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NCI and HCBS: State Level Monitoring of Compliance

Webinar Presented by NASDDDS and HSRI

February 22, 2016

NASDDDS

National Association of State Directors of Developmental Disabilities Services



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Objectives

- Identify the areas within Home and Community Based service authorities in which measurement requirements could benefit from Data from National Core Indicators (NCI)
- To learn from two states' experiences how NCI, combined with other state data, has contributed to their overall quality strategy for HCBS
- To identify areas in which NCI aligns with HCBS measurement requirements, including settings requirements, and the updates to 2015 NCI which will provide additional data in the future.

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Today's Speakers

- ❖ Mary Sowers, NASDDDS Special Projects Director
- ❖ Dan Lusk, Director of South Dakota Developmental Disability Services
- ❖ Cathy Robinson, Director of Indiana Bureau of Developmental Disability Services
- ❖ Erica Hendricks, HSRI Policy Associate

NASDDDS

National Association of State Directors of Developmental Disabilities Services

Overview

- ▶ Quality in home and community based waivers as authorized under Section 1915(c) of the Social Security Act is unique in the Medicaid landscape.
- ▶ States have to demonstrate compliance with 6 statutory assurances through a method of continuous quality improvement.
- ▶ In addition to the statutory assurances, states must now devise strategies to demonstrate compliance with the new regulations

Statutory Assurances

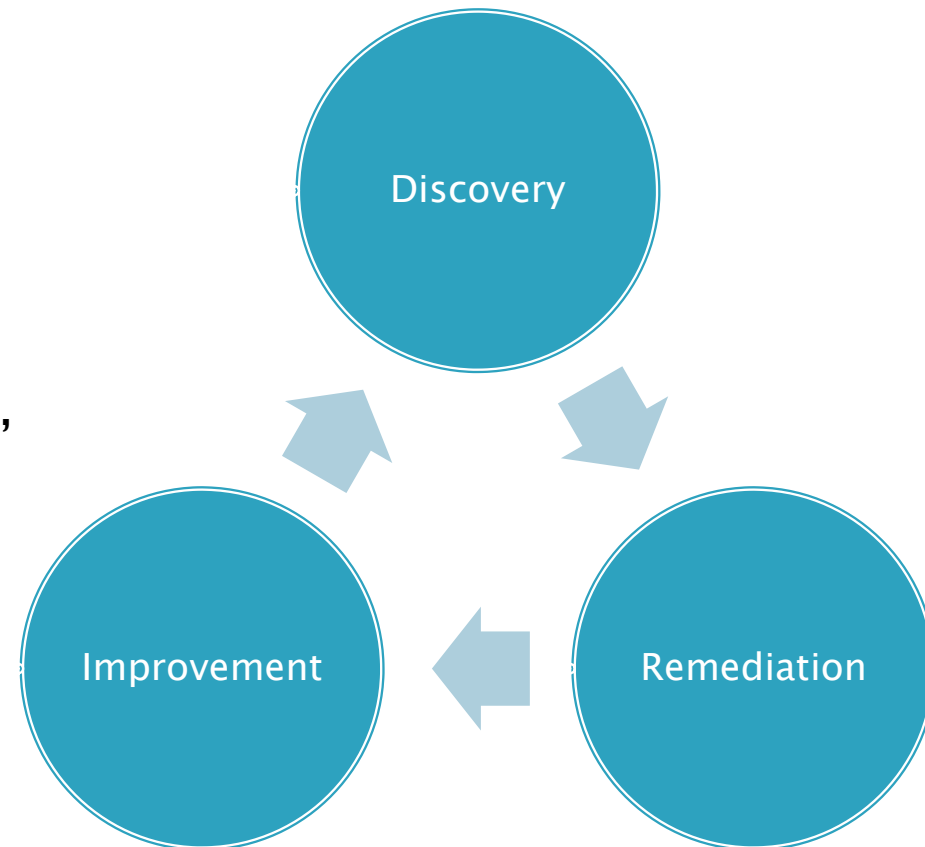
- ▶ Administrative Authority
- ▶ Level of Care
- ▶ Qualified Providers
- ▶ Service Plans
- ▶ Health and Welfare
- ▶ Financial Accountability

For each assurance, there are a number of sub-assurances that require their own demonstration of compliance.

Items in blue represent areas where NCI data can be used to round-out a data set to inform compliance.

State Use of NCI in HCBS Continuous Quality Improvement

- ▶ At each step in the CQI, NCI can be used at a high level for many assurances to:
 1. test findings on a systemic level and to complement information obtained from administrative data sources;
 2. inform remediation strategies, and,
 3. provide a roadmap to effective and well-calibrated systems improvement activities.



NCI as a Data Source for Waiver Quality?

- ▶ States do use NCI data in their waivers' discovery processes, but not alone.
- ▶ Because NCI does not provide individual or provider specific data, this 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 where systems improvements can occur, and can longitudinally use NCI to monitor their efficacy.

NCI: An Important Element of an Integrated Data Strategy



- ▶ When used as a complement to other data sources used by states (administrative data, record reviews and others), NCI can provide high level indicators of strong system performance.

HCBS Quality Expectations: Continuing to Emerge

- ▶ In addition to assuring compliance with the 6 statutory assurances, States must devise ongoing strategies to ensure compliance with the new, final HCBS regulations.



NCI As a Tool to Support State Regulatory Compliance Efforts

- ▶ CMS finalized regulations for HCBS on March 17, 2014.
- ▶ All provisions were effective on that date, with the exception of the settings requirements.
- ▶ States were given one year to develop a transition plan, to describe how they will ensure compliance with these provisions by 2019.
 - At least 14 states have indicated their intention to use NCI to support their transition efforts.

