2022 NCI®-IDD ANNUAL MEETING

NCI·IDD NATIONAL CORE INDICATORS *PEOPLE DRIVEN DATA*

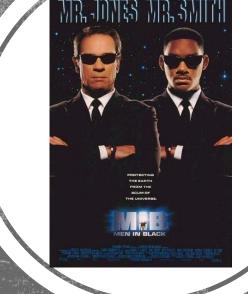August 3-4, 2022

Baltimore, MD

WELCOME!

The world in 1997, the year NCI was created....

Titanic, The Lost World: Jurassic Park, and Men in Black were the three biggest films of 1997

ONE SLIDE CHALLENGE
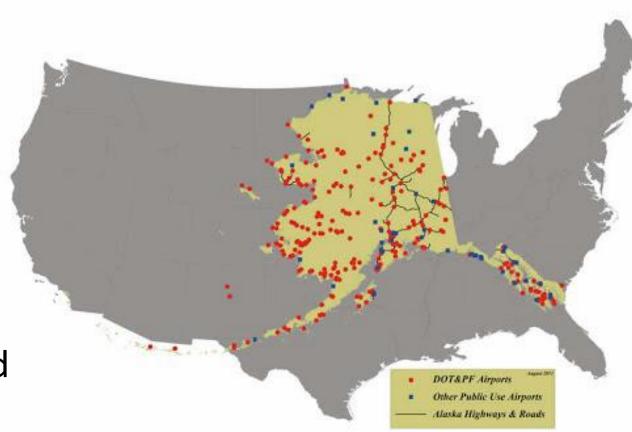
Princess Diana died on August 31, 1997

Alaska

NCI-IDD, Adult and Child Family Surveys and Staff Stability data uses:

- Statewide program evaluation

- Stakeholder presentations

- Trends for staff stability

- Interest in care coordination, employment, isolation data by subpopulations

- Continued outreach to agencies and families on NCI awareness

- Planning future NCI survey cycles

NCI in CALIFORNIA

Using NCI Data

• Engaging stakeholder groups to determine how to focus efforts on improving outcomes for Californians.

• Implementing a quality incentive program that utilizes some NCI indicators as benchmarks.

2022 Staff Stability Survey

• Implemented the Staff Stability Survey to address employment and workforce issues.
• Sent out 6,000+ invites and received over 2,000 completed surveys within a 6-week survey window

New Changes

• Increasing frequency of NCI survey cycles.
• Family Surveys and In-Person Surveys are done every other year

Counts

• Mailed over 40,400 surveys and received over 9,400 completed surveys so far for the AFS
• Mailed over 40,000 surveys and received over 5,500 completed surveys so far for the CFS
• Mailed over 26,500 surveys and received over 4,700 completed surveys so far for the FGS

Plan to Use NCI Data

- Integration & comparison with other data sources
- Longitudinal & trend analyses & data dashboards
- Racial/ethnic proportional sampling within districts
- Identify disparities in services/outcomes, including geographic location

Using NCI through Pandemic

- Inform expansion of remote services and supports
- Examine impact of COVID on indicators of well-being and engagement

NCI Expansion

- Adult IPS
- Family Surveys (AGS, AFS, CFS)
- Staff Stability
  - Informed IDD Training/Open Futures Learning for providers

Increase Outcomes for Individuals

Bureau of Developmental Disabilities Services

Kentucky

- Quality improvement committee reviews the data, makes recommendations for improvement, including who is responsible (providers, state agency, or UCEDD), and provide resources for fulfilling the recommendations, and references of which NCI questions are included in the in determining the recommendations.

- Regulations that providers are to review the NCI data and use it for their quality improvement plans.

- Reviewing data to identify any differences among racial/ethnic groups.

- Increasingly incorporating NCI-IDD data in other HDI projects, grant proposals, and state-level evaluations.

- MO DDD is partnering with UMKC-IHD UCEDD to collect feedback from stakeholders on how the service system supports and/or hinders diversity.
  - Data will be utilized to enhance services and supports to promote equity among those of all races, cultures, gender identities, sexual orientations, disability identities, etc.
  - This will be a two-year project:
    - <u>Year One</u>: A series of focus groups will be held to hear from stakeholders about their diversity experiences within the I/DD service system.
    - <u>Year Two</u>: Development of a Talking Points Video Series on diversity. The goal will be to educate individuals on the aforementioned areas, explain how DDD supports and values diversity, and to promote equity for all.

NCI-IDD Staff Stability Survey

- Investigated factors that influence tenure of direct support professionals

- Analyzed results by OPWDD Developmental Disabilities Regional Office Regions

- Used Tableau Dashboard for regression analyses

NCI-IDD In-Person Survey

- Carried out successful remote survey cycle

- Sampled by program (Care Coordination Organization and Partners Health Plan)

- Implemented survey items assessing cultural and linguistic competence of Care Managers

Hirah.X.Mir@opwdd.ny.gov
Olivia.G.Popiel@opwdd.ny.gov

Albany Cityscape 06

One-Slide Challenge-Ohio

Ohio | Department of Developmental Disabilities

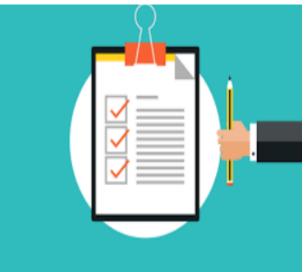## DODD Direct Service Professional (DSP) Compensation Survey

- Specific to agencies who provide homemaker/personal care services
- Ohio collaborates with HSRI for survey technology expertise

Why DSP Compensation Survey?
- To understand DSP compensation, benefits and DSP workforce issues in the state of Ohio
- Crucial for FY 24-25 DD budget request

Other Information
- Survey goes out to around 1400 agencies
- Approximately 25 questions
- Able to calculate statewide DSP compensation, benefits, turn over rates, vacancy rates and monitor trends over time
- Data quality checks built into the survey tool itself
- Agency specific Tableau dashboards to identify data issues and validate responses
- Reports shared through DODD website

OREGON National Core Indicators "One Slide Challenge"

1. How is Oregon using NCI Data?

- Results embedded into Oregon I/DD Strategic Plan

- Contracted w/ UCEDD (Oregon Heath Science University) to develop annual Direct Support Professional Workforce Stability Report

2. NCI data & Service Equity

- Oversampling populations in our Adult In-person Sample

- Expand translated documents

Oregon Department of Human Services
INTELLECTUAL/DEVELOPMENTAL DISABILITIES

NCI One Slide Challenge – Pennsylvania (PA)

In your state, are there any efforts underway or planned to address racial/ethnic disparities (in outcomes, access, service utilization, etc.) using NCI-IDD data?

PA Office of Developmental Programs **Information Sharing & Advisory Committee** *(ISAC)*

ISAC Rec #4 PM

• % of family members, <u>overall and by race,</u> reporting the Supports Coordinator tells them about other public services for which their family is eligible (food assistance, SSI, housing subsidies, etc.). - *NCI PA Adult Family Survey*

ISAC Rec #5 PM

• % of individuals, <u>overall and by race</u>, who are underweight, normal weight, overweight, and obese. - *NCI PA In-Person Survey)*

• % of individuals, <u>overall and by race</u>, with medical, dental, and eye exams in the past year. - *NCI PA In-Person Survey*

ISAC Rec #6 PM

• # and % of people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders, <u>overall and by race.</u> - *NCI PA In-Person Survey*

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Tennessee Department of Developmental and Intellectual Disabilities(DIDD)

NCI Staff Stability Report Data Information- Tennessee State Report

In 2021 the Tennessee General Assembly passed the Fiscal Year 2022 State Budget. This budget includes an unprecedented amount of over $178M in additional funding to support those with Intellectual and Developmental Disabilities. This was a 25% increase in the hourly wage for Direct Support Professionals to bring the starting wage to $12.50 an hour.

The General Assembly then passed the Tennessee Fiscal Year 2023 State Budget for Direct Support Professionals within Intellectual and Developmental Disabilities Waiver with recurring funding to increase the hourly rate from $12.50 to $13.75 for direct support professionals for home and community-based waiver services in the Department of Intellectual and Developmental Disabilities (DIDD).

