



California HCBS Stakeholder Meeting

Alixé Bonardi

Human Services Research Institute

Stephanie Giordano

Human Services Research Institute

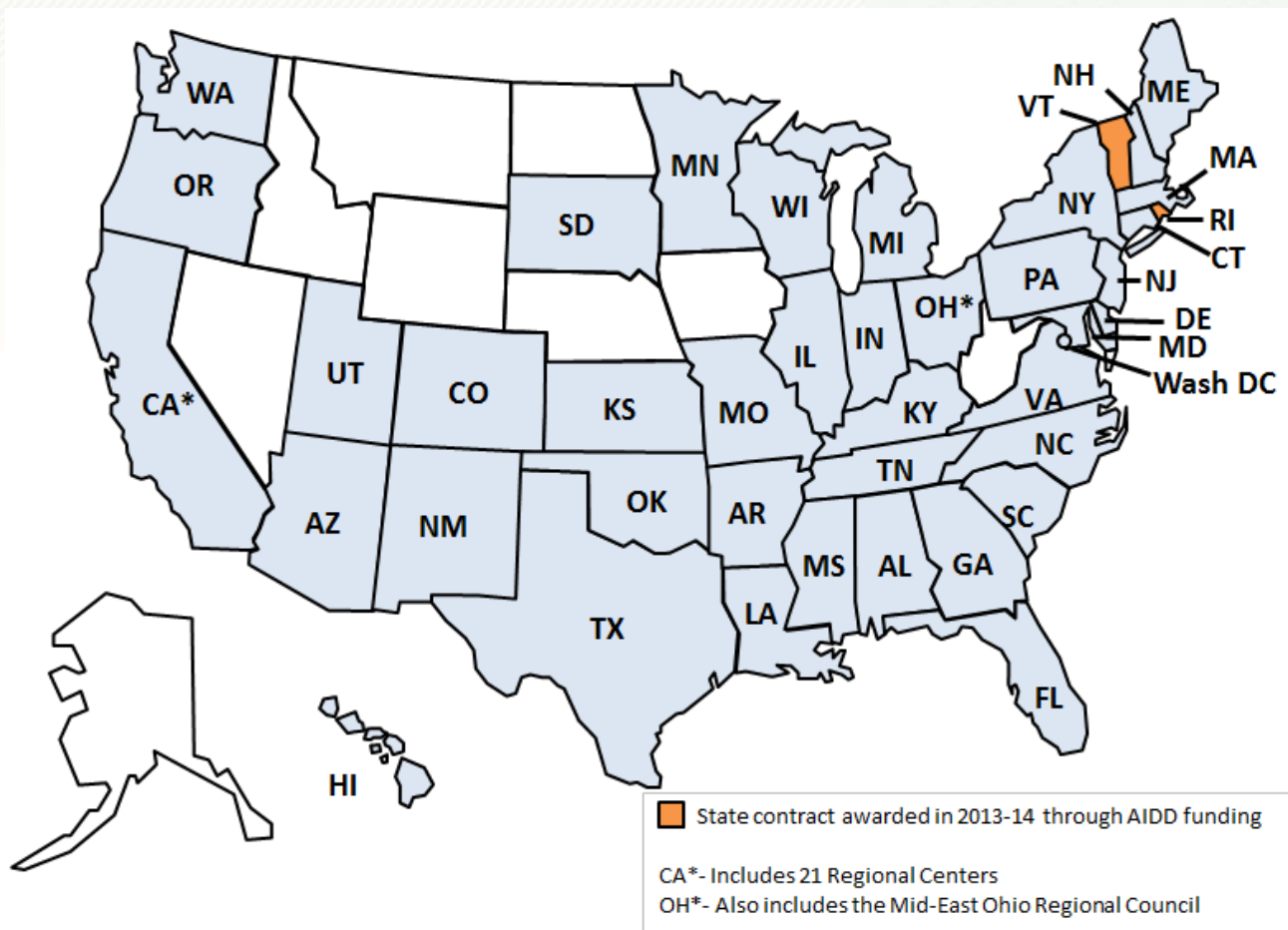
March 18, 2015

National Core Indicators Background

- Launched in 1997 in 13 participating states
- Collaboration between NASDDDS, HSRI and 42 participating state DD agencies (including DC) and 22 sub-state regional entities.
- Current data base includes approximately 20,000 individuals receiving services and supports
- NCI tools assess performance in several areas, including: employment, community inclusion, choice, rights, and health and safety



