



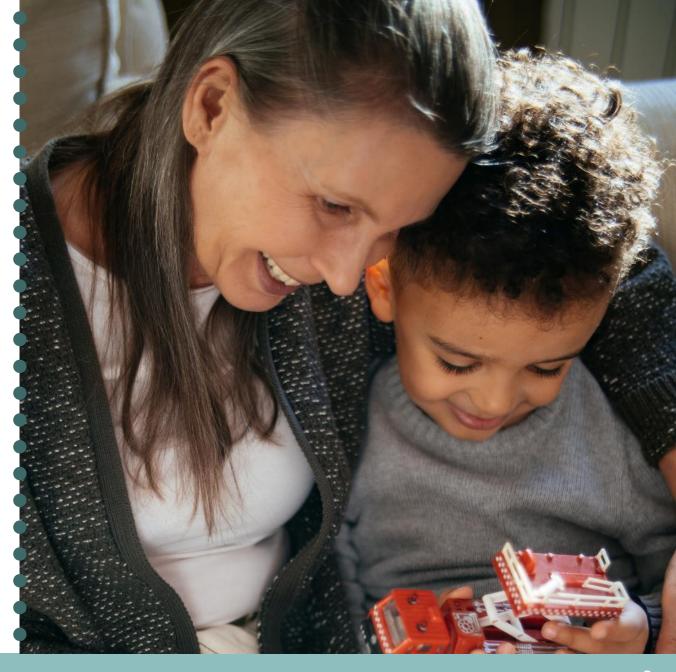


Arizona NCI-AD





About the surveys



NCI-AD: An Overview



Established

- 2015
- Grew out of NCI-IDD



Participating states

- 22
- 29 throughout project



Population addressed

 Older adults and people with physical disabilities

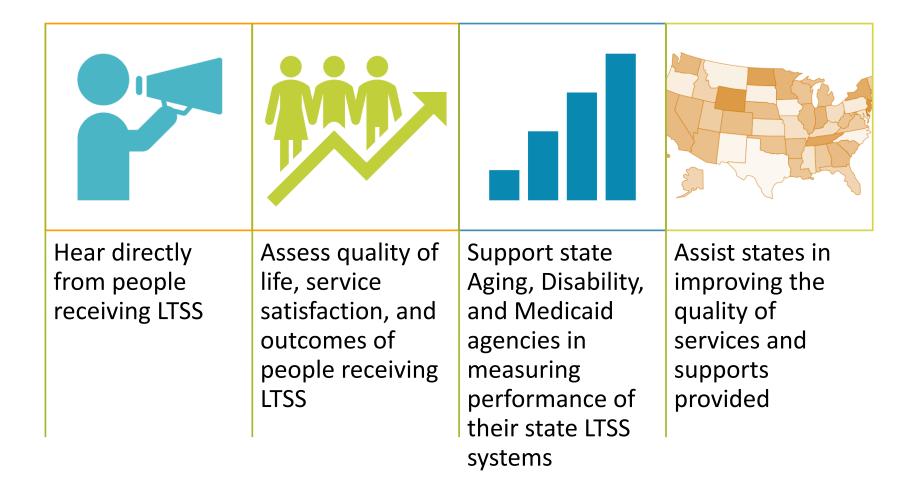


Covers multiple domains

- AD domains and indicators
- New State of the Workforce Survey



Purpose of NCI-AD





Domains (Area of Interest)

Community
Participation
Access to
Community
Work
Everyday Living
Relationships

Safety
Satisfaction
Service
Coordination
Rights and
Respect

Care
Coordination
Access to
Technology
Access to
Needed
Equipment
Health Care

Medications
Wellness
Affordability
Choice and
Control

Self-Direction (Optional)
Service Planning (Optional)
State Specific Questions (Optional)* new format 23-24





Adult Consumer Survey (ACS) A Person-Centered Approach

- Standardized survey with a sample of individuals receiving services
 - No pre-screening procedures
- Survey includes:
 - Demographic and service-related characteristics typically from existing records
 - Main survey section conducted with person receiving services
 - Some questions may be answered by a proxy respondent
- Survey conducted in-person, via video conference, over the phone
- Standardized surveyor training
- Allows questions to be reworded or rephrased using familiar names and terms
- Survey portions take 50 minutes on average





Responding to the Pandemic

The Pandemic changed how we do our work.

- Expanding modes for surveying
 - Pilot findings Telephone and video conference modes
 - How surveying has been impacted
- NCI-AD portfolio growth
 - State of the Workforce Survey

Social Deprivation Index (SDI)

"SDI is a composite measure of area level deprivation based on seven demographic characteristics collected in the American Community Survey and used to quantify the socio-economic variation in health outcomes." – Robert Graham Center



Beginning with 2022-23 data, ACS links to area measures of SDI (based on zip code), allowing for further analysis.



Data can help measure disparity...

Individual characteristics of people receiving services	Where people live
	Gender
	Race/Ethnicity
	Disability
The nature of their experiences with services	Interaction with staff and case managers
	Self-direction
	Choice and Control
The context of their live	Involvement with family and friends
	Access to community involvement
	Safety
Health and well-being	Utilization of health services
	Ability to manage chronic conditions
	Mental healthcare



Data are used to...





