

Measuring Person Centered supports across all state settings: NCI and NCI-AD

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National Association of State Directors of Developmental Disabilities Services



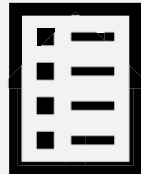
Human Services
Research Institute



Overview



What do we mean by ‘Person Centered’, really?



State initiatives and efforts to advance Person-Centered systems



NCI and NCI-AD: new and existing questions to support state efforts of advancing Person-Centered systems

Person Centered Planning and Outcomes

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the frame, creating a modern, dynamic aesthetic.

**Person Centered Thinking,
Planning, and Practice is the
foundation of HCBS**

Defining Person-Centered

- ▶ **Person-centered thinking** recognizes that people are experts in their own lives, everyone can express their preferences and live a full life in their own community that they and the people who care about them have good reasons to value.
- ▶ **Person-centered planning** identifies and addresses the preferences and interests that make up a desired life and the supports (paid and unpaid) needed to achieve it. It is directed by the person and supported by others selected by the person, who are independent of any service/support to be delivered in the plan.
- ▶ **Person-centered practice** is the alignment of service resources and systems that give people access to the full benefits of community living and delivers services in a way that facilitates achieving the person's desired outcomes.

Defining Person Centered

- ▶ Individual preferences and priorities; what matters most **TO** the person
 - ▶ Can be seen in methods or approach, goals, outcomes, and in utilization patterns

Particularly when compared to

- ▶ Clinical or professional priorities; what is important **FOR** the person
 - ▶ Can be seen in methods or approach, goals, outcomes, monitoring topics and in utilization patterns- or compliance/non-compliance with recommended services

NQF Patient Reported Outcomes for Performance Monitoring (PRO-PM)

National Quality Forum: Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement

Final Report (September 2016)

Person-Centered Planning and Coordination:

“assessment, planning, and coordination of services and supports that is focused on the individual’s goals, needs, preferences, and values”

Assessment: Assistance with identifying goals, needs, preferences, values

Planning: level to which planning is directed by the person, with support as needed. Include role of paid/unpaid services.

Coordination: level to which services are complementary, integrated, and fully supportive to meet needs and achieve goals.

Need for person centered outcome monitoring

http://www.qualityforum.org/Measuring_HCBS_Quality.aspx

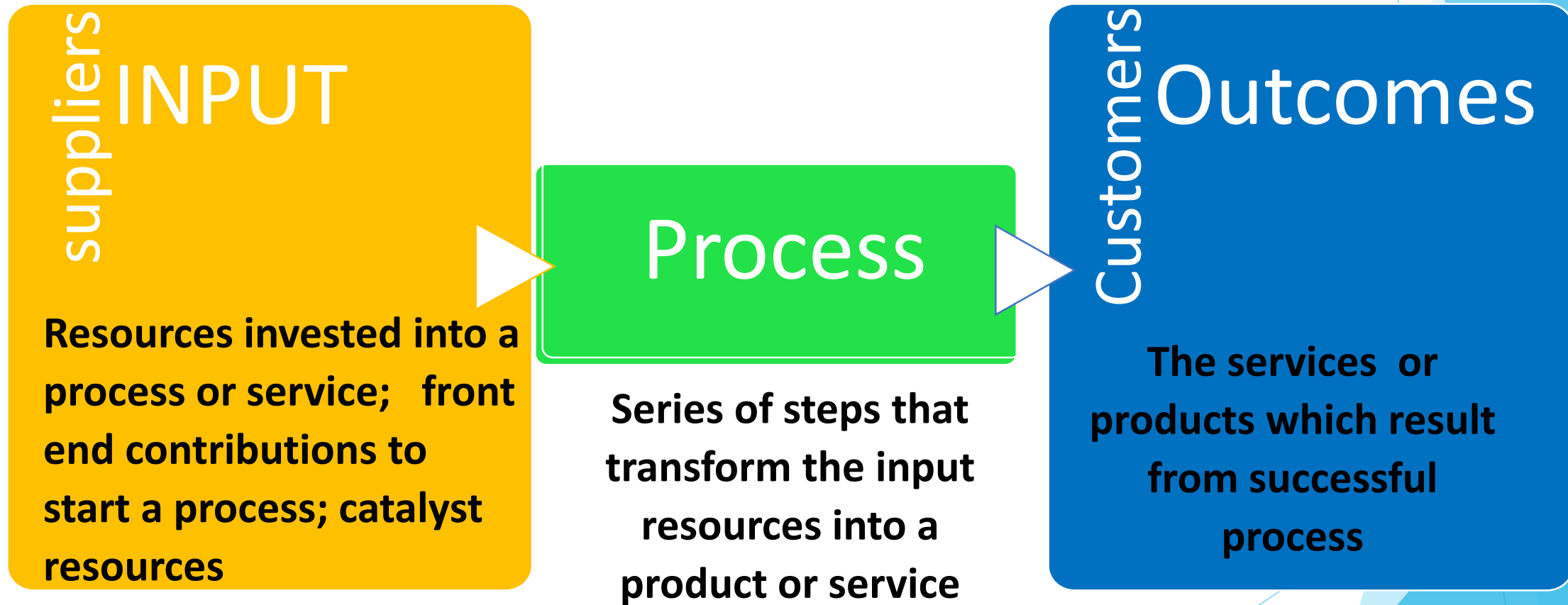
Federal Initiatives Supporting Person Centered Planning Measures