NCI Participating States



NCI System Performance Measures

Individual Outcomes



- Employment
- Community Participation
- Choice & Decision making
- Personal Relationships

Family Outcomes



- Choice and Control
- Family Involvement
- Information & Planning
- Access, community connections

Health, Welfare, System



- Health and Welfare
- Respect for Rights
- Medications
- Safety
- Service Coordination
- Staff Stability



NCI Measures

Valid

- Measure what is intended to be measured

Reliable

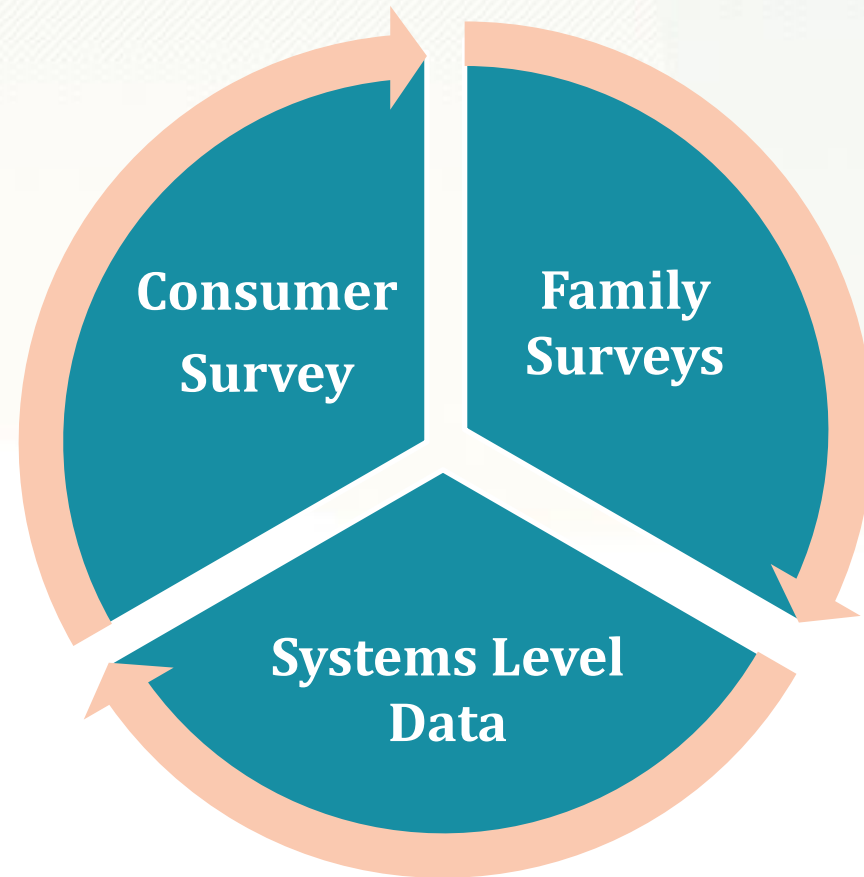
- Survey is administer the same way across states
- Provide consistent results over time and interviewers

Risk Adjusted

- Provides multiple state comparison



What are the Data Sources?



3 Complimentary NCI Family Surveys

- Adult Family Survey
 - Sample of families with an adult living in the family home.
- Family/Guardian Survey
 - Sample of families with an adult living somewhere other than the family home
- Child Family Survey
 - Sample of families with a child living in the family home
- All surveys are mailed-out to families.



Adaptability of NCI Data

For States:

- Information for stakeholders
- Benchmarking
- Facilitates policy reforms
- Applies to key **CMS waiver assurances** and supports development of quality improvement plans
- Aligns (in part) with new **CMS settings and planning requirements** with emphasis on individual's **experience** and **choices**



National Core Indicators

Using NCI Data as Evidence for CMS Assurances

NCI Applies to a portion of CMS Assurances

Plan of Care

Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Adult Consumer Survey

- Proportion of individuals who report that they do not get the services that they need
- Proportion of people reporting that service coordinators help them get what they need.

Family Surveys

- Proportion of families who report their family member has a service plan that the family and/ or family member helped create, the plan meets the needs of the family/individual, and includes things that are important to the family.
- Proportion of families who report that services/supports are available when needed and meet the family's needs, including in a crisis.