NCI As a Tool to Support State Regulatory Compliance Efforts

- ▶ NCI – the proverbial “early warning”
 - Many states that have identified NCI as a tool for transition and ongoing compliance note that NCI is a strong starting place to identify structural or programmatic barriers to compliance and can provide ongoing data to check whether improvement strategies have had desired outcomes.



NCI As a Tool to ensure Regulatory Compliance, Continued

- ▶ A number of NCI indicators can help inform how well the state's system is doing on issues related to community integration, choice, control, ensuring health and welfare and employment....all elements contained in the final rule.
- ▶ NCI Crosswalk



Person-centered planning

The Final Rule sets forth landmark requirements for real, person-centered planning:

- The person-centered planning process is **driven by the individual**
- Includes **people chosen by the individual**
- Provides necessary information and **support to the individual to ensure that the individual directs the process to the maximum extent possible**
- Is timely and occurs at times/locations of **convenience to the individual**
- Reflects **cultural considerations/uses plain language**
- Includes **strategies for solving disagreement**

Person-centered planning, Continued

- **Offers choices** to the individual regarding services and supports the individual receives and from whom
- Provides method to **request updates**
- Conducted to reflect **what is important to the individual** to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
- Identifies the **strengths, preferences, needs** (clinical and support), and desired outcomes of the individual
May include whether and what **services are self-directed**

NCI can assist states in measuring system performance on a number of these requirements!

CONFLICT OF INTEREST

“Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan....”

Indicators within NCI can provide a high level perspective on whether individuals are having true choices and if they are receiving strong support from case managers or others developing the service plan.

Farcus

by David Waisglass
Gordon Coulthart



“What conflict of interest?!
I work here in my spare time.”

HCBS setting requirements

- ▶ Is **integrated** in and supports **access to the greater community**
- ▶ Provides **opportunities to seek employment** and work in competitive integrated settings, engage in community life, and control personal resources
- ▶ Ensures the individual receives services in the community to **the same degree of access as individuals not receiving Medicaid HCBS services**
- ▶ **Setting is selected by the individual** from among setting options including non-disability specific settings & an option for a private unit in a residential setting



HCBS setting requirements, Continued

- ▶ The setting options are identified and **documented in the person-centered service plan** and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board
- ▶ Ensures an individual's **rights of privacy, dignity, respect, and freedom** from coercion and restraint
- ▶ **Optimizes individual initiative, autonomy, and independence** in making life choices
- ▶ **Facilitates individual choice** regarding services and supports, and who provides them



HCB Settings character – NOT

- ▶ Settings that are NOT Home and Community-based:
 - Nursing facility
 - Institution for mental diseases (IMD)
 - Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- ▶ Settings **PRESUMED** not to Be Home And Community-based
 - Hospital Settings in a publicly or privately-owned facility providing inpatient treatment
 - Settings on grounds of, or adjacent to, a public institution
 - Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS

State may submit a request for heightened scrutiny to CMS

Status of State Transition Plans

- ▶ As February 2016, all states have submitted initial statewide transition plans to CMS and CMS has provided preliminary feedback on those plans.
- ▶ CMS is expecting most states to resubmit their transition plans beginning in March, after public comment period(s).
- ▶ CMS expects that *all states* will have some settings that are presumed to be institutional.

A number of states are using NCI as component of their surveillance for transition

NCI: Not Just for Waivers Anymore

- ▶ 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

- ▶ With other tools and data sources, NCI can play an important role in the state's overall HCBS quality strategy and efforts toward regulatory compliance.

Integrating Data into a Comprehensive Quality Framework

**A systemic approach to
HCBS monitoring and compliance**

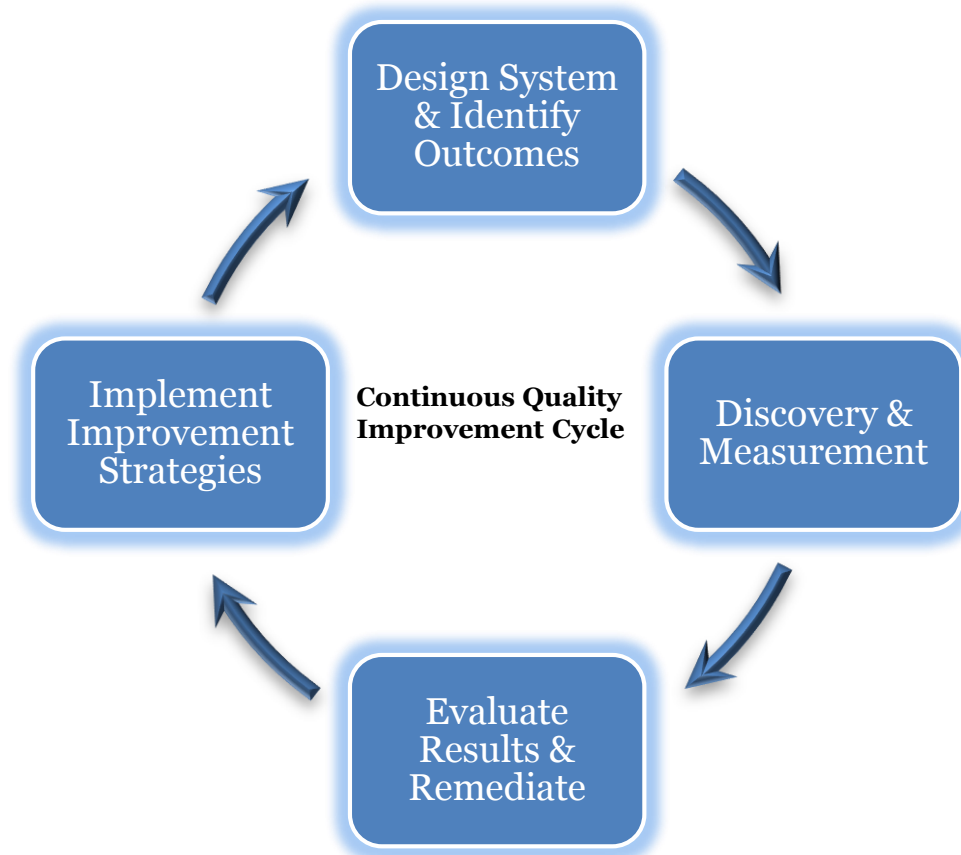
**Dan Lusk
State DD Director
South Dakota**



