

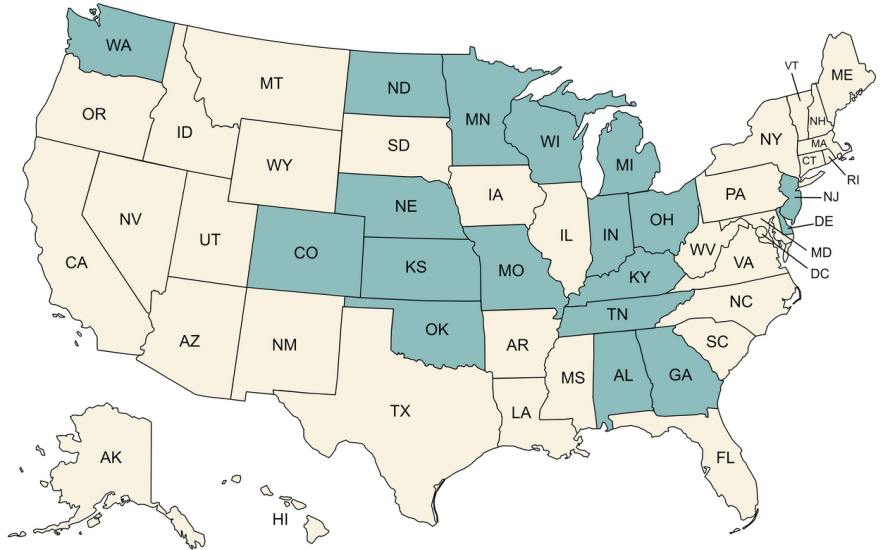
2022-23 DATA AT A GLANCE

DESCRIPTION OF SAMPLE

INTRODUCTION

The survey data in this summary represent the population of older adults and people with physical disabilities receiving publicly funded long-term services and supports programs—known as LTSS. For more information, visit: nci-ad.org

STATES INCLUDED*

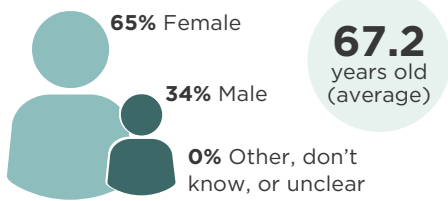


*State samples vary from year to year. For details and all outcomes, visit: nci-ad.org/reports

