



# The Missing Link: Measures of LTSS Quality and Outcomes from NCI™ & NCI-AD™

HCBS Waiver Conference 2018  
Aug 29, 2018

**NASDDDS**

National Association of State Directors of Developmental Disabilities Services



Human Services  
Research Institute



# NCI & NCI-AD: The Basics

## ✓ **NCI: National Core Indicators (I/DD) In-Person Survey**

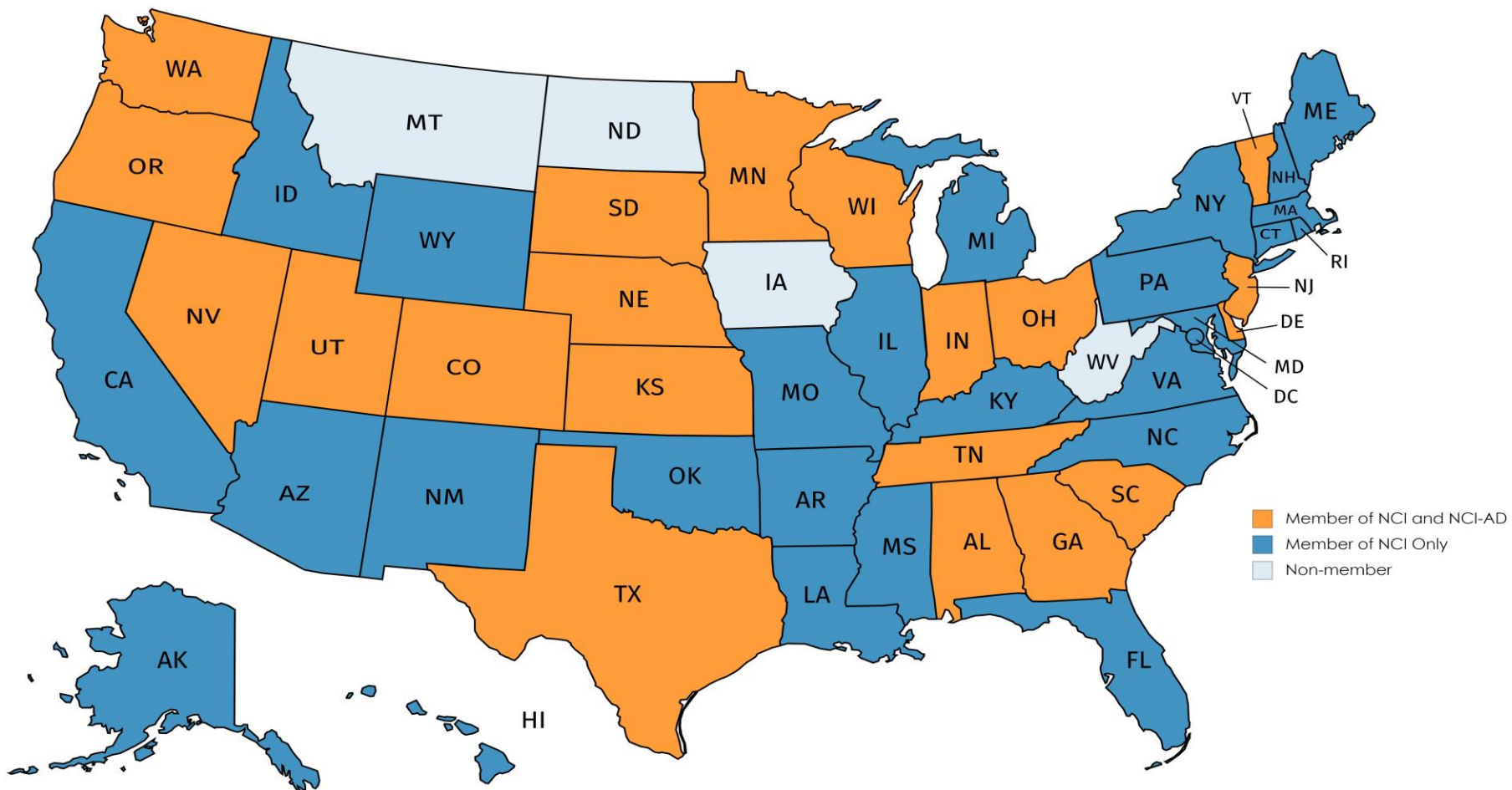
- Population: **Adults with I/DD** receiving publicly-funded LTSS (1915(c), 1915(k), state-funded, ICF/IDs)
- Current participation – 46 states and DC; began in 1977; collaboration between NASDDDS and HSRI

## ✓ **NCI-AD: National Core Indicators for Aging and Disabilities Survey**

- Population: **Older adults and adults with physical disabilities** accessing publicly-funded LTSS (Medicaid Waivers, MLTSS, Medicaid state plans, state-funded programs, PACE, OAA, NFs)
- Current participation ~20 states; began in 2015, collaboration between NASUAD and HSRI

- Related but **distinct** projects
- Designed to assess state system performance by measuring outcomes and quality of life of recipients
  - Key indicators related to community living
- Share common outcome domains (e.g. choice, relationships, community, service coordination, etc.)
- State-developed, voluntary, and state-funded
  - Some supplemental support from ACL for specific expansion activities

# State Membership in NCI and NCI-AD



# NCI and NCI-AD: NQF Endorsement

- In process of submitting selected NCI and NCI-AD measures for NQF endorsement
  - Funding from ACL

## NQF Criteria for Endorsement:

1. Importance to measure and report
2. Scientific acceptability of measure properties
3. Feasibility
4. Usability and use
5. Related and competing measures



# **1. Importance To Measure And Report**

# Setting Priorities: How Do States Decide What To Measure And How To Measure It?

- How do States determine if it is important to measure something?
  - Requirements - Federal and State Regulations/ Compliance
  - Recommendations - Stakeholders, Evidence Based and Best Practice
  - Risk - Experience



# Recommendations Example: National Quality Forum Measure Recommendations

NATIONAL  
QUALITY FORUM

REPORT ON  
HCBS  
MEASUREMENT  
GAPS

SEPT. 2016



# NQF Recommended Domains for Quality Measurement in HCBS and NCI & NCI-AD Domains

## NCI

- ❖ **Community Inclusion**
- ❖ **Choice and Decision Making**
- ❖ Relationships
- ❖ Satisfaction
- ❖ **Service Coordination**
- ❖ **Work**
- ❖ **Self-Determination**
- ❖ Access
- ❖ **Health**
- ❖ **Medications**
- ❖ **Wellness**
- ❖ Respect and **Rights**
- ❖ Safety
- ❖ Family outcomes
- ❖ **Staff Stability**

## 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**



## **2. Scientific Acceptability of Measure Properties**

# NCI & NCI-AD: Psychometric Properties

- Extensive field-testing during development and pilot stages
  - Face and content validity
  - Expert validation, focus groups, cognitive testing
  - Inter-rater reliability
  - Internal consistency
- Periodic updates to ensure ongoing validity
- Periodic field observations to ensure ongoing reliability
- Implementation protocols
  - Training procedures, requirements and protocols
  - Sampling procedures and requirements
  - Interviewing protocols
  - Implementation consistency & validity across states

# NCI & NCI-AD: Examples of Psychometric Studies



- **Inter-rater reliability:**
  - Cohen's Kappa of 0.794 and 0.9 in two NCI development-stage studies
  - 92%-93% agreement in three NCI state data collection studies (1997, 1999, 2008)
  - Cohen's Kappa of >0.8 in NCI-AD pilot-stage study
- **Cognitive testing:**
  - Conducted during development and pilot stages (NCI & NCI-AD)
  - Periodic re-testing during significant revisions (NCI)
  - Expanded "person-centered" questions in 2017 (NCI)
  - Additional confirmatory cognitive testing planned (NCI & NCI-AD)
- **Face and content validity:**
  - Expert and stakeholder review, focus groups during development (NCI & NCI-AD)
  - Ongoing evaluation – interviewer feedback on each survey (NCI & NCI-AD)
- **Analysis of responders vs. non-responders planned (NCI & NCI-AD)**

# NCI & NCI-AD: Survey methodology

- Proxies allowed
- Sample Frame:
  - Flexible, in coordination with project team
  - Minimum sample size
  - Random samples (simple or stratified)
- Risk Adjustment in reporting

