

# National Balancing Indicators Project Implementation Options Report

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## LIST OF ACRONYMS

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ACA	Patient Protection and Affordable Care Act
ACL	Administration on Community Living
AHRQ	Agency for Healthcare Research and Quality
BRFSS	Behavioral Risk Factor Surveillance System
CI	Community Integration and Inclusion
CLC	Cultural and Linguistic Competency
CMS	Centers for Medicare and Medicaid Services
CT	Coordination and Transparency
FMAP	Federal Medical Assistance Percentage
HCBS	Home and Community-based Services
DALTCP	Office of Disability, Aging and Long-term Care Policy
DSW	Direct Service Workforce
I&A	Information and Assistance
LTSS	Long-term Services and Supports
NBIs	National Balancing Indicators
NBIP	National Balancing Indicator Project
NCCC	National Center for Cultural Competency
OASPE	Office of the Assistant Secretary for Planning and Evaluation
NF	Nursing Facility
OC	Options Counseling
OCR	Office of Civil Rights
PCP	Person-centered Planning
SA	Shared Accountability
SAMHSA	Substance Abuse and Mental Health Administration
SD	Self-Determination
SPT	State Profile Tool
TEFT	Demonstration Grant for Testing Experience and Functioning Tools (TEFT) in Medicaid LTSS
TEP	Technical Expert Panel
THA	Truven Health Analytics
US DHHS	United States Department of Health and Human Service

## EXECUTIVE SUMMARY

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The purpose of the National Balancing Indicator Project (NBIP) is to refine and expand upon the national balancing indicators (NBIs) developed under the National Balancing Indicators Project (2007 – 2010). The NBIs developed during the NBIC were the first step in creating a conceptual framework for developing and implementing a person-centered and balanced LTSS system and a set of indicators, scores, and ratings that can be used by CMS and States to examine efforts in implementing balanced, person-driven LTSS. This report provides an overview and rationale for the Principles and the associated NBIs and has described the challenges and lessons learned and recommendations for implementing them. It also provides an overview and rationale for the state self-assessment survey instrument as a tool to collect the information necessary to implement the NBIs, and challenges, and lessons learned and recommendations for implementing it in the future. The information included in the report can be used by CMS and other Federal agencies as a guide in determining the final set of NBIs, data collection requirements, data infrastructure development and other aspects of developing and implementing a system for assessing LTSS systems for balance and person-centeredness consistent with CMS's vision.

### Methodology

The NBIP Team evaluated the NBIs developed, refined and/or expanded under the NBIP for inclusion in the final set of NBIs. Three criteria were used based on indicator review criteria developed by National Quality Forum: 1) Importance, Relevancy and Potential to Encourage Systems Change, 2) Scientific Acceptability (Reliability and Validity), and 3) Usability and Feasibility. The indicators were evaluated based on a high, moderate or low confidence that the indicator would meet the evaluation criteria.

### Summary of Findings

#### By Principle

##### Sustainability

Three of the five indicators under the Sustainability Principle are recommended to be included in the final set of NBIs. These include S2. LTSS Expenditures, S3. Direct Service Workforce, and S4. Support for Informal Caregivers. In addition, scoring is recommended for two of the indicators (Indicators S2 and S3).

## **Self-determination/Person-centeredness**

All three indicators associated with the Self-determination/Person-centeredness Principle have been recommended for inclusion in the final set of NBIs. Scoring is recommended for one indicator (Indicator SD2).

## **Shared Accountability**

One of the four indicators under this principle are recommended for inclusion in the final set of NBIs (Indicators SA4). Scoring has been recommended for this indicator as well.

## **Community Integration and Inclusion**

Three of the four indicators under the Community Inclusion and Integration Principle have been recommended for inclusion in the final set of NBIs (Indicators CI2, 3, and 4). Two of these indicators have been recommended for scoring (Indicator CI2 and 3).

## **Coordination and Transparency**

Two of the three indicators under the Coordination and Transparency Principle have been recommended for inclusion in the final set of NBIs and for scoring (Indicators CT 1-3). In addition, scoring is recommended for the two indicators (Indicators CI2 and CI2).

## **Prevention**

Both of the indicators under the Prevention Principle are recommended for inclusion in the final set of NBIs, however, neither are recommended for scoring. Rather, the information gathered should be used for informational purposes, in an attempt to better understand how States might provide health promotion and preventative services as well as prepare for disasters and emergencies.

## **Cultural and Linguistic Competency**

All three of the indicators under the Cultural and Linguistic Competency Principle are recommended for inclusion in the final set of NBIs; however, none are recommended for scoring. Rather, the information gathered should be used for informational purposes, in an attempt to better understand how States might provide culturally and linguistically competent LTSS through the provision of needs assessment and targeting and designing services for such populations.

## **Indicator Evaluation Findings and Recommendations**

Based on the results of the indicator evaluation, 19 NBIs are recommended for inclusion in the final set of indicators. However, of these 19 NBIs recommended for inclusion in the final set of

NBIs, only eight are recommended for scoring. Five indicators S1. Global Budget, S5. Shared LTSS Mission/Vision Statement, SA1. Fiscal Responsibility, SA2. Personal Responsibility, and CI1. Waiver Waitlist are not recommended for inclusion in the final set of NBIs due to the low level of confidence received that evaluation criteria are met. Exhibit 1 below summarizes these findings as well as the overall confidence rating each indicator received.

**Exhibit 1: Summary of Indicator Evaluation Findings and Recommendation**

Indicator	Confidence that Evaluation Criteria Are Met (High/Moderate/Low)	Inclusion in Final Set of NBIs (Yes/No)	Scored (Yes/No)
S1. Global Budget	Low	No	No
S2. LTSS Expenditures	Moderate	Yes	Yes
S3. Direct Service Workforce	Moderate	Yes	Yes
S4. Support for Informal Caregivers	Moderate	Yes	No
S5. Shared LTSS Mission/Vision Statement	Low	No	No
SD1. Regulatory Requirements Inhibiting Consumer Control	Low	Yes	No
SD2. Availability of and Use of Self-directed Services	High	Yes	Yes
SD3. Risk Assessment and Mitigation	Moderate	Yes	No
SA1. Fiscal Responsibility	Low	No	No
SA2. Personal Responsibility	Low	No	No
SA3. Individual/Family Involvement in LTSS Policy Development	Low	No	No
SA4. Government, Provider and User Accountability	High	Yes	Yes
CI1. Waiver Waitlist	Low	No	No
CI2. Housing	Moderate	Yes	Yes
CI3. Employment	High	Yes	Yes
CI4. Transportation	Low	Yes	No
CT1. Streamlined Access	Moderate	Yes	Yes
CT2. Service Coordination	Moderate	Yes	Yes
CT3. LTSS Care Transition	Moderate	Yes	No
P1. Health Promotion and Prevention	Moderate	Yes	No
P2. Disaster/Emergency Preparedness	Moderate	Yes	No
CLC1. Needs Assessment and Target Population	Moderate	Yes	No
CLC2. Efforts to Design Services and Supports for CL Diverse Groups	Moderate	Yes	No
CLC3. Cultural and Linguistic Competency Training Requirements	Moderate	Yes	No

### Technical Assistance Guide to NBIs

The NBIP Team worked closely with the SPT Grantee States to obtain their buy-in and to see the value and usefulness of the NBIs and the TAG for NBIs (which include the state self-assessment survey instrument), to assist them in completing the survey and providing the information and data necessary to generate the NBIs and to understand States' challenges in

completing the survey and providing information in an accurate, complete, and timely manner. The Team also received valuable information and insights from the Technical Expert Panel (TEP) regarding the state self-assessment instrument and questions it asked to collect the information and data necessary to generate the NBIs. During the field-testing of the TAG during the summer of 2012 with the seven SPT Grantees States, it was determined that it is possible to complete the self-assessment survey instrument in four phases over a two-month period.

## **Conclusions and Next Steps**

All of the principles and only 19 indicators have been recommended for inclusion in the final set of NBIs. In addition, of the 19 indicators recommended for inclusion, 8 indicators have been recommended for scoring. The primary reason for indicators not being recommended for inclusion was because they were not deemed usability and/or feasibility for implementation.

A next step for CMS is to review the findings and recommendations of this report and determine the final set of NBIs for implementation. Then the Technical Assistance Guide for NBIs, including the state self-assessment survey instrument, will need to be updated to reflect the final set of NBIs.

Once CMS has determined the final set of NBIs for implementation, the next step in completing the NBIP will be the preparation and submission of the *Final Summary Report* for the Project to CMS. This report will document all activities performed during the Project period and will include the final set of NBIs and the revised Technical Assistance Guide for NBIs. The report will be of a quality that it may be disseminated by CMS.

## CHAPTER 1. INTRODUCTION

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The Centers for Medicare & Medicaid Services (CMS), along with a number of other administrative agencies, organizations, and stakeholders, is tasked with ensuring that high quality healthcare services are widely available to this country's most vulnerable citizens – those individuals with chronic illness and/or disability across the lifespan. Today, many of these individuals require long-term services and supports (LTSS),<sup>1</sup> and they increasingly demand a LTSS system that offers a wide array of home and community-based services (HCBS) and is “responsive to consumer preferences” (Miller and Mor, 2006).

The National Balancing Indicator Project (NBIP) was awarded to IMPAQ International in 2010 to further refine and add to the six Principles and 18 NBIs developed under the National Balancing Indicators Contract (NBIC) (2007- 2010). Under the NBIP, a first wave of refinements and expansions were made to the principles and NBIs between 2010 and 2012. In 2012, the principles and NBIs along with the Technical Assistance Guide to NBIs (which included the state self-assessment survey instrument) were field tested with seven State Profile Tool (SPT) Grantee States (AR, FL, ME, MA, MI, MN and KY). A second wave of refinements and additions were made to the principles, NBIs and Technical Assistance Guide to NBIs (including the state self-assessment survey instrument) from the later part of 2012 through 2014. These refinements and additions were based on feedback received from the seven SPT Grantee States, and LTSS Experts (e.g., the Technical Expert Panel (TEP) and Stakeholder Group members, and Federal Partners and selected not-for-profit organizations). Seven Principles (one new) and 24 NBIs (eleven new with some replacing previous indicators) were developed, refined and/or expanded upon to under the NBIP.

Although the term “balancing” appears in the NBIP contract name and traditionally references Medicaid State agencies’ efforts to more equitably distribute funding from institutional to community-based settings, the objective of the NBIP was intended to focus more broadly on the myriad components of a person-driven LTSS system that can provide full access to community alternatives. CMS defines an “ideal” LTSS system to be responsive to the needs and desires of individuals, promote qualities of life, and make use of person-centered planning and service delivery strategies. Thus, NBIP was tasked with addressing all of these issues.

The purpose of this Report is to provide CMS with options for determining the final set of NBIs and data infrastructure and collection requirements necessary for States to develop and implement balanced and person-driven LTSS systems consistent with CMS’ vision. The Report provides an overview and describes the rationale and challenges and lessons learned for each principle and associated indicators. It also describes how each indicator was evaluated using three criteria based on indicator review criteria developed by the National Quality Forum and provides recommendation for a final set of NBIs. It also provides an overview and describes

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<sup>1</sup> Such as such as accessible and/or supervised housing, assistive devices, home modifications, personal care and assistance with activities of daily living (e.g., bathing, dressing, transferring) and instrumental activities of daily living (e.g., household chores, laundry, shopping and meal preparation) and psychosocial and emotional supports.

the rationale, challenges, lessons learned related to implementing the Technical Assistance Guide to NBIs, and specifically the state self-assessment survey instrument used to collect the information necessary to implement the NBIs, and provides recommendations for implementing the survey including a suggested timeline for implementation. Finally, the Report discusses conclusions and next steps.

The Report is organized into the following chapters and appendices. A **List of Acronyms** has been included in the Report for the reader's reference. **Chapter 1** provides an introduction to the concept of a balanced, person-driven LTSS system, the NBIC and NBIP and objectives, and the purpose and contents of this report. **Chapter 2** describes the methodology used to evaluate the NBIs for possible inclusion. **Chapter 3** describes NBI implementation options including the rationale, challenges, lessons learned and evaluation of indicators using three criteria based indicator review criteria developed by National Quality Forum. The Chapter also makes recommendations for indicator inclusion into a final set of indicators and implementation by principle. **Chapter 4** summarizes the NBI implementation recommendation by evaluation score. **Chapter 5** describes the implementation of the Technical Assistance Guide to NBIs and state self-assessment survey instrument included in Guide. The Chapter also includes a description of the rationale for using the survey and the challenges and lessons learned. It also includes a discussion of State data collection and reporting infrastructure requirements, and recommendations and a suggested timeline for implementing the survey. **Chapter 6** presents conclusions and next steps.

A number of appendices have been included in this report. **Appendix A** contains the *Evaluation Criteria for Indicators of a Balanced, Person-driven LTSS System*. **Appendix B** contains the NBI evaluation results. **Appendix C** contains the Technical Assistance Guide to the National Balancing Indicators that includes the state self-assessment survey instrument.

## CHAPTER 2. NBI Evaluation Methodology

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In order to make recommendations to CMS on the inclusion of each NBI in the final set of NBIs, the NBIP Team evaluated each NBI by principle. This review was conducted using the feedback received from the SPT Grantees and LTSS Experts and using a set of three criteria based on indicator review criteria developed from the National Quality Forum, a nationally recognized resource on measures of health care quality.<sup>2</sup> The three criteria used included:

- Importance, Relevancy and Potential to Encourage Systems Change
- Scientific Acceptability
- Usability and Feasibility

Criteria 1, *Importance, Relevancy and Potential to Encourage Systems Change*, evaluates whether an indicator addresses three elements: (1) a specific LTSS goal/priority per the vision of the LTSS Future, and either, (2) captures “high impact” aspects of LTSS (those aspects that are globally important to individuals, families and individuals using LTSS); or captures new, previously un-or under measured data on LTSS; and (3) whether the indicator examines data that allowed for the detection of problems and/or specific areas for improvements overtime which in turn is useful in informing States where changes could be made in order to progress towards implementing an ideal LTSS system.

