

# 2016-17 NCI-AD National Report: A Closer Look

February 28, 2019

#### **Webinar Overview**

- NCI-AD (Quick) Overview
- National Report Methodology
- National Report Structure
- Selected findings from 2016-17 NCI-AD National Report
- Q&A
- Note: This webinar is being recorded and will be posted on our website, <a href="https://nciad.org">https://nciad.org</a>



### NCI-AD Overview

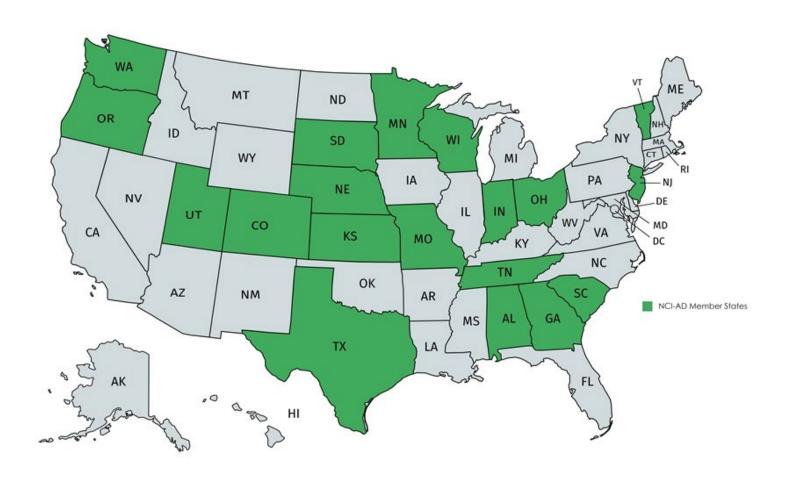
### Overview and Background

- Collaboration between the National Association of States United for Aging and Disabilities (NASUAD) and Human Services Research Institute (HSRI)
- Supported by participating states and funding from the Administration for Community Living
- Face-to-face survey
- Focused on older adults and adults with physical disabilities being served by state LTSS systems

Medicaid waivers	Skilled nursing facilities
Medicaid state plans	PACE programs
MLTSS populations	Money Follows the Person
Older Americans Act programs	State-funded programs



### State Participation 2018-2019



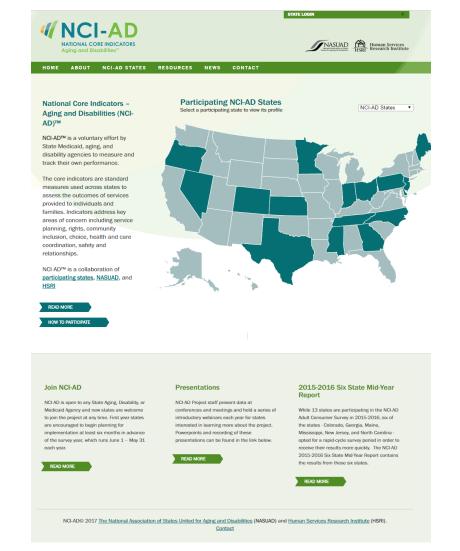


### What Sets NCI-AD Apart?

- State owns—and has immediate access to—their own data
- Can be used across settings and funding sources
- Optional state-specific questions
- Optional Person Centered Planning Module
- Can provide state, program, and regional comparisons
  - Crosswalks to NCI (ID/DD) measures
- Focuses on consumer experience and how services impact quality of life
  - Goes beyond service satisfaction
- Transparency and accountability
  - State and National reports are publicly available online



#### **NCI-AD** Website



#### www.nci-ad.org

#### **Houses:**

- Project overview
- State and National Reports
- Webinars
- Presentations
- Staff contacts
- State-specific project information



