



NCI-AD

NATIONAL CORE INDICATORS
Aging and Disabilities™

National Core Indicators
Aging and Disability Adult Consumer Survey

2015-2016 Mid-Year Results

Acknowledgements

The National Core Indicators-Aging and Disabilities™ is a state driven project born of the states' desire to strive for improved quality in the programs and services they provide to seniors and individuals with disabilities. NASUAD members worked collaboratively with the Human Services Research Institute (HSRI) to develop a tool that would help fill the void in meaningful quality tracking. The initial NCI-AD tool was modeled after the highly successful National Core Indicators™, which HSRI developed with NASUAD's sister association NASDDDS. NASUAD and HSRI appreciate the spirit of collaboration between the associations that has been evident throughout the project. We would also like to thank the members of the NCI-AD™ Steering Committee, who shaped the content of the tool. We deeply thank the Ohio, Georgia, and Minnesota agencies on aging and disabilities for their leadership in piloting.

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Martha Roherty, Executive Director
NASUAD

Handwritten signature of Martha Roherty in blue ink.

Val Bradley, President
HSRI

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Preface

The National Association of States United for Aging and Disabilities (NASUAD) and Human Services Research Institute (HSRI) are proud to present the first *National Core Indicators Aging and Disabilities Adult Consumer Survey Results*. This report highlights states' commitments to measuring and improving the quality of their long-term services and supports (LTSS) systems that serve seniors and adults with physical disabilities.

LTSS are crucial for seniors and adults with physical disabilities who need some type of assistance with their activities of daily living. LTSS provide an array of health and social supports that enable these consumers to avoid institutionalization and to live in a setting of their choice. The majority of LTSS in the U.S. are publicly funded and managed by states. Although Medicaid accounts for over half of all LTSS expenditures, other funding sources like the Older Americans Act or state general funds are also used by states to provide services.

While states are the primary stewards of publicly funded LTSS, they have had few tools to measure the quality of these services and the outcomes of the people they serve. In particular, systemic approaches to measuring quality in LTSS, especially HCBS, have been limited; those that do exist are focused on specific program funding streams (e.g., 1915(c) waivers, Medicaid-funded skilled nursing facilities), leaving states to piece together quality measures for the various other publicly funded programs in their LTSS systems.

To address this need, NASUAD and HSRI worked with state Medicaid, Aging, and Disability Agencies to develop the National Core Indicators-Aging and Disabilities (NCI-AD), a consumer experience survey that collects valid and reliable person-reported data about the impact that states' publicly funded LTSS have on the quality of life and outcomes of the seniors and adults with physical disabilities that states serve. States participating in NCI-AD will now be able to compare their data nationally and set benchmarks for quality in their LTSS systems, giving state leaders and decisions makers the information they need to improve LTSS for the people they serve.



Human Services Research Institute (HSRI)
2336 Massachusetts Avenue
Cambridge, MA 02140



National Association of States United for Aging and
Disabilities (NASUAD)
1201 15th St. NW, Ste. 350, Washington, DC 20005

List of Abbreviations Used in This Report

ADL – Activity of Daily Living

ADRC – Aging and Disability Resource Centers

BI/TBI/ABI – Brain Injury/Traumatic Brain Injury/Acquired Brain Injury

CIL – Centers for Independent Living

CMS – Centers for Medicare & Medicaid Services

FMS – Financial Management Service

HCBS – Home and Community-Based Services

HSRI – Human Services Research Institute

IADL – Instrumental Activity of Daily Living

ID/DD – Intellectual/Developmental Disability

LTSS – Long-Term Services and Supports

MCO – Managed Care Organization

MFP – Money Follows the Person

N – Number of respondents

NASDDDS – National Association of State Directors of Developmental Disabilities Services

NASUAD – National Association of States United for Aging and Disabilities

OAA – Older Americans Act

PACE – Programs of All-Inclusive Care for the Elderly

PD Medicaid Program – Physical Disability Medicaid Program

QOL – Quality of Life

SNF – Skilled Nursing Facility

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Background

The National Core Indicators-Aging and Disabilities™ (NCI-AD™) are standard measures used across participating states to assess the quality of life and outcomes of seniors and adults with physical disabilities—including acquired or traumatic brain injury—who are accessing publicly funded services through Medicaid, the Older Americans Act, skilled nursing facilities/nursing homes, and/or state-funded programs. Indicators address key facets of long-term services and supports (LTSS), such as service and care coordination, community participation, choice and decision making, employment, rights and respect, health care and safety. NCI-AD data measure the performance of state LTSS systems and help state Aging, Disability, and Medicaid Agencies with quality improvement initiatives, strategic planning, and legislative and funding prioritization.

The NCI-AD project officially launched in mid-2015, but its development began in 2012, when the National Association of States United for Aging and Disabilities (NASUAD) and the Human Services Research Institute (HSRI) began constructing the NCI-AD Adult Consumer Survey. The project team worked with the NCI-AD steering committee¹ and the National Association of State Directors of Developmental Disabilities Services (NASDDDS) to identify potential indicators for the survey. After 13 revisions, consumer focus group feedback, stakeholder feedback, and pilot testing in Georgia, Minnesota, and Ohio, the tool was finalized in March 2015. A detailed account of the survey's history and development can be found in Section III of this report, under "Development History."

June 1, 2015 marked the beginning of the first full year of NCI-AD Adult Consumer Survey implementation, with 13 states² conducting surveys; full results will be available in fall 2016. Because of strong interest in the project, six states³ committed to rapid-cycle data collection to be completed by October 31, 2015 in order to produce initial outcome data⁴. This report summarizes the data submitted by these six rapid-cycle reporting states.

¹ Composed of NASUAD members and senior staff from California, Colorado, Delaware, Georgia, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Minnesota, Ohio, Oklahoma, New Jersey, New York, North Carolina, Tennessee, Texas, Virginia.

² Colorado, Delaware, Georgia, Indiana, Kansas, Maine, Minnesota, Mississippi, New Jersey, North Carolina, Ohio, Tennessee, and Texas.

³ Colorado, Georgia, Maine, New Jersey, North Carolina, and Mississippi.

⁴ These states will also be included in the full report from the 2015-16 data collection cycle.

Organization of Report

This report is broken into several sections, beginning with information about the states participating in the first year of NCI-AD and specifically those that took part in the rapid-cycle data collection. Results from the NCI-AD Adult Consumer Survey are then presented in table format. Indicators are grouped by larger domains.

Following the results section is a detailed review of the history of the NCI-AD Adult Consumer Survey, including how the survey tool was developed; information about NCI-AD indicators; and suggestions for how the data could be used. A section on methodology details the general protocol for conducting the NCI-AD Adult Consumer Survey, followed by a detailed section on data analysis.

Finally, the report includes three appendices. Appendix A describes how data are collapsed for the analyses in the body of the report. Appendix B presents un-collapsed and un-weighted data in tabular format. Appendix C contains the results from the NCI-AD Adult Consumer Survey in graph format.

Survey Tool

Survey Overview

The NCI-AD Adult Consumer Survey is designed to measure approximately 50 core indicators. Most indicators correspond to single survey questions; however, a few are measured by multiple related questions. Many indicators and corresponding questions were informed by survey instruments already in use, including the NCI Adult Consumer Survey™ for the intellectual/developmental disability populations; others were developed specifically for NCI-AD. The survey tool will be routinely tested and refined based on feedback from states and interviewers.

Most participating states use the basic survey tool developed by the project. However, some states opted to incorporate additional questions to look more deeply at state-specific issues.

Organization of the Survey

The NCI-AD Adult Consumer Survey consists of a pre-survey form, a background information section, in-person interview questions, and an interviewer feedback form. An additional Proxy Version is available for surveys conducted only with a proxy respondent. Each is described below.

Pre-Survey Information: This form has questions that help the interviewer prepare for the interview with each consumer. Pre-Survey information is not received by HSRI, is not analyzed, and is not included in this report; it is for interviewer use only.

Background Information: This section consists of questions about the consumer's demographics, residence, and services and supports. Data are generally collected from state records, case managers, or a combination of both. When information is not available or is incomplete, the interviewer is responsible for collecting the missing background items at the end of the interview. The source of information—that is, how it was obtained (from administrative records vs. during the interview)—is tracked for each background item.

Four items⁵ in this section *must* be derived from state records or case managers and are not allowed to be collected during the interview.

In-person interview questions: This section includes all questions for the full in-person interview. The survey is broken-out into thematic subsections with related questions grouped together (e.g., questions about employment are in the same subsection).

This section is completed one-on-one with the consumer whenever possible. However, some questions throughout the survey may be answered (or assisted with) by a proxy respondent if the consumer is unable to respond or has asked for assistance with responding. Proxy respondents can be family members, friends, or anyone who knows the consumer well and is willing and able to answer questions about the consumer's services and day-to-day life. Case managers or service coordinators are not allowed to respond to these questions on the consumer's behalf. Each survey item tracks whether a proxy was used for that question and, if that was the case, who the proxy was (i.e., their relationship to the consumer). However, not every question can be answered (or assisted with) by a proxy.

Proxy Version: This version of the survey is used when the consumer is unable to complete *any* of the survey or has asked that a proxy complete the survey on their behalf. This version includes only the questions that may be answered by a proxy respondent, and these questions have been rephrased to reflect that they are about the consumer. The relationship of the proxy to the consumer is tracked for each question in the Proxy Version as well.

Interviewer Feedback: This form is completed by the interviewer after the interview to record information such as the length and place of the meeting, any problematic questions encountered, and general feedback for the project team.

⁵ Items collected from state sources only include: 1) Whether the consumer is participating in a self-directed program; 2) Consumer's primary source of funding for LTSS; 3) Types of paid LTSS the consumer is receiving; and 4) Length of time consumer has been receiving LTSS from the state.

