

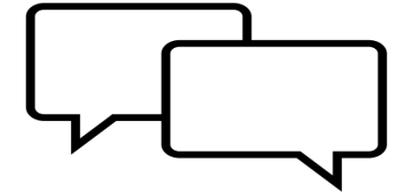
How Consumer Voices can Drive MLTSS Quality

Using Data to Address Quality and Health Equity



**2023 Home and Community-Based
Services Conference**

Agenda



National Core Indicators – Aging and Disabilities

Introduction to National Core Indicators – Aging and Disabilities

NCI-AD Adult Consumer Survey (ACS)

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

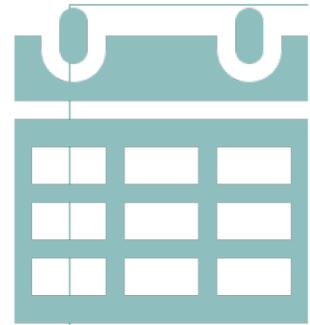
Data Highlights

MLTSS Data Dive

Access NPRM and HCBS Measure Set

Wrap Up

National Core Indicators—Aging and Disabilities



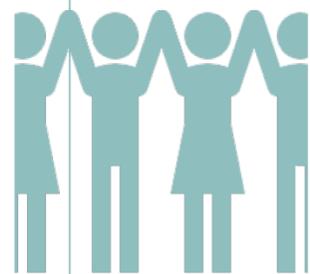
Established

- 2015
- Grew out of NCI-IDD



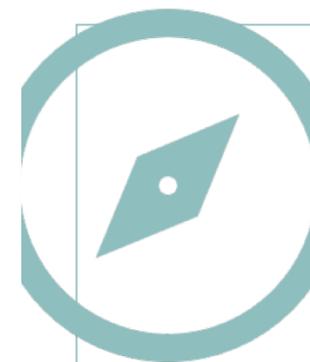
Participating states

- 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 - AD

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

State of the Workforce – Aging and Disabilities (SoTW)

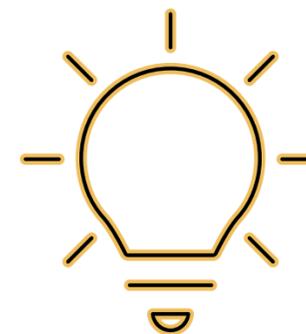
Conducted by States, HSRI and ADvancing States to gather information about the strengths, weaknesses, and trends of the direct service workforce (DSW)