*Details documented in public reports and from project team.*



# 3. Feasibility



# NCI & NCI-AD: Feasibility

## NCI

22<sup>nd</sup> year of implementation  
46 member states

## NCI-AD

4<sup>th</sup> year of implementation  
~20 member states

- Feasible and sustainable
- NCI-AD membership growing
- States increasing sample sizes and adding programs
- All NCI-AD member states are also members of NCI

# NCI & NCI-AD: Ensuring Feasibility And Fidelity

- Ongoing technical assistance, planning and documentation with each state
  - Stakeholder engagement and education
  - Sampling strategy
  - Implementation logistics
  - Quality assurance
  - Data interpretation
  - Dissemination and presentation of results
  - Data utilization
- Standardized training
- Standardized data entry (ODESA)
- Centralized analysis and reporting
- Sharing information and materials amongst member states
- Access to education and best-practice webinars, presentations and materials
- Opportunities to learn from other states, communities of practice

# NCI & NCI-AD: Efficiencies From Participating In Both

For states participating in both projects, additional efficiencies and benefits are possible:

- Training
- Development of materials
- Vendor selection/contracting/pricing
- Administrative costs
- Implementation logistics (e.g. data extraction and transmittal, timelines and scheduling, quality assurance)
- Stakeholder engagement and education, word-of-mouth
- Cross-project data comparisons

# 4. Usability And Use Data Examples



**National Core Indicators –  
Aging and Disabilities (NCI-  
AD)™**

NCI-AD™ is a voluntary effort by State Medicaid, aging, and disability agencies to measure and track their own performance.

The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including service planning, rights, community inclusion, choice, health and care coordination, safety and relationships.

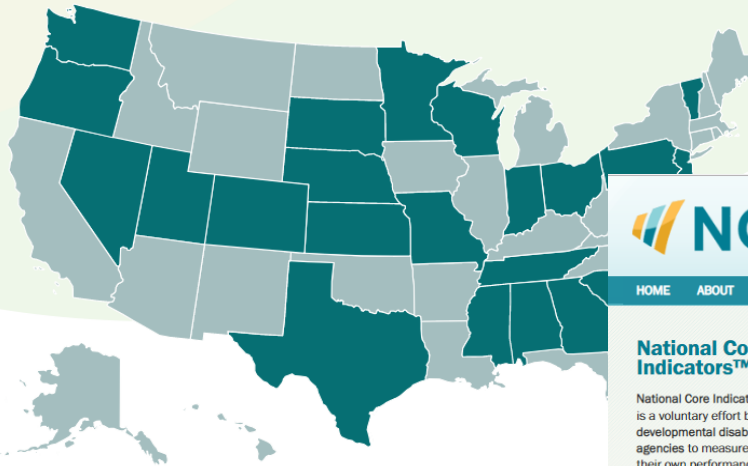
NCI-AD™ is a collaboration of [participating states](#), [NASUAD](#), and [HSRI](#)

READ MORE

**Participating NCI-AD States**

Select a participating state to view its profile

NCI-AD States



[www.nci-ad.org](http://www.nci-ad.org)

[www.nationalcoreindicators.org](http://www.nationalcoreindicators.org)

# REPORTING

**National Core Indicators™**

National Core Indicators (NCI)™ is a voluntary effort by public developmental disabilities agencies to measure and track their own performance.

The [core indicators](#) are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.

NCI™ is a collaboration of [participating states](#), [HSRI](#), and [NASDDDS](#).

**NCI BLOG**

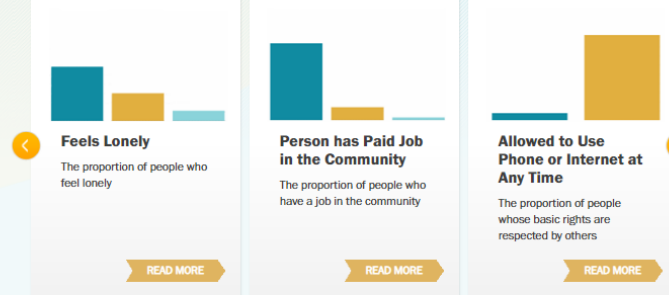
**What Does NCI Data Tell Us about the Guardianship Status of Adults with Intellectual and Developmental Disabilities?**

by Dorothy Hiersteiner

The 2015-2016 Adult Consumer Survey Data indicate that 51% of participants in the Adult Consumer Survey had a partial or full guardian. Why does it matter? People with guardians are not able to marry, enter into contracts, get a driver's license, sign a lease, make...

READ MORE

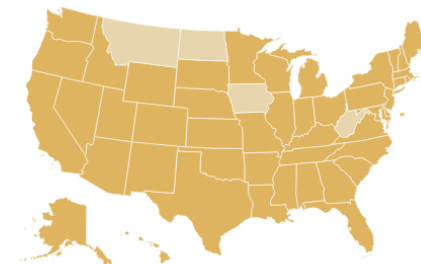
**Featured Core Indicators**



**Participating NCI States**

Select a participating state to view its profile

NCI States



**NCI News**

August 2018  
NCI Data Highlight: Health and Safety

Check out this NCI data highlight on Health and Safety.

READ MORE



# Crosswalk of NCI to NCI-AD

## Section I - Crosswalk of matching NCI and NCI-AD Indicators

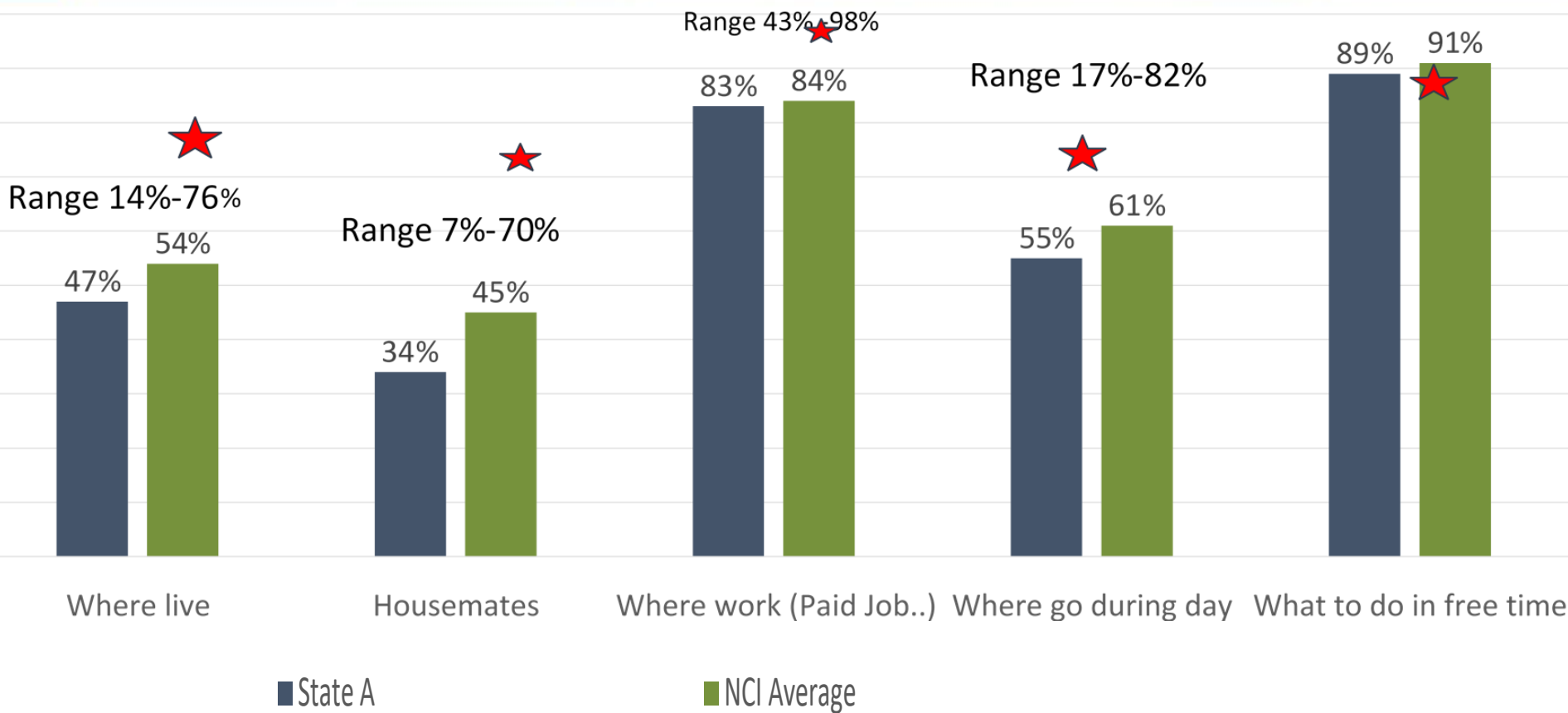
| NCI |  | NCI-AD |  |
|-----|--|--------|--|
| Q#  | Question   | Q#     | Question   |
|     | <i>The proportion of people who have a paid job in the</i> |        | <i>Proportion of people who have a paid job.</i> |