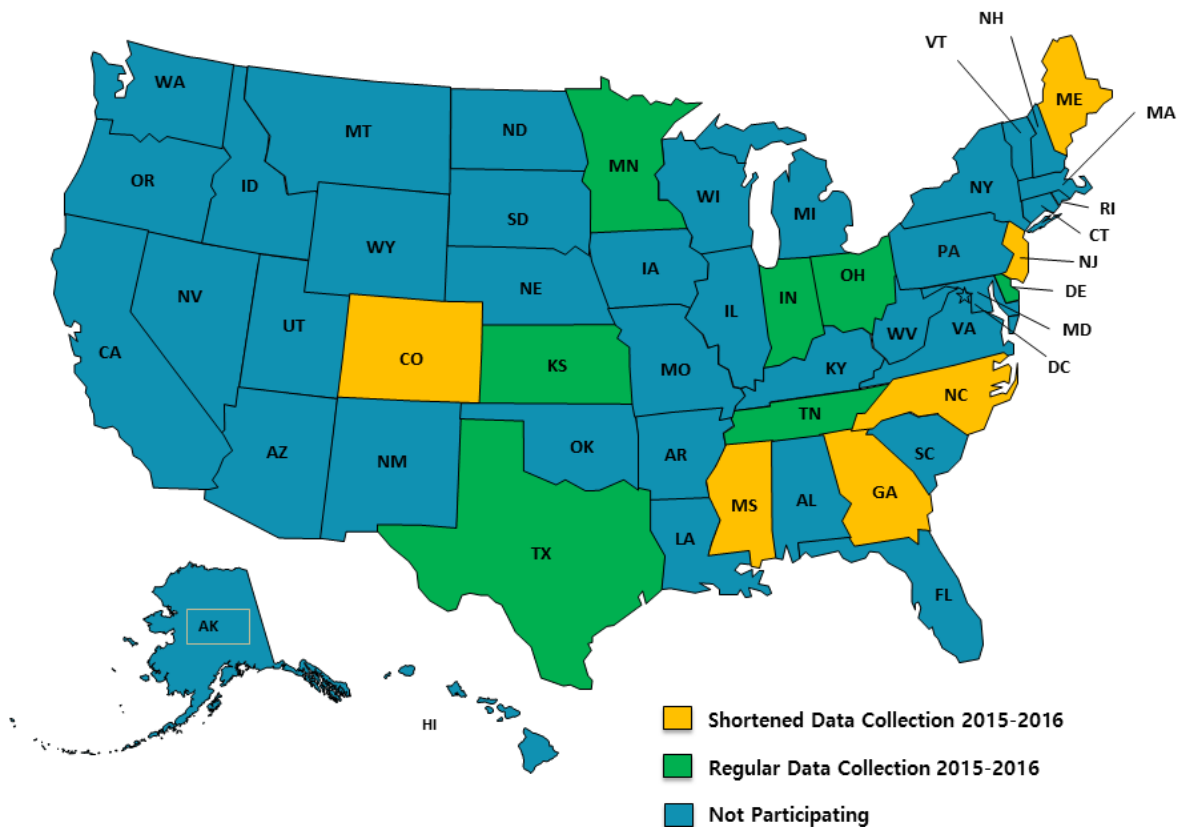
I. State Participation

This section describes each of the states participating in NCI-AD with a special emphasis on those participating in the shortened data collection cycle.

State Participation

Thirteen states are conducting the NCI-AD Adult Consumer Survey during the 2015-2016 data collection cycle (June 1, 2015 through May 31, 2016); the six states included in this report took part in a shortened data collection cycle and submitted complete data to the project team by October 31, 2015. State participation is entirely voluntary. The six states that administered the NCI-AD Adult Consumer Survey on a shortened data collection cycle were: Colorado (CO), Georgia (GA), Maine (ME), Mississippi (MS), North Carolina (NC), and New Jersey (NJ), shown in yellow in Figure 1. The seven states that administered the survey on the regular data collection cycle were: Delaware (DE), Indiana (IN), Kansas (KS), Minnesota (MN), Ohio (OH), Tennessee (TN), and Texas (TX), shown in green in Figure 1.

Figure 1. NCI-AD participating states 2015-2016



State Programs for Analysis

There is considerable variation in how states' programs serving seniors and adults with physical disabilities are organized, funded, and administered. The NCI-AD project team, consisting of staff from NASUAD and HSRI, works closely with each state to track which programs and funding streams are included in the state's NCI-AD Adult Consumer Survey sampling population and how that sample is designed. States can include programs funded through Medicaid, the Older Americans Act, state-only funds, and/or other state- and federal-blended funds; consumers may be served in their home and community or in nursing facilities.

Because participating states varied in terms of the programs and funding sources included in their samples, it is important to describe each state's approach and highlight the differences and similarities between their survey samples. Furthermore, the reader must exercise caution when making comparisons between states, especially states with disparate program populations included in their sample.

A detailed description of each state's sample and the programs included in that sample follows.

Colorado

Colorado conducted a total of 404 NCI-AD Adult Consumer Surveys in 2015-2016. The state included four program populations in its survey sample:

Program	Number of surveys	Number of eligible participants
Elderly, Blind, and Disabled Waiver	161	2442
Frail Elderly – Accountable Care Collaborative: Medicare-Medicaid Program	151	15851
Brain Injury Waiver	4	253
Older Americans Act	88	5100
Total	404	23,646

Elderly, Blind, and Disabled (EBD): This program is funded through a 1915(c) Medicaid Waiver. It provides assistance to people ages 65 and older who have a functional impairment or are blind, and to people ages 18-64 who are physically disabled or have a diagnosis of HIV or AIDS, and require LTSS to remain in a community setting. Services include Adult Day Services, Alternative Care Facilities, Community Transition Services, Consumer Directed Attendant Support Services, Homemaker Services, Home Modifications, In-Home Support Services, Medication Reminders, Non-Medical Transportation, Personal Care Services, a Personal Emergency Response System, and Respite Care Services. Colorado’s sample includes 161 people from this program.

Frail Elderly – Accountable Care Collaborative: Medicare-Medicaid Program (ACC: MMP): This group is a subset of what was formerly known as the Duals Demonstration program. The program focuses on integrating care and serves individuals 80 and older who are not part of certain other waivers and eligible individuals ages 65-79 with qualifying chronic and other health conditions. Colorado’s sample includes 151 people from this program.

Brain Injury (BI): This program is funded through a 1915(c) Medicaid Waiver and provides assistance to people age 16 and older who have a brain injury (occurring before age 65) and require LTSS to remain in a community setting. Services include Adult Day Services, Behavioral Programming and Education, Day Treatment, Environmental Modification, Independent Living Skills Training (ILST), Mental Health Counseling Non-Medical Transportation, Personal Care, Personal Emergency Response System, Respite Care, Specialized Medical Equipment and Supplies/Assistive Devices, Substance Abuse

Counseling, Supported Living, and Transitional Living. Colorado’s sample includes four people from this program.

Older Americans Act: This program is funded by a combination of Older American Act funds and state funds. It serves individuals age 60 and older, focusing on the most vulnerable and hard-to-reach populations. Individuals must be receiving at least one “Cluster 1 Service,” including adult day care/adult day health, chore, homemaker, personal care services, and/or home-delivered meals three or more times per week to be eligible for the NCI-AD survey. Colorado’s sample includes 88 people from this program.

Georgia

The total number of NCI-AD Adult Consumer Surveys conducted in Georgia in 2015-2016 was 801. Two program populations were included in the survey sample:

Program	Number of surveys	Number of eligible participants
Non-Medicaid Home and Community Based Services	470	7475
Community Care Services Program	331	7005
Total	801	14,480

Non-Medicaid Home and Community Based Services: This program is funded by a combination of Older Americans Act funds and state funds. It serves primarily lower-income clients 60 years of age or older currently residing in the community, some of whom have physical disabilities. Some may be recent placements in nursing facilities. Individuals must be receiving at least one “Cluster 1 Service,” including adult day care/adult day health, chore, homemaker, personal care services, and/or home-delivered meals three or more times per week to be eligible for the NCI-AD survey. Georgia’s sample includes 470 people from this program.

Community Care Services Program (CCSP): This program is funded through a 1915(c) Medicaid Waiver. It provides services to elderly and physically disabled consumers primarily 60 years of age or older (consumers can be younger) and eligible for two categories of Medicaid, Supplemental Security Income (SSI) and Medical Assistance Only (MAO). Some may be recent placements in nursing facilities. Georgia’s sample includes a total of 331 people from this program.

Maine

The total number of NCI-AD Adult Consumer Surveys conducted in Maine in 2015-2016 was 552. Eight program populations were included in the survey sample:

Program	Number of surveys	Number of eligible participants
Meals on Wheels	90	5,500
Consumer-Directed Personal Care Services	73	517
Day Health	27	70
Adult Private Duty Nursing/Personal Care	80	1,965
Elder and Adults with Disabilities Waiver	81	1,202
PNMI Residential Care, Appendix C	106	3,006
Adult Family Care Home	70	260
Independent Housing with Services	25	56
Total	552	12,576

Meals on Wheels: This program is funded through the Older Americans Act. It provides home-delivered meals to homebound people age 60 and older living in the community. Individuals included in the sample received home-delivered meals at least three times per week. Maine’s sample includes a total of 90 people from this program.

Consumer-Directed Personal Care Services: This program is funded through a 1915(c) Medicaid Waiver. It provides in-home personal support services to assist adults who do not meet nursing facility level of care to remain in their homes. Services include personal attendants, supports brokerage, financial management, skills training, and emergency response. Participants hire their workers, and they direct and manage their personal support services. Maine’s sample includes a total of 73 people from this program.

Day Health: This program is funded through MaineCare, the state’s Medicaid state plan. It provides health services under an individual plan of care at a licensed adult day program. Services include monitoring of health care, supervision, assistance with activities of daily living, nursing, rehabilitation, health promotion activities, exercise groups, and counseling. Maine’s sample includes 27 people from this program.

Adult Private Duty Nursing/Personal Care: This program is also funded through MaineCare. It provides in-home skilled nursing and personal support services to assist adults who do not meet nursing facility level of care to remain in their homes. Services

include care coordination, nursing, and personal care. Maine's sample includes 80 people from this program.