- ▶ ACA Section 2402(a) Guidance (HHS-Wide)
- ▶ HCBS Final Rule (CMS)
- ▶ Long Term Care Rule (CMS)
- ▶ Managed Care Rule (CMS)
- ▶ Health Homes (CMS)
- ▶ Accountable Care Communities FOA (CMS)
- ▶ Discharge Planning Rule (CMS)
- ▶ Person & Family Engagement Program (CMS)
- ▶ No Wrong Door (ACL)
- ▶ Mental Health Block Grants (SAMHSA)
- ▶ Certified Community Mental Health Clinics (SAMHSA)
- ▶ eLTSS Standards (ONC)

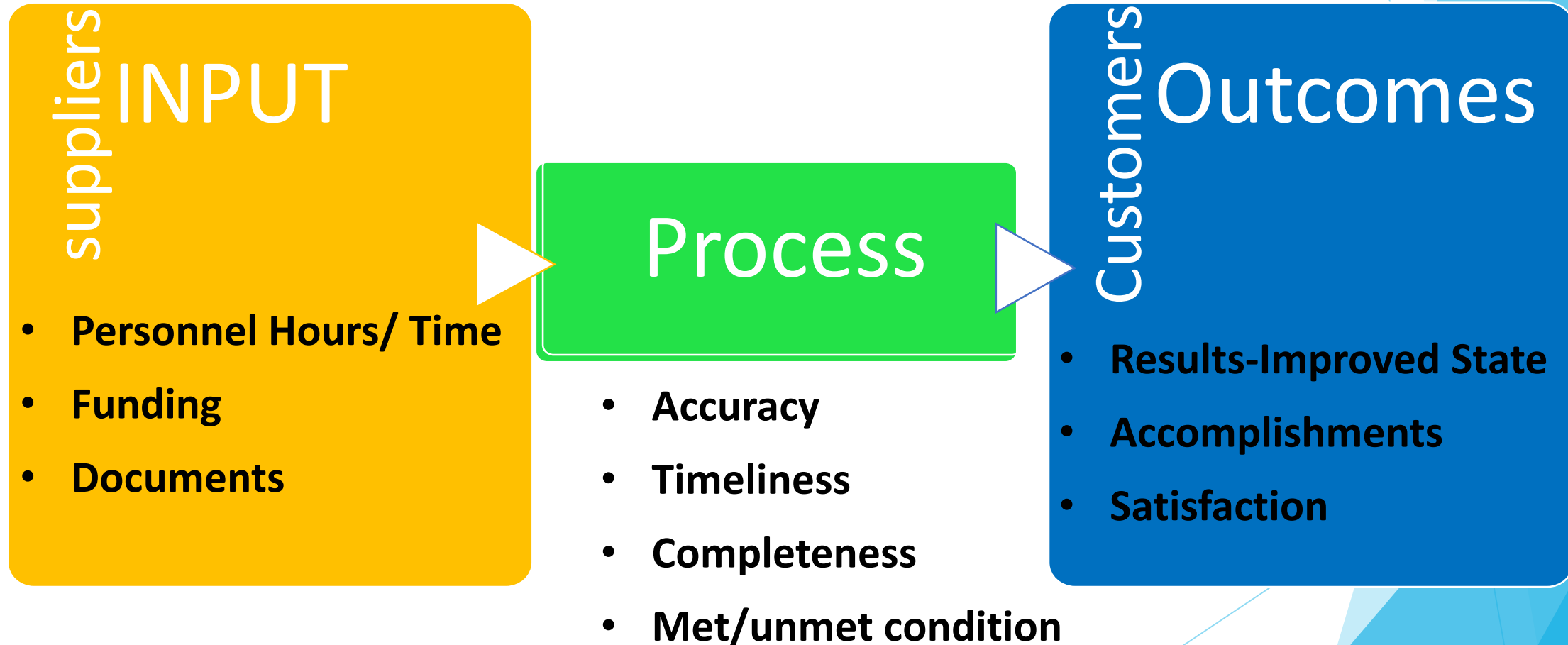
Measure Types and Purpose-

Two State I/DD Systems efforts at Building Person Centered Systems

Locations for Potential Measures of System Performance: SIPOC




Locations for Potential Measures of System Performance: SIPOC



Quality by Fact / Quality by Perception

- ▶ Quality by Fact--- evidentiary, indisputable, tend to be binary, can be “proven”
- ▶ Quality by Perception--- opinion, impression, influenced by senses or emotions, but nonetheless present
- ▶ Quality Management Systems take a Both/And approach, rather than either/or approach to these measure types

PRO PM's tend to fall into this category



Virginia I/DD System Initiatives using Person Centered Practices

- Quality Improvement
- Case Management Improvement
- Waiver Management Electronic System
- DSP Workforce Effort
- Provider Development
- Business Acumen Learning Collaborative
- Jump-Start Funding Project
- Provider Innovation Collaborative



Home and Community-Based Services Reform in Minnesota

- ▶ Minnesota is reforming its home and community-based services system to better support CHOICE*, enabling the people we serve to live, learn, work and enjoy life as they choose.

