



NATIONAL CORE
INDICATORS
PEOPLE DRIVEN DATA

Florida Quality Council

July 20, 2023



On the Agenda

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Federal updates on Access Rule and Notice of Proposed Rulemaking (NPRM)

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Review of 2021-22 NCI-IDD In Person Survey data from FL

3

Conversation about your priorities for the DD system



Federal Updates

Access Rule and Notice of Proposed Rulemaking





What is the Notice of Proposed Rulemaking?

A proposed rule from a government agency is also called a Notice of Proposed Rulemaking (NPRM).

The NPRM is an official document that explains:

- The issue addressed by the proposed rule;
- The goal of the rule;
- Rationale for the rule;
- How goal will be accomplished.

All NPRMs are published in the Federal Register.

The Federal Register allows the public to be notified of the proposed rule so they can review and comment.

Anyone can submit comments.

The agency reviews comments and may use comments to make changes to the proposed rule before it is finalized.

The agency has to include a rationale and conclusion for its final rule once delivered that includes comments, data, expert opinion, and facts.

Proposed Rule from CMS

In March 2023, the Biden Administration proposed two new rules on access to care in Medicaid and Children's Health Insurance Program (CHIP)

- “The Access Rule”
 - [Medicaid Program: Ensuring Access to Medicaid Services](#)
- The “Managed Care Rule”
 - [Medicaid Program: Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality](#)

Focus on equity throughout the proposed rule

We'll focus on the Access Rule



Highlights from Access Rule





80% or more of all Medicaid payments must go to compensation for direct care workers. The goal is to support hiring and keeping DPSs.

Rule would apply to specific HCBS services: homemaker, Home health aide, personal care.





States will have to show that a “reassessment of need” is done at least once a year as part of the person-centered planning process.

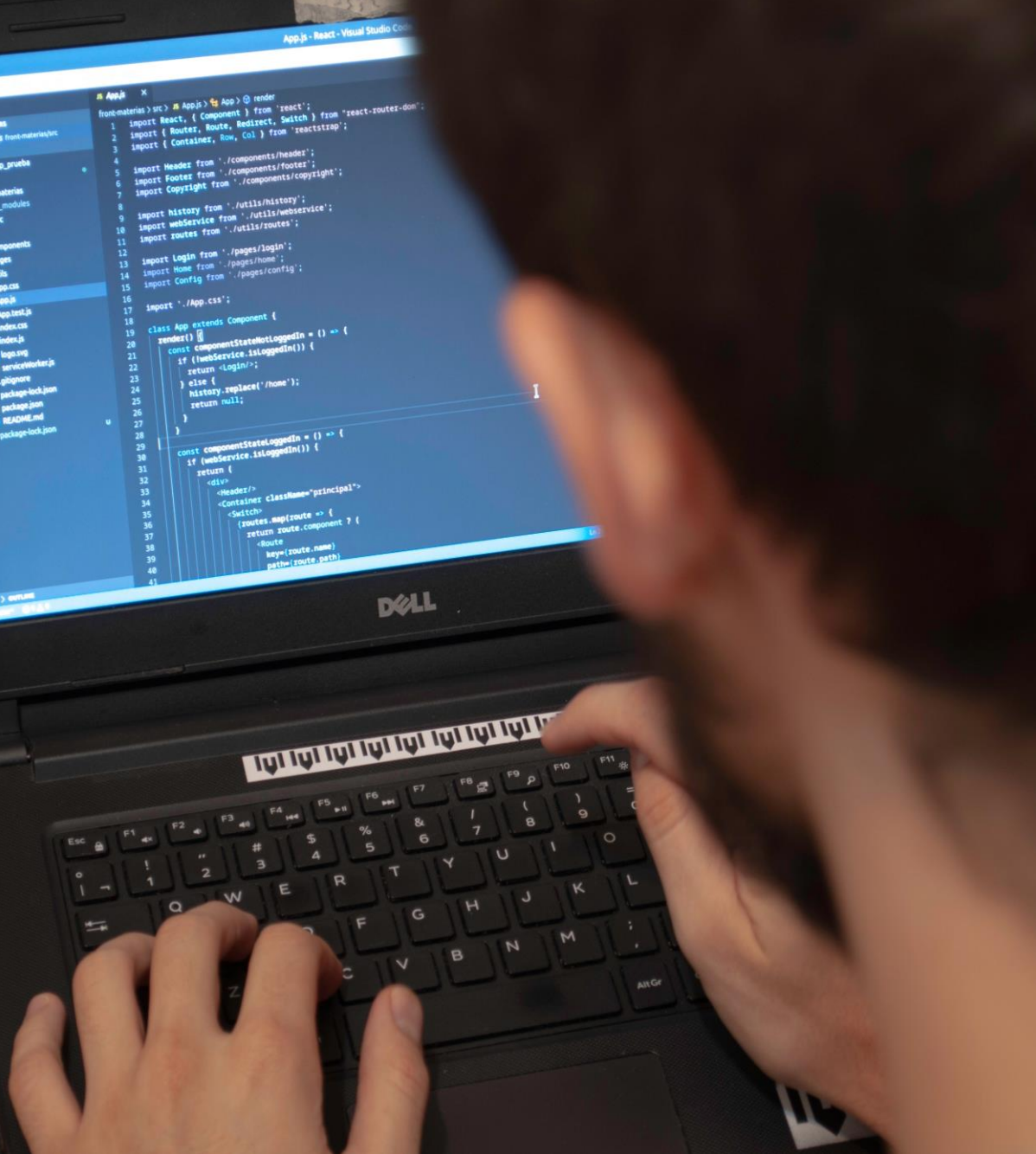
The service plan must be reviewed at least once a year. This is call the support plan in FL.