CMS Assurances, continued

Plan of Care

Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

Adult Consumer Survey

- The rate at which people report that they do not get the services they need.
- Proportion of people self-directing whose support workers come when they are supposed to.

Family Surveys

- Proportion of families who report they receive all services listed in the service plan.
- Proportion of families who report that services/supports are available when needed and meet the family's needs, including in a crisis.
- Proportion of families who report health service providers are available to their family member and providers are satisfied with the providers.



CMS Assurances, continued

Health and Welfare

The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible

Family Surveys:

- Proportion of families who report satisfaction with the information and supports received, and with the planning, decision-making, and grievance processes. Questions specific to the effectiveness of the system are:
- Do you know the process for filing a complaint or grievance against provider agencies or staff?
- Are you satisfied with the way complaints or grievances against provider agencies or staff are handled and resolved?
- Do you know how to report abuse or neglect?
- Within the past year, if abuse or neglect occurred, did you report it? If Yes, were the appropriate people responsive to your report?



CMS Assurances Continued

Health and Welfare

The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the plan of care

Adult Consumer Survey:

Measures rates of:

- Annual physical
- Pap test
- Routine dental exam .
- Described as having poor health.
- Sensory screening (vision and hearing)
- Flu vaccination Are women over 40 who have had a mammogram within the past 2 years.
- Screening for colorectal cancer within the past year.
- Taking medications for mood, anxiety, behavior problems, or psychotic disorders.



NCI Data

Use of NCI Data to Monitor Progress in Meeting HCBS Settings and Person Centered Planning Rules

New Rule Established to...



- Ensure people receiving long-term services and supports through Medicaid home and community based (HCBS) programs have full access to the benefits of community living and opportunities to receive services in the most integrated setting appropriate
- Enhance the quality of HCBS supports and to provide protections to participants
- Rule published January 16, 2014 / Effective March 17, 2014



New Rule Big Picture



- Aligns HCBS setting (e.g., residential, day) requirements across 3 Medicaid authorities: **1915(c), 1915(i) and 1915(k)**
- **Defines HCBS setting requirements** that are consistent with community norms and that emphasize the participant's quality of life and experiences – embodies the principle of Normalization
- Requires **person-centered service planning** for those in HCBS settings under 1915(c) HCBS waiver and 1915(i) state plan



New Requirements for

HCBS Settings: Examples of Alignment with NCI Data



Requirement: Is integrated in and supports access to the greater community

NCI Data:

- **Residence type** – (allows aggregate examination of percent of residences that do not meet HCBS requirements)
- [If person talks with neighbors (ACS, Home)]
- Extent to which (frequency and with whom) people do certain **activities in the community**: shopping, errands, religious practice, entertainment, exercise, vacations, meetings (ACS, Community Integration)
- Able to **see friends and family** when they want (ACS, Relationships)
- Have a way **to get places they want to go** (ACS, Access)



Requirement: Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

NCI Data: Employment and Control of Personal Resources

- **Job in community** (ACS, Employ/Day)
- **Paid job in the community.** (ACS, Background Info)
- **Individual or group** employment?
- Do they **want a job?** (ACS, Employ/Day)
- Can person **decide how to spend** his/her own money. (ACS, Choice)
- **Support to work or volunteer** in the community? (FGS, Community Connections)

** Does your family member have a say in how this money is spent?
If yes, does your family member have all the information s/he needs to make decisions about how to spend this money? (FGS, Choice & Control)



Requirement: Is chosen by the individual from among residential and day options that include generic settings

- NCI Data:
 - If person **chose their residence, work and/or day services** (ACS, Choice)
 - Did you/your family member **choose the provider agencies** who work with your family? (AFS & FGS, Choice & Control)
 - Can you/your family member **choose a different provider agency** if s/he wants to? (AFS & FGS, Choice & Control)



Requirement: Privacy in their unit including entrances lockable by the individual (staff have keys as needed)

- NCI Data:
 - If others announce themselves before entering home (ACS, Home)
 - If others announce themselves before entering bedroom? (ACS, Home)
- *addition: do you have a lock?
 - If person has enough privacy (ACS, Home)



New Requirements for

Person-Centered Service Planning:

Examples of Alignment with NCI Data



Requirement: Service planning process is driven by the individual

- NCI Data:
 - Helped **develop their service plan?** (ACS, Satisfaction with Services)
 - Support Coordinator **asks person what they want** (ACS, Satisfaction with Services)
 - If Support Coordinator helps get what the person needs (ACS, Satisfaction with Services)
 - Did your family member **help develop the plan?** (FGS & AFS, Info & Planning)
 - Did you or **another family member help develop the plan?** (FGS & AFS, Info & Planning)



Requirement: Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible


NCI Data: For self-directing...

