

**NATIONAL CORE  
INDICATORS®-  
INTELLECTUAL AND  
DEVELOPMENTAL  
DISABILITIES  
2023 ANNUAL MEETING**

**DAY 1**





# Welcome!

- NCI Team Welcome
- NASDDDS Welcome
- Nebraska Welcome
- Introductions for those in the room
  - Name
  - State
  - Role related to NCI-IDD
  - Tell us one thing that is on your bucket list (something that you really want to do)
    - For example
      - “skydiving!” or
      - “touch a llama” or
      - “Go to Costa Rica”





# ONE SLIDE CHALLENGE

# One-Slide Challenge

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Each state will have 1 slide and (around) 3 minutes to talk about the slide. In the slide, we ask each state to answer one of the following questions (or more than one, if so desired)

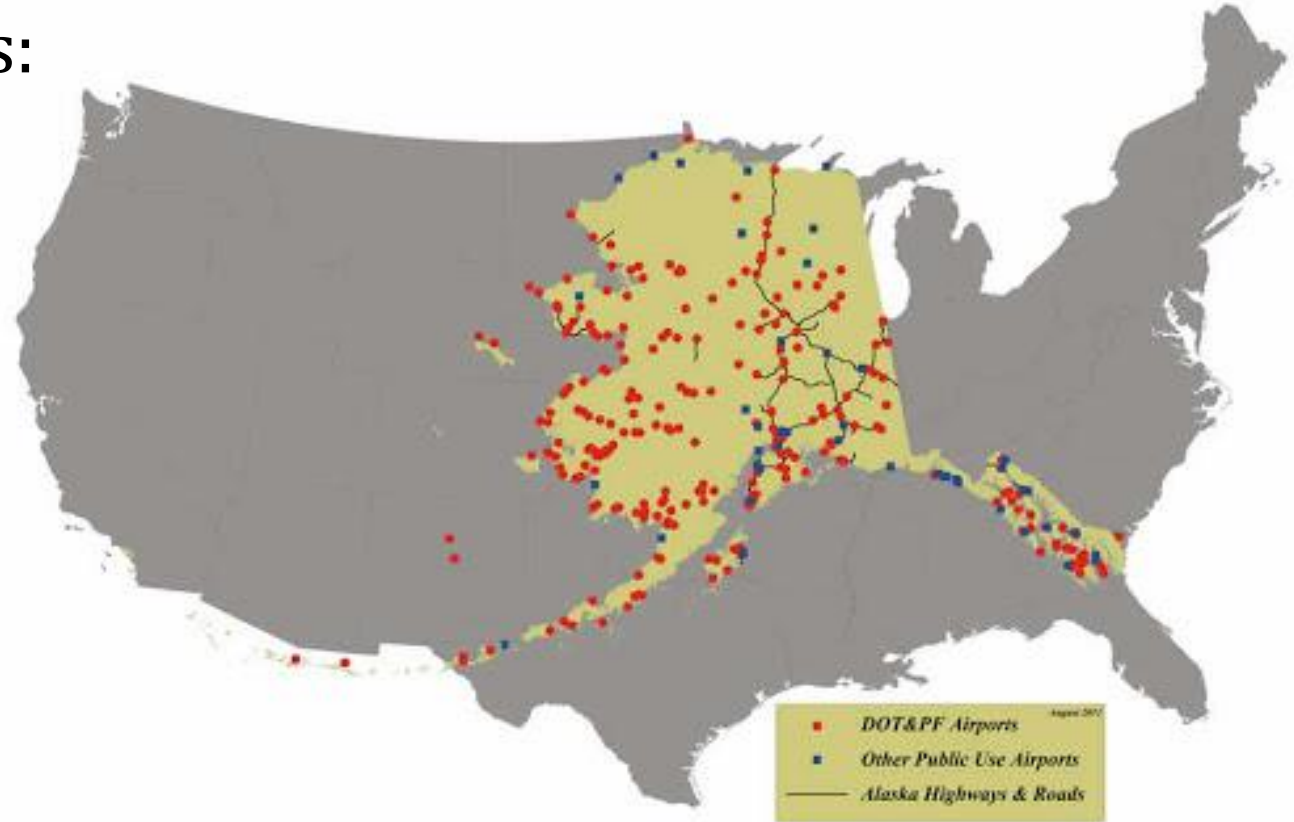
- 1) What is one exciting way you've used NCI-IDD data this year?
- 2) Share one product/resource your team has created using NCI-IDD data
- 3) How is your state using NCI-IDD State of the Workforce Data?
- 4) In your state, are there any efforts underway or planned to address racial/ ethnic disparities (in outcomes, access, service utilization, etc) using NCI-IDD data?
- 5) What's your greatest accomplishment with NCI-IDD this year?



# Alaska

NCI-IDD, Adult & 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 AND IT'S POSITIVE IMPACT ON ARKANSAS 2022-2023



- NCI data is used in assisting the state with documenting compliance with Home Community Based Settings Rule.
- AR added 11 specific questions to establish a base line for services. These questions help to determine if all IDD individuals served have the privilege to provide in-put in the services they receive and the right to make changes related to services. This data also establishes if there are lapse in services and a decline in the assurance of health and safety. (examples: Can you make updates to your service plan when you want? Does your service coordinator help you get services when needed? Does your service plan include information on what you should do if you have an emergency? Do you have a checking or saving account? Do you have to ask permission to withdraw money from your checking/savings account? Who would you talk to if someone hurts or steals from you? Etc.). The above list of examples, are a few that AR has created.
- Each question is recorded and can be compared by using different variables for efficiency ( PASSE, Provider, Guardian to name a few).



# NCI IN CALIFORNIA



## Quality Incentive Program

California has launched a quality incentive program designed to improve consumer outcomes, service provider performance, and the quality of services. Participating service providers that meet or exceed quality measures developed by DDS with input from stakeholders are eligible for incentive payments.

- The prevention and wellness measure uses NCI data as a reference point for participating pre-COVID rates in five areas to be eligible for an incentive payment:
  - Physical
  - Dental
  - Pap
  - Mammogram
  - Colorectal screening
- Four measures use results from the Staff Stability Survey to calculate average tenure, turnover, language fluency, and vacancy rates across the state.

# Connecticut: New partnership between Connecticut DDS and UConn Center on Aging

## DDS

- Reduced DDS employee workloads
- Better response rates & more completed surveys
- Responses to questions are consistent with previous years
- Third party/unbiased survey team
- Opportunity to have additional customized data analysis for Connecticut
- Less stress!

## UConn

- New collaboration with DDS and NCI teams
- Center on Aging partnering with UConn UCEDD to form survey team
- Building on and expanding our state evaluation partnerships
- High rates of surveys by video platform (about 60%)
- Opportunities for staff and graduate students interested in careers related to IDD
- Future opportunities for research using NCI Connecticut data



# Hawaii Survey Cycle 2022- 2023

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## **Hawaii's greatest accomplishment with NCI-IDD is Resilience and Determination.**

- Hawaii completed the required in-person surveys to be a part of the NCI States report with seven (7) staff between October to July 2023 in an effective and efficient partnership between DDD and the HI UCEDD (Center on Disability Studies).

## **State of the Workforce Data next step Partnership and Collaboration.**

- Data will be part of the States environmental scan in planning and designing a training and credentialing or certification framework to improve service quality with a career ladder for the DSPs in the State of Hawaii who provide services and support for 1915(c) HCBS Waiver participants.



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## #1 Using NCI Data

Living Well grant  
outcome measures

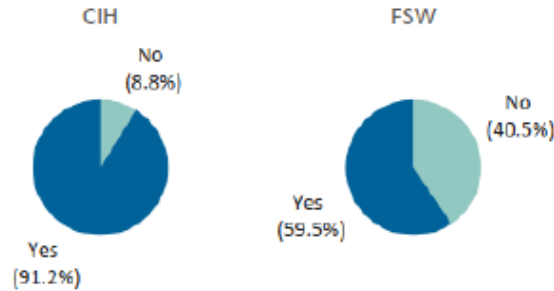
Medicaid Waiver  
Performance  
indicators

Evaluating  
Enhanced FMAP  
Project

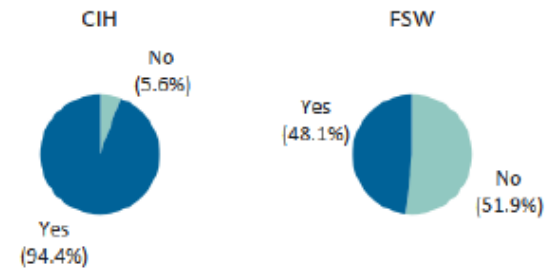
### 1. What proportion have recorded behaviors by waiver?



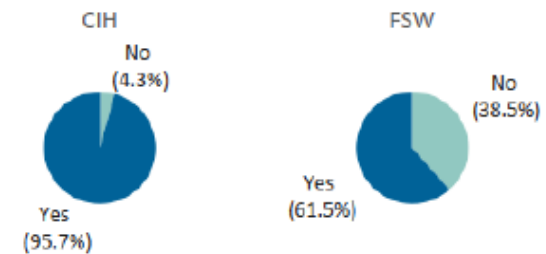
### 2. Do those with disruptive behavior have behavior plans?



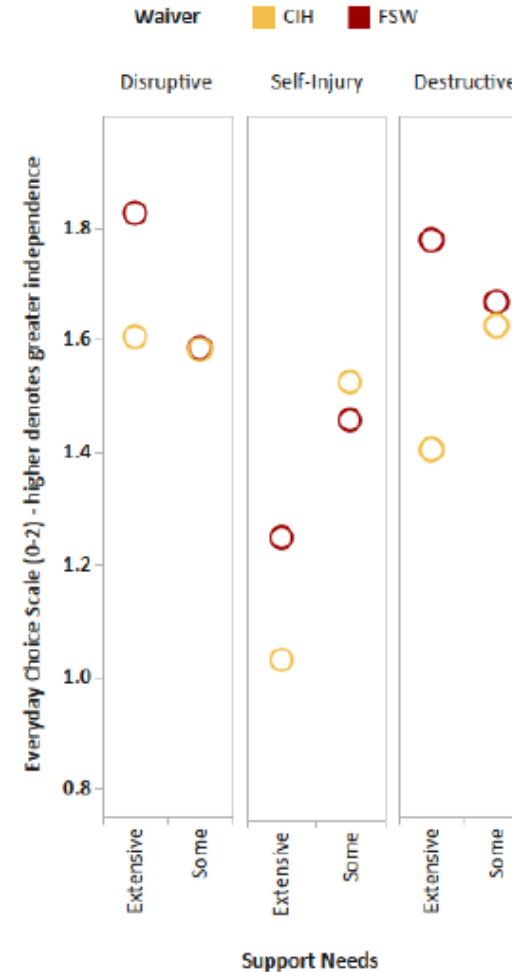
### 3. Do those that self-injure have a behavior plan?



### 4. Do those with destructive behavior have a behavior plan?



### 5. Do those with behaviors make fewer choices?



## #5 Accomplishments

Data Quality  
Review  
protocols

Relationship  
Building with  
Providers and  
Families

All people are empowered to live, love, work, learn, play and pursue their dreams.



# NCI Updates from Missouri

- 📍 First year of Value-Based Payments for the SoTW Survey.
  - 👤 Met our benchmark (203) in early June!
- 📍 First year (post-COVID-19) that we returned to mainly face-to-face meetings for the IPS.
  - 👤 97% (391/403) of surveys were conducted face-to-face!
- 📍 First year of providing the Family Surveys in different languages!
- 📍 New Social & Spirituality/Community Living MOQO & You Report!
- 📍 New Tableau dashboards for those within the Division.
  - 👤 Includes data for state-specific questions that support our priorities and initiatives.

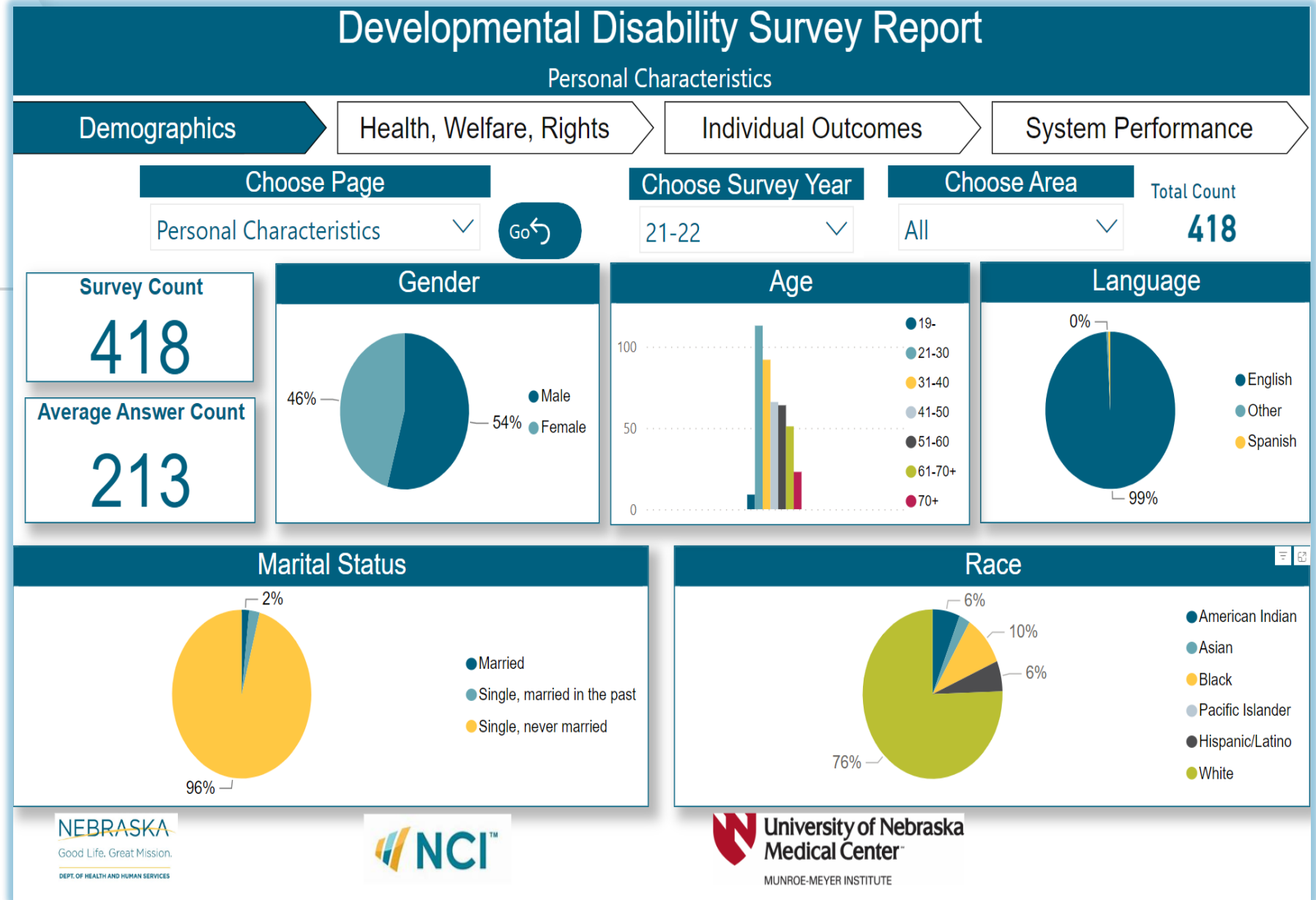
# Nebraska's NEW Public NCI Dashboard

Our interactive dashboard allows individuals to explore findings from the NCI – IDD surveys from across the state of NE. Each dashboard permits individuals to explore in detail all questions answered by survey respondents.

The dashboard is provided as a courtesy of DHHS based on the National Core Indicator Survey results. Surveys were conducted by the University Center of Excellence and Developmental Disabilities faculty and staff at the Munroe-Meyer Institute.



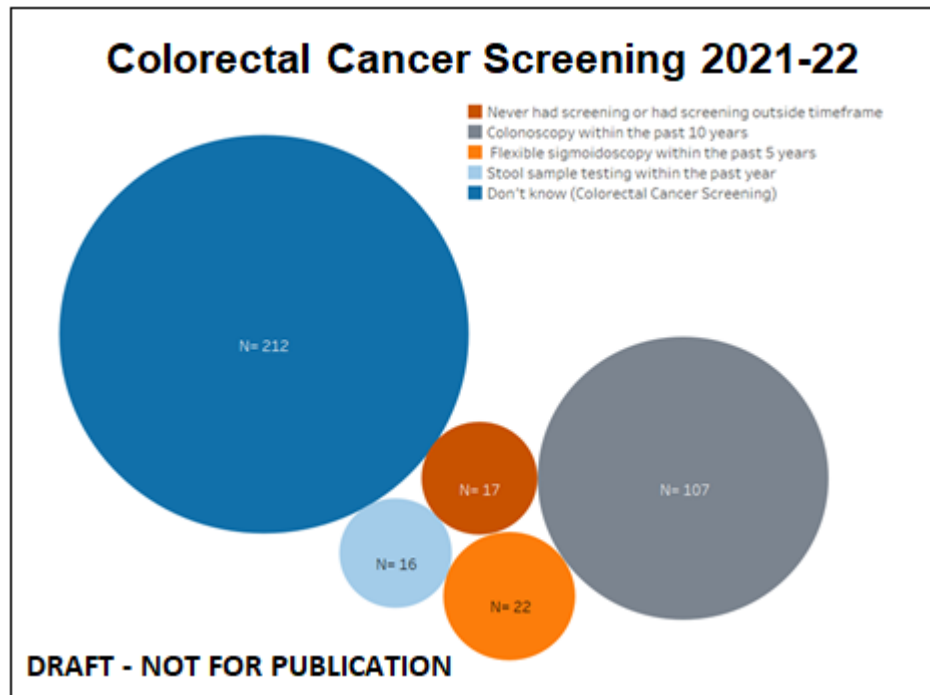
The database helped us recognize discrepancies in the rural codes, and easily allowed us to do a deeper data dive into the problem.



## New in New York State!

## NCI-IDD In Person Survey Status and Accomplishments

- Expanded survey size (1,012 in '21-'22, 1,682 in '22-'23, and goal of 1,700+ for '23-'24)
- Extended contract with Vital Research, LLC as survey admin vendor through 2025
- Succeeded in 2 large, fully remote survey cycles but exploring hybrid model for '23-'24
- Proportionate sampling to allow for internal comparisons across Care Coordination Orgs
- Data validations to understand methodology and recoding considerations – thanks HSR!!
- Building multiple Tableau dashboards across IPS domains ('21-'22 releases into 2024)
- Federal submissions for CMS 372 Waiver Reporting and Medicaid Adult Core Set
- State-specific questions target DEI initiatives and other goals from 2023-2027 OPWDD Strategic Plan



State Operations Coordinator: Olivia Popiel

Lead Researcher: Sara Berg, PhD

<https://opwdd.ny.gov/>



**Office for People With  
Developmental Disabilities**



# National Core Indicators “One Slide Challenge”

## 1. How is Oregon using NCI Data?

- Recently added as a key performance metric reported to legislators
- Annual Direct Support Professional workforce report completed by UCEDD—multi-year data now
- Beginning to use more broadly with partners to discuss issues with delivery of services

## 2. NCI data & Service Equity

- Oversampling populations in our Adult In-person Sample
- Expand translated documents (more than just English and Spanish)
- UCEDD used Child/Family survey data disaggregated by race/ethnicity for pilot project

# PENNSYLVANIA

**Goal:** Implement set of nationally standardized quality measures for Medicaid-funded HCBS per CMS

- **Key element:** Oversampling to compare at population and system levels and address disparities

**Resources:** Independent Monitoring for Quality (IM4Q) measures [Essential Data Elements (EDE) and National Core Indicators (NCI)] and process infrastructure

- **Opportunity:** Use EDE dataset to fulfill stratified sampling component for HCBS Quality Measure Set

**Actions:** Ensure measure used within IM4Q process includes full NCI-IDD and then state-specific supplement

- Stage 1 (2023-24): Revise EDE (larger sample) to include all NCI-IDD items from HCBS Quality Measure Set, continue separate NCI sampling
- Stage 2 (2024-25): Build combined measure of NCI-IDD and state-specific supplement (formerly EDE)

**Considerations:** Communication and meaningful engagement with community regarding changes, planning for changes to IM4Q infrastructure/process (eligibility criteria, AE load, funding needs), limitations created for longitudinal analysis with original EDE

**Benefits:** Reduces duplication of efforts, allows for enhanced national comparisons, meets CMS request

# Tennessee

- **Expansion of Sample:** Tennessee is planning to expand the sample by stratifying it based on equity groups, aiming to ensure a more comprehensive and meaningful representation of the population.
- **Pilot Analysis:** In our pilot analysis, we examined key factors such as age, level of disability, urbanicity, race, and gender to identify any significant differences among these groups, with the goal of achieving equality.
- **Daily Schedule Decisions:** A noteworthy trend emerged from the 2021-2022 cycle data regarding daily schedule decisions. 82% of males and 75% of females reported making their own daily schedule decisions, indicating a slight disparity that warrants further investigation.
- **Improved Data Collection:** Recognizing the need for enhanced race data collection, we plan to refine the reporting options to determine race/ethnicity with greater specificity in future cycles. This will ensure more accurate stratification and analysis of equity measures.



