

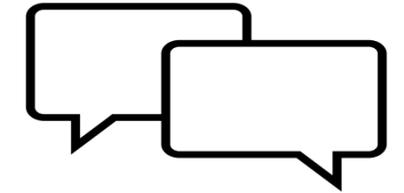
Data to Innovate, Inform, and Influence: How States are Using NCI-AD for HCBS and DSW Policy and Planning

Hello and Welcome!



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Agenda



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National Core Indicators – Aging and Disabilities

Introduction to National Core Indicators – Aging and Disabilities

Research Interests

Revisions

NCI-AD Adult Consumer Survey (ACS)

State of the Workforce – Aging and Disabilities (SoTW-AD)

State Perspectives

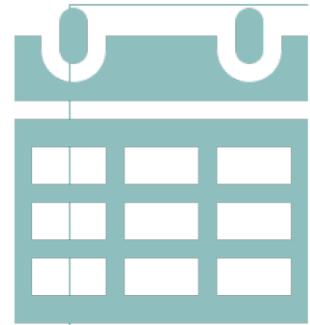
North Dakota

Colorado

Access Rule and HCBS Quality Measure Set

Wrap Up/Questions

National Core Indicators—Aging and Disabilities



Established

- 2015
- Grew out of NCI-IDD



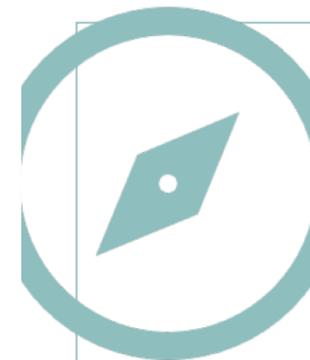
Participating states

- 24 in 2023-2024
- 35 throughout project



Population addressed

- Older adults and people with physical disabilities



Survey Tools

- Adult Consumer Survey (ACS)
- State of the Workforce

What's new with NCI-AD: Research Interests



Unmet needs

- Alzheimer's Dementia and Related Dementias
- Historically Underserved populations
- Medicaid HCBS and Poor Health and Community Living Outcomes

Medicaid Utilization

Policy, program delivery methods,
and needs assessment results

What's new with NCI-AD: Revisions

Steering committee
meeting recap



Top areas for improvement

Workgroups

- Community involvement
- Relationships
- Health, wellness, medications
- Cultural competence
- Workforce
- Self-Direction

Based on question: How much does this subdomain need to be changed or reviewed



Medication



Relationships



Community
Involvement



Health

Domains (Area of Interest)

Community Participation Access to Community Work Everyday Living Relationships	Safety Satisfaction Service Coordination Rights and Respect	Care Coordination Access to Technology Access to Needed Equipment Health Care	Medications Wellness Affordability Choice and Control
Self-Direction (Optional) Service Planning (Optional) State Specific Questions (Optional)			

Background Information (BI)

Key demographic characteristics:



Age	Gender	Race/Ethnicity	Marital Status
Preferred Language	Zip Code	Type of Residential Setting	Who Lives with Person
Guardian Status	Mobility	Falls	LTSS Services including SDS
Medicare Status	Conditions	Deaf/Hard of Hearing	Blind/Visually Impaired

Data can help measure disparities

Individual characteristics of people receiving services

Where people live

Gender

Race/Ethnicity

Disability

The nature of their experiences with services

Interaction with staff and case managers

Self-direction

Choice and Control

The context of their lives

Involvement with family and friends

Access to community involvement

Safety

Health and well-being

Utilization of health services

Ability to manage chronic conditions

Mental healthcare



Data are used to...