Elder and Adults with Disabilities Waiver: This program is funded through a 1915(c) Medicaid Waiver. It provides in-home care and other services designed to assist older adults and adults with physical disabilities who meet nursing facility level of care requirements to remain at home. Services include care coordination, nursing, personal care, therapies, adult day, respite, home modifications, transportation, and emergency response system. Maine's sample includes 81 people from this program.

PNMI Residential Care, Appendix C: This program provides services in Private Non-Medical Institutions, which are licensed residential care facilities, for individuals in need of assistance but not yet nursing facility eligible. Services, which are funded by MaineCare, include assistance with ADLs and IADLs, and other services as approved. Maine's sample includes 106 people from this program.

Adult Family Care Home: Each home provides housing and supportive services, in a home environment, for up to eight frail elders who have not met nursing facility level of care. Residents typically have their own room and share common space, including kitchen and dining facilities. Services, which are funded by MaineCare, include 24-hour supervision and assistance with ADLs and IADLs. Maine's sample includes 70 people from this program.

Independent Housing with Services: This program provides supportive services for adults who live in private dwelling units in public housing settings (through Maine's Independent Housing with Services Program). Services, which are funded by the state through a general fund, include help with meals, housekeeping, chore assistance, personal care services, emergency response, and other services delivered on site. Maine's sample includes 25 people from this program.

Mississippi

The total number of NCI-AD Adult Consumer Surveys completed in Mississippi in 2015-2016 was 935. Four program populations were included in the survey sample:

Program	Number of surveys	Number of eligible participants
Assisted Living	206	515
Elderly and Disabled	323	12,658
Independent Living	293	2,074
Traumatic Brain Injury	113	788
Total	935	16,035

Assisted Living (AL): This program is funded through a 1915(c) Medicaid Waiver. It provides assisted living services to individuals ages 21 and older and to individuals with functional, cognitive, and/or medical support needs. Mississippi’s sample includes 206 people from this program.

Elderly and Disabled (ED): This program is funded through a 1915(c) Medicaid Waiver. It provides adult day care, case management, in-home respite, personal care, extended home health, home-delivered meals, and institutional respite care for individuals ages 65 and older and to individuals ages 21-64 with physical disabilities. Mississippi’s sample includes 323 people from this program.

Independent Living (IL): This program is funded through a 1915(c) Medicaid Waiver. It provides case management, personal care attendants, financial management services (FMS), environmental accessibility adaptation, specialized medical equipment and supplies, and transition assistance for individuals age 16 and older who have severe orthopedic and/or neurological impairments. Mississippi’s sample includes 293 people from this program.

Traumatic Brain Injury/Spinal Cord Injury (TBI): This program is funded through a 1915(c) Medicaid Waiver. It provides case management, personal care attendants, respite, environmental accessibility adaptations, specialized medical equipment and supplies, and transition assistance services for individuals of all ages with a traumatic brain injury or a spinal cord injury. Mississippi’s sample includes 113 people from this program.

New Jersey

The total number of NCI-AD Adult Consumer Surveys conducted in New Jersey in 2015-2016 was 727. Four program populations were included in the survey sample:

Program	Number of surveys	Number of eligible participants
MLTSS/HCBS (4 MCOs)	415	11,893
Older Americans Act	104	17,853
PACE	101	840
Nursing Home Residents (FFS)	104	20,202
Total	727⁶	50,788

Managed Long Term Services and Supports (MLTSS)/ Home and Community Based Services (HCBS): This program is funded through an 1115 Medicaid Waiver. It serves members of the four managed care organizations (MCOs)⁷ in New Jersey who reside in the community and are using MLTSS HCBS. These enrollees include individuals previously participating in the state’s 1915(c) Waivers, which served people, from birth to end of life, with brain injury, physical disabilities, and AIDS, as well as those who are elderly and those accessing private duty nursing. MLTSS services include: adult family care, assisted living residences, assisted living programs, community residential services, comprehensive personal care homes, personal care assistants (State Plan benefit), home-based supportive care, chore services, home health aide services and skilled home health services (State Plan benefit), adult medical day services (State Plan benefit), pediatric medical day services (State Plan benefit), social day services, supported day program services, structured day program services, personal emergency response system, home modifications, vehicle modifications, assistive technology, specialized medical equipment (considered durable medical equipment, a State Plan benefit), non-medical transportation, care management, respite, home-delivered meals, TBI behavioral management, caregiver/participant training, community transition services, cognitive rehabilitative therapy, medication dispensing device (set-up), occupational therapy, physical therapy, private duty nursing, speech therapy, language therapy, hearing therapy, nursing facility and special care nursing

⁶ Program was missing for 3 cases.

⁷ UnitedHealthCare Community Plan (UHC), Horizon NJ Health (HNJH), Amerigroup New Jersey, and WellCare Health Plans of NJ

facility, and adult mental health rehabilitation (supervised residential group home). New Jersey's sample includes 415 people from this program.

Older Americans Act: This program serves individuals age 60 and older, focusing on the most vulnerable and hard-to-reach populations. Individuals must be receiving at least one "Cluster 1 Service," including adult day care/adult day health, chore, homemaker, personal care services, and/or home-delivered meals three or more times per week to be eligible for the NCI-AD survey. OAA Services include: visiting nurse, personal care, housekeeping, residential maintenance, certified home health aide, friendly visiting, adult medical day (State Plan benefit), adult day services-social, physical health, assistive technology, transportation/assisted transportation, care management, benefits screening, extended assessment, caregiver services, home-delivered meals, information & assistance, outreach, language translation & interpretation, public awareness/information, telephone reassurance, hospice care, emergency home-sharing/matching, housing assistance, adult protective services, legal assistance, oral health, mental health, counseling, physical activity, socialization/recreation, money management, nutrition education, counseling. New Jersey's sample includes 104 people from this program.

Program of All-Inclusive Care for the Elderly (PACE): This program is funded jointly through Medicare and Medicaid. It serves individuals age 55 and older who require nursing home level of care. Each PACE participant receives customized care that is planned and delivered by a coordinated, interdisciplinary team of professionals working at the center. The team meets regularly with each participant and his or her representative in order to assess the participant's needs. A participant's care plan usually integrates some home care services from the team with several visits each week to the PACE center, which serves as the hub for medical care, rehabilitation, social activities and dining. PACE services include: round-the-clock services, home care, homemaker services, chore services, home health aide services, adult day health care services, personal emergency response system, home modification, durable medical equipment, transportation, interdisciplinary team IDT, social services, respite, home-delivered meals, assisted living program. New Jersey's sample includes 101 people from this program.

Nursing Home Residents–Fee for Service (FFS): Provided directly by the state through Medicaid, this program serves adults age 18 and older who meet nursing facility level of care and reside in a nursing facility or special care nursing facility, which provides skilled 24-hour medical care. New Jersey's sample includes 104 people from this program.

North Carolina

The total number of NCI-AD Adult Consumer Surveys conducted in North Carolina in 2015-2016 was 965. Five program populations were included in the survey sample:

Program	Number of surveys	Number of eligible participants
Home and Community Block Grant Services	296	54,000
PACE	57	1,014
Community Alternative programs for Disabled Adults	224	16,003
Money Follows the Person	56	112
Skilled Nursing Facilities (FFS)	331	43,867
Total	965⁸	114,996

Home and Community Care Block Grant Services (HCCBG): This program is funded by a combination of the Older Americans Act, Social Services Block Grant, and state and local dollars. It provides community-based services for older adults age 60 and older. Services include home-delivered meals, congregate dining, in-home aide at varying levels, transportation, adult day care and senior home improvement. Individuals must receive services three or more times per week to be eligible for the NCI-AD survey. North Carolina’s sample includes 296 people from this program.

Program of All-Inclusive Care for the Elderly (PACE): This program is funded jointly through Medicare and Medicaid. It serves adults age 55 and older who require nursing home level of care and want to remain in the community. It provides care to the individual in the home; services include in-home personal care services and home health care. PACE also provides a PACE Center that includes a primary care clinic, therapy, personal care, and dining. North Carolina’s sample includes 57 people from this program.

Community Alternative Programs for Disabled Adults (CAP/DA): This program is funded through a 1915(c) Medicaid Waiver and serves adults age 65 and older and individuals with disabilities ages 18-64. It provides adult day health, case management, institutional respite, personal care aide, care advisor, FMS, personal assistance, assistive technology, community transition, home accessibility and adaptations, meal preparation

⁸ Program was missing for 1 case.

and delivery, non-institutional respite, participant goods and services, Personal Emergency Response Services, specialized medical equipment supplies—nutritional supplements, reusable incontinence supplies, and medication dispensing boxes—as well as training/education and consultative services. North Carolina’s sample includes 224 people from this program.

Money Follows the Person (MFP): This program is funded through Medicaid. It helps adults age 18 and older to transition from an institutional setting to a home in the community by providing services and support to help them transition. North Carolina’s sample includes 56 people from this program.

Skilled Nursing Facilities – Fee for Service (FFS): Provided directly by the state through Medicaid, this program serves adults age 18 and older who meet nursing facility level of care and reside in a nursing home setting, which provides skilled 24-hour medical care. North Carolina’s sample includes 331 people from this program.

CLASSIFICATION

For the purposes of this report, each state’s various programs and funding sources are classified into seven categories. These classifications were determined using some common elements that the programs share. The separation into categories allows for more meaningful comparisons between states—that is, comparisons can be made between like categories across the states. Even when making state comparisons within categories, however, caution should be exercised: While the different programs that are classified into the same program category share similarities, they can (and do) differ on a number of other characteristics.

Below is a description of each of the seven categories:

- 1) **“Combined Medicaid program.”** This category includes Medicaid-funded programs that encompass both seniors and adults with disabilities and **do not** make a distinction between the two types of service recipients.

Cautions: The reader should be aware that this category in particular encompasses a fairly wide variety of programs, and thus should be conservative when making comparisons across states.