Criteria 2, *Scientific Acceptability*, evaluates the technical aspects related to the construction and operationalization of the indicator. Specifically, these criteria assess evidence of the indicator’s reliability and validity. Indicators are expected to provide data that are: 1) appropriately specified and 2) pass standard assessments of scientific acceptability, such as reliability and validity.

In conventional usage, the term *validity* refers to the extent to which an empirical measure adequately reflects the *real meaning* of the concept under consideration (Babbie, 1992). Types of validity testing include *face validity* and *criterion-related* or *predictive validity*. *Face validity* is defined as the extent to which a test is subjectively viewed as covering the concept it purports to measure. It refers to the transparency or relevance of the measure. In other words, a measure can be said to have face validity if it *looks like* it is going to measure what it is supposed to measure. For the purpose of evaluating the NBIs, validity testing was not conducted. However, face validity testing, to some degree, was supported through feedback received from the SPT Grantee States and LTSS Experts.

Reliability is the overall consistency of a measure. A measure is said to have a high reliability if it produces similar results under consistent conditions (Hess, McNab & Basoglu 2014). Reliability testing was not conducted under the NBIP. However, there is a concern that even

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<sup>2</sup> For a discussion of the overall project methodology, please refer to the National Balancing Indicator Measures Additions and Refinements Report (May, 2014).

with detailed instructions, States may interpret the same question included in the state self-assessment survey instrument differently resulting in significant variation in reporting.

Except for the minimal face validity testing conducted through the receipt of feedback from the SPT Grantee States and LTSS Experts, the indicators were not evaluated based on validity or reliability. However, it is recommended that validity and reliability testing be conducted on the NBIs in the future.

Criteria 3, *Usability and Feasibility* evaluates whether an indicator is usable and feasible. This criteria examines the degree to which the indicators are publicly available and understandable to a range of audiences, the intervals in which data are collected, and the extent to which each indicator is available in a usable form. Ensuring that each indicator and the data it yields are accessible as well as regularly available is fundamental to the goals of the NBIs.

The *Usability* sub-criteria examines the extent to which intended audiences (e.g., users, purchasers, policymakers) can understand the results of the indicator and find them useful for decision making. The sub-criteria includes four elements that must be addressed by an indicator. They include:

- The indicator performance results are available to the public at large, and
- The indicator results are considered meaningful, understandable, and useful to the intended audience(s) for informing current state of LTSS system and areas of improvement, and
- Data and result details are maintained such that the indicator can be decomposed to facilitate transparency and understanding, and
- If disparities in services, satisfaction and/or care have been identified, indicator specifications, scoring, and analysis allow for identification and reporting of disparities through stratification of results (e.g., by race, ethnicity, socioeconomic status, gender), or
  - Rationale/data justifies why the stratification is not necessary or feasible.

The *Feasibility* sub-criterion examines the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement. There are three elements included in this sub-criterion and they include:

- Data are collected as part of routine service delivery or service follow-up (e.g., routine satisfaction surveys), or
  - Data are regularly collected at defined interval, or
  - Data are regularly available from administrative (e.g., program enrollment) or secondary data sources (e.g., Census data, BRFSS)

- Susceptibility to inaccuracies, errors, or unintended consequences related to measurement are judged to be inconsequential, and
- The data collection and measurement strategy can be implemented as demonstrated by operational use in external reporting programs, or
  - Testing did not identify barriers to operational use (e.g., barriers related to data availability, timing, frequency, sampling, fees for use of proprietary specifications).

Indicators were evaluated based on a high, moderate or low confidence that Evaluation Criteria 1 and 3 were met. Criteria 2 could not be evaluated since validity and reliability testing was not conducted. A “high” evaluation score meant that an indicator met all of the elements of an evaluation criterion. A “moderate” evaluation score meant that an indicator met more than one but less than all of the elements of a criteria. Finally, a “low” evaluation score meant that an indicator met one or none of the elements of an evaluation criterion.

A more detailed description of the evaluation criteria used may be found in Appendix A. The detailed results of the evaluation of each NBI by principle are summarized in Appendix B.

The following section provides an overview and rationale for using each NBI principle and associated indicators, describes the challenges and lessons learned and summarizes the results of the evaluation of each indicator for inclusion in the final set of NBIs using three criteria based on indicator review criteria developed by the National Quality Forum.

## CHAPTER 3. NBI Evaluation Findings and Recommendations

NBIP developed and tested a set of seven Principles and 24 Indicators to examine States' efforts toward attaining and maintaining a balanced, person-driven long-term supports and services (LTSS) system. The seven NBIP Principles include Sustainability, Self-Determination/Person-Centeredness, Shared Accountability, Community Integration and Inclusion, Coordination and Transparency, Prevention, and Cultural and Linguistic Competency.

This section of the report summarizes the evaluation results, provides rationale based on the evaluation criteria described in Chapter 2 and describes the challenges and lessons learned for each indicator included in the seven principles. It should be noted, that while the challenges and lessons learned identified during the field testing conducted in 2012 are discussed separately from the evaluation results, the evaluation results do incorporate the challenges and lessons learned as part of the evaluation criteria. For example, a challenge identified across many of the NBIs was the process/outcome conundrum. With any process measure, it is difficult to determine what is ideal, making it difficult to develop scoring methodology. This in turn may make the indicator less usable when evaluating whether the indicator is meaningful, understandable, and useful to the intended audience(s) for informing current state of LTSS system and areas of improvement. This challenge, along with many others, is discussed in more detail below under each indicator.

### 3.1 Sustainability Principle

Three of the five indicators under the Sustainability Principle are recommended to be included in the final set of NBIs. These include S2. LTSS Expenditures, S3. Direct Service Workforce, and S4. Support for Informal Caregivers. In addition, scoring is recommended for two of the indicators (Indicators S2 and S3). Exhibit 2 presents the evaluation results and recommendations for the indicators included in the Sustainability Principle.

**Exhibit 2: Indicator Evaluation Findings-Sustainability**

Indicator	Type of Indicator	Confidence that Evaluation Criteria Are Met (High/Moderate/Low)	Inclusion in Final Set of NBIs (Yes/No)	Score (Yes/No)
S1. Global Budget	System Level/Process Indicator	Low	No	No
S2. LTSS Expenditures	System Level/Outcome Indicator	Moderate	Yes	Yes

S3. Direct Service Workforce	System Level/ Process and Individual-level Outcome Indicator	Moderate	Yes	Yes
S4. Support for Informal Caregivers	System Level/Process and Individual-level Outcome Indicator	Moderate	Yes	No
S5. Shared LTSS Mission/Vision Statement	System Level/ Process Indicator	Low	No	No

The following provides a discussion of the recommendations for each indicator, the rationale for the recommendations, including challenges and lessons learned identified and a summary of evaluation.

**3.1.1 Indicator S1. Global Budget**

**Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that the Indicator S1, *Global Budget* not be included in the final set of NBIs. In addition, should CMS decides to include the indicator in the final set of NBIs, it should not be scored. Rather, the information collected should be used for informational purposes, in an attempt to better understand how States implement global budgeting.

**Challenges and Lessons Learned**

The NBIP Team and SPT Grantees experienced a number of challenges in implementing Indicator S1, *Global Budget*. These are described below.

*Disagreement Between LTSS Experts Regarding What is Optimal*

One of the core assumptions used to develop the NBIs was that certain types of systems infrastructures are necessary for creating a balanced and person-driven LTSS system. Global budgeting was one of the types of systems infrastructures identified in the literature and by the NBIP Team. However, some SPT Grantee States and members of the TEP questioned whether global budgeting was an essential type of systems infrastructure. One TEP member argued:

*Having a global budget is being proposed as a promising practice as a tool for rebalancing a State’s LTSS system. Okay, its is nice that they [the State] has that and it makes it easier for them to do the rebalancing. However, if they don’t have it, it is not necessarily bad. Maybe they are a State that is*

*already pretty balanced and they don't need that [global budgeting] to achieve a balanced LTSS system.*

Some SPT Grantee States and TEP members contended that this approach penalizes States that may have already met the needs of the target populations using different mechanisms or that chose not to build systems because they did not believe that the target populations needed or desired the tools that the prescribed system infrastructure offered.

### *Differences in Definition/Terminology*

SPT Grantee States also struggled with definitions and terminology used to report on whether or not global budgeting had been implemented as defined in the survey and if global budgeting was being used across the entire LTSS system and all target populations. For example, SPT Grantee States were asked to report whether funds were appropriated into a global budget that included (1) both nursing facility (NF) and HCBS expenditures and (2) both ICF-MR and HCBS expenditures. Three SPT Grantee States reported not having a global budget for NF and HCBS expenditures but reported having separate budget line items for NF and HCBS and that funds can be shifted from the NF to HCBS budget line item by the overseeing agency and with legislative approval. In addition, none of the SPT Grantee States reported having a global budget that either went across the LTSS system and all target populations or specifically for ICF-IID and HCBS expenditures.

### **Indicator Evaluation Results**

Indicator S1. *Global Budget* was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed from the National Quality Forum.

Indicator S1 was evaluated as having low confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator only addressed one of four elements of the evaluation criteria (indicator captures new, previously un- or under measured/reported aspects of LTSS).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. TEP members questioned whether there was one definition of global budgeting. They also questioned how the results of the indicator might vary and if the indicator applied to a particular line agency such as a division for individuals with intellectual and/or developmental disabilities versus if it applied for all persons in need of LTSS in a State. A TEP member questioned whether global budget was essential for a State to achieve a balanced LTSS system. "Having global budgeting may be a promising practice as a tool for rebalancing but if a State does not have it is that necessarily bad? What if a State's LTSS system is pretty balanced without it?" One TEP member questioned whether some States would be able to answer the

questions on global budgeting. Finally, TEP members asked how global budgeting would work under managed LTSS.

Indicator S1 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, other not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey.

I was unclear whether the LTSS Experts thought the indicator results would be meaningful, understandable, and useful. Also the data and results of the details are not maintained by States such that the indicator can be decomposed to facilitate transparency and understanding.

Indicator S1 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of four elements included in the sub-criteria. In addition, the majority of the questions asked under Indicator S1 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### **3.1.2 Indicator S2. LTSS Expenditures**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator S2 be included in the final set of NBIs. In addition, it is recommended that the indicator be scored after NBIC scoring methods for the indicator are further improved.

#### **Challenges and Lessons Learned**

A number of challenges and lessons learned were identified for Indicator S2. *LTSS Expenditures*. These are described below

##### *Scope of the Indicator*

A particular challenge for this indicator was to capture its full scope as it related to LTSS expenditures. TEP members commented that all LTSS expenditures should be collected, not just

Medicaid expenditure, however, gathering all LTSS expenditures by State in an accurate and consistent manner will be a significant challenge.

A TEP member commented:

*When we are looking at home health and PACE expenditures are we only looking at Medicaid expenditures” Home health and PACE have a significant role in Medicare rehabilitation.*

Another TEP member commented:

*It gets very complicated to get [total LTSS expenditures] from everybody. For example, a significant amount of LTSS is provided to individuals with mental illnesses and these services may or may not be paid for by Medicaid. We need to gather this information to tell the whole story.*

### *Differences in Definition/Terminology*

The four sub-indicators (S2a-d) report on Medicaid LTSS expenditures and changes in expenditures at the Federal and State levels. The fourth sub-indicator reports on LTSS Funding received by the State from Non Medicaid sources. Due to the differences in claims reporting and services taxonomy at by LTSS expenditure type, these are not perfect measures. However, they provide a context on the use of Medicaid and other resources across LTSS institutional services and HCBS.

### *Cross-Agency Collaboration*

Implementing Sub-indicator S2d will require a substantial amount of cross-agency collaboration at both the State and Federal levels and will be a challenge for States to report on. In addition, it may be difficult to compare non-Medicaid LTSS expenditures across States due to the different types of funding available to a State.

### **Indicator Evaluation Results**

Indicator S2. *LTSS Expenditures* was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed from the National Quality Forum. Indicator S2 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses a specific LTSS goal per the Vision of LTSS of the Future conceptual framework (rebalancing funding from institutional to HCBS). It also captures a “high impact” aspect of LTSS because recent literature has reported (Kaye et al, 2009) that States that offer Medicaid-funded HCBS as an alternative to institutional services not only were complying with the Olmstead decision and meeting the demand for LTSS (a specific LTSS goal per the Vision of the LTSS of the Future conceptual framework) but increased HCBS appears to entail a short-term increase in Medicaid

spending, followed by a reduction in institutional spending and an increase in long-term cost savings – which is a goal of many State Medicaid programs. Finally, the indicator captures new, previously un- or under measured/reported LTSS expenditure information (Sub-indicators S2c and S2d) and examines data that allows for the detection of problems and areas for improvement (Sub-indicator S2a, S2b, and S2c).

The indicator could not be fully evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. TEP members recommended collecting all types of LTSS expenditures, although they said non Medicaid expenditures would be hard for States to collect and report on in an accurate and consistent manner. One TEP member reported, “It will be difficult to get apples to apples comparisons.”

Indicator S2 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the *Usability* evaluation sub-criteria. To date, the general public has not had access to the NBIs. However, they have been shared with a select group of Federal Partner agencies, other not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey.

TEP members inferred from their comments that the indicator and associated questions, with a few exceptions, were meaningful, understandable, and useful to the intended audience for informing on the current state of a LTSS system and possible areas of improvement. Moreover, they reported that Indicator S2 was an important indicator for assessing LTSS system balancing. A TEP member reported that the indicator results may vary due to States abilities to report this information and the affect managed LTSS implementation may have on the reporting of State LTSS expenditures. The TEP member commented, “It will be difficult to get apples to apples comparisons.”

