

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

Another survey tool used to assess the experience of adults receiving LTSS is the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) HCBS Survey, developed by the Centers for Medicare & Medicaid Services (CMS). This resource summarizes the similarities and differences between the two tools.

	NCI-AD™	HCBS CAHPS®																		
Target population	<ul style="list-style-type: none"> - Recipients of LTSS through any publicly funded program, including: <ul style="list-style-type: none"> o Medicaid HCBS programs (FFS and MLTSS) o Medicaid nursing facilities o Older Americans Act o State-funded programs - Cross-disability, including: <ul style="list-style-type: none"> o Frail elderly o Physical disabilities o ABI/TBI - Excludes: <ul style="list-style-type: none"> o IDD (captured by NCI™) o Severe MI (unless served through non-MI program) 	<ul style="list-style-type: none"> - Recipients of state Medicaid HCBS programs (FFS and MLTSS) - Cross-disability, including: <ul style="list-style-type: none"> o Frail elderly o Physical disabilities o ABI/TBI o IDD o Severe MI 																		
Primary focus of survey	Recipients’ <i>outcomes</i> of care	Recipients’ <i>experience</i> of care																		
Mode of administration	In-person, telephone, or video conference technology (ex: Zoom)	In-person or by telephone																		
Domains covered	<table border="0"> <tr> <td>Community Participation</td> <td>Choice and Control</td> </tr> <tr> <td>Relationships</td> <td>Satisfaction</td> </tr> <tr> <td>Service Coordination</td> <td>Care Coordination</td> </tr> <tr> <td>Work</td> <td>Self Direction</td> </tr> <tr> <td>Access to Community</td> <td>Health Care</td> </tr> </table>	Community Participation	Choice and Control	Relationships	Satisfaction	Service Coordination	Care Coordination	Work	Self Direction	Access to Community	Health Care	<table border="0"> <tr> <td>Getting Needed Services</td> <td>Case Managers</td> </tr> <tr> <td>Communication with Providers</td> <td>Choice of Services</td> </tr> <tr> <td>Medical Transportation</td> <td>Personal Safety</td> </tr> <tr> <td>Community Inclusion and Empowerment</td> <td></td> </tr> </table>	Getting Needed Services	Case Managers	Communication with Providers	Choice of Services	Medical Transportation	Personal Safety	Community Inclusion and Empowerment	
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	NCI-AD™	HCBS CAHPS® Survey
	<p>Access to Technology Access to Needed Equipment Medications Wellness Rights and Respect Safety Everyday Living Affordability</p> <p>Person-Centered Planning (Optional module) COVID-19 Impact (Optional Module)</p>	<p>Employment (Optional module)</p>
Ways to Use Results	<ul style="list-style-type: none"> - Assess performance in individual programs and/or accountable entities <ul style="list-style-type: none"> o Point-in-time o Track changes over time - Compare programs and/or accountable entities within the state - Quality assurance/improvement in individual programs and/or accountable entities - Measures align with many of the CMS HCBS Service Settings and PCP Process Requirements - Public reporting on performance of individual programs and/or accountable entities - Compare state’s system performance to other states’ performance - Use certain indicators as performance measures in 1915 (c) waiver assurances and sub-assurances 	<ul style="list-style-type: none"> - Assess performance in individual programs and/or accountable entities <ul style="list-style-type: none"> o Point-in-time o Track changes over time - Measures align with many of CMS’s HCBS Service Settings and PCP Process requirements - Quality assurance/improvement in individual Medicaid HCBS programs and/or accountable entities - Potential public reporting on performance of individual Medicaid HCBS programs and/or accountable entities - Compare Medicaid HCBS programs and/or accountable entities within the state - Use certain indicators as performance measures in 1915 (c) waiver assurances and sub-assurances
Cost/Fees	<ul style="list-style-type: none"> - Cost to conduct surveys (internally funded by state) - \$25,000 for pre-implementation assistance - \$25,000 for each survey implementation year 	<ul style="list-style-type: none"> - Cost to conduct surveys (internally funded by state)
Technical assistance to states	<ul style="list-style-type: none"> - Provided by NCI-AD Project Team (ADvancing States and HSRI) - Extensive and ongoing, including assistance with: <ul style="list-style-type: none"> o Stakeholder engagement and education o Sampling strategy o Planning and implementing the survey o Providing standardized surveyor training o Interpreting results and using them for quality improvement o Publicizing and presenting data - Access to education and best practices webinars and presentations - Access to customizable NCI-AD Data Spotlights (brief topic-specific publication) 	<ul style="list-style-type: none"> - Provided by CMS contractor (HCBS-CAHPS@cms.hhs.gov) - Technical assistance guides available on www.medicaid.gov

	NCI-AD™	HCBS CAHPS® Survey
	- Opportunities to learn from other states, communities of practice	
Sampling design	- Flexible. NCI-AD project team assists with sampling strategy and design according to state need and to meet national standards	- Flexible. State’s responsibility
Customization	- State may add state- and program-specific questions - Can use state-, program-, and provider-specific terms - State may add optional modules: Person-centered planning and/or COVID-19	- State may add state- and program-specific questions - Can use state-, program-, and provider-specific terms - State may add optional module: employment
Interviewer training and quality assurance	- Provided by NCI-AD project team, including: <ul style="list-style-type: none"> ○ Initial standardized online module training and live training session for all surveyors ○ Standardized online module and live training session for new and returning surveyors every survey year ○ Periodic shadow observations, as needed ○ Optional: In-person training as requested by state for an additional fee 	- State’s responsibility
Use of proxy respondents	- Permitted for a subset of questions in the full survey - Separate proxy version containing only proxy-allowed items, questions rephrased to be directed at the proxy	- Permitted for all questions - No separate proxy version available; questions not rephrased
Psychometric properties	- Psychometrically tested, evidence of validity and reliability - Does not contain NQF-endorsed performance measures	- Psychometrically tested, evidence of validity and reliability - Contains NQF-endorsed performance measures
Implementation protocols	- Standardized implementation protocols	- Semi-standardized implementation protocols
Data entry system	- Custom-developed Online Data Entry Survey Administration maintained by NCI-AD Project Team	- State’s responsibility (using CATI and/or CAPI software)
Reporting and data analysis	- NCI-AD project team analyzes data and produces annual state-specific and national reports - Additional analysis available for fee - State and annual reports are public and published on NCI-AD dedicated website (www.nciad.org)	- State’s responsibility; state may submit their data to HCBS CAHPS Database