

Put Your Data to Work

Using National Core Indicators data

National Core Indicators

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NATIONAL
CORE
INDICATORS®
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NCI-AD

NATIONAL CORE INDICATORS
Aging and Disabilities™

What we'll cover



01

A brief overview of National Core Indicators

02

HCBS setting rule -- what does it mean for states?

03

How NCI data can be used for settings rule

04

How AZ is using NCI data



National Core Indicators is a national initiative that uses surveys to hear directly from people getting long-term services and supports. These surveys provide insights on the quality of those services.

National Core Indicators Includes Two Programs



NATIONAL CORE INDICATORS-- INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (NCI-ID)

- Established: 1997
- Participating states: 46 and D.C.
- Population addressed:
Individuals with
intellectual/developmental
disabilities (IDD)



NATIONAL CORE INDICATORS-- AGING AND DISABILITIES (NCI-AD)

- Established: 2015
- Participating states: 22
- Population addressed:
Older adults and people
with physical disabilities



- NCI initiative developed validated sets of performance indicators for DD systems (NCI-IDD) and State Medicaid, aging, and disability agencies (NCI-AD) used to measure and track their own performance.
- NCI-IDD and NCI-AD collect information directly for individuals receiving services.
- Data are also collected on demographics and personal characteristics of people surveyed

CMS finalized regulations for HCBS on March 17, 2014

States have to demonstrate compliance with 6 statutory assurances through a method of continuous quality improvement

States have to develop strategies to demonstrate compliance with the new regulations by 2023

Several states have indicated their intention to use NCI to support their transition efforts.

A Quick Reminder About HCBS Settings Rule...

When used as a complement to other data sources, NCI can provide high level indicators of strong system performance

- NCI does not provide individual or provider specific data so is used in addition to or as a method to confirm other sources of data, such as administrative information
- States regularly use NCI to...
 - Inform areas for systems improvements
 - Benchmark and track data over time





At each step in continuous quality improvement, NCI data can be used to:

- Review data at a systemic level as a starting place to identify areas for improvement
- Complement information from administrative data sources
- Inform remediation strategies
- Provide a roadmap to effective and well-calibrated systems improvement activities

NCI can help inform how well the state's systems are doing on elements of the settings rule, including:

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CHOICE



**COMMUNITY
INCLUSION**



EMPLOYMENT



**HEALTH AND
WELFARE**



**RIGHTS AND
RESPECT**

NCI can help inform how well the state's systems are doing on elements of the settings rule, including:



CHOICE



**COMMUNITY
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EMPLOYMENT



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**RIGHTS AND
RESPECT**

**LET'S TAKE A CLOSER LOOK AT SOME OF THOSE
INDICATORS AND OUTCOMES FROM 2018...**

2018-19 Data Sources



NCI-IDD

- In-Person Survey (IPS)
- Participating states: 37
- Total participants: 22,009



NCI-AD

- Adult Consumer Survey (ACS)
- Participating states: 16
- Total participants: 14,202

