrative sources and service coordination/case management records
  - Demographic information, personal characteristics, supports needs, services received
  - Provides service system context
  - Can be used to “slice and dice” data (sub-group comparisons)
- ACL currently supporting NCI and NCI-AD to carry out further measure development

- Includes development and submission of selected measures as ‘Patient-Reported Outcome Performance Measures’ (PRO-PMs) to the National Quality Forum (NQF).

- NQF works to endorse measures for use in reporting on quality and efficiency of healthcare in the US

- Recently started looking at measures in LTSS
NQF Criteria For Endorsement

1) Importance to measure and report
2) Scientific acceptability of measure properties
3) Feasibility
4) Usability and use
5) Related and competing measures
1. Importance To Measure And Report
Setting Priorities: How Do States Decide What To Measure And How To Measure It?

• How do States determine if it is important to measure something?
  • Requirements - Federal and State Regulations/Compliance
  • Recommendations - Stakeholders, Evidence Based and Best Practice
  • Risk - Experience
NCI As a Tool To Support Federal Or State Regulatory Compliance Efforts

• NCI – the proverbial “early warning”
  • Many states that have identified NCI as a tool for transition and ongoing compliance note that NCI is a strong starting place to identify structural or programmatic barriers to compliance and can provide ongoing data to check whether improvement strategies have had desired outcomes.

• NCI-AD – newer project; also used to demonstrate compliance
Tools To Ensure Regulatory Compliance, Continued

A number of NCI and NCI-AD indicators can help inform how well the state’s system is doing on issues related to

• community integration,
• choice/ control,
• ensuring health and welfare
• employment

……..all elements contained in the final rule.
Demonstrate Best Practices in States

As national data sets, NCI and NCI-AD allow for benchmarking

State Agencies contribute to the development of measures and indicators, based on their knowledge of best practices occurring in the field

National quality organizations using Expert Panels recommend measures often already existing within NCI & NCI-AD
Recommendations Example: National Quality Forum Measure Recommendations

NATIONAL QUALITY FORUM

REPORT ON HCBS MEASUREMENT GAPS

SEPT. 2016
Example: NQF Domains For Home And Community-Based Services

NQF HCBS Recommended Domains

- Service Delivery and Effectiveness
- Person-Centered Planning and Coordination
- Choice and Control
- Community Inclusion
- Caregiver Support
- Workforce
- Human and Legal Rights
- Equity
- Holistic Health and functioning
- System Performance and Accountability
- Consumer Leadership in System Development
NCI & NCI-AD Domains Cross-Over With NQF Domains From HCBS Report

**NCI**
- Community Inclusion
- Choice and Decision Making
- Relationships
- Satisfaction
- Service Coordination
- Work
- Self-Determination
- Access
- Health
- Medications
- Wellness
- Respect and Rights
- Safety
- Family outcomes
- Staff Stability

**NCI-AD**
- Community Participation
- Choice and Decision Making
- Relationships
- Satisfaction
- Service Coordination
- Care Coordination
- Work
- Self-Direction
- Access
- Health Care
- Medications
- Wellness
- Rights and Respect
- Safety
- Everyday Living
- Affordability
- Future Planning
- Control
Benchmarking

- Provides comparison to other states with similar/same design of service systems
- Provides comparison year over year to your own performance
- Provides context for understanding the full picture – so what?
- Removes the competitive nature of comparison, focuses on best practice and learning
- Takes into consideration the full range - and where you fall within it
- Allows you to see gaps in your performance within generally accepted data elements

Example: Paid Job In the Community

17% Has paid community job

50% Not working, but wants a job

56% Not working, wants a job, and has employment as a goal in service plan
Example: Relationships

- Can you see friends when you want to?
- Do you have other ways of communicating with your friends when you cannot see them?
- Can you see and/or communicate with your family when you want to?
Example 1: Paid Work From State’s 2014-15 NCI

Paid Job in the Community

Best in Class is 42%

12% 17%

N = 483 NCI Average N = 24,632
Example 1: People who currently don’t have a job, who said they want a job, and have a goal in their ISP; State’s 2014-15 NCI