What does the reform entail?

- ▶ All aspects of our system to create more options, flexibility, and innovative approaches so that services and supports are tailored to each individual, their needs and preferences. We are building a comprehensive, integrated approach to quality management that will support person-centered practices.

How are we doing it?

- ▶ Listening to people who use services and their families; engaging with counties and providers to learn together. We practice adaptive systems change. We are committed to changes which will take

*CHOICE:

- Community membership
- Health, wellness and safety
- Own place to live
- Important long-term relationships
- Control over supports
- Employment earnings and stable income

Partners and providers

[Program overviews](#)[Policies and procedures](#)[eDocs library of forms and documents](#)[News, initiatives, reports, work groups](#)[Training and conferences](#)[Contact us](#)[Grants and RFPs](#)[Licensing](#)[IT systems and supports](#)

Person-centered practices

Minnesota is moving toward person-centered practices in all areas of service delivery. As a state, Minnesota strives to make sure everyone who receives long-term services and supports and mental health services can live, learn, work and enjoy life in the most integrated setting. The goal is for people to lead lives that are meaningful to them. To do this, we must have a person-centered support system that helps people:

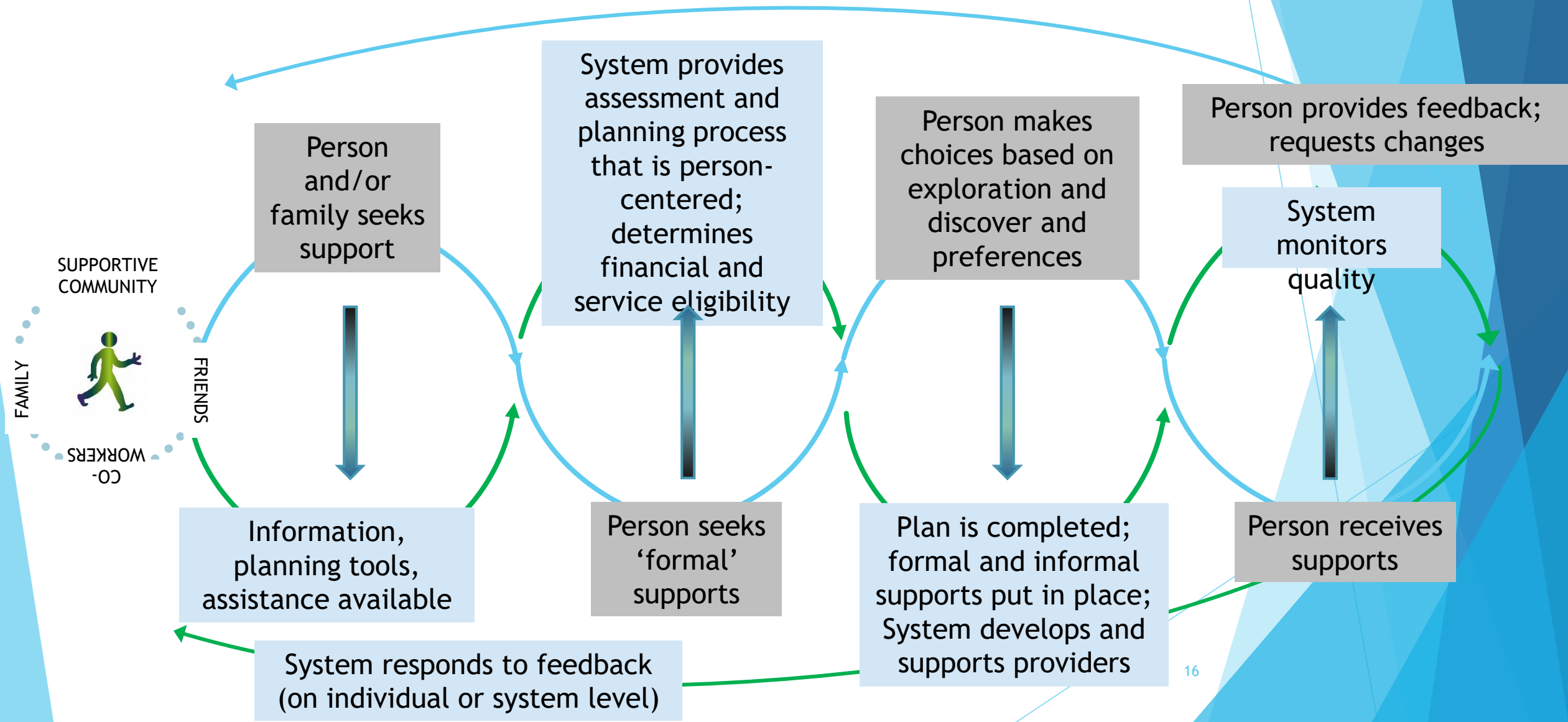
- Build or maintain relationships with their families and friends
- Live as independently as possible
- Engage in productive activities, such as employment
- Participate in community life.