VIRGINIA: Utilizing the NCI-IDD Data

- The Partnership has an integral role in presenting NCI data at statewide and regional level Quality Improvement Councils and associated meetings
  - Most recently, presented trends in data between 2017 and 2021
- Use NCI data related examples for disability service provider training related to understanding the role data plays in service-related policies and changes
- Annual IPS infographic

- Working on COVID-19 supplement infographic

Virginia

Challenge Accepted: Wisconsin

1) Using NCI-IDD data concerning COVID-19

- Access to needed services and supports
- Community inclusion implications

2) NCI-IDD Staff Stability Survey

- ARPA funding and survey incentives
- Data will help assess turnover, tenure, wages, and benefits

3) Sampling strategy

- Current stratification is by program and target group
- Additional analysis and caveats of interpreting results
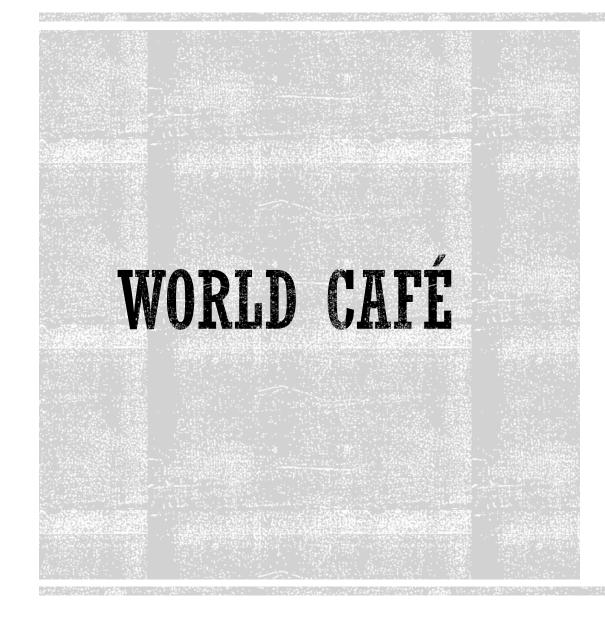
4) Progress of NCI-IDD in Wisconsin

- Remote interviewing implications
- Next steps

To protect and promote the health and safety of the people of Wisconsin

WORLD CAFÉ

- The Spice Girls' debut album, *Spice*, was the biggest selling album of 1997

WORLD CAFÉ

1. **Challenges encountered this past year and strategies (IPS/FS)**
2. **Getting data in front of people—strategies for dissemination**
3. **Background Information data Collection Strategies**
4. **Diversity, equity and inclusion**
5. **Virtual group**

NCI WEBSITE AND BRANDING ROLL OUT

- Virtual pets were among the most popular toys

NCI Branding and Websites

Laura Vegas, NCI Director for NASDDDS

Henan Li, HSRI

Branding

NCI as Umbrella

- NCI Branding applies to...
  - NCI-IDD
    - In-Person Survey
    - Family Surveys
  - NCI-AD
  - NCI State of the Workforce Survey
    - IDD
    - AD
- Different surveys, one identity

Goals (Branding Overhaul)

NCI LOGO DESIGN PROCESS

- Aim for a logo that has an easy to recognize icon, a smart design to go along with the organization's name, and that can be easily reproduced on ads, apparel, signage, printed and digital marketing materials, etc.
- Then colors, fonts, layouts, etc.

• ASSOCIATED LOGOS - DESIGN PROCESS:

- Create a secondary logo for NCI-IDD and the to be renamed Staff Stability Survey. These two logos will be unique but associated with the new NCI brand, fonts, colors and icon as a family of logos.

• BRAND GUIDELINES:

- A simple document outlining all aspects of the new logo, including complimentary colors, fonts, styles and rules to follow. To be used as a reference tool for the NCI team to help them on all items to be branded

Branding Overhaul Partner

SIX·HALF·DOZEN
DESIGN STUDIO

Six Half Dozen was created to bring a full spectrum of creativity to corporations and organizations that are looking for more than a production artist. Any goal can have a variety of solutions, what we bring to our clients is a more in-depth analysis of what it is they are looking to accomplish visually. We then work hard to find the most effective and efficient solution to deliver their message across print, video and web.

National Core Indicators

Stacked Logotype

PRIMARY LOGO

KNOCKED OUT LOGO

BLACK LOGO

GREEN LOGO

Horizontal Logotype

PRIMARY LOGO

KNOCKED OUT LOGO

BLACK LOGO

GREEN LOGO

National Core Indicators

Logo for Social Media Channels

Typography

PRIMARY FONT
GOTHAM

Aa

ABCDEFGHIJKLMNOPQRST
UVWXYZ abcdefghijklmnop
qrstuvwxyz 1234567890

Colors

PRIMARY COLOR PALETTE

Print
CMYK 45 11 25 0
PMS 5503 C

Print
CMYK 76 31 90 38
PMS 7483 C

Web
RGB 142 190 190
HEX #8ebebe

Web
RGB 49 98 52
HEX #316234

SECONDARY COLOR PALETTE

Print
CMYK 6 25 74 0

PMS 142 C

Print
CMYK 5 42 80 0

PMS 157 C

Print
CMYK 82 50 82 62

PMS 5605 C

Print
CMYK 62 25 89 7

PMS 370 C

Web
RGB 240 191 93
HEX #f0bf5d

Web
RGB 237 160 75
HEX #eda04b

Web
RGB 23 55 36
HEX #173724

Web
RGB 108 146 76
HEX #6c924c

Print
CMYK 29 2 22 0
PMS 573 C

Print
CMYK 6 11 57 0
PMS 1205 C

Print
CMYK 2 59 76 0
PMS 164 C

Print
CMYK 5 5 8 0
PMS 663 C

Web
RGB 181 217 203

HEX #b5d9cb

Web
RGB 242 218 134

HEX #f2da86

Web
RGB 239 132 78

HEX #ef844e

Web
RGB 240 236 229

HEX #f0ece5

New Logos

Primary Logo

Transformation

Websites

New NCI-IDD Website is Out!

- https://idd.nationalcoreindicators.org
- Screenshots of new website

The Why: Goals

01
Update Aesthetics

02
Improve User Experience

03
Position the Website for the Future

The Process

Phase 1: Discovery & Architecture

Phase 2: Design

Phase 3: Development

Live!

Timeline

Early Explorations, Fall 2020

RFP, Summer 2021

Discovery, Fall 2021

Design & Dev, Spring 2022

Launch, July 2022

The Homepage

- https://www.nationalcoreindicators.org

The Legacy Website

What will happen to the old content?

- Chart Generator will continue to work

- Old homepage will retire, www will be redirected to new landing page

- Old links will work until Dec 2022

Q&A

The final season of *Seinfeld* began to air in 1997

LUNCH

The Second Inauguration of President Bill Clinton took place on January 20, 1997

STATE OF THE WORKFORCE (STAFF STABILITY)

DISCUSSION AND STATE PRESENTATION
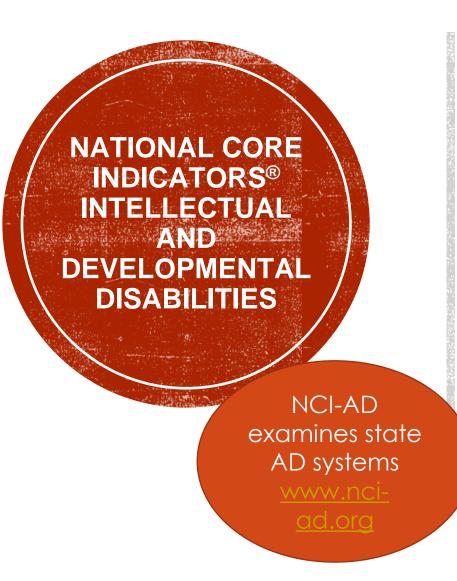
- An Overview of the Status of the Workforce Pre and post Pandemic based on NCI Staff Stability data

- Discussion of the themes in an NASDDDS/HSRI/UMN white paper: community supports in crisis – no staff no services

WHAT WILL WE COVER?

