



# Introduction to NCI-AD

## All-State Webinar

June 26, 2014

# Introduction

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- Joint project of the National Association of States United for Aging and Disabilities (NASUAD), Human Services Research Institute (HSRI), and the National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- Currently exist for the Intellectual/Developmental Disabilities community. (NCI)
- The Core Indicators are standard measures used across states (and soon programs) to assess the outcomes of services provided to individuals and families.
- NASUAD is expanding the tool to include populations of older adults and people with physical disabilities. (NCI-AD)

# NCI-AD Background

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- In 2011, NASUAD's Board voted to begin work to expand the scope of the current NCI to include older adults and adults with physical disabilities receiving services in their state.
- Grew out of a concern about the limited information currently available to help states assess the quality of LTSS services for seniors, adults with physical disabilities, and their caregivers.
- NASUAD, with support from their Steering Committee, began working with HSRI and NASDDDS to expand NCI to include this new focus.
- Began with the revision of the in-person Consumer Survey.
- Received funding from the Administration for Community Living to support pilot work.
- Currently piloting in Georgia, Minnesota, and Ohio.

# Purpose of NCI-AD

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- Support state agencies interested in measuring the performance of public long-term service and support systems.
- Allow for state to state comparisons and service comparisons within states.
- Provide data at the systems level on outcomes.
- Assist states to improve the quality of their long-term services and supports.
- Document the effect of services on the day-to-day lives of the people who receive them.
- Document the experience of program participants.
- Track key performance goals and outcomes.
- Assess the impact of regulatory activities and financial actions on individual experience.
- Respond to the demands of consumers and families for information on system responsiveness.
- Provide rapid access to quality data.

# What is being Measured?

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- Consumer Outcomes:
  - ▣ Community Participation
  - ▣ Choice and Decision-making
  - ▣ Service and Care Coordination
  - ▣ Rights and Respect
  - ▣ Health, Safety, and Wellness
  - ▣ Relationships
  - ▣ Everyday Living and Affordability
  - ▣ Work/Employment
  - ▣ Self-Direction

# How does NCI-AD Work?

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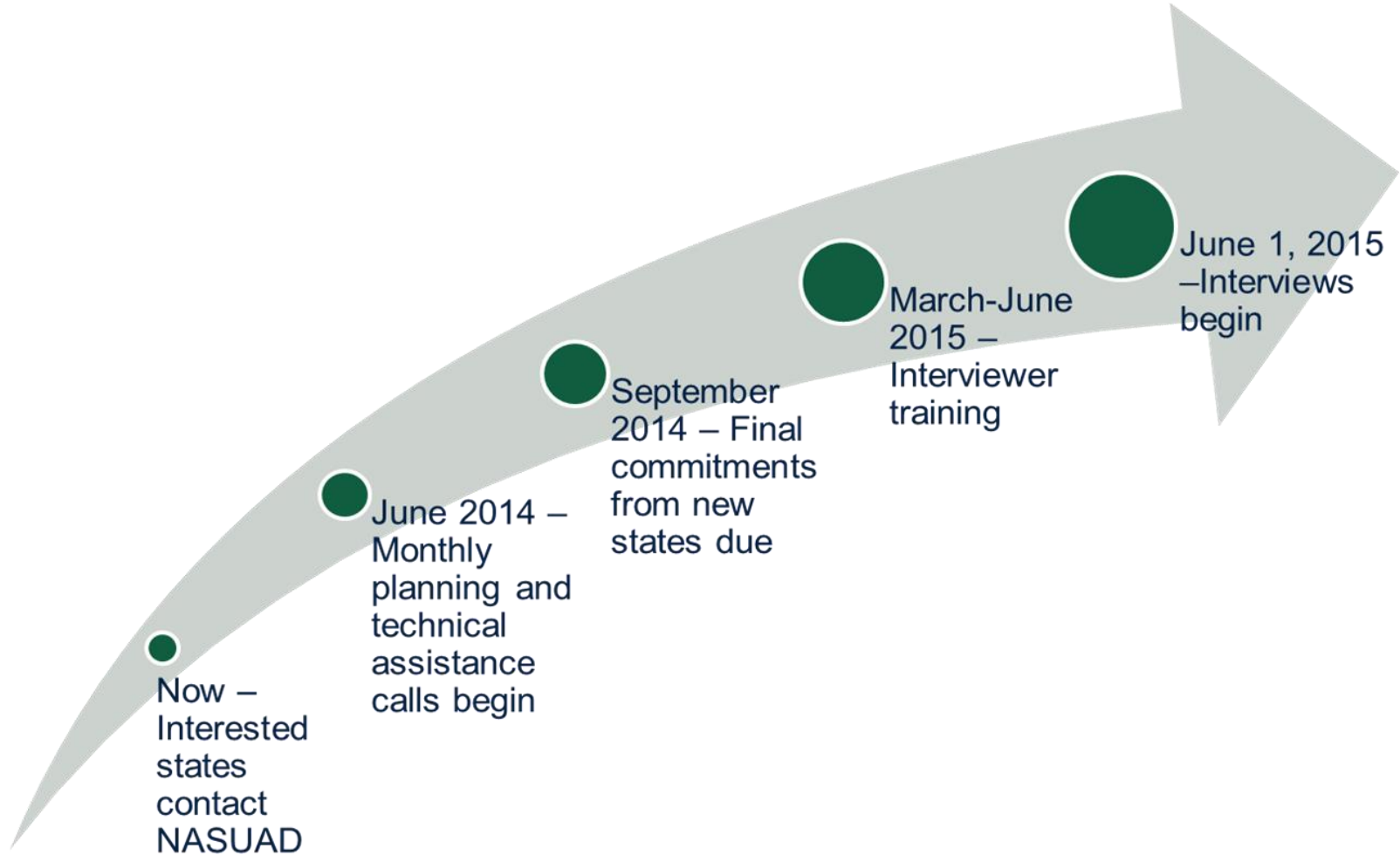
- Participating states are asked to compile a sample of at least 400 older adults and individuals with physical disabilities receiving publicly-funded services.
- States work with HSRI and NASUAD to design the sampling strategy.
- State or their contractor then conducts in-person NCI-AD interviews with survey participants.
- State compiles final data and shares data with HSRI.
- HSRI interprets data and provides state-specific report and state-to-state comparison report.

