The National Core Indicators—Aging and Disabilities (NCI-AD) is an initiative designed to support state interest in assessing performance of publicly-funded long-term services and supports (LTSS) systems in order to improve services for older adults and individuals with disabilities. A collaborative effort between the National Association of States United for Aging and Disabilities (NASUAD) and the Human Services Research Institute (HSRI), NCI-AD seeks to collect and maintain valid and reliable data that give states a comprehensive picture of the impact of publicly funded services on service recipients’ quality of life and outcomes.

HSRI analyzes each state’s NCI-AD data and produces reports comparing their performance to other participating states. States can use NCI-AD reports to strengthen policy related to LTSS, inform quality improvement activities, and compare their performance with national norms.

Data for the project are gathered through an annual in-person survey, the NCI-AD Consumer Survey, administered by state agencies. States collect survey information in person from older adults and adults with disabilities—and, if needed, from their families, caregivers, or advocates who know them well. Each participating state’s annual survey sample consists of at least 400 older adults and adults with physical disabilities who receive services in any setting funded through Medicaid, and/or state-funded programs, as well as older adults served by Older Americans Act programs. In addition to the in-person data collection, the survey instrument includes a background section, which survey administrators may fill out by consulting agency records.

This document, *NCI-AD Performance Indicators: A Crosswalk to HCBS Settings Requirements*, is the first in a series of technical assistance resources to be developed for aging and disabilities under the NCI-AD initiative. A similar guide was prepared for service systems supporting adults with intellectual and developmental disabilities.

**New Federal Home and Community-based Service Settings Requirements**

Since the advent of home and community-based services (HCBS) waivers almost three decades ago, the Centers for Medicare & Medicaid Services (CMS) has continued to evolve expectations for these services—and the quality requirements for their operation. In March 2014, CMS issued new HCBS requirements including new rules for HCBS service settings.

States are expected to be fully compliant with the setting requirements by March 14, 2019. To assist states with reporting to CMS on compliance with revised setting requirements, this document identifies NCI-AD survey data useful for evaluating system-wide compliance across a number of the new HCBS setting expectations.
This document is organized as follows:

I. HCBS Setting Requirements and NCI-AD Data for Systemic Compliance  p. 4
NCI-AD data sources useful for evidence of systemic compliance:
A. HCBS Settings Requirements (Residential and Day Services)  p. 4
B. HCBS Settings Requirements for Provider Owned/Operated Residential Settings  p. 14

II. HCBS Requirements and NCI-AD Data: Quick View Tables  p. 18
Illustrate at-a-glance the extent to which NCI-AD data can be used for systemic evidence of compliance with HCBS requirements:
Table 1. HCBS Settings Requirements (Residential and Day Services)  p. 18
Table 2. HCBS Settings Requirements for Provider Owned/Operated Residences  p. 19

III. Appendix  p. 20
Appendix A: NCI-AD Consumer Survey Questions: Residential Settings  p. 20

Disclaimer: This document was developed by NCI-AD staff and has not yet been reviewed or approved by the Centers for Medicare and Medicaid Services. The project staff are currently seeking CMS review and concurrence. Thank you to Elizabeth Pell at HSRI for authoring and providing the design and template for this document. For comments or questions, please contact Dr. Julie Bershadsky, HSRI, at jbershadsky@hsri.org or Kelsey Walter, NASUAD, at kwalter@nasuad.org.
I. HCBS Settings Requirements and NCI-AD Data for Systemic Compliance

In this section are the HCBS Settings Requirements, as specified in the HCBS regulations\(^1\) for which NCI-AD data is available to evaluate system-wide compliance.

A. HCBS Settings Requirements (Residential and Day Services) and NCI-AD Data

This subsection is not specific to provider-owned or controlled settings. Instead, it applies to all settings. CMS regulations outline specific considerations for determining whether the setting has home and community based characteristics. Below each HCBS Settings Requirement is a list of data elements from the NCI-AD Consumer Survey that can be used to demonstrate systemic compliance. The location of the corresponding survey question is shown first, followed by the question itself. For example, the first requirement below is for an integrated setting that supports access to the greater community. The third corresponding NCI-AD survey data element under this requirement is, “Relationships, Q7—Can you see or talk to your friends and family (who do not live with you) when you want to?” This indicates evidential data to evaluate systemic compliance is found in responses to Question 7 in the Relationships section of the NCI-AD Consumer Survey.