- **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



2021-2022 NCI-AD Adult Consumer Survey Data Highlights



2021-22 Adult Consumer Survey Data

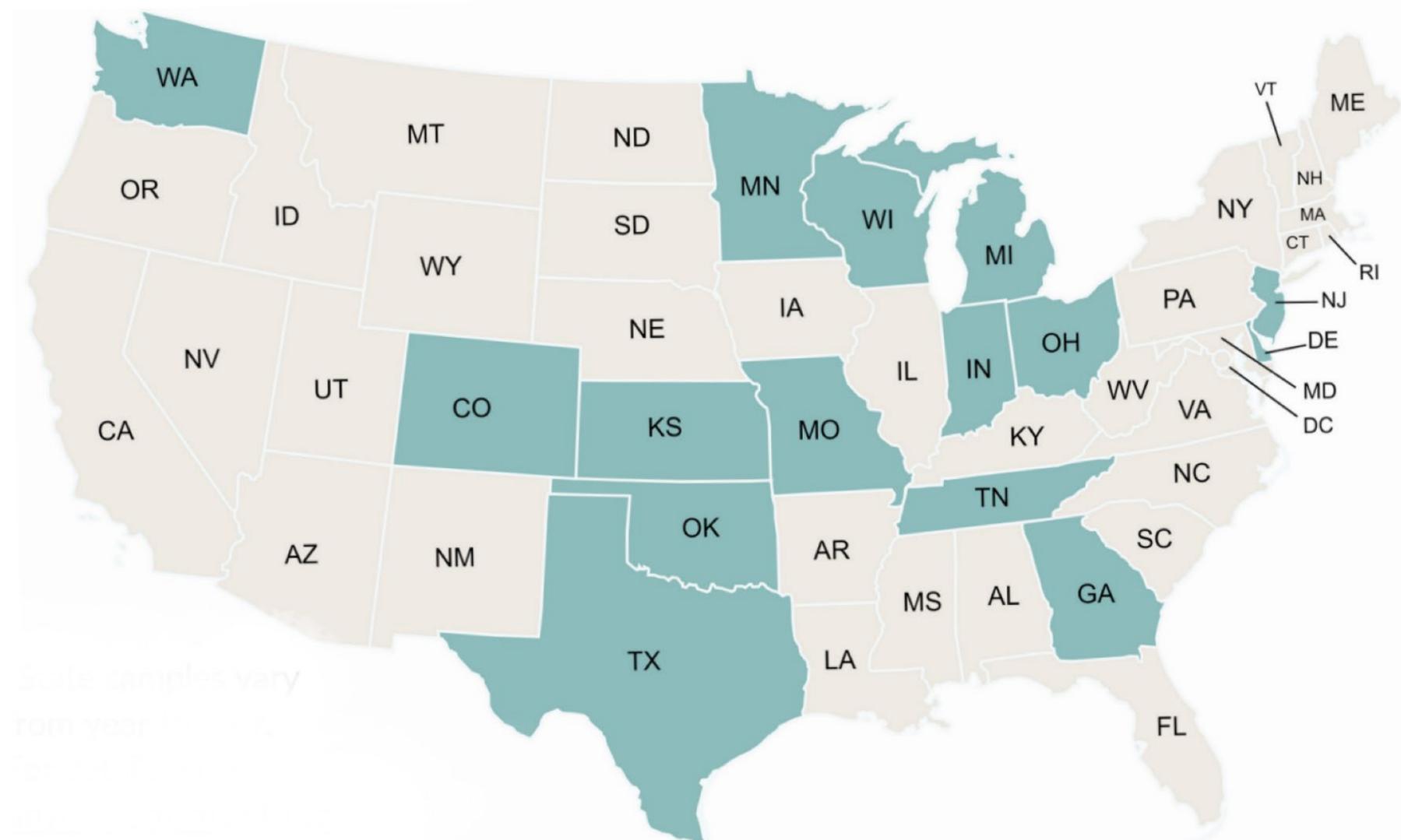
13,594 respondents

- **34% Male, 66% Female**
- **64 average age**

Program Inclusion

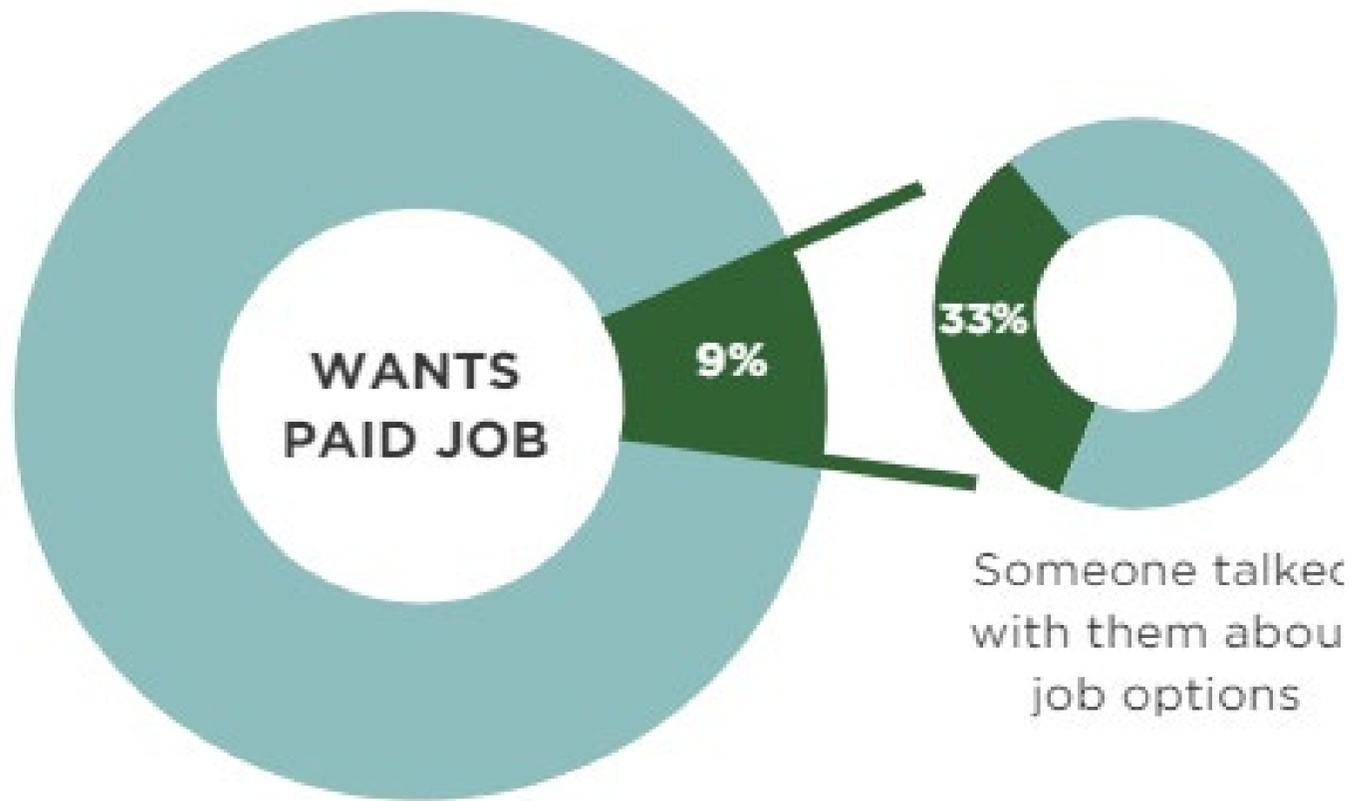
- **MLTSS**
- **FFS**
- **OAA**
- **PACE**
- **others**

STATES INCLUDED*



All data are available online: www.nci-ad.org

2021-22 Adult Consumer Survey Data



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

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](https://www.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](https://www.nci-ad.org)

MLTSS Data Dive: Analysis of 2018-2019 and 2021-2022 NCI-AD Adult Consumer Survey

Analysis Parameters



Goal

Identify key areas where MLTSS delivery outperforms FFS delivery.