### 2016-2017 NCI-AD National Report

# Analysis and Reporting Methodology

### 2016-17 Surveying States

#### 12 states collected NCI-AD data in 2016-17:

Colorado 6 4 \$

Indiana 6 4 \$

Kansas <sup>⊕</sup> <sup>△</sup> <del>♦</del>

Maine

Minnesota 6 4 8

Mississippi 6 4

Nevada

Oregon 4 \*

**Pennsylvania** 

Tennessee 4 \*

eg - state collected NCI-AD data in 2015-2016

- state collected NCI-AD data in 2017-2018

\* - state collecting NCI-AD data in 2018-2019



#### 2016-17 States: Programs Surveyed

- 7 states surveyed their OAA programs
- 3 states surveyed their PACE programs
- 4 states surveyed their Medicaid nursing facility populations (FFS or MLTSS)
- 4 states surveyed their MLTSS HCBS populations
- 8 states surveyed their other Medicaid HCBS programs (waiver or state plan)
- 4 states surveyed other types of programs (non-Medicaid, state-funded)



#### 2016-17 States: Survey Sample Sizes

- Total number of surveys: 8,792
- States' analysis samples ranged from 387 to 1,554
  (after discarding invalid cases)
  - Average: 733 surveys per state
  - $\gt$  5 states:  $\sim$ 400 surveys
  - > 5 states: between 400 and 1,000 surveys
  - $\geq$  2 states:  $\sim$ 1,500 surveys



#### 2016-17 Program Reporting Categories

- All state programs classified into one of nine reporting categories:
  - Nursing facilities
  - PACE programs
  - MLTSS HCBS
  - Aging-specific Medicaid programs
  - Physical disability-specific Medicaid programs
  - Brain injury-specific Medicaid programs
  - Blended ("combined") Medicaid programs
  - OAA programs
  - Other programs (not shown in the report)



2016-17 States: Program Reporting Categories									
State	NFs (any)	PACE	MLTSS HCBS	Combined Medicaid program	Aging Medicaid program	PD Medicaid program	BI Medicaid program	OAA	Other
CO				X	X			X	
IN	X			X				X	X
KS		X	X					X	X
ME				X			X	X	X

X

X

X

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MN

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OR

PA

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X

X

X

X

X

X

### 2016-17 NCI-AD: Weighting

- 10 states proportionally oversampled one or more of their programs and/or sub-populations
- 8 states conducted a proportionally larger number of surveys (overrepresented in national data)
- To account for disproportionate representation of programs and states, statistical weights were developed and applied in calculations of:
  - Each state's averages
  - Overall NCI-AD Averages
  - Overall program category averages
  - Program category averages in each state



### 2016-17 NCI-AD: Recoding Variables

- Averages = proportion of people "achieving"
  the outcome (binary dependent variables)
- Survey items with three or more response options recoded to form binary variables (response options collapsed)
- For most items, "don't know" and "unclear/refused" responses excluded from analysis calculations



### 2016-17 NCI-AD: Risk-Adjustment

- To "level the playing field" when making comparisons between states and program categories, some outcomes were risk-adjusted
- 15 risk adjusters: age, gender, race, rurality, residential setting, living arrangement, mobility, amount of assistance needed for everyday activities, amount of assistance needed for self-care, health, hearing, vision, mental health dx, memory issues, use of proxy version



### 2016-2017 NCI-AD National Report

#### **Content and Structure**

### 2016-17 National Report: Organization

- Introduction to the NCI-AD Survey tool
- Section I ("State Participation"): description of each state's sampling design, programs included, number of NCI-AD surveys conducted, margins of error
- Section II ("Results"): tables with analysis-based calculations of each state's average, overall NCI-AD Average, overall program category averages and program category averages by each state (analysis applies statistical weights, uses binary dependent variables, risk-adjusts outcomes (when applicable))

#### 2016-17 National Report: Organization

- Section III ("Background and Utilization"):
   overview of NCI-AD measures and its psychometric
   properties
- Section IV ("Methodology"): overview of NCI-AD implementation protocols and sampling strategy considerations
- Section V ("Data Analysis"): description of data analysis and reporting methodology



### 2016-17 National Report: Organization

- Appendix A: summary of rules for creating binary dependent variables (collapsing and recoding)
- Appendix B: alternative presentation of analysisbased calculations of results by program categories, displaying overall program category averages in chart format
- Appendix C: tables with un-weighted and un-adjusted data for each state and the NCI-AD sample average overall, with all response options shown (no recoding)



