

The National Core Indicators—Aging and Disabilities (NCI-AD™) program supports states’ abilities to assess performance and quality of publicly-funded long-term services and supports (LTSS) by gathering information directly from seniors and adults with physical disabilities. The NCI-AD program seeks to collect and maintain valid and reliable data that gives states a comprehensive picture of the impact of publicly funded services on service recipients’ quality of life and outcomes.

Another survey tool used to assess the experience of adults receiving LTSS is the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home and Community Based Services (HCBS) Survey, developed by the Centers for Medicare & Medicaid Services (CMS).

The tools share many similarities, but also have many important differences, both of which are summarized below.

	NCI-AD™	HCBS CAHPS® Survey																		
Target population	<ul style="list-style-type: none"> - Recipients of LTSS through any publicly-funded program, including: <ul style="list-style-type: none"> o Medicaid HCBS programs (FFS and MLTSS) o Medicaid nursing facilities o Older Americans Act o State-funded programs - Cross-disability, including: <ul style="list-style-type: none"> o Frail elderly o Physical disabilities o ABI/TBI - Excludes: <ul style="list-style-type: none"> o IDD (captured by NCI™) o Severe MI (unless served through non-MI program) 	<ul style="list-style-type: none"> - Recipients of publicly-funded LTSS through state Medicaid HCBS programs only (FFS and MLTSS) - Cross-disability, including: <ul style="list-style-type: none"> o Frail elderly o Physical disabilities o ABI/TBI o IDD o Severe MI 																		
Primary focus of survey	Recipients’ <i>outcomes</i> of care	Recipients’ <i>experience</i> of care																		
Mode of administration	Currently in-person only; telephone administration to be piloted	In-person or by telephone																		
Domains covered	<table border="0"> <tr> <td>Community Participation</td> <td>Choice and Decision Making</td> </tr> <tr> <td>Relationships</td> <td>Satisfaction</td> </tr> <tr> <td>Service Coordination</td> <td>Care Coordination</td> </tr> <tr> <td>Work</td> <td>Self Direction</td> </tr> <tr> <td>Access</td> <td>Health Care</td> </tr> </table>	Community Participation	Choice and Decision Making	Relationships	Satisfaction	Service Coordination	Care Coordination	Work	Self Direction	Access	Health Care	<table border="0"> <tr> <td>Getting Needed Services</td> <td>Case Managers</td> </tr> <tr> <td>Communication with Providers</td> <td>Choice of Services</td> </tr> <tr> <td>Medical Transportation</td> <td>Personal Safety</td> </tr> <tr> <td>Community Inclusion and Empowerment</td> <td></td> </tr> </table>	Getting Needed Services	Case Managers	Communication with Providers	Choice of Services	Medical Transportation	Personal Safety	Community Inclusion and Empowerment	
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	<p>Medications Wellness Rights and Respect Safety Everyday Living Affordability Future Planning Control</p> <p>- Person-Centered Processes (optional supplemental module)</p>	<p>- Employment (optional supplemental module)</p>
Ways to Use Results	<ul style="list-style-type: none"> - Assess performance in individual programs and/or accountable entities <ul style="list-style-type: none"> o Point-in-time o Track changes over time - Compare programs and/or accountable entities within the state - Quality assurance/improvement in individual programs and/or accountable entities - Measures align with many of CMS’s HCBS Service Settings and PCP Process requirements - Public reporting on performance of individual programs and/or accountable entities - Compare state’s system performance to other states’ performance 	<ul style="list-style-type: none"> - Assess performance in individual Medicaid HCBS programs and/or accountable entities <ul style="list-style-type: none"> o Point-in-time o Track changes over time - Measures align with many of CMS’s HCBS Service Settings and PCP Process requirements - Quality assurance/improvement in individual Medicaid HCBS programs and/or accountable entities - Potential public reporting on performance of individual Medicaid HCBS programs and/or accountable entities - Compare Medicaid HCBS programs and/or accountable entities within the state
Cost/Fees	<ul style="list-style-type: none"> - Cost to conduct surveys (internally funded by state) - \$20,000 for pre-implementation assistance - \$15,000 for each survey implementation year 	<p>Cost to conduct surveys (internally funded by state)</p>
Technical assistance to states	<ul style="list-style-type: none"> - Provided by NCI-AD project team - Extensive and ongoing, including assistance with: <ul style="list-style-type: none"> o Stakeholder engagement and education o Sampling strategy o Planning and implementing the survey o Interpreting results and using them for quality improvement o Publicizing and presenting data - Access to education and best practices webinars and presentations - Opportunities to learn from other states, communities of practice 	<p>Limited (HCBSCAHPS@us.ibm.com)</p>
Sampling design	<p>Flexible but NCI-AD project team assists with sampling strategy and design</p>	<p>Flexible but solely state’s responsibility</p>
Customization	<ul style="list-style-type: none"> - Flexibility to add state- and program-specific questions - Can use state-, program-, and provider-specific terms 	<ul style="list-style-type: none"> - Flexibility to add state- and program-specific questions - Can use state-, program-, and provider-specific terms

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Interviewer training and quality assurance	Provided by NCI-AD project team, including: <ul style="list-style-type: none"> - Initial standardized on-site in-person training of all interviewers - Standardized yearly refresher training webinars - Standardized training materials for all interviewers and state staff - Periodic shadow observations, as needed - Optional: periodic on-site in-person re-training as needed and if requested by state for additional fee 	Solely state’s responsibility
Use of Proxy Respondents	<ul style="list-style-type: none"> - Permitted for a subset of questions - Separate proxy version containing only proxy-allowed items, questions rephrased to be directed at the proxy 	<ul style="list-style-type: none"> - Permitted for all questions - No separate proxy version available; questions not rephrased
Psychometric properties	<ul style="list-style-type: none"> - Psychometrically tested, evidence of validity and reliability. - Does not contain any NQF-endorsed performance measures; work underway to submit measures for endorsement 	<ul style="list-style-type: none"> - Psychometrically tested, evidence of validity and reliability. - Contains NQF-endorsed performance measures
Implementation protocols	Standardized implementation protocols	Semi-standardized implementation protocols
Data entry system	Custom-developed Online Data Entry Survey Administration	Solely state’s responsibility (using CATI and/or CAPI software)
Reporting and data analysis	<ul style="list-style-type: none"> - NCI-AD project team analyzes data and produces annual state-specific and national reports - Additional analysis available for fee - State and annual reports are public and published on NCI-AD dedicated website (www.nci-ad.org) 	Solely state’s responsibility