CHOICE OF SERVICES AND SUPPORTS

OPTIMIZES INDIVIDUAL INITIATIVE AND AUTONOMY

CHOICE AND SELF-DIRECTION

SELF-DIRECTION

INDEPENDENCE IN MAKING LIFE CHOICES

CHOICE IN STAFF

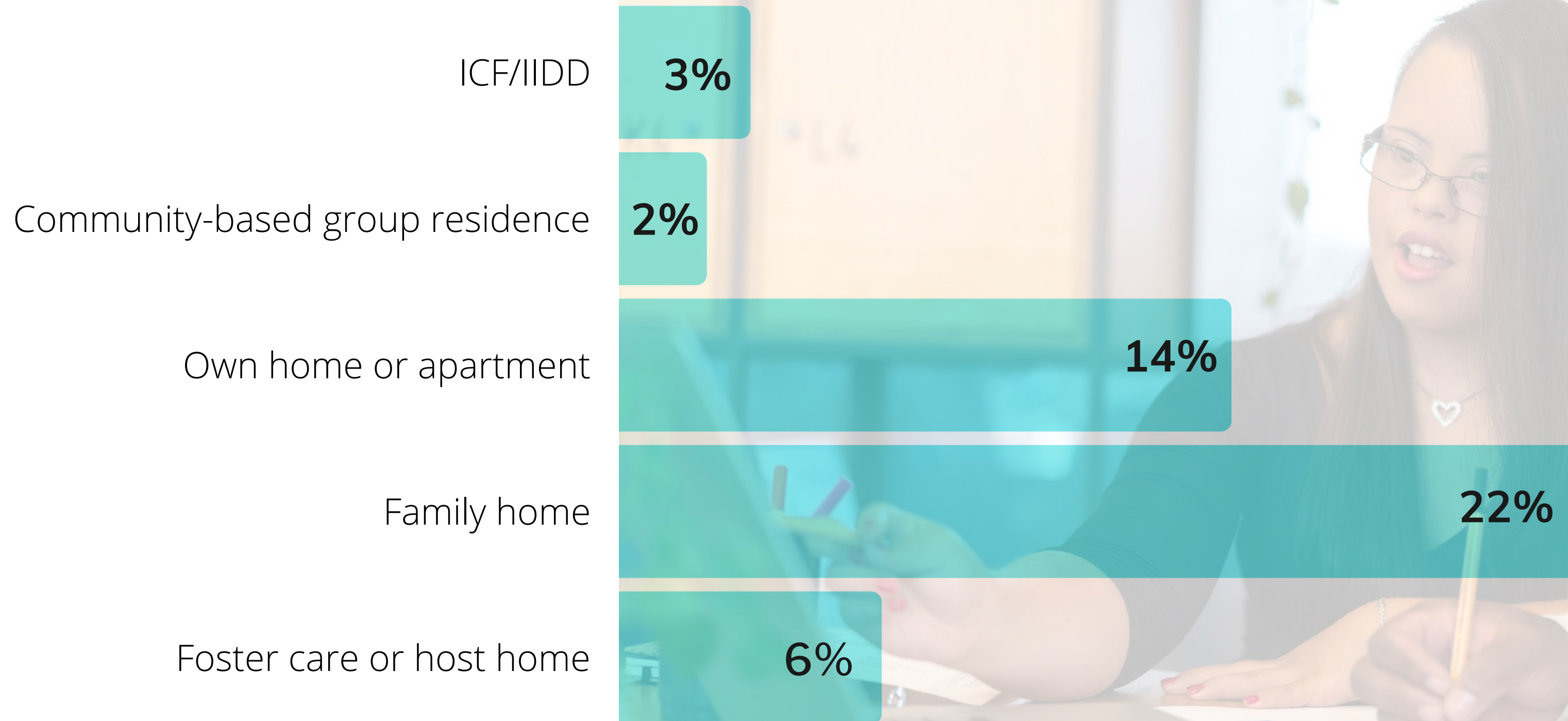


Choice