Currently, states do not have to report on waitlists, proposed rule creates reporting requirements. The goal is to help ensure accountability, address service gaps, and compare across states.

For people waiting for services through the state 1915(c) HCBS waiver, states will report:

- How they maintain the waitlist;
- How many people are on the waitlist;
- Average length of time people stay on the waitlist;
- Average length of time people wait for services to start once they are approved (e.g., get off the waitlist);
- Percent of authorized hours people get for homemaker services, home health aide services, or personal care services.





Rule will create a definition of “critical incidents” to be used across states. States will also have to use and maintain an electronic incident management system. The goal is to help identify trends and prevent future incidents.

Electronic incident management system will be used to:

- Investigate, address, and report on the outcomes of the incidents within specified timeframes.

Rule will require critical incidents gather information from and provide outcomes on report to sources in addition to provider when possible.





States will have to create and manage a grievance process so people can let their state Medicaid agency know if they have a complaint about how a provider or state is complying with Medicaid requirements.

Rule also requires states to:

- Keep records of grievances;
- Review grievances for ongoing monitoring;
- Make grievances available to CMS as requested.

States already have a Medical Care Advisory Committee (MCAC) that helps inform the state Medicaid agency about health and medical care services. The goal of the proposed rule is to increase meaningful engagement of people getting services.

Proposed rule will require:

- States set-up a beneficiary-only group that helps inform the MCAC.
- Minimum representation of beneficiary and caregiver representation on MCAC.



States will be required to report on a set of nationally standardized quality measures specifically for HCBS established by CMS. Goal is to increase transparency, have comparative data across states, support quality improvement, and promote equity HCBS programs.

Rule proposes requirement of data collection and reporting from the Quality Measure Set

- Data will be stratified for certain measures by certain demographics.
- States would be required to develop an accessible website to report HCBS reports.



In-Peron Survey Outcomes

2021-22 FL data compared to NCI-IDD Averages





Significantly fewer people in FL always had transportation when they wanted or needed to get places.