All six states have programs that were classified into this category. In Colorado this includes the Elderly, Blind and Disabled Waiver and the Frail Elderly – Accountable Care Collaborative: Medicare-Medicaid Program. In Georgia, this includes the Community Care Services Programs Waiver. In Maine, this includes several programs: Consumer-Directed Personal Care Services Waiver, Elder and Adults with Disabilities Waiver, Adult Private Duty Nursing/Personal Care MaineCare Medicaid-funded program, and Day Health MaineCare Medicaid-funded program. In Mississippi, this includes the Assisted Living Waiver and the Elderly and Disabled Waiver. In North Carolina, the only program in this category is Money Follows the Person. In New Jersey, the only program in this category is the state’s MLTSS/HCBS, which includes managed long term services and supports for seniors, people with physical disabilities, people with TBI, and people with HIV/AIDS; four managed care organizations were included in the sample.

- 2) **“Aging Medicaid Program (PACE).”** This category includes Medicaid-funded programs specifically aimed at seniors. Two of the states included in this report, North Carolina and New Jersey, have programs that were classified into this category, both Programs of All-Inclusive Care for the Elderly. Future reports, however, will have other non-PACE programs included in this category, which will then be named simply “Aging Medicaid Program.”
- 3) **“PD Medicaid Program.”** This category includes Medicaid-funded programs for people with physical and other non-ID/DD disabilities, **except** for programs specifically serving people with TBI/ABI. Two states have programs in this category: Mississippi has the Independent Living Waiver and North Carolina has the Community Alternative Programs for Disabled Adults Waiver.
- 4) **“BI Medicaid Program.”** This category includes Medicaid-funded programs aimed specifically at people with TBI/ABI. Two states have programs that were classified into this category. In Colorado, the Brain Injury Waiver was included; however, the number of people in the sample was too small to report. Mississippi’s Traumatic Brain Injury/Spinal Cord Injury Waiver was also included.
- 5) **“OAA.”** This category includes programs funded through the Older Americans Act. Five of the six states have programs classified into the “OAA” category: Colorado, Georgia, Maine, North Carolina, and New Jersey.

- 6) **“SNF.”** This category includes Skilled Nursing Facilities and nursing homes, with consumers getting these services through public funding. Two states specifically targeted their SNF programs: North Carolina and New Jersey.

- 7) **“Other.”** To accommodate other programs and funding sources, including state-funded programs, we created an ‘Other’ category. However, Maine is the only state for which this category was utilized, encapsulating its Adult Family Care Home program, PNMI Appendix C Residential Care program, and Independent Housing with Services program. Due to the disparate nature of the programs, this last grouping is not shown; however, it is included in the calculations of the state estimates (and thus in the overall NCI-AD average). These programs will also be included in separate state-specific report.

Categories 1 through 6 are used in presentation of results throughout the report.

Figure 2 below shows how the various programs and funding sources in the six states were organized into the categories; it also shows the state sample sizes in each category.

Figure 2. Program category classification by state

State	Combined Medicaid program	Aging Medicaid program (PACE)	PD Medicaid program	BI Medicaid program	OAA	SNF	Other
CO	EBD Waiver; Frail Elderly – ACC:MPP (N=312)	N/A	N/A	BI Waiver (N=4, not reported due to small numbers)	OAA (N=88)	N/A	N/A
GA	CCSP Waiver (N=331)	N/A	N/A	N/A	HCBS (N=470)	N/A	N/A
ME	Consumer Directed Personal Care Services; Elder and Adults with Disabilities Waiver; Private Duty Nursing; MaineCare Day Health (N = 261)	N/A	N/A	N/A	OAA (N=90)	N/A	Adult Family Care Home; IHSP; PNMI Appendix C Residential Care (N=201)
MS	Assisted Living Waiver; Elderly and Disabled Waiver (N=529)	N/A	Independent Living Waiver (N=293)	TBI/SCI Waiver (N=113)	N/A	N/A	N/A
NC	MFP (N=56)	PACE (N=57)	CAP/DA (N=224)	N/A	HCCBG (N=296)	SNF (N=331)	N/A
NJ	MLTSS/HCBS (4 MCOs) (N=415) (Includes participants from NJ’s former BI, PD/PDN, and Aging 1915(C) Waiver Programs)	PACE (N=101)	N/A	N/A	OAA (N=104)	SNF FFS (N=104)	N/A
Total N	1904	158	517	113	1048	435	201

II. Results

This section shows all demographic and indicator outcomes from the NCI-AD survey.

Organization of Results

The following sections of this report detail results from the 2015-16 NCI-AD shortened data collection cycle (mid-year results). Demographic data from the Background Information section are presented first. Results are then displayed for the In-Person Survey outcome items. These are grouped by domain and are presented in table form. All data are presented alphabetically by state. Charts are available in Appendix C.

Tables show weighted and collapsed data broken out by state as well as the observed (unweighted) number of respondents by state; they also include the NCI-AD Average. The NCI-AD Average is calculated by averaging the weighted state estimates. For rules on collapsing response options, please refer to Appendix A.

The tables also break out average results for each state by the six program categories: Combined Medicaid, Aging Medicaid (PACE), PD Medicaid, BI Medicaid, OAA, and SNF. Although the “Other” category is not shown separately, it is included in the calculations of the state estimates (and thus in the overall NCI-AD average).

Note: If a state had fewer than 20 people in a given category with valid responses to a given indicator, the rate for that category in that state was not reported.

Demographic Characteristics of Respondents

This section presents descriptive information on the respondents surveyed, including an aggregate demographic profile. The tables on the following pages illustrate respondent characteristics by state and include the NCI-AD Average (the average of all states' means).

Profile of Respondents for Overall Sample

Table 1. Average age (reported for those under 90)

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	65	63	n/a	n/a	n/a	75	n/a
GA	69	67	n/a	n/a	n/a	72	n/a
ME	70	62	n/a	n/a	n/a	71	n/a
MS	66	68	n/a	60	44	n/a	n/a
NC*	74	62	71	65	n/a	77	74
NJ*	72	70	74	n/a	n/a	77	70
NCI-AD Average	69	65	73	63	44	74	72

Table 2. Proportion of individuals 90 years of age and over

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	5%	3%	n/a	n/a	n/a	11%	n/a
GA	10%	8%	n/a	n/a	n/a	12%	n/a
ME	13%	5%	n/a	n/a	n/a	13%	n/a
MS	5%	5%	n/a	7%	0%	n/a	n/a
NC*	19%	4%	12%	14%	n/a	17%	22%
NJ*	20%	18%	4%	n/a	n/a	25%	18%
NCI-AD Average	12%	7%	8%	10%	0%	16%	20%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population.

Table 3. Gender: Proportion female

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	70%	71%	n/a	n/a	n/a	68%	n/a
GA	68%	66%	n/a	n/a	n/a	71%	n/a
ME	65%	73%	n/a	n/a	n/a	58%	n/a
MS	68%	71%	n/a	67%	24%	n/a	n/a
NC*	71%	57%	75%	78%	n/a	71%	70%
NJ*	70%	73%	55%	n/a	n/a	72%	68%
NCI-AD Average	69%	68%	65%	73%	24%	68%	69%

Table 4. Race and ethnicity

State	American Indian	Asian	Black or African American	Pacific Islander	White	Hispanic or Latino	Other
CO	1%	2%	8%	0%	50%	5%	26%
GA	0%	1%	46%	0%	49%	1%	0%
ME	1%	0%	1%	0%	98%	0%	1%
MS	2%	0%	63%	0%	36%	0%	0%
NC*	1%	0%	37%	0%	61%	0%	1%
NJ*	0%	3%	21%	0%	66%	8%	1%
NCI-AD Average	1%	1%	29%	0%	60%	2%	5%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 5. Marital status

State	Single, Never Married	Married or Domestic Partner	Separated, Divorced	Widowed	Don't know
CO	30%	24%	26%	20%	0%
GA	19%	23%	23%	33%	2%
ME	15%	20%	23%	29%	13%
MS	23%	18%	24%	35%	0%
NC*	16%	21%	12%	46%	5%
NJ*	23%	16%	15%	40%	6%
NCI-AD Average	21%	20%	21%	34%	5%

Table 6. Primary language

State	English	Spanish	Other	Don't know
CO	95%	2%	3%	0%
GA	98%	1%	0%	1%
ME	97%	0%	3%	1%
MS	100%	0%	0%	0%
NC*	98%	1%	1%	0%
NJ*	88%	6%	6%	0%
NCI-AD Average	96%	2%	2%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 7. Preferred means of communication

State	Spoken	Gestures or Body Language	Sign Language or Finger Spelling	Communication Aid or Device	Other	Don't know
CO	97%	1%	0%	0%	1%	0%
GA	97%	0%	0%	0%	0%	2%
ME	97%	1%	1%	1%	2%	0%
MS	97%	2%	0%	0%	0%	0%
NC*	93%	4%	0%	0%	3%	0%
NJ*	92%	4%	0%	0%	4%	0%
NCI-AD Average	95%	2%	0%	0%	2%	0%

Table 8. Type of residential area**

State	Metropolitan	Micropolitan	Rural	Small town	Don't know
CO	75%	5%	2%	16%	2%
GA	61%	25%	2%	8%	4%
ME	37%	25%	20%	15%	3%
MS	25%	40%	5%	28%	1%
NC*	56%	24%	7%	10%	3%
NJ*	95%	2%	0%	0%	4%
NCI-AD Average	58%	20%	6%	13%	3%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

**Categories created using zip codes and corresponding RUCA codes: Metropolitan - Metropolitan area core, high commuting, low commuting; Micropolitan - Micropolitan area core, high commuting, low commuting; Small town - Small town core, high commuting, low commuting; Rural

Table 9. Type of residence

State	Own or Family Home	Group Home	Adult Family Home, Foster or Host Home	Assisted Living Facility	Nursing Facility	Homeless	Other	Don't Know
CO	82%	0%	1%	8%	1%	0%	2%	5%
GA	43%	9%	1%	2%	2%	0%	0%	44%
ME	72%	0%	0%	27%	0%	0%	1%	0%
MS	93%	0%	0%	6%	0%	0%	1%	0%
<i>NC*</i>	59%	0%	0%	2%	36%	0%	2%	0%
<i>NJ*</i>	51%	0%	1%	7%	39%	0%	1%	1%
NCI-AD Average	67%	2%	0%	8%	13%	0%	1%	8%