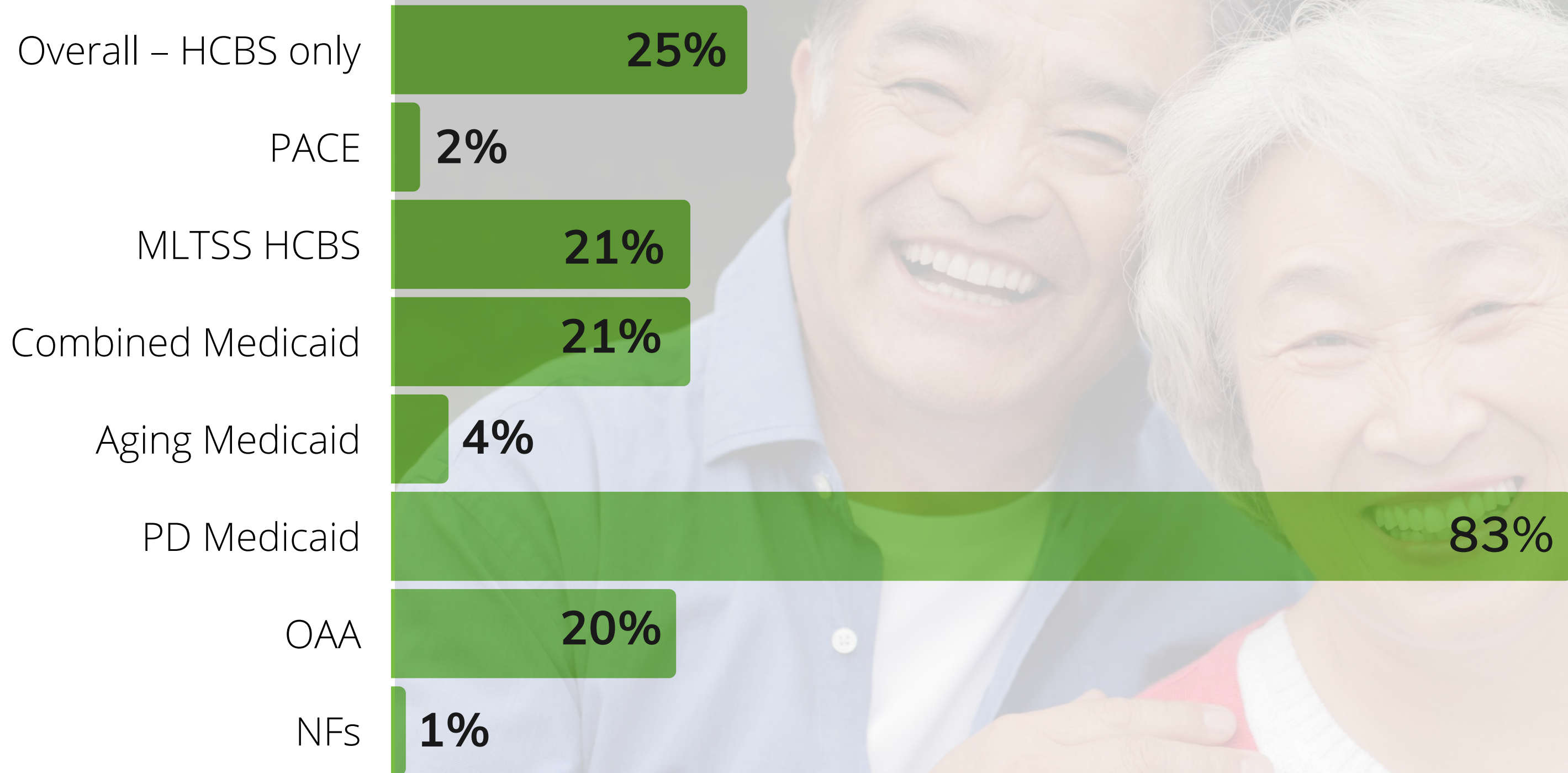
NATIONAL CORE INDICATORS

INDICATORS	NCI-IDD	NCI-AD
USES A SELF-DIRECTED SUPPORTS OPTION	12%	21%
CHOOSES THEIR DAILY SCHEDULE	85%	93%
KNOWS WHO TO CONTACT TO MAKE CHANGES TO SERVICES	83%	80%