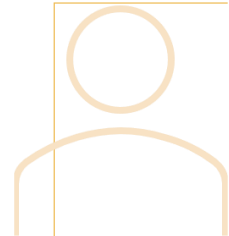
People who had transportation to do things they *wanted* were more likely than those without to...



•Like how they spent their day



Be able to see their friends when they want



...and were less likely to report they often feel lonely

Significantly fewer people in FL reported they had *access to the internet and accessed services via video conference...*

FL was with the national average for using telehealth and videoconference with case managers.



3

3 in 10 wanted a job and have a community employment in their service plan

4 in 10 wanted a job

4

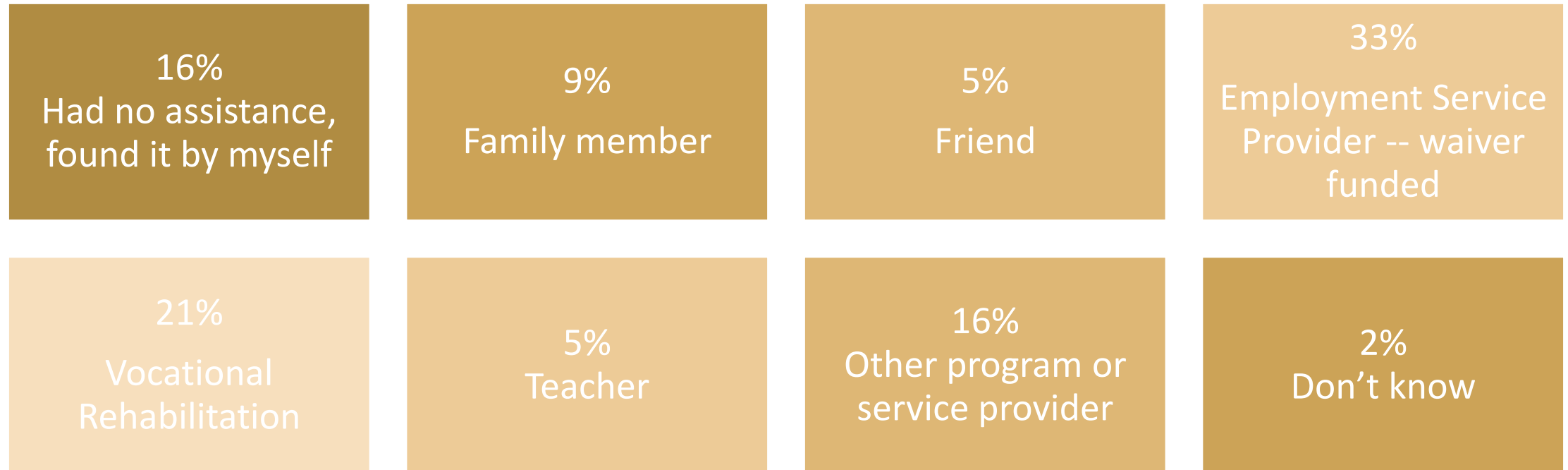
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1 in 10 had a paid community job*