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# Nationwide Rollout

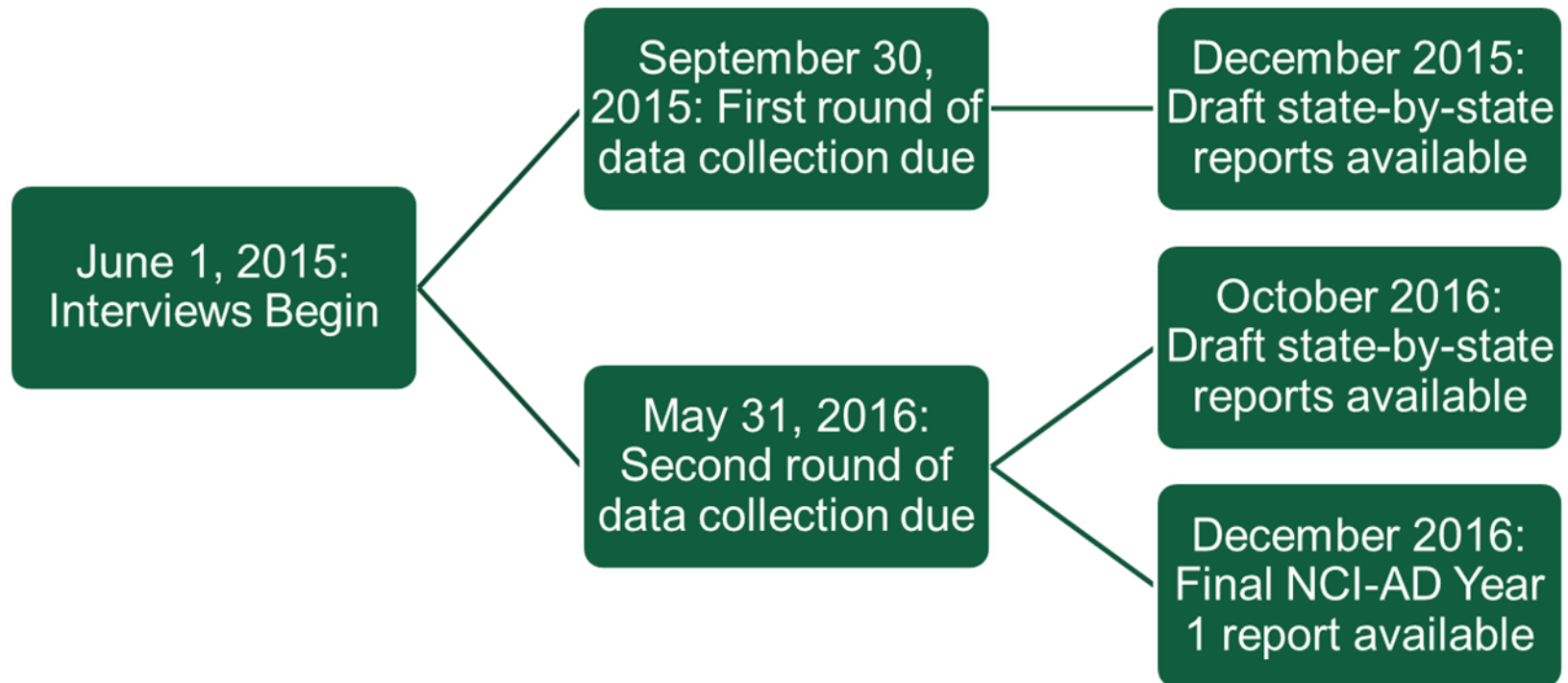
Timeline and Costs to Participate

# Timeline





# Two Rounds of Data Collection



# Costs to Participate

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## **NCI-AD Dues (paid to NASUAD)**

- \$13,500 (June 2014 - May 2015) for first year of technical assistance and planning
- \$13,500 (June 2015 - May 2016) for first year of data collection
- \$13,500 (June – May) for each subsequent year of data collection

## **Administering In-Person Survey**

- \$50,000 - \$75,000 to administer baseline sample of 400 individuals

## **State Staff Time**

- .10 to .25 FTE

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# Survey Development and Pilot Process

Julie Bershadsky, HSRI

# Development Process

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- Start:
  - NCI indicators
  - Other tools
  - Brainstorm
  
- Result:
  - Approx. 120 indicators
  - 17 domains

# Development Process

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- June 2013 – meeting with Steering Committee
  - Discuss each potential indicator
  - Long day.....
  
- Homework: Rankings
  - Rank each indicator from 0 (not important) to 3 (critical)
  - 12 states - sets of rankings

# Development Process

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- Delphi method
- Summary rankings:
  - Weighted score for each indicator:  $(N \text{ of } 0s) \times 0 + (N \text{ of } 1s) \times 1 + (N \text{ of } 2s) \times 2 + (N \text{ of } 3s) \times 3 = \text{Total score}$
  - Possible range: 0 to 36
  - Observed range: 10 to 35
  - Mean: 20.9, Median: 21
- Number of indicators cut by half:
  - 1) Above median
  - 2) Different look: exclude total score less than 16, no 3s and fewer than 8 2s, total number of 2s and 3s less than 8
  - Expert opinion
- Result: 61 indicators, 17 domains

# Development Process

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- 61 indicators → Draft survey questions
- Draft “background” section
  - Risk-adjustment – level the playing field
  - Describing the population
  - Focus/drill down into sub-populations
- Meeting with Steering Committee and Board on 9/7/2013
  - Discuss first draft

# Development Process

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- 2 Focus groups
- In-person testing
  - Validity
  - Cognitive testing
  - Inter-rater reliability
- Total of 7 revisions
- After in-person testing – last revision
- December 2013 – final draft of NCI-AD Consumer Survey, version 1



# Development Process - Pilot



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- 3 pilot states: MN, GA, OH
- Recipients of aging services through HCBS Waiver
- Recipients of aging services through OAA
- Recipients of non-DD disability services through HCBS Waiver
- Each state to collect at least 400

# Development Process - Pilot

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- MN: data collection completed
- GA: approximately 200 interviews completed
- OH: training held in May, data collection began immediately, over 100 interviews completed
- Designing reliability studies
  - Inter-rater
  - Intra-rater
  - Test-retest
  - Construct validity
  - Internal consistency
- All data collection to be completed by September 2014