# Exciting Use of NCI-IDD Data

Merged SIS and Medicaid HCBS data with 4 years of NCI data (2018-2021) to see if scales constructed from NCI data were stable, even during a pandemic.

We found that we cannot assume that scales will fit data during public health crises, and should be double checked during such periods.

Sometimes returning to examination of NCI outcomes using individual items can be the best approach.



# Products Created Using NCI-IDD data

Developed and published a poster and publication (Journal of Vocational Rehabilitation) showing how propensity score matching can be used on NCI to approximate randomized control trials. For example, we matched those with and without ASD across 27 variables and found difference in employment services and outcomes for people with ASD.

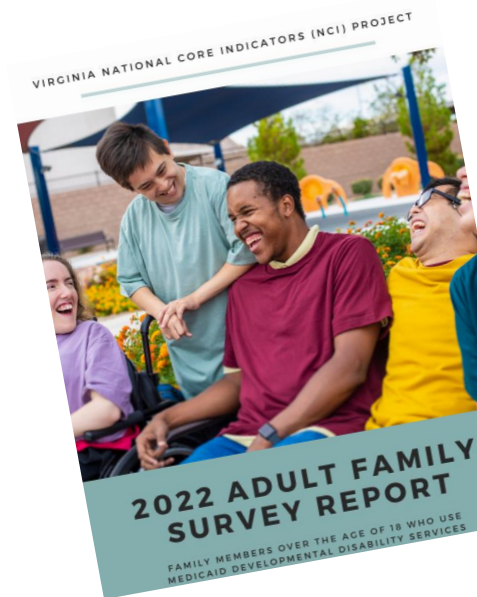
Citation: Broda, Bogenschutz, M., Lineberry, S., Dinora, P., Prohn, S., & West, A. (2023). Comparing employment, employment services, and employment goals in propensity-matched samples of people with intellectual and developmental disabilities with and without autism. *Journal of Vocational Rehabilitation*, 58(3), 307–316. <https://doi.org/10.3233/JVR-230019>



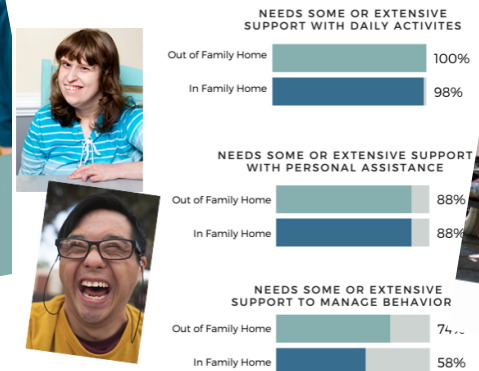
VIRGINIA COMMONWEALTH UNIVERSITY

School of Education | Partnership for People with Disabilities

Revamped our Adult Family Survey Infographic using Canva



## ABOUT THE FAMILY MEMBER USING SERVICES



\*Indicates a statistically significant difference between households with a person living out of the family home and households with a person living in the family home.

\*Some support\* is defined as "requires only occasional assistance or monitoring" while "Extensive support" is defined as "frequent or severe enough to require regular assistance".

2022 ADULT FAMILY SURVEY REPORT

VIRGINIA NCI PROJECT | 05



\*Indicates a statistically significant difference between households with a person living out of the family home and households with a person living in the family home.



# Big Changes in Wisconsin

## New Coordinator



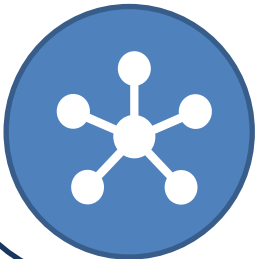
### Challenge

Expedited timeline for '22-23 cycle



### Advantage

The gift of experience from past cycles



### Lessons Learned

Strong comms strategy supports in-field work

## New Vendor: Knowledge Services

**Reporting Results: Using the Data**  
**Key Activity:** One-page fact sheet for public with results from the NCI-IDD SoTW 2021

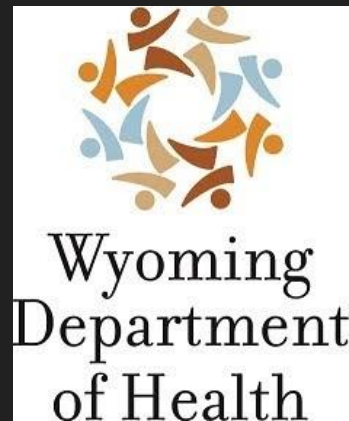




# Wyoming



- Using NCI-IDD IPS and SoTW data in our strategic plan measurements.
- Using the 2022-2023 NCI-IDD IPS data as a baseline.



**BREAK**





**NATIONAL CORE  
INDICATORS®**  
Recent events

Dorothy Hiersteiner  
Laura Vegas  
Stephanie Giordano  
Rosa Plasencia



# (NCI®-IDD)—What have we been up to?

- Working with Verity team at HSRI to develop ODESA 2.0
- Refining and adjusting the NCI-IDD website
- Working on NCI team response to the CMS Notice of Proposed Rulemaking related to the Access Rule
- In Jan 2022 NCI-IDD had 14 measures endorsed by the National Quality Forum (NQF)
  - Work for the endorsement & maintenance of quality performance measures
  - In 2023, Battelle received the contract to review and endorse quality measures
  - NCI team is working to understand how LTSS Quality Measures fit in the new framework
- Embarking on our next revisions cycle
  - Self-Direction
  - Family Surveys
  - Cultural Competence—with -AD
  - Workforce-- with -AD
  - How to make NCI-IDD reporting useful, accessible, useable.



# Peer Reviewed Article: How person-centered practices are related to better outcomes for people with intellectual and developmental disabilities: The critical role of case managers

We studied 5 outcome measures:

1. Choice and control over life decisions
2. Everyday choices
3. Satisfaction with community inclusion
4. Self-reported health
5. Whether a person feels their services are helping them to have a good life

We studied 4 measures of PCP:

1. Does your case manager/service coordinator ask what you want?
2. Are you able to contact your case manager/service coordinator when you want to?
3. Were you able to choose the services that you get as part of your service plan?
4. Does your service plan include things that are important to you?

- There is a strong relationship between better outcomes and the PCP measures.
- In particular, participating in developing service plans was positively associated with all five outcomes.
- This study adds to the evidence of PCP as a best practice.
- This study also shows the value of linking survey data and state records to have a better picture of person-centered practices.

We have developed resources to communicate these findings to a broader audience

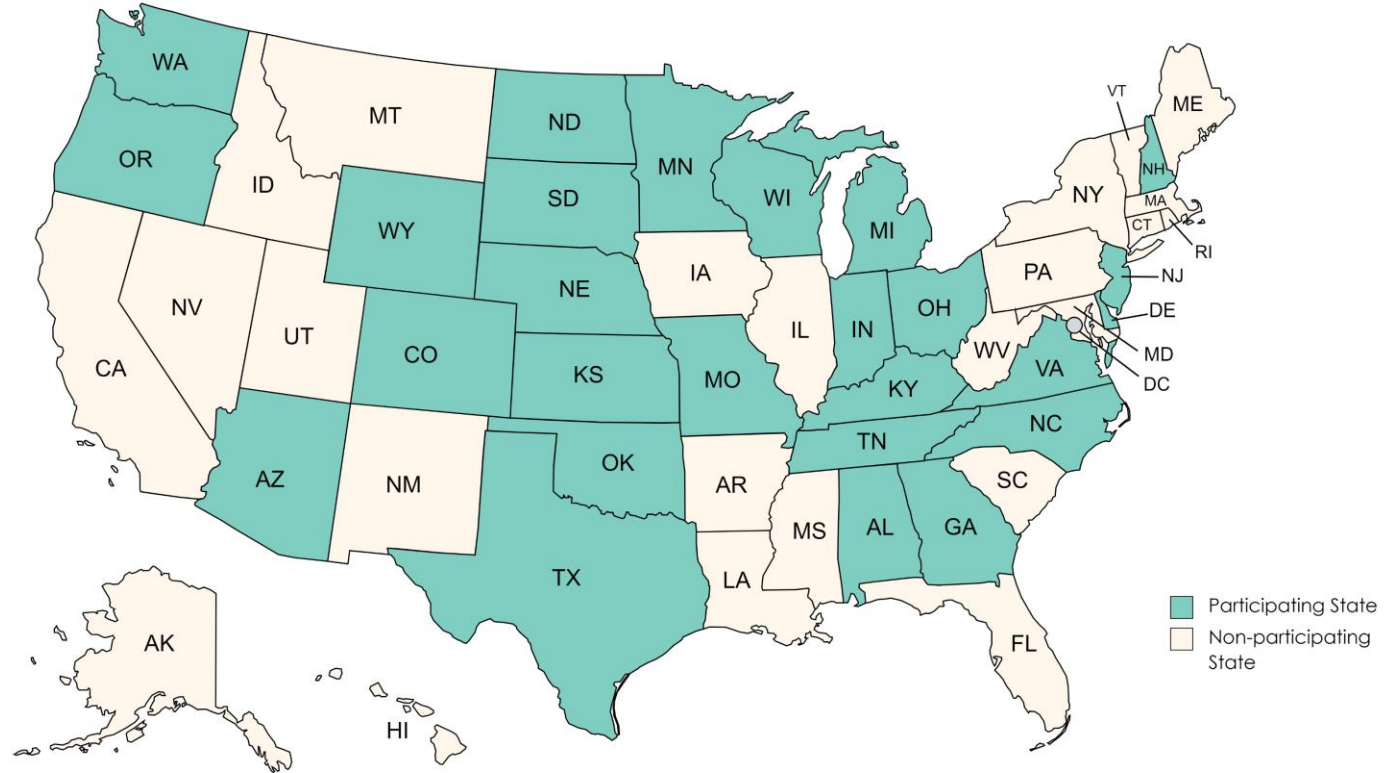
[See article here](#)

# Recent Conference Presentations

- AAIDD:
  - Case Managers with a Person-Centered Approach Linked to Better Employment Outcomes
  - Current Challenges Faced by Provider Agencies Providing Employment Services and Other Non-Residential Supports: Results from the 2021 NCI-IDD State of the Workforce Survey
- Academy Health
  - Impact of Person-Centered Practices on Choice Making and Wellbeing among Adults with Intellectual & Developmental Disabilities Receiving Long-Term Services and Supports

# Currently have 26 states participating in NCI-AD

Several states are or work with the same team as NCI-IDD



Created with mapchart.net



# Released 2021-22 National Report – first set outcomes since pre-COVID

Represents data from **15 states, 13,663 older adults and people with physical disabilities** receiving LTSS

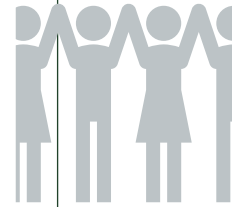


# Highlights from National Report

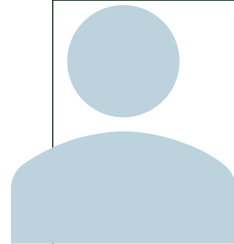
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85%  
can see/talk to  
family/friends they do not  
live with when they want



58%  
can take part in activities  
with others as much as  
they want



20%  
often feel lonely

# Highlights from National Report

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# Highlights from National Report

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**25% say paid staff changes too often**

66% have a backup plan if their paid support staff does not show up



**31% say case manager changes too often**





# State of the Workforce Pilot and Full Kick-off!





## Conferences and presentations

- ASA
- NCOA
- Upcoming
  - HCBS
  - GSA
  - LeadingAge



# Oregon Department of Human Services

**OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES**



University Center for Excellence in  
Developmental Disabilities

# The Partnership...

The Oregon Office of Developmental Disabilities Services (ODDS) and the UCEDD at Oregon Health & Sciences University (OHSU) have partnered on the NCI-DD project since 2012. This formed as a DD Network partnership that has developed beyond administering surveys. Utilizing the UCEDD's expertise as researchers, ODDS contracts with the UCEDD to provide different analysis reports. The UCEDD's expertise in the field of health and healthcare is also relied upon to develop state specific questions that examine issues like health care, medication, social media, sexual health and mental health supports





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## Background...

- Covid-19 Pandemic prevented the UCEDD from fulfilling contracted work for In-Person Survey (IPS) survey
- ODDS lacked research and analysis capacity to trend specific NCI data and develop analysis reports
- With cooperation with UCEDD, the NCI contract with the state was amended and contract funding for IPS was reallocated to develop three separate reports:
  - Stability of DSP Workforce (Staff Stability Survey)
  - ODDS Strategic Plan-NCI Crosswalk (IPS and Child/Family Survey)
  - Topical Data Analysis (IPS and Child/Family Survey)



2022 REPORT

Stability of the Direct Support Professional Workforce Providing Residential Supports to Adults with Intellectual and Developmental Disabilities in Oregon in 2020



# Stability of DSP Workforce Report

36

2020 REPORT

Stability of the Direct Support Professional Workforce Providing Residential Supports to Adults With Intellectual and Developmental Disabilities in Oregon



## Stability of the Direct Support Professional Workforce Providing Residential Supports to Adults with Intellectual and Developmental Disabilities in Oregon in 2020

# Stability of DSP Workforce Report-- Content

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- Annual data in simplified format
- Multi-year data trends
- Analysis
  - Findings
  - Recommendations
  - Proposed strategies





## Stability of the Direct Support Professional Workforce Providing Residential Supports to Adults with Intellectual and Developmental Disabilities in Oregon in 2020

# Stability of DSP Workforce Report—Application

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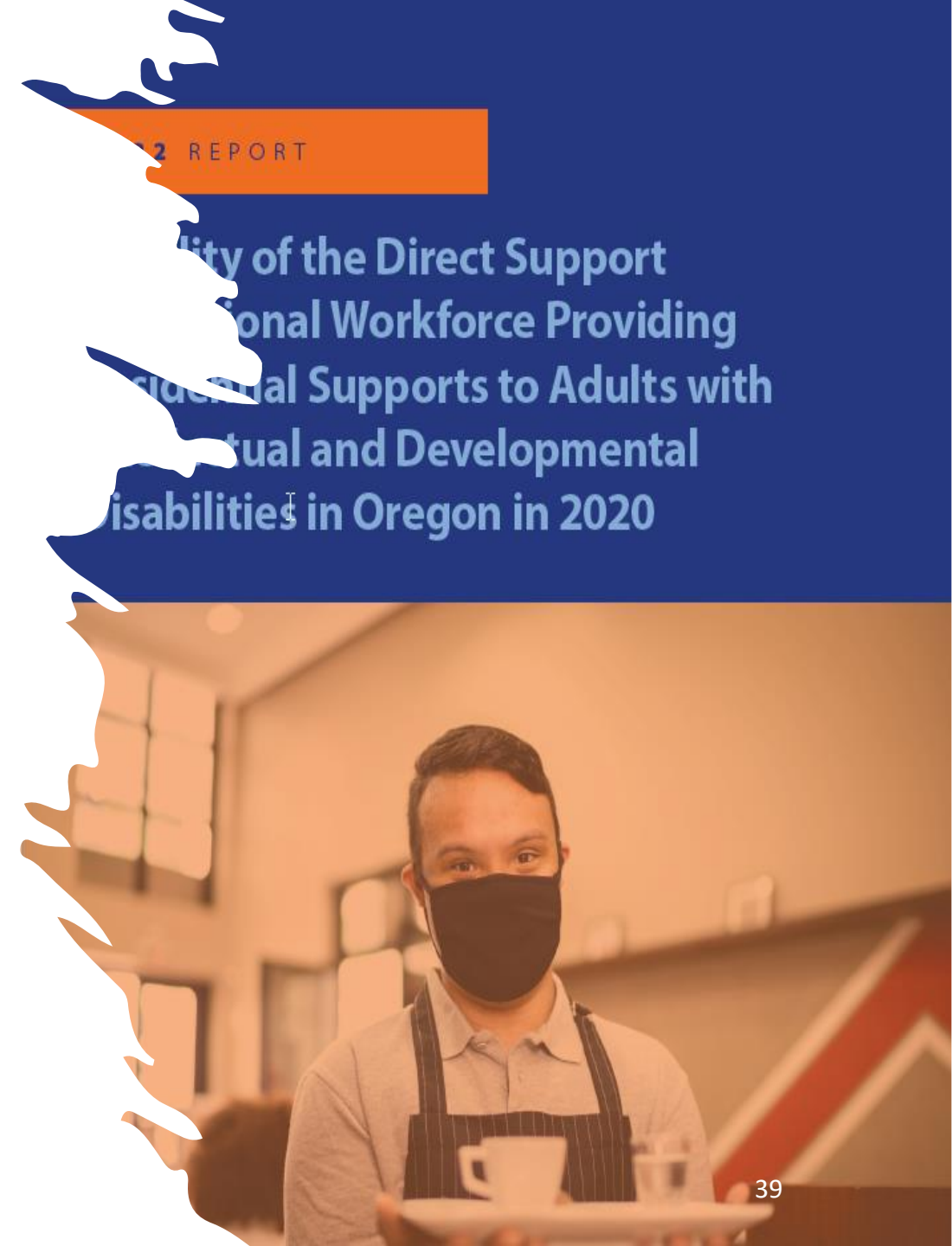
- Annual Legislative reports on state of the DSP workforce
- Budget forecasting and planning
- ODDS Strategic Planning
- Provider objectives





# Stability of DSP Workforce Report— Recommendations

- Reduce turnover by...
  - Increase hourly wage
  - Provide key benefits
  - Recognize value of DSPs
  - Ensure pay equity
- Enhancing future data analysis by:
  - Work with HSRI to test collection of demographic data
  - Pilot collection of data on ave. wage by tenure
  - Assess correlation between turnover and abuse
  - Incorporate data on agency-specific dollar costs of turnover
  - Conduct periodic reviews of DSP turnover and pay



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## ODDS Strategic Plan-NCI Crosswalk (AIP, Child/Family and Staff Stability Surveys)—Purpose and Method

### Purpose:

- To provide analysis of selected indicators from the NCI In-Person and Child/Family Surveys conducted in Oregon from 2012-2019 that can be useful in developing and measuring the Oregon Office of Developmental Disabilities Services “Strategic Plan-2018-2023.”

### Method:

- Strategic goals are mapped to the NCI domains and sub domains. This includes the identified indicators NCI uses to measure performance outcomes in domains most relevant to each strategic plan goal.