Table 10. Who the person lives with

State	Alone	Spouse or Partner	Other family	Friend(s)	Live-in PCA	Other
CO	47%	20%	36%	0%	0%	2%
GA	34%	22%	28%	1%	1%	13%
ME	39%	19%	18%	2%	1%	28%
MS	44%	15%	40%	2%	1%	3%
<i>NC*</i>	29%	14%	17%	1%	1%	40%
<i>NJ*</i>	32%	10%	13%	1%	2%	48%
NCI-AD Average	37%	17%	25%	1%	1%	22%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 11. Proportion of people whose address changed in the past 6 months

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	7%	8%	n/a	n/a	n/a	5%	n/a
GA**	3%	4%	n/a	n/a	n/a	1%	n/a
ME	6%	6%	n/a	n/a	n/a	5%	n/a
MS	5%	5%	n/a	3%	5%	n/a	n/a
NC*	6%	9%	16%	7%	n/a	6%	7%
NJ*	7%	5%	9%	n/a	n/a	7%	7%
NCI-AD Average	6%	6%	13%	5%	5%	5%	7%

Table 12. Proportion of people with diagnosis of Physical Disability

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	76%	78%	n/a	n/a	n/a	69%	n/a
GA**	61%	53%	n/a	n/a	n/a	73%	n/a
ME**	72%	71%	n/a	n/a	n/a	n/a	n/a
MS	56%	52%	n/a	71%	91%	n/a	n/a
NC*	61%	73%	57%	75%	n/a	49%	74%
NJ*	62%	70%	44%	n/a	n/a	54%	65%
NCI-AD Average	65%	66%	51%	73%	91%	61%	70%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

**NOTE: State has a lot of missing data on this question

Table 13. Proportion of people with diagnosis of Alzheimer’s or other dementia

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	9%	8%	n/a	n/a	n/a	14%	n/a
GA**	11%	12%	n/a	n/a	n/a	11%	n/a
ME	20%	9%	n/a	n/a	n/a	n/a	n/a
MS	11%	13%	n/a	8%	0%	n/a	n/a
NC*	24%	15%	34%	15%	n/a	13%	43%
NJ*	28%	23%	20%	n/a	n/a	17%	41%
NCI-AD Average	17%	13%	27%	11%	0%	14%	42%

Table 14. Proportion of people with diagnosis of Traumatic or Acquired Brain Injury

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	13%	14%	n/a	n/a	n/a	5%	n/a
GA**	6%	4%	n/a	n/a	n/a	7%	n/a
ME	3%	3%	n/a	n/a	n/a	n/a	n/a
MS	10%	8%	n/a	11%	41%	n/a	n/a
NC*	3%	13%	6%	8%	n/a	1%	4%
NJ*	12%	9%	15%	n/a	n/a	9%	16%
NCI-AD Average	7%	9%	10%	9%	41%	5%	10%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

**NOTE: State has a lot of missing data on this question

Table 15. Proportion of people with diagnosis of Intellectual or Developmental Disability

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	7%	8%	n/a	n/a	n/a	3%	n/a
GA**	7%	5%	n/a	n/a	n/a	9%	n/a
ME	5%	5%	n/a	n/a	n/a	n/a	n/a
MS	6%	5%	n/a	8%	9%	n/a	n/a
NC*	4%	24%	8%	11%	n/a	1%	5%
NJ*	6%	4%	1%	n/a	n/a	3%	9%
NCI-AD Average	6%	9%	4%	10%	9%	4%	7%

Table 16. Proportion of people with diagnosis of Mental Health

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	45%	46%	n/a	n/a	n/a	36%	n/a
GA**	9%	9%	n/a	n/a	n/a	10%	n/a
ME	33%	12%	n/a	n/a	n/a	n/a	n/a
MS	31%	32%	n/a	24%	23%	n/a	n/a
NC*	22%	27%	38%	30%	n/a	14%	31%
NJ*	27%	27%	30%	n/a	n/a	19%	33%
NCI-AD Average	28%	26%	34%	27%	23%	20%	32%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

**NOTE: State has a lot of missing data on this question

Table 17. Level of hearing impairment

State	None or Completely Corrected	Some or Moderate	Complete or Almost Complete
CO	61%	36%	3%
GA**	43%	55%	2%
ME	62%	35%	2%
MS	76%	21%	3%
<i>NC*</i>	66%	31%	3%
<i>NJ*</i>	68%	28%	4%
NCI-AD Average	63%	34%	3%

Table 18. Level of visual impairment

State	None or Completely Corrected	Some or Moderate	Complete or Almost Complete
CO	55%	41%	4%
GA**	41%	53%	6%
ME	65%	29%	6%
MS	72%	24%	4%
<i>NC*</i>	67%	29%	4%
<i>NJ*</i>	66%	29%	5%
NCI-AD Average	61%	34%	5%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

**NOTE: State has a lot of missing data on this question

Table 19. Level of mobility

State	Non-ambulatory	Moves Self With Wheelchair	Moves Self With Other Aids	Moves Self Without Aids
CO	2%	91%		19%
GA**	7%	13%	32%	6%
ME	3%	17%	57%	48%
MS	8%	28%	63%	44%
<i>NC*</i>	16%	33%	36%	30%
<i>NJ*</i>	17%	29%	42%	18%
NCI-AD Average	19%	24%^a	46%^a	26%

^aDoes not include CO data in Average calculation

Table 20. History of frequent falls

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	34%	36%	n/a	n/a	n/a	29%	n/a
GA**	28%	33%	n/a	n/a	n/a	22%	n/a
ME	31%	33%	n/a	n/a	n/a	32%	n/a
MS	19%	19%	n/a	21%	19%	n/a	n/a
<i>NC*</i>	26%	24%	30%	29%	n/a	24%	27%
<i>NJ*</i>	20%	25%	19%	n/a	n/a	24%	14%
NCI-AD Average	27%	28%	24%	25%	19%	26%	21%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

**NOTE: State has a lot of missing data on this question

Table 21. Receives Medicare

State	Overall In State	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	86%	83%	n/a	n/a	n/a	94%	n/a
GA	71%	72%	n/a	n/a	n/a	69%	n/a
ME	86%	84%	n/a	n/a	n/a	84%	n/a
MS	90%	92%	n/a	85%	71%	n/a	n/a
NC*	92%	71%	90%	80%	n/a	95%	89%
NJ*	93%	94%	79%	n/a	n/a	94%	92%
NCI-AD Average	86%	83%	84%	83%	71%	87%	91%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Core Indicator Outcomes and Comparisons Across States

Outcome results are presented in subsections that correspond with the NCI-AD Adult Consumer Survey domains⁹. Results are shown in table form by outcomes. Tables show weighted collapsed data broken out by state as well as the observed (unweighted) number of respondents by state; they also include the NCI-AD Average. All data are presented alphabetically by state. The NCI-AD Average is calculated by averaging the weighted state estimates. For rules on collapsing response options, please refer to Appendix A. Un-collapsed data are available in Appendix B.

The tables also break out average results for each state by the six program categories: Combined Medicaid, Aging Medicaid (PACE), PD Medicaid, BI Medicaid, OAA, and SNF.

Charts are available in Appendix C.

Note: If a state had fewer than 20 people in a given category with valid responses to a given indicator, the rate for that category in that state was not reported.

⁹ For detailed information on NCI-AD domains and indicators, see “NCI Indicators” on page 191 and Figure 4.

Community Participation

People are able to participate in preferred activities outside of home when and with whom they want.

There is one Community Participation indicator measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who are able to participate in preferred activities outside of home when and with whom they want.

There are two survey items that correspond to the Community Participation domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing break-downs by program are included in Appendix C.

Table 22. Proportion of people who are able to do things they enjoy outside of their home when and with whom they want

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	55%	368	56%	n/a	n/a	n/a	53%	n/a
GA	78%	534	78%	n/a	n/a	n/a	79%	n/a
ME	55%	441	47%	n/a	n/a	n/a	57%	n/a
MS	59%	804	58%	n/a	54%	76%	n/a	n/a
NC*	66%	646	77%	64%	58%	n/a	70%	57%
NJ*	59%	511	59%	67%	n/a	n/a	57%	62%
NCI-AD Average	62%	3304	63%	65%	56%	76%	63%	60%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 23. Reasons why people are unable to do things they enjoy outside of their home when and with whom they want

State	Health Limitations	Transportation	Cost or Money	Accessibility or Lack of Equipment	Not Enough Help, Staffing, Personal Assistance	Feeling Unsafe	Lack of Information About Community Activities	No Community Activities Outside of Home	Feeling Unwelcome in Community	Other
CO	74%	47%	15%	22%	9%	11%	5%	5%	4%	2%
GA	66%	50%	37%	15%	10%	3%	2%	2%	1%	3%
ME	57%	56%	27%	24%	18%	5%	10%	7%	6%	19%
MS	81%	30%	25%	19%	13%	7%	9%	8%	3%	2%
<i>NC*</i>	62%	35%	14%	11%	15%	11%	1%	3%	1%	17%
<i>NJ*</i>	55%	49%	16%	16%	12%	5%	8%	3%	2%	18%
NCI-AD Average	66%	44%	22%	18%	13%	7%	6%	5%	3%	10%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Choice and Decision Making

People are involved in making decisions about their everyday lives and with whom they spend their time.

There is one Choice and Decision Making indicator measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who are involved in making decisions about their everyday lives including where they live, what they do during the day, the staff that supports them, and with whom they spend time

There are four survey items that correspond to the Choice and Decision Making domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing break-downs by program are included in Appendix C.