**Wants a Paid Job in the Community**
- 50% (N = 207)
- 49% (NCI Average N = 10,344)

**Has Community Employment as a Goal in Service Plan**
- 16% (N = 475)
- 28% (NCI Average N = 23,910)

78% best in class
Example 2: People who report they can see their friends when they want; State A 2014-15 NCI

Can See Friends

Best in Class 91%

- 73% (N = 259)
- 79% (NCI Average N = 14,559)
• Reports publicly available: www.nci-ad.org & www.nationalcoreindicators.org

• Reports included in the membership dues:
  • Annual National reports (NCI and NCI-AD)
  • Annual State reports (NCI and NCI-AD)
  • Annual User-Friendly State and National Reports (NCI)
  • Annual Staff Stability Survey National Report (NCI)
  • Annual At-A-Glance report of selected national results (NCI)
  • Regular data briefs on topics of interest

• Optional: additional analysis and reports as requested by states (not covered by dues)
  • E.g. Reports comparing outcomes by MCO
  • E.g. Reports comparing outcomes by region/regional center

• States have access to their own data for internal analysis and report generation
Examples: State-Generated Reports

Massachusetts DDS Quality Assurance Brief
People with intellectual and developmental disabilities are supported to:
Develop and Maintain Relationships with Family and Friends

8 out of 10 people have a best friend
(Source: NCI FY14)

4 out of 10 people feel lonely at least half of the time
(Source: NCI FY14)

Most Recent Licensure and Certification Data FY15
Providers support people to:
- Get together with family and friends when appropriate 100%
- Develop appropriate social skills 97%
- Develop and/or increase personal relationships and social contacts 3%

Assistance, Involvement, & Friendship

85% of respondents reported that they knew whom to talk with if they had a problem with their family member’s case manager/service coordinator/social worker. The percentage was higher for those who have a family member who lives outside of the family home than for those who live in the family home.

82% of respondents reported that they “Always/Usually” have enough information to participate in planning. The percentage was higher for those who have a family member who lives outside of the family home than for those who live in the family home.

72% of respondents reported that their family member has friends other than paid staff. The percentage was higher for those who have a family member who lives outside of the family home than for those who live outside of the family home.

93% of respondents reported that they can “Always/Usually” contact their family member’s support coordinator/case manager when they need to.
2. Scientific Acceptability of Measure Properties
Both tools have been psychometrically tested

- Evidence of validity:
  - Face validity
  - Content validity
  - Expert validation, focus groups, cognitive testing
- Evidence of reliability:
  - Inter-rater reliability
  - Internal consistency

- Extensive field-testing during development and pilot stages
- Periodic updates to ensure ongoing validity
NCI & NCI-AD: Documenting Measure Properties

- In progress: summarizing and documenting existing evidence of measure properties (NCI and NCI-AD)
  - Psychometric properties, evidence of validity and reliability
  - Implementation protocols
    - Training procedures, requirements and protocols
    - Sampling procedures and requirements
    - Interviewing protocols
    - Implementation consistency & validity across states
- Goal: publicly available peer-reviewed published documentation

- Concurrent external validation study by University of Minnesota (UMN Background Information Study, NCI)
  - The study purpose is to:
    - Establish the reliability and validity of 31 background questions (and related sub-questions) from the NCI Adult Consumer Survey (NCI-ACS)
    - Working with three participating states: Oklahoma, Georgia and Washington state
    - Evaluate the different approaches and rigor to background data collection across states
Additional testing and analysis planned as part of ACL funded project (2016 – 2021):

“Developing HCBS Quality Measures from NCI and NCI-AD”

Goal: to add to existing evidence of good psychometric properties
- Confirmatory cognitive testing
- Analysis of responders vs. non-responders
- Inter-rater reliability testing

Results to be peer-reviewed, published and made publicly available
Proxies are permitted when individual is unable or unwilling to respond

- Standardized proxy protocol
- Proxies allowed for subset of more objective questions only
  - NCI-AD: separate proxy version containing only proxy-allowed questions, rephrased for the proxy
  - NCI: proxies allowed only for Part II of the Survey
- Individual response vs. proxy response tracked for each question
- Also tracked: type of proxy
Sampling design is flexible (state to state and year to year), BUT:

- Sampling strategy is documented
- Random sampling is required
- Minimum sample size is required (400)
- Project teams assist states with sampling strategy and design, including:
  - Programs and populations to be included
  - Power and sample size calculations
  - Stratification
  - Disproportionate representation

States can choose to:

- draw a simple random sample
- stratify their sample proportionally (e.g. to ensure regional representativeness)
- oversample certain entities or sub-populations (e.g. to focus on a region or a program)
Risk-adjustment employed for some of the outcomes in order to “level the playing field”
- when comparing states (NCI and NCI-AD), and
- types of funding sources (NCI-AD)
Risk-adjusters include demographic (e.g. age, gender) and functional (e.g. mobility, level of assistance needed) factors
Proxy response included as a risk-adjustment variable (NCI-AD)
Different type of risk-adjustment: reporting by type of residence (NCI) and type of funding sources (NCI-AD) for each state
3. Feasibility
NCI & NCI-AD: Evidence Of Feasibility

• NCI:
  • 20 years of implementation
  • Currently in 46 states

• NCI-AD:
  • Third year of implementation
  • Currently in ~20 states

• Undoubtedly - feasible and sustainable
NCI & NCI-AD: Ensuring Feasibility And Fidelity

- Work plan (NCI and NCI-AD)
  - Planning and documenting implementation in each state
  - Surveyors, timelines, populations, etc.
  - Sampling
  - Used in concert with planning calls between national project teams and state/contractor teams

- Background Information Crosswalk
  - Used to identify and document sources of administrative data used in each state
  - Used to document how admin data elements are cross-walked and coded into survey BI elements (NCI-AD)
NCI & NCI-AD: Ensuring Feasibility And Fidelity

- **Training**
  - Initial standardized on-site training of interviewers by the national project teams
  - Standardized yearly refresher training webinars
  - Standardized training materials for all interviewers and state staff
  - Periodic shadow observations by the national project teams, as needed
  - Optional: periodic on-site in-person re-training as needed and if requested by state

- **ODESA for standardized data entry**

- **NEW: NCI Handbook:**
  - Administration protocols, state/NCI responsibilities, ODESA guidelines, etc.
NCI & NCI-AD: Ensuring Feasibility And Fidelity

• Extensive and ongoing Technical Assistance to participating states, including assistance with:
  • Stakeholder engagement and education
  • Sampling strategy
  • Planning and implementing the survey
  • Interpreting results
  • Publicizing and presenting data to stakeholders
  • Using the data
  • Any other issues that may arise during the surveying and reporting cycle

• Access to education and best practices webinars and presentations
• Opportunities to learn from other states, communities of practice
4. Usability And Use
When used as a complement to other data sources used by states (administrative data, record reviews and others), NCI can provide high level indicators of strong system performance.
NCI Data Informs System Change

http://dhs.sd.gov/dd/cfem/
Did you help make your service plan? (N=249)
- No: 8%
- Maybe, not sure: 6%
- Yes: 86%

Does your case manager/service coordinator ask you what you want? (N=264)
- No: 87%
- Sometimes: 4%
- Yes: 9%
Did you choose or pick your case manager/service coordinator? (N=271)

- 41% No, Someone else chose
- 40% Case manager/service coordinator was assigned but s/he can request a change
- 19% Yes, chose
If you call and leave a message, does your case manager/service coordinator take a long time to call you back, or does s/he call back right away? (N=210)

- Takes a long time to call back: 8%
- Calls back right away: 25%
- In-between: 67%

Who chose (or picked) the place where you work? (N=160)

- Someone else chose: 22%
- Person had some input: 49%
- Person made the choice: 29%
Who chose (or picked) the place where you live? (N=255)

- Someone else chose: 36%
- Person had some input: 26%
- Person made the choice: 38%

Did you choose (or pick) the people you live with (or did you choose to live by yourself)? (N=246)

- No, Someone else chose: 50%
- Person chose some people or had some input: 42%
- Person made the choice: 8%
NCI-AD: Using the 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 consumers experience services and how services impact their 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
NCI-AD: 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>73%</td>
</tr>
<tr>
<td>Combined Medicaid Program</td>
<td>86%</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>89%</td>
</tr>
<tr>
<td>OAA</td>
<td>77%</td>
</tr>
</tbody>
</table>

NCI-AD Average = 79%
NCI-AD: 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%
NCI-AD: 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%

NCI-AD Average = 80%
NCI-AD: What Does This Mean To States?