1. **Requirement**: The setting is integrated in and supports access to the greater community

*NCI-AD data useful for demonstrating compliance:*

<table>
<thead>
<tr>
<th>Background Information, BI-8</th>
<th>Where does the person currently live? Response options include those considered HCBS (own home, family home), settings considered institutions and thus not HCBS (nursing home, nursing facility), and settings for which the person’s experience determines whether it is HCBS or not (group home, assisted living, foster home, and host home).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Own or family house or apartment (owned or rented) Group home, Adult family home, Foster home, Host home Assisted living facility, residential care facility</td>
</tr>
<tr>
<td></td>
<td>• Nursing facility, nursing home</td>
</tr>
<tr>
<td></td>
<td>• Homeless or temporary shelter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home, Q3</th>
<th>What don’t you like about where you live?[Note: Asked when person notes they do not, or do not always, like where they live.] Response options include those that suggest home may not have characteristics of HCBS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Does not feel like home</td>
</tr>
<tr>
<td></td>
<td>• Feels isolated from the community/feels lonely</td>
</tr>
</tbody>
</table>

\(^1\)The requirements for HCBS settings are at 42 CFR 441.530(a(1)(i)-(iv) for 1915(c) waivers and at 441.710(a)(1)(i) for 1915(i) State plan HCBS programs.
Relationships, Q7  Are you able to see or talk to your friends and family (who do not live with you) when you want to?

Relationships, Q8  Why not/ why only sometimes [Note: Asked when person notes they do not see friends or family at desired frequency.] Response options include:
  - Availability of transportation
  - Accessibility
  - Staffing/personal assistance unavailable
  - Someone prevents from, or there are rules that restrict seeing or talking to friends or family

Community, Q49  Do you have transportation to get to medical appointments when you need to?

Community, Q50  Do you have transportation when you want to do things outside of your home/ where you live, like visit a friend, go for entertainment, or do something for fun?

Community, Q51  Are you as active in your community as you’d like to be?

Community, Q52  Why not (why only sometimes)? Is it any of the following? [Note: Asked when person notes they are not always as active in their community as they would like.] Response options include:
  - Transportation
  - Accessibility/lack of equipment
  - Not enough help/staffing/personal assistance
  - Feel unwelcome in the community
  - No community activities outside of home available
  - Lack of information/doesn’t know what types of community activities are available

Community, 53  Have you tried to leave the house in the past week and not been able to?

Community, Q54  Many people use various equipment to help them in their everyday lives. Do you have or need any of the following (or an upgrade to the one you have)? Response options include:
  - Walker
  - Scooter
  - Cane
  - Wheelchair or power chair
  - Glasses
  - Hearing aids
  - Communication device
  - Other devices

Everyday Living, Q55  Do you have a paying job in the community?

Everyday Living, Q58  Do you do any volunteer work?
2. **Requirement:** The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

**NCI-AD data useful for demonstrating compliance:**

a. **Seek Employment and Work in Competitive Integrated Settings**

Everyday Living, Q55  
Do you have a paying job in the community?

Everyday Living, Q55  
Would you like a job? [Note: Question is asked when person notes they do not have a job.]

Everyday Living, Q57  
Has someone talked to you about job options? Has someone talked to you about finding a job? [Note: Asked when person indicates interest in a job but does not have paid work.]

b. **Engage in Community Life**

Relationships, Q7  
Are you able to see or talk to your friends and family (who do not live with you) when you want to?

Relationships, Q8  
Why not/ why only sometimes? Is it any of the following? [Note: Asked when person notes they do not see friends or family at desired frequency.] Response options include:
- Availability of transportation
- Accessibility
- Staffing/personal assistance unavailable
- Someone prevents from, or there are rules that restrict seeing or talking to friends or family

Community, Q49  
Do you have transportation to get to medical appointments when you need to?

Community, Q50  
Do you have transportation when you want to do things outside of your home/ where you live, like visit a friend, go for entertainment, or do something for fun?

Community, Q51  
Are you as active in your community as you’d like to be?

Community, Q52  
Why not (why only sometimes)? Is it any of the following? [Note: Asked when person notes they are not always as active in their community as they would like.] Response options include:
- Transportation
- Accessibility/lack of equipment
- Not enough help/staffing/personal assistance
- Feel unwelcome in the community
- No community activities outside of home available
- Lack of information/doesn’t know what type of community activities are available

Community, 53
Have you tried to leave the house in the past week and not been able to?