Table 24. Proportion of people who are able to choose their roommate (if in group setting)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
GA	56%	58	41%	n/a	n/a	n/a	69%	n/a
ME	20%	71	n/a	n/a	n/a	n/a	n/a	n/a
MS	40%	84	42%	n/a	n/a	n/a	n/a	n/a
NC*	22%	197	n/a	n/a	n/a	n/a	n/a	20%
NJ*	38%	132	51%	n/a	n/a	n/a	n/a	34%
NCI-AD Average	35%	542	44%	n/a	n/a	n/a	69%	27%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 25. Proportion of people who get up and go to bed at the time they want

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	95%	380	94%	n/a	n/a	n/a	98%	n/a
GA	94%	542	94%	n/a	n/a	n/a	94%	n/a
ME	94%	454	94%	n/a	n/a	n/a	95%	n/a
MS	97%	817	98%	n/a	97%	94%	n/a	n/a
NC*	91%	714	92%	87%	95%	n/a	98%	76%
NJ*	89%	539	91%	95%	n/a	n/a	98%	76%
NCI-AD Average	93%	3446	94%	91%	96%	94%	96%	76%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 26. Proportion of people who can eat their meals when they want

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	89%	380	87%	n/a	n/a	n/a	94%	n/a
GA	93%	544	92%	n/a	n/a	n/a	95%	n/a
ME	81%	449	92%	n/a	n/a	n/a	96%	n/a
MS	95%	814	95%	n/a	98%	93%	n/a	n/a
NC*	80%	715	89%	92%	93%	n/a	95%	46%
NJ*	75%	527	77%	93%	n/a	n/a	97%	45%
NCI-AD Average	86%	3429	89%	92%	95%	93%	95%	46%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 27. Proportion of people who are able to decide how to furnish and decorate their room (if in group setting)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	86%	63	91%	n/a	n/a	n/a	n/a	n/a
GA	92%	156	93%	n/a	n/a	n/a	91%	n/a
ME	79%	143	n/a	n/a	n/a	n/a	n/a	n/a
MS	84%	193	84%	n/a	n/a	n/a	n/a	n/a
NC*	67%	261	n/a	n/a	n/a	n/a	95%	61%
NJ*	73%	239	93%	n/a	n/a	n/a	n/a	63%
NCI-AD Average	80%	1055	90%	n/a	n/a	n/a	93%	62%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Relationships

People have friends and relationships and do not feel lonely.

There are two Relationship indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who are able to see or talk to their friends and families when they want
2. Proportion of people who are not lonely

There are three survey items that correspond to the Relationships domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 28. Proportion of people who can always or almost always see or talk to friends and family when they want (if there are friends and family who do not live with person)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	87%	358	86%	n/a	n/a	n/a	90%	n/a
GA	94%	652	95%	n/a	n/a	n/a	93%	n/a
ME	76%	418	77%	n/a	n/a	n/a	75%	n/a
MS	89%	809	89%	n/a	89%	84%	n/a	n/a
NC*	89%	673	90%	86%	85%	n/a	92%	83%
NJ*	86%	491	93%	86%	n/a	n/a	86%	80%
NCI-AD Average	87%	3401	88%	86%	87%	84%	87%	81%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 29. Reasons why people are unable to see or talk to friends and family

State	Health Limitations	Availability of Transportation	Accessibility	Staffing or Personal Assistance Unavailable	Someone Prevents From or Rules Against	Other
CO	44%	25%	36%	3%	1%	32%
GA	35%	62%	29%	6%	0%	3%
ME	29%	38%	28%	3%	2%	43%
MS	36%	15%	29%	1%	0%	40%
<i>NC*</i>	20%	25%	34%	2%	3%	49%
<i>NJ*</i>	19%	31%	29%	0%	0%	42%
NCI-AD Average	30%	33%	31%	3%	1%	35%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 30. Proportion of people who sometimes or often feel lonely, sad or depressed

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	54%	380	55%	n/a	n/a	n/a	51%	n/a
GA	35%	543	36%	n/a	n/a	n/a	34%	n/a
ME	62%	456	61%	n/a	n/a	n/a	69%	n/a
MS	62%	812	64%	n/a	55%	49%	n/a	n/a
NC*	49%	709	51%	38%	44%	n/a	48%	54%
NJ*	55%	526	55%	37%	n/a	n/a	52%	59%
NCI-AD Average	53%	3426	54%	38%	49%	49%	51%	57%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Satisfaction

People are satisfied with their everyday lives – where they live, the staff who work with them, and what they do during the day.

There are three Satisfaction indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who are satisfied with where they live
2. Proportion of people who are satisfied with what they do during the day
3. Proportion of people who are satisfied with staff who work with them

There are seven survey items that correspond to the Satisfaction domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 31. Proportion of people who like where they are living

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	85%	393	83%	n/a	n/a	n/a	93%	n/a
GA	92%	758	90%	n/a	n/a	n/a	94%	n/a
ME	76%	467	75%	n/a	n/a	n/a	83%	n/a
MS	89%	886	88%	n/a	92%	91%	n/a	n/a
NC*	83%	730	89%	90%	92%	n/a	91%	65%
NJ*	81%	578	80%	88%	n/a	n/a	95%	62%
NCI-AD Average	84%	3812	84%	89%	92%	91%	91%	63%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 32a. Reasons why people do not like where they are living

State	Does Not Feel Like Home	Problems with Neighbors, Housemates, or Other Residents	Home or Building Needs Repair or Upkeep	Feels Isolated from Community or Feels Lonely	Accessibility of House or Building	Layout or Size of House or Building	Wants to Be Closer to Family or Friends
CO	28%	26%	26%	7%	19%	19%	7%
GA	22%	14%	11%	4%	10%	14%	7%
ME	16%	28%	15%	15%	13%	16%	5%
MS	19%	18%	23%	13%	20%	18%	9%
<i>NC*</i>	29%	8%	9%	21%	7%	7%	23%
<i>NJ*</i>	25%	11%	16%	15%	10%	6%	14%
NCI-AD Average	23%	18%	16%	13%	13%	13%	11%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 32b. Reasons why people do not like where they are living (continued)

State	Feels Unsafe In or Dislikes the Neighborhood	Problems with Staff	Wants More Independence or Control	Wants More Privacy	Feels Unsafe in Home	Insufficient Amount or Type of Staff	Other
CO	18%	15%	2%	16%	12%	6%	22%
GA	15%	4%	8%	8%	1%	5%	31%
ME	6%	6%	14%	1%	2%	7%	53%
MS	23%	13%	14%	14%	14%	5%	14%
<i>NC*</i>	2%	14%	11%	14%	9%	10%	46%
<i>NJ*</i>	8%	10%	8%	8%	4%	11%	48%
NCI-AD Average	12%	10%	10%	10%	7%	7%	36%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 33. Proportion of people who would prefer to live somewhere else

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	25%	395	26%	n/a	n/a	n/a	19%	n/a
GA	12%	754	13%	n/a	n/a	n/a	11%	n/a
ME	35%	457	37%	n/a	n/a	n/a	29%	n/a
MS	19%	878	20%	n/a	15%	21%	n/a	n/a
NC*	26%	729	38%	23%	16%	n/a	16%	47%
NJ*	28%	565	28%	19%	n/a	n/a	14%	48%
NCI-AD Average	24%	3778	27%	21%	16%	21%	18%	48%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 34. Where people would prefer to live (among those who would prefer to live somewhere else)

State	Different Own Home	Family Member's Home	Assisted Living	Group Home	Adult Family Home/ Shared Living	Nursing Facility	Other
CO	68%	3%	8%	0%	2%	0%	18%
GA	60%	11%	19%	0%	1%	0%	9%
ME	77%	3%	6%	0%	0%	0%	14%
MS	84%	4%	2%	0%	2%	0%	7%
<i>NC*</i>	57%	14%	6%	0%	0%	5%	18%
<i>NJ*</i>	29%	18%	18%	2%	2%	4%	27%
NCI-AD Average	63%	9%	10%	0%	1%	1%	16%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 35. Proportion of people who like how they usually spend their time during the day

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	90%	379	89%	n/a	n/a	n/a	93%	n/a
GA	96%	535	94%	n/a	n/a	n/a	98%	n/a
ME	91%	448	91%	n/a	n/a	n/a	90%	n/a
MS	91%	816	91%	n/a	90%	94%	n/a	n/a
NC*	93%	711	89%	87%	93%	n/a	94%	91%
NJ*	88%	531	88%	94%	n/a	n/a	88%	88%
NCI-AD Average	92%	3420	91%	90%	91%	94%	93%	89%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 36. Proportion of people whose paid support staff change too often

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	34%	250	32%	n/a	n/a	n/a	43%	n/a
GA	23%	403	21%	n/a	n/a	n/a	28%	n/a
ME	42%	423	34%	n/a	n/a	n/a	48%	n/a
MS	24%	655	26%	n/a	9%	15%	n/a	n/a
NC*	34%	586	13%	34%	31%	n/a	15%	54%
NJ*	37%	468	43%	33%	n/a	n/a	15%	49%
NCI-AD Average	32%	2785	28%	33%	20%	15%	30%	51%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 37. Proportion of people whose paid support staff do things the way they want them done

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	79%	241	78%	n/a	n/a	n/a	81%	n/a
GA	87%	300	88%	n/a	n/a	n/a	86%	n/a
ME	77%	369	82%	n/a	n/a	n/a	82%	n/a
MS	85%	599	84%	n/a	92%	92%	n/a	n/a
NC*	77%	464	89%	80%	81%	n/a	85%	67%
NJ*	74%	361	79%	89%	n/a	n/a	90%	58%
NCI-AD Average	80%	2334	83%	85%	86%	92%	84%	63%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Service Coordination

Service coordinators are accessible, responsive, and support the person's participation in service planning and the person receives needed services.