## Section I - Crosswalk of matching NCI and NCI-AD Indicators

|   | NCI<br>Indicator   | NCI-AD<br>Indicator   |
|---|--|---|
| <b>Work and Non-work activities</b>                   | <i>The proportion of people who have a paid job in the community.</i>  | <i>Proportion of people who have a paid job.</i>  |
|   | <i>The proportion of people who do not have a job in the community, but would like to have one.</i>  | <i>Proportion of people who would like a job.</i>   |
|   | <i>The proportion of people who do volunteer work.</i>   | <i>Proportion of people who volunteer or would like to volunteer.</i>   |
| <b>Community Inclusion, Participation and Leisure</b> | <i>The proportion of people who regularly participate in everyday integrated activities in their communities.</i>  | <i>Proportion of people who are able to participate in preferred activities outside of home when and with whom they want.</i>   |
|   | <i>The proportion of people who do things in their communities that they like to do, as often as they want.</i>  |   |
| <b>Choice and Decision-Making</b>                     | <i>The proportion of people who make choices about their everyday lives, including: housing, roommates, daily routines, jobs, support staff or providers, what to spend money on, and social activities.</i> | <i>Proportion of people who are involved in making decisions about their everyday lives including where they live, what they do during the day, the staff that supports them and with whom they spend time.</i> |
| <b>Self-Direction of Care</b>                         | <i>The proportion of people who are currently using a self-directed supports option.</i>   | <i>Proportion of people self-directing.</i>   |
|   | <i>Of those using a self- or participant-directed option, the proportion of people who take part in self-directed activities (such as hiring or firing staff).</i>   | <i>Proportion of people who can choose or change the kind of services they receive and who provides them.</i>   |

|  |
|--|
| <i>o you have a paying job in the community?</i>                           |
| <i>f people who would like a job.</i>                                      |
| <i>ould you like a job?</i>  |
| <i>f people who volunteer or would like to</i>                             |
| <i>o you do any volunteer work?</i>  |
| <i>ould you like to do any volunteer work?</i>                             |
| <i>f people who are able to participate in their is much as they like.</i> |

# Examining CHOICE: NCI






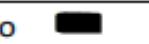
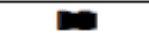
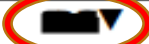
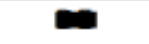

# Examining CHOICE: NCI-AD

- ~70% can choose/change the kind of services they get (range ~55%-80%)
- ~65% can choose how often/when they get services (~45%-80%)
- ~40% can choose roommate (range ~20%-70%)
- ~95% can choose when get up and go to bed (~80%-100%)
- ~80% can choose when eat meals (range ~70%-95%)

# Examining Service Coordination: NCI

## EXAMPLE FROM A STATE-REPORT

**Table 44. Service Coordination**

|   |   | Yes | N      |
|---|---|-----|--------|
| Has met case manager/service coordinator  |    | 90% | 214    |
|   | NCI   | 95% | 13,985 |
| Case manager/service coordinator asks person what s/he wants                        |    | 76% | 187    |
|   | NCI   | 88% | 13,210 |
| Able to contact case manager/service coordinator when wants                         |    | 67% | 165    |
|   | NCI   | 87% | 12,593 |
| Took part in last service planning meeting, or had the opportunity but chose not to |    | 95% | 128    |
|   | NCI   | 98% | 11,911 |
| Understood what was talked about at last service planning meeting                   |    | 86% | 104    |
|   | NCI   | 83% | 11,188 |
| Last service planning meeting included people respondent wanted to be there         |    | 75% | 110    |
|   | NCI   | 94% | 11,151 |
| Person was able to choose services they get as part of service plan                 |  | 77% | 115    |
|   | NCI   | 76% | 11,445 |
| Staff come and leave when they are supposed to                                      |  | 89% | 204    |
|   | NCI   | 93% | 12,186 |

# Examining Service Coordination: NCI-AD

~80% can reach case manager when need to (range ~65%-90%)

~85% staff show up and leave when supposed to (range ~80-95%)

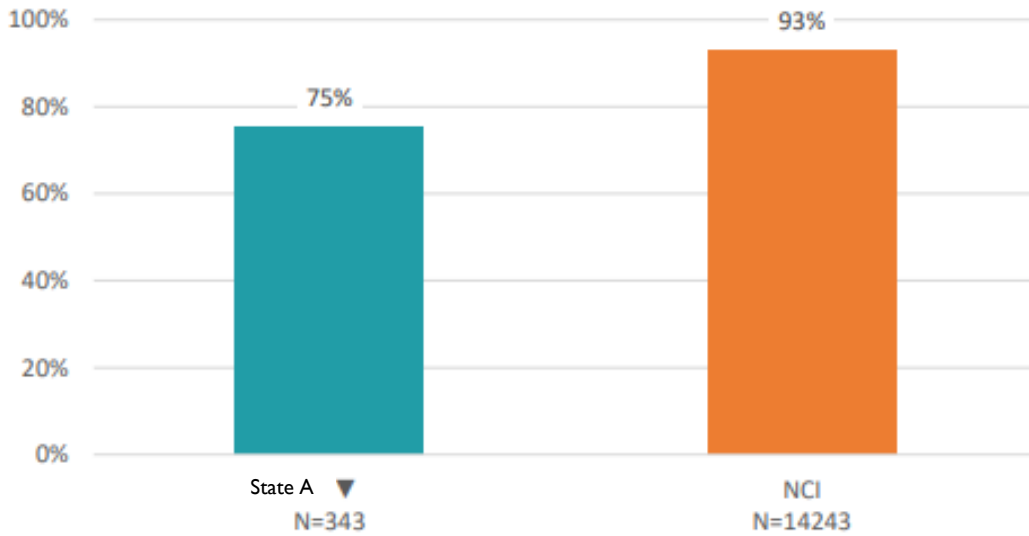
~65% have emergency plan (range ~50%-80%)

~60% services meet all needs and goals (range ~50%-80%)

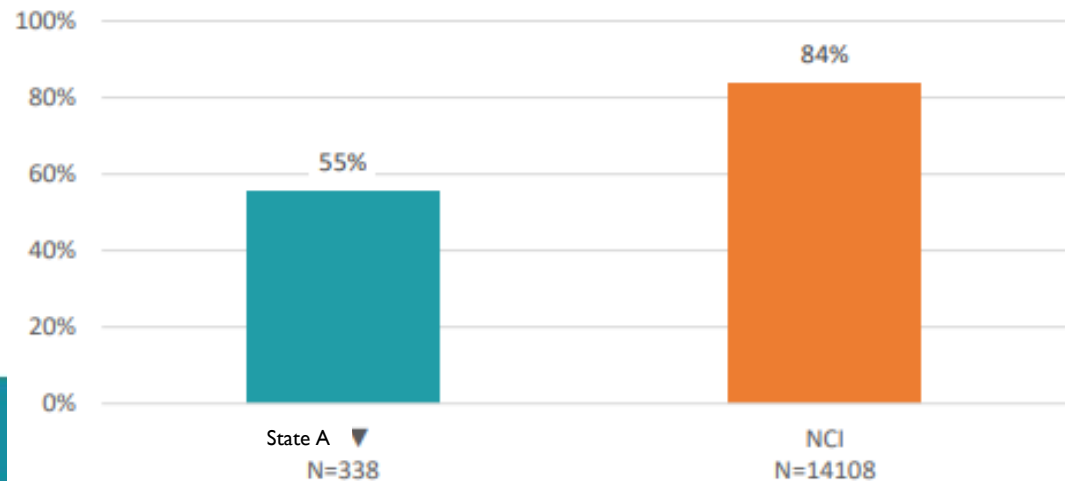


# Examining Transportation: NCI

### Has a way to get places needs to go



### Able to get places when wants to do something outside of home



# Examining Transportation: NCI-AD

~90% have transportation to get to medical appointments (range ~85%-almost 100%)

~70% have transportation when they want to do things (range ~60%-80%)

# NCI & NCI-AD At the Intersect: Cautions And Limitations

Recognize that NCI and NCI-AD share implementation methods, similar questions, however important caveats when comparing outcomes **across tools, across populations, across systems of supports.**

- Population expectations may vary
  - Person-centered planning
- Differing service models and settings
  - Case management
  - Available community supports

# AN EXAMPLE OF NCI MEASURES USED WITHIN A TRANSFORMING SYSTEM

What does your state want to know?