February 2016

Syncing Quality Framework with Data

- Data will demonstrate if people are achieving outcomes AND where system improvement is needed
- Encourages data-based decision making
- Improves organizational and system capacity for implementing ongoing Continuous Quality Improvement



Incorporating Data into Quality Framework

- 2011 implementation of SMART
 - Systemic Monitoring And Reporting Technology
- Systemic level quality data:
 - Waiver quality improvement strategy
 - Performance measures
 - Waiver evidence reporting
 - Waiver renewal
- Provider level quality data:
 - Quality management strategy



Lusk, Dan 2/15/2016 **SD-SMART Main Menu - CHOICES**

Select One Level Of Care File Review Qualified Provider

Enter Case Reviews	Find Case Review	View Reports	Find Re-Review
Enter POE	Find POE		
Find Claim Review			

System Administration Menu:

Users Logins	Buildings	Providers	
Causal Factors / PI Probes			
Inspection Probes	Elements	Review Types	Reports Maintenance
Dropdown Lists	Participants		
Message Center	Help		

Log Off	Xfs Testing
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Incorporating Data into Quality Framework

CHOICES		Date Printed: 2/12/2016 2:54:26 PM (aschliche)				
Element Overview: SP						
From Review Date: 06/01/2014 To: 05/31/2015						
Selected Criteria						
Provider:	All					
Review Type:	Initial Program/Medical	Targeted Initial Program/Medical	Initial Program	Initial Medical	Ongoing	
	Program/Medical	Targeted Ongoing Program/Medical	Ongoing Program	Ongoing Medical		
Review Class:	CMS Sample	Division				
Element	Total	Number NA	Number Incorrect	Percent Incorrect	Number Correct	Percent Correct
Adaptive Behavior / ILS Assessment	217	0	6	2.8%	211	97.2%
Alternative Services	219	152	7	10.4%	60	89.6%
Assistive Technology Assessment	217	123	4	4.3%	90	95.7%
Dev / Voc / Ed Assessment	217	69	8	5.4%	140	94.6%
ISP	222	0	22	9.9%	200	90.1%
ISP Annual Update	207	0	4	1.9%	203	98.1%
ISP Monitoring	243	2	75	31.1%	166	68.9%
ISP Monitoring - Medical	208	0	16	7.7%	192	92.3%
ISP Needed Revision	217	138	13	16.5%	66	83.5%
ISP Team	217	0	11	5.1%	206	94.9%
Medical / Dental Assessments	208	1	4	1.9%	203	98.1%
Medical History	208	1	3	1.4%	204	98.6%
Other Clinical Assessments	208	1	4	1.9%	203	98.1%
Personal Finances	212	112	5	5.0%	95	95.0%
Preferences and Goals	217	0	15	6.9%	202	93.1%
Preventative Health	208	0	27	13.0%	181	87.0%
Provider Choice Notice	209	0	2	1.0%	207	99.0%
Psychological Assessments	218	0	1	0.5%	217	99.5%
Safety	217	1	13	6.0%	203	94.0%
Service Choice Notice	209	1	2	1.0%	206	99.0%
Social / Developmental History	217	12	5	2.4%	200	97.6%
Total Elements Reviewed	3,902					
Total Elements Correct	3,655					
Overall Element Accuracy	93.67%					

CHOICES		Date Printed: 2/12/2016 2:51:54 PM(aschliche)					
CMS Waiver Assurance							
From Review Date: 6/1/2014 To: 5/31/2015							
Service Plan							
Sub-assurance a: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.							
^ % of plans in which needs are addressed							
Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	24	11.54%	184	88.46%
^ % of plans in which risk factors are assessed and addressed							
Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	44	21.15%	164	78.85%
^ % of plans in which participant preferences & goals are id and addressed							
Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	14	6.73%	194	93.27%
Sub-assurance b: The State monitors service plan development in accordance with its policies and procedures.							
^ % of plans that used approved process							
Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	28	13.46%	180	86.54%
^ % of plans that are monitored as required							
Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	72	34.62%	136	65.38%
Sub-assurance c: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.							
^ % of plans that are updated annually							
Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	198	0	198	4	2.02%	194	97.98%
^ % of plans that are revised as needed							
Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	132	76	13	17.11%	63	82.89%

Incorporating Data into Quality Framework

CHOICES

Date Printed: 2/12/2016 2:56:32 PM (aschliche)

Causal Factor Summary: SP

From Review Date: 06/01/2014 To: 05/31/2015

Selected Criteria

Provider:	All	Element:	ISP Monitoring		
Review Type:	Initial Program/Medical Program/Medical	Targeted Initial Program/Medical Targeted Ongoing Program/Medical	Initial Program Ongoing Program	Initial Medical Ongoing Medical	Ongoing
Review Class:	CMS Sample	Division			

ISP MONITORING

Causal Factor	Factor Count
No participant involvement (new)	27
Monitoring documentation inadequate	22
No intervention	17
No observation	15
Quarterly info not sent to team (new)	9
No monitoring	8
No alternate service coordinator	5
No documentation of service delivery	2
No coordination	1

Cases: 243

N/A: 2

Incorrect: 75

Factors: 106

Enhancing Quality Data with NCI and CQL Data

- POMs
 - Quality of Life
 - Outcomes
 - Choice
 - Control
- Basic Assurances
 - Health
 - Safety
 - Security
- NCI
 - Choice
 - Self-determination
 - Satisfaction