There are nine Service Coordination indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who know who to call with a complaint, concern, or question about their services
2. Proportion of people whose CM talks to them about any needs that are not being met
3. Proportion of people who can get in contact with their CM when they need to
4. Proportion of people who receive the services that they need
5. Proportion of people finding out about services from service agencies
6. Proportion of people who want help planning for future need for services
7. Proportion of people who have an emergency plan in place
8. Proportion of people whose support workers come when they are supposed to
9. Proportion of people who use a relative as their support person

There are 13 survey items that correspond to the Service Coordination domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 38. Proportion of people who know whom to call if they have a complaint about their services

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	82%	352	81%	n/a	n/a	n/a	85%	n/a
GA	87%	643	92%	n/a	n/a	n/a	80%	n/a
ME	72%	484	81%	n/a	n/a	n/a	64%	n/a
MS	87%	845	87%	n/a	85%	82%	n/a	n/a
NC*	87%	870	82%	88%	94%	n/a	86%	86%
NJ*	83%	638	78%	91%	n/a	n/a	79%	88%
NCI-AD Average	83%	3832	84%	90%	90%	82%	79%	87%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 39. Proportion of people who know whom to call to get information if their needs change and they need new or different types of services and supports

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	89%	343	91%	n/a	n/a	n/a	85%	n/a
GA	88%	622	96%	n/a	n/a	n/a	79%	n/a
ME	75%	470	85%	n/a	n/a	n/a	67%	n/a
MS	83%	817	83%	n/a	83%	85%	n/a	n/a
NC*	79%	847	88%	77%	91%	n/a	74%	83%
NJ*	80%	619	80%	92%	n/a	n/a	78%	81%
NCI-AD Average	83%	3718	87%	85%	87%	85%	77%	82%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 40. Proportion of people who can reach their case manager/care coordinator when they need to (if know they have case manager/care coordinator)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	82%	307	83%	n/a	n/a	n/a	76%	n/a
GA	92%	503	96%	n/a	n/a	n/a	83%	n/a
ME	77%	230	77%	n/a	n/a	n/a	76%	n/a
MS	88%	701	87%	n/a	89%	91%	n/a	n/a
NC*	90%	536	91%	92%	87%	n/a	90%	92%
NJ*	82%	473	85%	72%	n/a	n/a	74%	84%
NCI-AD Average	85%	2750	87%	82%	88%	91%	80%	88%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 41. Proportion of people whose paid support staff show up and leave when they are supposed to

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	87%	249	88%	n/a	n/a	n/a	80%	n/a
GA	90%	396	90%	n/a	n/a	n/a	89%	n/a
ME	83%	400	84%	n/a	n/a	n/a	83%	n/a
MS	89%	655	88%	n/a	96%	94%	n/a	n/a
NC*	82%	585	95%	82%	87%	n/a	91%	71%
NJ*	84%	460	84%	86%	n/a	n/a	93%	77%
NCI-AD Average	86%	2745	88%	84%	92%	94%	87%	74%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 42. Proportion of people who have an emergency plan in place

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	64%	366	62%	n/a	n/a	n/a	68%	n/a
GA	62%	757	72%	n/a	n/a	n/a	51%	n/a
ME	50%	484	46%	n/a	n/a	n/a	43%	n/a
MS	66%	913	65%	n/a	67%	72%	n/a	n/a
NC*	76%	882	65%	63%	73%	n/a	68%	89%
NJ*	69%	616	76%	69%	n/a	n/a	61%	72%
NCI-AD Average	64%	4018	64%	66%	70%	72%	58%	80%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 43. Proportion of people who want help planning for their future need for services

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	39%	361	39%	n/a	n/a	n/a	39%	n/a
GA	47%	537	44%	n/a	n/a	n/a	50%	n/a
ME	28%	410	32%	n/a	n/a	n/a	30%	n/a
MS	42%	749	41%	n/a	45%	44%	n/a	n/a
NC*	33%	644	48%	35%	37%	n/a	33%	31%
NJ*	32%	464	34%	19%	n/a	n/a	29%	34%
NCI-AD Average	37%	3165	40%	27%	41%	44%	36%	32%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 44. Proportion of people whose services meet all their needs and goals

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	58%	397	60%	n/a	n/a	n/a	49%	n/a
GA	76%	758	81%	n/a	n/a	n/a	70%	n/a
ME	55%	527	47%	n/a	n/a	n/a	53%	n/a
MS	60%	924	60%	n/a	61%	63%	n/a	n/a
NC*	63%	928	62%	65%	59%	n/a	57%	74%
NJ*	62%	694	69%	65%	n/a	n/a	54%	66%
NCI-AD Average	62%	4228	63%	65%	60%	63%	57%	70%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 45a. Additional services that may help if not all needs and goals are met

State	Homemaker or Chore Services	Personal Care Assistance	Transportation	Dental Care	Companion Services	Home and/or Vehicle Mods	Home Health Services	Assistive Technology or Specialized Medical Equipment	Home-Delivered Meals
CO	42%	30%	53%	18%	18%	20%	25%	13%	23%
GA	46%	46%	39%	9%	11%	5%	19%	5%	13%
ME	32%	22%	32%	13%	16%	13%	12%	12%	9%
MS	22%	19%	25%	32%	15%	32%	10%	20%	19%
<i>NC*</i>	35%	34%	22%	17%	19%	13%	11%	13%	8%
<i>NJ*</i>	32%	28%	17%	21%	17%	9%	11%	15%	9%
NCI-AD Average	35%	30%	32%	18%	16%	15%	15%	13%	13%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 45b. Additional services that may help if not all needs and goals are met (continued)

State	Heating or Cooling Assistance	Housing Assistance	Respite or Family Caregiver Support	Adult Day Services	Health Care	Mental Health Care	Congregate Dining	Other
CO	10%	23%	4%	16%	14%	15%	4%	13%
GA	15%	8%	4%	4%	2%	1%	1%	19%
ME	9%	9%	7%	12%	6%	3%	1%	33%
MS	14%	18%	17%	11%	15%	8%	4%	7%
<i>NC*</i>	13%	8%	15%	9%	6%	3%	1%	35%
<i>NJ*</i>	11%	9%	10%	8%	4%	4%	2%	39%
NCI-AD Average	12%	13%	10%	10%	8%	6%	2%	24%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 46. Proportion of people whose case manager/care coordinator talked to them about services that might help with unmet needs and goals (if have case manager and have unmet needs and goals)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	45%	113	43%	n/a	n/a	n/a	55%	n/a
GA	75%	100	88%	n/a	n/a	n/a	56%	n/a
ME	57%	100	69%	n/a	n/a	n/a	n/a	n/a
MS	42%	254	39%	n/a	55%	53%	n/a	n/a
NC*	63%	184	n/a	n/a	74%	n/a	63%	58%
NJ*	78%	147	71%	86%	n/a	n/a	n/a	85%
NCI-AD Average	60%	898	62%	86%	65%	53%	58%	71%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 47a. How people first find out about the services available to them

State	Family	Friend	Doctor	Provider	Case Manager/ Care Coordinator	State/ County Agency
CO	29%	16%	24%	11%	20%	20%
GA	44%	11%	12%	17%	15%	4%
ME	34%	13%	9%	12%	5%	7%
MS	30%	26%	23%	16%	6%	8%
<i>NC*</i>	37%	16%	16%	12%	5%	6%
<i>NJ*</i>	32%	16%	9%	19%	6%	6%
NCI-AD Average	35%	16%	15%	14%	9%	8%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 47b. How people first find out about the services available to them (continued)

State	Area Agency on Aging	ADRC	MCO	Newspaper, Ad, or Billboard	CIL	Other
CO	6%	5%	1%	0%	3%	10%
GA	16%	6%	2%	0%	0%	3%
ME	2%	3%	1%	1%	0%	28%
MS	4%	2%	1%	1%	0%	6%
<i>NC*</i>	6%	4%	1%	1%	1%	17%
<i>NJ*</i>	8%	3%	1%	2%	1%	15%
NCI-AD Average	7%	4%	1%	1%	1%	13%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 48. Who helps people most often

State	Paid support worker who is not friend or family	Paid family member	Paid friend	Unpaid family member	Unpaid friend or volunteer	Other
CO	43%	13%	1%	36%	6%	1%
GA	54%	2%	1%	41%	2%	1%
ME	49%	8%	1%	33%	8%	1%
MS	51%	5%	0%	39%	4%	0%
NC*	56%	3%	0%	36%	3%	1%
NJ*	54%	2%	0%	32%	6%	5%
NCI-AD Average	51%	6%	1%	36%	5%	1%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 49. Proportion of people whose family member (unpaid or paid) is the person who helps them most often

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	49%	355	48%	n/a	n/a	n/a	48%	n/a
GA	43%	575	39%	n/a	n/a	n/a	49%	n/a
ME	41%	523	47%	n/a	n/a	n/a	55%	n/a
MS	44%	891	44%	n/a	46%	51%	n/a	n/a
NC*	39%	811	27%	52%	39%	n/a	65%	7%
NJ*	34%	620	51%	34%	n/a	n/a	48%	13%
NCI-AD Average	42%	3775	43%	43%	43%	51%	53%	10%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 50. Proportion of people whose family member (unpaid or paid) provides additional assistance

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	51%	188	54%	n/a	n/a	n/a	37%	n/a
GA	66%	314	67%	n/a	n/a	n/a	64%	n/a
ME	47%	307	61%	n/a	n/a	n/a	38%	n/a
MS	68%	525	67%	n/a	74%	69%	n/a	n/a
NC*	58%	517	78%	64%	88%	n/a	57%	53%
NJ*	43%	349	58%	53%	n/a	n/a	45%	37%
NCI-AD Average	55%	2200	64%	59%	81%	69%	48%	45%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Care Coordination

Individuals are provided appropriate coordination of care.