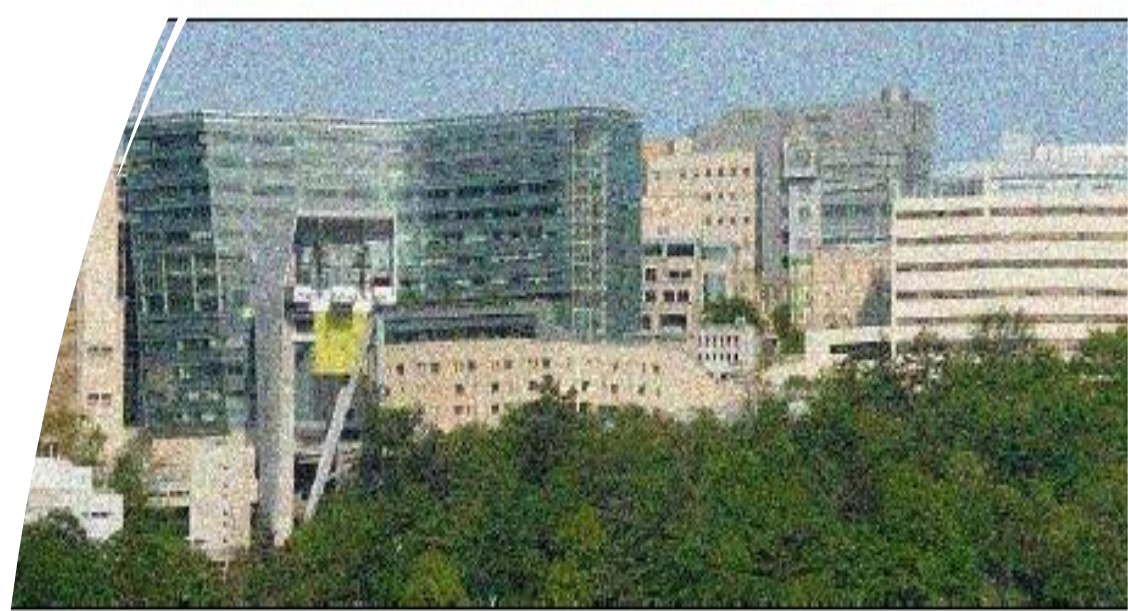
Oregon Office of Developmental Disabilities Services  
Strategic Plan – National Core Indicator Crosswalk

PREPARED BY: OHSU University Center for Excellence in Developmental Disabilities

# ODDS Strategic Plan-NCI Crosswalk (IPS and Child/Family Survey)— Content

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- Multi-year data trends
- National data comparisons
- Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis for each Strategic Plan goal area
- Potential Action steps for each goal area



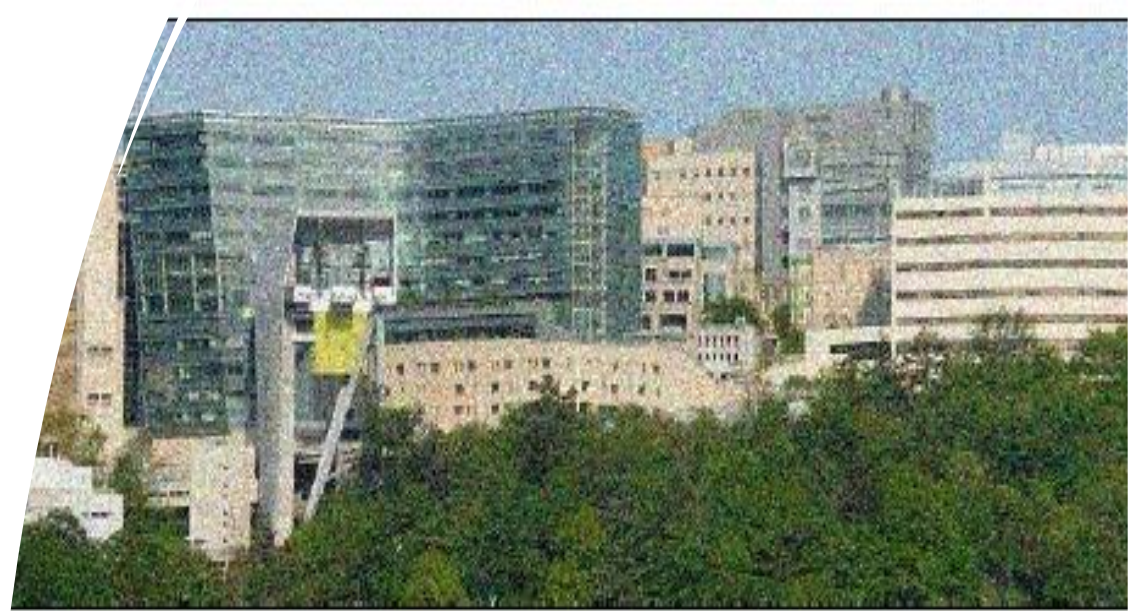
Oregon Office of Developmental Disabilities Strategic Plan – National Core Indicator Cross



# ODDS Strategic Plan-NCI Crosswalk (IPS and Child/Family Survey)— Application

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- Strategic Goal progress
- Policy discussion with internal and external partners (e.g., Individuals and families, tribal nations, internal staff, and community providers)
- Case management training
- Goal analysis and future strategic goal planning



Oregon Office of Developmental Disabilities Strategic Plan – National Core Indicator Cross



# NCI Four Topical Analyses— Purpose & Methods

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Purpose: Use NCI data to assess the experience of individuals with I/DD pertaining to Health and Wellness, Case Management Services, Loneliness, and Housing Satisfaction

## Methods:

- Use Multi-year NCI data to increase sample sizes available for analysis
- Used Behavioral Risk Factor Surveillance System (BRFSS) when possible to compare experience of people

**Note:** When similar health questions were used on both the BRFSS and NCI survey, data was included for NCI participants, BRFSS respondents with disabilities, and BRFSS respondents without disabilities



## National Core Indicators: Four Topical Analyses

# NCI Four Topical Analyses—Content

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- Data summaries and analysis to comparison groups (where applicable)
- Specific recommendations for possible action to improve experiences of people with I/DD across the four topic areas



**National Core Indicators: Four Topical Analyses**

# NCI Four Topical Analyses—Application

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- Demographic analysis across the four topic areas (e.g., non-Hispanic adults with I/DD more likely than those of other racial and ethnic groups to describe health as fairly good rather than excellent or very good)
- Support around other ODDS research and reports (i.e., mortality and the correlation between social isolation and risk of premature mortality)
- Policy development to address issues related to four topic areas
- Training to case managers addressing issues and concerns connected to the four topic areas



## National Core Indicators: Four Topical Analyses



# Other ways ODDS and OHSU-UCEDD Partnership works

- Development of State Specific questions for AIP and CFS--Supports work of both ODDS and UCEDD
- Development of fact sheets and policy briefs using NCI data that is shared with ODDS
- Created plain language information videos on the NCI process in English and Spanish.
- Technical assistance on Spanish letter and brochure that goes out to all participants
- ODDS Needs Assessment tool—Validation study conducted by OHSU using NCI data
- Future work opportunity—More work around NCI data for Federal Medicaid reporting





# Special thanks and acknowledgement for their contribution and development of these reports...

- Willi Horner-Johnson, PhD
- Amy Jeon, MS
- Alice Miller, MSW, MPH
- Kira Norton, MPH
- Rhonda Eppelsheimer, MSW
- Lindsay Sauve', MPH
- Abigail Newby-Kew, PhD, MPH
- Alison Martin, PhD



# TN Direct Support Professional (DSP) Workforce Advisory Group Creation

- Discussions were held by the Department of Intellectual and Disabilities (DIDD) and other State of Tennessee groups, referencing the current and future workforce situation and explicitly addressing the Direct Support Professional (DSP) role. After meeting with several key stakeholder groups, it was determined that DIDD and others needed to hear the current voice of DSPs throughout Tennessee. There was a proposal to begin workforce advisory groups in all three of Tennessee's grand regions.
- DIDD 1915c provider agencies were approached to participate in this project voluntarily. Those 1915c providers interested submitted applications for DSPs within their agencies who they felt would be excellent advisory board members based on their work performance and abilities. The agencies and the DSPs selected committed to getting a better understanding of and educating everyone on the valued role of the DSP, what creates a good work environment, and becoming subject matter experts (SMEs) on the work in this field.

# (DSP) Workforce Advisory Group (WAG) NCI Data Usage

A data resource was needed as the basis for addressing the state of the DSP Workforce not only in Tennessee but the United States. This data was the first step determined and showed the need for the DSP WAGs to address the role of DSPs.

The workgroups used information and data from the 2021 National Core Indicators (NCI) Staff Stability Survey (in which Tennessee DIDD 1915c providers participate) as the resource to begin. The following data on DSPs Employment nationwide was startling to the workgroups.

Of the DSPs employed by respondents as of Dec. 31, 2021, one-third (33.1%) had only been employed there for a year or less. Of the DSPs who left employment at responding agencies in 2021, slightly less than one-half (47.2%) had been employed there for less than one year.

Of the DSPs employed by respondents as of Dec. 31, 2021:

- 18.0% had been employed for less than six months
- 15.1% had been employed between 6 and 12 months
- 15.5% had been employed between 12 and 24 months
- 11.7% had been employed between 24 and 36 months
- 39.6% had been employed 36 months or more

National Core Indicators® (NCI®)



# (DSP) Workforce Advisory Group Strategies Developed

A summary of the four major areas was identified as critical to advancing the role of the DSP workforce statewide as they move forward with their work meeting quarterly for one year.

- Acknowledging the rewards of being a DSP
- Addressing the challenges of being a DSP
- Effective ways to enhance the role of a DSP
- Effective and achievable measures to improve job requirements

# (DSP) Workforce Advisory Group Strategies

The WAGs determined to advance the DSP Role and the Workforce and maintain those staff; these critical areas had to be addressed. The Workgroups created strategies, processes to implement, and benefits that develop for all stakeholders from these strategies.

- Better match up between DSPs and the person they will work with
- An effective mentoring program for new DSPs and tenured DSPs
- Address professional growth and acknowledgment of the DSP
  - ✓ Create a working definition of a DSP for Tennessee
  - ✓ Create a performance measuring tool for DSPs with their input
  - ✓ Work toward getting out what a DSP is to all in Tennessee

# (DSP) Workforce Advisory Group Successes

A final paper was created from this work and presented to the Commissioner of DIDD to share with stakeholders in Tennessee and nationally.

The work will be presented in the 2022/23 DIDD Annual Report to the State of Tennessee, which is presented to the governor and all legislative members.

Members of the WAGs presented as a panel at the 2023 National Arc Mega Conference on the roles of the DSP and points from their work.

Tennessee DIDD 3 Grand Regional Offices saw the success in the WAGs and have committed to carrying on this work to a new cycle reflecting DSP data changes, bringing new DSPs to the table, and working on new strategies.



# (DSP) Workforce Advisory Group

Thank you for your time and interest.

Robin Wilmoth  
Director of Workforce Development  
DIDD

[Robin.Wilmoth@tn.gov](mailto:Robin.Wilmoth@tn.gov)

[Intellectual & Developmental Disabilities \(DIDD\) \(tn.gov\)](http://tn.gov)

LUNCH





# WORLD CAFÉ

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# World Café

- Break into 4 groups
- Designate 4 topic-specific stations, each moderated by an NCI-IDD team member
- Groups move around to each station to discuss each topic
- There will be a virtual group





# World Café

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Family Surveys (Steph)

---

NCI-IDD Reports (Lindsay)

---

Problem Solving with NCI-IDD (Laura)

---

Revisions (Alixé)

---

[Virtual Group] (Dorothy)



# NCI-IDD Federal Updates

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Access and Managed Care NPRM

NCI Annual Meeting

August 1, 2023



# Background

Released end of May  
for public comment by  
July 3

Comment – NASDDDS,  
ADvancing States,  
Joint association and  
NCI measure stewards

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# Access NPRM, major components

Grievance System

Critical Incident Management

Rate Transparency, MLR like requirements for HCBS

Wait List Reporting

Grievance Process for Settings Rule Compliance Issues

Quality



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# Grievance System



The State must establish a procedure under which a beneficiary may file a grievance related to the State or a provider's compliance with person-centered planning and HCBS settings requirements.





# Critical Incident Management System

- Assurance that the state operates and maintains an incident management system that identifies, reports, triages, investigates, resolves, tracks, and trends critical incidents.
  - Requirements are effective 3 years after the date of enactment of this paragraph; and in the case of the state that implements a managed care delivery system under the authority of sections 1915(a), 1915(b), 1932(a), or 1115(a) of the Act and includes HCBS in the MCO's, PIHP's, or PAHP's contract, the first managed care plan contract rating period that begins on or after 3 years after the date of enactment of this paragraph.
-

# Critical Incident Management System

Define critical incident to include, at a minimum —

1. Verbal, physical, sexual, psychological, or emotional abuse;
2. Neglect;
3. Exploitation including financial exploitation;
4. Misuse or unauthorized use of restrictive interventions or seclusion;
5. A medication error resulting in a telephone call to or a consultation with a poison control center, an emergency department visit, an urgent care visit, a hospitalization, or death; or
6. An unexplained or unanticipated death, including but not limited to a death caused by abuse or neglect.



# Critical Incident Management

The state must:

- Require providers to report to the state, within state-established timeframes and procedures, any critical incident that occurs during the delivery of services authorized under section 1915(c) of the Act and as specified in the waiver participant's person-centered service plan, or occurs as a result of the failure to deliver services authorized under section 1915(c) of the Act and as specified in the waiver participant's person-centered service plan.
  - Use claims data, Medicaid fraud control unit data, and data from other state agencies such as Adult Protective Services or Child Protective Services to the extent permissible under applicable state law to identify critical incidents that are unreported by providers and occur during the delivery of services authorized under section 1915(c) of the Act and as specified in the waiver participant's person-centered service plan, or occur as a result of the failure to deliver services authorized under section 1915(c) of the Act and as specified in the waiver participant's person-centered service plan.
  - Ensure that there is information sharing on the status and resolution of investigations, such as through the use of information sharing agreements, between the state and the entity or entities responsible in the state for investigating critical incidents.
-





# Critical Incident Management

The state must:

1. Initiate an investigation, within state-specified timeframes, for no less than 90 percent of critical incidents;
2. Complete an investigation and determine the resolution of the investigation, within state-specified timeframes, for no less than 90 percent of critical incidents; and
3. Ensure that corrective action has been completed within state-specified timeframes, for no less than 90 percent of critical incidents that require corrective action.

Separately investigate critical incidents if the investigative agency fails to report the resolution of an investigation within state-specified timeframes ("intended to ensure that the failure to effectively share information between state agencies or other entities in the state responsible for investigating incidents does not impede a state's ability to effectively identify, report, triage, investigate, resolve, track, and trend critical incident").

---

# Critical Incident Management

1. Enables electronic critical incident data collection.
2. Tracking (including of the status and resolution of investigations).
3. Trending.





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## Waiting List

States must report:

- A description of how the state maintains the list.
  1. Information on whether the state screens individuals on the list for waiver eligibility.
  2. Whether and how frequently the state periodically rescreens individuals on the list for eligibility.
  3. Number of people on the list.
  4. Average amount of time that individuals newly enrolled in the waiver program in the past 12 months were on the list.
- Effective 3 years after date of enactment.

# Waiting List

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## **The state must report:**

Average amount of time from when homemaker services, home health aide services, or personal care services are initially approved to when services began, for individuals newly approved to begin receiving services within the past 12 months. Can use a sample.

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Percent of authorized hours for homemaker services, home health aide services, or personal care services, as that are provided within the past 12 months. Can use a sample.

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# Payment

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**REQUIRE** that state Medicaid agencies demonstrate that payment rates for certain HCBS authorized under section 1915(c) of the Act are sufficient to ensure a sufficient direct care workforce (defined and explained later in this section of the proposed rule) to meet the needs of beneficiaries and provide access to services in accordance with the amount, duration, and scope specified in the person-centered service plan, as required under § 441.301(c)(2).

# Payment

**REQUIRE** that at least 80 percent of all Medicaid payments, including but not limited to base payments and supplemental payments, with respect to the following services be spent on compensation to direct care workers: homemaker services, home health aide services, and personal care services. Defines compensation to include salary, wages, and other remuneration as defined by the Fair Labor Standards Act and benefits (such as health and dental benefits, sick leave, and tuition reimbursement). In addition, we propose to define compensation to include the employer share of payroll taxes for direct care workers delivering services under section 1915(c) waivers.

# Payment

**DEFINE** direct care workers to include workers who provide nursing services, assist with activities of daily living (such as mobility, personal hygiene, eating) or instrumental activities of daily living (such as cooking, grocery shopping, managing finances), and provide behavioral supports, employment supports, or other services to promote community integration. Specifically, we propose to define direct care workers to include nurses (registered nurses, licensed practical nurses, nurse practitioners, or clinical nurse specialists) who provide nursing services to Medicaid-eligible individuals receiving HCBS, licensed or certified nursing assistants, direct support professionals, personal care attendants, home health aides, and other individuals who are paid to directly provide services to Medicaid beneficiaries receiving HCBS to address activities of daily living or instrumental activities of daily living, behavioral supports, employment supports, or other services to promote community integration. Direct care workers to include: individuals employed by a Medicaid provider, state agency, or third party; contracted with a Medicaid provider, state agency, or third party; or delivering services under a self-directed service model.

Apply the proposed requirements to section 1915(j), (k), and (i) state plan services.



# Payment

**PROPOSING** at § 441.302(k)(4), to provide States with 4 years to implement these requirements in FFS delivery systems following effective date of the final rule. For states with managed care delivery systems under the authority of sections 1915(a), 1915(b), 1932(a), or 1115(a) of the Act and that include HCBS in the MCO's, PIHP's, or PAHP's contract, we are proposing to provide States until the first managed care plan contract rating period that begins on or after 4 years after the effective date of the final rule to implement these requirements.

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# Payment

**PROPOSE** that states report annually on the percent of payments for homemaker, home health aide, and personal care services, as listed at § 440.180(b)(2) through (4), that are spent on compensation for direct care workers. States would separately report for each service subject to the reporting requirement and, within each service, separately report on payments for services that are self-directed.

# Payment

**PUBLISHING** Medicaid fee schedule payment rates (defined as payment rates made to providers delivering Medicaid services to Medicaid beneficiaries through a FFS delivery system) on a state Medicaid agency website. In the interest of enabling members of the public to readily determine rates, CMS is further proposing to require states, in constructing their websites, to:

- Clearly organize and enumerate rates;
- Include the dates on which rates were last updated;
- Disclose the constituent components of bundled rates as well as how much of the bundled fee schedule payment rate or rate determined by a similar payment methodology is allocated to each constituent service;
- Stratify rates by population (pediatric and adult), provider type, and geographical location, if rates vary; and
- Updates to rate schedules (e.g. automatic updates that reflect changes to Medicare fee schedules) within one month of the date of CMS approval.

CMS includes detailed illustrative examples on the granularity of required detail for these elements.

# Payment

**WITH RESPECT** to the disclosure of HCBS payment rates, CMS is proposing to require it to include:

- Average hourly payment rates for personal care, home health aide, and homemaker services provided by individual providers and providers employed by an agency, and stratified by population (pediatric and adult), provider type, and geographical location, as applicable.
- Medicaid-paid claims volume, and number of Medicaid enrolled beneficiaries who received personal care, home health aide, and homemaker services.

**CMS is proposing to require states to distinguish the average hourly payment rates for personal care, home health aide, and homemaker services provided by individual providers with rates paid to providers employed by an agency.**

# Advisory Groups for Payment/Rates

**CMS** proposes to require states to establish an interested parties' advisory group that must meet at least every two years to advise and consult on FFS rates paid to direct care workers (defined in the HCBS section) providing self-directed and agency-directed HCBS, at a minimum for personal care, home health aide, and homemaker services that are provided under authorities including 1905(a), 1915(i), 1915(j), and 1915(k) state plan authorities; section 1915(c) and 1115 waivers; and at the states' option, other HCBS.

CMS is proposing to require that this group advise and consult with the Medicaid agency on current and proposed payment rates, HCBS payment adequacy data, and access to care metrics. CMS is also proposing to require states to consider recommendations of and publish via the same website that fulfills transparency requirements recommendations made by the group, within one month of when those recommendations are made.