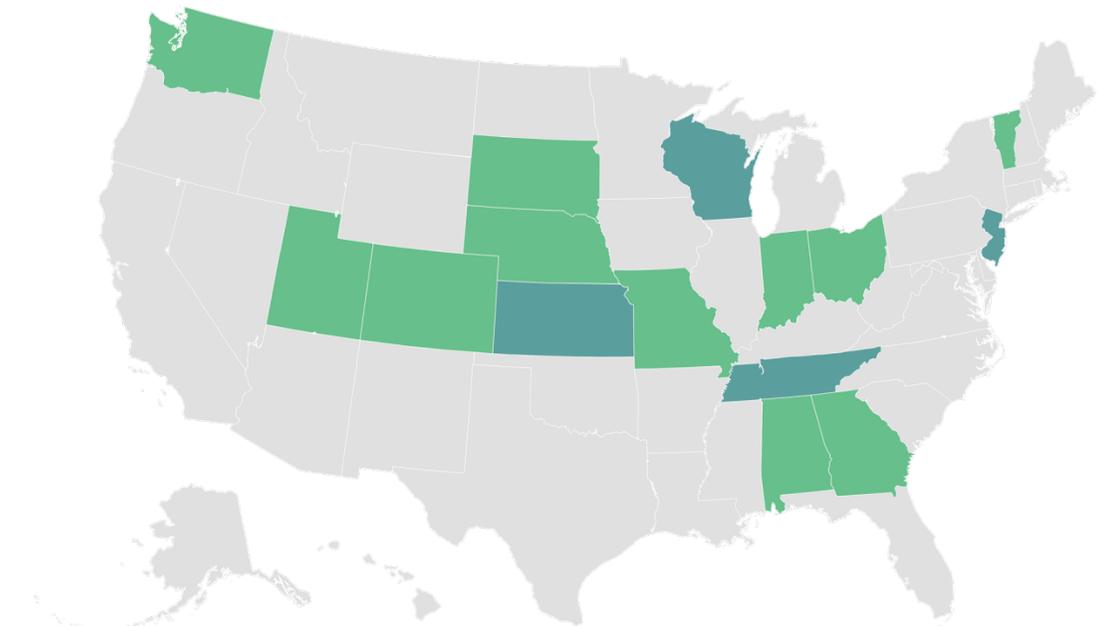
Goal

Identify key areas where MLTSS and FFS have improved or regressed post PHE.