#### 2016-17 National Report: Tables & Charts

#### Example of a table from Section II ("Results"):

Proportion of people who can choose or change how often and when they get their services (risk-adjusted)

State	Overall	(observed)	Nursing Facilities	PACE	MLTSS HCBS	Combined Medicaid Programs	Aging Medicaid Programs	PD Medicaid Programs	BI Medicaid Programs	OAA
NJ	79%	731	63%	50%	66%	n/a	n/a	n/a	n/a	81%
KS	78%	322	n/a	n/a	82%	n/a	n/a	n/a	n/a	72%
NV	73%	323	n/a	n/a	n/a	n/a	75%	65%	n/a	n/a
TN	71%	708	67%	n/a	76%	n/a	n/a	n/a	n/a	n/a
ОН	68%	1170	n/a	n/a	86%	66%	68%	62%	n/a	56%
MN	65%	329	n/a	n/a	n/a	n/a	n/a	65%	69%	n/a
MS	65%	766	n/a	n/a	n/a	66%	n/a	58%	62%*	n/a
PA	62%	331	n/a	n/a	n/a	n/a	n/a	n/a	n/a	62%
со	59%	316	n/a	n/a	n/a	59%	55%	n/a	n/a	62%
IN 🔲	53%	1124	48%	n/a	n/a	68%	n/a	n/a	n/a	48%
ME	49%	400	n/a	n/a	n/a	53%	n/a	n/a	66%	43%
Ph 1	48%	437	40%	57%	n/a	48%	n/a	n/a	n/a	n/a
NCI-AD Average	67%	6957	55%	52%	79%	59%	64%	63%	64%	71%

#### 2016-17 National Report: Tables & Charts

#### Example of a chart from Appendix B:





### 2016-17 National Report: Tables & Charts

#### Example of a table from Appendix C:

Table C1. Proportion of people who can choose or change how often and when they get their services									
$\wedge$		No	Sometimes, or Some Services	Yes, All Services	Don't Know	Unclear/Refused/ No Response	N		
co		13%	21%	51%	14%	1%	369		
IN		21%	15%	44%	15%	5%	1396		
KS		6%	14%	70%	9%	1%	357		
ME		24%	17%	48%	10%	2%	454		
MN		12%	16%	54%	14%	4%	397		
MS		16%	13%	52%	18%	1%	942		
NV		14%	12%	59%	14%	1%	382		
NJ	_	12%	16%	55%	16%	0%	875		
ОН	П	12%	12%	53%	22%	1%	1518		
OR		18%	22%	36%	23%	1%	573		
PA		18%	11%	53%	16%	1%	399		
TN	47	16%	10%	59%	14%	1%	833		
NCI- Ave	AD Sample rage	16%	14%	52%	16%	2%	8495		

### 2016-2017 NCI-AD National Report

#### **Cautions and Limitations**

#### 2016-17 NCI-AD National Report: Cautions

- Should have correct understanding of what an item measures (applicability, denominator, numerator)
- Should avoid drawing firm conclusions from results of items with very small number of valid responses (wide margins of error)
- Should keep in mind potential differences and similarities amongst programs, states, and state program participants
- Should be cautious when interpreting results of items with large numbers of missing, refused, or unclear responses

#### 2016-17 NCI-AD National Report: Cautions

Some differences in analysis and reporting methodology from last year's (2015-16) National Report, e.g.:

- Some survey items rephrased
- Rules for collapsing response options changed for some items
- Program reporting categories:
  - In 2015-16, nursing facility category included FFS only
  - In 2015-16, MLTSS category included both HCBS and nursing facility services
- Risk-adjustment:
  - In 2015-16, 11 factors were used for risk-adjustment factors were used
  - In 2015-16, some different outcomes were risk-adjusted