NATIONAL CORE INDICATORS® INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

NCI-AD examines state AD systems
www.nci-ad.org

NASDDDS, HSRI & State DD Directors

- Multi-state collaboration of state DD agencies
- Launched in 1997 in 13 participating states – now in 48 states (and DC)

Goal: Measure performance of public systems for people with intellectual and developmental disabilities

- Looking at scope of DSP crisis helps address this goal

www.nationalcoreindicators.org

2020 NCI-IDD Staff Stability Survey Report

shorturl.at/fouEF

STAFF STABILITY 2020 BASICS
RESPONDENTS=PROVIDER AGENCIES

26 States + DC

Alabama (AL)	Indiana (IN)	Pennsylvania (PA)
Arizona (AZ)	Louisiana (LA)	Rhode Island (RI)
Colorado (CO)	Maryland (MD)	South Carolina (SC)
Connecticut (CT)	Missouri (MO)	South Dakota (SD)
Washington DC (DC)	North Carolina (NC)	Tennessee (TN)
Delaware (DE)	Nebraska (NE)	Texas (TX)
Georgia (GA)	New Jersey (NJ)	Utah (UT)
Hawaii (HI)	New York (NY)	Virginia (VA)
Illinois (IL)	Oregon (OR)	Wyoming (WY)

Total eligible providers: 6730

valid responses: 2987

Response rate 44.4%

NOTE: NCI Average is weighted
NOTE: COVID-19 complicated data collection 2020

Survey is completed by provider agencies

PROVIDER CHARACTERISTICS
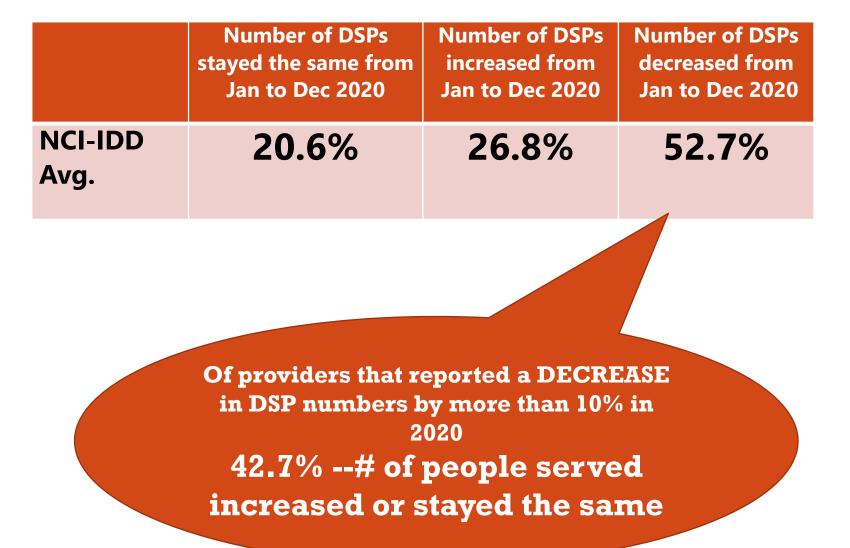
How many DSPs providing support for adults with IDD were on your payroll as of Dec 31, 2020?

About 52% of responding providers employ fewer than 40 DSPs

	1-20 DSP	21-40 DSP	41-60 DSP	61+ DSP
NCI-IDD avg	**35.8%**	**16.4%**	**9.1%**	**38.7%**

PERCENTAGE OF AGENCIES THAT REPORTED **CHANGES IN NUMBER OF DSPS ON PAYROLL** FROM JAN. 1, 2020, TO DEC. 31, 2020

	Number of DSPs stayed the same from Jan to Dec 2020	**Number of DSPs increased from Jan to Dec 2020**	**Number of DSPs decreased from Jan to Dec 2020**
NCI-IDD Avg.	**20.6%**	**26.8%**	**52.7%**

Of providers that reported a DECREASE in DSP numbers by more than 10% in 2020
42.7% --# of people served increased or stayed the same

DSP DEMOGRAPHICS

	Male	Female	Non-conforming	Don't Know
NCI-IDD Avg.	23.5%	71.3%	0.1%	5.0%

	American Indian or Alaska Native	Asian	Black or African American	Pacific Islander	White	Hispanic/ Latino	More than one race/ethnicity	Other	Don't know
NCI-IDD Avg.	0.8%	1.9% US 5.9%*	37.3% US 13.4%*	1.0%	38.0% US 76.3%*	5.6% US 18.5%*	1.4%	0.8%	13.1%

* https://www.census.gov/quickfacts/fact/table/US/PST045221

NOW WE UNDERSTAND THE PROVIDER LANDSCAPE......

Let's look at indicators of stability and quality

NCI-IDD Turnover rate: 43.6%

Across states, the turnover rate for DSPs in 2019 ranged from **26.7%** to **79.5%**;

8 states reported >50% turnover rate.

TENURE

30% had been employed 12 mos. or less

- Among DSPs who were employed as of Dec. 31, 2020

48% had been employed 12 mos. or less

- Among DSPs who separated from employment in 2020

VACANCY RATES

Vacancy rates for full-time positions
- **12.3%**

Vacancy rates for part-time positions
- **16.4%**

These are **point-in-time** vacancy rates, not averages across the year.

NOW LET'S LOOK AT THE ROOT OF THE PROBLEM

WAGES

- Across all service types, responding agencies paid a median hourly wage of
  - $13.36

- Median hourly wages by service type:
  - DSPs providing residential supports
    - $13.14
  - DSPs providing in-home supports
    - $13.19
  - DSPs providing non-residential supports
    - $13.75

BENEFITS

80.4% →**paid time off** to DSPs

71.3% →**health insurance** to some or all DSPs

- Only 55% of DSPs eligible for health insurance actually enrolled in agency health insurance options.

Average number of FLS employed by agencies as of Dec. 31, 2020

- 10.6

Average DSP to FLS ratio:
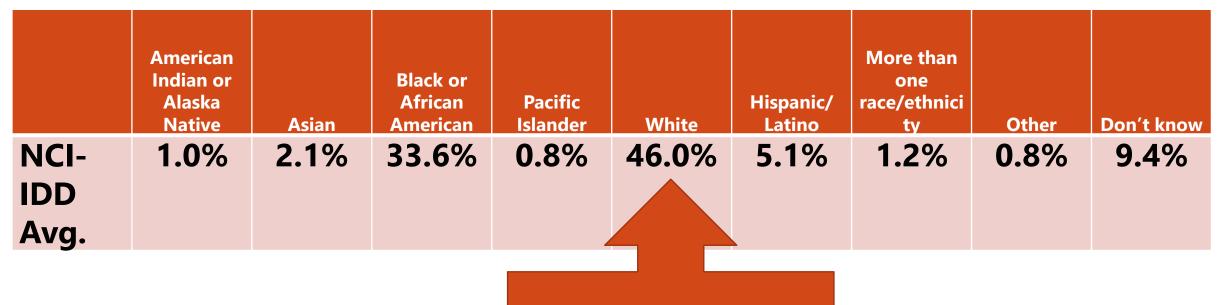
- 11 DSPs to 1 FLS
- *10 DSPs to 1 FLS best practice based on research*

FRONTLINE SUPERVISORS (FLS)

The first line of management in human service organizations. These are staff who supervise DSPs working with adults with IDD

FRONT-LINE SUPERVISOR DEMOGRAPHICS

	American Indian or Alaska Native	Asian	Black or African American	Pacific Islander	White	Hispanic/ Latino	More than one race/ethnicity	Other	Don't know
NCI-IDD Avg.	1.0%	2.1%	33.6%	0.8%	46.0%	5.1%	1.2%	0.8%	9.4%

DSPs who are White make up 38% of the DSP workforce, and 46% of the FLS workforce

ACROSS THE 22 STATES THAT INCLUDED THE COVID-19 SUPPLEMENT, RESPONDENTS REPORTED THE FOLLOWING ABOUT THEIR PANDEMIC EXPERIENCE......

To retain DSPs during the pandemic…

33% of agencies reported closing locations/sites

15% reported paying family members to serve as support providers during the pandemic

47% reported stopping the delivery of some supports either temporarily or permanently

38% reported implementing at least one wage bonus for all DSPs

26% reported implementing temporary wage increases for all DSPs

25% reported no wage bonuses or wage increases were implemented

State Initiatives to Respond to the Workforce Crisis

ACTIONS ON DSP WAGES AND INCENTIVES IN AMERICAN RESCUE PLAN ACT (ARPA)

- 44 of 49 states included provider payment enhancements in their initial spending ARPA plans including:
  - Increased compensation
  - Workforce development strategies

- Wage increases
  - Bonus payments for recruitment and retention

- Additional innovations
  - Student loan forgiveness
  - Rate methodology changes to include DSP transportation payments
  - Childcare stipends
  - Scholarships and reimbursement rate enhancements with requirement for DSP wage increase for DSP advanced education

- Value Based Payments
  - Training completion

WHAT ARE THE LARGER TRENDS THAT HAVE CONTRIBUTED TO THE WORKFORCE CRISIS?