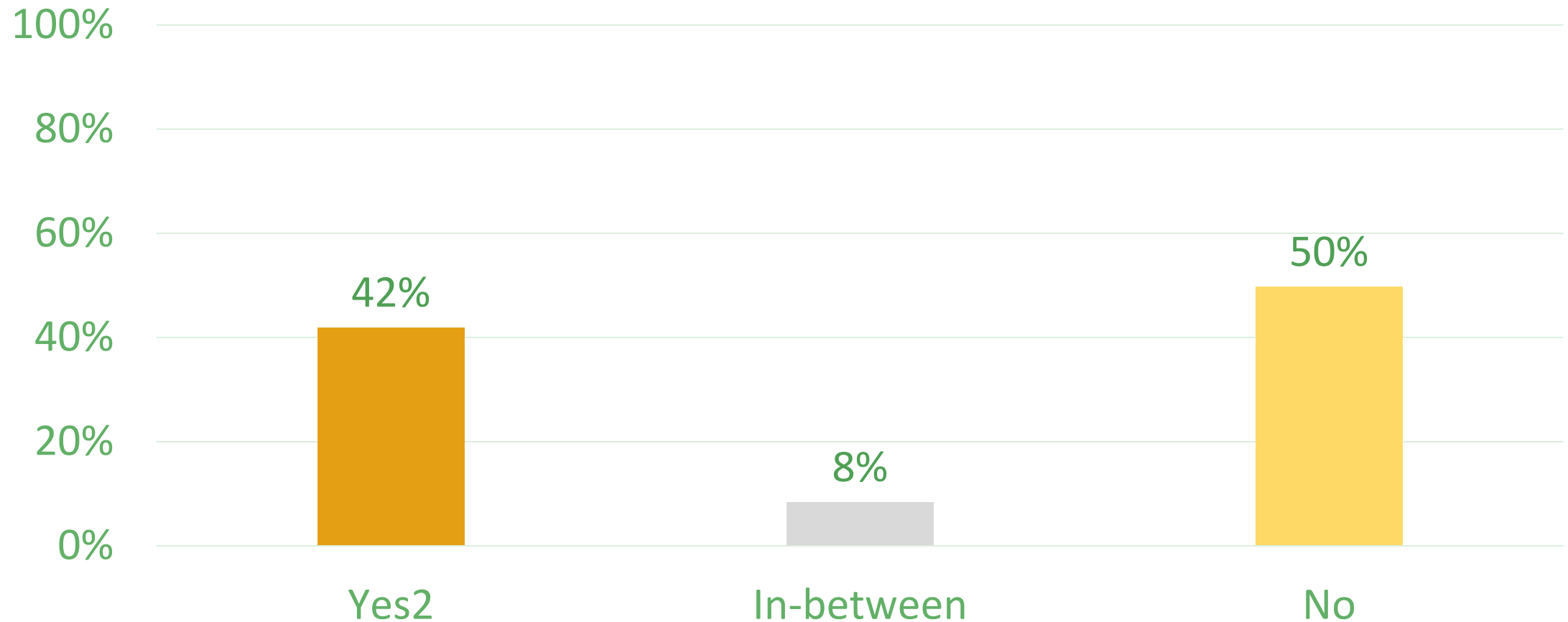
*FL significantly lower than NCI-IDD Average