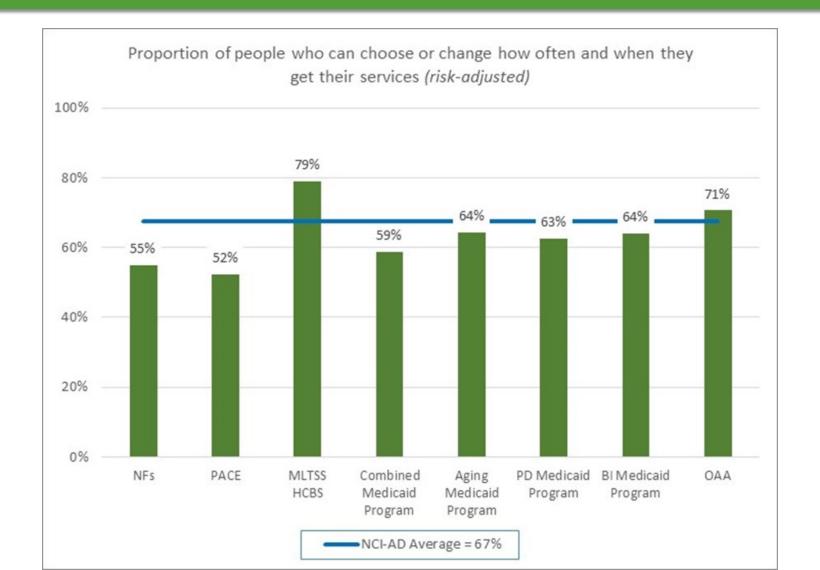
## 2016-17 NCI-AD National Report: Some Limitations

- Does not provide benchmarks for acceptable or unacceptable level of performance
- Does not provide sub-program category detail
- Does not provide definitive answers to "why?"

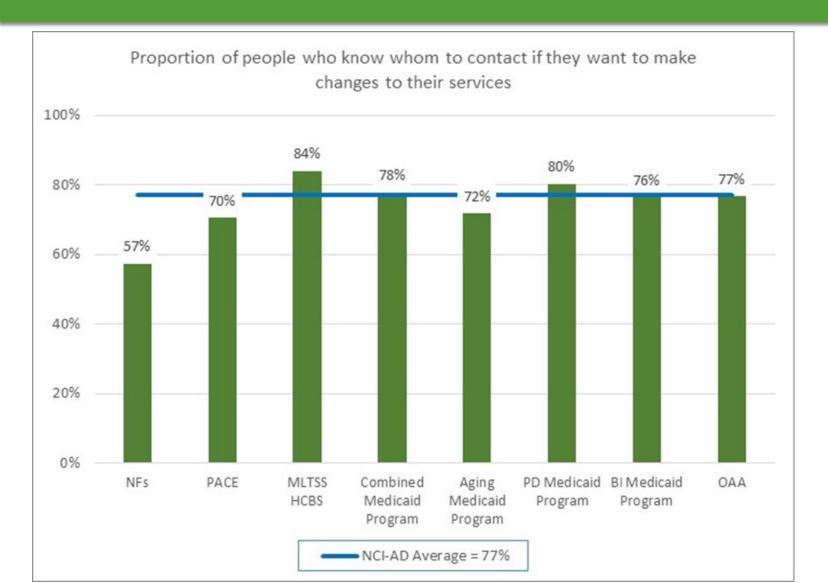


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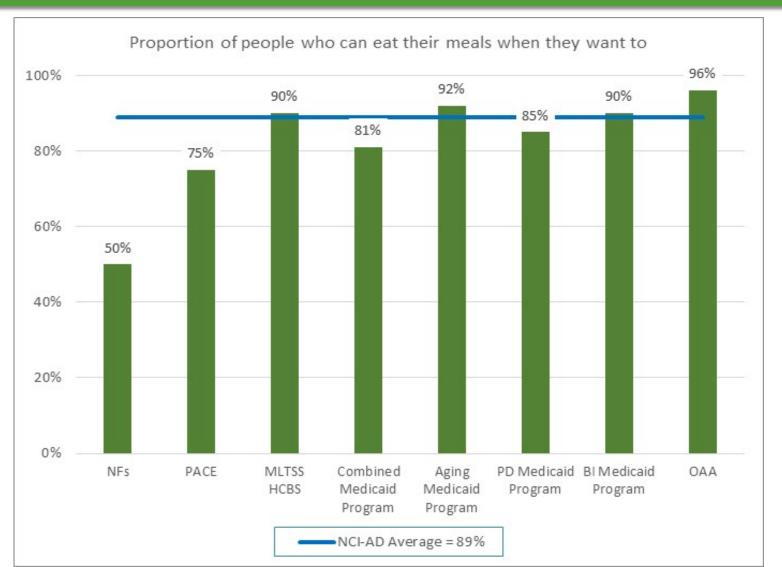
### **Selected Findings**