# Rate Transparency

The state must:

1. Report annually the percent of payments for personal care, home health aide, and homemaker services that are spent on compensation for direct care workers. The state must report separately for each service and, within each service, must separately report services that are self-directed.
2. Publish average hourly Medicaid payment rates for personal care, home health aide, and homemaker services, separately identifying the payment rates by population (pediatric and adult), provider type, and geographical location, if those vary.
  - A. The disclosure must identify the number of Medicaid-paid claims and the number of Medicaid enrolled beneficiaries who received a service within a calendar year for each of the services for which the average hourly payment rates are published



# Transparency

The state must operate a website that

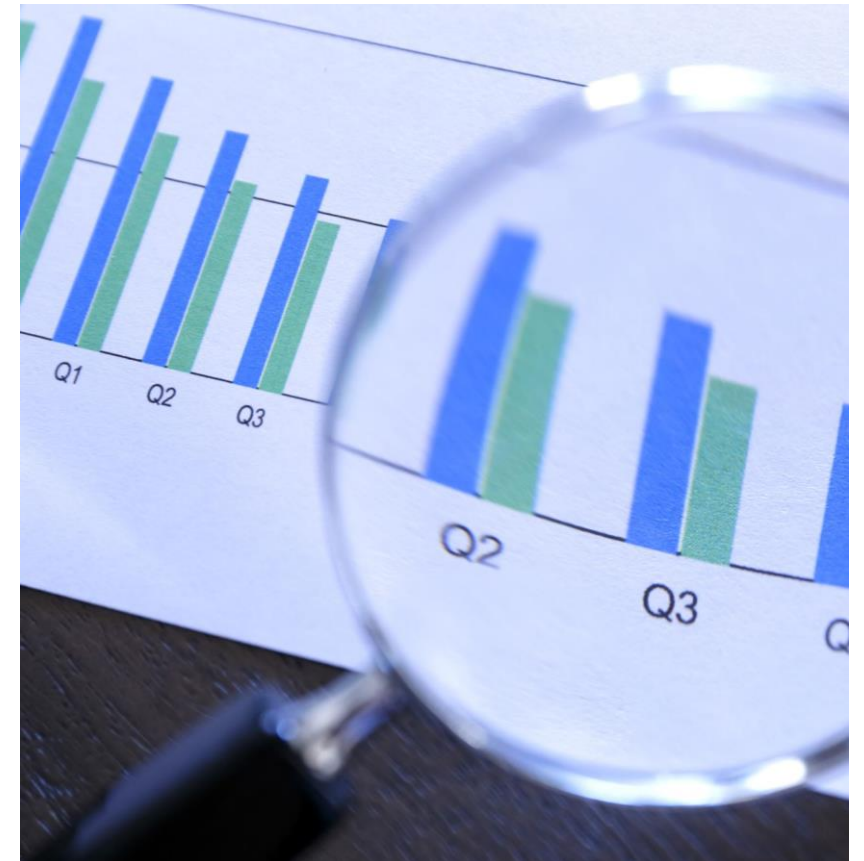
1. provides the results of the reporting requirements in the rule.
  - A. Rates, including last time updated
  - B. Incident management system assessment/number and percent of critical incidents
  - C. Person-centered planning percentages
  - D. Quality measure set
  - E. Timeliness
  - F. Waiting lists
2. Includes all content on one web page, either directly or by linking.

Effective 3 years after the date of enactment.

# Quality

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- The proposed HCBS requirements in the rulemaking are intended to establish a new strategy for oversight, monitoring, quality assurance, and quality improvement for section 1915(c) waiver programs.
- The priority areas are person-centered planning, health and welfare, access, beneficiary protections, and quality improvement.
- New reporting requirements to fully replace the 86% measure threshold from 2014 requirements.
- To ensure consistency and alignment across HCBS authorities, propose to apply the proposed requirements for section 1915(c) waiver programs to section 1915(i), (j), and (k) state plan services as appropriate.



# Quality

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The Secretary shall:

- In consultation with states, develop and update, at least every other year, the HCBS Quality Measure Set using a process that allows for public input and comment.
- Ensure that all measures included in the Home and Community-Based Services Quality Measure Set reflect an evidence-based process including testing, validation, and consensus among interested parties; are meaningful for states; are feasible for state-level, program-level, or provider-level reporting as appropriate.
- Identify the specific measures for which reporting is mandatory from a mandatory HCBS Quality Measure Set as well as other quality measures selected by the state.
- Identify the subset of measures that must be stratified by race, ethnicity, sex, age, rural/urban status, disability, language, Tribal status, other.
- Identify the measures for which the Secretary will complete reporting on behalf of states and the measures for which states may elect to have the Secretary report on their behalf; and the measures, if any, for which the Secretary will provide states with additional time to report.

# Quality

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## States:

- Must establish state performance targets and describe the quality improvement strategies that the state will pursue.
- Must report every other year on all measures in the Home and Community-Based Services Quality Measure Set that are identified by the Secretary.

# NCI and the HCBS Quality Measure Set



- 2016: NQF report *Quality in HCBS to Support Community Living: Addressing Gaps in Performance Measurement* highlighted the gaps in Quality Measures that specifically measure how HCBS are performing
- 2020: CMS released a request for information (RFI) seeking public input on a draft set of recommended quality measures for HCBS
- 2022: CMS releases the first official version of the HCBS Quality Measure set
  - **Includes 34 measures from NCI-IDD and NCI-AD**



# What does this mean for NCI

- How can NCI SoTW survey be used for payment reporting requirements?
- NCI-IDD, IPS
  - Sampling
  - Reporting

# NQF endorsement

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In January of 2022, National Quality Forum (NQF) endorsed [14 NCI-IDD measures](#)

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Rigorous review of scientific methods, consensus panel analysis, and a public comment period

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Recognition of the high demand for quality measures in HCBS

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An important step toward enhancing the quality of services and supports provided to people with IDD across state systems

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Working to understand how  
NCI fits into the new PQM  
framework

+  
•

- NCI-IDD was added to Medicaid Adult Core Set in 2020

- What is the Adult Core 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
- NCI-IDD measures address critical gap since Adult Core Set established - LTSS including HCBS
- Specific indicators from NCI-IDD IPS will be shared on the Medicaid website, with links to the full state report



# Medicaid & CHIP Scorecard

- The Scorecard is designed to increase public transparency about the outcomes of children and adults who are enrolled in Medicaid and CHIP
  - The Social Security Act (Section 1139B) requires the Secretary of Health and Human Services to identify and publish a core set of health care quality measures for adult Medicaid enrollees
  - Currently by statute, state reporting on these measure sets is voluntary
- NCI is one of three experience of care surveys included in the Medicaid Scorecard





Questions?





# Group Problem Solving

# Gatekeeping

“We experience a lot of caregivers that indicate the member is unable to participate due to being nonverbal and/or noncommunicative.

Training indicates that the surveyor is still supposed to try and communicate directly with the member to verify; however, forcing this issue often ends up frustrating the caregiver.

So not only do they refuse on behalf of the member, but they are also then less likely to participate in the proxy survey. What are some best practices for handling these situations?”

Amanda Yanez (TN)



# Gatekeeping

“Are there any states that do not require guardianship consent to do the survey? If so, how do you work with providers and other gatekeepers that may try to prevent an individual from making their own decision about participating in the survey?”

Kira Norton (OR)

“Provider agency pushback” Nora Heckel (SD)



# Representation and Participation

“How does your state ensure equal representation by people living in rural areas?” Rachel Ray (NE)

“In our state, there is a need to ensure that experience data is collected in a way that is culturally competent from non-white and non-English speakers, or for whom English is not their preferred language. How can we collect data from them and further evolve the surveys to collect data in a way that is comfortable and clear for any [person being surveyed]?” Josh Sudarma (CA)



## Family Survey Response Rates

“Our state has seen a decrease in Family Survey participation. We have sent several reminder mailings and offered direct entry, this year. What are strategies that have worked in states or new approaches that haven’t been tried yet?” Patrice Beard (VA)

“We have tried multiple methods to increase the return rate of our family surveys and it has not been effective. Our state is considering discontinuing its administration of it. Does anyone have methods beyond email, postcards, etc to increase return rates?” Laura Butler (KY)



# Translating Knowledge





# Translating Knowledge for All Audiences

NCI Annual Meeting 2023

# Agenda



What is Knowledge Translation?



Who is your audience?



Measuring progress and success



Practice makes perfect

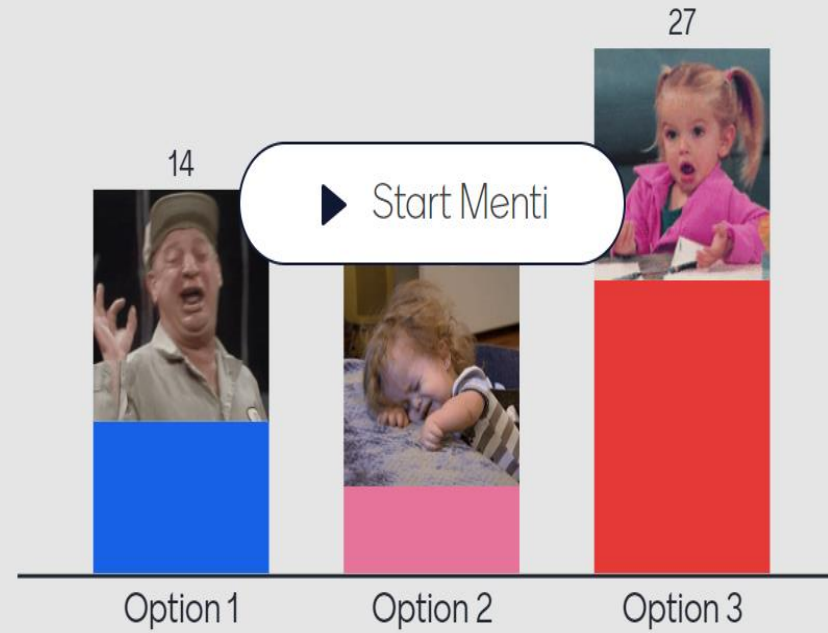




# What is Knowledge Translation?



# How do you feel about knowledge translation?





# Definitions



**Communication or dissemination:** Sharing findings to inform or promote awareness and understanding

**Authoritative knowledge → Community members**



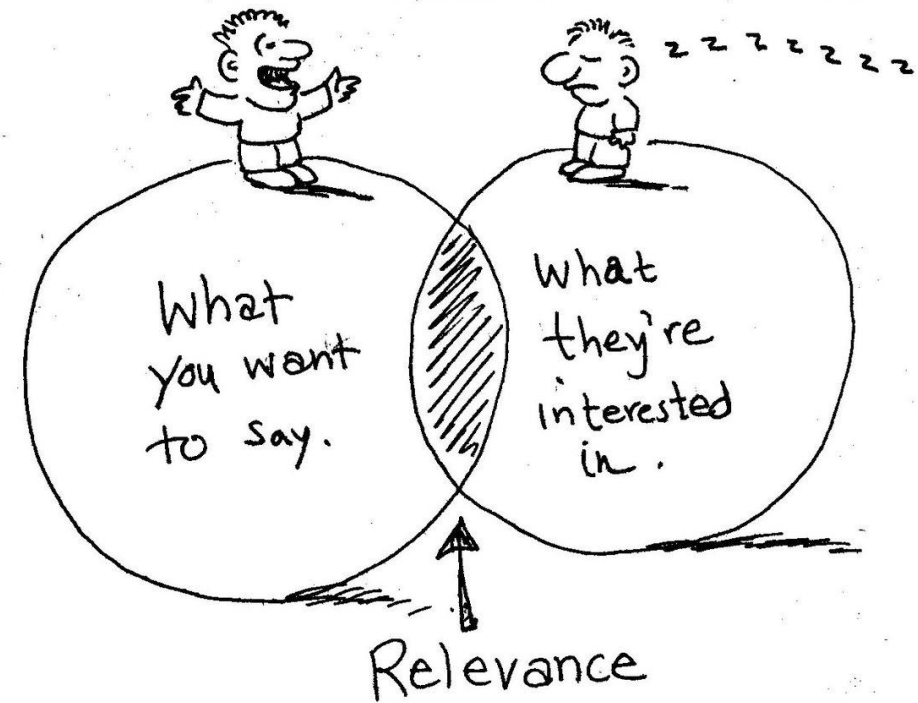
**Knowledge translation:** A dynamic process involving exchange of knowledge between researchers and community members, with an emphasis on ensuring that knowledge is used to change programs and policies

**Authoritative knowledge ↔ Embodied knowledge**


# Knowledge Translation Best Practices

## The COMMS approach

- Context
- Outcomes
- Messages
  - SMIT: Single Most Important Thing
  - 2-3 supporting messages
  - BLAM: Bottom line actionable messages
- Methods
- Support



It's not just  
what you  
say, it's how  
you say it...

- Asset framing
    - A style of communication that describes groups of people by their strengths or goals, not their challenges or shortcomings.
    - Points to the systemic contributors to disparities
      - *People with I/DD typically have poorer health and quality of life than people without disabilities.*
- 
- *People with I/DD want opportunities to be engaged in their communities in meaningful ways. They often experience barriers to accessing high quality community-based services. This contributes to poorer health outcomes and quality of life for people with I/DD.*

# Plain language and easy read

## Plain language

Writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience.

- Reader-centered organization
- “You” and other pronouns
- Active voice, not passive
- Short sentences and paragraphs
- Common, everyday words
- Easy-to-follow design features (lists, headers, tables)

## Easy read

The presentation of information in two ways – with pictures and words – to make sure everyone can access the same information.

- Active voice, not passive
- Straightforward language and repetition
- Define terms
- Bulleted lists
- Using examples or vignettes
- Easy-to-follow design features (lists, headers, tables)

# An example...

## Plain language

*Grade level 8:*

*-People with I/DD want opportunities to be engaged in their communities in meaningful ways. They often experience barriers to accessing high quality services. This contributes to poorer health outcomes and quality of life for people with I/DD.*



## Easy read

*Grade level 3:*

*-People with I/DD want to be part of their communities. They often face barriers to getting good services in the community. This can lead to poor health and lower quality of life for people with I/DD.*

<https://hemingwayapp.com/>



# KT Planning

<https://www.sickkids.ca/contentassets/4ba06697e24946439d1d6187ddcb7def/79482-ktplanningtemplate.pdf>

Who can benefit from this evidence?

When will partners or knowledge user engagement happen?

What roles will partners/knowledge users have?

Do you require any KT expertise, and if so, how will this be accessed?

Which knowledge user if the primary, secondary, tertiary audience?

What is the main message?

What are the KT goals?

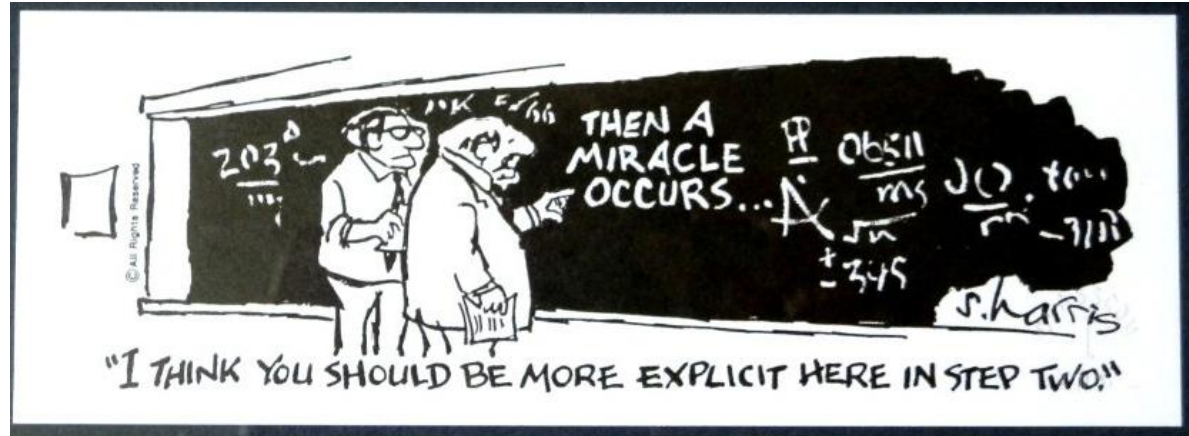
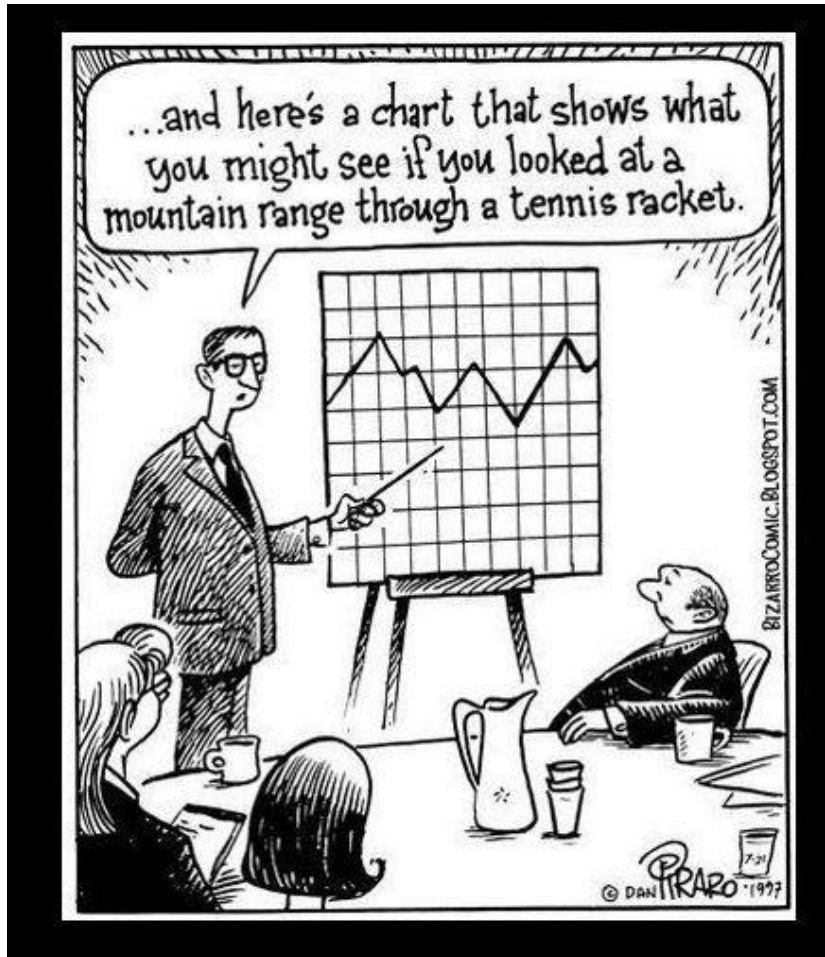
What KT strategies will you use?

When will KT occur?

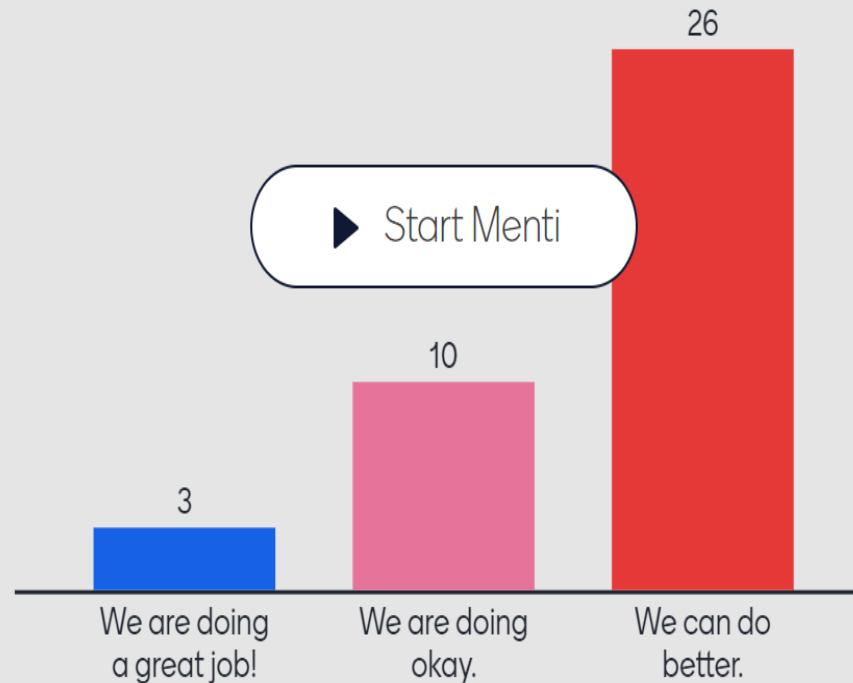
Who will you know your KT goals have been achieved?

What resources/budget is needed to deliver the plan?