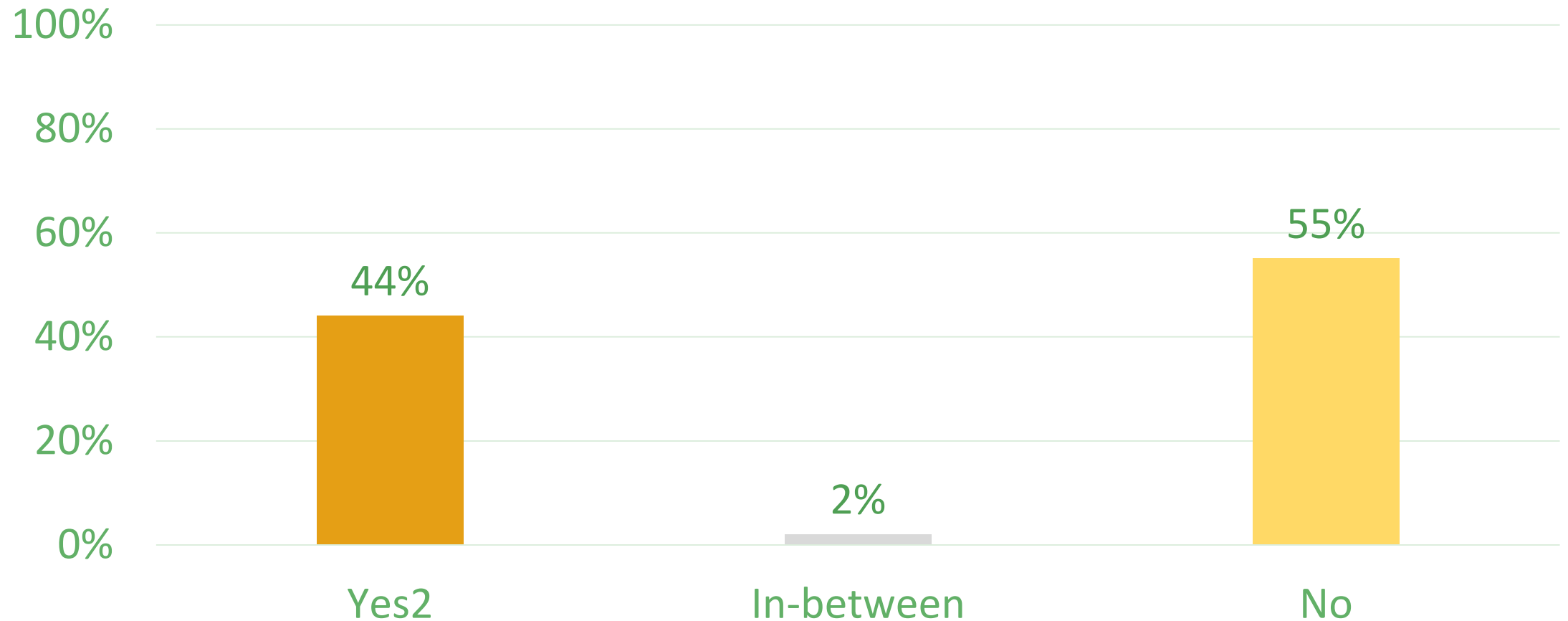
FL employment questions: Who helped you get (or find) your current paid job in