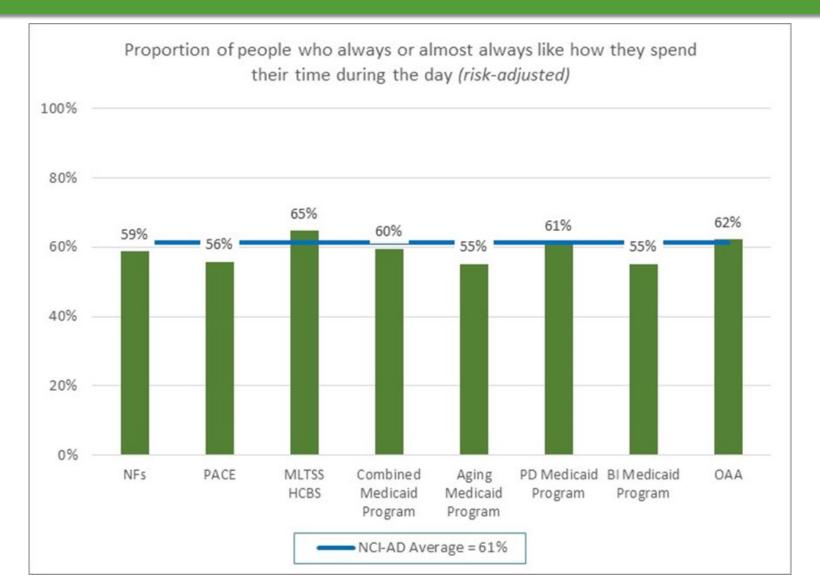




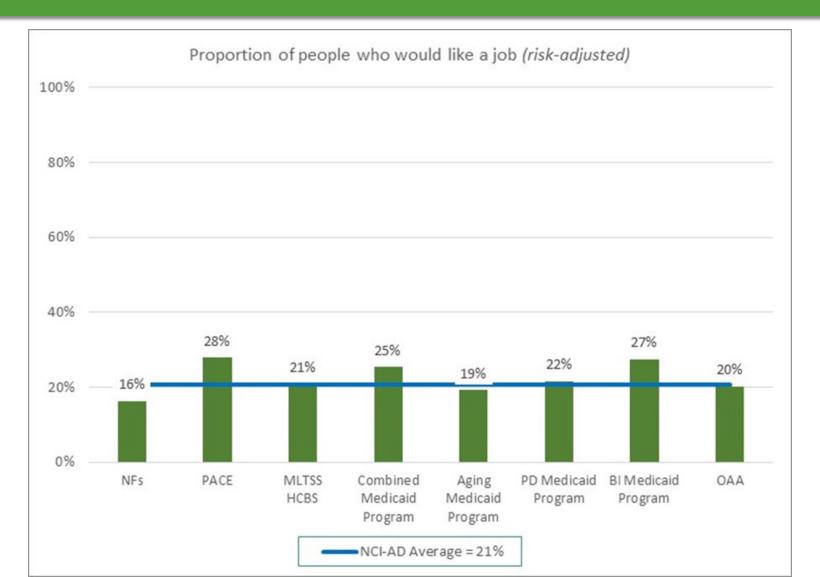




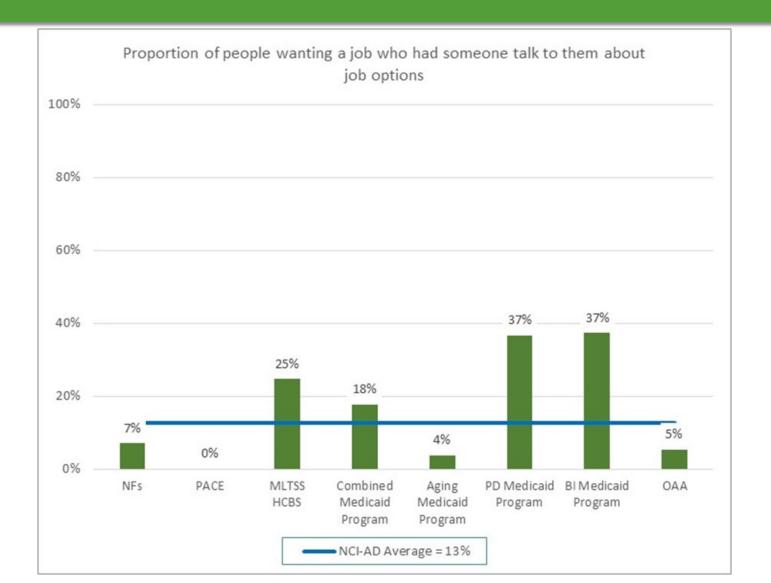