Compare outcomes to other states



Compare specific groups or geographic regions within states



Identify areas for quality improvement



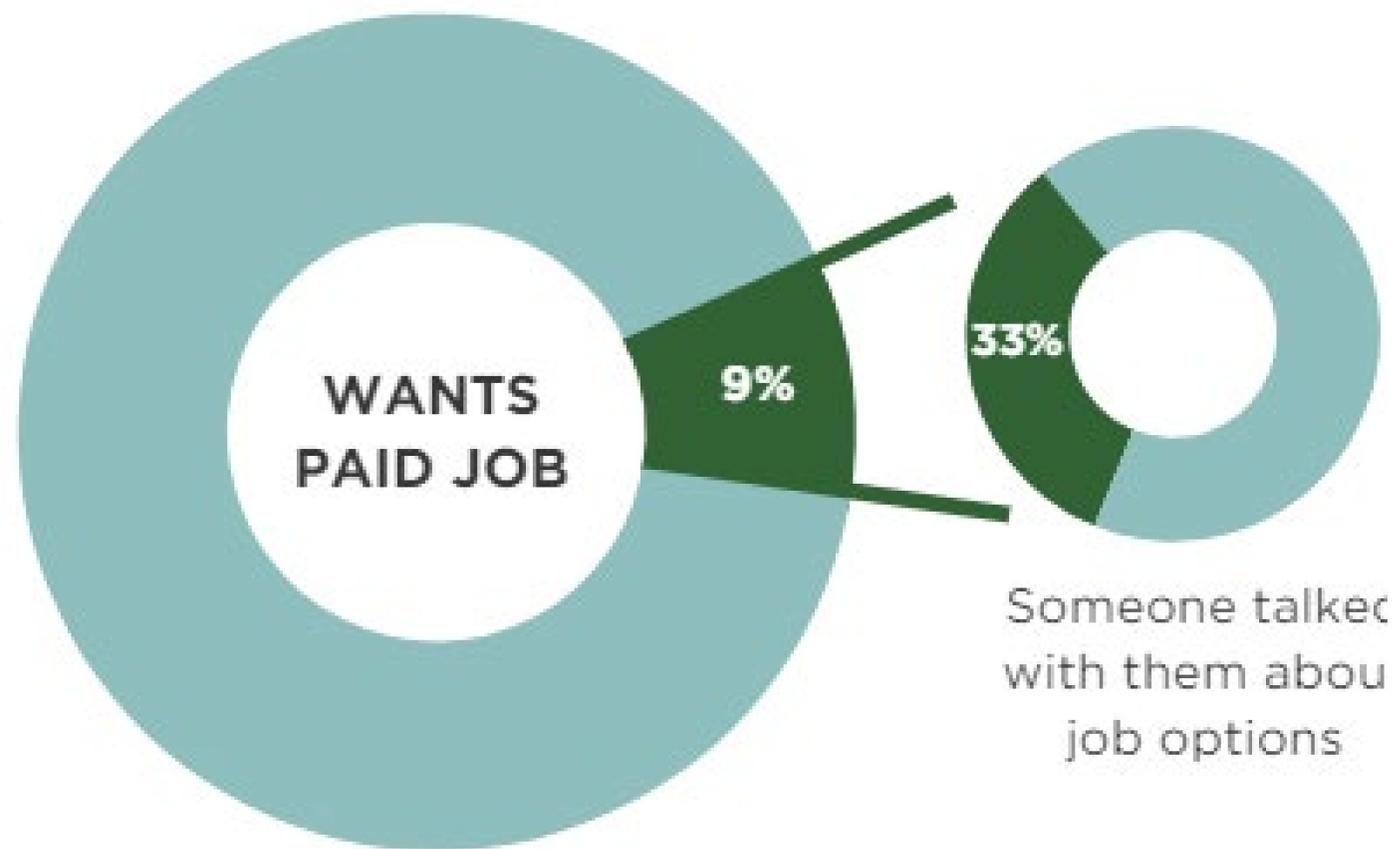
Share outcomes with stakeholders and advocates for feedback and strategic planning