the community? (N=43)



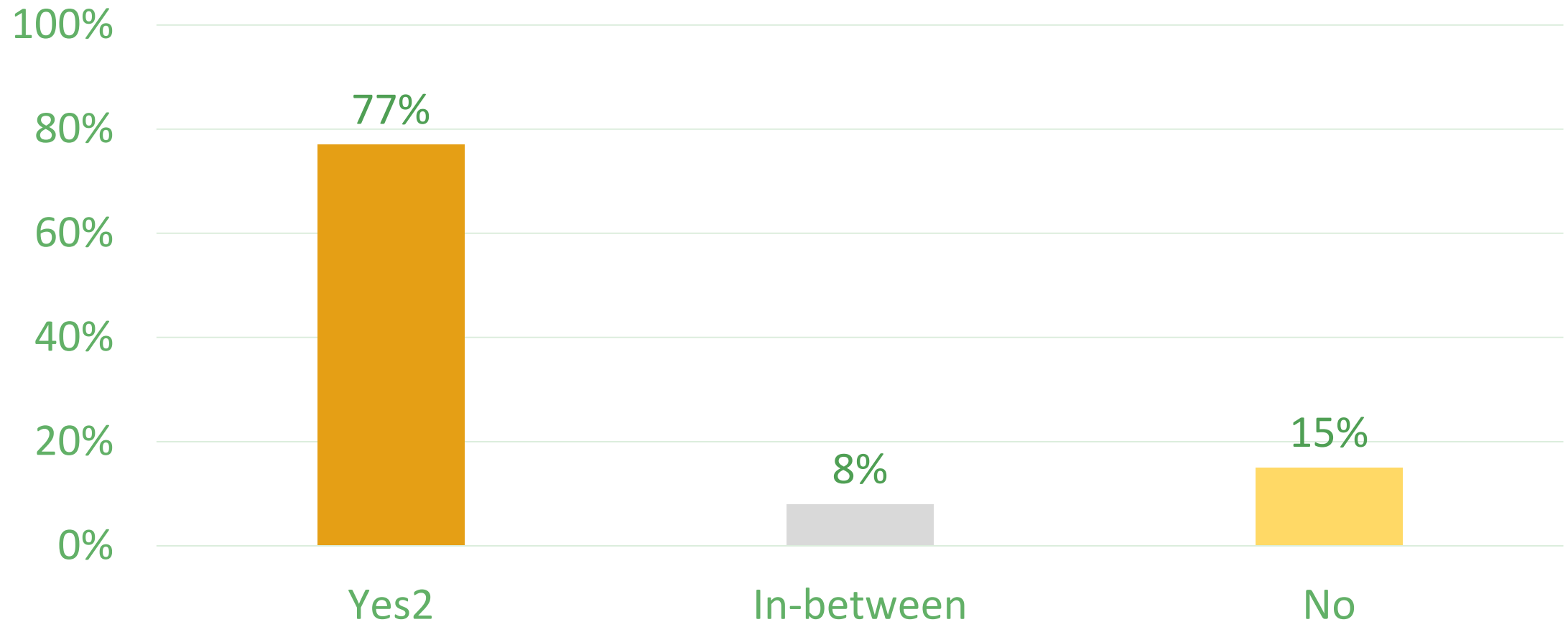
Do you have the help you need to get a paid job? (N=179)