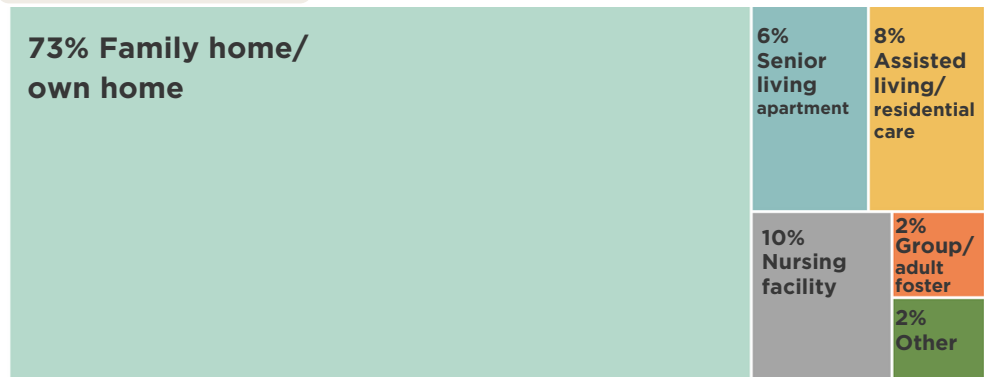
SAMPLE SIZE

15,455 total respondents

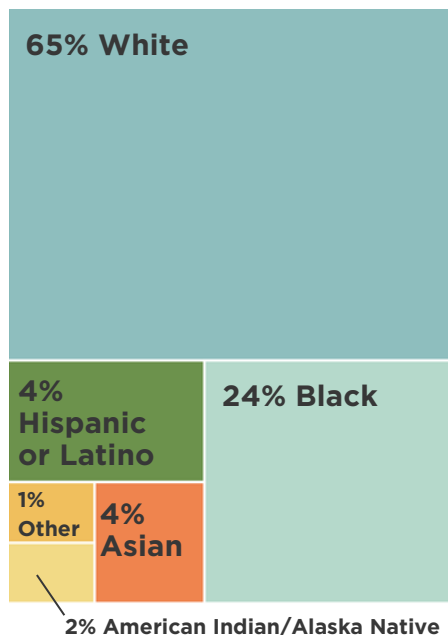
GENDER AND AGE



RESIDENCE TYPE



RACE AND ETHNICITY

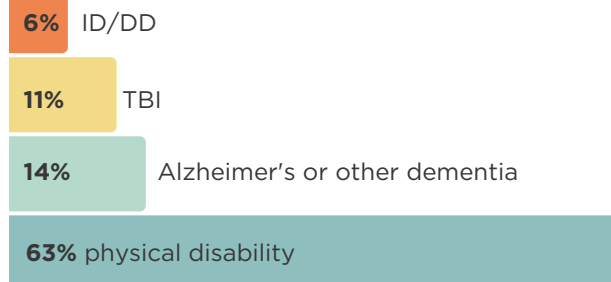


RESIDENCE LOCATION

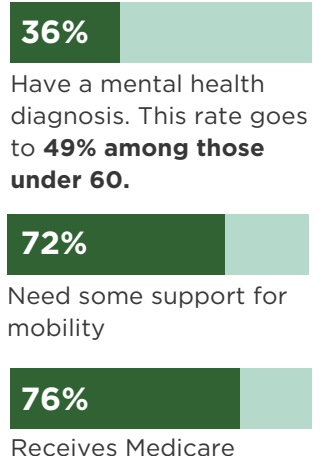
72% Metropolitan, 14% Micropolitan, 9% Small town, 5% Rural

MEDICAL BACKGROUND

DIAGNOSIS*



*Note: Diagnoses are not mutually exclusive



2022-23 DATA AT A GLANCE

OUTCOMES

NOTE ON OUTCOMES

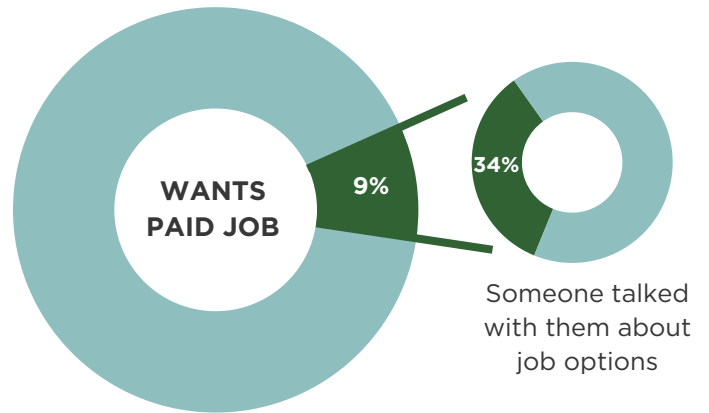
NCI includes data on a variety of outcomes of service users. Data from key outcomes are presented here.

EMPLOYMENT

Across all ages and states, **nearly one in 10 people want a job and just one-third report someone talked with them about job options.**

For those 18-59, **16% reported they wanted a job, but just 40% report that someone has talked with them about job options.**

Employment is important at any age and person-centered systems should consider supports that will help people reach their employment goals.