- To what degree the new program is meeting original goals/objectives?
- How well is the program meeting it's original purpose?
- Another way of asking- what problem are you trying to solve?

# Public Documents- Goals Revealed




**Waiver Talking Points**

Waiver amendments are inconsistent with WI's stated goals to expand the number of uninsured, and improve health outcomes. These include work requirements, ED copays for any type of visit, and charging premiums for people under the poverty level.

Take a close look at documents published or distributed publicly:

- Narrative submitted to legislators
- CMS application or notice for public comment
- Answers to stakeholder q's or CMS inquiries
- FAQ documents



**Date:**

**Project ID:**

**ATTENTION: COMPLIANCE**

**PROVIDERNAME**

**PROVIDERADDRESS**

**PROVIDERCITY/STATE**

**NPI/PROVIDER #:**

**Phone:**

**Fax:**

**Request Type & Purpose: Initial Request**

**Subject: Additional Documentation Required**

**Dear Medicare Physician/Provider/Supplier:**

The Centers for Medicare & Medicaid Services (CMS) through the Medicare fee-for-service (FFS) Medical Review program, carries out the task of reviewing, receiving and reviewing medical records through Medicare Contractors, the Supplemental Medical Review Contractor (SMRC), Strategic Health Initiatives, LLC (SHI), is a specialty review

**Time limits and work requirements will harm people who need health care and cannot work**

- o The federal government has never approved a waiver that requires a work requirement this broad for Medicaid eligibility. Most Wisconsinites on Medicaid are working and almost all who aren't have a disability, are taking care of a family member, or are going to school. Taking away people's healthcare will mean they're less likely to work.

**Requirements for drug screening and testing will deter addiction treatment**

- o Requiring drug screening and testing will deter Medicaid stigmatizes people who need assistance getting healthcare and will be costly for WI tax payers. WI should increase access to effective, voluntary treatment not waste tax dollars testing low-income adults who just trying get healthcare. Numerous studies show that people receiving government assistance are no more likely to test positive for drugs than anyone else.
- o Wisconsin's proposal to require drug screening, testing, and mandatory treatment isolates the Americans with Disabilities Act and rules protecting rights to privacy. The state cannot deny health services on the basis of disability, and its proposed changes could do just that.

**Monthly premiums and emergency department cost sharing requirements pose barriers to health coverage and care**

- o Wisconsin would be the first state to impose a premium on people under the poverty level. The state asks permission to charge a premium to people making \$500-\$2000 per month. The proposal underestimated the number of people who will lose healthcare because they aren't able to pay their premiums, and does not cite any sources to back up their numbers. WI has asked to add one more barrier to thousands of low-income adults who trying to make ends meet.
- o Wisconsin would also be the first state to charge adults with very low incomes for any ER visits, regardless of whether or not it's an emergency. Because they can't afford the cost, some people will not seek care even when necessary. No state has been approved to charge for all ER visits, and this request is beyond the scope of section 1115 demonstration waivers.

**Healthy behavior incentives and health risk assessments will not lead to healthier enrollees**

- o The state underestimates the participation rate in health risk assessments, despite current evaluations of similar 1115 waiver demonstrations indicating otherwise.
- o Health Risk Assessments will complicate BadgerCare for participants and far more so for program administrators.

**The waiver proposal lacks transparency around the administrative realities and a robust evaluation plan**

- o The proposed amendments needlessly add red tape and government complexity, which will be more expensive and will lead to fewer people getting healthcare.

- ✓ Find explicit description of goals/purpose/intention
- ✓ Goals/purpose may be implicit
- ✓ Compare to the NCI index in your state report to identify indicators



**Public Notice**

Proposed Renewal of the  
Intellectually Disabled and Related Disabilities  
Home and Community-Based Services Waiver Program





# WITH THOSE IN MIND....

Look at the index of NCI reports— you will find the full list of indicators available to you:

For example, you state’s NCI In-Person Survey includes these indicators among others....

|  | National Core Indicators |
|--|--------------------------|
| Table 41. Satisfaction at home and with paid community job .....   | 55                       |
| Table 42. Amount of time wants to spend at day program or workshop s/he attends .....  | 55                       |
| Table 43. Services and supports help person live a good life .....   | 55                       |
| Service Coordination.....  | 56                       |
| Charts for Service Coordination.....   | 57                       |
| Chart 56. Has met case manager/service coordinator .....   | 58                       |
| Chart 57. Case manager/service coordinator asks person what s/he wants .....   | 58                       |
| Chart 58. Able to contact case manager/service coordinator when wants .....  | 58                       |
| Chart 59. Took part in last service planning meeting, or had the opportunity but chose not to .....                                      | 58                       |
| Chart 60. Understood what was talked about at last service planning meeting.....   | 59                       |
| Chart 61. Last service planning meeting included people respondent wanted to be there .....  | 59                       |
| Chart 62. Person was able to choose services they get as part of service plan.....   | 59                       |
| Chart 63. Staff come and leave when they are supposed to.....  | 59                       |
| Tables for Service Coordination.....   | 60                       |
| Table 44. Service Coordination .....   | 61                       |
| Access.....  | 62                       |
| Charts for Access.....   | 63                       |
| Chart 64. Has a way to get places needs to go .....  | 64                       |
| Chart 65. Able to get places when wants to do something outside of home.....   | 64                       |
| Chart 66. Staff have right training to meet person’s needs (proxy respondents who were not staff were allowed for this question) ± ..... | 64                       |
| Chart 67. Additional services needed (proxy respondents were allowed for this question) ∞ .....  | 64                       |
| Chart 68. Additional services needed, continued (proxy respondents were allowed for this question) ∞ .....                               | 65                       |
| Chart 69. Additional services needed, continued (proxy respondents were allowed for this question) ∞ .....                               | 65                       |
| Tables for Access.....   | 66                       |
| Table 45. Transportation and staff training .....  | 67                       |
| Table 46. Additional services needed ∞ (proxy respondents were allowed for this question) .....  | 68                       |
| Health.....  | 69                       |



EXAMPLE USING ONE  
STATE'S CURRENT DATA

# SUPER STATE'S VALUED OUTCOMES

- Individuals live and receive services in the most integrated settings
- Have meaningful and **productive community participation**, including **paid employment**; and **accommodating people's needs as they change**
- Develop **meaningful relationships with friends, family, and others in their lives**, including the option of **participating in the self-advocacy association**, peer support and mentoring program and
- Experience **personal health, safety** and growth

From the service description and CMS application, and other documents describing the “why”

# SERVICE DESCRIPTION

This core service includes the education and engagement of an individual in making decisions ...that achieve the following goals:

- good health,
- pro-active management of **chronic conditions**,
- **early identification of risk factors**, and
- appropriate screening for emerging health problems.

Care Managers will provide...Health promotion services including, but...not limited to:

- ... Promoting wellness and prevention programs by assisting Health Home enrollees with resources that **address exercise**, nutrition, stress management, substance use reduction/cessation, **smoking cessation**, self-help recovery resources, and other wellness services based on enrollee needs and preferences

**Taken from the service description on the web, and included in their CMS application for**

## WHY SWITCH FROM CURRENT MODEL OF SERVICE COORDINATION TO THIS TYPE?

New Service Management is an improved type of service coordination that will better support people, including those with complex needs. It will

- provide consistency in services and
- Allow for **better information sharing**,
- result in more **flexible and comprehensive service planning**.