# Common KT mistakes



# How well do you feel your state is translating knowledge from NCI with various audiences?







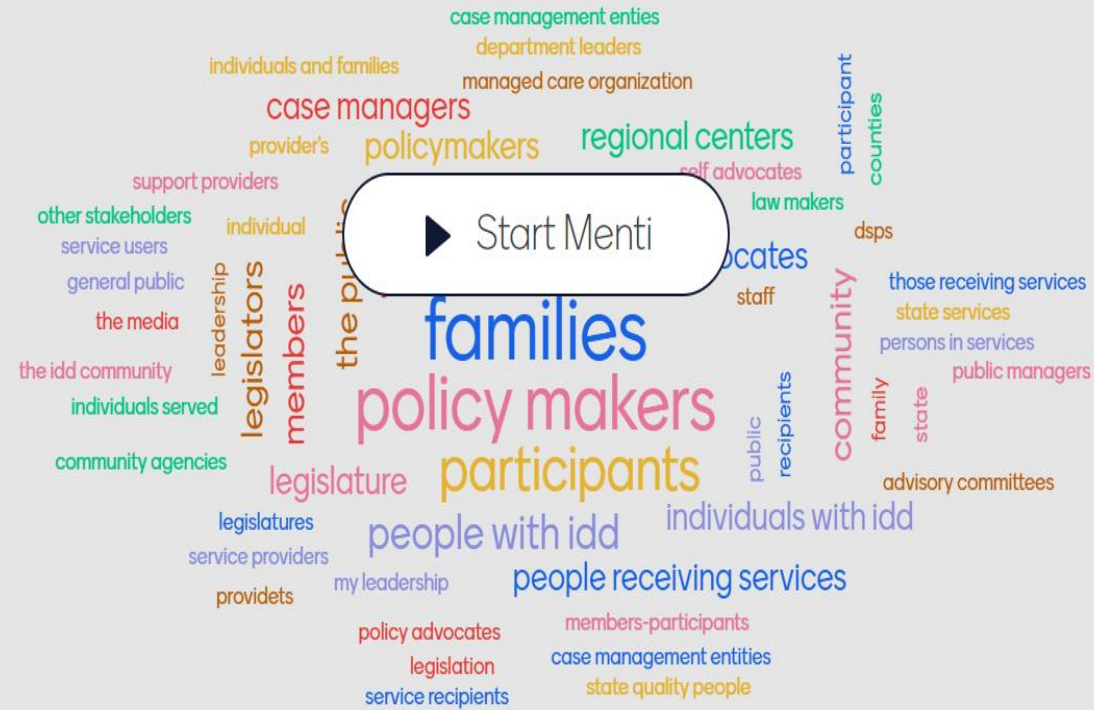
Who is your  
audience?





# Who do you think is the most important audience to share NCI findings with?

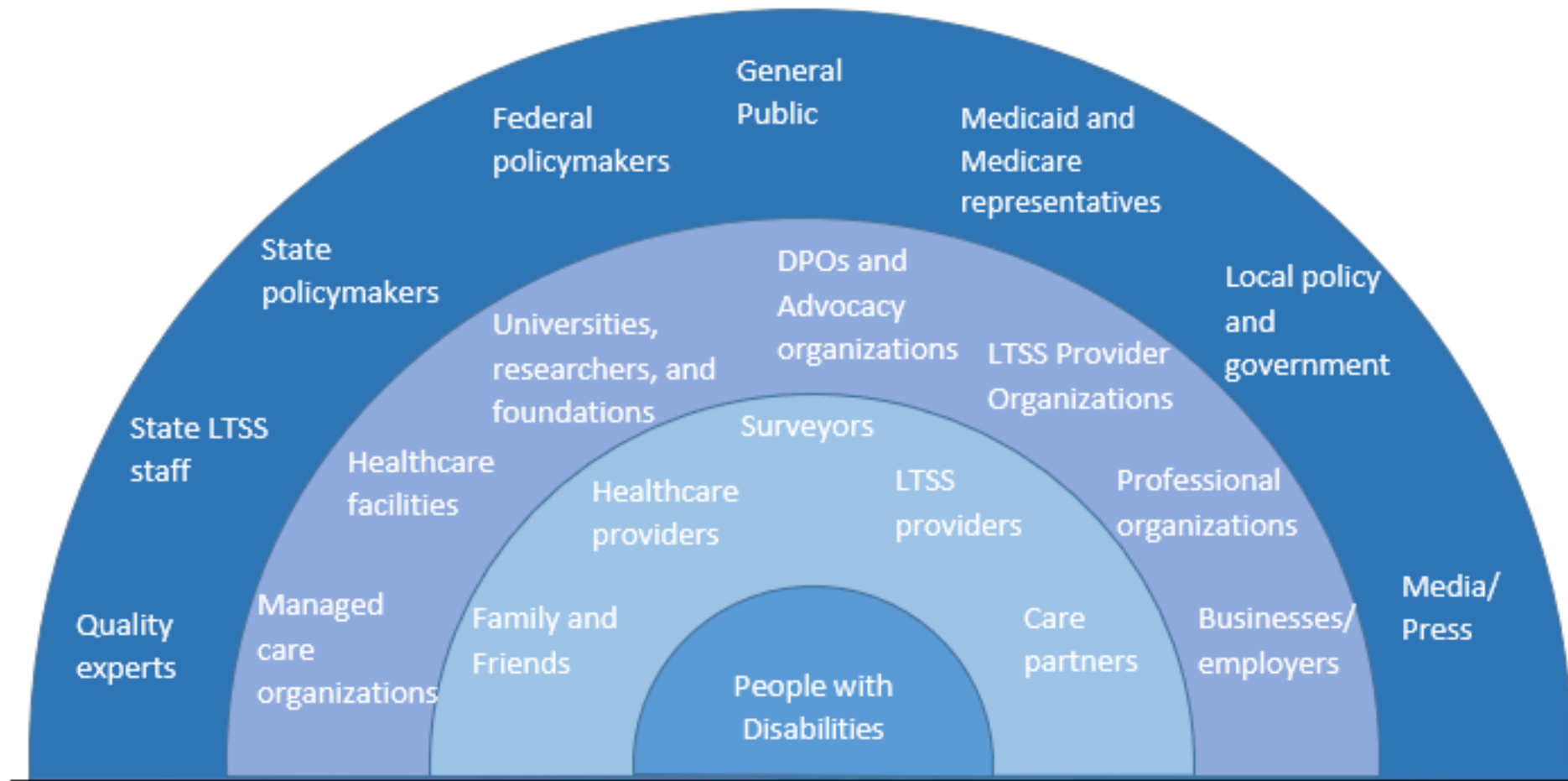
105 Responses



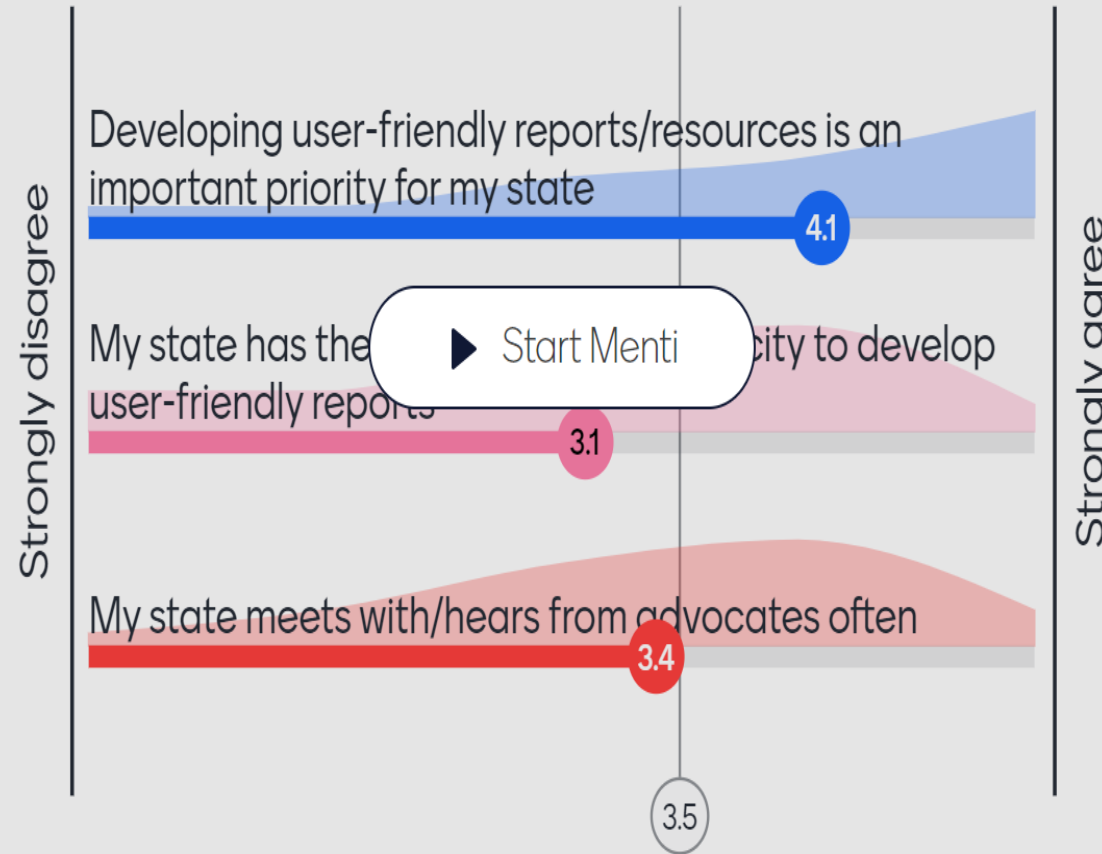
▶ Start Menti



# Audience for NCI



# Knowledge translation with LTSS users



# Methods for KT

Peer-reviewed  
publications  
and reports

Data briefs  
and  
infographics

Webinars

Conferences

Newsletters  
and email  
blasts

Website

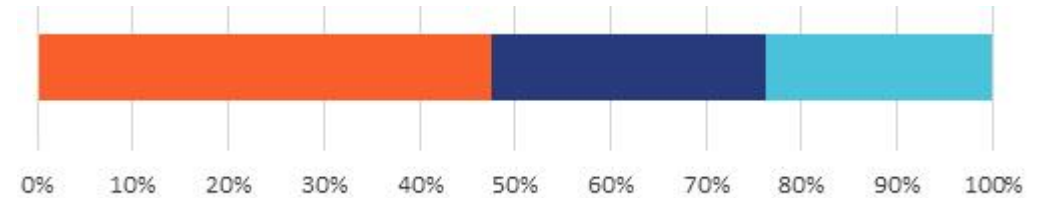
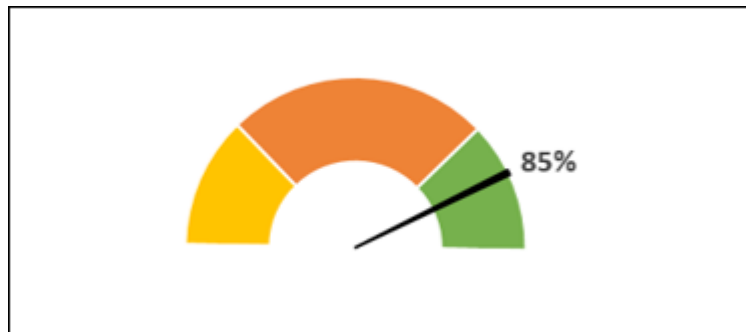
Videos and  
podcasts

Social media

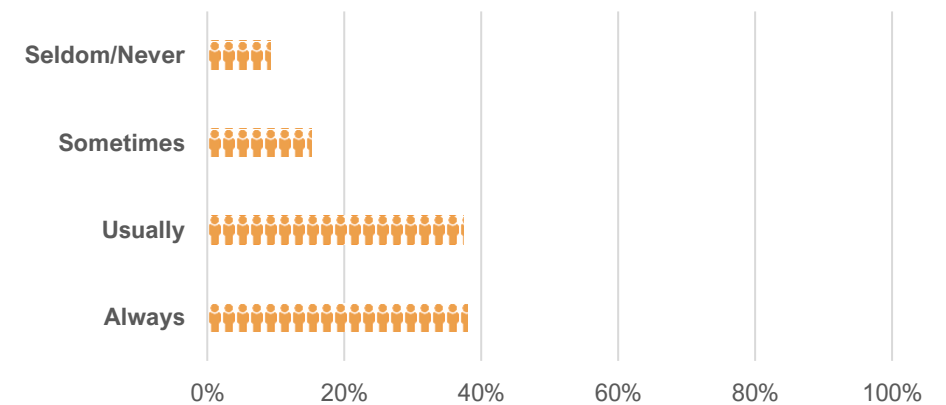
Technical  
assistance

# Data visualization best practice

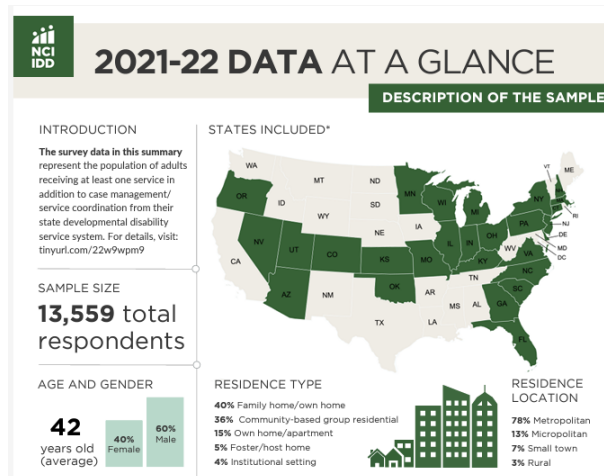
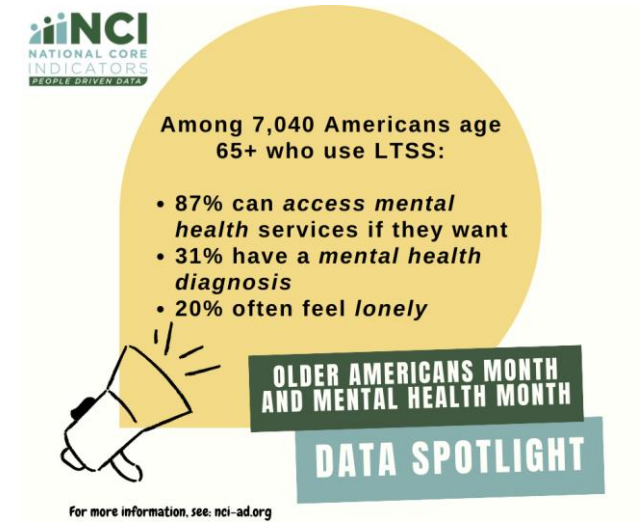
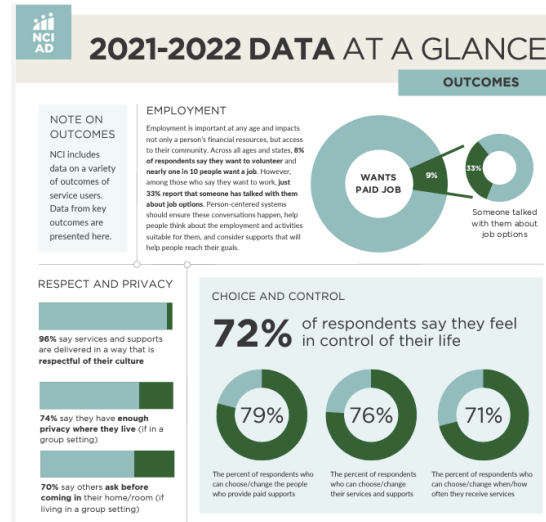
- Avoid pie charts; use stacked bar charts and tree maps instead
- Use familiar metaphors
- Manage visual complexity
- Use icons/discrete units for proportion data



Do you get enough information to take part in planning services for your family member?



# Example resources







# Measuring progress and success



# KT goals and evaluation

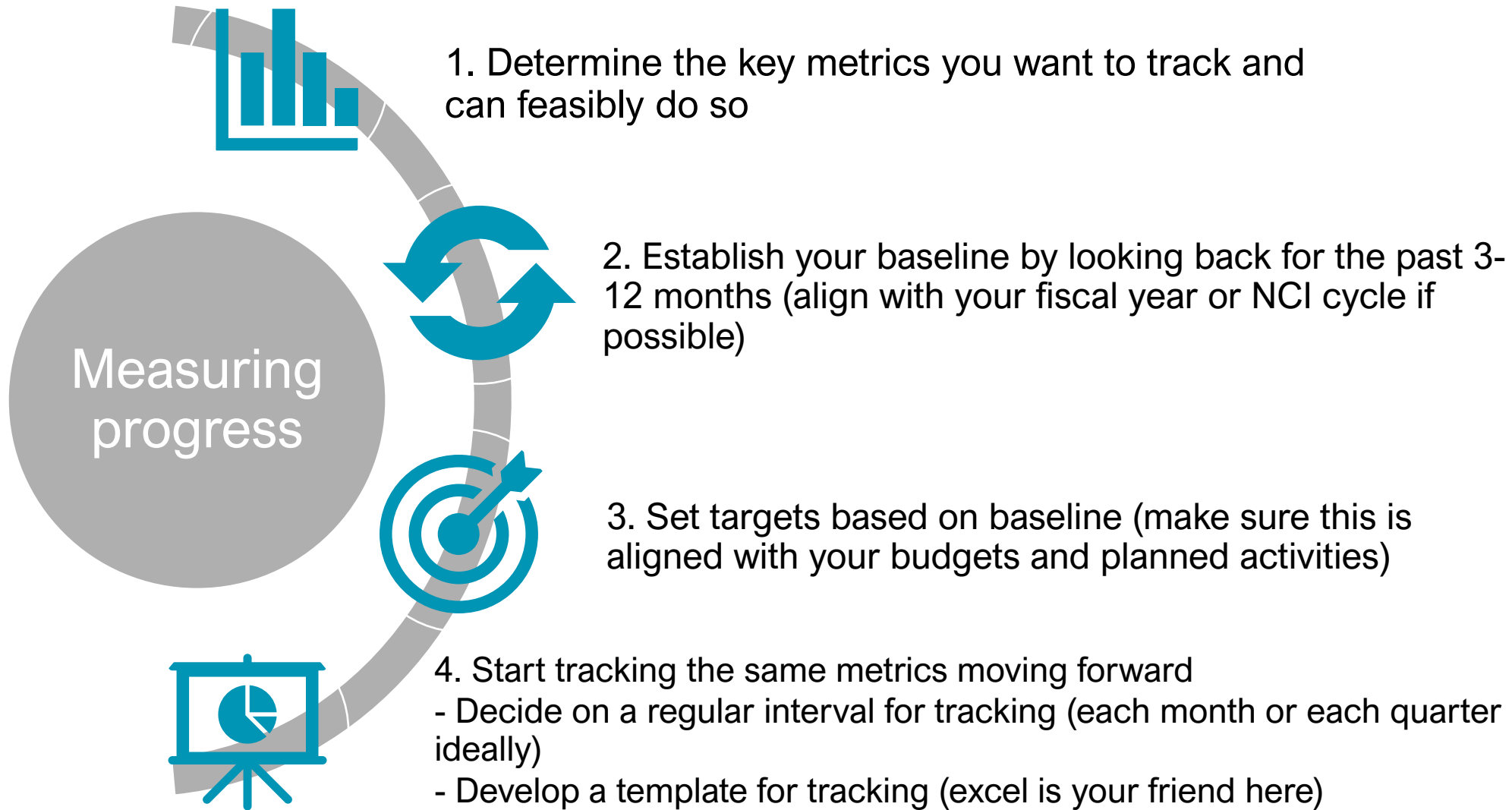
## Goals

- Generate awareness, interest, buy-in
- Share knowledge
- Inform decision-making
- Inform research(ers)
- Facilitate policy change
- Facilitate practice or behavior change
  - Requires an implementation plan in addition to KT plan
- Commercialization/technology transfer

## Evaluation

- Reach indicators
- Usefulness indicators
- Use indicators
- Partnership/collaboration indicators
- Program or service indicators
- Policy indicators
- Knowledge change
- Attitude change
- Systems change

# Examples



## What support or resources does your state need to excel with knowledge translation?

22 Responses

More timely data

More resources

User friendly templates

Examples

Funding and enhanced communications team

Help presenting the information to our quarterly internal quality committees to make positive changes.

Limited control over communications and SM

Examples that we can use and this power point

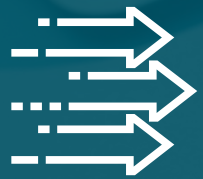
This presentation would be helpful

Templates

Expertise

User friendly reports





Practice  
makes  
perfect



# Activity time!

- Group 1: Choice and decision-making
- Group 2: Rights and respect
- Group 3: Access to services

Use the COMMS approach to:

1. Pick 2-3 outcomes that you think are the most important
2. Pick the audience that you think most needs to know this information
3. Develop your message (summary of the information)
4. Pick the method you would use to share the information with that audience
5. Report back from your group!