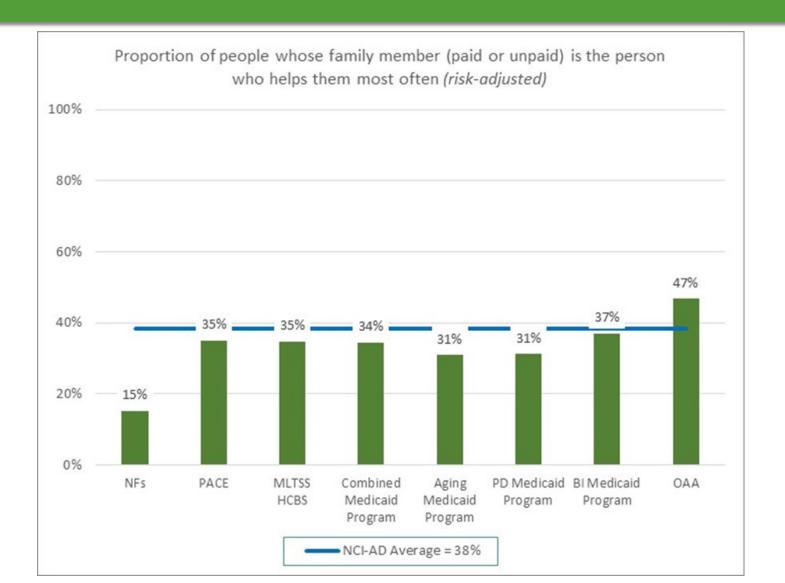




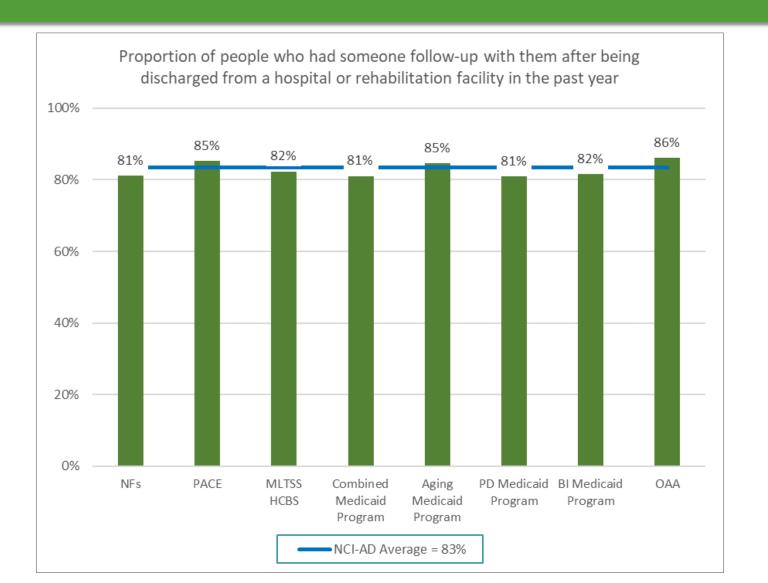




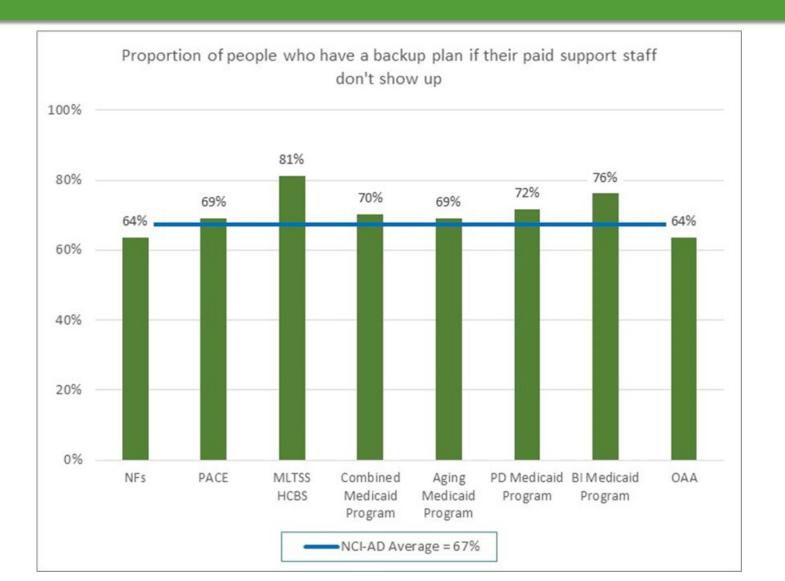




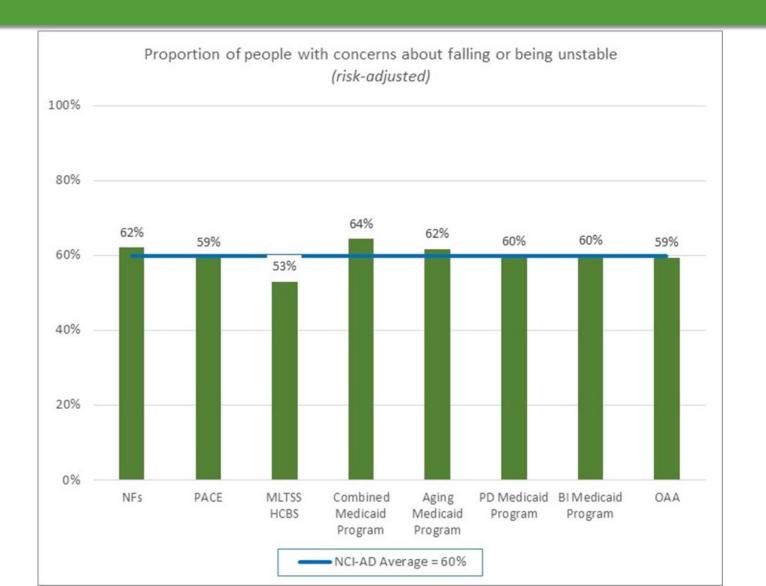