Assessing Compliance with HCBS Regs

- Focus on **true community integration** in residential and non-residential settings
- Requirement of **Person Centered Planning**
- Mandate for **Conflict Free Case Management**
- It's about “**finding the right fit**” between a person's preferences and needs rather than “**fitting**” the person to the system



Artwork by Valorie Ahrendt

NCI Data Informs System Change

South Dakota
DHS
DEPARTMENT OF HUMAN SERVICES
Division of Developmental Disabilities

**Conflict-Free
Case Management**

Community Conversations

Rapid City

Oacoma

Sioux Falls

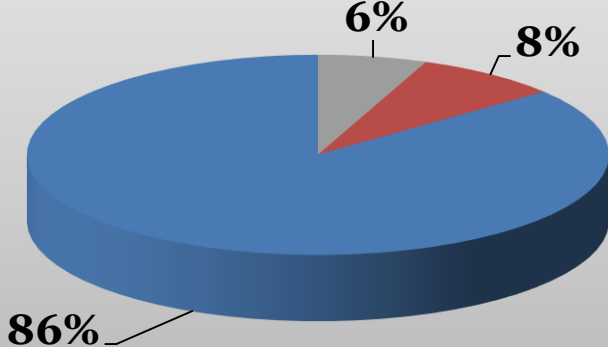
<http://dhs.sd.gov/dd/cfm/>

NCI Data Informs System Change



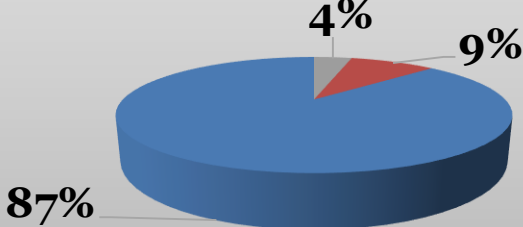
Did you help make your service plan? (N=249)

■ No ■ Maybe, not sure ■ Yes



Does your case manager/service coordinator ask you what you want? (N=264)

■ No ■ Sometimes ■ Yes

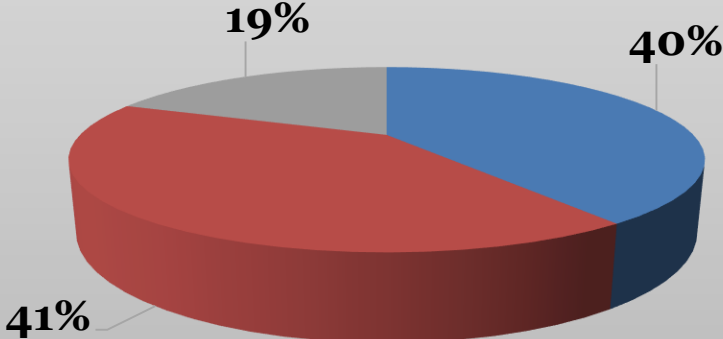


NCI Data Informs System Change



Did you choose or pick your case manager/service coordinator? (N=271)

- No, Someone else chose
- Case manager/service coordinator was assigned but s/he can request a change
- Yes, chose

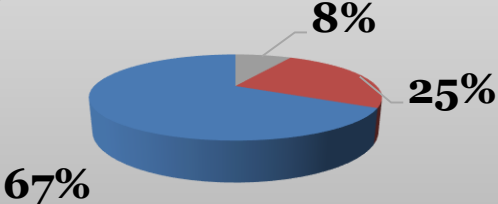


NCI Data Informs System Change



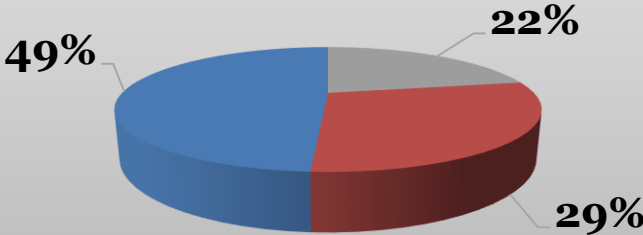
If you call and leave a message, does your case manager/service coordinator take a long time to call you back, or does s/he call back right away? (N=210)

■ Takes a long time to call back ■ In-between ■ Calls back right away



Who chose (or picked) the place where you work? (N=160)

■ Someone else chose ■ Person had some input
■ Person made the choice

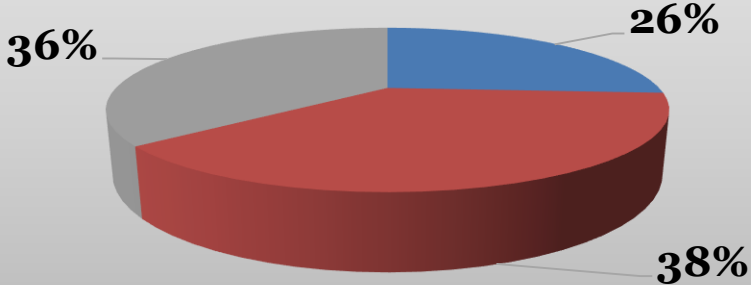


NCI Data Informs Systems Change



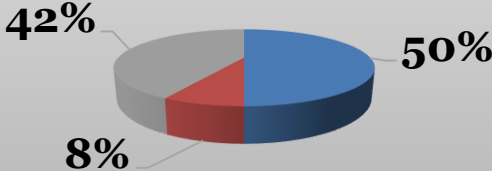
Who chose (or picked) the place where you live? (N=255)

■ Someone else chose ■ Person had some input ■ Person made the choice



Did you choose (or pick) the people you live with (or did you choose to live by yourself)? (N=246)

■ No, Someone else chose
■ Person chose some people or had some input
■ Yes, Person chose people s/he lives with, or chose to live alone