Self-directs by residence NCI-IDD



Self-directs by program NCI-AD



Person-Centered Planning

PLANNING PROCESS IS DRIVEN BY THE PERSON

PLANNING INCLUDES THE PEOPLE CHOSEN BY PERSON
RECEIVING SERVICES

PLANNING IS OCCURS AT TIMES/LOCATIONS CONVENIENT TO THE PERSON

Person-Centered Planning

USES LANGUAGE THE PERSON UNDERSTANDS

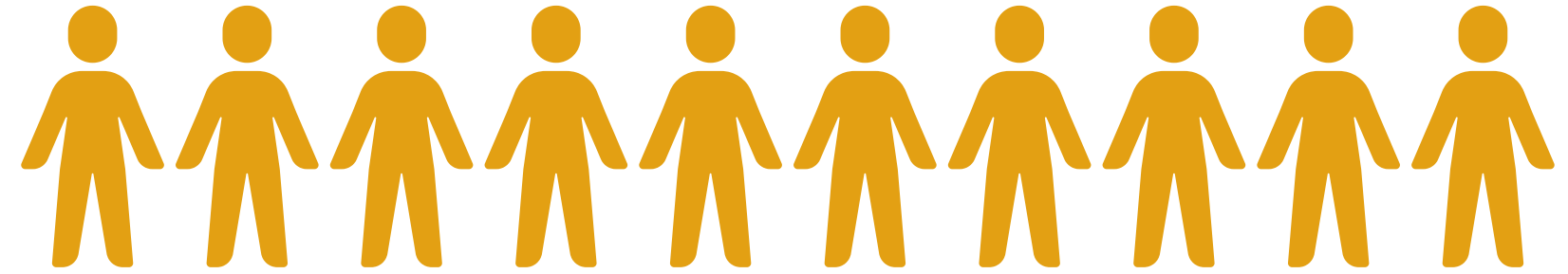
PERSON GETS INFORMATION AND SUPPORT TO DIRECT
THE PLANNING PROCESS

PLANNING REFLECTS CULTURAL CONSIDERATIONS

Person-Centered Planning NCI-IDD

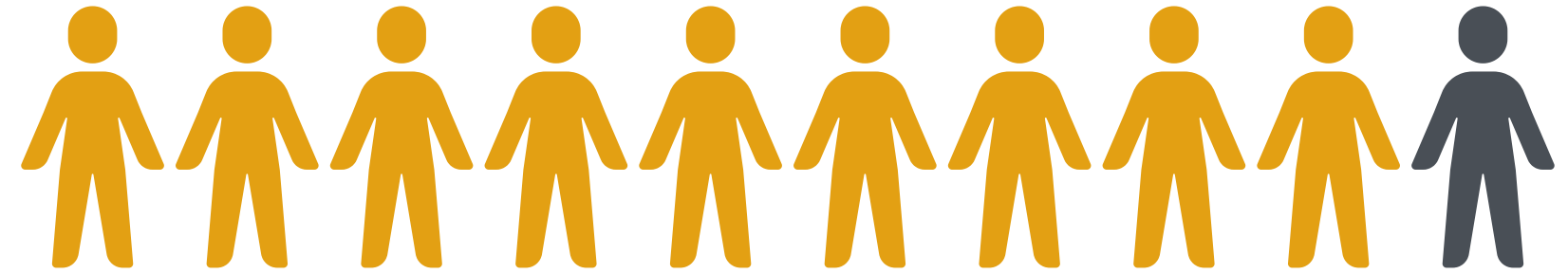
96%

Took part in last planning meeting or chose not to



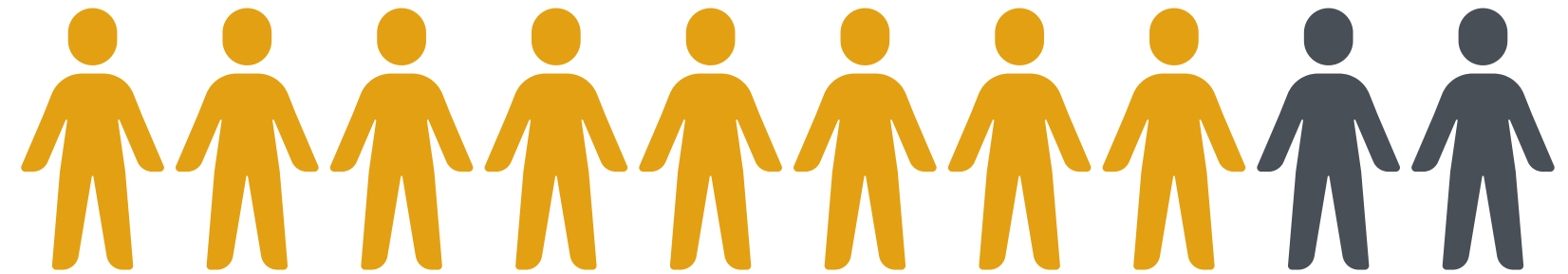
92%