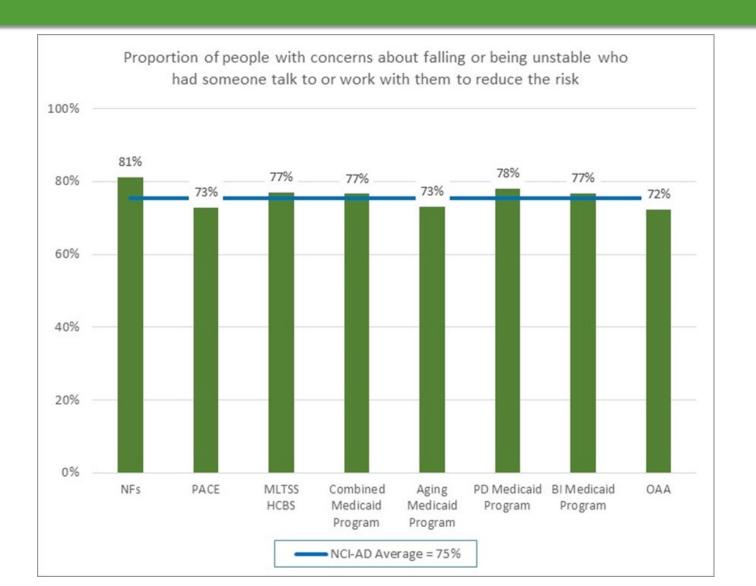














#### Q&A

Questions?

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