Compare outcomes to other states



Compare specific groups or geographic regions within states



Identify areas for quality improveme



Share outcomes with stakeholders and advocates for feedback and strategic planning



Benchmark and track progress toward quality improvement



Researchers also use data to look more closely at specific topics



HCBS Quality Measure Set: SMDL 22-003

July 21, 2022: SMDL 22-003 was released, detailing first-ever HCBS Quality Measure Set

- 1st of 2 guidance documents from CMS
- Intended for use in <u>all</u>
 HCBS programs
- Intended to apply to both FFS and managed care
- Organized by 1915(c) assurance/ subassurances
- Primarily rely on person-reported outcome measures pulled from consumer surveys



CMS permits states flexibility to determine which survey tool they implement:

NCI®-IDD NCI-AD™ HCBS CAHPS®, and POM®



Surveying **Process**





Background Information (BI)

Key demographic characteristics:



Age

Gender

Race/Ethnicity

Marital Status

Preferred Language

Zip Code

Type of Residential Setting

Who Lives with Person

Guardian Status

Mobility

Falls

LTSS Services including SDS

Medicare Status

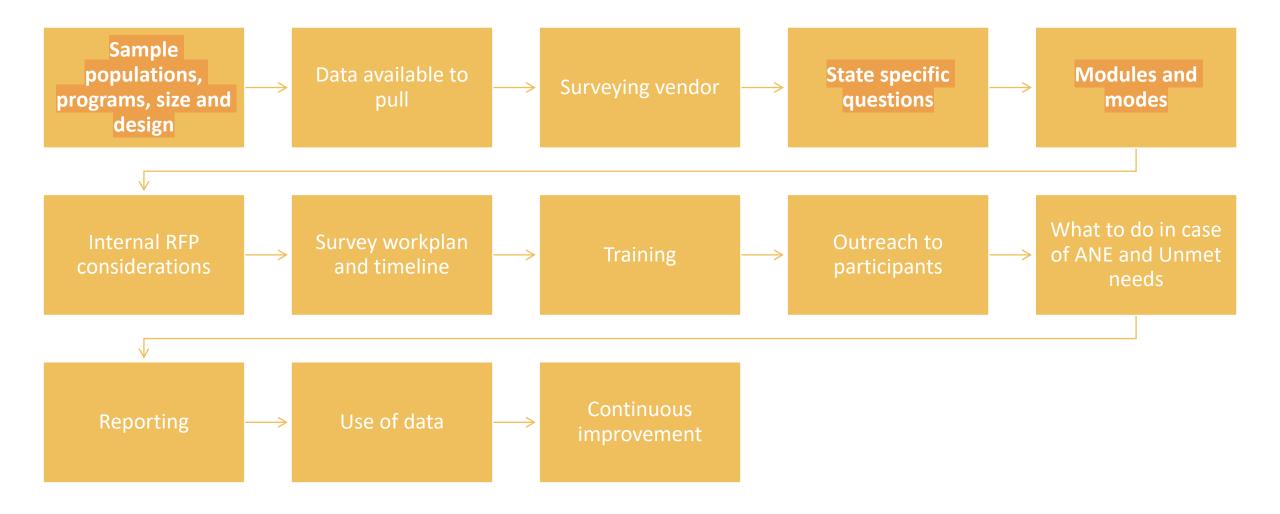
Conditions

Deaf/Hard of Hearing

Blind/Visually Impaired



Considerations...





Considerations...

Sample identification

- Programs
- Demographic factors
- Urbanicity/Rurality
- Other factors such as service region, MCE etc

State Specific Questions

- Up to 10
- Module in adult consumer survey
- Adapt to specific state interests/policy priorities

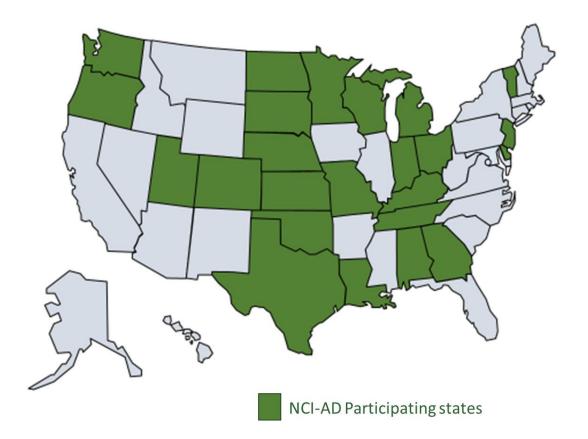


Select Data Findings

Data from 2021-22



2021 - 2022 Data



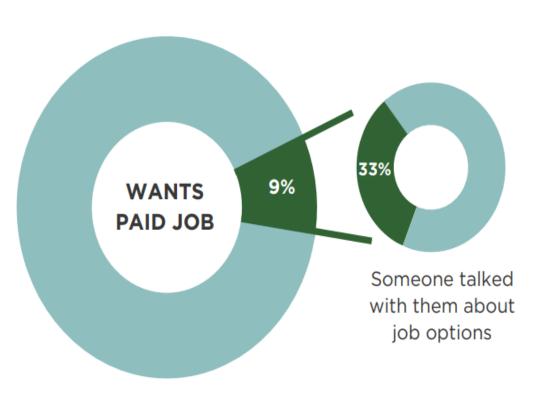
15 States Included in Report

- 19 states surveyed
- Programs Represented
 - Managed Long-Term Services and Supports (MLTSS)
 - Fee-for-service (FFS)
 - PACE
 - Older Americans Act (OAA)
 - Money Follows the Person (MFP)
 - Others