Our support system must reflect that we understand, respect and honor the things each person thinks are important.

Person-centered practices are essential to this effort. Person-centered practices are flexible and adaptable. They encourage informed choice and creativity. We use person-centered practices because they increase people's quality of life.

Our transition to this person-centered approach reflects one of DHS' core values: We focus on people, not programs. However, the person-centered approach is not unique to Minnesota. It is a practice that is emerging across a wide variety of fields that work with different people in different settings. Many state and federal policies now mandate person-centered delivery of long-term services and supports.

The MN Person-Centered Experience



Measures of Person Centeredness in NCI and Person-Centered Planning in NCI-AD

Alixé Bonardi

Julie Bershadsky

National Core Indicators NCI™

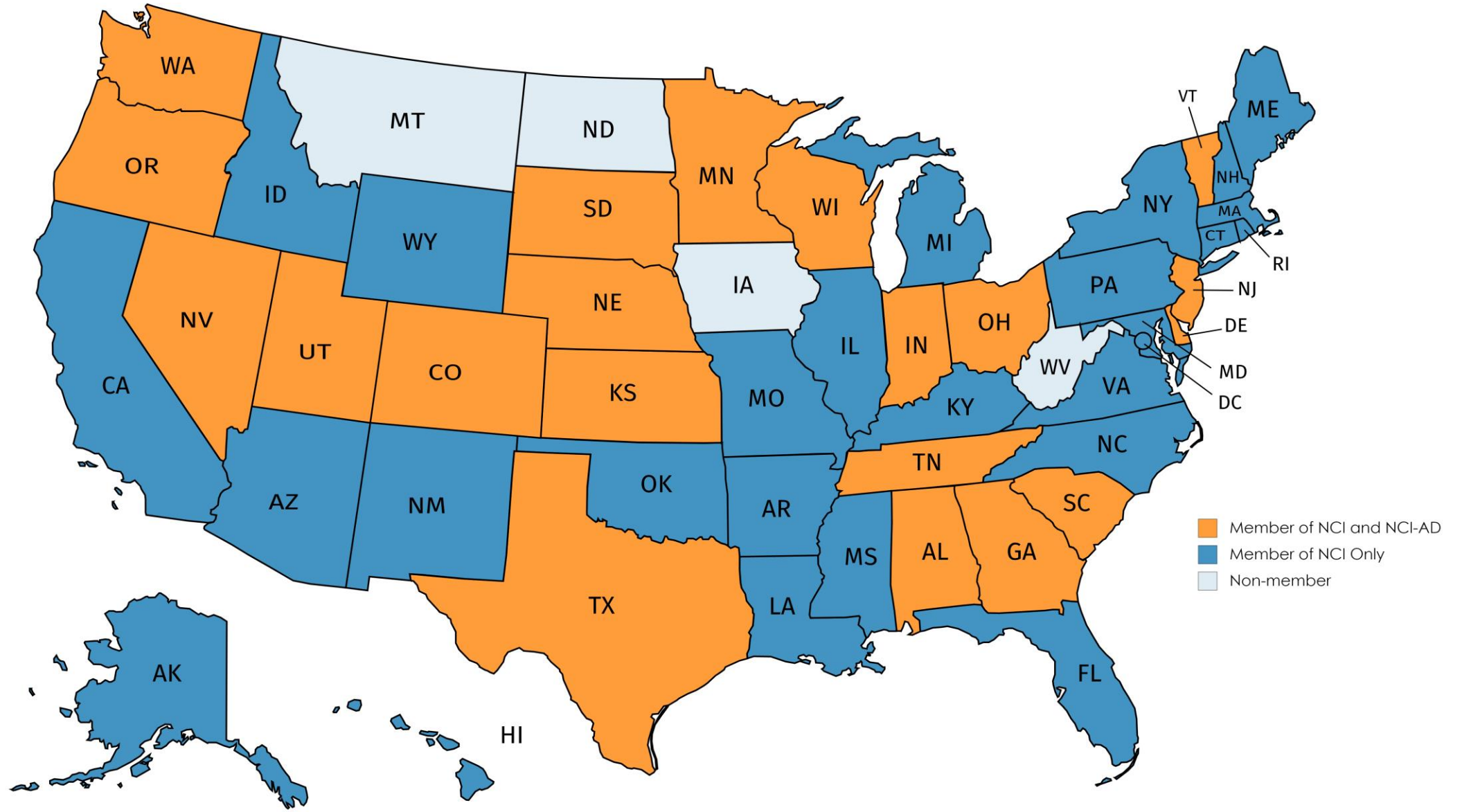
- ▶ Adults with intellectual / developmental disability (IDD) who receive supports through the developmental disability service system administered by state agencies.
- ▶ Tools (5) developed by Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disability Services (NASDDDS)
- ▶ Began in 1997 - 5 instruments including family surveys, in person Adult survey, and Staff Stability Survey. 46 states plus DC participated