Meeting included people the person wanted there



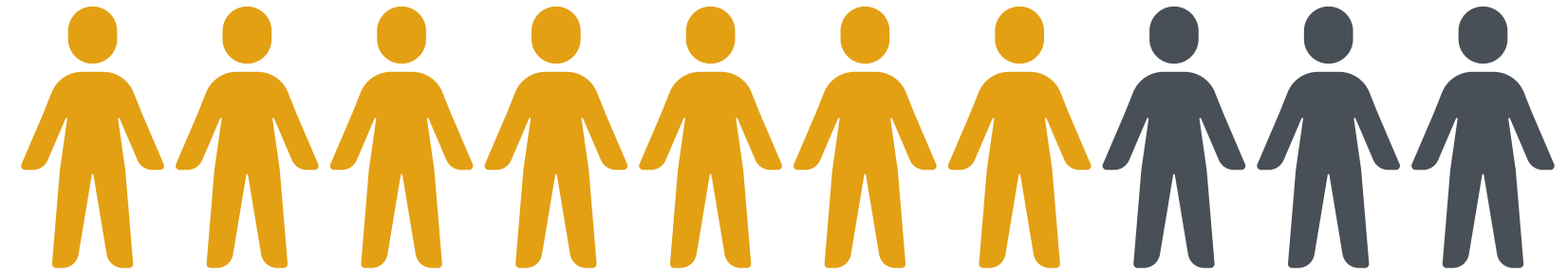
81%

Understood what was talked about at last planning meeting



73%

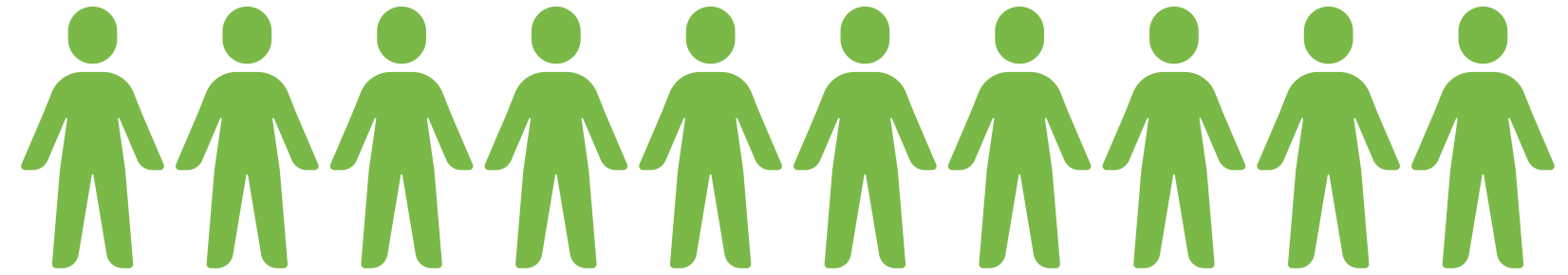
Chose services as part of service plan



Person-Centered Planning NCI-AD State-Optional Module

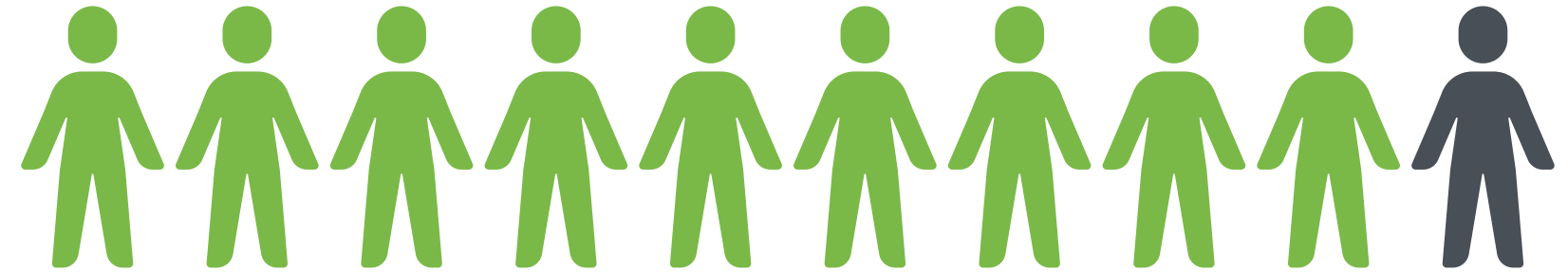
97%

Most recent planning meeting included the people they wanted to be there



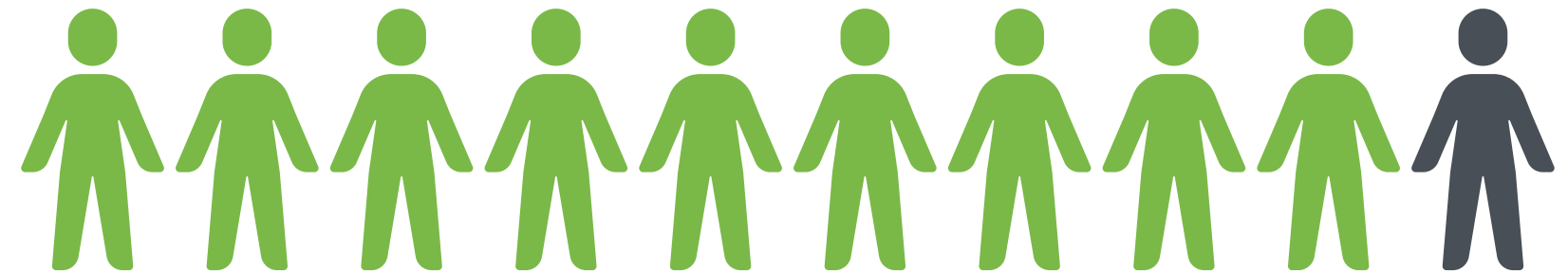
93%

Their preferences and choices are reflected in service plan/plan of care



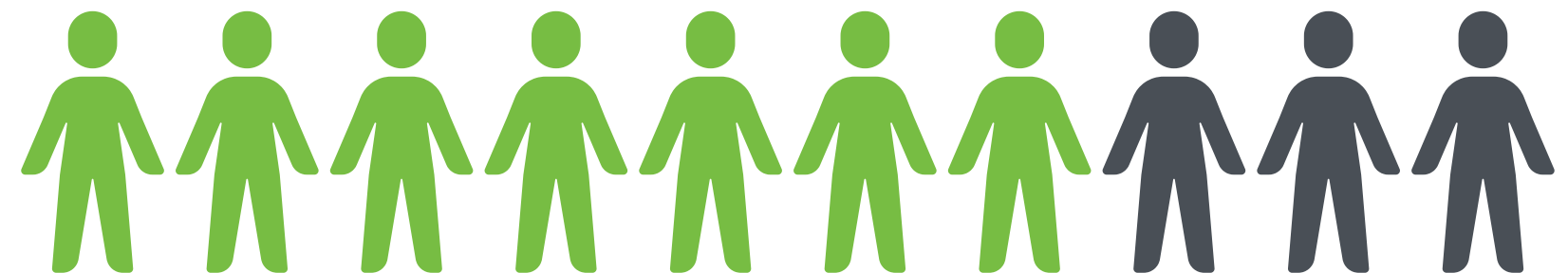
92%

Their preferences and needs were heard at the last planning meeting



72%

Were very or fully involved in making decisions about their plan of care and their goals



HAS SUPPORTS ACCESS TO THE GREATER COMMUNITY

OPPORTUNITIES TO SEEK EMPLOYMENT AND WORK IN COMMUNITY SETTINGS

ACCESS TO THE COMMUNITY

ENGAGE IN COMMUNITY LIFE

SAME DEGREE OF ACCESS TO THE COMMUNITY

Access to the community NCI-IDD



84%

Able to go out and do the things likes to do in the community



82%

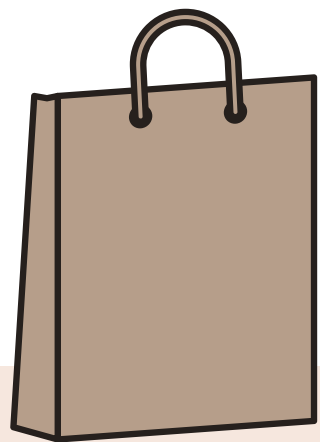
Has a way to get places when wants to do something outside of home



77%

Gets to do things likes to do in the community as much as wants

Black respondents to NCI-IDD were more likely than White respondents to report wanting to go out more for...