Chosen Indicators

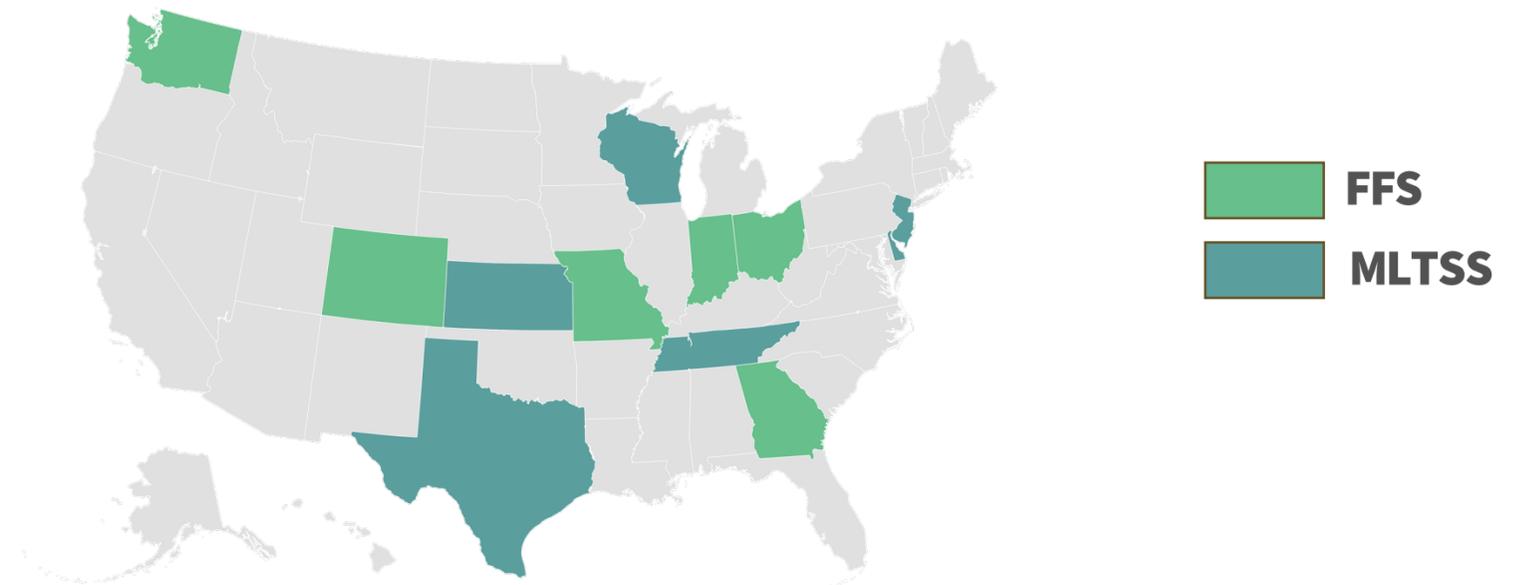
2018-2019 States



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Total Participants: 14,202

2021-2022 States

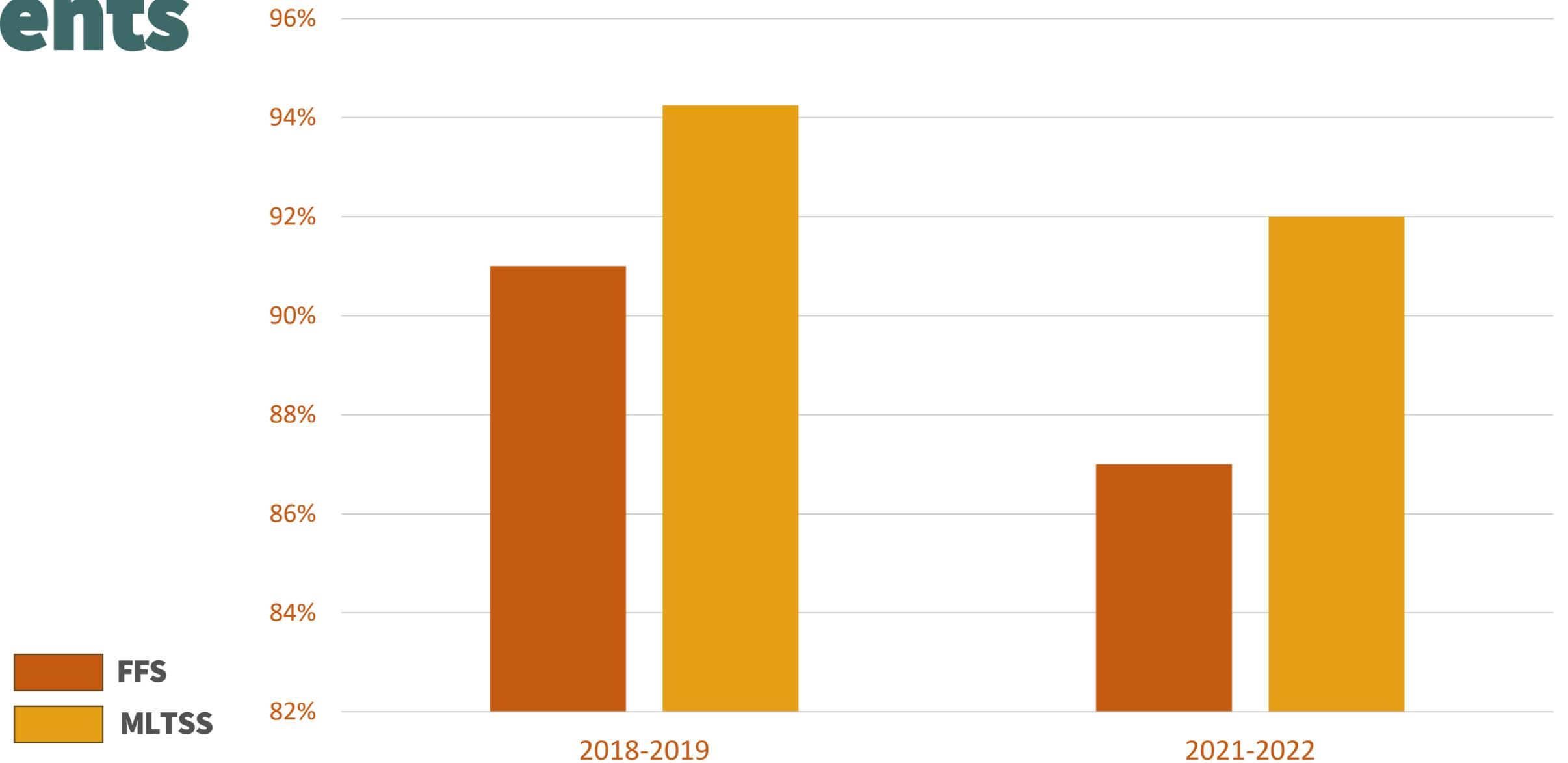