Indicator S2 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having moderate confidence for meeting the evaluation sub-criteria. Data are regularly collected at defined interval (e.g., state reported CMS Report 64 data, managed care encounter data not included in the Report 64). The Medicaid LTSS data are regularly available from a secondary source (Truven Health Analytics’ reports). Susceptibility to inaccuracies, errors and unintended consequences related to measurement do exist however Truven Health Analytics staff tries to limit them to the extent possible.

Sub-indicators S2a-c related to Medicaid LTSS expenditures have a number of limitations. These include: (1) the data is State-reported, (2) it’s based on State FMAP claims and during the CMS audit some claims may be disallowed; (3) the data are by date of payment so claims may not

align with the fiscal year in which the service was delivered; and (4) the data includes information associated with LTSS so expenditures for services such as mental health services may be under reported or excluded.

Finally, States may have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### 3.1.3 Indicator S3. Direct Service Workforce

#### Recommendations for Indicator Implementation

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator S3 be included in the final set of NBIs. Also, it is recommended that the indicator be scored after scoring method is developed for the indicator.

#### Challenges and Lessons Learned

A number of challenges and lessons learned were identified for Indicator S3. *Direct Service Workforce*. These are described below.

##### *Disagreement Between LTSS Experts Regarding What is Optional*

One of the core assumptions used to develop the LTSS indicators is that certain types of systems infrastructure are necessary for creating a balanced, person-driven LTSS system. For example a State might receive a higher “score” if it has a direct service worker (DSW) registry (Sub-indicator S3c) that is regularly updated and available free of charge to program participants.

Under the NBIC, not all of the SPT Grantee States believed that all of the systems’ infrastructures for which points were given were necessary or desirable for programs serving all populations in all States. The SPT Grantee States contended that this approach penalized States that had already met the needs of the target populations using different mechanisms or that chose not to build systems because they did not believe that the target populations needed or desired the tools that the prescribed systems’ infrastructures offered. For example, one State argued that because its LTSS system was designed to provide access to direct service workers through agencies, having a registry that had information about individual direct service workers would offer a confusing array of choices that would overwhelm program participants. In this case, the State provided program participants with information about agencies rather than about individual direct service workers.

SPT Grantee States reported similar comments under the NBIP during the 2012 field test, as did TEP members during the meetings held in 2013. For example, concerning the topic of DSW registries included in Indicator S3. *Direct Service Worker*, one TEP member commented:

*A statewide registry may not be necessary. County-wide or locality-based may be better and that is what California has. However, the State may transition to statewide registry and I think that may be bad.*

Ultimately, the SPT Grantee States and LTSS Experts who provided feedback on the NBIs judged that it was important to develop them so that they would provide guidance on which systems to build and how to construct them. However, this should not be interpreted to mean that there is only one optimal way to design a person-centered and balanced LTSS delivery system.

#### *Sustainable Data Collection*

States will need to develop data collection and reporting systems and infrastructure in order to facilitate sustainable data collection. This likely will be a significant challenge, particularly with this indicator. The majority of data collected for this indicator will be new for a State and they will have to develop the data infrastructure and data collection systems to collect the information in an accurate and consistent manner over time. This is particularly applicable for the Sub-indicator S3b, *Direct Service Workforce: Volume, Compensation and Stability*; S3c, *Direct Service Workforce Competency*; and S3d, *Direct Service Workforce Training* which is implemented using a DSW survey developed by The Lewin Group. Implementing this Indicator S3 will result in added costs to the State that they may not be willing to incur.

#### **Indicator Evaluation Results**

Indicator S3. *Direct Service Workforce*, was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change* because it addressed all of the elements included in the criteria. The indicator could not be fully evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts.

Regarding Sub-indicator S3a, *DSW Registry*, TEP members commented that the term “registry” could mean different things (e.g., registry of poor performing workers, matching registry to assist users in finding workers, statewide registries versus jurisdiction-based registries) and thought the NBIP team should clarify this and ask questions that address the various options. Another TEP member asked “What does a registry have to do with balancing?” Finally, a TEP member thought that direct care work competency (Sub-indicator S3c) and training (Sub-indicator S3d) sub-indicators were more important than direct care worker registry sub-indicator.

Indicator S3 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision

making). The indicator was evaluated as addressing three of the four elements of the sub-criteria and having moderate confidence for meeting the *Usability* sub-criteria.

Indicator S3 was evaluated for the sub-criteria *Feasibility* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as addressing two of the three elements of the sub-criteria and having moderate confidence for meeting the *Feasibility* sub-criteria.

### 3.1.4 Indicator S4. Support for Informal Caregivers

#### Recommendations for Indicator Implementation

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator S4 be included in the final set of NBIs. However, it is recommended that this indicator not be scored. Rather, it is recommended that the information collected be used for informational purposes, in an attempt to better understand how States support informal caregivers.

#### Challenges and Lessons Learned

A challenge was identified related to the indicator type for Indicator S4. *Support for Informal Caregivers*. This challenge is described below.

##### *Process /Outcome Conundrum*

The challenge in implementing S4 is related to the measure type. As described above, S4 is a system-level process measure that examines State efforts to support informal caregivers. However, unlike many of the other NBIs, S4 has an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of S4, it is difficult to determine what is ideal regarding State efforts to support informal caregivers. This makes it difficult to develop scoring methodology for the process measure component of this indicator and scoring may need to be more focused on the outcome component of whether caregivers are receiving adequate supports and services.

#### Indicator Evaluation Results

Indicator S4, *Support for Informal Caregivers*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

IndicatorS4 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time). The indicator addresses a specific LTSS goal per the Vision of the LTSS of the Future conceptual framework (Family and Community) and captures a “high impact” aspect of LTSS because 78 percent of adults living in the community and in need of LTSS depend on informal caregivers as their only source of help (Thompson, 2004).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. TEP members reported that collecting information on the availability of crisis services is important. Thirty-three percent of families interviewed for the NCI reported having difficulty getting crisis services and this could put a person at risk of institutionalization. TEP members thought it would be important to find out what types of supports for informal caregivers were available by target population. The TEP members felt the questions were too detailed and in some cases, TEP members questioned whether a State could answer them. The NBIP team addressed the TEP members’ concerns to a certain extent when refining this section of the survey.

Indicator S4 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey. TEP members questioned the understandability, meaningfulness and usefulness of the questions included in Indicator S4. In addition data and result details are not maintained such that the indicator can be decomposed to facilitate transparency and understanding. The final usability criteria was also not met because caregiving issues are not stratified by population nor was there justification provided for why stratification was not necessary for the indicator.

Indicator S4 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it met only one of the four elements included in the sub-criteria (testing did not identify barriers to operational use). In addition, the majority of the questions asked under Indicator S4 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting

systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### **3.1.5 Indicator S5. Shared Long-Term Supports and Services Mission/Vision Statement**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator S5 not be included in the final set of NBIs. Should it be decided that the indicator be included in the final set of NBIs, scoring is not recommended. Rather, it is recommended that the indicator be used for informational purposes, in an attempt to better understand how States support informal caregivers.

#### **Challenges and Lessons Learned**

A challenge was identified related to the indicator type for Indicator S5. *Shared Long-Term Supports and Services Mission/Vision Statement*. This challenge is described below.

##### *Process /Outcome Conundrum*

Like many other of the NBIs, the challenge in implementing S5 is related to the measure type. S5 is a system-level process measure that examines the sharedness of State LTSS mission/vision statements. Also like other NBIs, S5 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of S5, it is difficult to determine what is ideal regarding LTSS mission/vision statements, specifically if one is required that reaches across State agencies and programs or are multiple LTSS mission/vision statements that are in harmony adequate. This makes it difficult to develop scoring methodology for this indicator.

#### **Indicator Evaluation Results**

Indicator S5, *Shared Long-term Supports and Services Mission/Vision Statement*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator S5 was evaluated as having low confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses only one of the three elements of the evaluation criteria (indicator captures new, previously un- or under measured/reported aspects of LTSS).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and

LTSS Experts. A TEP member asked once the documents are prepared, “Does anyone ever read them? Often they are not publicized and/or operationalized in a systematic way. Nothing turns on it.” Another TEP member commented that the only thing that is interesting about the indicator is the data on stakeholder involvement and if their feedback is incorporated into the development, implementation and monitoring of the Mission/Vision Statement.

Indicator S5 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator did not meet the first of four elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. It also did not meet the other elements of usability, the indicator results are considered meaningful, understandable, and useful, data and result details are maintained such that the indicator can be decomposed to facilitate transparency and understanding, and justification for the use or lack of stratification of results.

Indicator S5 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of the four elements included in the sub-criteria. Some States may have difficulty answering the questions in Indicator S5. Data is not regularly collected at defined intervals or available from administrative or secondary data sources. Therefore, States may have to develop the data infrastructure and data collection systems to collect and report the information being asked in an accurate and consistent manner which could result in additional costs to the State. Finally, data is state reported and could be susceptible to inaccuracies, errors, or unintended consequences because field testing with SPT Grantee States found that state often did not know if the information was available and/or how to obtain it.

### 3.2 Self-Determination/Person-Centeredness Principle

All three indicators associated with the principle have been recommended for inclusion in the final set of NBIs. Scoring is recommended for one indicator (Indicator SD2). Exhibit 3 presents the evaluation results and recommendations for the indicators included in the Self Determination/Person-centered Principle.

**Exhibit 3: Indicator Evaluation Findings-Self-Determination**

Indicator	Type of Indicator	Confidence that Evaluation Criteria Are Met (High/Moderate /Low)	Inclusion in Final Set of NBIs (Yes/No)	Score (Yes/No)
SD1. Regulatory Requirements Inhibiting Consumer Control	System Level/Process Measure	Low	Yes	No
SD2. Availability of and Use of Self-directed Services	System Level/Process Measure	High	Yes	Yes
SD3. Risk Assessment and Mitigation	System Level/Process Measure	Moderate	Yes	No

The following provides a discussion of the recommendations for each indicator, the rationale for the recommendations, including challenges and lessons learned identified and a summary of evaluation.

#### 3.2.1 Indicator SD1. Regulatory Requirements Inhibiting Consumer Control

##### **Recommendations for Indicator Implementation**

Although it has been determined there is a low confidence that Indicator SD1 is useable or feasible, it has been determined that there is a high confidence that the indicator meets the evaluation criteria for *Importance, Relevancy and Potential to Encourage Systems Change*. As such, it is an important indicator for assessing States’ ability to implement person-driven and balanced LTSS systems. Therefore, it is recommended that Indicator SD1 be included in the final set of NBIs. However, it is not recommended that the indicator be scored. Rather, the information gathered should be used for informational purposes, in an attempt to better understand how State regulations are supporting or inhibiting individual choice and control related to their LTSS and the organizations and individuals who provide it.

## Challenges and Lessons Learned

A challenge was identified related to the indicator type for Indicator SD1. *Regulatory Requirements Inhibiting Consumer Control*. This challenge is described below.

### *Process /Outcome Conundrum*

The challenge in implementing SD1 is related to the measure type. SD1 is a system-level process measure that LTSS user choice and control. SD1 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of SD1, it is difficult to determine what is ideal regarding LTSS user choice and control when balancing it with safety. This makes it difficult to develop scoring methodology for this indicator.

## Indicator Evaluation Results

Indicator SD1, *Regulatory Requirements Inhibiting Consumer Control*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator SD1 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts TEP members questioned what was “bad” about licensure and certification regulations and suggested that there would be chaos without them. Another challenge identified a TEP member was whether some of the questions included in Sub-indicator SD1c, *Nurse Delegation*, were too difficult for States to answer and thought they should be eliminated. The NBIP Team attempted to address the issues raised by the TEP members so that the questions asked are as valid as possible (face validity).

Indicator SD1 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who

completed the state self-assessment survey. Feedback provided by these LTSS experts indicated that the indicator SD1 was not meaningful and useful in understanding user choice and control when choosing their services and who will provide them.

Indicator SD1 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of the evaluation criteria. In a number of cases, the TEP questioned how difficult it would be for States to answer some of the questions included in this indicator. This could result in poor reporting and increased susceptibility to inaccuracies, errors, or unintended consequences related to measurement. In addition, the majority of the questions asked under Indicator SD1 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### **3.2.2 Indicator SD2. Availability and Use of Self-directed Services**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator SD2 be included in the final set of NBIs. It is also recommended that the indicator be scored after scoring method is developed for the indicator. The indicator results will provide a better understanding of user choice and control provided by available self-directed services.

#### **Challenges and Lessons Learned**

A challenge was identified related to the indicator type for Indicator SD2. *Availability and Use of Self-directed Services*. This challenge is described below.

##### *Process /Outcome Conundrum*

Like indicator SD1, the challenge in implementing SD2 is related to the measure type. SD2 is a system-level process measure that examines care transitions. Also like SD1, SD2 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of SD2, it is difficult to determine what is ideal regarding the number and type of self-directed services. This makes it difficult to develop scoring methodology for this indicator.

#### **Indicator Evaluation Results**

Indicator SD2, *Availability and Use of Self-directed Services*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator SD21 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. TEP members reported that indicator did not address self-directed service options available under §1115 waivers (such as the one implemented in Vermont's comprehensive Medicaid waiver) and when States implement managed care models that include LTSS. In addition, TEP members recommended adding a question on person-centered planning. The NBIP Team attempted to address the issues raised by the TEP members so that the questions asked are as valid as possible in examining the availability of self-directed services (face validity).

Indicator SD2 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey. Based on the feedback received from the STP Grantee States and the TEP members, they reported that the indicator overall is meaningful and useful for informing States regarding their current LTSS systems and areas of improvement. In addition, it was determined that some of the data and result details are maintained (by CMS) such that the indicator can be decomposed to facilitate transparency and understanding.