Everyday Living, Q58
Do you do any volunteer work?

Everyday Living, Q59
Would you like to do any volunteer work?

c. Control Personal Resources [Interpreted as personal spending, not waiver or state funding.]

Background Information, BI-12
Is this person currently participating in a self-directed supports option?

Safety/Security/Privacy, Q38
Are you ever worried for the security of your personal belongings?

Safety/Security/Privacy, Q39
In the last 12 months, has anyone used or taken your money without your permission?

d. Receives Services in the Community to the Same Degree of Access as Individuals Not Receiving Medicaid HCBS

Community, Q51
Are you as active in your community as you’d like to be?

Community, Q52
Why not (why only sometimes)? Is it any of the following? [Note: Asked when person notes they are not always as active in their community as they would like.] Response options include:
- Transportation
- Accessibility/lack of equipment
- Not enough help/staffing/personal assistance
- Feel unwelcome in the community
- No community activities outside of home available
- Lack of information/doesn’t know what type of community activities are available

Community, 53
Have you tried to leave the house in the past week and not been able to?

Community, Q50
Do you have transportation when you want to do things outside of your home/where you live, like visit a friend, go for entertainment, or do something for fun?

Community, Q49
Do you have transportation to get to medical appointments when you need to?

Everyday Living, Q55
Do you have a paying job in the community?

Everyday Living, Q58
Do you do any volunteer work?
3. **Requirement**: The setting is selected by the individual from among setting options, including non-disability specific settings. [CMS expects the person-centered service plans to document the options based on individual’s needs, preferences; and for residential settings, the individual’s resources.]

NCI-AD does not cover whether *generic* settings were offered to an individual but does cover preference, choice, and identifies systemically those already living in some types of non-disability specific residences (e.g., person’s own home). See Appendix A for residence types collected by the NCI-AD.

**NCI-AD data useful for demonstrating aspects of choice for compliance:**

| Background Information, BI-8 | Where does the person currently live? [Note: Response options include individuals residing in generic home settings; see Appendix A.] |
| Home, Q4 | Would you prefer to live somewhere else *(in a different kind of home)*? *We are not talking about geography, but rather the kind of place you’d like to live in.* |
| Home, Q5 | Where would you prefer to live? *Again, we are not talking about geography, but rather the kind of place you’d like to live in.* |

4. **Requirement**: The setting ensures right to privacy, dignity and respect and freedom from coercion and restraint.

**NCI-AD data useful for demonstrating compliance:**

**a. Privacy**

| Home, Q3 | What don’t you like about where you live? [Note: Asked when person notes that they do not, or do not always, like where they live.] Response options include:  
  - Wants more privacy  
  - Problems with neighbors/other residents/housemates/roommates |
| Safety/Security/Privacy-Group Setting, Q40 | Do people ask your permission before coming into your home/room? |
| Safety/Security/Privacy-Group Setting, Q41 | Are you able to lock the doors to your room if you want to? |
| Safety/Security/Privacy-Group Setting, Q42 | Do you have enough privacy in your home/where you live? *(Can you have time to yourself?)* |
| Safety/Security/Privacy-Group Setting, Q45 | Can you use the phone privately whenever you want to? |
Safety/Security/Privacy-Group Setting, Q47

Do people read your mail or email without asking you first?

Safety/Security/Privacy-Group Setting, Q48

Are you able to choose who your roommate is here?

b. Dignity and Respect

Home, Q3

What don’t you like about where you live? [Note: Asked when person notes that they do not, or do not always, like where they live.] Response options include:

- Feels unsafe in residence
- Problems with staff
- Insufficient amount/type of staff
- Wants more independence and control

Direct Care Workers/Daily Activities, Q26

Do the people who are paid to help you show up and leave when they are supposed to?

Direct Care Workers/Daily Activities, Q29

Do you feel that the people who are paid to help you treat you with respect?

Direct Care Workers/Daily Activities, Q30

Do the people who are paid to help you do things the way you want them done?

Direct Care Workers/Daily Activities, Q31

Do you feel safe around the people who are paid to help you?

Safety/Security/Privacy, Q37

Do you feel safe at home/where you live?