WORKFORCE WHITE PAPER PREPARED BY HSRI, NASDDDS AND UMN

Community Supports in Crisis:
No Staff, No Services

HOW DID WE GET HERE?

Growing demand for services due to the growth and aging of the U.S. population

Increased survival rates for people with ID/DD and more people with serious challenges living in the community

Fewer people moving into the DSP workforce

Low wages, poor access to health insurance and lack of paid time off (PTO) and other benefits

The high stress and demands of direct support employment

Insufficient training and preparation for DSP roles

Lack of professional recognition and status for skilled DSPs

LACK OF RECOGNITION OF DSP ROLE

- The Bureau of Labor Statistics does not have an occupational category for DSPs

- DSPs are subsumed under three primary Standard Occupational Classifications: (1) Personal Care Assistant (PCA), (2) Home Health Aide (HHA), and (3) Nursing Assistant (NA)

- While some DSPs do provide health-related functions, they need to master a broader array of competencies, including facilitating community inclusion, supporting choice-making, supporting employment, and teaching life skills

- Because of the lack of a Standard Occupational Classification for DSPs, it is difficult to identify DSPs in the BLS data. There is no data collection at the federal level, and no consistent data collection at the state level

- Estimates must be made even about basic things such as the size of the workforce, and it is difficult to collect or track dependable data on their work conditions and outcomes

BOTTOM LINE

- Create an occupational category at the Department of Labor (DOL) that encompasses the work of DSPs.
- Ensure that the DSP workforce is recognized as a distinct cohort within the overall caregiving and direct support workforce.
- Pass federal legislation to increase wages and access to affordable benefits, institutionalize training and credentialing programs, and recognize the direct support workforce.
- Work with states to ensure that any additional funding for HCBS services and supports goes to enhance the status of DSPs
- Make changes to IDD rate structures to accommodate the increased costs of enhanced wages
- Include training and credentialing as part of any value-based purchasing scheme
- Continue to monitor the impact of the DSP crisis on the health and well-being of people with IDD and their families
- Simplify self-direction to increase the number of participants who take advantage of the option to direct their own staff

BOTTOM LINE

- Explore Employee Resource Networks (e.g., Schenectady Arc), Employee Assistance Programs
- Pay family, neighbors and friends
- Explore recruiting people with disabilities to provide some supports
- Improve ratio of supervisors to DSPs
- Increase remote support
- Develop worker collectives
- Include DSP voices in agency management
- Create on-line match systems that connect people with IDD and potential support staff

FINALLY . . . .

- Here is the link to the workforce white paper
  if you don't have a QR Code reader --
  https://www.nationalcoreindicators.org/upload/aidd/community-supports-in-crisis.pdf

- For more information contact:
  - Dorothy Hiersteiner: dhiersteiner@hsri.org
  - Valerie Bradley: vbradley@hsri.org

MO STATE OF THE WORKFORCE

PLACEHOLDER

NCI Staff Stability Survey in MO

2022 NCI Annual Meeting

Caitlin Bartley, MSW

NCI Project Coordinator

MO DD Quality Programs Unit

www.dmh.mo.gov/dd   MISSOURI DEPARTMENT OF MENTAL HEALTH

MO's Participation

- Missouri has participated in the Staff Stability Survey since 2015.
- Around 430 agencies are invited to participate each year.
- While participation is voluntary, the data is important for:
  - Understanding characteristics of the DSP workforce (including the impact of COVID-19).
  - Supporting performance measures in the Division's budget.
  - Creating and supporting initiatives that promote training and retention of DSPs.

MISSOURI DIVISION OF
DEVELOPMENTAL DISABILITIES

- 1-2 weeks before the Staff Stability Survey portal opens, an email is sent to all eligible providers.
  - Explains what the Staff Stability Survey is, why it is important, and how the Division utilizes the data.
  - Provides details about the survey (who the survey will come from, how to complete it, etc.).
  - Presents the survey as an exciting opportunity to provide feedback to the Division!

Once the Portal Opens...

- Invites are sent through the portal to the pre-loaded addresses.
- An email is also sent to Division process leads and provider organizations, asking them to encourage providers to participate.
- After the initial invites/messages are sent, numbers are tracked and reminders are sent monthly.
  - A dashboard is disseminated to show how the data may be used.
  - A tracker is also shared to demonstrate progress in a fun way!

Safety & Security:
A Glance into the MO DSP Workforce
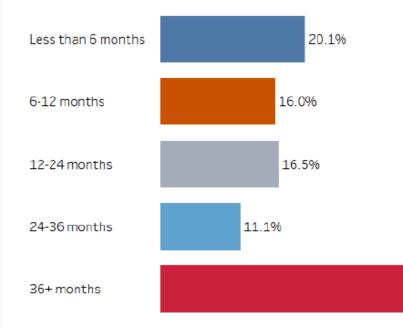
The Direct Support Professional (DSP) shortage can have a negative impact on the safety and security of individuals with intellectual and developmental disabilities. Hourly wages, tenure, and vacancy and turnover rates can help the Division understand the factors that influence this shortage. The Division collects this type of data through the NCI Staff Stability Survey, which is completed by providers of DSP services.

Data shown here is from the 2019 Staff Stability Survey. In MO, 234 provider agencies responded to the survey. These agencies employed over 17,000 DSPs statewide.

To continue to understand how DSPs and individuals receiving services are impacted by the shortage, more surveys are needed! The 2020 Staff Stability Survey is open until July 31st. To participate, check your inbox for a survey invite or contact Caitlin Bartley, NCI Project Coordinator (caitlin.bartley@dmh.mo.gov).

Average DSP Hourly Wage

$11.67

State Minimum Wage

$9.45

DSP Tenure in MO

Tenure	Percentage
Less than 6 months	20.1%
6-12 months	16.0%
12-24 months	16.5%
24-36 months	11.1%
36+ months	36.2%

Full-Time Vacancy Rate

HELP WANTED

6.9%

Turnover Rate
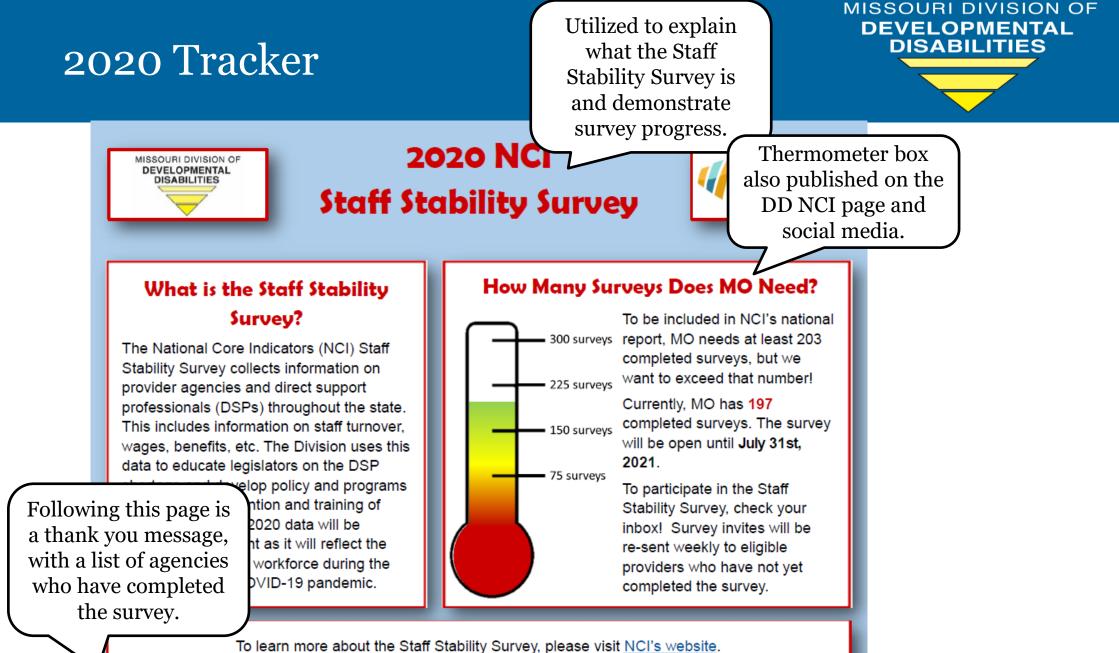
50.1%

Full-Time Vacancy Rate: (vacant positions at the agency as of Dec. 31, 2019) divided by (total number of full-time or part-time direct support positions at the agency as of Dec. 31, 2019).
Turnover: (total separated DSPs in past year) divided by (total direct support staff as of December 31, 2019).