Benchmark and track progress toward quality improvement goals over time



Researchers also use data to look more closely at specific topics



Someone talked with them about job options



85%

can see/talk to family/friends they do not live with when they want



77%

have enough help with everyday activities



74%

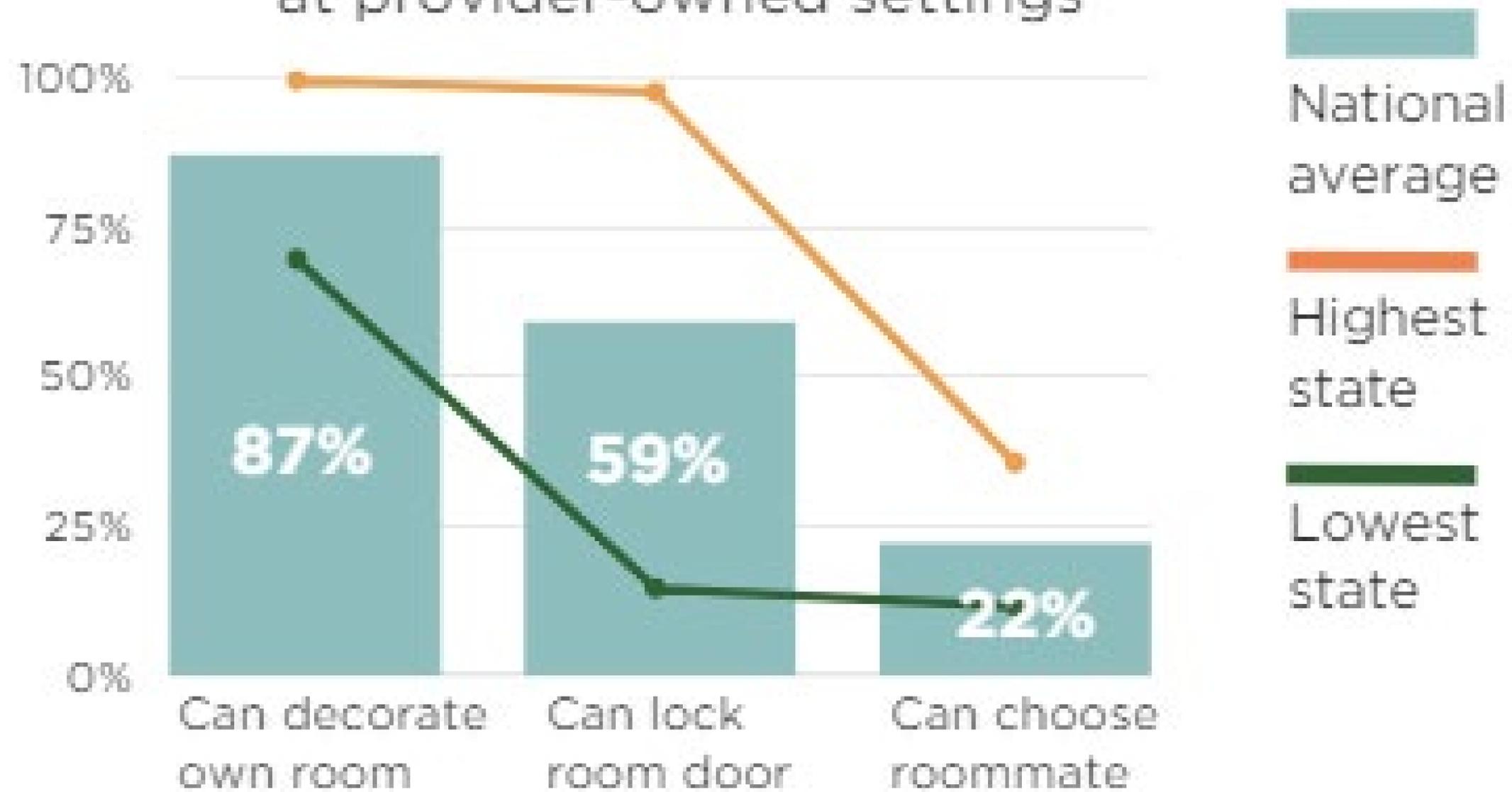
always have a way to get where they want to go



58%

can take part in activities with others as much as they want

Outcomes related to regulations at provider-owned settings



**Among 7,040 Americans age
65+ who use LTSS:**

- 58% say they or someone else have *concerns about them falling*
- 86% worked with someone to help *reduce their risk of falling*
- 11% had a *visit to the emergency room* in the past year due to falling



**OLDER AMERICANS
MONTH**

DATA SPOTLIGHT

For more information, see: nci-ad.org

**People who often feel lonely
are less likely to:**

- **Always have help they need with everyday activities**
- **Always get enough help with self-care**
- **Report their services meet all their needs and goals**



**LONELINESS
AWARENESS WEEK**

DATA SPOTLIGHT

For more information, see: nci-ad.org

State of the Workforce – Aging and Disabilities (SoTW)

Conducted by States, HSRI and ADvancing States to gather information about the strengths, weaknesses, and trends of the direct service workforce (DSW)

- **Basis:**
 - **State of the Workforce Survey (I/DD population)**
Administered by states, HSRI and NASDDDS
Launched in 2007
30 states use
 - **Aging and Disabilities 5 State Pilot: 2022**
- **Gather data that will inform policies and decision-making**
 - Access NPRM requires multiple data points about DSW wages
 - Use a tested tool, updated based on pilot state feedback

SoTW-AD
Launched July 2023



SoTW-AD Topics Included

Demographics of
state DSW
workforce

Information on
providers in the
state such as size,
number of people
served, etc.