National Core Indicators- Aging and Disability NCI-AD™

- ▶ Adults who receive supports because of a physical disability and/or an age-related disability.
- ▶ Tool developed by Human Services Research Institute (HSRI) and the National Association of States United for Aging and Disabilities (NASUAD)
- ▶ Began in XXXX - 21 states have participated

NCI and NCI-AD: Separate Projects, Corresponding Features

- ▶ Process and outcome measures collected through face to face encounters
- ▶ Representative sampling
- ▶ Background information (demographics and service history) from state-administrative records
- ▶ Proxy respondents allowed for a portion of the survey
- ▶ Common outcome domains, with some population-specific domains in NCI-AD
- ▶ States elect to participate - data collection completed over a 1 year period.
- ▶ Public reporting of aggregate results



NCI and NCI-AD Presence 2018-19

Domains in NCI

Individual Indicators:

- ▶ Community Inclusion
- ▶ Choice and Decision Making
- ▶ Relationships
- ▶ Satisfaction
- ▶ Service Coordination
- ▶ Work
- ▶ Access
- ▶ Health
- ▶ Medications
- ▶ Wellness
- ▶ Respect and Rights
- ▶ Safety
- ▶ Self-Determination

Additional Family Indicators:

- ▶ Family Involvement
- ▶ Community Connections
- ▶ Access and Support Delivery
- ▶ Information and Planning
- ▶ Choice and Control
- ▶ Family Outcomes

Opportunity to enhance person-centered questions

- ▶ ACL 2017 funding to further develop NCI and NCI-AD measures PRO-PMs for submission/endorsement from National Quality Forum
- ▶ Funding included support to expand NCI and NCI-AD **person centered** questions
- ▶ Review and addition to existing person-centered questions in each tool

NCI: expansion of person-centered question set

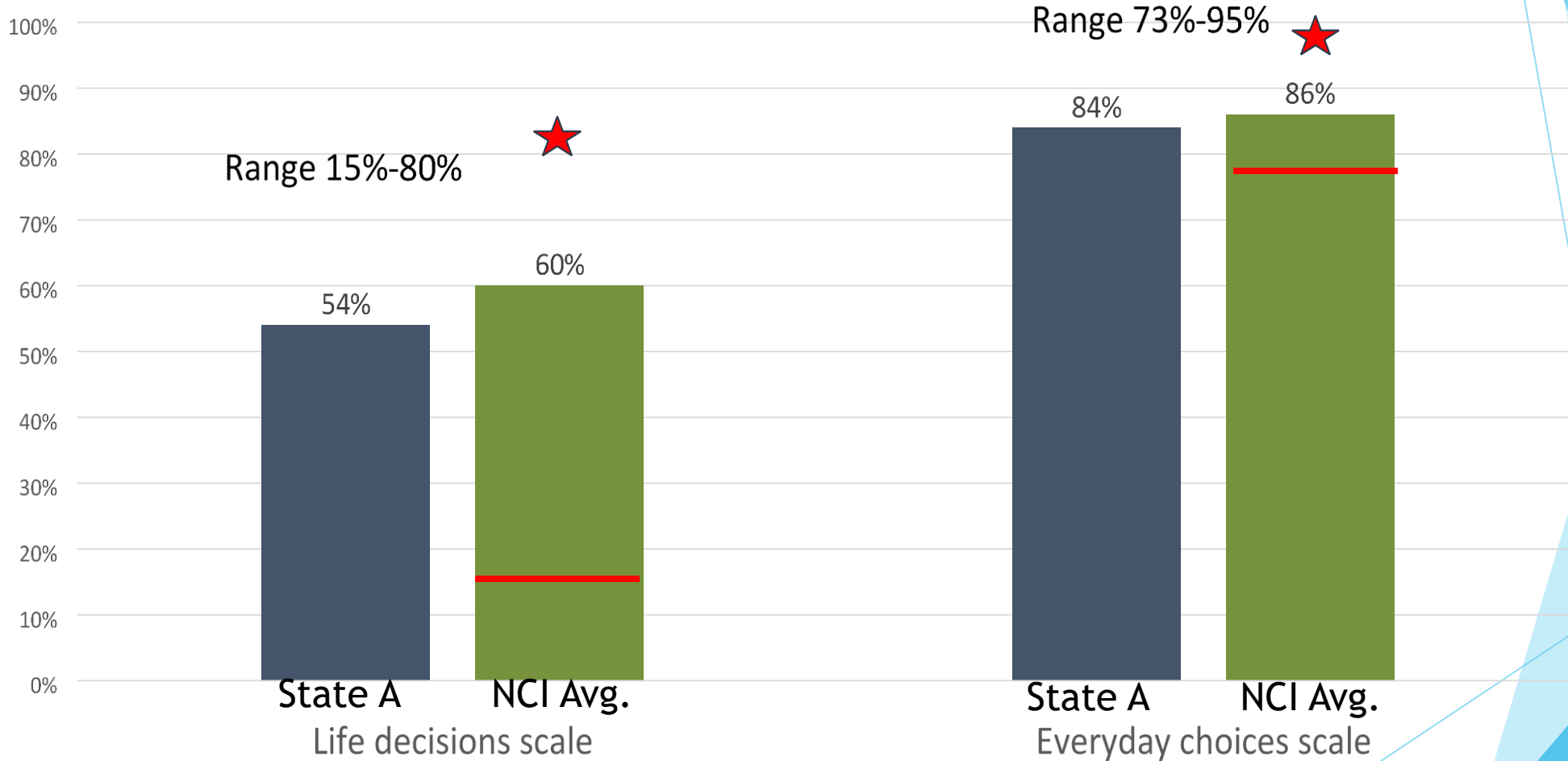
- ▶ Focus groups in three states to form questions
 - ▶ Reviewed existing questions, proposed changes and additions
- ▶ Cognitive interviews to test new questions within the survey
- ▶ Pilot implementation of final questions in three states
(DC, MN, VT)
- ▶ Feedback from interviewers on specific questions, understanding and delivery
- ▶ Analysis from pilot data underway
- ▶ Implemented in all IPS states during current data cycle (18-19)