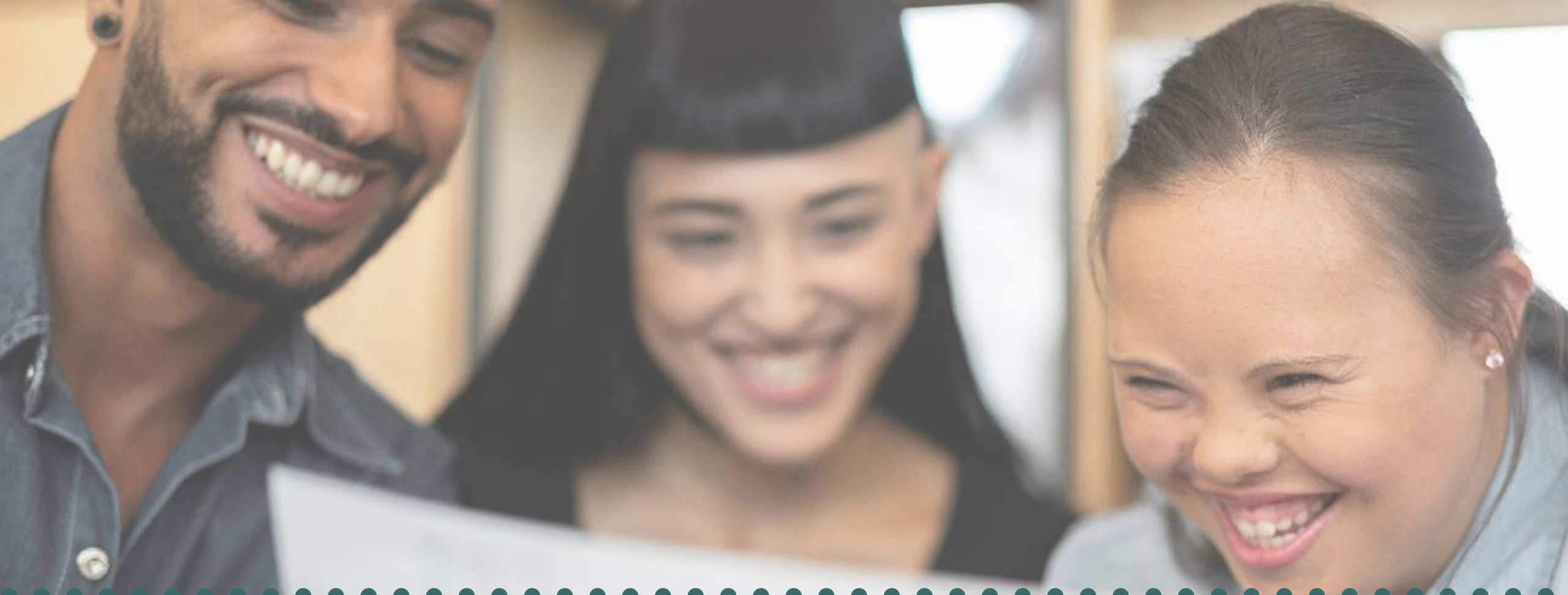


Have you had a job in the past? (N=196)



Has your case manager told you about options or opportunities for working in the community? (N=190)





Compared to the National Average, Florida scored significantly higher on standards related to case management.

See all case management/service coordination items here: [IPS 21-22 National Report \(nationalcoreindicators.org\)](https://nationalcoreindicators.org)



96% (N=237)
Report their case
manager knows what
is important to them.

People in FL whose case manager's knew what was important to them, compared to those whose case a manger did not know what was important, were more likely to have positive outcomes related to...

- Satisfaction with how they spend their day;
- Ability to see friends;
- Less likely to feel lonely.



Florida was significantly higher than the NCI-IDD average on *most* indicators about service planning.

See all service planning items here: [IPS 21-22 National Report \(nationalcoreindicators.org\)](https://nationalcoreindicators.org)



89% in FL knew what was talked about at the last planning meeting.

They were more likely than those who did not know what was being talked about to

- Have helped make the plan;
- Report the plan includes things that are important to them.



NCI Family Survey Revisions

Discussion on your perspectives



NCI-IDD Survey Revisions

NCI-IDD is on a 6-year revisions cycle.

Next revised tool will be released 2026-27.

Revisions will focus on:

- Family Surveys;
- Self-Direction;
- Cultural Competence;
- Workforce;
- How to make NCI-IDD reporting useful, accessible, useable.

Want to focus on group perspective on Family Surveys today.

What are Family Surveys?

NCI-IDD Family Surveys are mail out surveys used to understand the experiences of families of people with IDD.

The respondent is a family member or guardian of the person receiving services.

Questions are related to:

- Information from the state/case manager;
- Service planning;
- Access to services;
- Health and safety.





Which “domains” (topic areas) are most important to you?

What areas are missing?

Top 1-3 areas of what is going well?

Where there is room for improvement?

TOPIC AREAS

INFORMATION AND PLANNING

- Families have the information and support needed to take part in planning supports and services for their family member receiving services and supports from the state DD system.

ACCESS AND SUPPORT DELIVERY

- Families receive services and supports that are appropriate to the needs of the family and the family member receiving services and supports from the state DD system.

WORKFORCE

- There is stable and sufficient workforce to meet demand. People are supported by staff who demonstrate respect for what is important to the person in their day-to-day life. Staff have the right skills to support people.

CHOICE AND DECISION-MAKING

- Families and their family members receiving services and supports from the state DD system are involved in making choices about supports, services, and providers

COMMUNITY CONNECTIONS

- Family members receiving services and supports from the state DD system are meaningfully engaged as members of their communities and have strong relationships. Families can use supports in their community.

HEALTH, WELFARE, AND SAFETY

- Families are supported to ensure the health, welfare, and safety of their family member receiving services and supports from the state DD system.

FAMILY SATISFACTION

- Services and supports lead to better lives for people with disabilities and their families.



Resources

NPRM full text:

[Federal Register :: Medicaid Program; Ensuring Access to Medicaid Services](#)

CMS NPRM summary:

[Input Needed: CMS Proposes Rule to Improve Access to and Quality of Medicaid Services | ACL Administration for Community Living](#)

NCI-IDD Reports:

[Survey Reports & Insights - NCI-IDD \(nationalcoreindicators.org\)](#)