DIVISION OF DEVELOPMENTAL DISABILITIES

MISSOURI DIVISION OF **DEVELOPMENTAL DISABILITIES**

Utilized to explain what the Staff Stability Survey is and demonstrate survey progress.

Thermometer box also published on the DD NCI page and social media.

Following this page is a thank you message, with a list of agencies who have completed the survey.

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

2020 NCI Staff Stability Survey

What is the Staff Stability Survey?

The National Core Indicators (NCI) Staff Stability Survey collects information on provider agencies and direct support professionals (DSPs) throughout the state. This includes information on staff turnover, wages, benefits, etc. The Division uses this data to educate legislators on the DSP [...] develop policy and programs [...] ntion and training of [...] 2020 data will be [...] t as it will reflect the [...] workforce during the [...] OVID-19 pandemic.

How Many Surveys Does MO Need?

300 surveys
225 surveys
150 surveys
75 surveys

To be included in NCI's national report, MO needs at least 203 completed surveys, but we want to exceed that number!

Currently, MO has **197** completed surveys. The survey will be open until **July 31st, 2021**.

To participate in the Staff Stability Survey, check your inbox! Survey invites will be re-sent weekly to eligible providers who have not yet completed the survey.

To learn more about the Staff Stability Survey, please visit NCI's website.
If you have questions about the Staff Stability Survey, please email caitlin.bartley@dmh.mo.gov.

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NCI Staff Stability Survey & the Impact of COVID-19

The Direct Support Professional (DSP) workforce plays a vital role in supporting individuals with I/DD. The Division utilizes the NCI Staff Stability Survey (SSS) to collect data on DSP statistics, like wages, turnover, and vacancy rates. These metrics help the Division identify and understand the factors that influence service delivery, which helps to inform legislative and fiscal initiatives and assist with the development of benchmarks.

This data compares results from the 2019 and 2020 SSSs. By looking at data from both years, we can gauge the impact of the COVID-19 pandemic on the DSP workforce. Also listed are pandimic-related changes that providers put into place in 2020.

To understand the DSP shortage and the continuing impact of the pandemic, we need providers of residential, in-home, and non-residential supports to participate in the 2021 SSS! The survey should open in early March. Please watch your inbox for an invite!

Full-Time Vacancy Rate	Turnover Rate
2019	2019
6.9%	50.1%

Average Hourly Wage & MO Minimum Wage

Pandemic-Related Changes put in Place in 2020 by Provider Agencies	
Altered the delivery of certain 'non-residential' supports & stopped providing other 'non-residential' supports	62.4%
Closed locations/ sites	27.9%
Limited the number of DSPs rotating into a location by increasing the hours per shift	38.4%
Began live-in services	8.2%
Altered how some supports were delivered	44.7%
Stopped delivering some supports temporarily or permanently	44.3%
Limited the number of sites/locations/ addresses at which a DSP could work	41.6%
Opened temporary respite locations	6.4%
Required that DSPs not work for more than one agency	5.9%
Tracked DSPs who were working for more than one agency	10.0%
Paid family members as caregivers during the emergency	10.0%
Other	16.9%

To learn more about the NCI Staff Stability Survey, please visit the NCI website or contact Caitlin Bartley, MO NCI Project Coordinator (caitlin.bartley@dmh.mo.gov).

MISSOURI DIVISION OF
DEVELOPMENTAL DISABILITIES

2021 NCI
Staff Stability Survey

75% of Goal...

What is the Staff Stability Survey?

The National Core Indicators (NCI) Staff Stability Survey collects information from providers of residential, in-home, and non-residential (day program, community [em]ployment services) supports. [...]s about staff characteristics, [tur]nover, wages, benefits, etc. [...]es this data to identify and [...]actors that influence service [...]lps to inform legislative and [...]and assist with the [...] benchmarks. The data also helps to gauge the impact of the COVID-19 pandemic on the DSP workforce.

How Many Surveys are Needed?

To be a part of NCI's national report, MO needs at least 203 completed surveys. However, the more surveys completed, the more the data will represent MO's DSP workforce. For that reason, this year's goal is **300 surveys**.

MO currently has **227** completed surveys. **The survey deadline has been extended to July 31, 2022.** To participate, check your inbox! Eligible providers were emailed a survey invite in March. If you did not receive an invite, please email Caitlin Bartley, NCI Project Coordinator, caitlin.bartley@dmh.mo.gov.

> The loading bar and the "How Many Surveys are Needed?" box are published on the DD NCI page and social media.

> Following this page is a thank you message, with a list of agencies who have completed the survey.

The Final Month of Surveying…

- In a typical cycle, weekly reminders/invites begin in June.

- In the final 2 weeks, reminders/invites are sent two times per week. Scheduled social media posts also increase in frequency.

- In the final week, invites in the portal are re-sent daily.

- After the deadline, a final tracker is distributed with the final number of completed surveys as a thank you to all who participated.

Data Analysis

- In addition to NCI's analysis, MO also conducts analyses via Tableau.
  - Each year, a statement is included on the survey that data will be reported to MO DMH. This allows the Division to complete analyses on the regional and provider levels, as needed.
  - Tableau allows for easy analysis of raw data and creation of attractive, user-friendly dashboards.
  - Tableau dashboards facilitate data reporting and stakeholder education.
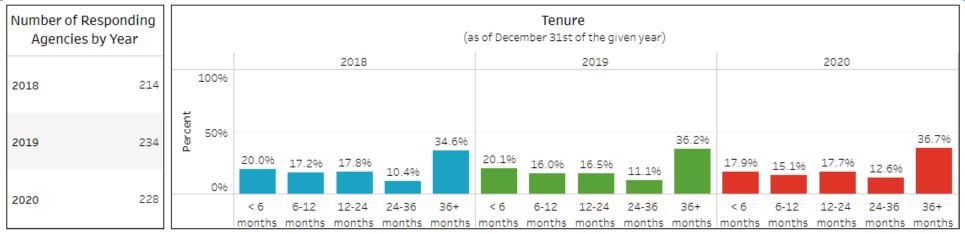
- Data can be used to:
  - Understand the characteristics and needs of the DSP workforce.
  - Develop policies/initiatives to promote DSP retention and training.
  - Educate legislators on the DSP shortage.
  - Understand the impact of COVID-19 on the DSP workforce.
- Tenure and turnover data is reported in the Division's budget.
- Stakeholder Education:
  - MOQO & You Reports
  - Missouri Quality Outcomes Talking Points Series
  - DMH Public Dashboard
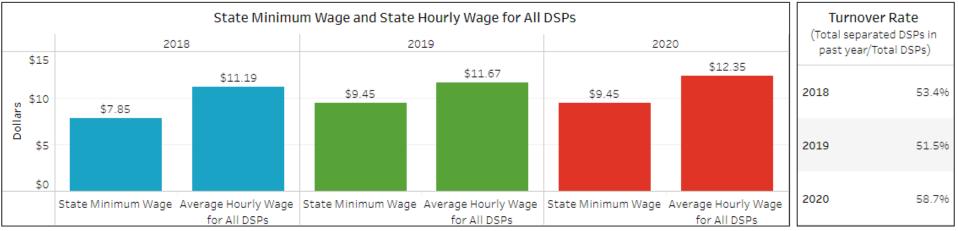
An example of a data from our [DMH Public Dashboard](#)

Looking Ahead: Value-Based Payments

- Starting in January 2023, the Division is implementing Value-Based Payments (VBP), with the following goals:
  - Improve individual outcomes.
  - Reward providers who facilitate quality outcomes.
  - Support great public stewards.
- As part of the second goal, the Staff Stability Survey has been incorporated into VBP!

- Providers will receive $2,000 for completing the Staff Stability Survey.
  - To receive the incentive, providers must complete the survey by April 30th.
  - Payment will require agencies to enter information pertaining to staff tenure, retention, turnover and vacancy within the survey.
  - The goal is to boost Staff Stability response rates, which will provide more thorough data on MO's DSP workforce!
  - FY23 is the first year for the incentive, but the plan is to continue the incentive going forward.

Missouri Talent Pathways (MO-TaP) is a registered apprenticeship program designed in response to the DSP workforce crisis.

- Blends on-the-job instruction with technical training to access an expanded talent pool and standardize quality training.
- A first-of-its-kind, state-level strategy to developing Certified Direct Support Professionals!