# Other resources for KT

- <https://www.listenincluderespect.com/how-to-guides>
- [https://disabilityhealth.jhu.edu/wp-content/uploads/2023/03/JHU\\_Conference\\_Accessibility\\_Toolkit\\_Accessible\\_FINAL.pdf?mc\\_cid=3e830e26ae&mc\\_eid=ea74aad753](https://disabilityhealth.jhu.edu/wp-content/uploads/2023/03/JHU_Conference_Accessibility_Toolkit_Accessible_FINAL.pdf?mc_cid=3e830e26ae&mc_eid=ea74aad753)
- [https://natleadership.org/bulletin/NLCDD\\_Bulletin\\_Edition\\_5\\_Jan\\_2023.pdf](https://natleadership.org/bulletin/NLCDD_Bulletin_Edition_5_Jan_2023.pdf)
- <https://www.cdc.gov/ccindex/index.html>
- https:
- [https://ncapps.acl.gov/docs/SupportingMeetingAccessibility\\_NCAPPS\\_200519.pdf](https://ncapps.acl.gov/docs/SupportingMeetingAccessibility_NCAPPS_200519.pdf)[https://www.cdc.gov/healthcommunication/Health\\_Equity.html](https://www.cdc.gov/healthcommunication/Health_Equity.html)



**NATIONAL CORE  
INDICATORS®-  
INTELLECTUAL AND  
DEVELOPMENTAL  
DISABILITIES  
2023 ANNUAL MEETING**

**DAY 2**





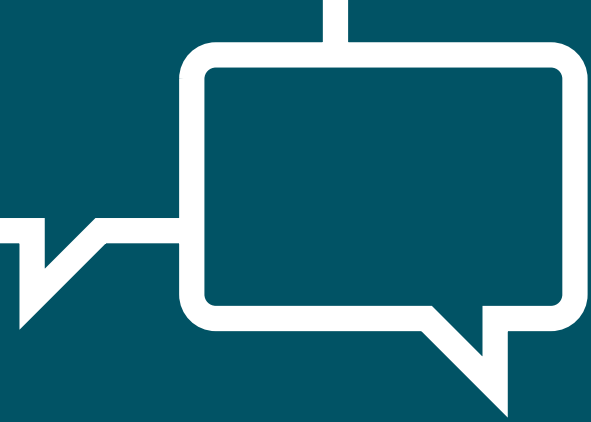


Human Services  
Research Institute

# Online Data Entry Survey Application (ODESA) Modernization Plan and Roll-Out

NCI Annual Meeting | August 2023





# Agenda



**Overview of the purpose and functionality of ODESA**



**ODESA 2.0: Modernized and Reimagined**



**What this means for you**



**Next Steps/Q&A**

# The Verity Analytics Team



**Megan Villwock**  
Associate Director of  
Technology



**Brandy Richbourg**  
Agile Team Lead



**Beth Carsone**  
User Experience Manager



**Raj Kiran Singh**  
Software Developer



**Avinash Yavvari**  
Associate Data Engineer



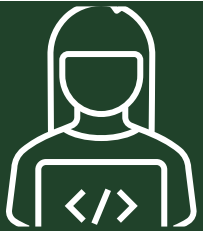
**Jarod Sagendorph**  
Associate Data Engineer



**Dave Vaccaro**  
Xinonix Interactive  
Development

# Overview of the purpose and functionality of ODESA





# What is ODESA?



**The Online Data Entry Survey Application** is a proprietary data system developed by HSRI that facilitates the entry and reporting of National Core Indicators (NCI) data for all participating states.

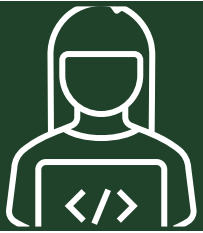
A centralized system allows us to:

Ensure that all states collect data exactly the same way

Ensure data quality across all states

Collect survey data on any internet-enabled device and store it in a centralized database

Create uniform data extracts for reporting



## User Management and Security

- Allows states to set up and administer users
- Allows for creation of user groups to facilitate state-specific survey administration needs
- Provides a secure, centralized platform to allow users to login and perform survey administration and completion tasks



## Survey Administration

- Allows states to administer the survey process
- Allows administrators to assign specific surveys to surveyors
- Provides ability to QC data on entered surveys
- Provides survey completion tracking and quality review reports



## Data Entry and Extract

- Digitizes the NCI surveys so that they can be entered into a centralized database (not just on paper)
- Allows surveyors and families to complete surveys on any internet-enabled device
- Stores all survey data in a uniform format
- Allows for extraction of data in an analyzable format and creation of national datasets

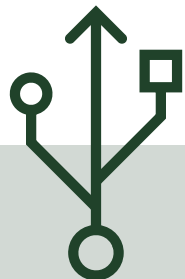


# **ODESA 2: Modernized and Re-imagined**





# Why Modernize?



## Enable compatibility with modern technologies and expectations

- Upgrade technology stack with modern look, feel, and performance
- Enhance security capabilities to protect data and allow compliance with state-specific regulations (e.g., Multi-Factor Authentication (MFA))
- Improve experience for mobile devices (tablet, phone)
- Position for offline capability in Year 2



## Revisit and enhance core features

- Combine all survey administration and data entry activities into a single application (IPS, ACS, and family surveys)
- Provide optional workflows that enable quality review
- Augment and streamline survey administration features
- Enhance quality monitoring capabilities
- Add visualizations for survey monitoring statistics
- Set the stage for future enhancements to streamline data analysis and reporting



## Improve User Experience

- Redesign core features with the end-user in mind, using lessons learned over 13+ years
- Enhance data entry experience for surveyors and at-home respondents in order to improve usability, data quality, and response rates
- Provide an integrated support system (help desk and embedded support) to facilitate ease of use and prompt resolution of technical issues



# User Experience Engagement

By actively engaging users in the project, we can create more **meaningful, user-friendly** experiences that address your needs and meet expectations. Your input is valuable in shaping the re-design of ODESA!

## How do we engage you in the process?

### User Research

- Conduct research to understand user behaviors, needs, and pain points
- Involve users through interviews, surveys, or observation to gather valuable insights

### Ideation and Prototyping

- Encourage user involvement in brainstorming and generating design ideas
- Use prototypes of the system look/feel to gather feedback early in the process

### Feedback Loops

- Foster collaboration between project teams and users throughout the process
- Establish continuous feedback loops to involve users at different stages of development
- Actively seek and consider user feedback to refine the design of the system features

### Accessibility and Inclusivity

- Involve users with diverse abilities to ensure an inclusive and accessible design
- Cultivate empathy toward users' needs and goals to drive a user-centric design
- Validate design decisions with user feedback to ensure user satisfaction

### Ongoing Engagement

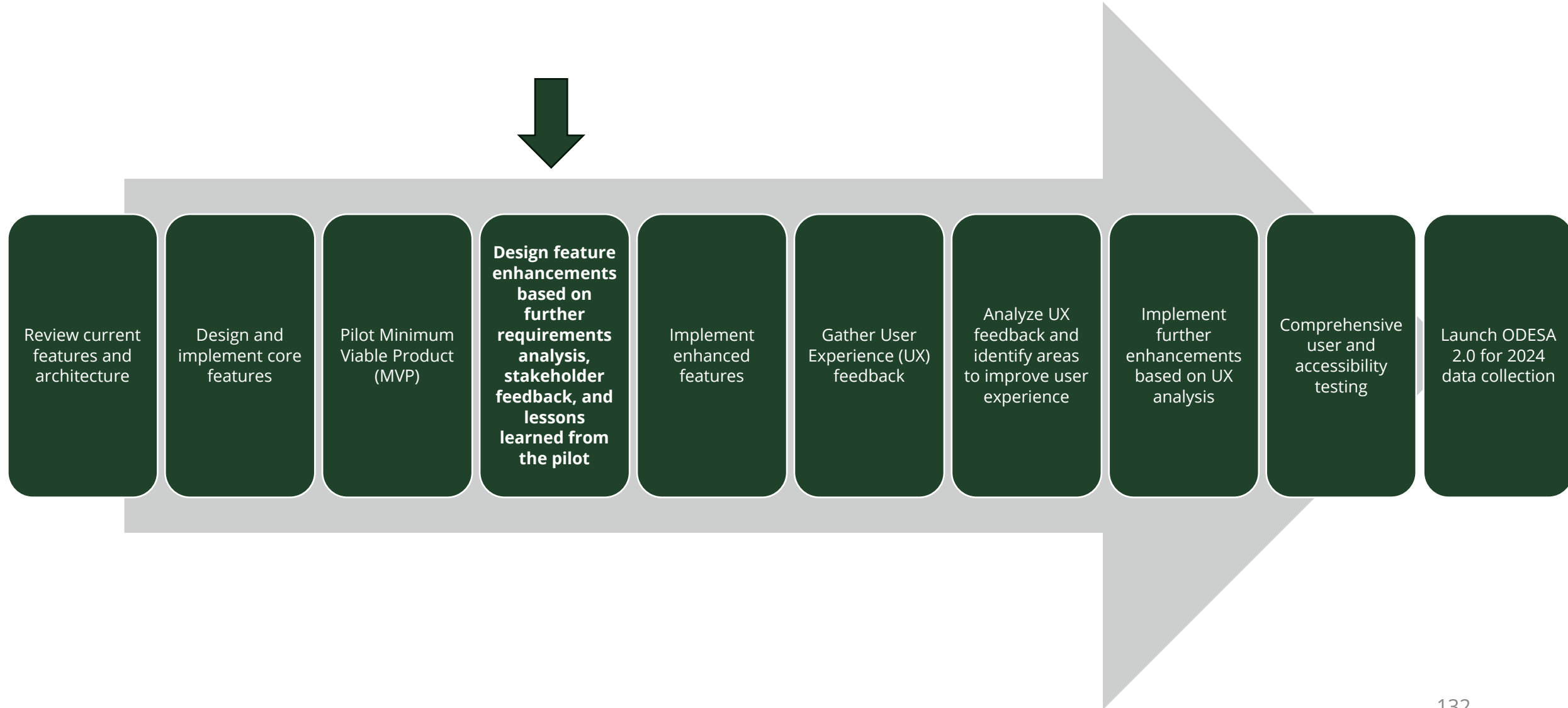
- Maintain long-term relationship with users for continuous improvement
- Show appreciation for valuable user contributions
- Engage users after product launch to gather post-implementation feedback



# Screenshots from ODESA 2.0 Pilot



# Modernization Process



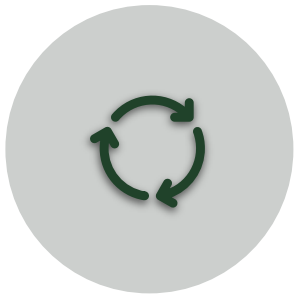


# What this means for you





# What this means for you



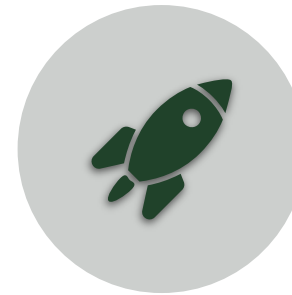
ODESA 2.0 is expected to go live for the next data collection cycle (2024)



All surveys (IPS, ACS, and family surveys) will be collected in the same system for all states



There will be training and onboarding support for the new system, as well as a dedicated support desk during the data collection cycle to help answer questions and resolve issues



We may reach out to you to try out the new system before the July 2024 launch date



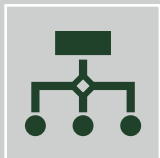
# What this means for you



While the core functionality of ODESA will be retained, ODESA 2.0 will have a different look and feel, and some features may be streamlined.



There will be some new administration features that will be available to states – but you will not be required to use them.



In future years, more features may be added to help reduce the amount of work you need to perform outside of the ODESA 2.0 system to administer surveys – we'll be learning from you!

# Next steps/ Q&A





# We'd like to hear from you!

If you are interested in providing your time to give feedback and suggestions, please email our help desk:

[support@verity-hsri.freshdesk.com](mailto:support@verity-hsri.freshdesk.com)



# Break and Hotel Check Out



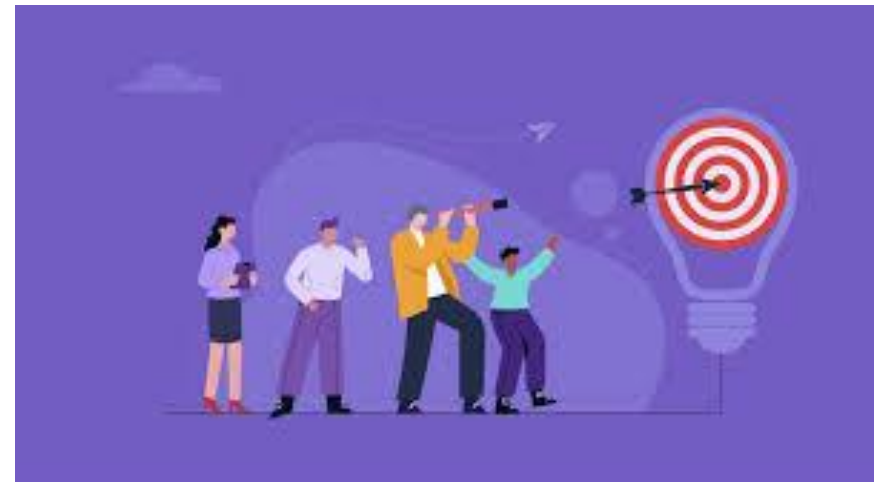


# IN IPS Survey Recruitment and Management Strategies



# Goals

- Support surveyors - pre-survey data management and tracking
- Real-time data on progress toward target numbers
- Increase efficiency
- Promote relationship building with individuals, families, and providers



# RANDOM STRATIFIED SAMPLE

Family Support Waiver - sample strategy

BDDS DIST	FSW POP AS OF 6/30/2022 ≥ 18 YRS OF AGE	% OF POP	SAMPLE NEEDED	SAMPLE REQUIRED			
					With 35% additional sample	margin of error	5%
1	1524	12%	46.2	46	62	confidence level	95%
2	1776	14%	53.8	54	73		
3	1425	12%	43.2	43	58	population size	12310
4	962	8%	29.1	29	39		
5	3362	27%	101.9	102	138	response distribution	50%
6	1120	9%	33.9	34	46		
7	969	8%	29.4	29	39	TOTAL REQUIRED	373
8	1172	10%	35.5	36	49		
TOTAL:	12310	100%		373	504		



# Secure TEAMS

The screenshot displays the Microsoft Teams interface. On the left, a navigation pane shows a channel named 'O365-Indiana-IPS-Mock Channel' with a list of sub-channels: 'General', 'District 1', 'District 2', 'District 3', 'District 4', 'District 5 - Mock District' (highlighted in yellow), 'District 6', 'District 7', and 'District 8'. The main area shows the 'District 5 - Mock District' channel with a file list. The file list has columns for 'Name', 'Modified', and 'Modified By'. Several files are highlighted in yellow, including '2023 Shout Out District 5.xlsx' and 'District 5 Pre-Survey 2022-2023.xlsx'. Other files include '22.23 IPS Survey & Resources', 'Archive Files', 'CIH & FSW Email and Phone Scripts', 'Electronic Thank you Cards', 'Job Aids', 'NCI SGL Recruitment Phone Scripts', 'Resources for Individuals & Families', 'SGL & Waiver Participation Certificates', 'SGL Email Scripts', 'Benefits Information Network 3 8 23.docx', 'Guardianship Registry Link.docx', 'Incident\_Reporting\_and\_Management 3-1-...', 'IPS Survey Clarification 11.18.22.docx', 'IU Emergency Contacts .docx', and 'Mandatory Reporting.jpg'. The 'Modified' column shows dates like 'Yesterday at 2:45 PM' and 'About an hour ago'. The 'Modified By' column consistently lists 'Baker, Angela Marie'.

Name	Modified	Modified By
22.23 IPS Survey & Resources	Yesterday at 2:45 PM	Baker, Angela Marie
Archive Files	Yesterday at 2:45 PM	Baker, Angela Marie
CIH & FSW Email and Phone Scripts	Yesterday at 2:45 PM	Baker, Angela Marie
Electronic Thank you Cards	Yesterday at 2:45 PM	Baker, Angela Marie
Job Aids	Yesterday at 2:46 PM	Baker, Angela Marie
NCI SGL Recruitment Phone Scripts	Yesterday at 2:46 PM	Baker, Angela Marie
Resources for Individuals & Families	Yesterday at 2:46 PM	Baker, Angela Marie
SGL & Waiver Participation Certificates	Yesterday at 2:46 PM	Baker, Angela Marie
SGL Email Scripts	Yesterday at 2:47 PM	Baker, Angela Marie
2023 Shout Out District 5.xlsx	About an hour ago	Baker, Angela Marie
Benefits Information Network 3 8 23.docx	Yesterday at 2:42 PM	Baker, Angela Marie
District 5 Pre-Survey 2022-2023.xlsx	40 minutes ago	Baker, Angela Marie
Guardianship Registry Link.docx	Yesterday at 2:42 PM	Baker, Angela Marie
Incident_Reporting_and_Management 3-1-...	Yesterday at 2:42 PM	Baker, Angela Marie
IPS Survey Clarification 11.18.22.docx	Yesterday at 2:42 PM	Baker, Angela Marie
IU Emergency Contacts .docx	Yesterday at 2:42 PM	Baker, Angela Marie
Mandatory Reporting.jpg	Yesterday at 2:42 PM	Baker, Angela Marie





# TEAMS

<https://indiana.sharepoint.com/:x:/r/sites/O365-Indiana-IPS-MockChannel/Shared%20Documents/District%205%20-%20Mock%20District/District%205%20Pre-Survey%202022-2023%20.xlsx?d=waae489b3bf9247bb9d801c5618163532&csf=1&web=1&e=R92rbE>

# Pre-survey Form

## District 5 Pre-Survey 2022-2023

1. ID Number (without waiver letter) \*

Enter your answer

2. Program \*

- CIH
- FSW
- SGL

3. Consumer's Name \*

Enter your answer

4. Date of Birth \*

Please input date (M/d/yyyy)

5. Gender \*

- Female
- Male
- Other

6. What is this person's race and ethnicity? \*

- American Indian or Alaska Native
- Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian)
- Black or African-American
- Pacific Islander (Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander)
- White
- Hispanic/Latino (Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latino)

7. Communication Status/Behaviors (non-verbal w/o device), disruptive or destructive behavior) \*

Enter your answer

8. Individual's Phone number/email \*

Enter your answer

9. Individual's Address (street, town/city) \*

Enter your answer

10. County \*

Enter your answer

11. Case Manager/Service Coordinator's Name and email \*

Enter your answer



# Pre-survey Form

12. Case Manager's Phone Number \*

Enter your answer

13. Legal Guardian's Name and relationship to the Individual \*

Enter your answer

14. Legal Guardian's Phone Number/Email \*

Enter your answer

15. Day Program/Work Shop Name & Name of Coord/Director \*

Enter your answer

16. Coordinator/Director email and phone number \*

Enter your answer

17. Residential Provider Name & Primary Contact Name \*

Enter your answer

18. Residential Provider Contact email/phone \*

Enter your answer

19. Individual's first Name & ID Number (with wavier letter S, C, or F added) \*

Enter your answer

+ Add new

🕒 Estimated time to complete: 9 mins

To increase response rate, give people a heads up about how long it will take to complete the survey. We suggest adding this information to your subtitle.