- Set goals to increase the number of people who can reach their care coordinator.
- Use areas with poor results to demonstrate need for additional funding because goals are not being met.
- See if the benchmarks prior to moving to MLTSS move upward after implementation.
Proportion of people who can choose or change what kind of services they get and determine how often and when they get them

- SNF: 59%
- PACE: 69%
- MLTSS: 64%
- Combined Medicaid Program: 73%
- Aging Medicaid Program: 74%
- PD Medicaid Program: 74%
- BI Medicaid Program: 71%
- OAA: 54%

NCI-AD Average = 64%
NCI-AD: Employment

Proportion of people who would like a job (if not currently employed) (risk-adjusted)

<table>
<thead>
<tr>
<th>Program</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF</td>
<td>26%</td>
</tr>
<tr>
<td>PACE</td>
<td>29%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>22%</td>
</tr>
<tr>
<td>Combined Medicaid Program</td>
<td>20%</td>
</tr>
<tr>
<td>Aging Medicaid Program</td>
<td>23%</td>
</tr>
<tr>
<td>PD Medicaid Program</td>
<td>15%</td>
</tr>
<tr>
<td>BI Medicaid Program</td>
<td>30%</td>
</tr>
<tr>
<td>OAA</td>
<td>23%</td>
</tr>
</tbody>
</table>

NCI-AD Average = 21%
Proportion of people who reported that someone has talked to them about job options (if wanted a job)

- SNF: 5%
- PACE: 11%
- MLTSS: 15%
- Combined Medicaid Program: 22%
- Aging Medicaid Program: 4%
- PD Medicaid Program: 14%
- BI Medicaid Program: 26%
- OAA: 9%

NCI-AD Average = 13%
NCI-AD: What Does This Mean To States?

- Taking a fresh look at self-direction; using data to inspire new initiatives
- The fact that older people are stating they want employment at such high rates should be investigated.
  - States could use this data as justification to review and/or explore employment first policies
## Crosswalk of NCI to NCI-AD

### Section I - Crosswalk of matching NCI and NCI-AD Indicators

<table>
<thead>
<tr>
<th>NCI</th>
<th>Indicator</th>
<th>NCI-AD</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work and Non-work activities</td>
<td>The proportion of people who have a paid job in the community.</td>
<td>Proportion of people who have a paid job.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The proportion of people who do not have a job in the community, but would like to have one.</td>
<td>Proportion of people who would like a job.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The proportion of people who do volunteer work.</td>
<td>Proportion of people who volunteer or would like to volunteer.</td>
<td></td>
</tr>
<tr>
<td>Community Inclusion, Participation and Leisure</td>
<td>The proportion of people who regularly participate in everyday integrated activities in their communities.</td>
<td>Proportion of people who are able to participate in preferred activities outside of home when and with whom they want.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The proportion of people who do things in their communities that they like to do, as often as they want.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice and Decision-Making</td>
<td>The proportion of people who make choices about their everyday lives, including: housing, roommates, daily routines, jobs, support staff or providers, what to spend money on, and social activities.</td>
<td>Proportion of people who are involved in making decisions about their everyday lives including where they live, what they do during the day, the staff that supports them and with whom they spend time.</td>
<td></td>
</tr>
<tr>
<td>Self-Directed Care</td>
<td>The proportion of people who are currently using a self-directed supports option.</td>
<td>Proportion of people self-directing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Of those using a self- or participant-directed option, the proportion of people who take part in self-directed activities (such as hiring or firing staff).</td>
<td>Proportion of people who can choose or change the kind of services they receive and who provides them.</td>
<td></td>
</tr>
</tbody>
</table>
### Service Coordination