RESPECT AND PRIVACY

98%

Services and supports are delivered in a way that is **respectful of their culture**

69%

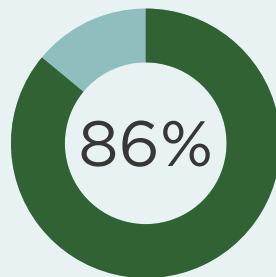
Have **enough privacy where they live** (if in a group setting)

70%

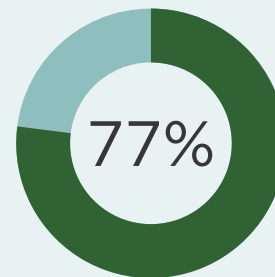
Others **ask before coming in** their home/room (if living in a group setting)

CHOICE AND CONTROL

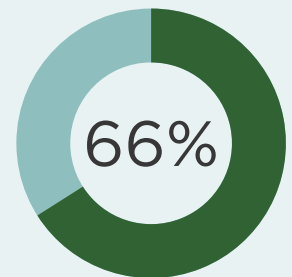
69% of respondents say they feel in control of their life



Can choose/change their services and supports

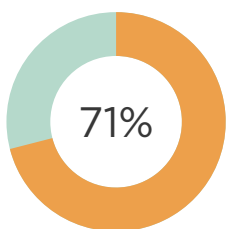


Can choose/change the people who provide paid supports

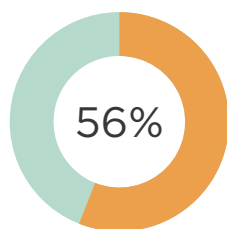


Can choose/change when/how often they receive services

SERVICES AND UNMET NEEDS



Services meet **all their current goals**



Case manager talked to them about services to help with unmet needs (among people whose needs/goals are not met)

STAFF LONGEVITY AND TURNOVER

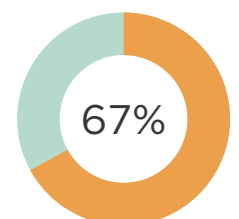


Paid staff changes too often



Case manager changes too often

SERVICE COORDINATION



Have a backup plan if their paid support staff does not show up

2022-23 DATA AT A GLANCE

OUTCOMES

HEALTH AND HEALTH CARE

90%

Have **access to mental health services** if they want them

85%

Can **get an appointment** to see or talk to their primary care doctor when needed

36%

Talked to health professionals **using video conference/telehealth**; among those who used video conference to talk to a health professional, **58% liked using that option**

41%

Went to the emergency room for any reason in the past 12 months

29%

Had an **overnight stay in a hospital or rehab/nursing facility** in the past 12 months and was discharged to go home

SUPPORT ACCESS TO COMMUNITY



94%

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



79%

have enough help with everyday activities



68%

always have a way to get where they want to go



61%

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



19%

often feel lonely

Health limitations (55%) and transportation (37%) are the most frequent barriers cited. These data emphasize there is ample room for improvement in how systems support service users to have equitable access to engage in their communities.

FOOD ACCESS

12% have to **skip meals due to financial worries**.

States ranged from 4%-17%

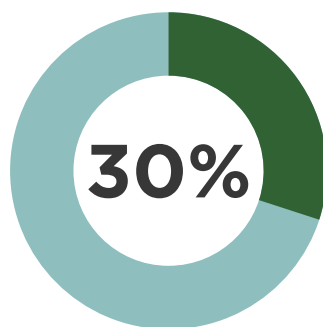


85% have **access to healthy foods** when they want them.

States ranged from 68%-92%



SELF-DIRECTION



Use a **self-directed supports option**. Among those under 60, **35% self-direct their services**.

FALLS

56%

They or someone else has **concerns about their falling or being unstable**.

86%

Have **worked with someone to reduce their risk** of falling.

55%

Live alone and have concerns about falling or being unstable. The same percentage worked with someone to reduce their risk.

2022-23 DATA AT A GLANCE

OUTCOMES: HCBS FINAL SETTINGS RULE

NOTE ON HCBS FINAL SETTINGS RULE

The HCBS Final Settings Rule establishes basic requirements around community integration, choice and control, autonomy, and person-centered planning for settings providing home and community-based services (HCBS). The data on this page showcase just a few of the NCI outcomes that can be used to look at compliance with the HCBS Final Settings Rule.