- Help making decisions re budget and services?
 - change budget or services if needed?
 - Have enough information about how much money is in budget, is
 - Info easy to understand?
 - Do they want more help with budget or choosing services (ACS, Self Directed Services)
-
- Do you get enough information to help you participate in planning services for your family? (AFS & FGS, Info & Planning)
 - Does the information you receive come from your case manager/service coordinator? (AFS & FGS, Info & Planning)
 - Does the case manager/service coordinator tell you about other public services that your family is eligible for (e.g., food stamps, Supplemental Security Income [SSI], housing subsidies, etc.)? (AFS, Info & Planning)



Requirement: Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of individual

- NCI Data:

- **Plan includes all the services and supports** your family member wants? (FGS & AFS, Info & Planning)
 - Plan includes all the services and supports your family member needs? (FGS & AFS, Info & Planning)
 - Does your family member **receive all of the services listed** in the plan? (FGS & AFS, Info & Planning)
 - Do you receive all the services you need? (ACS, Access to Needed Services)
- 
- A small portrait of a man with short dark hair, wearing a brown shirt, is located in the bottom right corner of the slide.



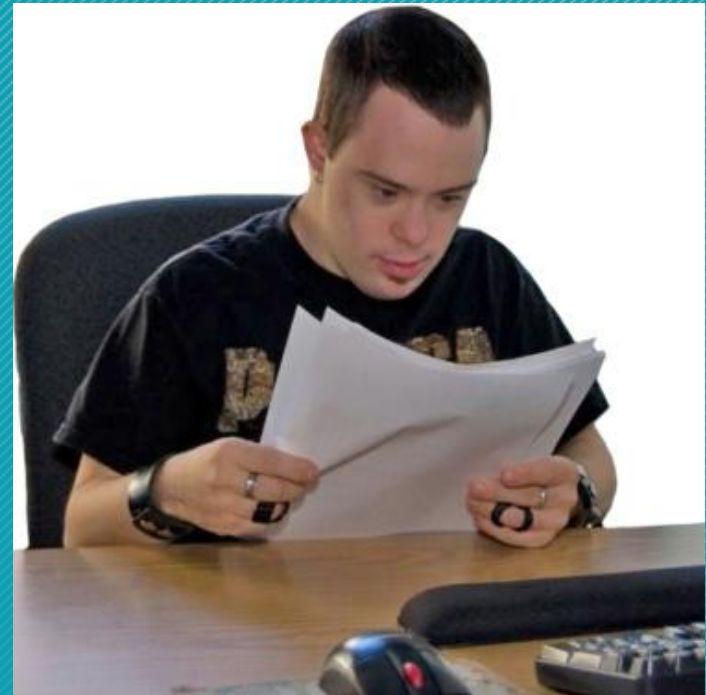
Requirement: May include whether and what services are self-directed

- NCI Data:
 - For those self-directing:
 - Does person have help making decisions re budget and service,
 - Can person change budget or services if needed,
 - Does person have enough information about how much money is in budget,
 - Is information easy to understand, and
 - Does the person want more help with budget or choosing services. (ACS, Self Directed Services)*
 - Does the person use fiscal intermediary or agency of choice model (ACS, Background Info)
- *Current version of NCI ACS only asks this of people who are in Self-Directed Waiver. Future surveys will ask this of all individuals



New Requirements for

HCBS Settings Transition Plans



Requirements for **ALL!** Transition Plans (deadline March 17, 2015)

- Before submitting the plan, the State must provide a 30-day public notice and comment period on the plan the state intends to submit to CMS.
- States must submit a plan in the renewal or amendment that provides details of any actions necessary to meet the new requirements and to document that compliance has been achieved.
- Approval of the renewal application or amendment will be contingent on the inclusion of a Transition Plan that can reasonably be judged to bring the program into compliance.
- Sanctions for non-compliance.