More on MO-TaP

- MO-TaP objectives:
  - Stabilize and structure the DSP workforce.
  - Scale national best practices.
  - Mitigate risk.
  - Increase waiver recipient outcomes.
  - Streamline public health expenditures.
- This program will also be incentivized through VBP.
- State-specific questions may be added to the Staff Stability Survey to collect apprenticeship data.

MISSOURI DIVISION OF
DEVELOPMENTAL DISABILITIES

⊙ We have received feedback from providers on uncertainties about what we are asking for and the time it takes to complete the survey.

- In response to this feedback, we will create a demo video on how to complete the survey.
- The goals are to increase understanding of what data the survey requires and support providers to participate!

Questions?

Please feel free to reach out!
caitlin.bartley@dmh.mo.gov

NCI-IDD AND COVID 19

Dolly the Cloned Sheep was announced in 1997.

COVID in the Community

The Impact of the Pandemic on Individuals with Intellectual and Developmental Disabilities and their Communities of Support

Background

In response to the COVID-19 pandemic, NCI-IDD added state-optional COVID-19 supplements to NCI-IDD surveys.

The supplements shed light on the experience of people with disabilities and their families at the beginning of the pandemic, and their interactions with services during that time.

NCI IDD

Key Findings

43% made decisions **on their own** about changes in their daily schedule

65% saw friends or family (non-co-habitants) less often
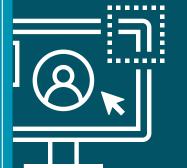
37% reported feeling worried or anxious than before COVID-19

- **99% reported there was always or sometimes a mask available when needed**
- **85% noted that their staff and caregivers regularly used PPE**

People with Intellectual and Developmental Disabilities

28% enjoyed using technology more often

- 57% spoke with case managers/service coordinators via videoconference
- 51% spoke with health professionals using telehealth services
- 36% participated in online social groups
- 20% joined exercise programs online

© 2022

Learn more | **nationalcoreindicators.org**

NCI IDD

Comparing 2020 and 2018 results

2020-21		2018-19
↗ 18%	Uses self-direction option	21%
↙ 15%	Has a paid community job	19%
↗ 50%	Wants a job	44%
↙ 72%	Does things as much as they want in the community	77%
↙ 59%	Community Inclusion Scale	85%
↗ 92%	Staff have the right training to meet their needs	89%

Comparing 2020 and 2018 results

2020-21				2018-19		
AFS	**CFS**	**FGS**		**AFS**	**CFS**	**FGS**
51%	**62%**	**--**	**Crisis or emergency were services provided when needed in past year**	**53%**	**45%**	**--**
75%	**53%**	**56%**	**Family gets needed supports and services**	**78%**	**69%**	**93%**
24%	**32%**	**--**	**Always able to get and use respite services when needed**	**33%**	**39%**	**--**
18%	**26%**	**34%**	**In the past year, services or supports were reduced, suspended, or terminated**	**13%**	**18%**	**9%**

Key Findings

18% of responding state agencies put direct support professionals (DSPs) on furlough at some point during 2020

53% reduced DSPs on payroll during 2020

40% reported a **decrease in adults with IDD** enrolled or approved for services in 2020

- Only 86% of provider agencies required DSPs to wear masks / PPE
- More than 40% of responding agencies reported **not having** consistent supplies of PPE for DSPs and people receiving services
- 40% sought or requested donations of homemade PPE

1:3 of responding state agencies closed sites in response to COVID-19

- 47% stopped delivery of some supports temporarily or permanently
- 15% reported paying family members to serve as support providers

Staff Stability Survey

NCI IDD

Comparing 2020 and 2018 results

2020		2019
↗ 43.6%	**Turnover**	**42.8%**
↙ 12.3%	**Full-time vacancy rate**	8.5%
↗ 16.4%	**Part-time vacancy rate**	**11.2%**

What is happening at state-level since COVID-19?

Continued challenges:

- Many states have lost providers since COVID-19 – either because they do not have the funding and/or lack of support staff
- Ensuring settings meet settings rules standards of choice, access, and privacy

Many providers have shifted to at least partially virtual or community support options

- This has some benefits for community inclusion, but can be limiting to some

Shift toward self-direction

- Many states expanded self-direction options and family support options during COVID-19
- Concerns about how to enforce/ensure HCBS compliance for people who are self-directing

Status of state plans:

- [Statewide Transition Plans | Medicaid](#)

American Rescue Plan Act (ARPA)

www.nasddds.org

Actions on DSP Wages and Incentives

- 44 of 49 states' initial spending plans included provider payment enhancements
  - Increased compensation
  - Workforce development strategies

- Wage increases
  - Bonus payments for recruitment and retention

- Additional innovations
  - Student loan forgiveness
  - Rate methodology changes to include DSP transportation payments
  - Childcare stipends
  - Scholarships and reimbursement rate enhancements with requirement for DSP wage increase for DSP advanced education

- Value Based Payments
  - Training completion

Illinois

- Implement DSP rate increase to be on pace with Statewide and metropolitan area minimum wage, leading to permanent funding

- Funds earmarked to support
  - DSP continuing education
  - Retention bonuses
  - Benefits

- Offer Community College Standard Courses for Mental Health DSW

- DSP Registry for Job Finding & Hiring

Massachusetts

- Stabilize DSW through time-limited service rate add-ons, with requirement for 90% to support DSP wages
- Investments for long-term improvement in:
  - DSW training, recruitment, and retention
  - Modernization of technology including home monitoring devices

New Hampshire

- Offer provider supplemental payments with percentage requirements to support DSP wage increases

- Expand DSW capacity through
    - Hiring and retention bonuses
    - Stipends for DSP advancement on the career ladder
    - Stipends for attaining competency through education and training

Ohio

- One-time Funds for DSP Wages
- Develop Centers for Excellence
  - Cross-program Case Manager and Provider Best Practice
  - Informal Caregiver Support Center
- DSP Support Connector Resources
  - Childcare
  - Transportation
  - Public Benefits Management or Application
  - Medical Services
- DSP Recruitment & Retention
  - Employer Resource Network Expansion
  - Online Training Resources and Live Help Sessions for HCBS Provider HR Directors & Managers
- Program for Caregiver Friendly Workplaces

Washington

- Pilot a statewide apprenticeship program for LPNs and Home Care Aides

- High school training program for DSW career
  - High school Tech Centers & tribal communities

- Develop toolkits
  - DSW navigation toolkit for high school guidance counselors
  - DSW supervisor toolkit on how to develop recognition programs and support Direct Support Professional (DSP) well being

- Community college direct recruitment for DSW pipeline

Additional Innovations

Arizona
- Require Health Plans to Employ a Dedicated DSW Recruiter

Connecticut:
- Contract with advertising agency to market the DSW career ladder

Minnesota
- Development of statewide navigators to help DSPs enter and stay in DSW
- Offer scholarships and student loan forgiveness
- New statute for provider cost reporting to assure rate increases reach DSW
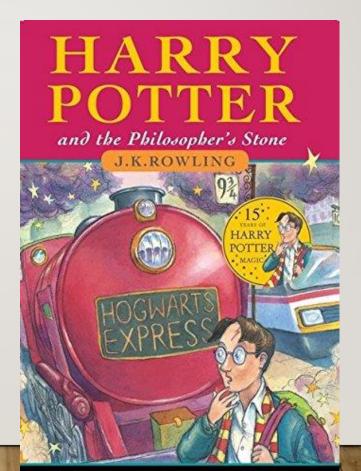
Oregon:
- Pilot Medical Technician Training Program

FACILITATED SURVEY ACQUISITION
AKA CONTRACTING THROUGH NASDDDS

Harry Potter and the Philosopher's Stone was released in the UK in 1997.

BREAK

FEDERAL UPDATES

In 1997, Tiger Woods won the Masters at age 21

NCI in Federal Measure Sets

NCI Annual Meeting

August 3, 2022

National Core Indicators in National Measure Sets (CMS)

1, Adult Core Measure Set
- NCI-IDD

2, Medicaid and CHIP Scorecard
- NCI-IDD, NCI-AD, HCBS CAHPS

3. NQF Endorsement of 14 NCI-IDD Measures

4. HCBS Quality Measure Set

What is the Medicaid Adult Core Measure Set?

For Adult Medicaid Enrollees

- Mechanism for state reporting on uniform set of measures to facilitate state and national analysis and track performance over time
- Health Care quality measures that can be used to assess the quality of health care, including Long Term Supports and Services (LTSS)
- Tools that states may use to monitor and improve quality of health care
- Publicly-available information on the quality of health care provided
- Optional: NCI – IDD included for the first time in 2020

What NCI data is reported in Medicaid Adult Core Set?