**From a  
Family  
Brochure on  
new model**



# MEASURES ON SUPPORT COORDINATION AND INFORMATION SHARING

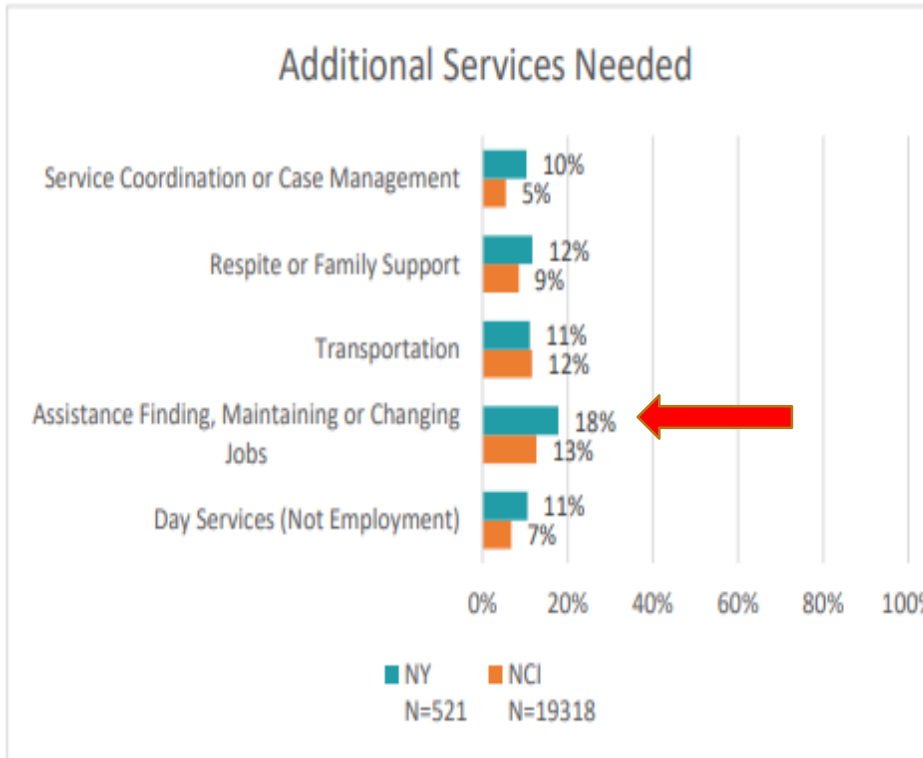
National Core Indicators™

**Table 44. Service Coordination**

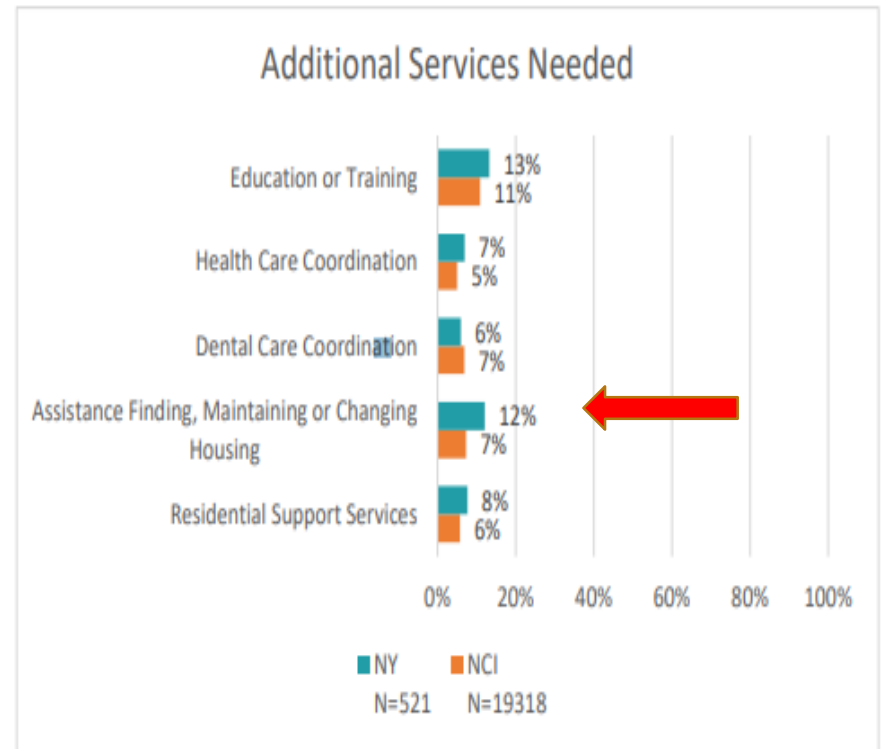
|   |   | Yes | N      |
|---|---|-----|--------|
| Has met case manager/service coordinator  |     | 90% | 214    |
|   | NCI   | 95% | 13,985 |
| Case manager/service coordinator asks person what s/he wants                        |     | 76% | 187    |
|   | NCI   | 88% | 13,210 |
| Able to contact case manager/service coordinator when wants                         |     | 67% | 165    |
|   | NCI   | 87% | 12,593 |
| Took part in last service planning meeting, or had the opportunity but chose not to |    | 95% | 128    |
|   | NCI   | 98% | 11,911 |
| Understood what was talked about at last service planning meeting                   |    | 86% | 104    |
|   | NCI   | 83% | 11,188 |
| Last service planning meeting included people respondent wanted to be there         |     | 75% | 110    |
|   | NCI   | 94% | 11,151 |
| Person was able to choose services they get as part of service plan                 |  | 77% | 115    |
|   | NCI   | 76% | 11,445 |
| Staff come and leave when they are supposed to                                      |  | 89% | 204    |
|   | NCI   | 93% | 12,186 |

# 2016-17 NCI IPS SUPER STATE POSSIBLE ACCESS MEASURES TO CONSIDER

**Chart 67.** Additional services needed (proxy respondents were allowed for this question) ∞



**Chart 68.** Additional services needed, continued (proxy respondents were allowed for this question) ∞



result in a lower N than in previous years)

**Missouri, for example.....**



Improving lives THROUGH  
supports and services  
THAT FOSTER self-determination.

# Missouri and the National Core Indicators Project

08/29/2018





# Missouri Participation

- 👤 Participating state since 2007-2008
  - 👤 MO has conducted the ACS/AIP every year since 2007-2008
  - 👤 Has intermittently participated in the Family surveys since 2007-2008
- 👤 NCI data has supported the division to identify areas for system enhancement, such as supporting individuals to access employment services and employment opportunities in their communities.