Safety/Security/Privacy, Q38

Are you ever worried for the security of your personal belongings?

Safety/Security/Privacy, Q39

In the last 12 months, has anyone used or taken your money without your permission?

Safety/Security/Privacy, Q40

Do people ask your permission before coming into your home/room?

Safety/Security/Privacy-Group Setting, Q43

Are you able to furnish and decorate your room however you want to?

Safety/Security/Privacy-Group Setting, Q46

Do you have access to food at all times of the day - can you get something to eat or grab a snack when you get hungry?
Safety/Security/Privacy-Group Setting, Q47  Do people read your mail or email without asking you first?

Safety/Security/Privacy-Group Setting, Q48  Are you able to choose who your roommate is here?

Community, Q54  Many people use various equipment to help them in their everyday lives. Do you have or need any of the following (or an upgrade to the one you have)? Response options include:
- Walker
- Scooter
- Cane
- Wheelchair or power chair
- Glasses
- Hearing aids
- Communication device
- Other devices

Everyday Living, Q61  Do you get up and go to bed when you want to? (no one else decides for you when you get up or go to bed, and you get the help you need to get up and go to bed when you want to?)

Everyday Living, Q62  Can you eat your meals when you want to? (no one else decides for you when you eat)

c. Freedom from Coercion and Restraint

Direct Care Workers/Daily Activities, Q31  Do you feel safe around the people who are paid to help you?

Safety/Security/Privacy, Q37  Do you feel safe at home/where you live?

Safety/Security/Privacy, Q38  Are you ever worried for the security of your personal belongings?

Safety/Security/Privacy, Q39  In the last 12 months, has anyone used or taken your money without your permission?

5. Requirement: The setting optimizes individual initiative, autonomy and independence in making life choices.

NCI-AD data useful for demonstrating compliance:

Background Information, BI-12  Is this person currently participating in a self-directed supports option?
Service Satisfaction, Q11  Do you receive information about your services in the language you prefer?

Service Satisfaction, Q14  If you want to make changes to your services, do you know whom to contact?

Service Satisfaction, Q15  Can you choose or change what kind of services you get?

Service Satisfaction, Q16  Can you choose or change how often and when you get your services?

Direct Care Workers/Daily Activities, Q25 Can you change the people who are paid to provide your services if you wanted to?

Everyday Living, Q57  Has someone talked to you about job options? Has someone talked to you about finding a job? [Note: Asked when person notes interest in a job but does not have paid work.]

Everyday Living, Q60  Do you like how you usually spend your time during the day?

Healthcare, Q82  Do you know how to manage that chronic condition or conditions? [Note: Asked when person reports having a chronic condition diagnosis.]

Healthcare, Q83  If you take prescription medications, do you understand what you take those medications for?

Independence, Q88  Do you feel in control of your life?

6. **Requirement**: The setting facilitates choice of services and supports, and who provides them.

**NCI-AD data useful for demonstrating compliance:**

a. **General Service and Support Choices**

Background Information, BI-12  Is this person currently participating in a self-directed supports option?

Service Satisfaction, Q11  Do you receive information about your services in the language you prefer?

Service Satisfaction, Q14  If you want to make changes to your services, do you know whom to contact?

Service Satisfaction, Q15  Can you choose or change what kind of services you get?