NCI Included Measures:

- Life Decisions Scale
- Transportation
- Everyday Choices Scale
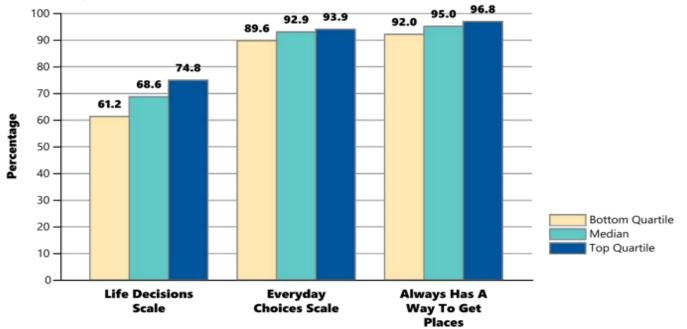
Y1 2020: 26 states reported

Y2: 2021 < 25 states

Adult Health Care Quality Measures | Medicaid

National Core Indicators Survey

The National Core Indicators (NCI) provide information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and developmental disabilities (I/DD) and their families. State-level performance on three measures of I/DD beneficiary experience are reported for FFY 2020. These measures are: (1) Life Decisions Scale; (2) Everyday Choices Scale; and (3) Always Has a Way to Get Places. Performance on these measures are being publicly reported for the first time for FFY 2020.

National Core Indicators Survey: Experiences and Self-Reported Outcomes of Long-Term Services and Supports of Adults Age 18 and Older with Intellectual and Developmental Disabilities (NCIDDS-AD), FFY 2020 (n = 25 states)

Source: Mathematica analysis of National Core Indicators (NCI) data submitted by states to the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute (The NCI National Team) through the Online Data Entry System (ODESA) for the July 1, 2019 to June 30, 2020 data collection period.

Notes: Three measures of beneficiary experience from the NCI In-Person Survey (IPS) are reported for the Adult Core Set for FFY 2020: (1) Life Decisions Scale (percentage of adults who reported they chose or had some input in choosing their residence, work, day activity, staff, and roommates); (2) Everyday Choices Scale (percentage of adults who reported they decided or had help deciding their daily schedule, how to spend money, and how to spend free time); and (3) Always Has a Way to Get Places measure (percentage of adults who reported they

A median of

69 percent

of adults reported they chose or had some input in life decisions,
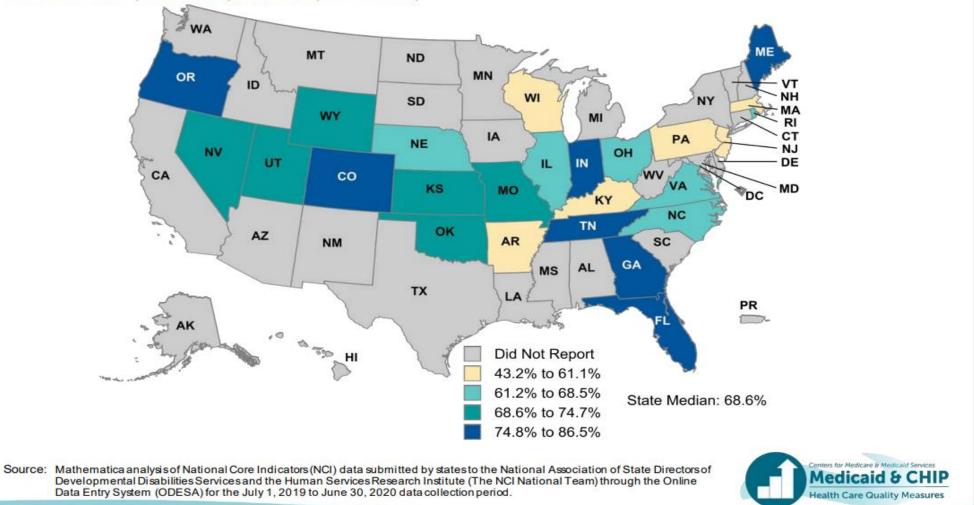
93 percent

reported they chose or had some input in choosing their daily activities, spending, and free time, and

95 percent

reported they always had a means of transportation (25 states)

Medicaid & CHIP
Health Care Quality Measures

National Core Indicators Survey: Life Decisions Scale (continued)

Percentage of Adults who Make Choices about Their Life Decisions, including Their Residence, Work, Day Activity, Staff, and Roommates (NCIDDS-AD), FFY 2020 (n = 25 states)

Legend:
- Did Not Report
- 43.2% to 61.1%
- 61.2% to 68.5%
- 68.6% to 74.7%
- 74.8% to 86.5%

State Median: 68.6%

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Quality of Care for Adults in Medicaid: Findings from the 2020 Adult Core Set Chart Pack

Medicaid and CHIP Scorecard

Pillar: State Health System Performance
Domain: Person Centered Care

3 Experience of Care Surveys are included: States
may choose to participate in any or all (or none):

- ✓ HCBS- CAHPS
- ✓ NCI-IDD

State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports

Patient-Centered Care

States Reporting 51

Median Rate

1

Experience of Care Survey

Medicaid & CHIP **SCORECARD**
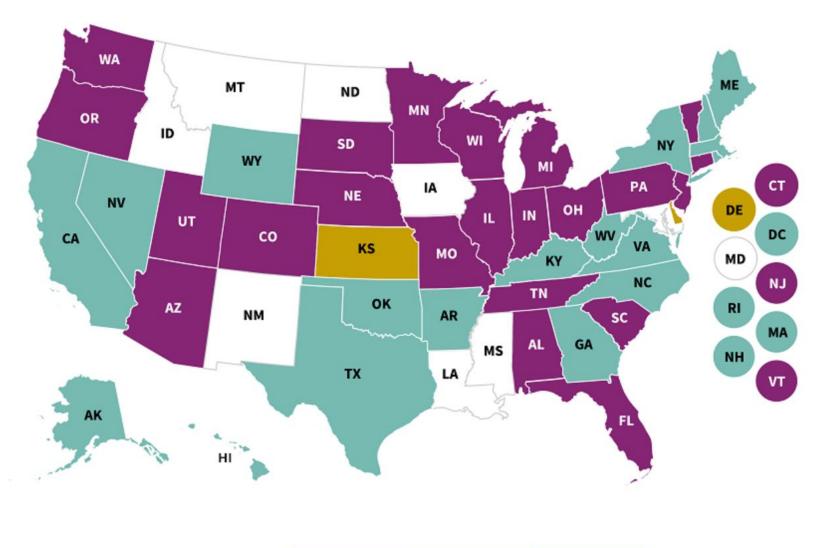
- National Context
- State Health System Performance
- State Administrative Accountability
- Federal Administrative Accountability

Medicaid and CHIP Scorecard

Surveys administered since 2019

Source: State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports | Medicaid

Medicaid & CHIP **SCORECARD**

- National Context
- State Health System Performance
- State Administrative Accountability
- Federal Administrative Accountability

Number of Surveys: 0 | 1 | 2 | 3

What is the National Quality Forum (NQF)?

Established in 1999, NQF is a nonprofit, nonpartisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

Why does NQF endorsement matter?

• To be endorse by NQF means the measure has been thoroughly vetted and is considered best-in-class

• NQF endorses only a select group of measures, and they undergo evaluation by expert committees made up of doctors, hospitals and other providers, employers, health plans, public agencies, community coalitions, and patients/service participants

• The review is very rigorous, and endorsed measures are used by policymakers, researchers, providers, and consumers to identify gaps in measurement and better understand quality issues

Intent to Submit

Call for Nominations

Measure Review
- Scientific Methods Panel (SMP)
- CDP Standing Committee

Public and Member Commenting

Measure Endorsement
- Consensus Standards Approval Committee (CSAC)

Measure Appeals

NATIONAL QUALITY FORUM

2021

Endorsed!!

2022

NCI-IDD Journey

NCI Endorsed Measures by HCBS Domains

NATIONAL QUALITY FORUM

Person-Centered Planning

- Community Job Goal
- Person-Centered Goals
- ADL Goal
- Lifelong Learning
- Satisfaction with Community Inclusion Scale

Human and Legal Rights

- Respect for Personal Space Scale

Community Inclusion

- Social Connectedness
- Has Friends
- Transportation Availability Scale
- Community Inclusion Scale

Choice and Control

- Chose Staff
- Can Change Case Manager
- Can Stay Home When Others Leave
- Life Decisions Scale

14 NCI Measures Endorsed By NQF (selection below)

NQF HCBS Domain: Person-Centered Planning and Coordination.