PERSON-CENTERED PLANNING

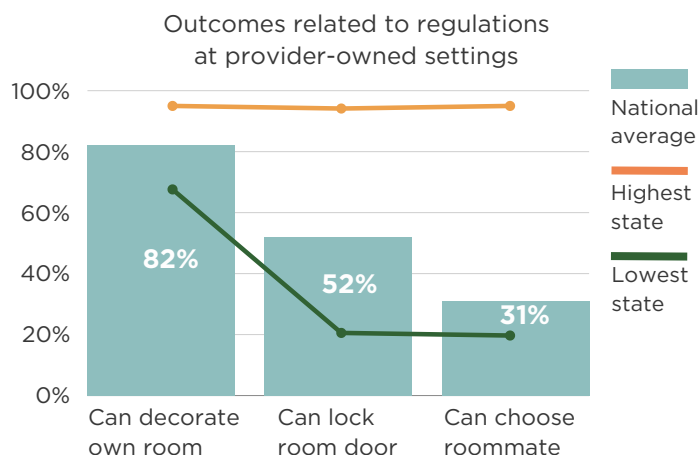


82%

of respondents say they are very/fully involved in making **decisions** about what is in the service plan

While most respondents say they feel fully involved with planning their services, **16% said their choices and preference are not fully reflected in their current plan**. Further about, **one-quarter of respondents say their needs and preferences were not fully listened to during the last planning meeting**. This demonstrates that methods LTSS systems use for person-centered planning can be strengthened and more driven by service users.

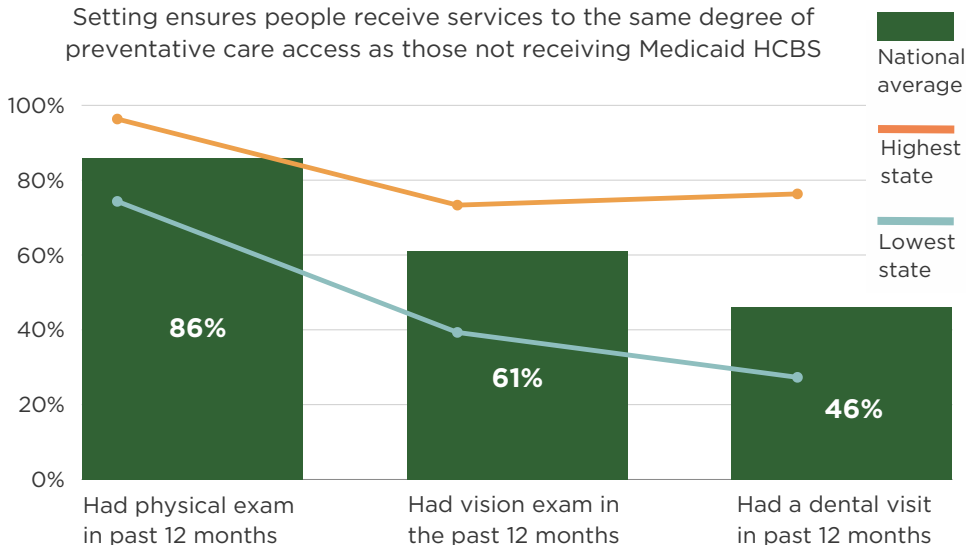
PROVIDER-OWNED SETTINGS



This graph shows responses to three NCI-AD questions related to the HCBS Final Settings Rule regulations for provider-owned settings. The **vertical bars display the national average percent** of each outcome in 2022-23, while the **two lines show the range of state averages**. These data show that although users report having control over some things about their home, LTSS providers can better support people in having choice in their roommates.

ACCESS TO PREVENTATIVE HEALTH CARE

Setting ensures people receive services to the same degree of preventative care access as those not receiving Medicaid HCBS



This graph shows responses to three NCI-AD questions that can be used to examine access to preventative care. These indicators relate to the HCBS Final Settings Rule requirements that people have full access to the greater community.

Outcomes displayed focus on whether people accessed preventative health services in the past year. The **vertical bars display the national average percent** of respondents who have each outcome in 2022-23; the **two lines show the range of state averages**. These data show that there is room to improve how systems support people to access all forms of preventative health care, especially dental visits.