Service Satisfaction, Q16  Can you choose or change how often and when you get your services?
<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Care Workers/ Daily Activities, Q25</td>
<td>Can you change the people who are paid to provide your services if you wanted to?</td>
</tr>
<tr>
<td>Community, Q50</td>
<td>Do you have transportation when you want to do things outside of your home/ where you live, like visit a friend, go for entertainment, or do something for fun?</td>
</tr>
<tr>
<td>Everyday Living, Q56</td>
<td>Would you like a job? [Note: Asked if person does not have a job.]</td>
</tr>
<tr>
<td>Everyday Living, Q57</td>
<td>Has someone talked to you about job options? Has someone talked to you about finding a job?</td>
</tr>
<tr>
<td>Everyday Living, Q60</td>
<td>Do you like how you usually spend your time during the day?</td>
</tr>
<tr>
<td>Planning for Future, Q84</td>
<td>Do the services you receive meet your needs and goals?</td>
</tr>
<tr>
<td>Planning for Future, Q85</td>
<td>Has your case manager/care coordinator talked to you about services that might help with your needs and goals?</td>
</tr>
<tr>
<td>Planning for Future, Q86</td>
<td>Do you want any help planning for your future need for services?</td>
</tr>
<tr>
<td><strong>b. Choice of Home</strong></td>
<td></td>
</tr>
<tr>
<td>Home, Q3</td>
<td>What don’t you like about where you live? [Note: Asked when person notes they do not, or do not always, like where they live.] Response options include:</td>
</tr>
<tr>
<td></td>
<td>• Accessibility of house/building</td>
</tr>
<tr>
<td></td>
<td>• Does not feel like home</td>
</tr>
<tr>
<td></td>
<td>• Problems with staff</td>
</tr>
<tr>
<td></td>
<td>• Insufficient amount/type of staff</td>
</tr>
<tr>
<td></td>
<td>• Wants more independence and control</td>
</tr>
<tr>
<td></td>
<td>• Wants more privacy</td>
</tr>
<tr>
<td>Home, Q4</td>
<td>Would you prefer to live somewhere else (in a different kind of home)? We are not talking about geography, but rather the kind of place you’d like to live in.</td>
</tr>
<tr>
<td>Home, Q5</td>
<td>Where would you prefer to live? Again, we are not talking about geography, but rather the kind of place you’d like to live in.</td>
</tr>
<tr>
<td><strong>c. Case Manager Assistance to Make Service and Support Choices</strong></td>
<td></td>
</tr>
<tr>
<td>Service Satisfaction, Q12</td>
<td>Do you have a case manager or care coordinator—someone whose job it is to help set up and coordinate services with you?</td>
</tr>
<tr>
<td>Service Satisfaction, Q13</td>
<td>Can you reach your case manager/care coordinator when you need to?</td>
</tr>
</tbody>
</table>
Service Satisfaction, Q14
If you want to make changes to your services, do you know whom to contact?

Service Satisfaction, Q15
Can you choose or change what kind of services you get?

Service Satisfaction, Q16
Can you choose or change how often and when you get your services?

Direct Care Workers/Daily Activities, Q25
Can you change the people who are paid to provide your services if you wanted to?

Planning for Future, Q86
Has your case manager/care coordinator talked to you about services that might help with your needs and goals?

Planning for Future, Q87
Do you want any help planning for your future need for services?

d. Choice of Support Staff

Direct Care Workers/Daily Activities, Q25
Can you change the people who are paid to provide your services if you wanted to?

Direct Care Workers/Daily Activities, Q28
Do the people who are paid to help you change too often? Are there different people too often?
B. HCBS Setting Requirements for Provider-Owned/Operated Residential Settings and NCI-AD Data

This subsection is specific to provider-owned or controlled residential settings. CMS regulations outline specific considerations for determining whether the setting has home and community based characteristics. Additional HCBS setting requirements pertain to provider-owned or provider-operated residential settings. CMS requires that individuals in such settings must have these in place unless a specific modification or restriction has been made and documented through a person-centered service planning process. (Note however that CMS will not allow a modification to the requirement of a physically accessible home if the residence is provider-owned/controlled.)

NCI-AD indicators are useful for systemic evaluation of compliance on some, but not all of these additional requirements. Below are the requirements for which NCI-AD data is useful for evaluating statewide compliance. NCI-AD data includes all residential types (see Appendix A). States can examine system-wide compliance by residential types assumed to be provider-owned or provider-controlled such as assisted living, host homes, and group homes.

1. **Requirement:** Individuals must have privacy in their sleeping or living unit including entrances lockable by the individual. Staff have keys as needed.

**NCI-AD data useful for demonstrating compliance:**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home, Q3</td>
<td>What don’t you like about where you live? [Note: Asked when person notes that they do not, or do not always, like where they live.] Response options include:</td>
</tr>
<tr>
<td></td>
<td>• Wants more privacy</td>
</tr>
<tr>
<td>Safety/Security/Privacy-Group</td>
<td>Are you able to lock the doors to your room if you want to?</td>
</tr>
<tr>
<td>Setting, Q41</td>
<td></td>
</tr>
<tr>
<td>Safety/Security/Privacy-Group</td>
<td>Do you have enough privacy in your home/where you live? (Can you have time to yourself?)</td>
</tr>
<tr>
<td>Setting, Q42</td>
<td></td>
</tr>
<tr>
<td>Safety/Security/Privacy-Group</td>
<td>Can you use the phone privately whenever you want to?</td>
</tr>
<tr>
<td>Setting, Q45</td>
<td></td>
</tr>
<tr>
<td>Safety/Security/Privacy-Group</td>
<td>Do people read your mail or email without asking you first?</td>
</tr>
<tr>
<td>Setting, Q47</td>
<td></td>
</tr>
</tbody>
</table>
2. **Requirement:** Individuals sharing units have a choice of roommates.