## Pilot Experience

Kari Benson, Minnesota Board on Aging

Marion Oliver, Delmarva Foundation in Georgia

Hope Roberts, Ohio Department of Aging

# NCI-AD

## Minnesota's Perspective

Kari Benson, Planning Coordinator  
June 26, 2014



# The Nuts and Bolts

- Contracted with Vital Research
- Sample: 800
  - Waiver serving adults with physical disabilities
  - Waiver serving older adults
  - OAA home delivered meal recipients
- 355 Surveys Completed
- HCBS Partners Panel is primary vehicle for stakeholder engagement



# Lessons Learned

- Need to start the internal communication and coordination efforts earlier
  - Complicated by implementing the NCI-AD pilot at the same time as NCI survey
- Pros and cons of amending an existing contract



## Benefits of NCI-AD

- Includes questions related to community engagement and quality of life, as defined by the respondent
- Will result in common indicators across NCI survey instruments and populations to ensure comparability
- Is intended for use across all LTSS, including Older Americans Act programs
- Is scalable, depending on sample size



*Sustaining Excellence—Making Progress*

# Georgia Division of Aging Services NCI AD Pilot Project

Marion Olivier

Delmarva Foundation

June 26, 2014



Delmarva Foundation

*A subsidiary of Quality Health Strategies*



# Georgia Division of Aging Services

## Reason

- Comparative data across states
- Comparative data across regions in the state
- Comparative data across funding types

## Purpose

- Independent assessment
- Advocacy for additional funding statewide
- Identify strengths & where improvement is needed

## Plans

- Share with external and internal stakeholders
- Initiate quality improvement
- Continue to meet the service needs of people served

# Georgia Division of Aging Services

- 1200 people included in the sample:
  - 600 Home and Community Based Services (HCBS - Non-Medicaid)
  - 600 Community Care Services Program (CCSP - Medicaid)
- Completed to date: 718

# Georgia Division of Aging Services

STAKEHOLDER FEEDBACK on PROCESS	INTERNAL	EXTERNAL
	Notification Letters don't always work	Not sure who we are
	Contracting system impact	Grateful to have the interaction
	Meet with external stakeholders (ADRCs, AAA, providers)	Providers are cautious
	Opportunity to share resource information	

## GENERAL FINDINGS FROM PEOPLE INTERVIEWED

People don't have a future view; no one is addressing this.

Community integration rarely occurs unless family is involved.

Most people would like additional services.

Health care is a priority and generally being provided.

People who have family involvement are less lonely.



# Georgia Division of Aging Services

LESSONS LEARNED	WORKED	DIDN'T WORK
	Bring notification letter to interview	Sending notification letters too far in advance of interview
	Notification of AAA	Not having most current contact information
	Streamlined the data entry by not having to enter n/a for all areas where applicable	Lack of oversample at the beginning of the year

## FUTURE MODIFICATIONS

Mail notification letter right before initial contact call

Start the contract process earlier

Attend CCSP, ADRC, AAA meetings to reinforce the project

Obtain oversample at the beginning of the year



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# Ohio Department of Aging

Hope Roberts

# Desired Outcomes

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Primary To establish a state-wide strategy to gauge the impact of the long-term services and supports systems on the life of seniors, adults with physical disabilities and their caregivers, ***from their perspective***, regardless of setting or funding source, the effectiveness.

## Secondary

Support policy and resource allocation decision-making;

Support implementation of the state's BIP work plan;

Data source for 1915(c) waiver public input requirements and possibly waiver performance measures;

Olmstead Planning;

Demonstrate compliance with the CMS HCBS regulation.

# Pilot Overview

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## Sample

- Individuals receiving one or more OAA services and care coordination; and
- Individuals, age 21 and up, enrolled on a 1915(c) and receiving one or more waiver service and case management

## Status

- Approximately 200 interviews completed;
- Low refusal rate;
- Interviewers experience: easy to engage consumers in conversation, logical progression.

## Staff

- Designated project manager to guide the vendor selection, initial data gathering, vendor training
- Cross agency collaboration (policy, program, and data)
- Approximately .5 FTE commitment total

# Stakeholder Engagement

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- Early, often, and tailored to the interest of the audience.
- Identify how this is NOT “just another survey”
- Identify shared goals of all stakeholder groups



# Looking to the Future

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- First year survey: data collection to begin in 6/2015;
- Inform development of the state's case management system to reflect the established set of core indicators specifically designed for populations who are aging and/or have physical disabilities;
- Possibility for collaboration with DoDD system for future RFP for vendor;

Data powered by HSRI

Project managed by NASUAD

## For Additional Information:

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