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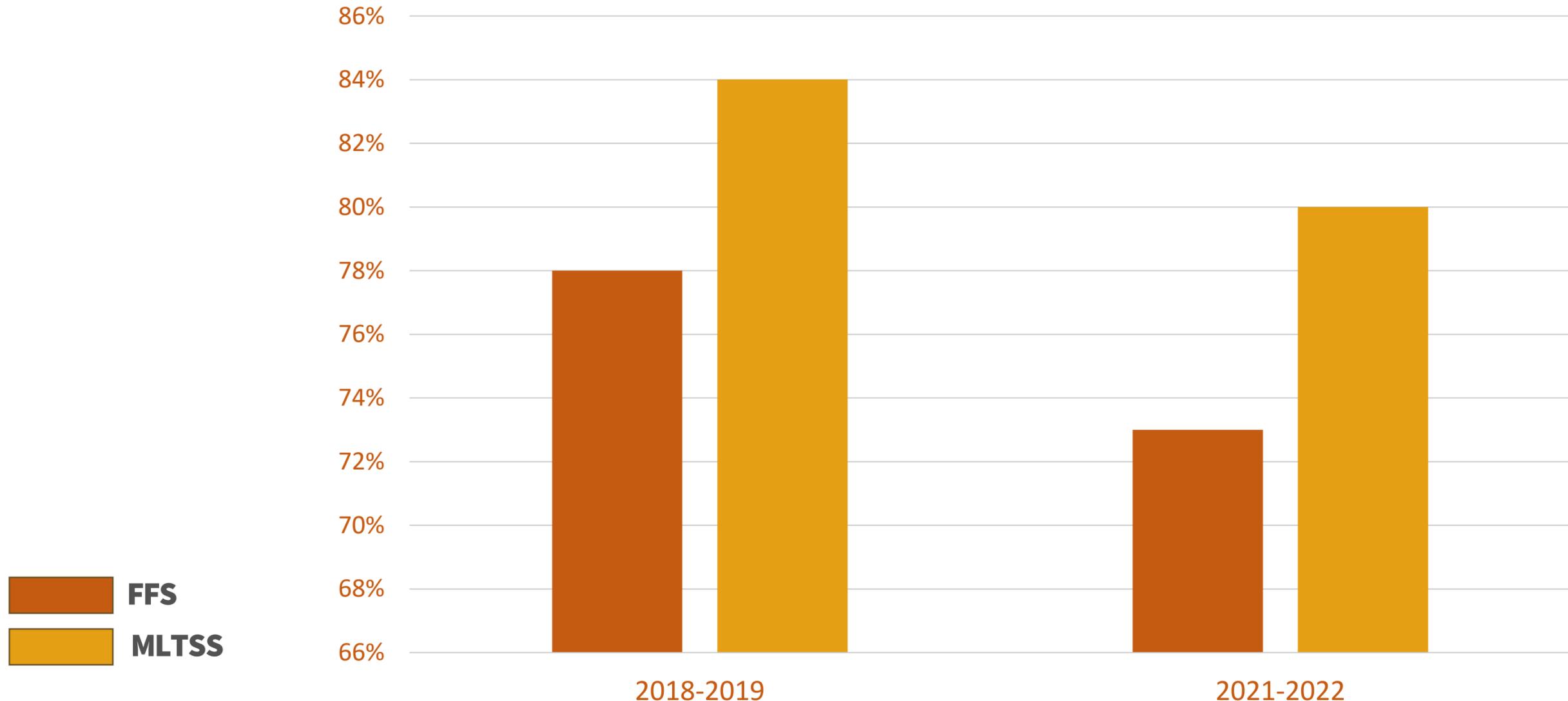
Total Participants: 13,663



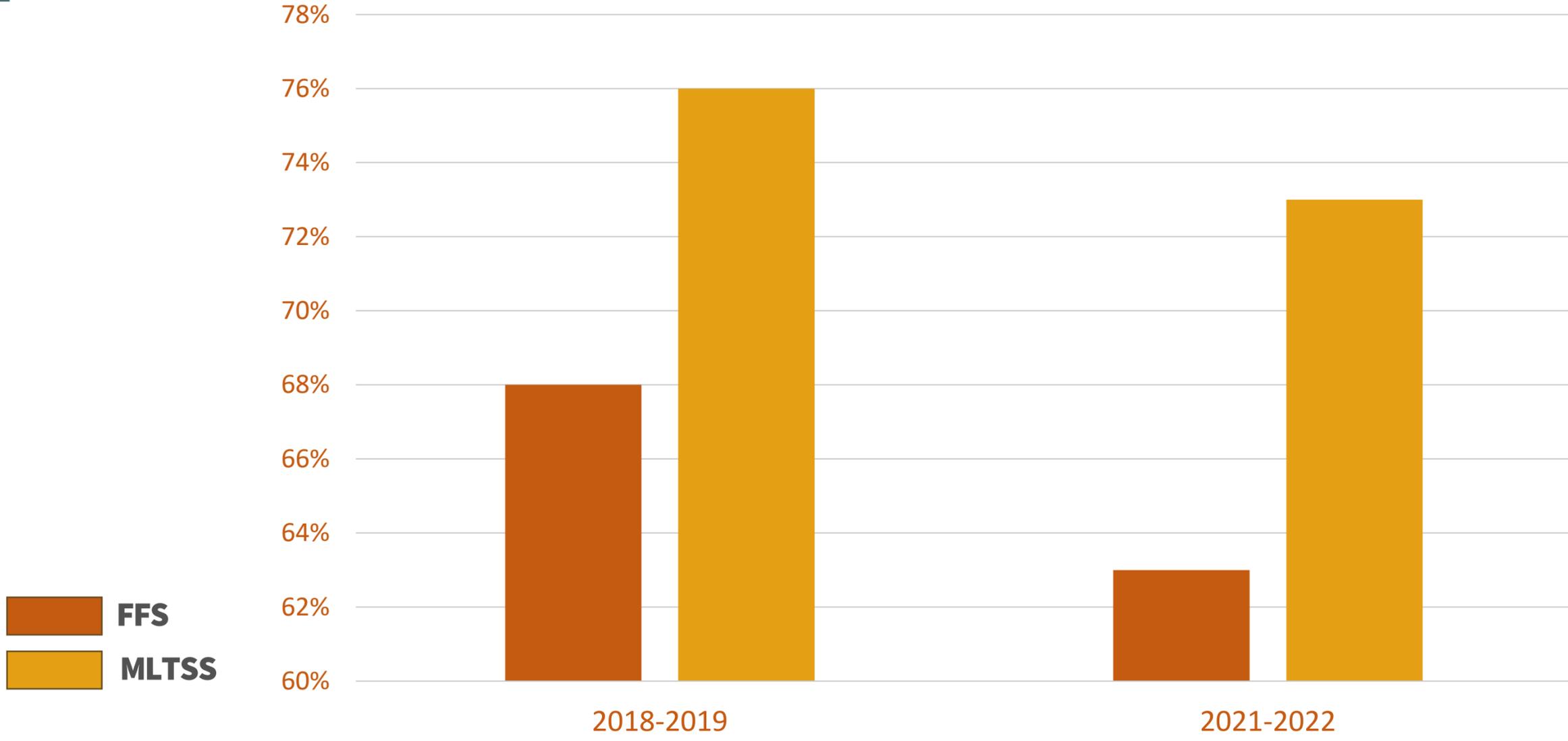
Proportion of Individuals Who Have Transportation to Get to Medical Appointments



