

NCI-AD Performance Indicators: A Crosswalk to HCBS Settings Requirements

First in a Series of Technical Assistance Tools for States

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he 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.



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I. HCBS Settings Requirements and NCI-AD Data for Systemic Compliance

In this section are the HCBS Settings Requirements, as specified in the HCBS regulations¹ 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.

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

NCI-AD data useful for demonstrating compliance:

Background
Information, BI-8

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).

- Own or family house or apartment (owned or rented)Group home, Adult family home, Foster home, Host home Assisted living facility, residential care facility
- Nursing facility, nursing home
- Homeless or temporary shelter

Home, Q3

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:

- Does not feel like home
- Feels isolated from the community/feels lonely

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 <u>see</u> or <u>talk to</u> your friends and family *(who do not live with you)* when you want to?

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

Relationships, Q8

- 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 <u>medical appointments</u> 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 <u>see</u> or <u>talk to</u> 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 <u>medical appointments</u> 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 Is this person currently participating in a self-directed supports option?

Information, BI-12

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 nondisability 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 fo	or 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	Can you use the phone privately whenever you want to?

Setting, Q45



Safety/Security/	
Privacy-Group	
Setting, Q47	

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

Safety/Security/ Privacy-Group Setting, Q48

Safety/Security/

Privacy-Group

Setting, Q46

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:

Do you have access to food at all times of the day - can you get something

	 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?

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 <u>get up</u> and <u>go to bed</u> 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/Priva

cy, Q37

Do you feel safe at home/where you live?

Safety/Security/Priva

cy, Q38

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

Safety/Security/Priva

cy, 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? <i>Has someone talked to you about finding a job?</i> [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?



Direct Care Workers/ Can you change the people who are paid to provide your services if you

Daily Activities, Q25 wanted 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?

Everyday Living, Q56 Would you like a job? [Note: Asked if person does 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 if person indicates 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?

Planning for Future, Q84 Do the services you receive meet your needs and goals?

Planning for Future, Q85 Has your case manager/care coordinator talked to you about services that might help with your needs and goals?

Planning for Future, Q86 Do you want any help planning for your future need for services?

b. Choice of Home

Home, Q3 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:

Accessibility of house/building

Does not feel like home

Problems with staff

Insufficient amount/type of staff

• Wants more independence and control

Wants more privacy

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.

c. Case Manager Assistance to Make Service and Support Choices

Service Satisfaction, Do you have a case manager or care coordinator—someone whose job it is

to help set up and coordinate services with you?

Service Satisfaction, Can you reach your case manager/care coordinator when you need to?

Q13

Q12



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/	Do the people who are paid to help you change too often? Are there
Daily Activities, Q28	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:

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
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?



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

Are you able to choose who your roommate is here?

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

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?

Why not /why only sometimes? [Note: Asked when person notes they do Relationships, Q8

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,

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

Q44



Safety/Security/ Privacy-Group Setting, 45	Can you use the phone privately whenever you want to?
Community, Q49	Do you have transportation to get to <u>medical appointments</u> when you need to?
Community, Q50	Do you have transportation when <u>you want to do things outside of your home</u> / 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/

Everyday Living, Q63

Privacy-Group

Setting, Q46	
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)

Do you ever have to skip a meal due to financial worries?

to eat or grab a snack when you get hungry?

Do you have access to food at all times of the day - can you get something



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 <u>aspects</u> of compliance:

Background
Information, BI-14

What is the person's level of mobility?

- Non-ambulatory
- Moves self with wheelchair
- Moves self with other aids
- Moves self without aids

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:

Accessibility of house/building

Physical Environment, Q32

Many people make changes or modifications to their homes, to make it easier to live there or move around. *To clarify, we are not talking about general repairs to the house, but rather specialized modifications*. Response options include physical accessibility aids:

- Grab bars
- Bathroom modifications
- Specialized bed
- Ramp or stair lift, etc.

Community, Q54

Many people use various equipment to help them in their everyday lives. Do you currently have ? Response options include physical accessibility aids:

- Walker
- Scooter
- Cane
- Wheelchair or power chair



II. HCBS Requirements and NCI-AD Data: Quick View Tables

Table 1. HCBS Settings (Residential and Day) Requirements

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



Table 2. HCBS Settings Requirements for Provider Owned/Operated Residential Settings

HCBS Setting Requirement for Provider-Owned or Operated Residential Settings – Individuals must have:	NCI-AD System Level Compliance Data Available
A lease or other legally enforceable agreement to protect from eviction	Not Addressed
Privacy in their sleeping or living unit including entrances lockable by the individual (Staff have keys as needed)	Yes
Individuals sharing units have choice of roommates	Yes
Freedom to furnish and decorate their sleeping or living units within the lease or other agreement	Yes
Freedom and support to control of their schedules and activities	Yes
Access to food at any time	Yes
Visitors at any time	Yes
Setting is physically accessible to individual	Yes, in part



III. Appendix A

NCI-AD Survey Questions: Residential Setting

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.

,	round Information section, Question 8, shown below.
3I-8. Where do	es 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)
2	Assisted living facility, residential care facility (housing that may provide some nursing
3	and personal care in addition to housekeeping and other basic help)
4	
4	Nursing facility, nursing home
5 6	Homeless or temporary shelter
6	Other (FILL IN)
98	Don't know
100	Unclear/Refused/No Response
residence may	ble living in a home with a person receiving LTSS also indicate the extent to which a be more likely to have characteristics of HCBS. Data regarding who an individual lives m the Background Information section, Question 9, shown below.
3I-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
2 3 4 5 6	With others who are not family, friends, or PCAs
98	Don't know
100	Unclear/Refused/No Response