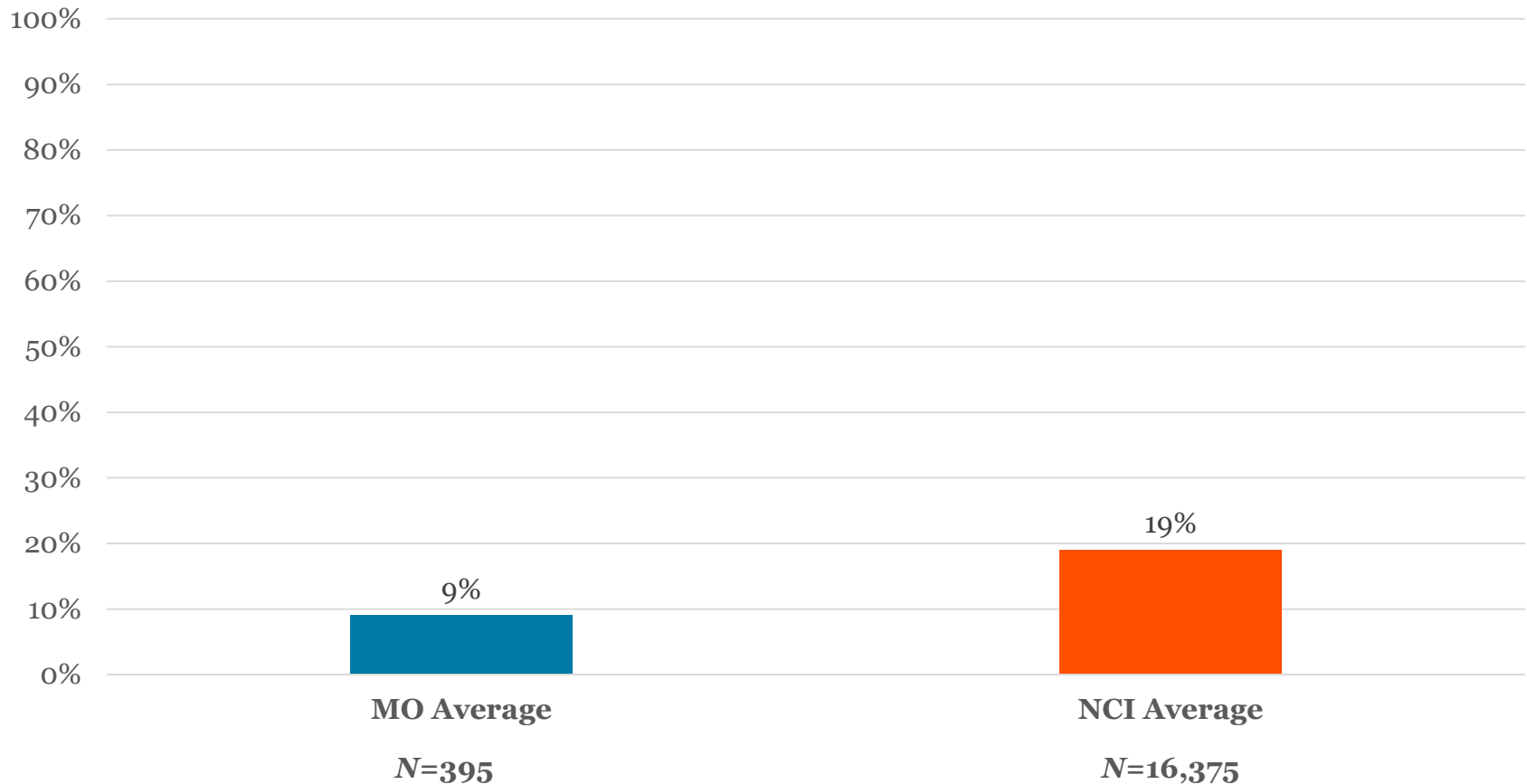


# Data Impacting Change

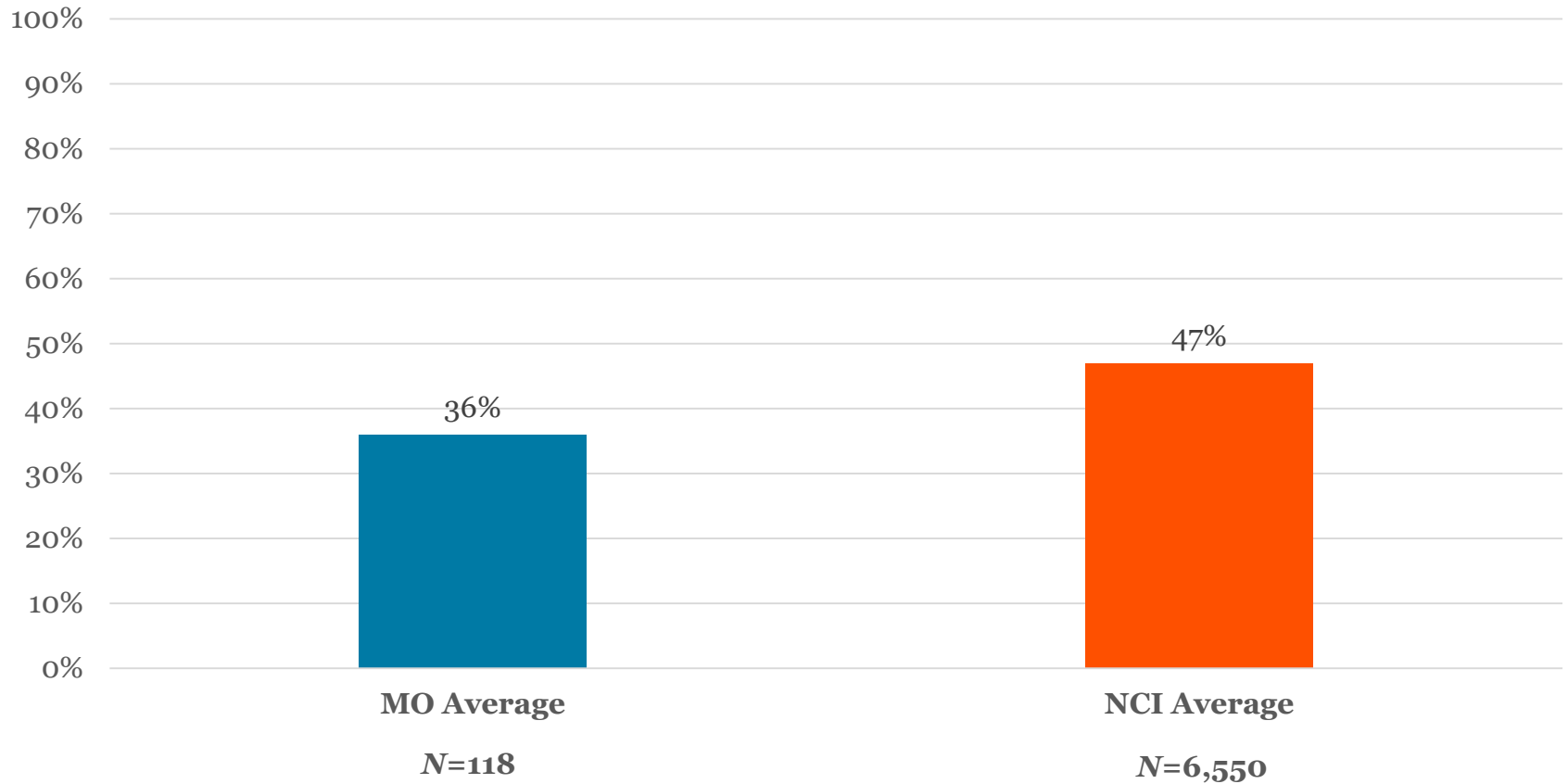
- 👤 Over the last several years, MO NCI data has demonstrated that the percentage of individuals employed in their community has been consistently below the national benchmark.
- 👤 NCI data has also shown that Missourians with I/DD *want to work*, yet community employment is not commonly included as a goal in their service plan.

# 2015-2016 ACS Data

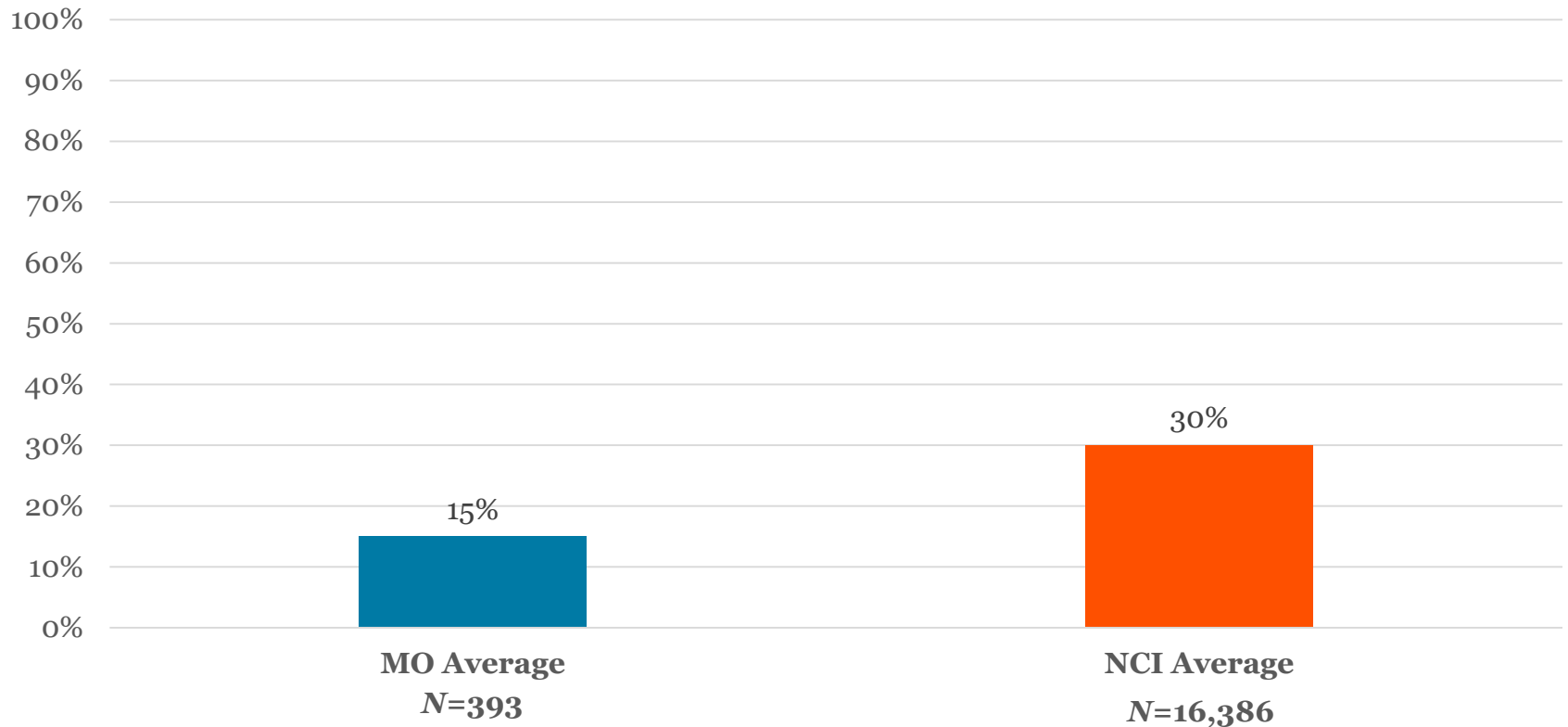
## Paid Job in the Community



## Wants a Paid Job in the Community



## Has Community Employment as a Goal in Service Plan



# MO's *Empowering through Employment* Initiative



- 👤 In October 2016, MO Division of Developmental Disabilities launched the ***Empowering through Employment*** Initiative to assist the growing number of individuals who express an interest in community-based employment.