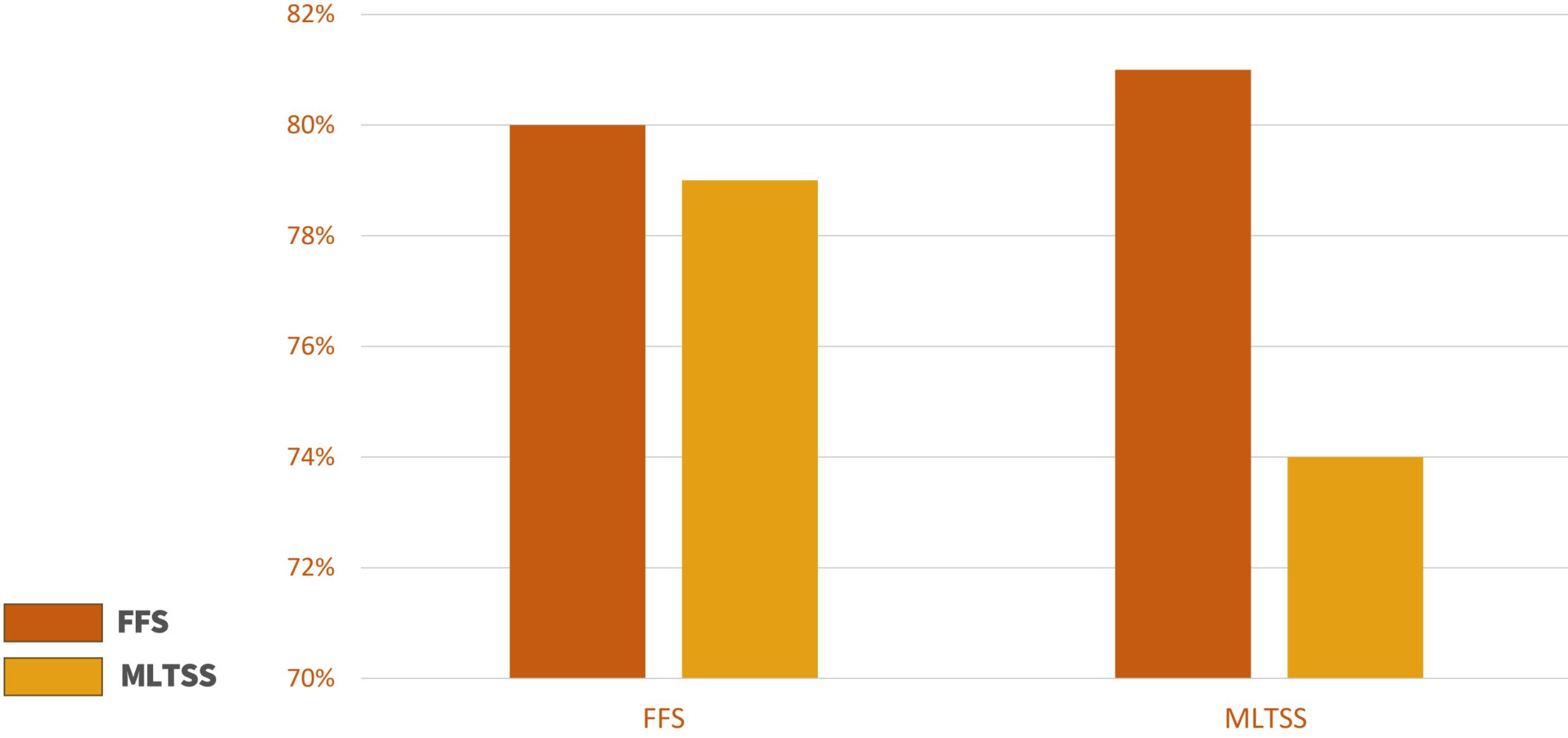
Proportion of Individuals, Who Need at Least Some Assistance, That Get Enough Support for Everyday Activities