Informing HCBS Transition Plan with Data

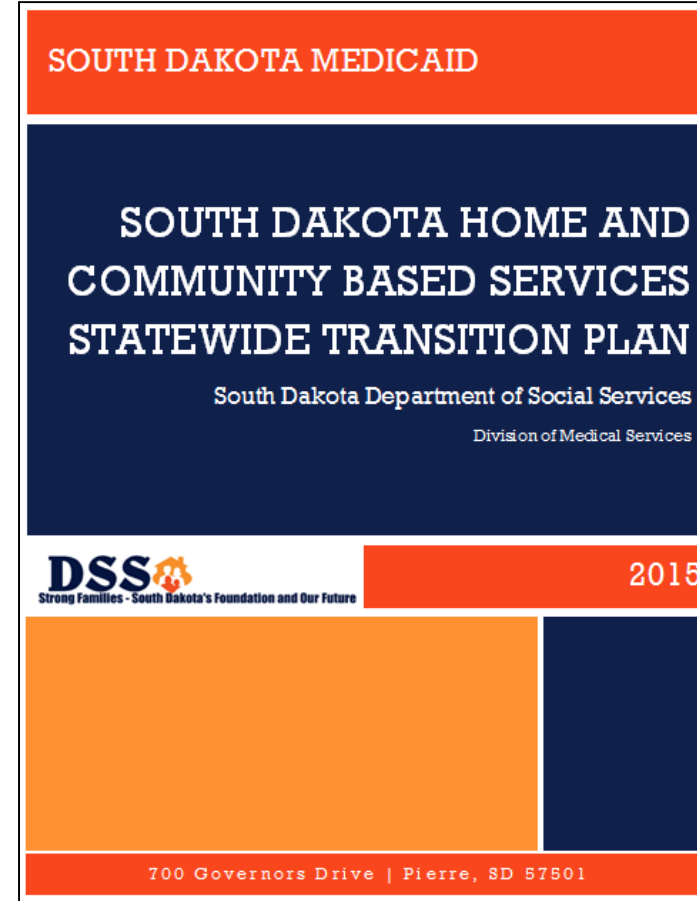
Major Areas Assessed:

- Dignity and respect
- Location
- Physical Accessibility
- Privacy
- Autonomy
- Living arrangements
- Community Integration

South Dakota provider self-assessment tool developed as adaptation of assessment tool in CMS toolkit

Two-tier Quality Assurance Validation

- DDD staff conduct random sample on-site assessment
- Self-advocate/parent/guardian interviews

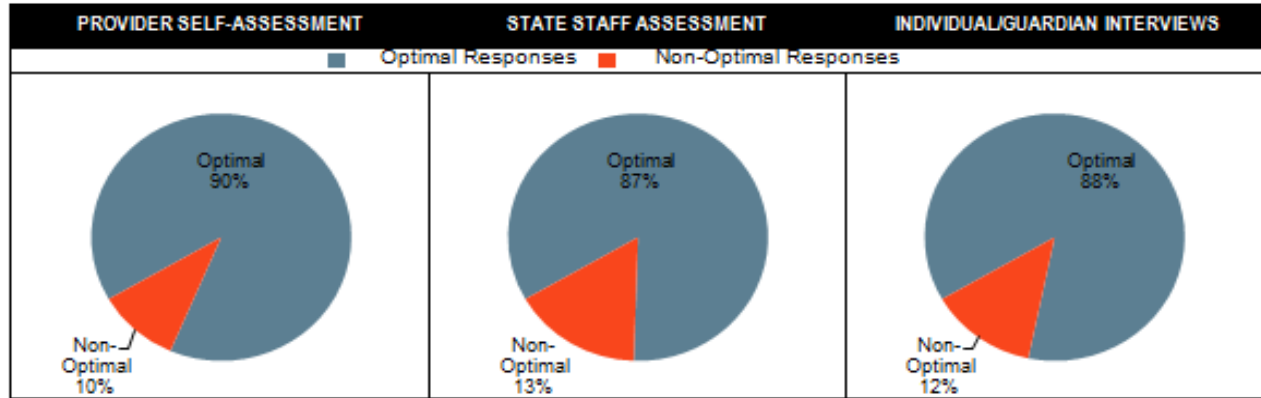


<http://dss.sd.gov/medicaid/hcbs.aspx>

Informing HCBS Transition Plan with Data

CHOICES ASSESSMENT RESULTS AND ACTION ITEMS

ASSESSMENT RESULTS



STRENGTHS

ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Dignity and Respect	98%	96%	-2%
Autonomy	87%	87%	0%
Physical Accessibility	93%	93%	0%
Privacy	95%	88%	-7%
Location	99%	94%	-5%