# *Empowering Through Employment*

## Purpose & Goal

- 🕒 The ***Empowering Through Employment*** initiative is designed to increase the number of individuals receiving employment supports and services.
- 🕒 The goal of this initiative is to have 35% of all individuals receiving waiver services to have employment supports authorized and available for their use.
- 🕒 ***Empowering Through Employment*** has been deemed a priority based upon the gap between the percentage of Missourians with I/DD accessing employment services as compared to other day services.

# *Empowering through Employment*

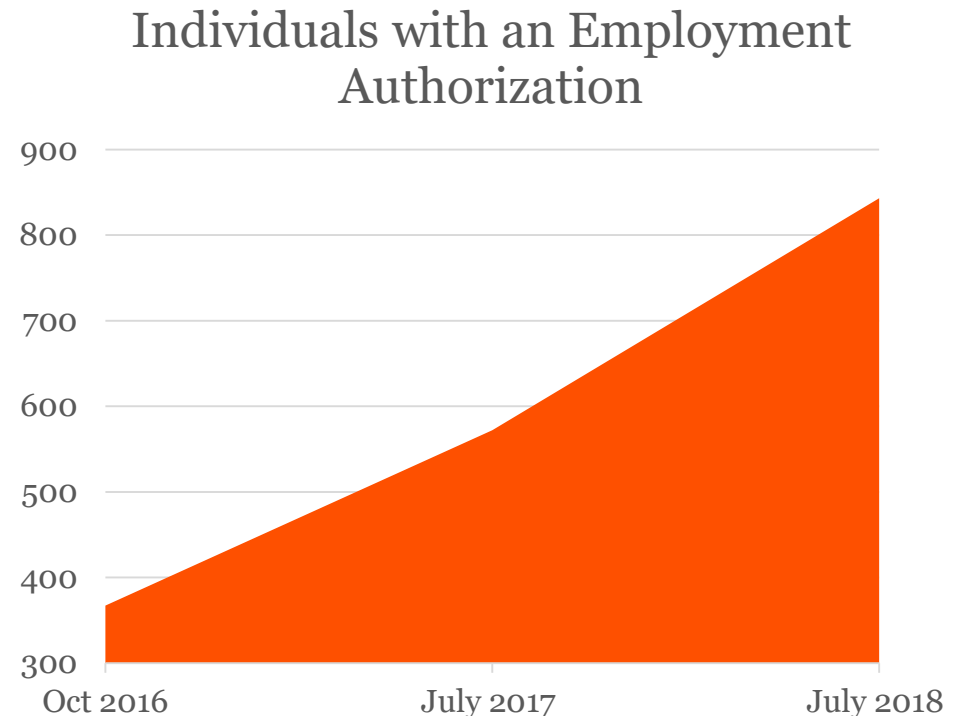
## Principles

- 👤 All individuals have the right to explore the full range of employment options to empower informed choice and foster self-determination.
- 👤 Career Planning is a requirement for all individuals currently receiving services in order to ensure that supports, services, and outcomes on Individual Support Plans are consistent with what the person is seeking.
- 👤 All individuals have the right to earn a living wage in a job of their choosing, based on their unique talents, gifts, skills, and interests.
- 👤 As with all employees, persons with disabilities should have access to services and supports necessary to succeed in the workplace.
- 👤 Businesses universally value employees with disabilities as an integral part of their workforce and include all people within recruitment and hiring efforts as standard practice.

# Empowering through Employment

## Employment Service Authorizations

- At the launch of the *Empowering Through Employment* in October 2016, 367 individuals had an authorization for employment services. This number increased to 843 individuals by July 2018, which is an increase of 230% since the initiative began.