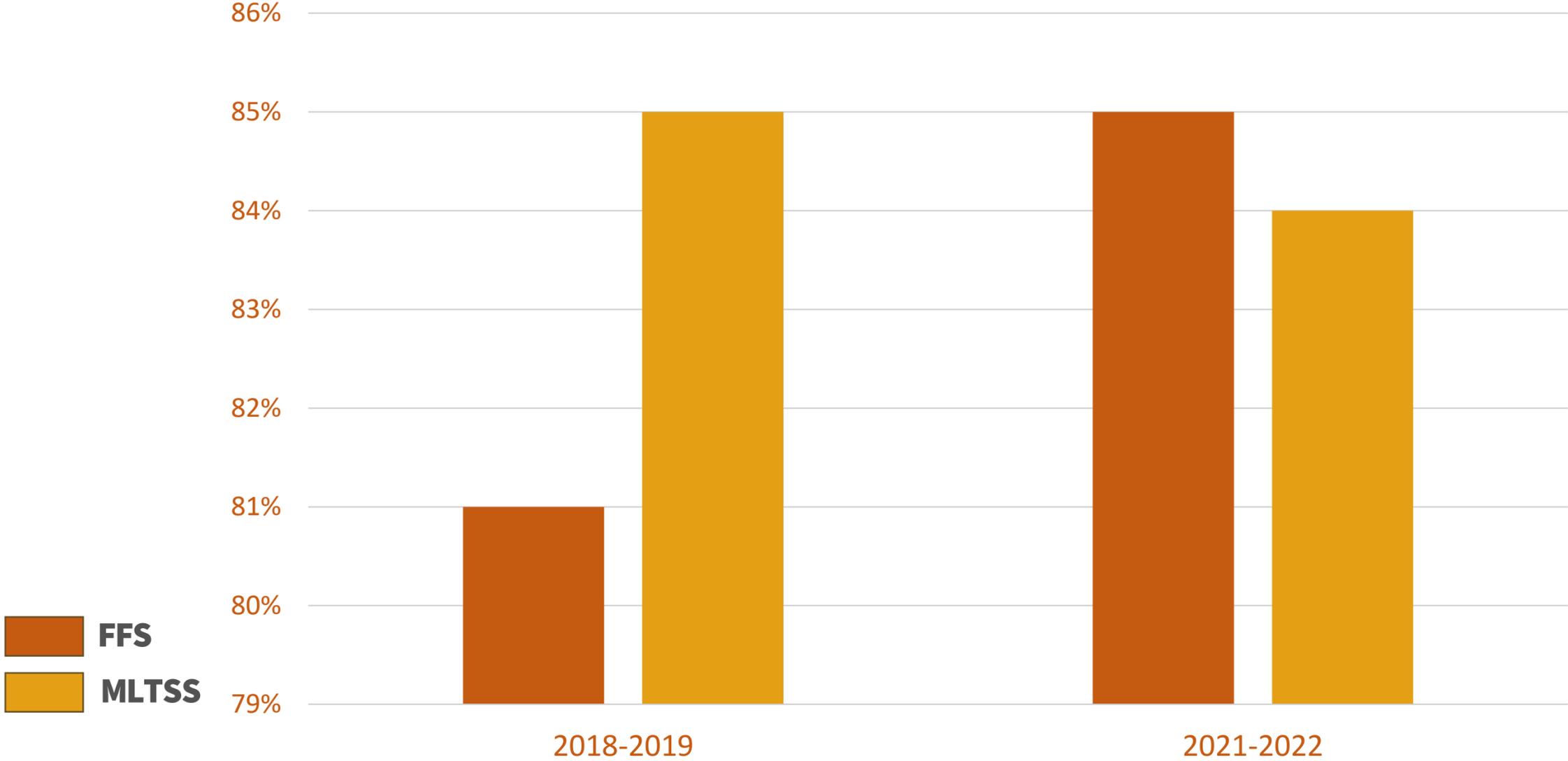
Proportion of Individuals Who Have a Backup Plan if Their Paid Support Staff Do Not Show Up