Indicator SD2 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having high confidence for meeting the feasibility evaluation criteria because it met the majority of the evaluation criterion. More specifically, some data are regularly collected by CMS (e.g., when States' apply for or renew their waivers and SPAs) and some data is available on the CMS website. Since the data is reported by States may not verified, there could be some susceptibility to inaccuracies, errors, or unintended consequences related to measurement, however, CMS review of waiver and SPA documents may limit this to a certain extent. However, many of the questions asked

under Indicator SD2 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### 3.2.3 Indicator SD3. Risk Assessment and Mitigation

#### Recommendations for Indicator Implementation

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator SD3 be included in the final set of NBIs. It is not recommended that the indicator be scored due to the number of open ended questions included in the indicator. Rather, the information gathered should be used for informational purposes, in an attempt to better understand how States are assessing and mitigating risk.

#### Challenges and Lessons Learned

A number of challenges were identified for Indicator SD3. *Risk Assessment and Mitigation*. These are described below.

##### *Sustainable Data Collection*

The majority of data collected for Indicator SD3 will be relatively new for States and they will have to develop the data infrastructure and data collection systems to collect the information in an accurate and consistent manner over time. This likely will be a significant challenge for States and may result in added costs to the State that they may not be willing to incur.

##### *Process /Outcome Conundrum*

Another challenge in implementing SD3 is related to the measure type. SD3 is a system-level process measure that examines risk assessment and mitigation. Like SD1 and SD2, SD3 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of SD3, it is difficult to determine what is ideal regarding assessing and managing risk while balancing user choice and control. This makes it difficult to develop scoring methodology for this indicator.

#### Indicator Evaluation Results

Indicator SD3, *Risk Assessment and Mitigation*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator SD3 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS,

indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. A TEP member who is a State agency representative reported she liked the services of questions included in the indicator. Overall, indicator SD3 is fairly well defined so it is anticipated that it will be consistently implemented within and across diverse populations, allows for comparability and is anticipated to be repeatable.

Indicator SD3 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. This indicator has not been field tested. However, based on feedback from TEP members, the indicator was felt to be meaningful and useful but it is not clear whether all the questions included in the indicator would be understood by the States in the same way.

Indicator SD3 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of the evaluation criteria. More specially, all of the questions asked under Indicator SD3 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State. In addition, the data could be susceptible to inaccuracies, errors or unintended consequences because it is State reported and not verified.

### 3.3 Shared Accountability Principle

One of the four indicators under this principle is recommended for inclusion in the final set of NBIs (Indicators SA 4). Scoring has been recommended for this indicator as well. Exhibit 4 presents the evaluation results and recommendations for the indicators included in the Shared Accountability Principle.

**Exhibit 4: Indicator Evaluation Findings-Shared Accountability**

Indicator	Type of Indicator	Confidence that Evaluation Criteria Are Met (High/Moderate /Low)	Inclusion in Final Set of NBIs (Yes/No)	Score (Yes/No)
SA1. Fiscal Responsibility	System Level/Process Measure	Low	No	No
SA2. Personal Responsibility	System Level/Process Measure	Low	No	No
SA3. Individual/Family Involvement in LTSS Policy Development	System Level/Process Measure	Low	No	No
SA4. Government, Provider and User Accountability	System Level/Process and Outcome Measure	High	Yes	Yes

The following provides a discussion of the recommendations for each indicator, the rationale for the recommendations, including challenges and lessons learned identified and a summary of the indicator evaluation.

#### 3.3.1 Indicator SA1. Fiscal Responsibility

##### Recommendations for Indicator Implementation

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that this indicator not be included in the final set of NBIs. If it is decided to include this indicator in the final set of NBIs, it is recommended that this indicator not be scored. Rather, it is recommended that the indicator be used for informational purposes, in an attempt to better understand how States encourage fiscal responsibility among the various key stakeholders.

##### Challenges and Lessons Learned

A challenge was identified related to the indicator type for Indicator SA1. *Fiscal Responsibility*. This challenge is described below.

## *Process /Outcome Conundrum*

The challenge in implementing SA1 is related to the measure type. SA1 is a system-level process measure that examines the shared fiscal responsibility in planning for LTSS and meeting users' LTSS needs at the government, provider and user levels. Like many of the NBIs, SA1 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of SA1, it is difficult to determine what is ideal regarding the level of fiscal responsibility on part of the Federal and State governments, providers and users. This makes it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator SA1, *Fiscal Responsibility*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator SA1 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses two elements of the evaluation criteria (indicator captures a high impact aspect of LTSS and indicator captures new, previously un- or under measured/reported aspects of LTSS).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. A TEP member felt the indicator did not related to balancing. A TEP member asked if the questions were really a proxy for the outcome of interest.

Indicator SA1 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. In addition, TEP members questioned the meaningfulness of the questions included in indicator SA1 and whether they were related to balancing.

Indicator SA1 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of the four elements included in the sub-criteria. More specifically, data are not collected at defined interval and the indicator is susceptible to inaccuracies, errors and unintended consequences related to measurement. In addition, the majority of the questions asked under Indicator SA1 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the

information in an accurate and consistent manner over time. This could result in additional costs to the State.

### 3.3.2 Indicator SA2. Personal Responsibility (New)

#### Recommendations for Indicator Implementation

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator SA2 not be included in the final set of NBIs. If it is decided to include the indicator in the final set of NBIs, it is recommended that the indicator not be scored.

#### Challenges and Lessons Learned

A challenge was identified related to the indicator type for Indicator SA2. *Personal Responsibility*. This challenge is described below.

##### *Process /Outcome Conundrum*

The challenge in implementing SA2 is related to the measure type. SA2 is a system-level process measure that examines personal responsibility for LTSS. Like SA1, SA2 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of SA2, it is difficult to determine what is ideal regarding the level of training and educational opportunities to empower LTSS users to effectively use self-directed services. This makes it difficult to develop scoring methodology for this indicator.

#### Indicator Evaluation Results

Indicator SA2, *Personal Responsibility*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator SA2 was evaluated as having moderate confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses two elements of the evaluation criteria (indicator captures a high impact aspect of LTSS and indicator captures new, previously un- or under measured/reported aspects of LTSS).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. A TEP member reported that the indicator should be examining the decision support system and materials that are in place because the indicator is not limited to just traditional training.

Indicator SA2 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey. TEP members did not have any specific issues related to meaningfulness and/or usefulness of the indicator but they did comment that States may have some difficulty answering one or more questions.

Indicator SA2 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of the four elements included in the sub-criteria. More specifically, data are not collected at defined interval and the indicator is susceptible to inaccuracies, errors and unintended consequences related to measurement. In addition, the majority of the questions asked under Indicator SA2 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### **3.3.3 Indicator SA3. Individuals and Families are Actively Engaged in Policy Development**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is not recommended that Indicator SA3 be included in the final set of NBIs. It is also not recommended that the indicator be scored. Rather, it is recommended that the indicator be used for informational purposes, in an attempt to better understand how States actively include individuals and families in LTSS policy development.

#### **Challenges and Lessons Learned**

A challenge and lesson learned was identified related to the indicator type for Indicator SA3. *Individuals and Families are Actively Engaged in Policy Development*. These are described below.

##### *Disagreement Regarding What Comprises “Balancing”*

Over the course of NBIP, Technical Expert Panel (TEP) members questioned the relevancy of the Individuals and Families are Actively Engaged in Policy Development indicator to “balancing.” More specifically, one TEP member commented that “Stakeholder input is important but what

bothers me about this question is the stakeholder group a state has may not be reflective of all the groups moving in different ways on the issue and those may not be captured in this question. You might have an IDD Advisory Board and check yes, and people may walk away thinking the state has more of a system than they actually have. Or staff for one line agency (say elderly) may report “no” while another line agency (say ID/DD) may be doing all sorts of things. Need to break the question out by populations.”

A lesson learned from this challenge is that it is important to have agreement from the key stakeholders and experts in the field on the rationale used to develop principles and indicators. In the case of the NBIP, it was important to have agreement on how this indicator addresses LTSS balancing.

### *Process /Outcome Conundrum*

The challenge in implementing SA3 is related to the measure type. SA3 is a system-level process measure that examines care transitions. Like SA1 and SA2, CT3 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of SA3, it is difficult to determine what is ideal regarding the level and type of input necessary to successfully engage LTSS users in policy development. This makes it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator SA3, *Individuals and Families are Actively Engaged in Policy Development*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator SA3 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. A TEP member commented that “Stakeholder input is important but does the stakeholder group reflective of all the groups moving in different ways on the issue?” TEP members thought some portions of the indicator should be more specific. Overall, indicator SA3 is fairly well defined so it is anticipated that it will be consistently implemented within and across diverse populations, allows for comparability and is anticipated to be repeatable.

Indicator SA3 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey. A number of TEP members questioned the meaningfulness of some questions. They also thought questions could be more specific to make the indicator more useful.

Indicator SA3 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of the four elements included in the sub-criteria. More specifically, data are not collected at defined interval and the indicator is susceptible to inaccuracies, errors and unintended consequences related to measurement. In addition, the majority of the questions asked under Indicator SA3 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### **3.3.4 Indicator SA4. Government, Provider and User Accountability**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator SA4 be included in the final set of NBIs. If it is decided to include Indicator SA4 in the final set of NBIs, it is recommended that the indicator be scored when a scoring method is developed.

#### **Challenges and Lessons Learned**

A challenge was identified related to the indicator type for Indicator SA4. *Government, Provider and User Accountability*. This challenge is described below.

##### *Process /Outcome Conundrum*

The challenge in implementing SA4 is related to the measure type. SA4 is a system-level process measure that examines transparency in reporting. Like the other SA NBIs, SA4 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of CT3, it is difficult to determine what is ideal regarding

the level of transparency in reporting and follow-up with LTSS users to be held accountable for providing high quality LTSS. This makes it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator SA4, *Government, Provider and User Accountability*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator SA4 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. A TEP member reported that transparency regarding quality performance is critical and going forward it will be problematic with managed care because some information is considered proprietary. Overall, indicator SA4 is fairly well defined so it is anticipated that it will be consistently implemented within and across diverse populations, allows for comparability and is anticipated to be repeatable.

Indicator SA4 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey. TEP members had no questions related to the understandability, meaningfulness and usefulness of this indicator.

Indicator SA4 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having high confidence for meeting the feasibility evaluation criteria because it met the majority of the four elements included in the sub-criteria (data are collected at defined interval, data is available from a secondary resource, susceptibility to inaccuracies, errors or unintended consequences related to measurement is judged to be inconsequential, and the data collected and measurement

strategy can be implemented as demonstrated by operational use in external reporting programs).

### 3.4 Community Integration and Inclusion Principle

Three of the four indicators under the Community Inclusion and Integration Principle have been recommended for inclusion in the final set of NBIs (Indicators CI2, 3, and 4). Two of these indicators have been recommended for scoring (Indicator CI2 and 3). Exhibit 5 presents the evaluation results and recommendations for the indicators included in the Community Integration and Inclusion Principle.

**Exhibit 5: Indicator Evaluation Findings-Community Integration and Inclusion**

Indicator	Type of Indicator	Confidence that Evaluation Criteria Are Met (High/Moderate /Low)	Inclusion in Final Set of NBIs (Yes/No)	Score (Yes/No)
CI1. Waiver Waitlist	System Level/Process Measure	Low	No	No
CI2. Housing	System Level/Process Measure	Moderate	Yes	Yes
CI3. Employment	System Level/Process and Outcome Measure	High	Yes	Yes
CI4. Transportation	System Level/Process and Individual-level Outcome Measure	Low	Yes	No

The following provides a discussion of the recommendations for each indicator, the rationale for the recommendations, including challenges and lessons learned identified and a summary of the indicator evaluation.

#### 3.4.1 Indicator CI1. Waiver Waitlist

##### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that the indicator be not included in the final set of NBIs. This is because although the indicator scored ‘high’ on Evaluation Criteria 1, the TEP members consistently reported that they thought the indicator did a poor job measuring LTSS balancing.

If it is decided to include the indicator in the final set of NBIs it is not recommended that the indicator be scored. Rather, it is recommended that the indicator be used for informational purposes, in an attempt to better understand how States are assessing user need for waiver HCBS.

## Challenges and Lessons Learned

Challenges and lessons learned were identified related to what comprises “balancing” as well as the indicator type for Indicator CI1. *Waiver Waitlist*. These are described below.

### *Disagreement Regarding What Comprises “Balancing”*

Over the course of NBIP, Technical Expert Panel (TEP) members questioned the relevancy of the Waiver Waitlist indicator to “balancing.” Furthermore, TEP members voiced a concern that not all States have waiver waitlists because it is not a CMS requirement and in those instances where waitlists exist, information may be out of date over time, or individuals may be receiving other services.

A lesson learned from this challenge is that it is important to have agreement from the key stakeholders and experts in the field on the rationale used to develop principles and indicators. In the case of the NBIP, it was important to have agreement on how this indicator addresses LTSS balancing.

### *Process /Outcome Conundrum*

Another challenge in implementing CI1 is related to the measure type. CI1 is a system-level process measure that examines waiver waitlist. CI1 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of CI1, it is difficult to determine what is ideal regarding the availability of a waiver waitlist if not required, the length of time LTSS users must wait to receive services, the use of the waitlist as a tool to determine future availability of waiver services, etc. This makes it difficult to develop scoring methodology for this indicator.

## Indicator Evaluation Results

Indicator CI1, *Waiver Waitlist*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CI1 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and

LTSS Experts. TEP members questioned whether the indicator is a good measure of a balanced, person-driven LTSS system.

Indicator CI1 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator did not meet any of the elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs and it is unclear if the indicator results will be meaningful, understandable, and useful. While SPT Grantee States felt the indicator was an important area to examine, TEP members voiced a concern that not all States have waiver waitlists because it is not a CMS requirement and in those instances where waitlists exist, information may be out of date over time, or individuals may be receiving other services or be deceased.