DSW turnover rates

Length of DSW
employment

Vacancy rates

Hourly wages

Benefits

Recruitment and
retention strategies

States may add 10
of their own
questions



How are states using SoTW-IDD data?

NY is using SoTW data to compare outcomes before and after a DSP credentialing project

Many states have required the SoTW through statute to monitor the DSP workforce

NCI-IDD staff have presented SoTW findings to federal agencies and data have been used in reports and papers

TN used data as evidence to advocate for a rate increase. Then used SoTW to determine whether rate increase went to wages.

NY is also conducting additional analyses to understand predictors of tenure and turnover

UT used SoTW data to advocate for, and assess outcomes of a wage increase

States are using the SoTW as part of Value Based Purchasing



State Perspectives: North Dakota and Colorado



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Kayla Trzpuc

North Dakota

- Member of NCI-AD since 2021
- First ACS Survey Cycle 2022-2023

Coordinated by:

- Adult and Aging Services Section
- North Dakota Health and Human Services



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Heather Johnson

Colorado

- Member of NCI-AD since 2015
- Participating state –
State of the Workforce-AD

Coordinated by:

- Colorado Department of Health
Care Financing & Policy
- Colorado Department of Human
Services

What's new with NCI-AD: Access Proposed Rule and HCBS Quality Measure Set

HCBS Quality Measure Set: Background

September 2020:

- CMS released a request for information (RFI) seeking feedback on a draft set of recommended HCBS measures

July 21, 2022:

- SMDL 22-003 was released, detailing first-ever HCBS Quality Measure Set

May 3, 2023 – July 2, 2023

- Access NRPM Released
- State Meetings
- Comments submitted from National NCI Project team and ADvancing States

Final Access Rule Anticipated early 2024



HCBS Quality Measure Set Organization

Measures are arranged by the areas CMS is interested in:

1915(c) waiver assurance: Service Plans	1915(c) waiver assurance: Health and Welfare
Access	Rebalancing
Community Integration	

If a measure addresses more than one of these topics, they are indicated as such.



HCBS Quality Measure Set Organization

Source

Vast majority of measures are drawn from consumer surveys

Flexibility

CMS permits states flexibility to determine which survey tool they implement:

NCI[®]-IDD

NCI-AD[™]

HCBS CAHPS[®] and

POM[®]

HCBS Quality Measure Set Organization

Multiple measures for each ‘topic’ means that states can use the consumer survey(s) of their choice to collect and report data on those topics, so that:

- a state that fields the NCI-AD™ survey would only use the applicable NCI-AD™ measures in the measure set to report to CMS on outcomes for older adult and persons with physical disabilities
- a state that fields the NCI-IDD™ survey would only use the applicable NCI-IDD™ measures in the measure set to report to CMS on outcomes for adults with intellectual or developmental disabilities



Key Takeaways

States that are already administering NCI-AD are better positioned to meet CMS reporting requirements

Many states are only surveying some waiver populations, not all, so additional work will be needed

Equity stratification will be a heavy lift



States with MLTSS programs could begin requiring MCOs to report the MLTSS measures in next contract cycle

Access NPRM Quality Section Overview

Requires adoption of HCBS Quality Measure Set

- Originally shared as guidance in CMS State Medicaid Director Letter #22-003
- Applies to all HCBS authorities (except state plan personal care) and all delivery systems as well as self-directed programs
- Requires stratification and sampling phase-in
- Set updated every other year by the Secretary
 - Process includes soliciting public comment

States must establish performance targets, reviewed and approved by CMS, of mandatory measures

- Performance targets must include quality improvement strategies states will pursue to achieve the performance targets

Several operational changes required of states to meet compliance



80% or more of all Medicaid payments must go to compensation for direct care workers. Goal is to support hiring and keeping DPSs.

Rule would apply to specific HCBS services: homemaker, home health aide, personal care



States will be required to report on a set of nationally standardized quality measures specifically for HCBS established by CMS. Goal is to increase transparency, have comparative data across states, support quality improvement, and promote equity HCBS programs.

Rule proposes requirement of data collection and reporting from the Quality Measure Set

- Data will be stratified for certain measures by certain demographics
- States would be required to develop an accessible website to report HCBS reports



Contact us:



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NCI Presentation Evaluation



Thank you!



2023 Home and Community-Based Services Conference