Choice: a key indicator of Person-Centered planning

- ▶ The Adult Consumer Survey (now IPS) includes nine choice items that correspond to the Choice indicator; all but one item, “Chose Case Manager” (Table 39), were risk adjusted*
- ▶ Two Choice composite scale scores were produced by adding and averaging Choice items.
 - ▶ Life Decisions scale (Table 37) refers to choice of: residence, work, day activity, staff, and roommates.
 - ▶ Everyday Choices scale (Table 38) refers to choice of: daily schedule, how to spend money, and free time activities. Both scales were risk-adjusted.

*For a more robust description of risk adjustment see the Data Analysis section of Part II of the 2016-17 ACS National Report.

NCI - Choice Scales



★ Denotes highest performing states in the data set.

— Denotes lowest performing state in the data set.

Key changes to National Core Indicators In Person Survey

1. Added questions from service plan: goals. Follow up in-person question about desire to pursue these goals.
 - ▶ Increase participation in the community
 - ▶ Relationships
 - ▶ ADL/IADL
 2. Record date of planning meeting - assists with reference to planning meeting.
 3. Expanded community engagement section to query satisfaction with level of community integration
 4. Additional questions about supports for life-long learning, satisfaction with choices etc.
- * Not a module: The NCI tool includes additional person-centered questions embedded within existing structure.

Person-Centered Practices Questions

Background Information Section:

- ▶ Questions about the presence of the following elements in the ISP:
 - ▶ Employment goal
 - ▶ *Goal to create, expand, strengthen and/or maintain friendships or relationships
 - ▶ *Goal to increase participation in activities in the community
 - ▶ *Goal to increase independence in IADLs
- ▶ *Date of person's last Annual Service Plan meeting
- ▶ Whether the person is using a self-directed supports option

* Questions in red are NEW to the NCI Survey

Person-Centered Practices Questions

Section I:

- ▶ Whether the person likes his/her home or where he/she lives
- ▶ Whether he/she might like to live somewhere else
- ▶ If the person doesn't have a job in the community, whether he/she would like one.
- ▶ If the person has a job, does he/she like the job?
- ▶ Whether he/she would like to work somewhere else
- ▶ Is he/she satisfied with the amount of time spent at a day program (if applicable?)
- ▶ ***Whether the person gets help to learn new things (lifelong learning)**
- ▶ Whether there are places that the person feels afraid?
 - ▶ If he/she ever feels afraid, whether there is a person he/she can talk to

* Questions in red are NEW to the NCI Survey

Person-Centered Practices Questions

Section I continued:

Whether the person can:

- ▶ See friends when wanted
- ▶ Go on a date if wanted
- ▶ See/communicate with family when wanted
- ▶ Go out and do things that he/she enjoys
- ▶ Whether the person can do things he/she enjoys as much as he/she would like
- ▶ Whether the person feels lonely
- ▶ Whether the person wants more help to make new friends or keep in touch with old friends
- ▶ Whether the person has enough things that he/she likes to do at home
- ▶ ***Whether the person wants more help to learn to do IADLs independently**

* Questions in red are NEW to the NCI Survey

Person-Centered Practices Questions

Section I continued:

- ▶ Whether the case manager (CM) asks what the person wants
- ▶ Whether the person can contact the case manager when wanted
- ▶ Whether the person took part in the last service planning meeting
- ▶ Whether he/she understood what was being talked about
- ▶ *Whether learning new things was discussed at the service planning meeting
- ▶ Whether the meeting included people the person wanted to be there
- ▶ *Whether the person remembers what is in the service plan
- ▶ *Whether the service plan includes things that are important to the person
- ▶ Whether the person chose things in service plan
- ▶ *Whether the person knows whom to ask if he/she wants to change something about services
- ▶ Whether staff treat the person with respect
- ▶ Whether services and supports are helping the person to live a good life.