Indicator CI1 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of the four elements included in the sub-criteria. More specifically, the majority of the questions asked under Indicator CI1 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### **3.4.2 Indicator CI2. Housing**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that the indicator be included in the final set of NBIs. Also, it is recommended that indicator be scored when the scoring methodology developed under the NBIC for the indicator is further developed.

#### **Challenges and Lessons Learned**

Challenge and lessons learned were identified related to the indicator type for Indicator CI2. *Housing*. These are described below.

##### *Ability to Report on the Indicator*

A challenge encountered related to Indicator CI2, *Housing*, was related to the ability to report on the NBI. TEP members reported that this indicator was important but difficult for States to report on. They reported that availability of data related to housing services may only be

available across multiple agencies and the State staff responsible for collecting the information would have to be very knowledgeable to collect this information accurately. With varying ability to report the data, scoring this indicator may not be possible.

A lesson learned from this challenge is often the more complex the indicator the more difficult it can be to report on. It is important to develop indicators that have a single response that is mutually exclusive to facilitate reporting and possible scoring.

### *Process /Outcome Conundrum*

The challenge in implementing CI2 is related to the measure type. CI2 is a system-level process measure that examines the availability of and access to affordable and accessible housing and the coordination between housing and LTSS systems. Like CI1, CI2 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of CI2, it is difficult to determine what is ideal regarding the availability of and access to affordable housing (e.g. the number of housing units). This makes it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator CI2, *Housing*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CI2 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. LTSS experts suggested that the indicator did not closely enough examine housing as it relates to LTSS users and the level of consistency between housing and human service agencies in determining eligibility to receive services and services provided. However, overall, indicator CI2 is fairly well defined so it is anticipated that it will be consistently implemented within and across diverse populations, allows for comparability and is anticipated to be repeatable.

Indicator CI2 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability

evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey.

Indicator CI2 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of the four elements included in the sub-criteria. More specifically, the majority of the questions asked under Indicator CI2 would be new or difficult to collect, possibly making them difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. In addition, States would need to identify and develop new collaborative partnerships across systems in order to collect secondary data currently available at various levels of government. This could result in additional costs to the State.

### **3.4.3 Indicator CI3. Employment**

#### **Recommendations**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator CI3 be included in the final set of NBIs. It is also recommended that the indicator be scored when the scoring methodology developed under the NBIC for the indicator is further developed.

#### **Challenges and Lessons Learned**

Multiple challenges and lessons learned were identified related to the scope of the indicator and the type of indicator for Indicator CI3. *Employment*. These are described below.

##### *Scope of the Indicator*

A challenge encountered related to the scope of Indicator CI3. *Employment*, was raised by the TEP. In response to the refinements and additions made by the NBIP Team in the fall of 2013, TEP members' reported that the refined indicator included sheltered workshops but did not include evidence-based programs for individuals with mental illness, such as Individual Placement Services (IPS).

A lesson learned from this challenge is how the scope of an indicator is determined is important to be able to comprehensively examine the effects of an indicator. In the case of Indicator CI3 it was important to include evidence-based programs that had been shown to be effective supported employment programs for specific populations, while removing programs that were

not considered to encourage gainful employment that fully integrates individuals with disabilities in the community.

### *Process /Outcome Conundrum*

Another challenge in implementing CI3 is related to the measure type. CI3 is a system-level process and outcome measure that examines employment for people with disabilities. CI3 is a process measure with an accompanying outcome measure. With any process measure, it is difficult to determine what is ideal. In the case of CI3, it is difficult to determine what is ideal regarding the number and type of employment supports and services for people with disabilities. This makes it difficult to develop scoring methodology for this portion of the indicator. However, as described, CI3 also has an outcome component that allows for the examination of the employment and unemployment rates of people with disabilities by State with data from the American Community Survey (ACS).

### **Indicator Evaluation Results**

Indicator CI3, *Employment*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CI3 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator addresses a specific LTSS goal/priority per the vision of the LTSS of the Future).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. TEP members suggested that it be clarified that the indicator is examining competitive supported employment. It was also suggested that it include evidence-based programs for individuals with mental illness, specifically Individual Placement Services (IPS). Overall, indicator CI3 is fairly well defined so it is anticipated that it will be consistently implemented within and across diverse populations, allows for comparability and is anticipated to be repeatable.

Indicator CI3 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey.

Field-testing of this indicator with the STP Grantee States found they had few comments related to this indicator, indicating they understood the questions being asked. In addition, the Federal Partner agencies, selected not-for-profit organizations and TEP and Stakeholder Group members, had few comments related to this indicator except that they felt that sheltered workshops should not be included as a meaningful employment opportunity. In general, the LTSS Experts thought Indicator CI3 was meaningful, understandable, and useful for informing CMS and States of the current state of employment opportunities for working aged adults with disabilities and identifying areas for improvement.

Indicator CI3 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having high confidence for meeting the feasibility evaluation criteria because it met three elements included in the sub-criteria (data are regularly available from administrative or secondary data sources, susceptibility to inaccuracies, errors, or unintended consequences related to measurement are judged to be inconsequential and testing did not identify barriers to operational use). Few of the questions asked under Indicator CI3 would be new to States, with many of the data coming from a secondary source (American Community Survey).

#### **3.4.4 Indicator CI4. Transportation**

##### **Recommendations for Indicator Implementation**

Although it has been determined there is a low confidence that Indicator CI4 is useable or feasible, it has been determined that there is a high confidence that the indicator meets the evaluation criteria for *Importance, Relevancy and Potential to Encourage Systems Change*. As such, it is an important indicator for assessing States' ability to implement person-driven and balanced LTSS systems. Therefore, it is recommended that Indicator CI4 be included in the final set of NBIs. However, it is not recommended that the indicator be scored. Rather, the information collected should be used for informational purposes, in an attempt to better understand the availability of transportation services as well as the outcome (transportation needs being met) of older adults and individuals with disabilities in the State.

##### **Challenges and Lessons Learned**

Multiple challenges and lessons learned were identified related to the report on the indicator and the type of indicator for Indicator CI4. *Transportation*. These are described below.

###### *Ability to Report on the Indicator*

A challenge encountered related to Indicator CI4, *Transportation*, was related to the ability to report on the NBI. TEP members reported that this indicator was important but difficult for States to report on. They reported that availability of transportation services can vary county

by county; region by region and the State staff responsible for collecting the information would have to be very knowledgeable to collect this information accurately. With varying ability to report the data, scoring this indicator may not be possible.

A lesson learned from this challenge is often the more complex the indicator the more difficult it can be to report on. It is important to develop indicators that have a single response that is mutually exclusive to facilitate reporting and possible scoring.

### *Process /Outcome Conundrum*

The challenge in implementing CI4 is related to the measure type. CI4 is a system-level/process and individual-level/outcome measure that examines transportation. With any process measure, it is difficult to determine what is ideal. In the case of CI4, it is difficult to determine what is ideal regarding the amount and type of transportation services provided to LTSS users. This makes it difficult to develop scoring methodology for this indicator. However, like CI2, CI4 has an outcome component that allows for the examination of transportation needs being met.

### **Indicator Evaluation Results**

Indicator CI4, *Transportation*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CI4 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. A major challenge identified by the TEP and discussed above is the difficulty in reporting on this indicator.

Indicator CI4 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator did not meet one of the elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs, field testing of the indicator with seven SPT Grantee States found they had difficulty responding to questioned and TEP member reported that indicator CI4 is important, but very difficult to report on.

Indicator CI4 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it did not meet any of the elements included in the sub-criteria (testing did not identify barriers to operational use). In addition, the majority of the questions asked under Indicator CI4 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### 3.5 Coordination and Transparency

Two of the three indicators under the Coordination and Transparency Principle have been recommended for inclusion in the final set of NBIs and for scoring (Indicators CT 1-3). In addition, scoring is recommended for two indicators (Indicators CI2 and CI2). Exhibit 6 presents the evaluation results and recommendations for the indicators included in the Coordination and Transparency Principle.

**Exhibit 6: Indicator Evaluation Findings-Coordination and Transparency**

Indicator	Type of Indicator	Confidence that Evaluation Criteria Are Met (High/Moderate /Low)	Inclusion in Final Set of NBIs (Yes/No)	Score (Yes/No)
CT1. Streamlined Access	System Level/Process Measure	Moderate	Yes	Yes
CT2. Service Coordination	System Level/Process Measure (CT2a) and Individual-Level/Outcome Measure (CT2b)	Moderate	Yes	Yes
CT3. LTSS Care Coordination	System Level/Process Measure	Moderate	Yes	No

The following provides a discussion of the recommendations for each indicator, the rationale for the recommendations, including challenges and lessons learned identified and a summary of the indicator evaluation.

#### 3.5.1 Indicator CT1. Streamlined Access

##### Recommendations for Indicator Implementation

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that the indicator be included in the final set of NBIs. Also, it is recommended that the indicator be scored when a scoring methodology is developed based on the scoring methodology developed by The Lewin Group (ADRC Fully Functioning Assessment) and under NBIC.

##### Challenges and Lessons Learned

Multiple challenges and lessons learned were identified related to the scope of the indicator and the type of indicator for Indicator CT1. *Streamlined Access*. These are described below.

### *Scope of the Indicator*

A challenge encountered related to the scope of Indicator CT1 was raised by the TEP. In response to the refinements and additions made by the NBIP Team, TEP members' reported that the refined indicator did not adequately examine the differences in the availability of and access to streamlined access systems by population.

*TEP members reported that intellectual and developmental disability services may not be represented in Lewin's Fully Functioning Criteria Assessment in Sub-indicator CT1b. Also, it was noted that services for the mental illness population also may be missing from the assessment.*

A lesson learned from this challenge is how the scope of an indicator is determined is important to be able to comprehensively examine the effects of an indicator. In the case of Indicator CT1, *Streamlined Access*, it was important to include multiple disability populations in the scope of the NBI in order to examine the variation in the availability of and access to streamlined access systems by disability type.

### *Process /Outcome Conundrum*

The challenge in implementing CT1 is related to the measure type. CT1 is a system-level process measure that examines availability of and access to streamlined access systems in the State. CT1 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of CT1, it is difficult to determine what is ideal regarding the number and type of partnerships within a streamlined LTSS access system. This makes it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator CT1, *Streamlined Access*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CT1 was evaluated as having moderate confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses two elements of the evaluation criteria (indicator captures a high impact aspect of LTSS and the indicator addresses a specific LTSS goal/priority per the vision of the LTSS of the future).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. TEP members reported that IDD services may not be represented in the Lewin Group's Fully Functioning Criteria Assessment in sub-indicator CT1b, therefore not fully capturing streamlined access for all populations. Another challenge identified by the TEP was a

No Wrong Door System included in CT1c may not necessarily mean that a State has a formal partnership with every entity. They reported that it may be more important to determine whether there are people who can navigate the system within each entity. Overall, indicator CLC1 is fairly well defined so it is anticipated that it will be consistently implemented within and across diverse populations, allows for comparability and is anticipated to be repeatable.

Indicator CT1 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey. By obtaining feedback from the Federal Partner agencies, other not-for-profit organizations and TEP and Stakeholder Group members and field testing the indicator with seven SPT Grantee States, it has been determined that Indicator CT1 is meaningful, understandable, and useful for informing current state LTSS systems and identifying areas of improvement.

Indicator CT1 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having moderate confidence for meeting the feasibility evaluation criteria because it met two of the four elements included in the sub-criteria (data are regularly available from administrative or secondary data sources and testing did not identify barriers to operational use). In addition, the majority of the questions asked under Indicator CT1 would not be new to States. As a result, States would not have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result cost savings to the State.

### **3.5.2 Indicator CT2. Service Coordination**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator CT2 be included in the final set of NBIs. Also, it is recommended that the indicator be scored when the scoring method developed under the NBIC is further developed.

#### **Challenges and Lessons Learned**

A challenge was identified related to the type of indicator for Indicator CT2. *Service Coordination*. This challenge is described below.

### *Process /Outcome Conundrum*

A challenge in the implementation of CT2 is related to the measure type. CT2 is a system-level process measure that examines whether a State designs a coordinated LTSS system and which services and supports are coordinated. However, because it is a process measure it is difficult to discern what level of coordination may be ideal, therefore making it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator CT2, *Service Coordination*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CT2 was evaluated as having low confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all only one of the three elements of the evaluation criteria (indicator addresses a specific LTSS goal/priority per the vision of the LTSS of the future).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. Overall, indicator CT2 is felt to be fairly well defined so it is anticipated that it will be consistently implemented within and across diverse populations, allows for comparability and is anticipated to be repeatable.

Indicator CT2 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey. By obtaining feedback from the Federal Partner agencies, other not-for-profit organizations and TEP and Stakeholder Group members and field testing the indicator with seven SPT Grantee States, it has been determined that Indicator CT2 is meaningful, understandable, and useful for informing current state LTSS systems and identifying areas of improvement.

Indicator CT2 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having moderate confidence for meeting the feasibility evaluation criteria because it met only two of the four elements included in the sub-criteria (data are regularly collected at defined interval and testing did not

identify barriers to operational use). However, the majority of the questions asked under Indicator CT2 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### **3.5.3 Indicator CT3. LTSS Care Transition**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator CT3 be included in the final set of NBIs. However, it is not recommended that a scoring methodology be developed. Rather, the information collected should be used for informational purposes, in an attempt to better understand the availability of transportation services as well as the outcome (transportation needs being met) of older adults and individuals with disabilities in the State.

#### **Challenges and Lessons Learned**

A challenge was identified related to the type of indicator for Indicator CT3. *LTSS Care Transition*. This challenge is described below.

##### *Process /Outcome Conundrum*

The challenge in implementing CT3 is related to the measure type. CT3 is a system-level process measure that examines care transitions. Like CT1 and CT2, CT3 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of CT3, it is difficult to determine what is ideal regarding LTSS care transitions across health and LTSS systems. This makes it difficult to develop scoring methodology for this indicator.