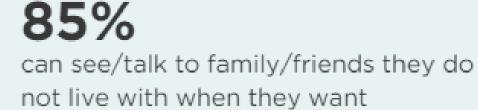
13,663 respondents

- 34% Male, 66% Female
- Age range: 18 99 (64 average)









77% have enough help with everyday activities

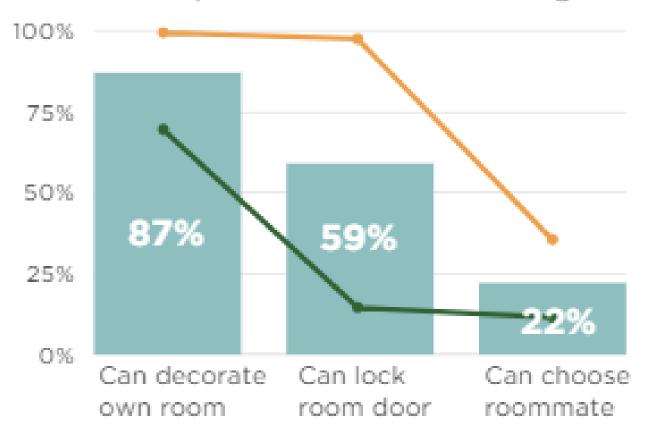
74% always have a way to get where they want to go



58%

can take part in activities with others as much as they want

Outcomes related to regulations at provider-owned settings

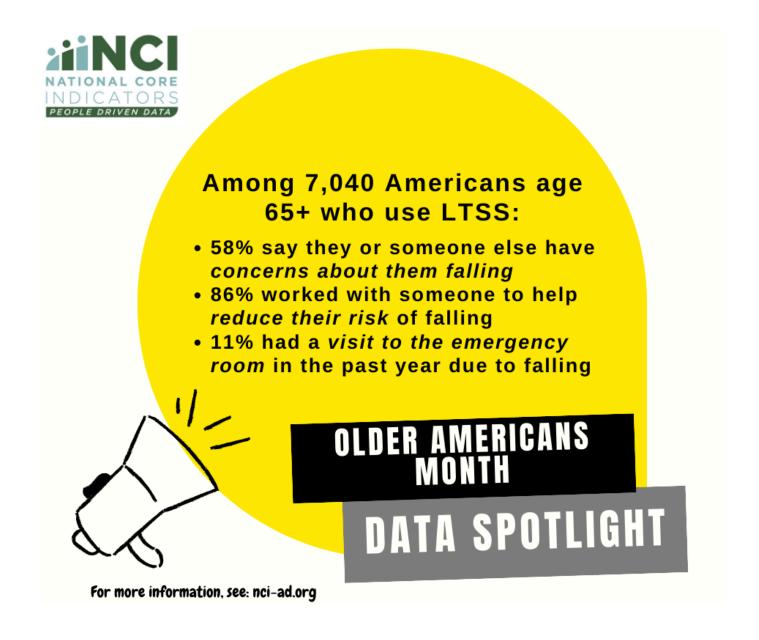


National average

Highest state

Lowest state









People who often feel lonely are less likely to:

- Always have help they need with everyday activities
- Always get enough help with self-care
- Report their services meet all their needs and goals



LONELINESS AWARENESS WEEK

DATA SPOTLIGHT

For more information, see: nci-ad.org





About NCI-AD States

Reports Resources

News Join NCI-AD

Please Note: We have a newly-refreshed design. Style options available at the bottom of the page. X

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

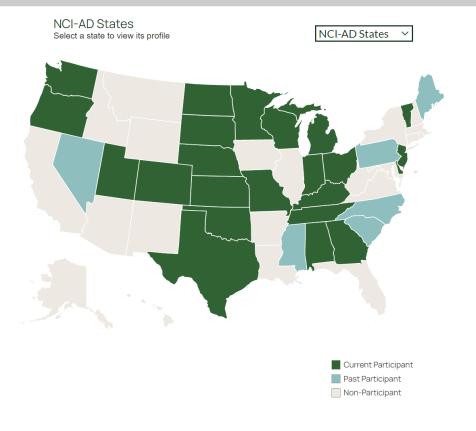
NCI-AD™ is a voluntary effort by State Medicaid, aging, and disability agencies to measure and track their own performance.

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, ADvancing States (formerly NASUAD), and **HSRI**

Read More

How to Participate



NCIAD.org

- State-specific and National reports
- Presentations
- Webinars
- Technical guides and resources.
- Data **Spotlights**



Thank you!

Questions?

Comments?

Reactions?