38% v 29%
shopping



49% v 42%
entertainment



49% v 42%
to eat



29% v 20%
religious service or
spiritual practice

Access to the community NCI-AD



72%

Has a way to get places when wants to do something outside of home



60%

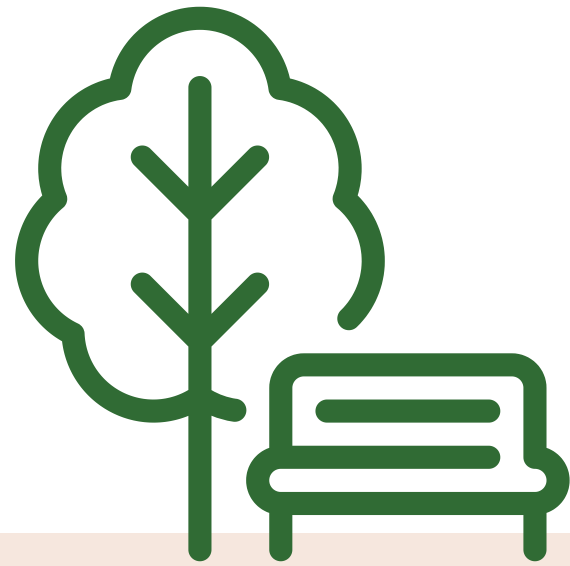
Get to do the things they enjoy outside of their home as much as they want to



49%

Are as active in the community as they would like to be

Compared to White respondents, Black respondents to NCI-AD were...

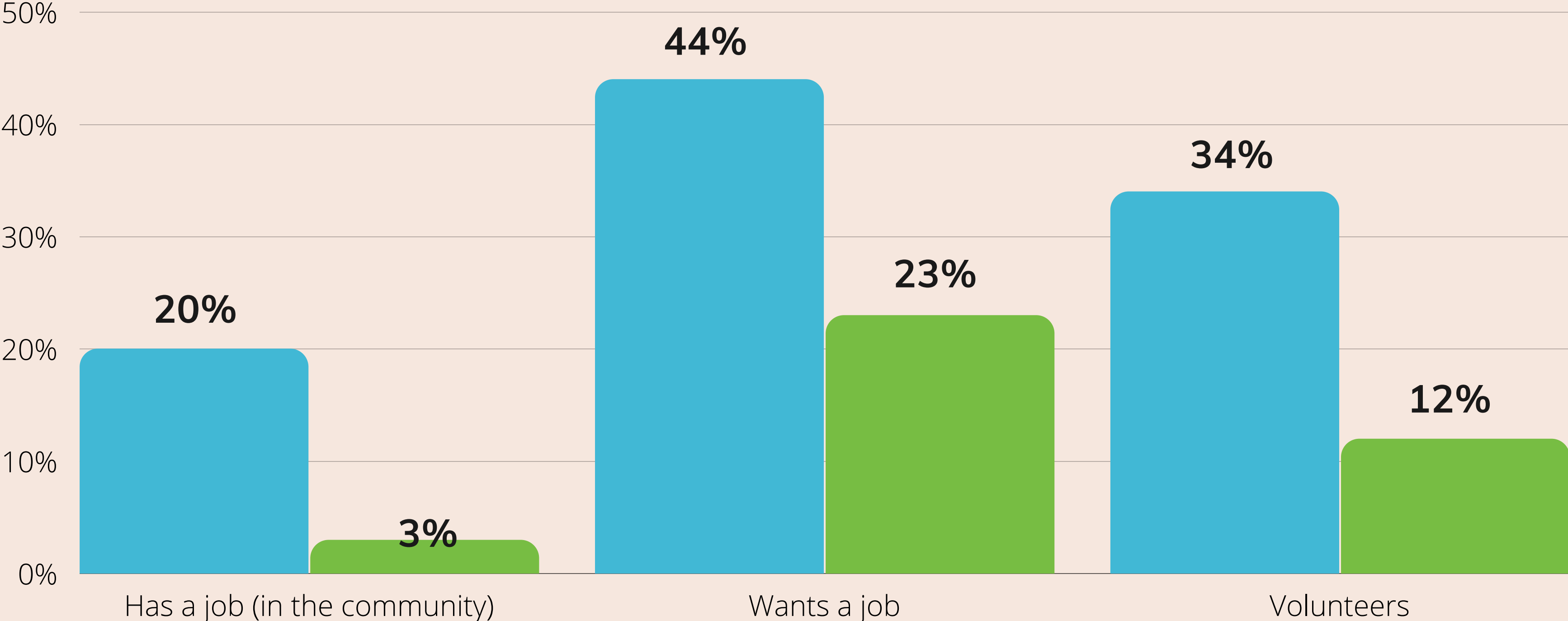


More likely to report they get to do things outside of the home as much as they want to (64% v 61%)