#### **Indicator Evaluation Results**

Indicator CT3, *Care Transition*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CT3 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. Feedback from TEP members and other LTSS experts was minor and overall it was felt that indicator CT3 is fairly well defined so it is anticipated that it will be consistently implemented within and across diverse populations, allows for comparability and is anticipated to be repeatable.

Indicator CT3 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having low confidence for meeting the usability evaluation criteria. The indicator only met one of the three elements of the usability evaluation criteria. Feedback obtained from the Federal Partner agencies, other not-for-profit organizations and TEP and Stakeholder Group members and field testing the indicator with seven SPT Grantee States, it has been determined that Indicator CT3 is meaningful, understandable, and useful for informing current state LTSS systems and identifying areas of improvement.

Indicator CT3 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it met only one of the four elements included in the sub-criteria (testing did not identify barriers to operational use). In addition, the majority of the questions asked under Indicator CT3 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### 3.6 Prevention Principle

A key challenge was experienced and lesson learned was identified related to the implementation of the Prevention Principle related to disagreement regarding what comprises “balancing.” Over the course of NBIP, Technical Expert Panel (TEP) members questioned the relevancy of the Prevention Principle and related NBIs to “balancing.” During a discussion in the fall of 2011, one TEP member commented:

*I am not sure of the salience of this whole topic [as it applies to the balancing indicator project]. Where does prevention fit into balancing?*

Furthermore, TEP members asked if there was evidence to suggest that preventive programs and health promotion programs for people with disabilities is advantageous and may prevent further decline, possibly preventing the need for long-term services and supports.

A lesson learned from this challenge is that it is important to have agreement from the key stakeholders and experts in the field on the rationale used to develop principles and indicators. In the case of the NBIP, it was important to have agreement on how this Principle and indicators addressed an “ideal” LTSS system and not just LTSS balancing.

Both of the indicators under the Prevention Principle are recommended for inclusion in the final set of NBIs, however, neither are recommended for scoring. Rather, the information gathered should be used for informational purposes, in an attempt to better understand how States might provide health promotion and preventative services as well as prepare for disasters and emergencies. Exhibit 7 presents the evaluation results and recommendations for the indicators included in the Prevention Principle.

**Exhibit 7: Indicator Evaluation Findings-Prevention**

Indicator	Type of Indicator	Confidence that Evaluation Criteria Are Met (High/Moderate /Low)	Inclusion in Final Set of NBIs (Yes/No)	Score (Yes/No)
P1. Health Promotion and Prevention	System Level/Process Measure	Moderate	Yes	No
P2. Disaster/Emergency Preparedness	System Level/Process Measure	Moderate	Yes	No

The following provides a discussion of the recommendations for each indicator, the rationale for the recommendations, including challenges and lessons learned identified and a summary of the indicator evaluation.

### 3.6.1 Indicator P1. Health Promotion and Prevention

#### Recommendations for Indicator Implementation

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator P1 be included in the final set of NBIs. However, it is recommended that the indicator not be scored unless further refinements are made to the indicator. Rather, the information should be used for informational purposes, in an attempt to better understand how States might implement Health promotion and prevention activities for people with disabilities.

#### Challenges and Lessons Learned

A number of challenges and lessons learned were identified for Indicator P1. *Health Promotion and Prevention*. They are described below.

##### *Scope of the Indicator*

A challenge encountered related to the scope of Indicator P1, *Health Promotion and Prevention* was raised by the TEP. In response to the refinements and additions made by the NBIP Team in the fall of 2013, TEP members' reported that the refined Indicator, P1, *Health Promotion and Prevention*, did not adequately examine the differences in health promotion and prevention activities by population.

*Will prevention cover people of all ages? This would be very broad and you might do a better job on one population and not on another. This is a very complicated issue.*

*Prevention related programs for one population may not be the same as for another. Vaccination Programs for kids are different than Thai Chi Programs for adults and elders. The questions are too generic.*

A lesson learned from this challenge is how the scope of an indicator is determined is important to be able to comprehensively examine the effects of an indicator. In the case of Indicator P1, *Health Promotion and Prevention*, it was important to include multiple disability populations in the scope of the NBI in order to examine the variation in the provision health promotion and prevention activities by disability type.

##### *Ability to Score the Indicator*

A second challenge encountered related to Indicator P1, *Health Promotion and Prevention*, was related to the ability to score the NBI. An attempt was made under the NBIC to score this

indicator using the following approach. Each program/service was scored by disability type targeted. For example, if a State reported having a health promotion or prevention program, one point might be awarded for each of the NBI disability types that program targets and/or serves (e.g. Physical Disability, Intellectual/Developmental Disability, and Mental Health), with each program in place receiving a maximum of nine points. Under the NBIP, the NBI was further refined and added to making the indicator more complex and not possible to score using the method developed and used by the NBIC.

A lesson learned from this challenge is often the more complex and process-oriented an indicator the more difficult it can be to score it. It is important to develop indicators that are outcome-based and have a single response that is mutually exclusive to facilitate scoring.

### *Process /Outcome Conundrum*

The challenge in implementing P1 is related to the measure type. P1 is a system-level process measure that examines health promotion and preventive services for people with disabilities of all ages. P1 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of P1, it is difficult to determine what is ideal regarding the type and amount of health promotion and preventive services for people with disabilities. This makes it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator P1 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. TEP member feedback supported the inclusion of the indicator but they commented on the specificity of the populations being examined. For example, there were no concerns voiced by TEP members regarding which health promotion and prevention services were examined by the indicator. However, there were concerns regarding the specificity of the populations being examined. The NBIP Team included additional populations to address this concern. In general, Indicator P1 is well defined so it can be consistently implemented within and across multiple LTSS agencies (state and local) and organizations, allows for comparability and is anticipated to be repeatable.

Indicator P1 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey. By field testing the indicator with seven SPT Grantee States and obtaining feedback from the Federal Partner agencies, other not-for-profit organizations and TEP and Stakeholder Group members, it has been determined that Indicator P1 is meaningful, understandable, and useful for informing current state LTSS systems and areas of improvement. However, data and result details are not maintained such that the indicator can be decomposed to facilitate transparency and understanding.

Indicator P1 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it met only one of the four elements included in the sub-criteria (testing did not identify barriers to operational use). In addition, many of the questions asked under Indicator P1 would be new to States and possibly challenging to report on. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### **3.6.2 Indicator P2. Disaster/Emergency Preparedness**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator P2 be included in the final set of NBIs. However, it is recommended that the indicator not be scored. Rather, the information gathered should be used for informational purposes, in an attempt to better understand how States might implement disaster/emergency preparedness activities for people with disabilities.

#### **Challenges and Lessons Learned**

Multiple challenges and lessons learned were identified for Indicator P2. *Disaster/Emergency Preparedness*. They are described below.

##### *Scope of the Indicator*

A challenge encountered related to the scope of Indicator P2, *Disaster/Emergency Preparedness* was raised by the TEP. In the fall of 2013, TEP members suggested that the scope of Indicator, P2, *Disaster/Emergency Preparedness*, does not go far enough. More specifically,

they pointed out that disaster/emergency preparedness is conducted in institutional settings, but it is not known whether it is required in home and community-based settings.

*One issue is that providers tend to look at one agency for back up [rather than a back-up contact for individuals receiving home and community-based services].*

### *Process /Outcome Conundrum*

The challenge in implementing P2 is related to the measure type. P2 is a system-level process measure that examines disaster and emergency preparedness across setting. Like many other NBIs, P2 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of P2, it is difficult to determine what is ideal regarding the level and type of disaster and emergency preparedness required across settings (including institutional and HCBS). This makes it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator P2 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. TEP members suggested that the scope of Indicator, P2, did not go far enough. More specifically, they pointed out that disaster/emergency preparedness is conducted in institutional settings, but it is not known whether it is required in home and community-based settings. So the indicator is measuring only part of what it purports to measure. In response, the NBIP Team included additional community-based settings to address the TEP members concerns. However, in general, Indicator P2 is fairly well defined so it is anticipated that it will be consistently implemented within and across multiple community-based settings, will allow for comparability and it is anticipated it will be repeatable.

Indicator P2 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who

completed the state self-assessment survey. By field testing the indicator with seven SPT Grantee States and obtaining feedback from the Federal Partner agencies, other not-for-profit organizations and TEP and Stakeholder Group members, it has been determined that Indicator P2 is meaningful, understandable, and useful for informing current state LTSS systems and areas of improvement. However, data and result details are not maintained such that the indicator can be decomposed to facilitate transparency and understanding.

Indicator P2 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it met only one of the four elements included in the sub-criteria (testing did not identify barriers to operational use). In addition, the majority of the questions asked under Indicator P2 would be new to States and possibly challenging to report on. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### 3.7 Cultural and Linguistic Competency Principle

All three of the indicators under the Cultural and Linguistic Competency Principle are recommended for inclusion in the final set of NBIs; however, none are recommended for scoring. Rather, the information gathered should be used for informational purposes, in an attempt to better understand how States might provide culturally and linguistically competent LTSS through the provision of needs assessment and targeting and designing services for such populations. Exhibit 8 presents the evaluation results and recommendations for the indicators included in the Cultural and Linguistic Competency Principle.

**Exhibit 8: Indicator Evaluation Findings-Cultural and Linguistic Competency**

Indicator	Type of Indicator	Confidence that Evaluation Criteria Are Met (High/Moderate /Low)	Inclusion in Final Set of NBIs (Yes/No)	Score (Yes/No)
CLC1. Needs Assessment and Target Population	System Level/Process Measure	Moderate	Yes	No
CLC2. Efforts to Design Services and Supports for CL Diverse Groups	System Level/Process Measure	Moderate	Yes	No
CLC3. Cultural and Linguistic Competency Training Requirements	System Level/Process Measure	Moderate	Yes	No

The following provides a discussion of the recommendations for each indicator, the rationale for the recommendations, including challenges and lessons learned identified and a summary of the indicator evaluation.

#### 3.7.1 Indicator CLC1. Needs Assessment and Target Population

##### Recommendations for Indicator Implementation

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator CLC1 be included in the final set of NBIs. However, it is not recommended that the indicator be scored. Rather, the information gathered should be used for informational purposes only, in an attempt to better understand how States might implement culturally and linguistically competent LTSS for diverse populations.

##### Challenges and Lessons Learned

A number of challenges and lessons learned were identified for Indicator CLC1. *Needs Assessment and Target Population*. These are discussed below.

### *Differences in Definitions/Terminology*

One challenge identified by a TEP member was how to identify the diverse groups in a State that may need LTSS. Another challenge identified was that disability and the receipt of LTSS may be addressed differently by diverse groups.

*For some cultures, living outside the home is not considered acceptable (e.g., living in a NF). How is a State engaging these diverse groups and what services are they receiving?*

In addition a TEP member commented that certain words could result in unclear meaning and/or possibly reflect bias. For example the TEP member took exception to using the terms “clear”, “effective,” and “allows.”

Two lessons learned from these challenges were the importance of determining how best to ask States questions about how they address CLC by diversity group and disability type and steering clear of using terminology that might be vague and/or biased.

### *Scope of the Indicator*

A challenge encountered was related to the scope of Indicator CLC1, *Needs Assessment and Target Population*, was raised by the TEP. TEP members’ reported that the refined indicator focused too heavily on identifying culturally and linguistically diverse groups and did not adequately capture information on how and in what phase of policy development and implementation the State includes culturally and linguistically diverse users, families and advocates. In addition, TEP members reported it was more important that the indicator focus on the level of involvement culturally and linguistically diverse groups and advocates had in policy development and implementation.

A lesson learned from this challenge was how the scope of an indicator is determined is important to be able to comprehensively examine the effects of an indicator. In the case of Indicator CLC1, *Needs Assessment and Target Population*, it was important to identify how and during what phase of State LTSS policy development and implementation users, families and advocates were involved, rather than focusing solely on the types of diverse populations residing in the State.

### *Process /Outcome Conundrum*

A third challenge in the implementation of CLC1 is related to the measure type. CLC1 is a system-level process measure that examines whether diverse groups of users have access to LTSS that are responsive to their cultural and linguistic needs. However, because it is a process measure it is difficult to determine what is ideal in the level of access to such services and the

level of involvement on part of users, families and advocates is necessary in policy development and implementation. This makes it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator CLC1, *Needs Assessment and Target Population*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CLC1 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. A TEP member identified a challenge related to how diverse groups in a State that may need LTSS are identified. Another challenge identified by the TEP was that disability and the receipt of LTSS may be addressed differently by diverse groups. Overall, indicator CLC1 is fairly well defined so it is anticipated that it will be consistently implemented within and across diverse populations, allows for comparability and is anticipated to be repeatable.

Indicator CLC1 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey.

The NBIP Team attempted to address the issues raised by the TEP members so that the questions asked are as meaningful and understandable as possible and can be used to inform a current State's LTSS system on how well it is providing culturally and linguistically competent LTSS to diverse populations in the State. Disparities in services have been identified and are the purpose of the indicator.

Indicator CLC1 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it met only one of the four elements included

in the sub-criteria (testing did not identify barriers to operational use). In addition, the majority of the questions asked under Indicator CLC1 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State.

### **3.7.2 Indicator CLC2. Efforts to Design Services and Supports for Culturally and Linguistically Diverse Groups**

#### **Recommendations for Indicator Implementation**

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that Indicator CLC2 be included in the final set of NBIs. However, it is not recommended that the indicator be scored. Rather, the information gathered should be used for informational purposes, in an attempt to better understand how States might implement culturally and linguistically competent LTSS for diverse populations.

#### **Challenges and Lessons Learned**

A number of challenges and lessons learned were identified for Indicator CLC2. *Efforts to Design Services and Supports for Culturally and Linguistically Diverse Groups*. They are described below.