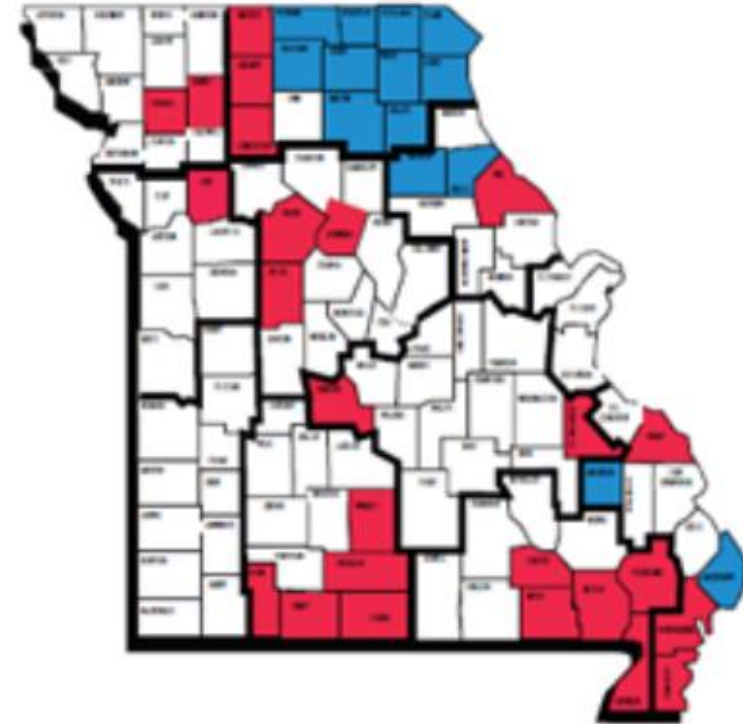




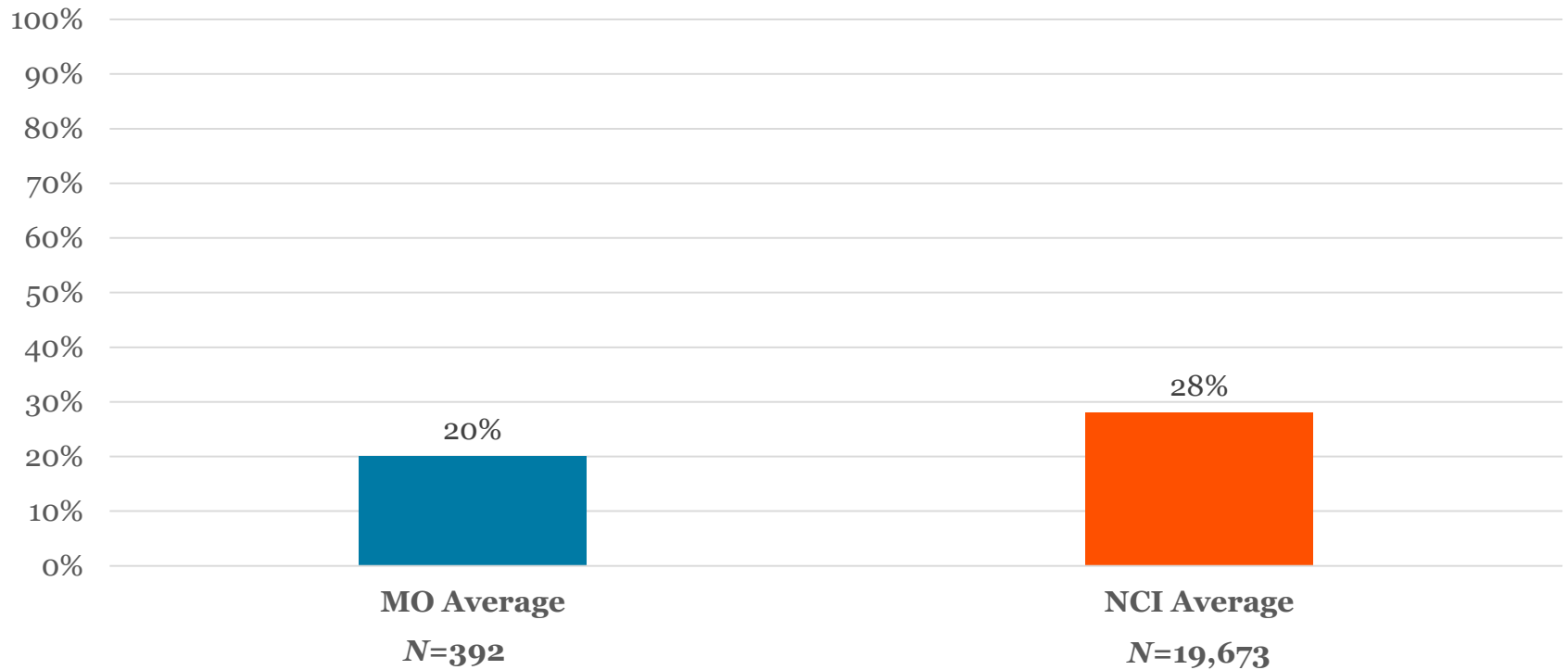
# Empowering through Employment

## TCM Ribbon Status by County

- Regions and Targeted Case Management (TCM) entities are recognized by ribbon status based on the percentage of individuals with employment service authorizations. Currently, 23 TCMs covering 39 counties have met ribbon status.



## Has Community Employment as a Goal in Service Plan



# Data Promoting Informed Choice



- 👤 The Division Releases the Direct Connection Newsletter every two months.
- 👤 In each newsletter, state-specific NCI data is presented to educate and inform the audience as it pertains to IDD related subjects including self-determination, employment, family supports, etc...



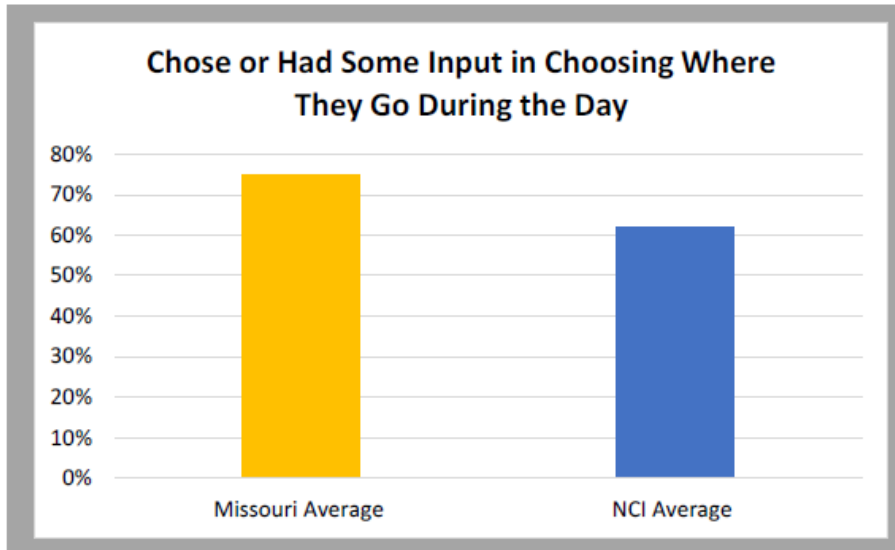


# July 2018 Issue: Self-Determination

July 2018



## Data from National Core Indicators (NCI)



Data are from the 2016-2017 National Core Indicators (NCI) Adult In-Person Survey, which is a face-to-face interview with adults (age 18+) who receive services from the Division of Developmental Disabilities.

The graph to the left shows the percentage of individuals in Missouri who chose or had some input in choosing where they go during the day as compared to the NCI (nationwide) average for this measure. The full report is available [here](#).

## Data from the National Core Indicators (NCI)

### **DID YOU KNOW...**

- **80%** of respondents indicated that there are community resources that their family can use that are not provided by the Intellectual/Developmental Disabilities (I/DD) agency.
- **23%** of respondents indicated that their family participates in a family-to-family network.
- **95%** of respondents said that services and supports have made a positive difference in the life of their family.
- **92%** of respondents feel that family supports have improved their ability to care for their child.
- **95%** of respondents report that services and supports help their family member to live a good life.

Source: NCI 2015-16 Adult Family Survey and Child Family Survey

- 👤 This newsletter can be used as a platform for education on various health topics to support individual health and wellness.
- 👤 The May 2018 issue featured an article on oral health and dental services.
  - 👤 Included was MO-specific NCI data regarding dental care and links to MO HealthNet dental benefits information.

## Excerpt from May 2018 Issue

Adults receiving Medicaid are provided with a benefit package that covers preventative dental services as well as some oral surgery services. Dental services not covered through the benefit package may be covered through a physician's referral letter stating that, without dental treatment, the participant's health will be negatively affected. Providers should contact the MO HealthNet Provider Communications Unit at (573) 751-2896 if they are in need of assistance regarding coverage for dental services that are a medical necessity.

Information regarding dental service coverage through MO HealthNet can be found at:

[https://dss.mo.gov/mhd/participants/pdf/hndbk\\_ffs.pdf](https://dss.mo.gov/mhd/participants/pdf/hndbk_ffs.pdf)

MO HealthNet Fee-For-Service (Medicaid) participants can find a doctor by using the MO HealthNet Provider Search online at <https://apps.dss.mo.gov/fmsMedicaidProviderSearch> or by directly contacting the Participant Services Unit at 1-800-392-2161.

# Data Supporting System Enhancement

- 👤 The 2017/2018 Adult In Person, Child Family and Adult Family survey results will be utilized to inform stakeholders regarding the current MO Quality Outcomes.

# MO Quality Outcomes

- 🕒 The Missouri Quality Outcomes were developed as a result of listening to people with disabilities, their families, and advocates. The outcomes were designed to encourage personal quality of life outcomes with individual focus on leading a self-determined life; including personal values, choice, health, safety, inclusion and self-advocacy.
- 🕒 The Missouri Quality Outcomes will be measured through annual data collected by the Division of Developmental Disabilities. Based on the data, the Division of Developmental Disabilities will address areas of enhancements to services and supports through policies and practices, with the goal of providing continuous improvement for people with developmental disabilities.



# Data Supporting System Enhancement

- 👤 The Division is in the initial process of exploring how NCI data(including the Staff Stability Survey) can be utilized to inform and support a Value Based Purchasing(VBP) Model.

- 👤 AIM: Increase individual independence and quality of life by decreasing the reliance on public funded services
- 👤 Establishment of Primary & Secondary Drivers
- 👤 Data sources such as NCI support the identification of effective service delivery

# Questions?

Missouri Department of Mental Health  
Division of Developmental Disabilities  
kimberly.stock@dmh.mo.gov  
(573)526-3849

# Missouri's Perspective

---

The Missing Link: Measures of LTSS Quality and Outcomes from  
NCI-AD Contract  
August 2018

# NASUAD Technical Assistance

---

- One Year Technical Assistance Contract
- Contract Development
  - 2,441 Surveys of Program Participants
- Monthly Phone Calls



# Overview of Each Service

---

- Missouri has three (3) 1915c Waivers and State Plan Personal Care utilized for data collection.
  - Adult Day Care Waiver
  - Aged and Disabled Waiver
  - Independent Living Waiver
  - Consumer Directed Services – State Plan
  - Agency Model Personal Care – State Plan
  - RCF/ALF State Plan Personal Care Only
  - Older Americans Act



# Intentions for Use

---

- MO plans to utilize in all three HCBS 1915c Waiver Performance Measures, Personal Care State Plan and Older Americans Act.
- Baseline Data
  - State Comparison
  - Continued Quality Assurance and Quality Improvement

# Accountability and Efficiency

---

- Budget Books
- Legislative Communication
- Older Americans Act – State Plan Report

# Partnership

---

- Department of Health and Senior Services
- Department of Mental Health
- Department of Social Services
- Business Acumen
- Value Based Purchasing – Emergency Room Reduction with cross populations of Developmentally Disabled, Aged and Disabled
- Missouri Plans to complete annual services via contract for ongoing measurement of performance.

# Questions

---

Missouri Department of Health and Senior Services

Division of Senior and Disability Services

[Venice.Wood@health.mo.gov](mailto:Venice.Wood@health.mo.gov)

(573) 526-8597

[LTSS@health.mo.gov](mailto:LTSS@health.mo.gov)