**Example: Can reach case manager**

<table>
<thead>
<tr>
<th></th>
<th>NCI-AD</th>
<th>NCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>82%</td>
<td>90%</td>
</tr>
<tr>
<td>State B</td>
<td>78%</td>
<td>61%</td>
</tr>
<tr>
<td>State C</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>State D</td>
<td>86%</td>
<td>96%</td>
</tr>
<tr>
<td>State E</td>
<td>71%</td>
<td>86%</td>
</tr>
<tr>
<td>State F</td>
<td>77%</td>
<td>90%</td>
</tr>
<tr>
<td>State G</td>
<td>85%</td>
<td>87%</td>
</tr>
<tr>
<td>State H</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>State I</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>State J</td>
<td>76%</td>
<td>91%</td>
</tr>
<tr>
<td>State K</td>
<td>81%</td>
<td>97%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>79%</strong></td>
<td><strong>87%</strong></td>
</tr>
</tbody>
</table>
## NCI & NCI-AD: Data At the Intersect

### WORK

**Example: Would like a job**

<table>
<thead>
<tr>
<th>State</th>
<th>NCI-AD</th>
<th>NCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>19%</td>
<td>40%</td>
</tr>
<tr>
<td>State B</td>
<td>32%</td>
<td>73%</td>
</tr>
<tr>
<td>State C</td>
<td>10%</td>
<td>49%</td>
</tr>
<tr>
<td>State D</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>State E</td>
<td>12%</td>
<td>39%</td>
</tr>
<tr>
<td>State F</td>
<td>26%</td>
<td>61%</td>
</tr>
<tr>
<td>State G</td>
<td>21%</td>
<td>52%</td>
</tr>
<tr>
<td>State H</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>State I</td>
<td>22%</td>
<td>59%</td>
</tr>
<tr>
<td>State J</td>
<td>20%</td>
<td>42%</td>
</tr>
<tr>
<td>State K</td>
<td>28%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>21%</strong></td>
<td><strong>47%</strong></td>
</tr>
</tbody>
</table>
## RELATIONSHIPS

**Example:** Feels lonely (sometimes or often)

<table>
<thead>
<tr>
<th>State</th>
<th>NCI-AD</th>
<th>NCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>48%</td>
<td>51%</td>
</tr>
<tr>
<td>State B</td>
<td>58%</td>
<td>51%</td>
</tr>
<tr>
<td>State C</td>
<td>37%</td>
<td>48%</td>
</tr>
<tr>
<td>State D</td>
<td>52%</td>
<td>36%</td>
</tr>
<tr>
<td>State E</td>
<td>56%</td>
<td>55%</td>
</tr>
<tr>
<td>State F</td>
<td>64%</td>
<td>45%</td>
</tr>
<tr>
<td>State G</td>
<td>54%</td>
<td>42%</td>
</tr>
<tr>
<td>State H</td>
<td>57%</td>
<td>56%</td>
</tr>
<tr>
<td>State I</td>
<td>55%</td>
<td>47%</td>
</tr>
<tr>
<td>State J</td>
<td>53%</td>
<td>41%</td>
</tr>
<tr>
<td>State K</td>
<td>50%</td>
<td>34%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>54%</strong></td>
<td><strong>45%</strong></td>
</tr>
</tbody>
</table>
### RIGHTS AND RESPECT

**Example:** Can lock door to room/bedroom

<table>
<thead>
<tr>
<th>State</th>
<th>NCI-AD (in group setting)</th>
<th>NCI</th>
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</tr>
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<td>76%</td>
</tr>
<tr>
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</tr>
<tr>
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<tr>
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<td>62%</td>
</tr>
<tr>
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<td>46%</td>
</tr>
<tr>
<td>State J</td>
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<td>44%</td>
</tr>
<tr>
<td>State K</td>
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<td>53%</td>
</tr>
<tr>
<td>Average</td>
<td><strong>68%</strong></td>
<td><strong>46%</strong></td>
</tr>
</tbody>
</table>
## RIGHTS AND RESPECT

Example: Staff/support people treat with respect

<table>
<thead>
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<th>NCI</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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<tr>
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<td>State E</td>
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<tr>
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<tr>
<td>Average</td>
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</tbody>
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5. Other Measures
Medicaid Innovation Accelerator Project (IAP): supports states’ ongoing efforts related to payment and delivery system reforms

NQF and IAP: *identify and recommend measure sets* for the IAP in four program areas:
- Reducing Substance Use Disorders,
- Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs,
- Supporting Physical and Mental Health Integration,
- *Promoting Community Integration through Community-Based Long-Term Services and Supports*

Draft report published 7/21; comment period closed 8/21

Final report coming soon
QUESTIONS?