1. The proportion of people who express they want a job who have a related goal in their service plan (Community Job Goal).

2. The proportion of people who report their service plan includes things that are important to them (Person-Centered Goals).

3. The proportion of people who express they want to increase independence in functional skills (ADLs) who have a related goal in their service plan (ADL Goal).

4. The proportion of people who report they are supported to learn new things (Lifelong Learning).

5. The proportion of people who report satisfaction with the level of participation in community inclusion activities (Satisfaction with Community Inclusion Scale).

NQF HCBS Domain: Choice and Control

1. The proportion of people who reported they chose or were aware they could request to change their staff.

2. The proportion of people who reported they could change their case manager/service coordinator.

3. The proportion of people who live with others who report they can stay home if they choose when others in their house/home go somewhere.

4. The proportion of people who report making choices (independently or with help) in life decisions.

HCBS Quality Measure Set: Background

2018: CMS (DEHPG) shared an HCBS quality strategic plan

June 2019: CMS announced they would be issuing a HCBS recommended measure set in response to state requests for standardized measures

September 2019: NCI-IDD and NCI-AD measures submitted for consideration

HCBS Quality Measure Set: Background

September 2020:

CMS released a request for information (RFI) seeking feedback on a draft set of recommended HCBS measures

- ADvancing States and NASDDDS submitted written feedback

- Measures were still described as voluntary and organized by NQF domain

HCBS Quality Measure Set: SMDL 22-003

July 21, 2022: State Medicaid Director Letter 22-003 was released, detailing first-ever HCBS Quality Measure Set

- 1st of 2 guidance documents from CMS
- Intended for use in <u>all HCBS programs</u>
- 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

HCBS Quality Measure Set: SMDL 22-003

Measure Selection Criteria

- Importance to measure and report

- Scientific acceptability of the measure properties

- Feasibility

- Usability and use

- Related and competing measures

Not a Static Set

- This set is not fixed. CMS plans to update the measure set to address measure gaps, advance health information exchange, and address newly developed measures

HCBS Quality Measure Set: SMDL 22-003

In addition to addressing 1915(c) waiver assurances, CMS also identified other NEW priority areas:

- Access

- Rebalancing

- Community integration

    - HCBS Settings Requirements

HCBS Quality Measure Set: SMDL 22-003

Measures addressing Service Plan assurances are in blue shading

Measures addressing Health and Welfare assurances are in orange shading

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance / Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
3622	NASDDDS, HSRI	NCI-IDD PCP-2: Person-Centered Goals (The proportion of people who report their service plan includes things that are important to them)	Participant Reported Data/Survey	**Assurance: Service Plan** - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. **Subassurance: 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.**	✔		✔
NA	NASDDDS, HSRI	NCI-IDD: Percentage of people who report their staff come and leave when they are supposed to	Participant Reported Data/Survey	**Assurance: Service Plan** - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. **Subassurance: 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.**			
3622	NASDDDS, HSRI	NCI-IDD CC-4: Life Decision Composite Measure (The proportion of people who report making choices (independently or with help) in life decisions)	Participant Reported Data/Survey	**Assurance: Service Plan** - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. **Subassurance: 4. Participants are afforded choice between/among waiver services and providers.**			✔
NA	NASDDDS, HSRI	NCI-IDD: The percentage of people who report that they helped make their service plan	Participant Reported Data/Survey	**Assurance: Service Plan** - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. **Subassurance: 4. Participants are afforded choice between/among waiver services and providers.**			
NA	NASDDDS, HSRI	NCI-IDD preventive screening single-item measures: Percentage of people who are reported to have received preventive health screenings within recommended time frames (physical exam, routine dental exam, vision screening, hearing test, mammogram, pap test, colorectal cancer screening)	Participant Reported Data/Survey	**Assurance: Health & Welfare** - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. **Subassurance: 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.**	✔		
3622	NASDDDS, HSRI	NCI-IDD CI-3: Transportation Availability Scale (The proportion of people who report adequate transportation)	Participant Reported Data/Survey		✔		✔
3622	NASDDDS, HSRI	NCI-IDD PCP-2: Person-Centered Goals (The proportion of people who report their service plan includes things that are important to them)	Participant Reported Data/Survey	**Assurance: Service Plan** - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. **Subassurance: 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.**	✔		✔

NA	NASDDDS, HSRI	NCI-IDD preventive screening single-item measures: Percentage of people who are reported to have received preventive health screenings within recommended time frames (physical exam, routine dental exam, vision screening, hearing test, mammogram, pap test, colorectal cancer screening)	Participant Reported Data/Survey	**Assurance:** Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. **Subassurance**: 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.	✓		
3622	NASDDDS, HSRI	NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely)	Participant Reported Data/Survey				✓
3622	NASDDDS, HSRI	NCI-IDD CI-3: Transportation Availability Scale (The proportion of people who report adequate transportation)	Participant Reported Data/Survey		✓		✓
NA	NASDDDS, HSRI	NCI-IDD: The percentage of people who report that they helped make their service plan	Participant Reported Data/Survey	**Assurance: Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.** **Subassurance: 4. Participants are afforded choice between/among waiver services and providers.**			✓
3622	NASDDDS, HSRI	NCI-IDD CC-3: Can Stay Home When Others Leave (The proportion of people who live with others who report they can stay home if they choose when others in their house/home go somewhere)	Participant Reported Data/Survey				
3622	NASDDDS, HSRI	NCI-IDD CC-4: Life Decision Composite Measure (The proportion of people who report making choices (independently or with help) in life decisions)	Participant Reported Data/Survey	**Assurance:** Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. **Subassurance**: 4. Participants are afforded choice between/among waiver services and providers.			✓
3622	NASDDDS, HSRI	NCI-IDD PCP-2: Person-Centered Goals (The proportion of people who report their service plan includes things that are important to them)	Participant Reported Data/Survey	**Assurance:** Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. **Subassurance**: 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.	✓		✓
3622	NASDDDS, HSRI	NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale (The proportion of people who report satisfaction with the level of participation in community inclusion activities)	Participant Reported Data/Survey				✓
3622	NASDDDS, HSRI	NCI-IDD HLR-1: Respect for Personal Space Scale (The proportion of people who report that their personal space is respected in the home)	Participant Reported Data/Survey				✓

HCBS Quality Measure Set: SMDL 22-003

Measures addressing Service Plan assurances are in blue shading

Measures addressing Health and Welfare assurances are in orange shading

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance / Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who are able to see or talk to their friends and family when they want to	Participant Reported Data/Survey				✔
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who have transportation when they want to do things outside of their home	Participant Reported Data/Survey		✔		✔
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who feel safe around their support staff	Participant Reported Data/Survey	**Assurance:** Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. **Subassurance:** 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✔
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who are ever worried for the security of their personal belongings	Participant Reported Data/Survey	**Assurance:** Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. **Subassurance:** 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✔
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose money was taken or used without their permission in the last 12 months	Participant Reported Data/Survey	**Assurance:** Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. **Subassurance:** 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✔
NA	ADvancing States, HSRI	NCI-AD: Percentage of people in group settings who have enough privacy where they live	Participant Reported Data/Survey				✔
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change what kind of services they get	Participant Reported Data/Survey	**Assurance:** Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. **Subassurance:** 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. **Subassurance:** 4. Participants are afforded choice between/among waiver services and providers.	✔		✔

HCBS Quality Measure Set: SMDL 22-003

CMS recommends that within 2 years of adoption states stratify these measures to address equity issues:

Race and ethnicity	Gender
Language	Age
Rurality	Disability

Key Takeaways

- CMS plans to use tools at their disposal to make these required:

    - Reporting requirements for MFP

    - STCs for 1115 demonstrations that include HCBS

- The measure set is not required for other HCBS options [1915(c)/(i)/(j)/(k) & 1905(a)], but CMS encourages states to adopt it for those programs as well

Key Takeaways

- Vast majority of measures are person-reported outcomes (e.g. NCI-IDD)

- States have flexibility to determine which survey tool they implement:

  NCI®-IDD

  NCI-AD™

  HCBS CAHPS®, and

  POM®

- Sampling to allow for stratification will require expanded sample. Resources to support expanded sample/stratification TBD.

WRAP UP