##### *Scope of the Indicator*

A challenge encountered related to the scope of Indicator CLC2, *Efforts to Design Services and Supports for Culturally and Linguistically Diverse Groups*, was raised by the TEP. TEP members' reported that the refined Indicator, CLC2, *Efforts to Design Services and Supports for Culturally and Linguistically Diverse Groups*, did not adequately capture information on how a State integrates cultural and linguistic competency into its LTSS. More specifically, TEP members felt the indicator should capture the cultural and linguistic needs of users in their needs assessment and person-centered plan, how a State monitors the implementation and effects of culturally and linguistically competent LTSS, the frequency in which the monitoring occurs and how changes in needs related to culturally and linguistically competent LTSS are documented and updated as needed.

A lesson learned from this challenge is how the scope of an indicator is determined is important to be able to comprehensively examine the effects of an indicator. In the case of Indicator CLC2, *Efforts to Design Services and Supports for Culturally and Linguistically Diverse Groups*, it was important to capture information related to the extent to which an individual's cultural and linguistic needs are identified, incorporated into their needs assessment, person-centered plan and LTSS, and monitored for effectiveness and updated as needed.

##### *Process /Outcome Conundrum*

Similar to CLC1, a challenge in the implementation of CLC2 is related to the measure type. CLC2 is a system-level process measure that examines whether a State designs its LTSS system to address the needs of diverse groups of users based on mandates and evidence-based practices. However, because it is a process measure it is difficult to discern what mandates and evidence-based practices may be ideal, therefore making it difficult to develop scoring methodology for this indicator.

### **Indicator Evaluation Results**

Indicator CLC2, *Efforts to Design Services and Supports for Culturally and Linguistically Diverse Groups*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CLC2 was evaluated as having high confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. TEP members' reported that the refined Indicator, CLC2, did not adequately capture information on how a State integrates cultural and linguistic competency into its LTSS. More specifically, a TEP member felt the indicator should (1) capture the cultural and linguistic needs of users in their needs assessment and person-centered plan, (2) how a State monitors the implementation and effects of culturally and linguistically competent LTSS, (3) the frequency in which the monitoring occurs, and (4) how changes in needs related to culturally and linguistically competent LTSS are documented and updated as needed.

Indicator CLC2 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey.

Indicator CLC2 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for

meeting the feasibility evaluation criteria because it met only one of the four elements included in the sub-criteria (testing did not identify barriers to operational use). In addition, the two questions asked under Indicator CLC2 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State. Finally, data are susceptible to inaccuracies, errors or unintended consequence due to state reporting and a lack of verification method.

### 3.7.3 Indicator CLC3. Cultural and Linguistic Competency Training Requirements

#### Recommendations for Indicator Implementation

Based on the results of the evaluation of this indicator and challenges identified below, it is recommended that the indicator be included in the final set of NBIs. However, like CLC1 and CLC2 it is not recommended that the indicator be scored. Rather, the information gathered should be used for informational purposes, in an attempt to better understand how States might provide in-service training on the provision of culturally and linguistically competent LTSS and vocational rehabilitation providers.

#### Challenges and Lessons Learned

A challenge was identified related to the type of indicator for Indicator CLC3. *Cultural and Linguistic Competency Training Requirements*. This challenge is described below.

##### *Process /Outcome Conundrum*

The challenge in the implementation of CLC3 is related to the measure type. CLC3 is a system-level process measure that examines CLC training requirements. Like CLC1 and CLC2, CLC3 is a process measure without an accompanying outcomes measure. With any process measure, it is difficult to determine what is ideal. In the case of CLC3, it is difficult to determine what is ideal regarding training requirements for LTSS and vocational rehabilitation providers. This makes it difficult to develop scoring methodology for this indicator.

#### Indicator Evaluation Results

Indicator CLC3, *Cultural and Linguistic Competency Training Requirements*, was evaluated for inclusion in the final set of NBIs using set of three criteria based on indicator review criteria developed by the NQF.

Indicator CLC3 was evaluated as having moderate confidence for meeting the first evaluation criteria, *Importance, Relevancy and Potential to Encourage Systems Change*. The indicator addresses all three elements of the evaluation criteria (indicator captures a high impact

aspect of LTSS, indicator captures new, previously un- or under measured/reported aspects of LTSS and the indicator examines data that allow for the detection of problems and areas for improvement over time).

The indicator was not evaluated for the second evaluation criteria, *Scientific Acceptability* because reliability and validity testing were not conducted for the NBIs. However, an examination based on face validity was conducted using feedback from SPT Grantee State and LTSS Experts. The only feedback received was to move CLC training questions for DSW to the section of the survey that reports on all DSW training related questions and this was addressed by the NBIP Team. However, while TEP members did not have much feedback, it is unclear how well Indicator CLC3 will be implemented within and across state agencies, and whether the information will be comparable and repeatable.

Indicator CLC3 was evaluated for the sub-criteria *Usability* (the extent to which intended audiences can understand the results of the indicator and find them useful for decision making). The indicator was evaluated as having moderate confidence for meeting the usability evaluation criteria. The indicator did not meet the first of three elements of the usability evaluation criteria because to date, the general public has not had access to the NBIs. However, the NBIs have been shared with a select group of Federal Partner agencies, select not-for profit organizations, TEP and Stakeholder Group members and seven SPT Grantee States who completed the state self-assessment survey.

Indicator CLC3 was evaluated for the sub-criteria *Feasibility* (the extent to which the required data are readily available or could be captured without undue burden, and can be implemented for performance measurement). The indicator was evaluated as having low confidence for meeting the feasibility evaluation criteria because it met only one of the four elements included in the sub-criteria (testing did not identify barriers to operational use). In addition, the questions asked under Indicator CLC3 would be new to States and possibly difficult to answer. As a result, States would have to develop the data infrastructure and data collection and reporting systems necessary to collect the information in an accurate and consistent manner over time. This could result in additional costs to the State. Finally, data are susceptible to inaccuracies, errors or unintended consequence due to state reporting and a lack of verification method.

## CHAPTER 4. NBI IMPLEMENTATION RECOMMENDATION BY EVALUTION SCORE

Based on the results of the indicator evaluation, 19 NBIs are recommended for inclusion in the final set of indicators. However, of these 19 NBIs recommended for inclusion in the final set of NBIs, only eight are recommended for scoring. Five indicators, S1. Global Budget, S5. Shared LTSS Mission/Vision Statement, SA1. Fiscal Responsibility, SA2. Personal Responsibility, and CI1. Waiver Waitlist, are not recommended for inclusion in the final set of NBIs due to the low level of confidence received that evaluation criteria are met. Exhibit 9 below summarizes these findings as well as the overall confidence rating each indicator received.

**Exhibit 9: Summary of Indicator Evaluation Findings and Recommendation**

Indicator	Confidence that Evaluation Criteria Are Met (High/Moderate/Low)	Inclusion in Final Set of NBIs (Yes/No)	Scored (Yes/No)
<b>Recommended for Inclusion in the NBIs/Recommended for Scoring</b>			
SD2. Availability of and Use of Self-directed Services	High	Yes	Yes
SA4. Government, Provider and User Accountability	High	Yes	Yes
CI3. Employment	High	Yes	Yes
S2. LTSS Expenditures	Moderate	Yes	Yes
S3. Direct Service Workforce	Moderate	Yes	Yes
CI2. Housing	Moderate	Yes	Yes
CT1. Streamlined Access	Moderate	Yes	Yes
CT2. Service Coordination	Moderate	Yes	Yes
<b>Recommended for Inclusion in the NBIs/Not Recommended for Scoring</b>			
S4. Support for Informal Caregivers	Moderate	Yes	No
SD3. Risk Assessment and Mitigation	Moderate	Yes	No
SA3. Individual/Family Involvement in LTSS Policy Development	Moderate	Yes	No
CT3. LTSS Care Transition	Moderate	Yes	No
P1. Health Promotion and Prevention	Moderate	Yes	No
P2. Disaster/Emergency Preparedness	Moderate	Yes	No
CLC1. Needs Assessment and Target Population	Moderate	Yes	No
CLC2. Efforts to Design Services and Supports for CL Diverse Groups	Moderate	Yes	No
CLC3. Cultural and Linguistic Competency Training Requirements	Moderate	Yes	No
SD1. Regulatory Requirements Inhibiting Consumer Control	Low	Yes	No
CI4. Transportation	Low	Yes	No
<b>Not Recommended for Inclusion in the NBIs/Not Recommended for Scoring</b>			
S1. Global Budget	Low	No	No
S5. Shared LTSS Mission/Vision Statement	Low	No	No
SA1. Fiscal Responsibility	Low	No	No
SA2. Personal Responsibility	Low	No	No
CI1. Waiver Waitlist	Low	No	No

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## CHAPTER 5. IMPLEMENTATION OF TECHNICAL ASSISTANCE GUIDE FOR NBIs

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### 5.1 Overview and Rationale

The NBIP Team worked closely with the SPT Grantee States to obtain their buy-in and to see the value and usefulness of the NBIs and the Technical Assistance Guide for NBIs (which include the state self-assessment survey instrument), to assist them in completing the survey and providing the information and data necessary to generate the NBIs and to understand States' challenges in completing the survey and providing information in an accurate, complete, and timely manner. The Team also received valuable information and insights from the Technical Expert Panel (TEP) regarding the state self-assessment instrument and questions it asked to collect the information and data necessary to generate the NBIs

### 5.2 Challenges and Lessons Learned

A number of challenges and lessons learned were identified related to the implementation of the state self-assessment survey instrument included in the Technical Assistance Guide to NBIs.

#### *Scope and Breath of the NBIs and Survey*

Although the term “balancing” appears in the NBIP contract name and traditionally references Medicaid State agencies' efforts to more equitably distribute funding from institutional to community-based settings, the objective of the NBIP was intended to focus more broadly on the myriad components of a balanced and person-driven LTSS system that can provide full access to community alternatives. CMS believes an “ideal” LTSS system must be responsive to the needs and desires of individuals, promote qualities of life, and make use of person-centered planning and service delivery strategies. Thus, NBIP was tasked with developing NBIs that addressed all of these issues and developing a state self-assessment survey instrument that collects and organizes the information necessary to implement the NBIs.

In order to address all of the issues included in the NBIs, the state self-assessment survey instrument developed is long, complex, requires multiple respondents from multiple state agencies and takes a significant amount of time to complete and verify. These findings were confirmed by the ten SPT Grantee States that field tested the state self-assessment survey instrument under the NBIC and the seven SPT Grantee States that field tested the instrument under the NBIP.

One option to address this issue would be to par down the questions included in the survey instrument further to those essential to gather the information necessary to implement the NBIs and to tell a compelling overall story of the States' progress related to developing a balanced, person-driven LTSS system. One TEP member reported:

*Look at some of the questions and think through if they really can be answered. To me some are just plain too hard to answer and there is a lot there. Just looking at them and paring them down would be helpful.*

Another TEP member commented:

*It seemed the questions [for Indicator S4] are a bit disproportionate from the rest [of the indicators included in the Sustainability Principle]. There is a lot of detail for these questions compared to questions for the other indicators in this Principle.*

Another option might be to develop a “short” survey instrument that all States are required to complete and a longer version of the survey that would be completed by States on a voluntary basis. This option was identified by one TEP member who served on both the NBIC and NBIP:

*I wonder if we don't have an opportunity here and we don't want to lose it. I don't see other efforts out there that would be able to address the issues we are addressing here in the short term. I wonder if we need to consider having a “short” survey instrument [minimum indicator and question set] and a “long” survey instrument and use the short form to focus in on the few variables we think are essential to balancing. Make the short version a requirement for States to complete. Then have a “long” form of the survey that is voluntary for States to use or provide some incentives for States to complete it so we can get more information for research and analysis. I feel we are talking about some important information here and don't know other ways to get at it besides this effort. We have spent five years here contributing to items that we now may not think are the most important factors to look at.*

Finally, quality indicators were not included in the NBIs so not to duplicate efforts implemented by other CMS-funded projects (e.g., National Quality Enterprise). TEP members commented on the absence of quality indicators in the NBIs and thought that these needed to be included in any set of NBIs developed. In response to the explanation for why quality indicators were not included in the past, one TEP member stated:

*If that is the case that fact should be clearly stated up front to point out that quality indicators were purposely left out. However, I do not know how you can have a project like this and not address quality.*

A recommendation might be to consider adding a select number of NBIs that address quality and include them and related questions in the state self-assessment survey instrument in the future.

## *Cross-Agency Collaboration*

Implementing the NBIs will require a substantial amount of cross-agency collaboration at both the Federal and State levels. Some indicators, notably the measures of nurse delegation, housing transportation, and coordination between HCBS and institutional entities will require that multiple agencies collaborate and design systems in tandem to report data in an accurate and timely manner. All of the STP Grantee States reported that obtaining cross-agency collaboration was one of the major challenges they faced. They reported significant obstacles in obtaining data from other agencies and had difficulty working collaboratively on a shared project. Also the TEP members questioned whether States could maintain the cross-agency collaboration necessary to obtain and report data in an accurate and timely manner. Related to Indicator CI2. *Housing* one TEP member commented:

*States will have to go through their housing authorities to gather this information that are multiple in many States. In some States they are not coordinated with each other and some States have a State Authority That has some coordination and oversight responsibility. Medicaid staff is not going to know how to answer these questions.*

Meaningful cross-agency collaboration likely will be difficult to achieve if the NBIs are implemented nationally. However, it will likely produce some positive results. Agencies are more likely to learn from each other and make their LTSS systems more efficient if they build a shared infrastructure. On the other hand, some LTSS system changes may be more difficult to implement if doing so requires the approval and cooperation of multiple agencies and their respective stakeholders.