**NCI-AD data useful for demonstrating compliance:**

Safety/Security/Privacy-Group Setting, Q48

Home, Q3

What don’t you like about where you live? [Note: Asked when person notes that they do not, or do not always, like where they live.] Response options include:

- Problems with neighbors/other residents/housemates/roommates

3. **Requirement:** Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

**NCI-AD data useful for demonstrating compliance:**

Safety/Security/Privacy-Group Setting, Q43

4. **Requirement:** Individuals have the freedom and support to control their schedules and activities.

**NCI-AD data useful for demonstrating compliance:**

Relationships, Q7

Are you able to see or talk to your friends and family *(who do not live with you)* when you want to?

Relationships, Q8

Why not /why only sometimes? [Note: Asked when person notes they do not see friends or family at desired frequency.] Response options include:

- Availability of transportation
- Staffing/personal assistance unavailable
- Someone prevents from, or there are rules that restrict, seeing or talking to friends or family

Service Satisfaction, Q15

Can you choose or change what kind of services you get?

Service Satisfaction, Q16

Can you choose or change how often and when you get your services?

Safety/Security/Privacy-Group Setting, Q44

Are your visitors able to come at any time? *Are there only certain times that visitors are allowed?*
Can you use the phone privately whenever you want to?

Community, Q49  Do you have transportation to get to medical appointments when you need to?

Community, Q50  Do you have transportation when you want to do things outside of your home/where you live, like visit a friend, go for entertainment, or do something for fun?

Community, Q53  Have you tried to leave the house to go somewhere in the past week and not been able to?

Everyday Living, Q55  Do you have a paying job in the community?

Everyday Living, Q58  Do you do any volunteer work?

Everyday Living, Q60  Do you like how you usually spend your time during the day?

Everyday Living, Q62  Can you eat your meals when you want to? (no one else decides for you when you eat)

Everyday Living, Q61  Do you get up and go to bed when you want to? (no one else decides for you when you get up or go to bed, and you get the help you need to get up and go to bed when you want to?)

Independence, Q88  Do you feel in control of your life?

5. Requirement: Individuals have access to food at any time.

NCI-AD data useful for demonstrating compliance:

a. Group Residential Settings

Safety/Security/Privacy-Group Setting, Q46  Do you have access to food at all times of the day - can you get something to eat or grab a snack when you get hungry?

b. All Home Types

Everyday Living, Q62  Can you eat your meals when you want to? (no one else decides for you when you eat)

Everyday Living, Q63  Do you ever have to skip a meal due to financial worries?
6. **Requirement:** Individuals may have visitors at any time.

**NCI-AD data useful for demonstrating compliance:**

Safety/Security/Privacy-Group Setting, Q44

Are your visitors able to come at any time? *Are there only certain times of day that visitors are allowed?*

7. **Requirement:** The setting is physically accessible to the individual.

**NCI-AD data useful for demonstrating aspects of compliance:**

<table>
<thead>
<tr>
<th>Background Information, BI-14</th>
<th>What is the person’s level of mobility?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Non-ambulatory</td>
</tr>
<tr>
<td></td>
<td>• Moves self with wheelchair</td>
</tr>
<tr>
<td></td>
<td>• Moves self with other aids</td>
</tr>
<tr>
<td></td>
<td>• Moves self without aids</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home, Q3</th>
<th>What don’t you like about where you live? [Note: Asked when person notes that they do not, or do not always, like where they live.] Response options include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Accessibility of house/building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Environment, Q32</th>
<th>Many people make changes or modifications to their homes, to make it easier to live there or move around. <em>To clarify, we are not talking about general repairs to the house, but rather specialized modifications.</em> Response options include physical accessibility aids:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Grab bars</td>
</tr>
<tr>
<td></td>
<td>• Bathroom modifications</td>
</tr>
<tr>
<td></td>
<td>• Specialized bed</td>
</tr>
<tr>
<td></td>
<td>• Ramp or stair lift, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community, Q54</th>
<th>Many people use various equipment to help them in their everyday lives. Do you currently have ? Response options include physical accessibility aids:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Walker</td>
</tr>
<tr>
<td></td>
<td>• Scooter</td>
</tr>
<tr>
<td></td>
<td>• Cane</td>
</tr>
<tr>
<td></td>
<td>• Wheelchair or power chair</td>
</tr>
</tbody>
</table>
# II. HCBS Requirements and NCI-AD Data: Quick View Tables