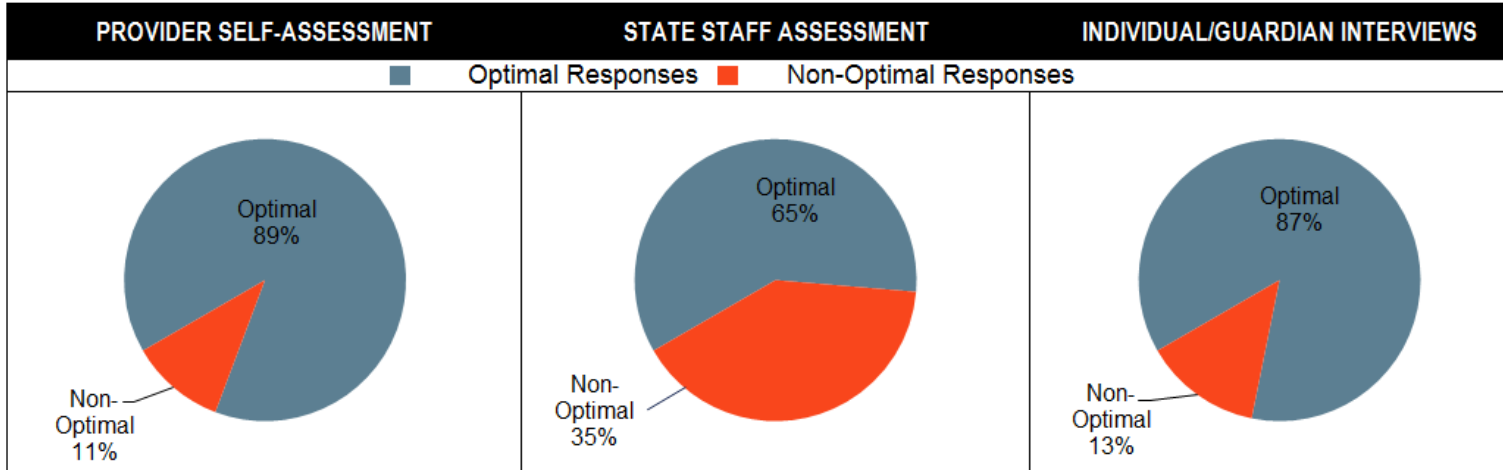
AREAS FOR IMPROVEMENT

ASSESSMENT ITEM	PROVIDER ASSESSMENT RESULTS	QUALITY ASSURANCE RESULTS	DIFFERENCE
Community Integration	72%	79%	+7%
Living Arrangements	89%	76%	-13%

Informing HCBS Transition Plan with Data

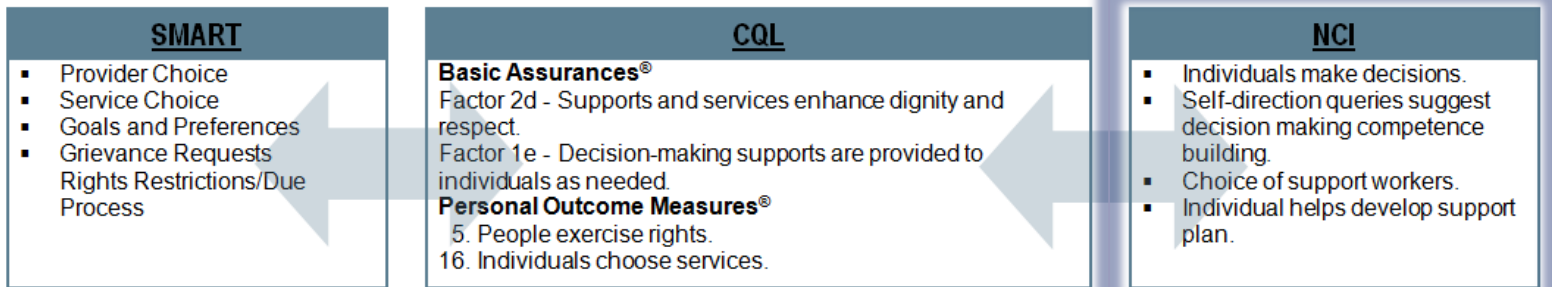
LIVING ARRANGEMENTS

ASSESSMENT RESULTS



CONTINUOUS QUALITY MONITORING

South Dakota will closely monitor Living Arrangements through DHS/DDD's [SMART](#) continuous quality assurance system, [National Core Indicators \(NCI\)](#), [Council on Quality and Leadership](#) Personal Outcome Measures® (POMs) and Basic Assurances.



Informing HCBS Transition Plan with Data

NCI

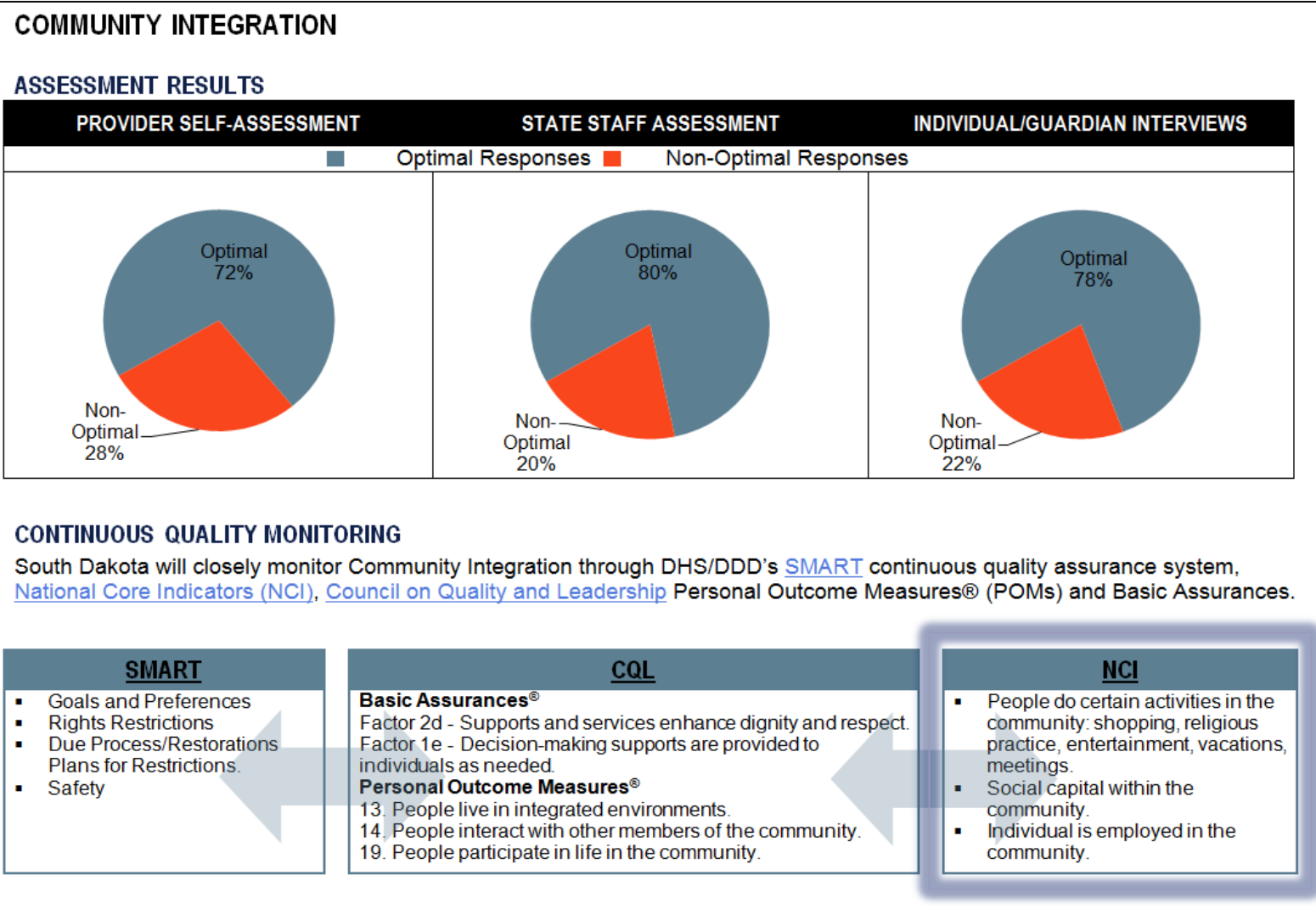
- Individuals make decisions.
- Self-direction queries suggest decision making competence building.
- Choice of support workers.
- Individual helps develop support plan.