Got it

Add



# District Spreadsheet

District 5 Pre-Survey 2022-2023

Search Excel

File Home Insert Draw Page Layout Formulas Data Review View Automate Help

Comments Catch up Editing Share Close

Undo Clipboard Font Alignment Number Styles Cells Editing Analysis Sensitivity

1	ID Number (without letter)	Program	Consumer's Name	Date of Birth	Gender	What is this person's race and ethnicity?	Communication Status/Behaviors (non-verbal w/o device), disruptive or destructive behavior)	Individual's Phone number/email	Individual's Address (street, town/city/zip)	County	Case Manager/Service Coordinator's Name and email	Case Manager's Phone Number
2	XXXXXXX	SGL	Consumer Name	0/0/00	Female	White	Verbal	XXXX	Address	Gibson		N/A
3	XXXXXXX	SGL	Consumer Name	0/0/00	Male	White	Non-verbal, written responses	XXXX	Address	Gibson		N/A
4	XXXXXXX	SGL	Consumer Name	0/0/00	Male	White	Verbal	XXXX	Address	Gibson		N/A
5	XXXXXXX	SGL	Consumer Name	0/0/00	Female	Asian/ Pacific Islander	Verbal	XXXX	Address	DUBOIS	Case Manager	XXXXX
39	XXXXXXX	SGL	Consumer Name	0/0/00	Female	White	Non-verbal, uses gestures	XXXX	Address	KNOX		N/A
40	XXXXXXX	FSW	Consumer Name	0/0/00	Female	White	Verbal	XXXX	Address	Gibson	Case Manager	XXXXX
41	XXXXXXX	FSW	Consumer Name	0/0/00	Male	White	Verbal	XXXX	Address	Gibson	Case Manager	XXXXX
42	XXXXXXX	FSW	Consumer Name	0/0/00	Male	White	Verbal	XXXX	Address	Vanderburgh	Case Manager	XXXXX
43	XXXXXXX	FSW	Consumer Name	0/0/00	Male	White	Verbal	XXXX	Address	Vanderburgh	Case Manager	XXXXX
44	XXXXXXX	FSW	Consumer Name	0/0/00	Female	White	no communication issues	XXXX	Address	Dubois	Case Manager	XXXXX
45	XXXXXXX	FSW	Consumer Name	0/0/00	Male	White	N/A	XXXX	Address	Dubois	Case Manager	XXXXX
46	XXXXXXX	FSW	Consumer Name	0/0/00	Male	White	Verbal, may be hard to understand, has	XXXX	Address	Warrick	Case Manager	XXXXX
47	XXXXXXX	FSW	Consumer Name	0/0/00	Female	White	Verbal	XXXX	Address	Warrick	Case Manager	XXXXX
48	XXXXXXX	FSW	Consumer Name	0/0/00	Female	White	Verbal	XXXX	Address	Warrick	Case Manager	XXXXX
93	XXXXXXX	CIH	Consumer Name	0/0/00	Female	White	Verbal	XXXX	Address	Vanderburgh	Case Manager	XXXXX
94	XXXXXXX	CIH	Consumer Name	0/0/00	Male	White	Verbal	XXXX	Address	Vanderburgh	Case Manager	XXXXX
95	XXXXXXX	CIH	Consumer Name	0/0/00	Male	Black or African-American	Non-verbal, knows some ASL, uses most	XXXX	Address	Vanderburgh	Case Manager	XXXXX
96	XXXXXXX	CIH	Consumer Name	0/0/00	Female	White	Verbal, some agitation when misunderstand	XXXX	Address	Vanderburgh	Case Manager	XXXXX
97	XXXXXXX	CIH	Consumer Name	0/0/00	Female	White	Verbal, No Behaviors	XXXX	Address	Knox	Case Manager	XXXXX
98	XXXXXXX	CIH	Consumer Name	0/0/00	Female	White	Verbal, No Behaviors	XXXX	Address	Knox	Case Manager	XXXXX
99	XXXXXXX	FSW	Consumer Name	0/0/00	Male	White	verbal, no behaviors	XXXX	Address	Green	Case Manager	XXXXX
100	XXXXXXX	CIH	Consumer Name	0/0/00	Male	White	Verbal, Behaviors: yelling, cursing, throv	XXXX	Address	Vanderburgh	Case Manager	XXXXX



# District Spreadsheet

DROP-DOWN OPTIONS THAT CONNECT TO A PIVOT TABLE FOR THE DISTRICT DASHBOARD DATA

Day Program/Work Shop Name & Name of Coord/Director	Coordinator/Director email and phone number	Residential Provider Name & Primary Contact Name	Residential Provider Contact email/phone	Survey Status	Survey Date	Surveyor if other than assigned district	Certificate Status	Consumer Name	Address for Certificate Mailing	Survey Reviewed by assigned staff	Finished Survey Review (Date)
DAY PROGRAM	XXXX	RESIDENTIAL PROVIDER	XXXX	Completed	12.15.2022	Brady	Mailed to consumer	Consumer Name	Address		
DAY PROGRAM	XXXX	RESIDENTIAL PROVIDER	XXXX	Completed	12.6.2022	Brady	Mailed to consumer	Consumer Name	Address		
DAY PROGRAM	XXXX	RESIDENTIAL PROVIDER	XXXX	Completed	12.13.2022	Brady	Mailed to consumer	Consumer Name	Address		
DAY PROGRAM	XXXX	RESIDENTIAL PROVIDER	XXXX	Completed	12.1.2022	Brady	Mailed to consumer	Consumer Name	Address		
DAY PROGRAM	XXXX	RESIDENTIAL PROVIDER	XXXX	Unable to Contact	BFP	Sarah		Consumer Name	Address		
n/a	XXXX	n/a	n/a	Contact Info Incorrect	BFP	Brady		Consumer Name	Address		
n/a	XXXX	n/a	n/a	Unable to Contact	BFP	Brady		Consumer Name	Address		
n/a	XXXX	n/a	n/a	Unable to Contact	BFP	Brady		Consumer Name	Address		
n/a	XXXX	n/a	n/a	Unable to Contact	BFP	Brady		Consumer Name	Address		
n/a	XXXX	n/a	n/a	Guardian Refused	BFP	Brady		Consumer Name	Address		
DAY PROGRAM	XXXX	n/a	n/a	Guardian Refused	BFP	Brady		Consumer Name	Address		
n/a	XXXX	n/a	n/a	Individual Refused	BFP	Brady		Consumer Name	Address		
n/a	XXXX	n/a	n/a	Individual Refused	BFP	Brady		Consumer Name	Address		
n/a	XXXX	n/a	n/a	Guardian Refused	BFP	Brady		Consumer Name	Address		
n/a	XXXX	n/a	n/a	Completed	04.26.2023	Brady	Mailed to consumer	Consumer Name	Address		
n/a	XXXX	n/a	n/a	Completed	04.26.2023	Brady	Mailed to consumer	Consumer Name	Address		
N/A	XXXX	RESIDENTIAL PROVIDER	XXXX	Completed	05.19.2023	Brady		Consumer Name	Address		
N/A	XXXX	RESIDENTIAL PROVIDER	XXXX	Unable to Contact	BFP	Brady		Consumer Name	Address		
N/A	XXXX	N/A	N/A	Unable to Contact	BFP	Brady		Consumer Name	Address		
N/A	XXXX	N/A	N/A	Unable to Contact	BFP	Brady		Consumer Name	Address		
DAY PROGRAM	XXXX	N/A	N/A	Completed	1/24/2023	Michelle	Mailed to consumer	Consumer Name	Address		
DAY PROGRAM	XXXX	N/A	N/A	Not Started				Consumer Name	Address		
N/A	XXXX	RESIDENTIAL PROVIDER	XXXX	Completed	04.15.2023	Brady		Consumer Name	Address		
DAY PROGRAM	XXXX	N/A	N/A	Not Started				Consumer Name	Address		
DAY PROGRAM	XXXX	RESIDENTIAL PROVIDER	XXXX	Unable to Contact	BFP	Brady		Consumer Name	Address		



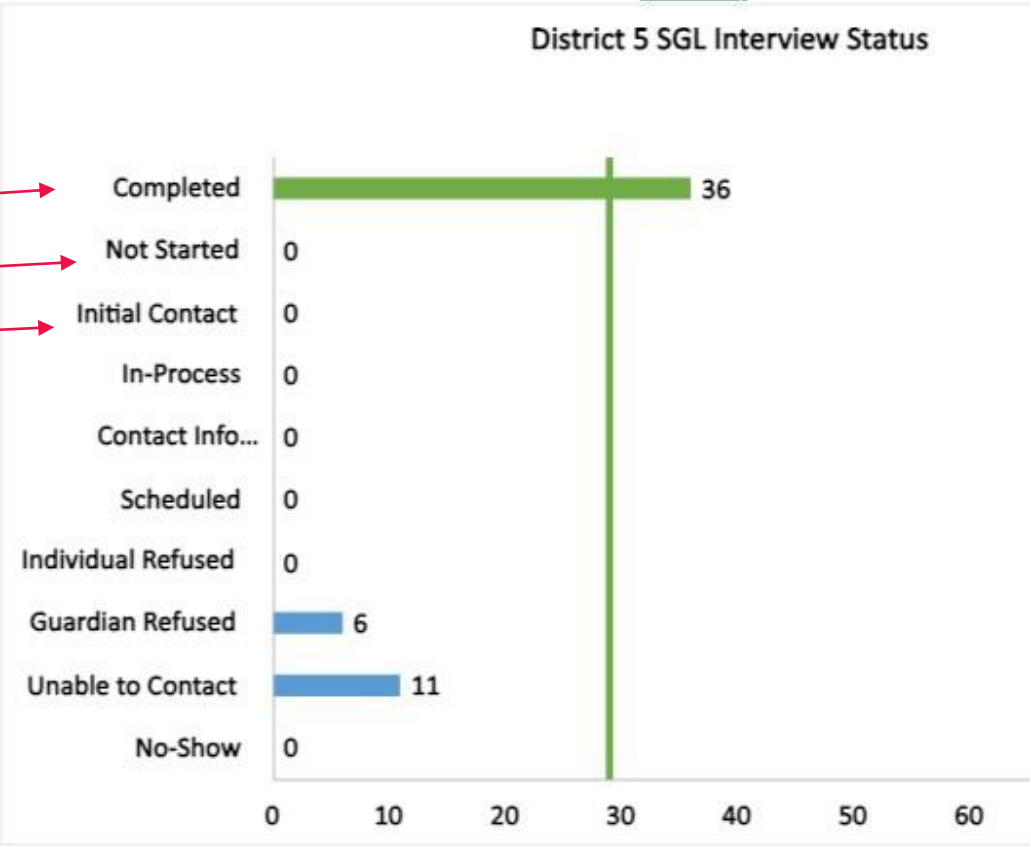


# Survey Status


Survey Status	Survey Date	district	Surveyor if other than assigned
Completed	.15.2022	Brady	M
Completed	.6.2022	Brady	M
Not Started	.13.2022	Brady	M
Initial Contact	.1.2022	Brady	M
In-Process	P	Sarah	
In-Process	P	Brady	
Contact Info Incorrect	P	Brady	
Scheduled	P	Brady	
Individual Refused	P	Brady	
Guardian Refused	P	Brady	
Individual Refused	BFP	Brady	
Individual Refused	BFP	Brady	
Guardian Refused	BFP	Brady	
Completed	04.26.2023	Brady	M

Today's Date: 7/24/2023

District 5 SGL Interview Status



# District Dashboard

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
5	Group	Dashboard Target #	No-Show	Unable to Contact	Guardian Refused	Individual Refused	Scheduled	Contact Info Incorrect	In-Process	Initial Contact	Not Started	Completed	Pre Survey Total on Form1	Survey's Need to meet target #
	CIH	32	0	16	2	2	0	0	0	0	26	31	77	1
	FSW	29	3	26	12	9	0	1	0	0	0	27	78	2
	<b>SGL- AT TARGET</b> 	29	0	11	6	0	0	0	0	0	0	36	53	-7
	Totals	90	3	53	20	11	0	1	0	0	26	94	208	-4

Presurvey

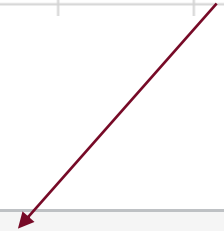
Communication Log

CIH Dashboard

FSW Dashboard

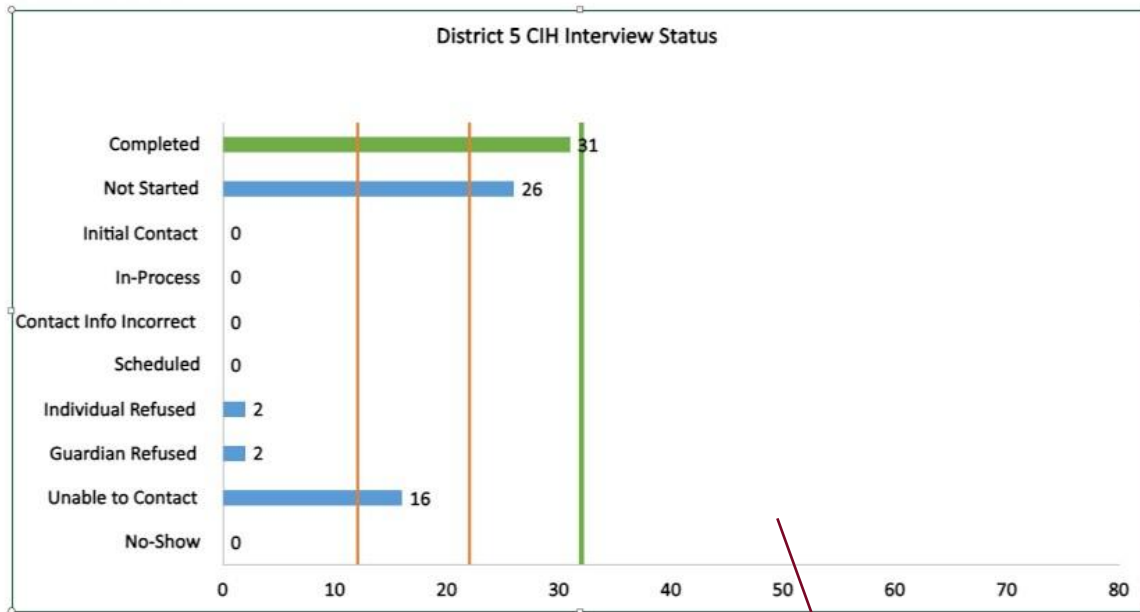
SGL Dashboard

D5-Grouped Dashboard

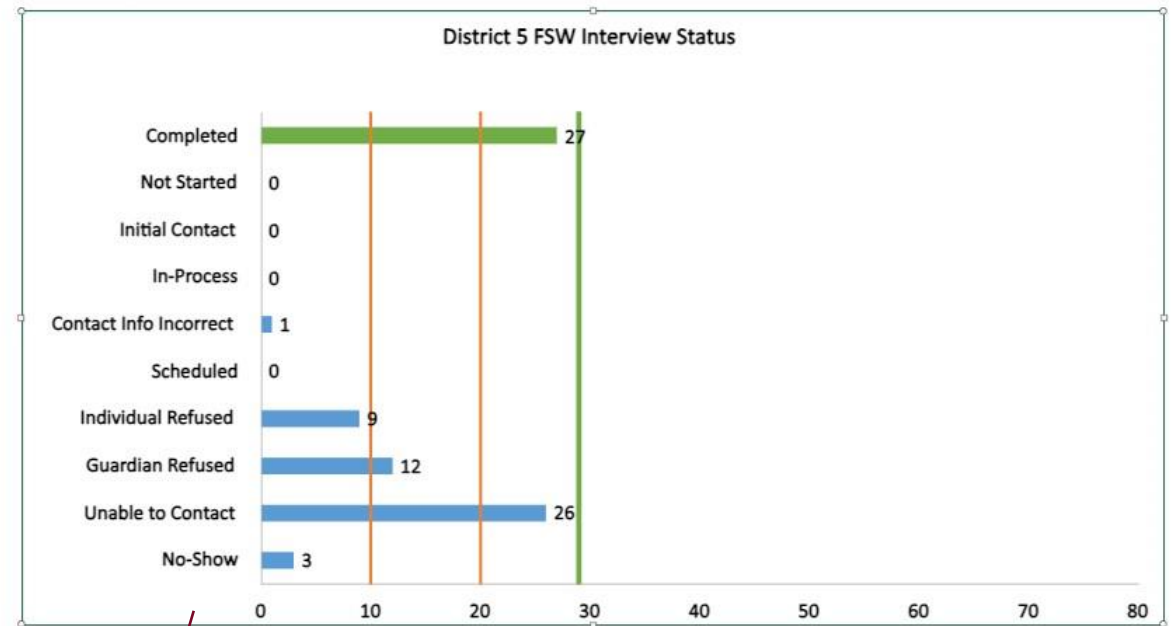


# District Dashboard

Today's Date: 7/24/2023



Today's Date: 7/24/2023



[Presurvey](#)

[Communication Log](#)

[CIH Dashboard](#)

[FSW Dashboard](#)

[SGL Dashboard](#)

[D5-Grouped Dashboard](#)



# Shout-Out Columns

	A	B	C	D	E	F	G	H	I	J
1	DISTRICT 5 - COMMUNICATION LOG AND RECOGNITIONS									
2										
3	Consumer ID	Consumer Name	Waiver Type	Survey Status	Survey Date	Attempt 1 - add notes	Attempt 2 - add notes	Attempt 3 - add notes	Shout Out - Provider and Consumer Recognition	
4	XXXXX	JANE DOE	SGL	Completed	12.13.2022	10.22.2022 @ 2:42pm Called the number for the home for XXXX and no one answered, tried it twice. No way to leave voicemail.	10.25.2022 Called today (twice in am – 9:42am and XXXX XXXXX is the Area Director and her number is XXXXX .	11.1.2022 Called home and number is working. Staff answered, I also left a message for XXXXX on her number and XXXXX on her number.	XXXX XXXX- Staff in the home helped facilitate asking each person and relaying messages if the waiver recipient did not understand. Great guy and SUPER HELPFUL!	
5	XXXXX	JOHN DOE	CIH	Completed	12.1.2022	She does give permission for XXXXXX to participate and would like to be involved with the survey as well.	I will call tomorrow morning at 8:30am on her number to talk with all non-guardian individuals to see if they want to participate.	11.1.2022 Called home and number is working. Staff answered, I also left a message for XXXXX on her number and XXXXX on her number.	XXXX XXXX- Staff in the home helped facilitate asking each person and relaying messages if the waiver recipient did not understand. Great guy and SUPER HELPFUL!	
6	XXXXX	JOHN DOE	FSW	Completed	11.19.2022	10.22.2022 @ 2:42pm Called the number for the home for XXXX and no one answered, tried it twice. No way to leave voicemail. Tried calling at 2:42pm, 3:20pm, and 4:32pm but no answer.	XXXXX XXXXX is the new residential supervisor and her number is XXXXX. Issue with home number, which is correct, but get individual cell numbers through	11.1.2022 XXXXX - staff, shared that XXXXX has moved to a XXXXX home in XXXX, IN on XXXX St. and call and ask for XXXXX XXXXX or XXX XXXXX to assist with contacting XXXXX at the home.	XXXX XXXX- Staff in the home helped facilitate the consumer and assisted with guardian consent.	
7	XXXXX	JANE DOE	CIH	Completed	1/0/00	10.22.2022 @ 2:42pm Called the number for the home for XXXXX and no one answered, tried it twice. No way to leave voicemail. 10.22.2022 @ 3:05pm XXXXX/Mother/Guardian agrees to participate in the survey with XXXXXX.	10.25.2022 Called today (twice in am – 9:42am and 11:04am, 12:57pm, and then twice in the later afternoon – 1 at 2:30pm and 1 at 3:42pm but phone number still does the same thing.	11.1.2022 Called home and number is working. Staff answered, I also left a message for XXXXX on her number and XXXX on her number. The staff stated they were eating dinner and asked if I could call back at 6pm ET to talk to the individuals to see if they want to participate.	XXXX XXXX- Staff in the home helped facilitate the consumer and assisted with guardian consent.	
8	XXXX	JOHN DOE	FSW	Completed	11/15/22	10.22.2022 @ 2:42pm Called the number for the home for XXXX and no one answered, tried it twice. No way to leave voicemail. Tried calling at 2:42pm, 3:20pm, and 4:32pm but no answer.	The staff stated they were eating dinner and asked if I could call back at 6pm ET to talk to the individuals to see if they want to participate.	11.3.2022 Called and LM for XXXXX once again, to help schedule all seven surveys that are in-process. 11.3.2022 Sent email invite to XXXX after I called and could not leave message for confirmation of survey date and time. Waiting response.	XXXXX XXXXX assisted with several surveys in the homes and offered to contact the guardians that I was not able to reach.	
						10.22.2022 @ 2:42pm Called the number for the home for XXXXX and no one answered,	11.1.2022 Called home and number is			