But less likely to report they are as active in the community as they want to be (46% v 49%)

Employment and Volunteering



NCI -- Used in all HCBS Services

- While the quality requirements in waivers are unique, other Medicaid authorities have similar quality expectations where NCI could assist:
 - 1915(i) HCBS as a State Plan Option
 - 1915(k) Community First Choice Option
 - Many 1115s demonstrations that include HCBS, including those that use a managed care service delivery system



Summary

- State AD and IDD systems are required to be in compliance with Settings Rule by March 17, 2023
- State systems continue to evolve and implement their plans to meeting Settings Rule compliance while managing through a global pandemic
- Measures included in NCI-IDD and NCI-AD specifically address many components required by the Settings Rule
- NCI-IDD and NCI-AD measures are used in several states as a reliable, valid gauge of progress toward alignment with the Settings Rule

NCI team is here to support states to understand and make use of their NCI data!



Arizona's Plans for the National Core Indicator Survey

Jakenna Lebsock, Assistant Director, Division of Health Care Management
Arizona Health Care Cost Containment System (AHCCCS)
HCBS Conference 2021



Arizona Overview

- Currently serving over 2.2 million members
- Majority of people served under a managed care structure
 - Only exception are American Indians/Alaskan Natives, who may choose managed care or fee-for-service
- Stand alone Medicaid Agency
- A significant portion of the MCO monitoring/oversight is completed in-house within the Division of Health Care Management; over 160 MCO-dedicated staff

AHCCCS System Overview



88% Managed Care Organizations (MCO)
(as of April 1, 2021)

12% Fee For Service

15 MCOs with 7 unique contractors

2 Primary Programs

AHCCCS Complete Care

1.7m members

7.8 billion

Integrated PH & BH services

Regional Behavioral Health Authority

46k SMI members

1.5 billion

Integrated PH & BH services AND
 BH services only

Arizona Long Term Care System Elderly and Physical Disability (EPD)

27k members

1.5 billion

Integrated PH, BH & LTSS services

ALTCS Developmentally Disabled (DD)

36k members

2.3 billion

Integrated PH, BH & LTSS services

DCS-Comprehensive Health Plan (DCS-CHP)

14k members

55 million

Integrated PH and BH Services

AIHP

126k members

1.5 billion

Tribal ALTCS

2.3k members

157 million

Integrated PH & BH and LTSS services (ALTCS)

Arizona Long Term Care System (ALTCS)

- Managed LTSS since 1989
- Two lines of ALTCS business
 - 1) Intellectual/Developmental Disabilities (ALTCS-DD)
 - Served by a single statewide, contracted state agency MCO
 - Approximately 40,000 members
 - 2) Elderly and Physical Disabilities(ALTCS-EPD)
 - Served by three MCOs
 - Approximately 25,000 members

Current National Core Indicator (NCI) Work

- ALTCS-DD has been participating in NCI work since 1997
 - Works collaboratively with the National Association of State Directors of Developmental Disability Services
- Dedicated in-house NCI Coordinator (within the MCO)
- Surveyed at the population level
- Robust data and information, including a member-facing video can be found at:

<https://des.az.gov/services/disabilities/developmental-disabilities/accomplishments-and-initiatives/nci>

Future Plans for NCI Work in Arizona - ALTCS-DD

- Plan to continue use of the NCI survey
- Looking to assess system enhancements coming out of American Rescue Plan Act (ARPA) initiatives
- Assess opportunities for more robust data set and/or use and dissemination of data

Future Plans for NCI Work in Arizona - ALTCS-EPD

- Plan to adopt the NCI-AD survey, with the first round of surveying occurring in 2022
 - Will use ARPA funding for at least two rounds of surveying
 - Intend to sustain surveying efforts long term
- Plan to survey at both the population and MCO-level
- Ideally in-person surveying; historical surveying efforts indicated much more meaningful and better response

Putting the Data to Use

- Identify personal experience, system, and MCO-based best practices
- Create digestible data sets that can be shared broadly with stakeholders
- Use data as a starting point for improvement opportunities, partnering with members/families, MCOs, and the broader community
- Reassess (ongoing surveying) to determine effectiveness of new initiatives

Questions?

Thank You.

Thank you!

Do you have any questions?

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