Additional NCI Indicators:

- Who chose the place where you live?
- Did you choose the people you live with? Or did you choose to live by yourself?
- Do you have a key to your home?
- Can you lock your bedroom if you want to?
- Can you be alone with friends or visitors at your home?

Informing HCBS Transition Plan with Data



Informing HCBS Transition Plan with Data

NCI

- People do certain activities in the community: shopping, religious practice, entertainment, vacations, meetings.
- Social capital within the community.
- Individual is employed in the community.



Additional NCI Indicators:

- Can you see your friends when you want to?
- Can you see and/or communicate with your family when you want to?
- How often did you go out for entertainment in the past month?
- How often did you go out to a restaurant or coffee shop in the past month?
- Do you participate in community groups or other activities in your community?

Continuous Quality Improvement & Monitoring

Moving the needle...



...supported with data.

Indiana's Statewide Transition Plan

**Analysis and Utilization
Of
NCI Data
Cathy Robinson, Director
Bureau of Developmental Disabilities Services**



Indiana's Initial Look at NCI Data to Demonstrate HCBS Compliance



Indiana's initial approach involved using the NCI data as a starting point for examining the landscape of information to establish compliance with the HCBS rule.

At the time of initial analysis, it appeared the data largely represented noncompliance issues from a number of our programs and services, and we ultimately felt it wasn't enough information/data to conclusively decide our state's next steps.

Indiana's Analysis of NCI Data

- DDRS utilized the NCI data as a starting point, and ultimately a road map, to identify the compliance status of the waiver programs.
- When Indiana measured this information against other program data collected, the need for further information and review was determined.
- Indiana also confirmed that NCI data was not inclusive of all HCBS requirements during the initial analysis period in **2014**; more data was needed for documentation of settings compliance
- A more in depth analysis is being conducted via the Individual Experience Survey (IES) data. Upon review and analysis of IES data, Indiana will then determine compliance with the specific HCBS Settings requirements.
- For these reasons, **for purposes of measuring compliance with the settings rule**, the NCI data will not be used moving forward
- **However, it will be accessed by Indiana for purposes of triangulating data as a way to validate ongoing compliance with the rule.**

HCBS Requirements Needing further Review, byond that available by **2013-2014** NCI Data

- Control of Personal Resources
- Ensures the individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS
- Allows full access to the greater community/Engaged in community life
- Freedom to furnish and decorate their unit
- Access to food at any time
- Setting is physically accessible to the individual A lease or other legally enforceable agreement to protect from eviction
- Privacy in their unit including entrances lockable by the individual

NCI Data Review

Indiana identified a number of areas or requirements where the information collected in the NCI data was lacking. There were areas Indiana determined adequate information was not contained in the NCI data to fully establish Indiana's HCBS compliance. Additionally, there were components that were not truly captured at the time, to reflect the settings requirements CMS is measuring.

Indiana's 90 Day Checklist and IES



90 DAY CHECKLIST

Indiana is currently redesigning its 90 Day Checklist to incorporate HCBS rule elements for ongoing compliance monitoring.

The modified checklists will serve as a data collection method for the state, a monitoring tool, and resource for case managers.

The checklists are also being redesigned to provide enhanced settings assessment and person centered approaches.

IES

The data derived from Indiana's Individual Experience Survey will be used to determine compliance of settings with assessment results analyzed by 4/01/16 and site specific assessment results submitted in an amended STP by 9/30/16.



In Summary

Indiana will use the NCI data going forward as ‘background information’ or as accompanying, relevant data that could potentially be cross-referenced, or where we feel we might need to validate elements of our other data collection efforts (our Individual Experience Survey, or our 90 day checklists for ongoing compliance assessment).



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NCI and HCBS: State Level Monitoring of Compliance and Systemic Quality Monitoring

www.nationalcoreindicators.org



New HCBS Service Setting Requirements Align with NCI Domains

NCI is a Person-Centered Tool that Provides Information on:

- Individual characteristics of people receiving services
- Locations where people live
- Activities they engage in during the day including whether they work
- The nature of their experiences with the supports that they receive (e.g., with case managers, ability to make choices, self-direction)
- Context of their lives – friends, community involvement, safety
- Health and well-being, access to healthcare



HCBS Requirements

- Privacy and rights
- Community integration
- Relationships
- Choice
- Integrated work
- Control personal resources
- Person centered service plan
- Individual's experience is key!