Implementing comprehensive indicators for an entire LTSS system will require substantial collaboration at the Federal level. CMS will need to collaborate with other Federal agencies that provide funding and/or guidance to support State's efforts to build these systems. Varying States' agencies may be more likely to collaborate if they receive the same guidance from from the respective Federal agencies to which they report. In addition, it would be helpful if the Federal agencies asked for similar information, where appropriate, in their reporting requirements.

### *Concern for How NBIs Will Be Used Could Affect How States Complete the Survey*

Both STP Grantee States and TEP members asked and expressed concerns about how CMS would use the NBIs, and, in particular, if CMS would use them to make comparisons across States. CMS staff stated that the information would be used to inform them and States on issues and promising practices related to developing person-centered and balanced LTSS systems and not to penalize States based on their performance in achieving this goal.

However, with that said, one TEP member commented:

*I think to the extent that they [NBIs] are used to help States think through their systems and to move forward to determine what is the most parsimonious [cost effective] and reliable set of indicators, that all make sense. I just worry that someone might take this and think 'now we are ready to compare States.*

Another TEP member added:

*Once there is information available, people will use it for all sorts of purposes for which it is not designed. Even if we say this is not meant for intra state comparisons it does not mean people are going to do it.*

As a result, States may have an incentive to answer the questions included in the state self-assessment survey in a manner that presents the State in a certain light (e.g., progressive in providing balanced, person-driven LTSS) that does not accurately portray the current state of its LTSS system. CMS and States should clarify how a set of NBIs for LTSS will be used to encourage States to report accurately.

#### *Sustainability of Data Collection*

States that implement the state self-assessment survey instrument will need to collect and organize a significant amount of information in an accurate and timely basis over time. Except for the data collected through a State's Medicaid Management Information System (MMIS) many States will need to develop new data and information systems to collect the required information. This could result a significant number of State staff being involved in the effort and significant additional funds.

In addition, obtaining some of the required information from a State's MMIS also may be time consuming and costly. The Federal Government requires States to design, implement and maintain a Medicaid Management Information System (MMIS). The objective of the system is to process claims for Medicaid, store and retrieve information needed by Federal and State governments to manage and audit Medicaid programs. The majority of States contract with a third party entity through a competitive procurement process to perform the work related to designing, developing, installing or enhancing the State's mechanized claims processing and information retrieval system and to be the fiscal agent to the State to operate a State's MMIS. The process is a significant undertaking for States and they contract for a number of standard reports to be generated on a defined schedule outlined in an administrative contract. Once the contract is executed, out of cycle reports requested by a State from its MMIS fiscal agent can take a significant amount of time to obtain (due to the length of report request list) and can result in significant additional costs to a State. Although States can apply for enhanced federal match funds to revise and/or update their MMIS (90%), States may be reluctant to do so unless it is absolutely necessary due to the complexities of the process and possible disruption for them and their current fiscal agent.

Getting States to implement data collection and system infrastructures necessary to collect and organize the information necessary to implement the NBIs will require leadership and support from CMS and other relevant Federal agencies. An example of a CMS initiative that supports States in a similar endeavor is the Demonstration Grant for Testing Experience and Functional Tools (TEFT) in Medicaid LTSS. A demonstration project might be developed for States related to implementing the NBIs in order to develop and implement key data collection and systems infrastructure for collecting and organizing the information needed to complete the survey instrument and gather the information necessary to implement the NBIs.

The following presents a proposed plan and timeline for implementing the state self-assessment survey instrument.

### **5.3 Proposed Plan and Timeline for Implementing the State Self-assessment Survey Instrument**

The purpose of the state self-assessment survey instrument is to collect the data and information necessary to implement the NBIs. The information collected through completion of the survey is comprehensive related to the provision of long-term services and supports and thus includes a wide variety of topics and information collected from multiple state health, human services and housing agencies and respondents. Due to its complexity, it is recommended that the state self-assessment survey be implemented in phases and over at least a three month period.

Prior to having States complete the survey instrument, it is recommended that CMS complete a number of steps to ensure accurate and timely data collection and reporting. These steps are described below.

*Step 1: Identify a survey coordinator in each State participating in the self-assessment survey.*

It is essential that a survey coordinator be identified in each State participating in the survey. This person will be responsible for:

- Completing the next seven steps,
- Being the point person for any questions and/or comments CMS may have for the State during survey implementation, and
- Ensuring that timeline milestones, deliverables and due dates are met and the information and data received is accurate, complete, high quality and received timely.

Having a state survey coordinator in each state participating in the self-assessment survey will provide a single point for communication and logistics related to survey implementation and data collection and reporting between the CMS and participating States.

*Step 2: Direct state survey coordinators to review the survey instrument in advance of implementation and allow time for to address their questions.*

It is important for state survey coordinators to review the state self-assessment survey instrument in advance of implementation to identify any questions they might have and confirm their understanding of how to complete the survey and the information and data being collected and reported. In addition, time needs to be afforded to state survey coordinators for discussion, to address any questions they might have and confirm their commitment to completing the survey.

Implementing this step will ensure survey coordinators' understanding of the state self-assessment survey and process, confirm their commitment to the process, reduce the number of follow-up questions received from States and increase reliability and timeliness of data and information collected and reported.

*Step 3: Direct state survey coordinators to identify state agencies that will be best to provide the information requested in the survey and obtain their commitment to participate in the survey.*

It is important for state survey coordinators to identify the state agencies that will be best to provide the information and data requested in the survey. For example, questions related to housing policies and services may best be responded to by staff from the State's housing administration. Then the state survey coordinator needs to review the survey section(s) and information and data he or she wishes to obtain from these state agencies and obtain their commitment to participate in the survey. Implementing this step will allow the state survey coordinator to identify the appropriate state agencies to complete the survey even though significant variation exists in state organizational structures.

*Step 4: Direct state survey coordinators to identify key staff person at the state agencies identified to participate in the survey.*

Once the state survey coordinator has identified and obtained commitment from the state agencies that need to participate in the state self-assessment survey, he or she will have to work with these agencies to identify the key staff that will best be able to respond to the survey. Implementing this step will facilitate the receipt of accurate, complete and high quality data and information in a timely manner.

*Step 5: Direct state survey coordinators to allow the identified state agencies and key staff access and ability to complete survey questions only related to their agencies' identified topic areas.*

It is important that each state agency and the key staff identified in Steps 3 and 4 only have access to and the ability to complete survey questions that have been identified as their key topic areas. For example, housing administration agency staff may not be best suited to

respond to LTSS direct service workforce training policies, and therefore, should not have access to that section of the self-assessment survey. This approach will save time and effort and increase the likelihood of receiving accurate, complete and high quality information in a timely manner.

*Step 6: When sharing survey sections with identified state agencies and key staff, direct survey coordinators to review the relevant survey sections with them and allow time for questions and discussion.*

Just as in Step 2 above, it is important for state survey coordinators to review the relevant section(s) of the state self-assessment survey and the survey process and allow time for questions and discussion with the identified state agencies and key staff. This step will ensure state agencies' and key staff's understanding of the survey and process, the information and data they are responsible for collecting and reporting and their commitment to completing the survey.

*Step 7: Establish timeline for conducting the state self-assessment survey.*

A timeline for conducting the state self-assessment survey should be established in four phases. Each of the survey's four phases should take no more than two weeks each to complete. Once the timeline is established it should be shared with each state coordinator.

*Step 8: Direct survey coordinators should share the timeline established with of the state agencies and key staff identified and address any questions they might have related to completing their section(s) of the survey and the data collection and reporting efforts.*

State survey coordinators should share the timeline established with the state agencies and key staff identified indicating the start and end dates for the completion of their section(s) of the survey and data collection and reporting efforts. Also, it is important to leave time to address and questions or concerns agency staff may have.

Once these steps have been completed, the state self-assessment survey can be implemented. It is recommended that the survey be implemented in four phases, with two weeks allocated to complete each phase. This approach will facilitate the efficient implementation of the survey, allow for enough time for state agency staff people to complete their section(s) of the survey and to ask questions as necessary; for state survey coordinators to respond to state agency staff questions, to review information and data received and to inquire about inadequate and/or missing information; and ensure that the most accurate, complete and high quality data and information is collected and reported in a timely manner.

Once the survey is complete, it is important that the state survey coordinator review the data collected once more to ensure the information and data are reported consistently and accurately across survey section and questions, since the validity of analyses is dependent on the integrity of the information and data used to perform the analysis.

The state self-assessment survey is designed to be more challenging to complete during the first phase and least challenging to complete during the last phase of the survey. One advantage to this approach is to address respondent fatigue and allows the state survey coordinator more time to review responses provided during the first (more difficult) phase of the survey while the States continue to complete the remainder of the survey.

Exhibit 10 describes the survey phases by principle, indicator and level of difficulty to complete the questions for each indicator and provides a recommended sequence for responding to questions associated with each of the indicators based on the level of difficulty. The level of difficulty to complete each indicator was computed by determining the number of survey questions that must be addressed by a state respondent to complete an indicator. A low level of difficulty was determined if 15 or fewer questions had to be answered. A medium level of difficulty was determined if 16- 25 questions had to be answered. Finally, a high level of difficulty was determined if 26 or more questions had to be answered.

**Exhibit 1: Survey Implementation Phases by Indicator and Principle**

<b>Principle</b>			
<b>Indicator</b>	<b>Difficulty Level</b>	<b>Phase</b>	
<b>Self-Determination/Person-Centeredness</b>			
SD1. Regulatory Requirements Inhibiting Consumer Control	High	<b>1</b>	
SD2. Availability of Options for Self-Determination	High		
SD3. Risk Assessment and Mitigation	Low		
<b>Total</b>	<b>Medium/High</b>		
<b>Community Integration and Inclusion</b>			
CI1. Waiver Waitlist	High	<b>1</b>	
CI2. Housing	High		
CI3. Supported Employment Options	Low		
CI4. Transportation	Medium		
<b>Total</b>	<b>Medium/High</b>		
<b>Prevention</b>			
P1. Health Promotion and Prevention	High	<b>2</b>	
P2. Disaster/Emergency Preparedness	Low		
<b>Total</b>	<b>Medium</b>		
<b>Coordination and Transparency</b>			
CT1. Streamlined Access System	Low	<b>2</b>	
CT2. Service Coordination	Medium		
CT3. Care Transitions	Low		
<b>Total</b>	<b>Low/Medium</b>		
<b>Sustainability</b>			
S1. Global Budget	Low	<b>3</b>	
S2. LTSS Spending	Low		
S3. Direct Service Workforce	High		
S4. Support for Informal Caregivers	Low		
S5. Shared Long-Term Supports and Services Mission/Vision Statement	Low		
<b>Total</b>	<b>Low</b>		
<b>Shared Accountability</b>			
SA1. Fiscal Responsibility	Low	<b>3</b>	
SA2. Personal Responsibility	Low		
SA3. Individuals and Families are Actively Engaged in Policy Development	Low		
SA4. Government, Provider and User Accountability	Medium		
<b>Total</b>	<b>Low</b>		
<b>Cultural and Linguistic Competency</b>			
CLC1. Needs Assessment and Target Population	Low	<b>4</b>	
CLC2. Efforts to Design Services and Supports for Culturally and Linguistically Diverse Groups	Low		
CLC3. Cultural and Linguistic Competency Training Requirements	Low		
<b>Total</b>	<b>Low</b>		

## CHAPTER 6. CONCLUSIONS AND NEXT STEPS

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The purpose of the National Balancing Indicator Project (NBIP) is to refine and expand upon the national balancing indicators (NBIs) developed under the National Balancing Indicators Project (2007 – 2010). The NBIs developed during the NBIC were the first step in creating a conceptual framework for developing and implementing a person-centered and balanced LTSS system and a set of indicators, scores, and ratings that can be used by CMS and States to examine efforts in implementing balanced, person-driven LTSS. This report has provided an overview and rationale for the Principals and the associated NBIs and has described the challenges and lessons learned and recommendations for implementing them. It also provides an overview and rationale for the state self-assessment survey instrument as a tool to collect the information necessary to implement the NBIs, and challenges, and lessons learned and recommendations for implementing it in the future. The information included in the report can be used by CMS and other Federal agencies as a guide in determining the final set of NBIs, data collection requirements, data infrastructure development and other aspects of developing and implementing a system for assessing LTSS systems for balance and person-centeredness consistent with CMS's vision.

All of the principles and 19 of the indicators have been recommended for inclusion in the final set of NBIs. In addition, eight of the 19 indicators have been recommended for scoring. The primary reason for indicators not being recommended for inclusion was because they were not deemed usability and/or feasibility for implementation. However, these recommendations are based on the indicator evaluation conducted by two of the project team members and not by the wider technical expert panel as anticipated. In addition, the indicator evaluation results were not shared with TEP members for review and discussion.

To address this limitation of the project, the next step for CMS is to review the findings and recommendations of this report and determine the final set of NBIs. This may include discussions among CMS and the project team to determine if those indicators not recommended for inclusion are to be completely removed or included as developmental indicators for future review and discussion with TEP members. Once CMS has determined the final set of indicators and how to address those indicators not recommended for inclusion in this report, the Technical Assistance Guide for NBIs, including the state self-assessment survey instrument, will need to be updated to reflect this final set of NBIs selected.

Once CMS has determined the final set of NBIs and addressed those indicators not recommended for inclusion, the next step in completing the NBIP will be the preparation and submission of the *Final Summary Report* for the project to CMS. This report will document all activities performed during the Project period and will include the final set of NBIs and the revised Technical Assistance Guide for NBIs to reflect the final set of NBIs. The report will be of a quality that it may be disseminated by CMS.

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## **APPENDIX C. Technical Assistance Guide to the National Balancing Indicators**

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Please see the following attachment:

Howard, J., Zuckerman, I., Woodcock, C., Flanagan, S., Urdapilleta, O., Poey, J., Waterman, G., Ruiz, S., Clark-Shirley, L., (2014). *The National Balancing Indicators Technical Assistance Guide*. Centers for Medicare and Medicaid Services.