* Questions in red are NEW to the NCI Survey

Section II:

Person-Centered Practices Questions

- ▶ *For community inclusion activities, whether the person is satisfied with the amount of times he/she does that activity in the community
- ▶ *Whether the person would like to take part in more community groups
- ▶ Whether the person made, or had some input in critical everyday and life choices such as choosing home, roommates, job, etc.
- ▶ *Whether the person has enough choice about what to do in free time, and how to organize daily schedule.
- ▶ Whether the person made, or had some input in choosing staff and CM
- ▶ Whether the person has a key to the home
- ▶ *Whether the person wants a key to the home.
- ▶ *When people in the person's house go somewhere, whether the person has to go as well or whether he/she can stay at home if wanted.
- ▶ Whether the person can lock bedroom
- ▶ Whether the person has participated in self advocacy efforts and/or voted in elections
- ▶ Whether the person feels staff have the right training to meet his/her needs
- ▶ Whether the person makes choices that align with self-direction and whether he/she has the right information to make good choices.

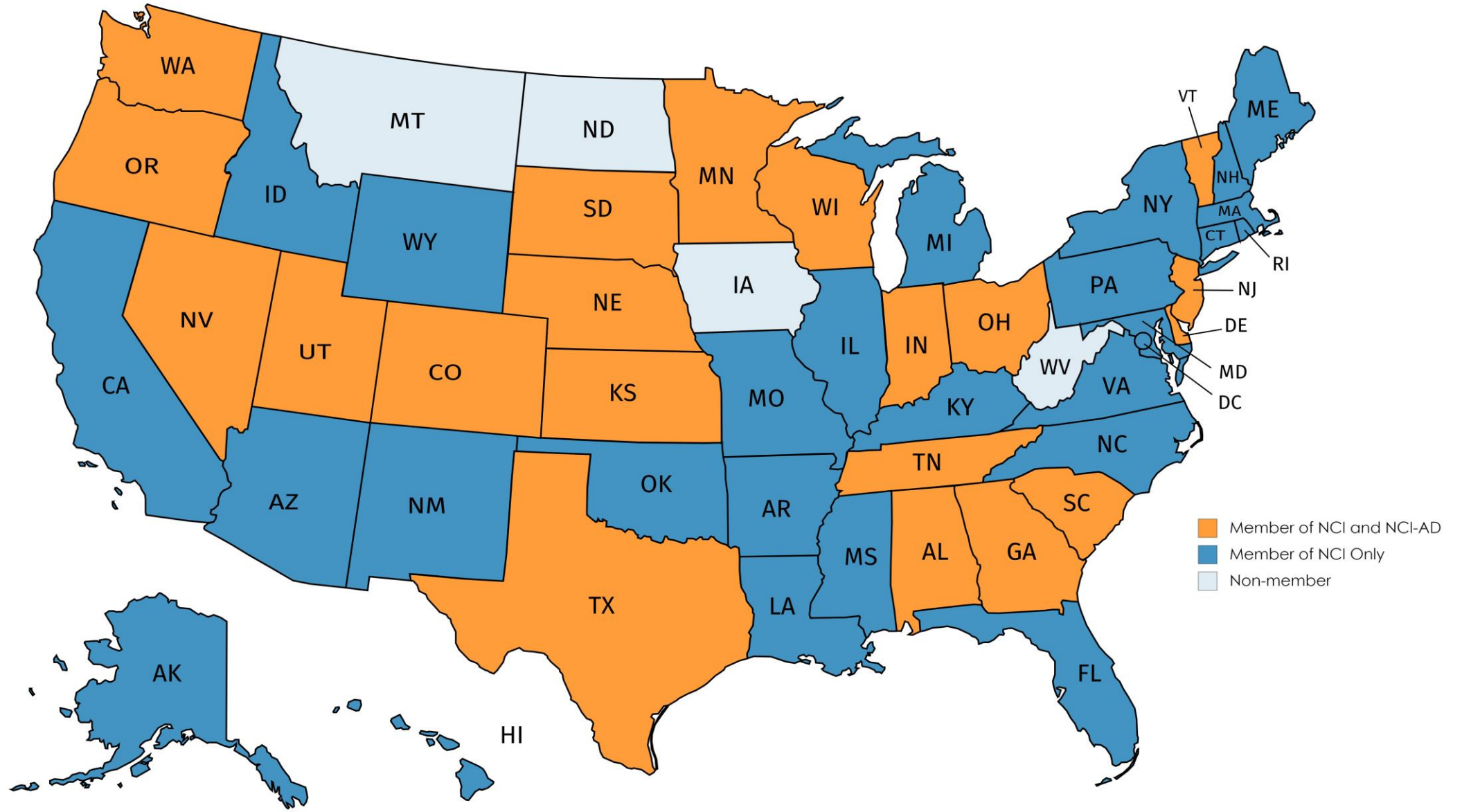
* Questions in red are NEW to the NCI Survey

NCI - State perspectives on Person-centered question development

- ▶ Incorporating questions that have been developed in prior state-specific surveys (VT)
- ▶ NCI provide value because of being able to link background information (e.g. goals in service plan, demographics) to reported outcomes.
- ▶ Full report examining expanded Person-Centered process and outcome measures in 2019-2020 reporting cycle.