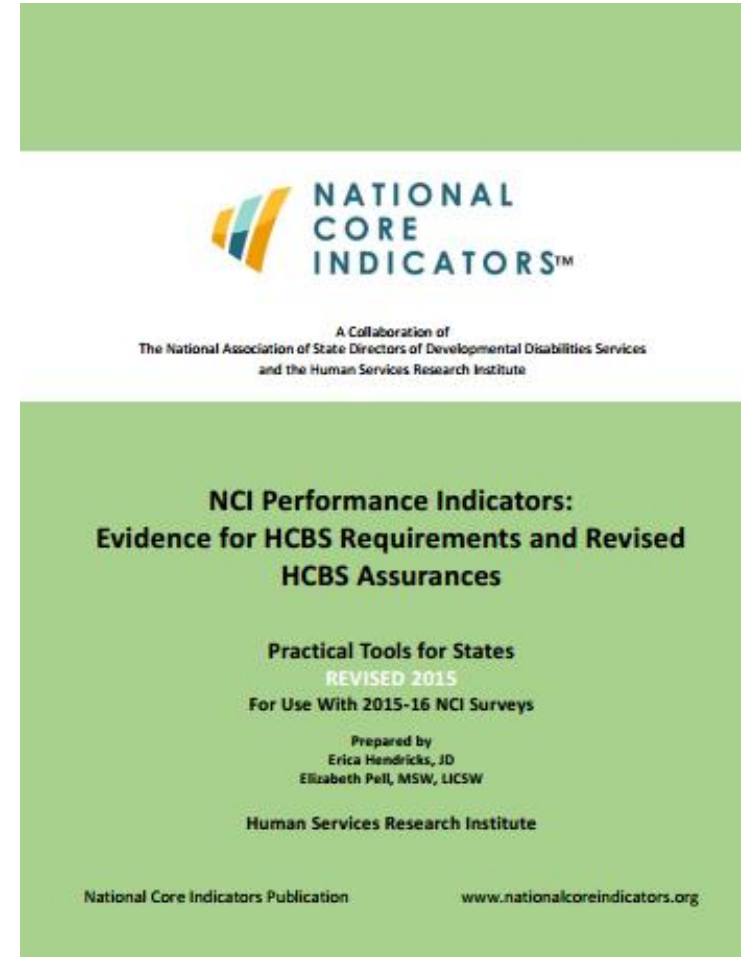
NCI Domains

- Privacy and rights
- Community integration
- Relationships
- Choice
- Integrated work
- Self direction and control of personal funds
- Adult Consumer Survey conveys experiences of state's service population from the Individual's perspective!



“NCI-HCBS Crosswalk”

- [NCI Performance Indicators: Evidence for HCBS Requirements and Revised HCBS Assurances](#)
- References NCI indicators useful for systemic assessment of HCBS Requirements & Waiver Assurances



What's in the Crosswalk?

- HCBS Requirements and NCI Data
 - Organized by HCBS Requirements
 - Revised Crosswalk has survey question numbers for reference
 - Quick View Tables
- Revised HCBS Assurances and NCI Data



NCI-HCBS Crosswalk Example

HCBS Requirement	Assessment of NCI's Utility	NCI Survey & Question	NCI Data Element
<p>Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources</p>	<p><i>NCI data are useful for demonstrating systemic compliance.</i></p>	<p>ACS, Background Information BI-39</p>	<p>Paid individual job in a community – based setting. (If yes):</p> <ul style="list-style-type: none"> • Number of hours worked or spent at this activity in a typical two week period • Is this job done primarily by a group of people with disabilities? • Etc.



NCI-HCBS Crosswalk Example

HCBS Requirement	Assessment of NCI's Utility	NCI Survey & Question	NCI Data Element
Optimizes autonomy and independence in making life choices	<i>NCI data are useful for demonstrating systemic compliance.</i>	ACS, Choices Q.51	Who chose (or picked) the place where you live?

NCI-HCBS Crosswalk Example

HCBS Requirement	Assessment of NCI's Utility	NCI Survey & Question	NCI Data Element
[Person-centered service plan] Includes people chosen by the individual	<i>NCI data are useful for demonstrating systemic compliance.</i>	ACS, Satisfaction with Services/ Supports Q.34	Did the service planning meeting include the people you wanted to be there?



National Core Indicators – Moving Forward in Partnership with States

- Housing
- Relationships
- Well being
- Choice
- Rights and Respect
- Education & Work
- Full integration!



Image Source:
<http://www.coe.int/t/dg3/disability/>

Updates for 2015-16

- Survey updated for 2015-16 data collection cycle
- New questions relate to HCBS requirements
- Incorporates feedback from states



Resources

1. CMS' HCBS website: HCBS Final Regulations, Fact Sheets, webinars, Transition Plan Compliance toolkit, & Statewide Transition Plans & CMIA letters: <http://www.medicaid.gov/HCBS>
2. CMS mailbox for ongoing Q&A & comments: chbs@cms.hhs.gov
3. National Core Indicators website:
www.nationalcoreindicators.org
4. HCBS Advocacy website, <http://hcbsadvocacy.org/>





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Questions?

Please Post your questions within the Chat Box on
Your Screen

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Thank You For Participating

This webinar will be posted on the www.nasddds.org website

Future Webinars include:

Sarah Taub NCI Webinar Series:

**National Core Indicators and Autism Spectrum Disorder: Putting the
Data in Context**

March 10, 2016

2:00PM Eastern Time

NASDDDS

National Association of State Directors of Developmental Disabilities Services