## Table 1. HCBS Settings (Residential and Day) Requirements

<table>
<thead>
<tr>
<th>HCBS Setting Requirement</th>
<th>NCI-AD System Level Compliance Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is integrated in and supports access to the greater community</td>
<td>Yes</td>
</tr>
<tr>
<td>Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS</td>
<td>Yes</td>
</tr>
<tr>
<td>Selected by the individual from among setting options, including non-disability specific settings</td>
<td>Yes, in part</td>
</tr>
<tr>
<td>Respects the participant’s option to choose a private unit in a residential setting</td>
<td>Not Addressed</td>
</tr>
<tr>
<td>Ensures right to privacy, dignity and respect and freedom from coercion and restraint</td>
<td>Yes</td>
</tr>
<tr>
<td>Optimizes individual initiative, autonomy and independence in making life choices</td>
<td>Yes</td>
</tr>
<tr>
<td>Facilitates choice of services and supports, and who provides them</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Table 2. HCBS Settings Requirements for Provider Owned/Operated Residential Settings

<table>
<thead>
<tr>
<th>HCBS Setting Requirement for Provider-Owned or Operated Residential Settings – Individuals must have:</th>
<th>NCI-AD System Level Compliance Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lease or other legally enforceable agreement to protect from eviction</td>
<td>Not Addressed</td>
</tr>
<tr>
<td>Privacy in their sleeping or living unit including entrances lockable by the individual (Staff have keys as needed)</td>
<td>Yes</td>
</tr>
<tr>
<td>Individuals sharing units have choice of roommates</td>
<td>Yes</td>
</tr>
<tr>
<td>Freedom to furnish and decorate their sleeping or living units within the lease or other agreement</td>
<td>Yes</td>
</tr>
<tr>
<td>Freedom and support to control of their schedules and activities</td>
<td>Yes</td>
</tr>
<tr>
<td>Access to food at any time</td>
<td>Yes</td>
</tr>
<tr>
<td>Visitors at any time</td>
<td>Yes</td>
</tr>
<tr>
<td>Setting is physically accessible to individual</td>
<td>Yes, in part</td>
</tr>
</tbody>
</table>
Background Information in the NCI-AD Consumer Survey capture residential setting types for surveyed individuals. Residential setting type is collected from state records, when available. Some home types indicate a community-based home—for example, ‘lives in own or family house or apartment’. Other types—such as an assisted living facility or group home—require analysis of the experience of residents to determine if the residential setting meets HCBS expectations.

NCI-AD residential setting data are systemic. Data will convey a statewide snapshot of home types in percentages by residential type—for example, 11% of individuals live in a nursing facility. Data comes from the Background Information section, Question 8, shown below.

**BI-8. Where does the person currently live?**

1. Own or family house or apartment (owned or rented)
2. Group home, Adult family home, Foster home, Host home (round-the-clock services provided in a single family residence where one or more individuals receiving services live with a person or family who furnishes services)
3. Assisted living facility, residential care facility (housing that may provide some nursing and personal care in addition to housekeeping and other basic help)
4. Nursing facility, nursing home
5. Homeless or temporary shelter
6. Other (FILL IN) __________________________________________
98. Don’t know
100. Unclear/Refused/No Response

The other people living in a home with a person receiving LTSS also indicate the extent to which a residence may be more likely to have characteristics of HCBS. Data regarding who an individual lives with comes from the Background Information section, Question 9, shown below.

**BI-9. Who does the person live with?**

1. Lives alone
2. With spouse or partner
3. With other family (e.g., child, sibling, parent, etc.)
4. With friend(s)
5. With live-in personal care assistant/worker
6. With others who are not family, friends, or PCAs
98. Don’t know
100. Unclear/Refused/No Response