Person-Centered Planning in NCI-AD

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**NCI and NCI-AD Presence
2018-19**

Domains in 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

Development of NCI-AD Person-Centered Planning MODULE

- ▶ Focus on *THE PROCESS OF PERSON-CENTERED PLANNING*
- ▶ Review of HCBS Person Centered Service Plan Process Requirements
- ▶ Review of current NCI questions related to PCP
- ▶ Review of additional questions added by member states related to PCP
- ▶ Development of candidate PCP items, organized into 3 broad “domains”: service planning meeting, service plan, services

Development of NCI-AD Person-Centered Planning MODULE

- ▶ Drafting of candidate questions
- ▶ Stakeholder review of draft items and questions
 - ▶ Colorado's Community Living Quality Improvement Committee (CLQIC)
- ▶ Expert review of draft items and questions
- ▶ Drafting of response options
- ▶ Redraft, review, repeat
 - ▶ Several iterations
- ▶ Implementation: proxies not allowed
- ▶ 2017-2018 Pilot in 7 states: CO, DE, NJ, OR, TN, VT, WI

- 1) How involved are you in making decisions about your service plan/plan of care and the goals you want for your life?
- 2) Do you remember (your most recent service planning) meeting?
- 3) Did the (service/care planning) meeting take place at a time that was convenient to you?
- 4) Did the (service/care planning) meeting take place at a location that was convenient for you?
- 5) Did the (service/care planning) meeting include the people you wanted to be there?
- 6) As your service plan/plan of care was discussed during the meeting, did you feel that your preferences and needs were being heard?
- 7) Have you had the opportunity to review your service plan/plan of care after the meeting?
- 8) Does your service plan/plan of care include what was discussed in the meeting?
- 9) Are your preferences and choices reflected in your service plan/plan of care?
- 10) Do the care supports and services you receive help you live a better life? *A life you want?*

Pilot of PCP Module

- ▶ State 1: Waiver, OAA
 - ▶ Waiver: ~80% of responders “very involved” or “somewhat involved” in making decisions about service plan; ~75% remember last service meeting
 - ▶ OAA: ~60% of responders “very involved” or “somewhat involved” in making decisions about service plan; ~50% remember last service meeting
- ▶ State 2: HCBS, Nursing Facilities
 - ▶ HCBS: ~80% of responders “very involved” or “somewhat involved” in making decisions about service plan; ~75% remember last service meeting
 - ▶ NFs: ~65% of responders “very involved” or “somewhat involved” in making decisions about service plan; ~60% remember last service meeting
- ▶ State 3: MLTSS HCBS, MLTSS Nursing Facilities
 - ▶ MLTSS HCBS: between ~80%-85% of responders “very involved” or “somewhat involved” in making decisions about service plan; between ~60%-80% remember last service meeting; some MCO differences
 - ▶ MLTSS NFs: ~60% of responders “very involved” or “somewhat involved” in making decisions about service plan; ~55% remember last service meeting

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NCI-AD PCP Module: State Perspectives

States

- ▶ Colorado
- ▶ Utah
- ▶ Delaware
- ▶ South Dakota
- ▶ Oregon

Colorado

- ▶ Department of Health Care Policy and Financing (HCPF) made Person and Family Centeredness (PFC) approach a priority, in part due to federal requirements but also took on as an internal priority
- ▶ PCP Module questions were vetted through HCPF and the Community Living Quality Improvement Committee (CLQIC)
- ▶ Participated in NCI-AD PCP Pilot as a way to begin tracking the state's performance

Utah

- ▶ NCI-AD PCP questions help to inform their Settings Transition Plan
- ▶ Opportunity to gain a better understanding of person centered practices in service delivery
 - ▶ Candid feedback directly from service recipients
- ▶ May use for compliance monitoring in the future
- ▶ Identifying areas to improve policy, procedures and training

Delaware

- ▶ NCI-AD PCP module was a good way to ensure members have a say in their care plan
- ▶ Since surveyors are third party, service recipients can share care planning experiences in a conflict-free environment
- ▶ NCI-AD PCP module data will be used as part of managed care organization (MCO) evaluation/quality and compliance oversight
 - ▶ Setting up MCO sessions

South Dakota

- ▶ SD Department of Human Services (DHS) is a person centered organization
 - ▶ DHS incorporates person centered practices in to daily work
- ▶ Independent decision by agency leadership to make the PCP approach a priority
- ▶ Will use NCI-AD results in policy decisions going forward

Oregon

- ▶ Amended OR Administrative rules to incorporate HCBS rule changes
 - ▶ Overarching HCBS rules with PCP requirement for all divisions
- ▶ Culture shift to further enhance/embed PCP throughout case management
 - ▶ Change management and training activities
 - ▶ Completed pilot of a new service intake model based on PCP service planning
 - ▶ Adopted separate assessment and service planning case management
 - ▶ Incorporated PCP in other training (ex: dementia training for case managers)
 - ▶ Created website and series of fact sheets
- ▶ Committed to five years of NCI-AD surveys and utilizing results
 - Public presentations
 - Fact sheets
 - Development of action steps

Questions?

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