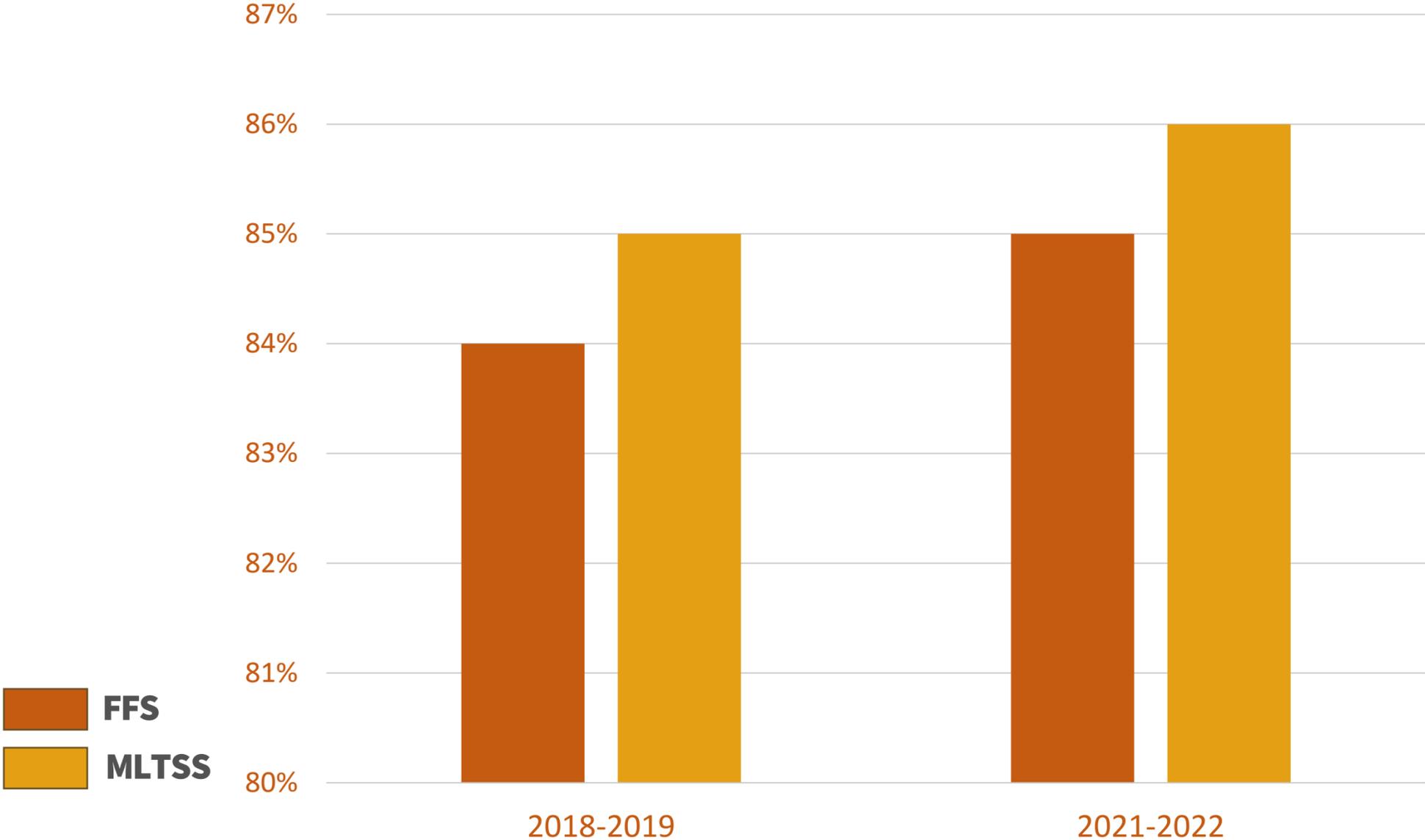
Proportion of Individuals Who Can Reach Their Case Manager or Care Coordinator When Needed



Proportion of Individuals Who Have Worked With Someone to Reduce Their Risk of Falls, If They Are Concerned About Falling or Being Unstable



Proportion of Individuals Who Had Someone Follow-Up With Them Post-Discharge From a Hospital or Rehab Facility in the Past Year



Additional Indicators

Indicator	18-19 FFS	18-19 MLTSS	21-22 FFS	21-22 MLTSS
 Has access to mental health services if they want them	66%	70%	91%	89%
Had a physical exam/wellness visit in the past 12 months	85%	86%	84%	85%
 Proportion of people who can choose or change their paid support staff if they want to	68%	74%	82%	80%

Key Takeaways MLTSS v. FFS

Indicators Where MLTSS Outperformed FFS

- Have transportation to medical appointments
- Get support for activities of everyday living
- Backup plan if their paid support staff does not show up
- Someone helped to reduce risk of falls 21-22
- People had follow-up after being discharged from hospital or rehabilitation facility in the past year
- Has access to mental health services if they want them
- People can choose or change their paid support staff if they want to

Indicators Where FFS Outperformed MLTSS

- Can reach their case manager or care coordinator when needed
- Someone helped to reduce risk of falls 18-19
- Had a physical exam/wellness visit in the past 12 months



Key Takeaways 18-19 v. 22-23

- Several outcomes were less positive in 22-23 compared to 18-19 for both FFS and MLTSS
 - Exceptions – Access to Mental Health Services and Post-Discharge Follow-up
- How and why have experiences and expectations changed?
 - Other indicators (analysis on 60+):
 - Increase in paid family as primary support
 - Fewer respondents said staff changed too much
 - Fewer want jobs or volunteer
 - Slightly more like how they spend their day



Access NPRM 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

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**



Access NPRM and Quality Measure Set Stratification



Race

Ethnicity

Sex

Rural/Urban

Disability

Language

Tribal affiliation

SOGI – sexual orientation and gender identity

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

Thank you!



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