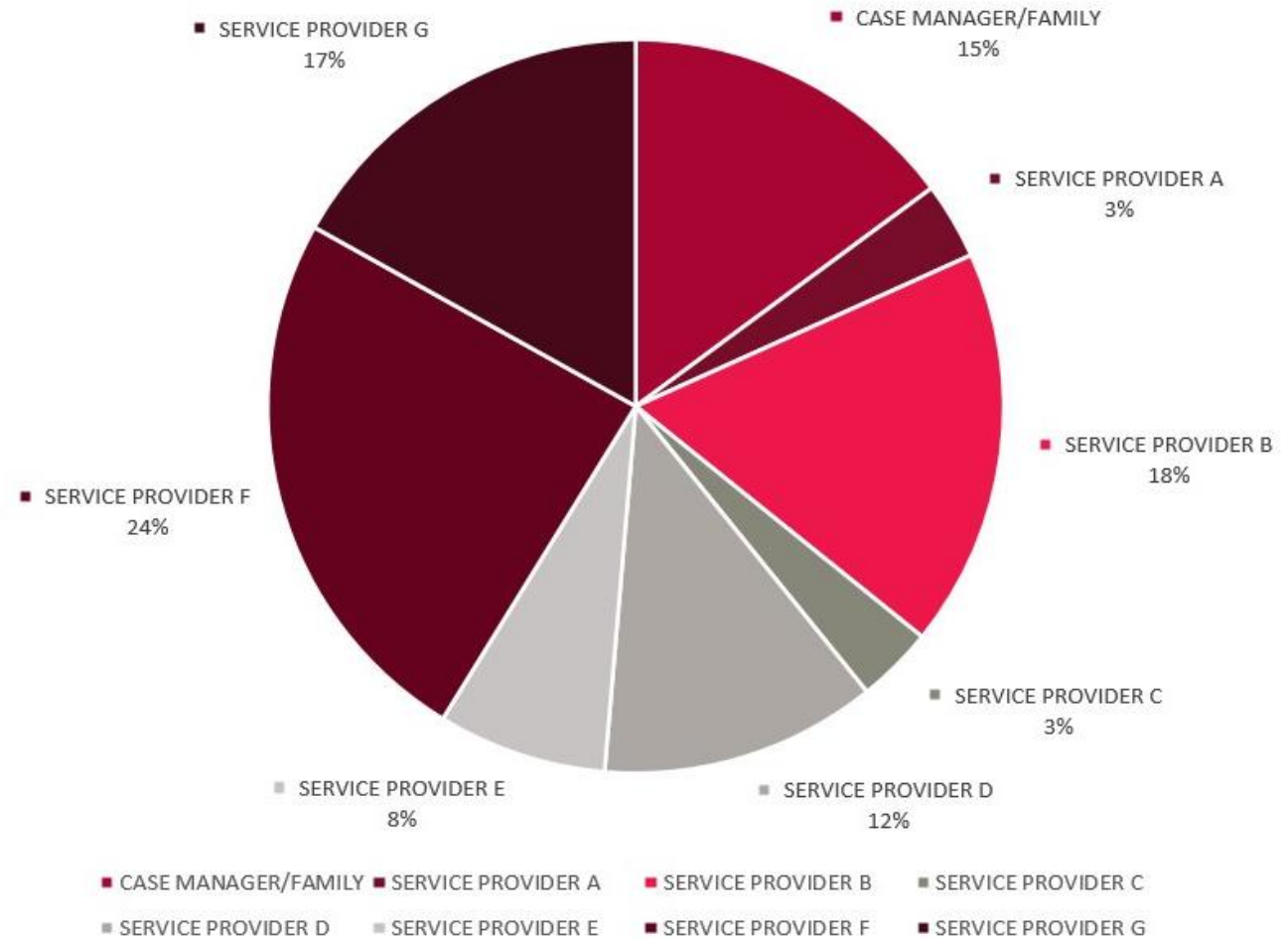
Presurvey **Communication Log** CIH Dashboard FSW Dashboard SGL Dashboard D5-Grouped Dashboard +



# Provider Graph

COMPLETED	SERVICE PROVIDER	CASE MANAGER/FAMILY	SERVICE PROVIDER A	SERVICE PROVIDER B	SERVICE PROVIDER C	SERVICE PROVIDER D	SERVICE PROVIDER E	SERVICE PROVIDER F	SERVICE PROVIDER G
148	126	22	5	26	5	18	11	36	25

DATA FROM "SHOUT-OUTS"  
SHOW PROVIDER SUPPORT  
ACROSS 148  
COMPLETED SURVEYS  
WITHIN A BDS DISTRICT






# Certificate of Appreciation

*Thank You*

for your participation in the  
National Core Indicators Survey



[https://www.canva.com/design/DAEv01JLG3Q/Xwr7ckCBZ2-y0ws6b9u8ww/view?utm\\_content=DAEv01JLG3Q&utm\\_campaign=share\\_your\\_design&utm\\_medium=link&utm\\_source=shareyourdesignpanel](https://www.canva.com/design/DAEv01JLG3Q/Xwr7ckCBZ2-y0ws6b9u8ww/view?utm_content=DAEv01JLG3Q&utm_campaign=share_your_design&utm_medium=link&utm_source=shareyourdesignpanel)



INDIANA INSTITUTE ON DISABILITY AND COMMUNITY  
**CENTER FOR COLLABORATIVE SYSTEMS CHANGE**



**CERTIFICATE OF APPRECIATION**

**First Name Last Name**

Completed:  
**NATIONAL CORE INDICATORS INTERVIEW**

The recipient named above has earned this **Certificate of Appreciation** for participating in the National Core Indicators In-Person Survey conducted by the Center for Collaborative Systems Change at the Indiana Institute on Disability and Community in partnership with the Indiana Bureau of Developmental Disabilities Services and the Bureau of Quality Improvement Services.

**2021-2022**

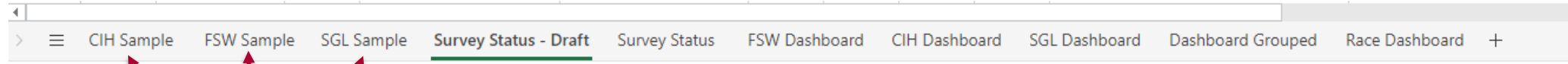
*Allison A Howland*  
Allison Howland, Indiana Institute on Disability and Community

*Shelly Thomas*  
Shelly Thomas, Bureau of Quality Improvement Services

1 / 1

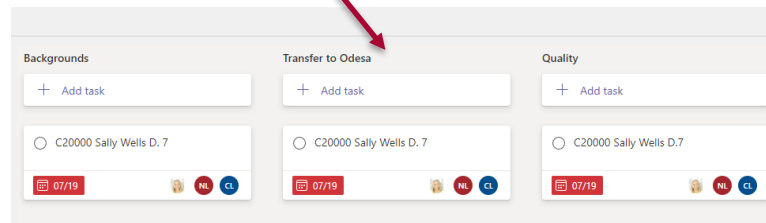


# Next Steps for Next Cycle



- Query sample population to eliminate pre-survey
- Include Medicaid Reimbursement data for Health BI
- Modeling race/ethnicity in the dashboards
- Integrate tracking of quality review

A	B	C	D	E	F
ID	Program	Surveyor	Race	First Name	Last Name
			White		
			White		
			Black		
			Hispanic		
			Other		





INDIANA INSTITUTE ON DISABILITY AND COMMUNITY  
**CENTER FOR COLLABORATIVE  
SYSTEMS CHANGE**

# Nebraska NCI Data Dashboard: Making Data Accessible While Driving Systems Change

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**NEBRASKA**  
DEPT. OF HEALTH AND HUMAN SERVICES

 **UNMC** | MUNROE-MEYER  
INSTITUTE

# Nebraska NCI Data Dashboard



DHHS contracted with the NE UCEDD to develop the interactive data dashboard

September 2021

February 2022

Dashboard took 1 1/2 years to build and includes all NCI questions and analysis across demographics

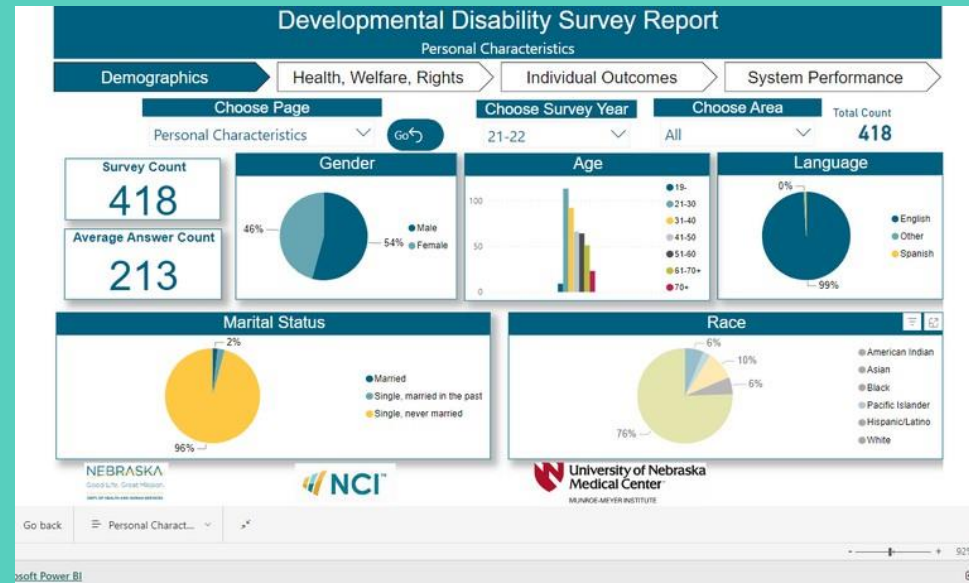


Launched to public at a multigroup tri-board meeting and accessed over 2K+ times since release

June 2022



# HOW DOES THE NEBRASKA NCI DATA DASHBOARD WORK?



<https://www.unmc.edu/mmi/family-resources/community-services/nci/dashboard-reports.html>

# User Friendly 2021-22 NCI-IDD Survey Results



Health  
Access

Rights &  
Privacy

Service  
Coordination

Technology

Health &  
Wellness

# User Friendly 2021-22 NCI-IDD Survey Results

[← Back](#)

## Health Access

Has a Primary Care Doctor or Healthcare Provider



Had a routine dental exam in the past year



Had hearing test in the past 5 years.



Women 21 or older: had a pap test in the past 3 years?



Had an annual physical exam in the past year



Had an eye exam or vision screening in the last year



Had a flu vaccination in the past year



Women 40 or older: had a mammogram in the past 2 years



# 2,300+

 Total Views

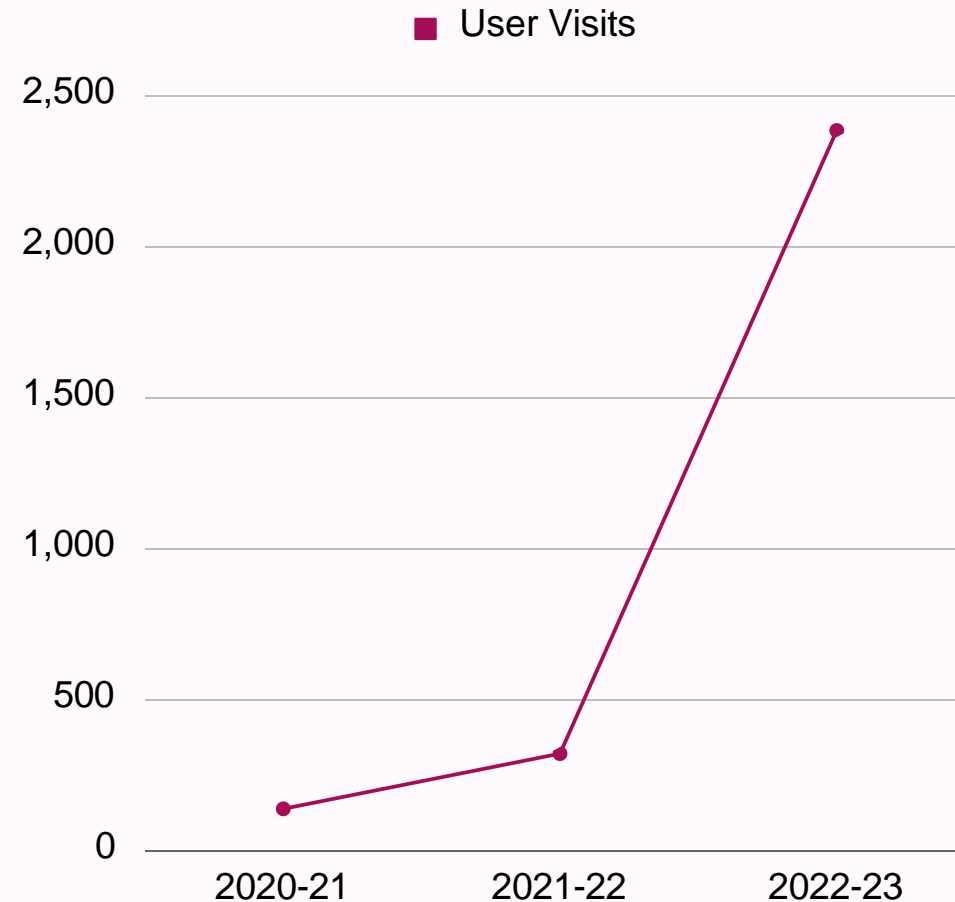
Engaging with  
Dashboard

# 1.5K

Visiting Other  
Pages

# 636

## Dashboard Increases NCI Website Traffic



# THE NEBRASKA NCI DATA DASHBOARD GETS DATA TO STAKEHOLDERS



## ANNUAL TRI-BOARD MEETING

An 8 hour meeting that centralizes NCI data and critical topics important to the DD community





Community Advisory Board is interested in increasing rural participation



DD Council is interested in employment data



Disability Rights NE is seeking ways to increase engagement with NCI data

**HOW THE NCI DATA DASHBOARD HAS INCREASED COMMUNITY ENGAGEMENT**



UCEDD is developing a user-friendly dashboard



People First committed to increasing shadow surveying

# The Nebraska NCI Data Dashboard is increasing operational efficiency

## Quick access to data and solutions!

The Nebraska NCI Data Dashboard provides access to critical data. During the June 2023 Tri-Board meeting, stakeholders noted that only 18 individuals residing in rural communities were surveyed. The NCI team calculated that over 30 individuals were surveyed. Which was true?

**18**

### Rural Surveys

2022-23 NCI survey data indicated only 18 respondents resided in rural communities

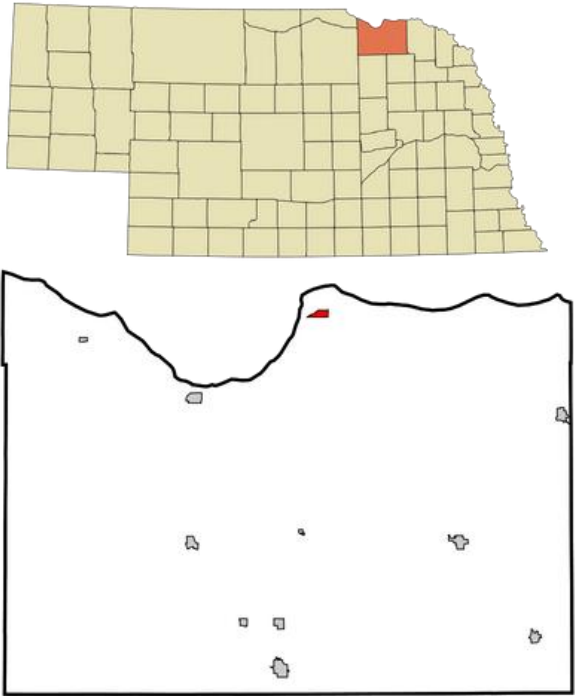
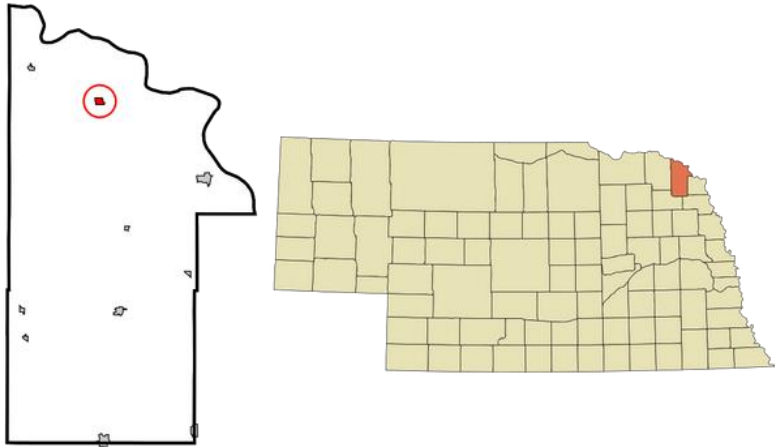
**30+**

### Rural Respondents

The NE NCI Team calculated that over 30 respondents resided in rural communities



# Why do RUCA codes matter?



Both communities are classified as metropolitan based upon RUCA codes.



## TRANSPORTATION BARRIERS

Individuals in rural communities do not have the same access to transportation, and transportation options are often more expensive



## STAFF SHORTAGES

Rural respondents report that they are unable to find staff willing to travel to their communities to provide services

# WHY RURAL REPRESENTATION MATTERS



## HOUSING

Limited housing choices, including shared living options



## EMPLOYMENT

Fewer opportunities for employment





Any questions?

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# Employing People with Disabilities to Conduct Surveys in Pennsylvania

2023 NCI Annual Meeting

# Employing IM4Q Surveyors

- ❖ How are surveyors recruited?
- ❖ How are survey teams formed?
- ❖ How are survey team members compensated?
- ❖ Quality Assurance Strategies (IRR)
- ❖ Logistics of in-person and remote surveys with survey teams
- ❖ Benefits to using people with disabilities as surveyors and why the state prioritizes it

# Recruitment of Survey Team Members

## Recruitment:

- ✓ Advertise
- ✓ Planned outreach
- ✓ Contact local colleges and universities
- ✓ Ask support coordinators, AEs, and providers for recommendations
- ✓ Solicit and use interested individuals and contacts, including people interviewed
- ✓ Ask and involve people from diverse communities and/or groups to advise and be part of such recruitment activities

# Selection of Survey Team Members

## Selection:

- ✓ Make sure we include at least one person with a disability or a family member on an interview
- ✓ Family members do not have to live in the county in which they are a team member
- ✓ For parents of children not in the residential system, being on a team is a great learning opportunity
- ✓ People who do not currently work in human services are preferred
- ✓ Homemakers, high school students (18 years+), college students, retired persons, and other community members in local or neighboring counties
- ✓ Community and business leaders

# Survey Team Members

- Clear of any conflict of interest
- Upholds confidential
- Trained/Instructed
- Instructed in the principles and practices of the ODP service system
- Completion of criminal background/other clearance requirements
- Issued identification
- Matched to the individual being interviewed and the interview situation

Each team member is responsible to present himself/herself in an appropriate manner and to conduct the IM4Q functions assigned to them whether in-person or virtual. Each member is expected to be:

- Courteous and respectful
- Dressed appropriately
- On time for interviews and prepared
- A careful listener
- Respectful of personal private spaces
- Focused on their monitoring role
- Mindful of confidentiality

Team members are expected to report breaches of expected protocol



## Surveyor Compensation

- Monitoring team members are expected to be compensated for their work.
- Payment of all employees and contractors must be in accordance with applicable state and federal laws.
- Monitoring team members may be compensated or reimbursed for expenses at the discretion of the Local Program
- Range of pay in 2021-2022
  - Per interview rate: \$47.80
  - Hourly rate average: \$14.06

## Quality Assurance Strategies (IRR)

- Two surveyors complete each interview.
- One typically asks the survey questions while the other records responses.
- After the interview, the two surveyors meet to review the survey for accuracy and agreement.
- The program coordinator would also review surveys for completion and if there are any questions.

# Logistics of In-person and Remote Surveys

- The person to be interviewed chooses their preferred option for completing the survey.
- Local Program coordinator selects two surveyors, including a person with disability and/or a family member, to conduct interview as interviewee and surveyor preferences are taken into consideration.
- If held in-person, the location/day/times are determined by the person being interviewed.
- If held virtually, the day/time are determined by the person being interviewed. 2-person team using Zoom together or at separate locations

# Benefits and Why PA Prioritizes it

## Priority Established:

- In 1997: State Multi-year Plan for the Intellectual Disability system stated, “*All county ID programs, or local managing entities, must be required to have in place a local monitoring team that is independent of the local service system and that is made up of a majority of individuals/family members.*”
- In 1999: Programs begin with surveyors being people with disabilities and family members
- In 2000: IM4Q merged with NCI and keep same focus on surveyors

## Benefits:

- People who are interviewed relate better to peers
- Surveyors who relate better listen better
- It's paid work, often leading to other employment
- It promotes self-advocacy and self-determination
- It changes perceptions of many others in the community
- It works well

# Questions?

## Contact Information:

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# Thank you!

NCI Annual Meeting Evaluation