State HCBS Transition Plans

Public and approved transition plans:

<http://www.nasddds.org/resource-library/medicaid-hcbs-authorities/tttttt/>



Indiana Included NCI in the State's Transition Plan

“In order to ascertain the level of compliance with the HCBS requirements, **Indiana has chosen to utilize the National Core Indicators (NCI) data** . . . Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. This information was utilized as a **starting point, only**, to allow Indiana and its stakeholders to drill down to those areas of the requirement that are of concern. As available, the NCI data was analyzed by the type of residence in order to identify noncompliance within HCBS settings.. “



Other States Also Using NCI During Transition (based on partial survey)

- Colorado
- Delaware
- New York
- Tennessee



Revisions to NCI

align with CMS expectations

- Is the person **named on the lease**?
- Does the person **own his or her home**?
- Do you get to go out and do the things you like to do **as much as you like**?
- Do you always have a way to get places you need to go (like work, appointments, etc.)?
(Can you get a ride when you need one?)
-
- Are you always able to get places when you want to do something outside your home, like going out to see friends, for entertainment, or to do something fun? *(Can you get a ride when you want one?)*
-
- Was the service planning meeting in language you understood? Did they use words you understood? (this includes using language that is easy to understand)
- Did the planning meeting include the people you wanted to be there to help develop your service plan?
- Were you able to take part in the last service planning meeting?
- Were you able to choose the services that you get as part of your service plan?
- Do you have a key to your home, can you lock your bedroom?



Changes in Employment Questions

- Proposing to distinguish between individual competitive employment in the community and enclave/group employment in the community.
- Wage information collected for each group
- Allows for a determination of what portion of a person's employed time is spent in individual employment vs group/enclave employment
- Will capture paid work in a facility-based (sheltered workshop) setting
- Asks whether person has paid time off in job
- Asks whether person is self-employed



National Core Indicators

Other Uses of NCI for Quality Improvement

Arizona

- Charts data longitudinally from year to year to identify issues
- Presents survey findings to Statewide Management Team to identify areas of improvement
- Develops and implements district and/or statewide strategies for improvement (e.g., increasing provider rates to incentivize community and supported employment initiatives)
- Uses NCI data to evaluate progress with implemented strategies



What AZ Does with the Data

- Data from NCI surveys directly contributed to the creation and allocation of District Employment Specialist positions
- Survey data are presented to the DES Director's Office, legislative staff, State Medicaid Agency, Division's Quality Management Committee, Governor's Council on Developmental Disabilities, Provider and Advocacy Agencies.
- Data shared with the Arizona Legislature



Alabama

Alabama's Division of Developmental Disabilities

- Uses the overall satisfaction number and employment numbers in their SMART Plan which is a budgeting and planning process through the Governor's office to gauge their success in meeting national benchmarks.
- Currently conducting a pre/post survey analysis of people leaving Alabama's last developmental center
- A Summary is forwarded to providers and they are encouraged to use findings to include in their own agency Quality Plans.



Washington

Washington's Division of Developmental Disabilities

- The Developmental Disabilities Council review panel: self-advocates, family members, community providers and other professionals to review the results of the NCI survey data.

Review → Recommendations to Division



How States Use NCI Data



New York

- Publishes comparison data against other states
- Targeted campaigns to decrease obesity rates

Ohio Council of Governments

- Tracks person centered practices and changed the terminology of their planning process

Kentucky

- Issues formal report on service quality and community participation

Massachusetts

- Tracks and acts on health and wellness and safety data

Reference Sources

1. Medicaid.gov website, Home & Community Based Services page, Final Regulation Fact Sheets and webinar PPT:
<http://www.medicaid.gov/HCBS>
2. Elizabeth Pell. NCI Performance Indicators: Evidence for New HCBS Requirements and Revised HCBS Assurances: Practical Tools for States.
[http://www.nationalcoreindicators.org/upload/core-indicators/HCBS Reqmts and CMS Assurances Crosswalk with NCI May 2014 FINAL.pdf](http://www.nationalcoreindicators.org/upload/core-indicators/HCBS_Reqmts_and_CMS_Assurances_Crosswalk_with_NCI_May_2014_FINAL.pdf)
3. NASDDDS PPT, “HCBS Rules Overview” excerpted HCBS transition plan recommendations, April 2014
4. Photos of people in this Power Point were purchased by HSRI from Symbols for Life. <http://www.symbolsforlife.com/>