There are three Care Coordination indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people discharged from the hospital or LTC facility who felt comfortable going home
2. Proportion of people making a transition from hospital or LTC facility who had adequate follow-up
3. Proportion of people who know how to manage their chronic conditions

There are five survey items that correspond to the Care Coordination domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 51. Proportion of people who stayed overnight in a hospital or rehabilitation facility (and were discharged to go home) in past year

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	36%	398	35%	n/a	n/a	n/a	38%	n/a
GA	25%	782	30%	n/a	n/a	n/a	20%	n/a
ME	35%	523	41%	n/a	n/a	n/a	36%	n/a
MS	36%	923	37%	n/a	34%	28%	n/a	n/a
NC*	29%	941	38%	31%	32%	n/a	29%	27%
NJ*	35%	708	41%	21%	n/a	n/a	32%	34%
NCI-AD Average	33%	4275	37%	26%	33%	28%	31%	31%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 52. Proportion of people who reported feeling comfortable and supported enough to go home after being discharged from a hospital or rehabilitation facility (if occurred in the past year)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	83%	144	85%	n/a	n/a	n/a	82%	n/a
GA	88%	184	91%	n/a	n/a	n/a	83%	n/a
ME	80%	183	83%	n/a	n/a	n/a	74%	n/a
MS	90%	299	90%	n/a	86%	94%	n/a	n/a
NC*	82%	265	n/a	n/a	84%	n/a	83%	78%
NJ*	84%	245	92%	86%	n/a	n/a	85%	77%
NCI-AD Average	85%	1320	88%	86%	85%	94%	82%	77%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 53. Proportion of people who reported someone followed-up with them after discharge from a hospital or rehabilitation facility (if occurred in the past year)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	76%	138	76%	n/a	n/a	n/a	77%	n/a
GA	83%	180	87%	n/a	n/a	n/a	77%	n/a
ME	77%	173	73%	n/a	n/a	n/a	82%	n/a
MS	81%	293	81%	n/a	76%	91%	n/a	n/a
NC*	82%	245	85%	n/a	81%	n/a	84%	80%
NJ*	73%	230	78%	90%	n/a	n/a	74%	65%
NCI-AD Average	79%	1259	80%	90%	78%	91%	79%	73%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 54. Proportion of people who reported having one or more chronic conditions

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	90%	399	90%	n/a	n/a	n/a	91%	n/a
GA	87%	772	85%	n/a	n/a	n/a	89%	n/a
ME	82%	526	90%	n/a	n/a	n/a	81%	n/a
MS	89%	923	92%	n/a	87%	53%	n/a	n/a
NC*	89%	947	91%	98%	86%	n/a	91%	87%
NJ*	83%	703	90%	93%	n/a	n/a	92%	70%
NCI-AD Average	87%	4270	90%	96%	87%	53%	89%	79%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 55. Proportion of people who reported they know how to manage their chronic condition(s)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	86%	358	87%	n/a	n/a	n/a	85%	n/a
GA	97%	664	98%	n/a	n/a	n/a	96%	n/a
ME	87%	425	84%	n/a	n/a	n/a	92%	n/a
MS	95%	755	94%	n/a	95%	95%	n/a	n/a
NC*	89%	826	94%	87%	94%	n/a	92%	82%
NJ*	86%	603	93%	78%	n/a	n/a	99%	67%
NCI-AD Average	90%	3631	92%	83%	95%	95%	93%	74%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Access

Publicly funded services are readily available to individuals who need and qualify for them.

There are three Access indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who have adequate transportation
2. Proportion of people who get needed equipment, assistive devices (wheelchairs, grab bars, home modifications, etc.)
3. Proportion of people who have access to information about services in their preferred language

There are five survey items that correspond to the Access domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 56. Proportion of people who have transportation when they want to do things outside of their home

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	65%	390	66%	n/a	n/a	n/a	63%	n/a
GA	80%	750	84%	n/a	n/a	n/a	76%	n/a
ME	64%	504	60%	n/a	n/a	n/a	63%	n/a
MS	73%	912	72%	n/a	74%	78%	n/a	n/a
NC*	77%	854	80%	77%	73%	n/a	80%	72%
NJ*	66%	671	69%	67%	n/a	n/a	61%	69%
NCI-AD Average	71%	4081	72%	72%	74%	78%	69%	70%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 57. Proportion of people who have transportation to get to medical appointments when they need to

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	89%	398	89%	n/a	n/a	n/a	88%	n/a
GA	87%	766	94%	n/a	n/a	n/a	80%	n/a
ME	91%	518	90%	n/a	n/a	n/a	89%	n/a
MS	94%	917	93%	n/a	97%	96%	n/a	n/a
NC*	94%	922	98%	93%	95%	n/a	93%	97%
NJ*	94%	683	89%	96%	n/a	n/a	95%	96%
NCI-AD Average	91%	4204	92%	94%	96%	96%	89%	96%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 58. Proportion of people who receive information about their services in the language they prefer (if non-English)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	63%	52	67%	n/a	n/a	n/a	n/a	n/a
GA	98%	277	99%	n/a	n/a	n/a	97%	n/a
ME	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MS	100%	74	100%	n/a	100%	n/a	n/a	n/a
NC*	89%	143	n/a	n/a	94%	n/a	84%	94%
NJ*	71%	182	69%	42%	n/a	n/a	n/a	n/a
NCI-AD Average	84%	728	84%	42%	97%	n/a	91%	94%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 59. Proportion of people who need grab bars to be installed in the bathroom or elsewhere in home

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	15%	402	15%	n/a	n/a	n/a	11%	n/a
GA	12%	781	12%	n/a	n/a	n/a	13%	n/a
ME	10%	532	12%	n/a	n/a	n/a	13%	n/a
MS	38%	925	40%	n/a	35%	14%	n/a	n/a
NC*	11%	938	15%	13%	17%	n/a	17%	2%
NJ*	3%	707	8%	7%	n/a	n/a	4%	0%
NCI-AD Average	15%	4285	17%	10%	26%	14%	12%	1%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 60. Proportion of people who need an upgrade to grab bars in the bathroom or elsewhere in home

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	8%	402	9%	n/a	n/a	n/a	5%	n/a
GA	5%	781	5%	n/a	n/a	n/a	6%	n/a
ME	6%	532	4%	n/a	n/a	n/a	10%	n/a
MS	6%	925	7%	n/a	5%	6%	n/a	n/a
NC*	3%	938	6%	5%	5%	n/a	4%	0%
NJ*	4%	707	5%	1%	n/a	n/a	6%	1%
NCI-AD Average	5%	4285	6%	3%	5%	6%	6%	1%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 61. Proportion of people who need bathroom modifications to be installed (other than grab bars)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	17%	400	16%	n/a	n/a	n/a	17%	n/a
GA	11%	761	8%	n/a	n/a	n/a	13%	n/a
ME	14%	522	16%	n/a	n/a	n/a	22%	n/a
MS	32%	903	31%	n/a	36%	25%	n/a	n/a
NC*	9%	914	18%	7%	21%	n/a	12%	1%
NJ*	3%	677	5%	2%	n/a	n/a	7%	0%
NCI-AD Average	14%	4177	16%	5%	29%	25%	14%	1%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 62. Proportion of people who need an upgrade to bathroom modifications (other than grab bars)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	6%	400	7%	n/a	n/a	n/a	3%	n/a
GA	3%	761	3%	n/a	n/a	n/a	3%	n/a
ME	3%	522	7%	n/a	n/a	n/a	2%	n/a
MS	2%	903	1%	n/a	3%	8%	n/a	n/a
NC*	2%	914	6%	6%	2%	n/a	3%	0%
NJ*	1%	677	4%	1%	n/a	n/a	1%	0%
NCI-AD Average	3%	4177	5%	3%	3%	8%	3%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 63. Proportion of people who need a specialized bed to be installed

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	15%	399	15%	n/a	n/a	n/a	15%	n/a
GA	3%	775	2%	n/a	n/a	n/a	4%	n/a
ME	7%	520	9%	n/a	n/a	n/a	8%	n/a
MS	14%	926	14%	n/a	18%	9%	n/a	n/a
<i>NC*</i>	4%	921	6%	6%	7%	n/a	5%	2%
<i>NJ*</i>	3%	694	4%	1%	n/a	n/a	4%	1%
NCI-AD Average	8%	4235	8%	3%	12%	9%	7%	1%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 64. Proportion of people who need an upgrade to a specialized bed

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	6%	399	6%	n/a	n/a	n/a	3%	n/a
GA	5%	775	6%	n/a	n/a	n/a	4%	n/a
ME	8%	520	10%	n/a	n/a	n/a	7%	n/a
MS	9%	926	7%	n/a	12%	25%	n/a	n/a
NC*	3%	921	16%	15%	6%	n/a	2%	4%
NJ*	5%	694	6%	3%	n/a	n/a	3%	6%
NCI-AD Average	6%	4235	9%	9%	9%	25%	4%	5%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 65. Proportion of people who need a ramp or stair lift to be installed in or outside the home

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	14%	401	15%	n/a	n/a	n/a	10%	n/a
GA	6%	780	5%	n/a	n/a	n/a	7%	n/a
ME	10%	521	16%	n/a	n/a	n/a	13%	n/a
MS	17%	930	18%	n/a	15%	18%	n/a	n/a
NC*	5%	927	4%	5%	12%	n/a	7%	1%
NJ*	4%	705	9%	6%	n/a	n/a	6%	0%
NCI-AD Average	10%	4264	11%	6%	14%	18%	9%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 66. Proportion of people who need an upgrade to a ramp or stair lift in or outside the home

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	3%	401	4%	n/a	n/a	n/a	1%	n/a
GA	8%	780	4%	n/a	n/a	n/a	12%	n/a
ME	4%	521	8%	n/a	n/a	n/a	5%	n/a
MS	5%	930	4%	n/a	9%	14%	n/a	n/a
NC*	3%	927	7%	4%	5%	n/a	5%	0%
NJ*	2%	705	4%	0%	n/a	n/a	2%	0%
NCI-AD Average	4%	4264	5%	2%	7%	14%	5%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 67. Proportion of people who need a remote monitoring system to be installed

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	7%	399	7%	n/a	n/a	n/a	6%	n/a
GA	10%	755	4%	n/a	n/a	n/a	16%	n/a
ME	6%	504	5%	n/a	n/a	n/a	9%	n/a
MS	25%	924	24%	n/a	33%	33%	n/a	n/a
NC*	7%	874	17%	7%	10%	n/a	10%	3%
NJ*	2%	655	4%	0%	n/a	n/a	2%	1%
NCI-AD Average	10%	4111	10%	4%	21%	33%	9%	2%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 68. Proportion of people who need an upgrade to a remote monitoring system

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	1%	399	1%	n/a	n/a	n/a	0%	n/a
GA	2%	755	2%	n/a	n/a	n/a	2%	n/a
ME	0%	504	2%	n/a	n/a	n/a	0%	n/a
MS	1%	924	1%	n/a	0%	1%	n/a	n/a
NC*	0%	874	2%	0%	1%	n/a	0%	0%
NJ*	1%	655	2%	0%	n/a	n/a	0%	0%
NCI-AD Average	1%	4111	2%	0%	0%	1%	0%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 69. Proportion of people who need an emergency response system to be installed

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	16%	400	12%	n/a	n/a	n/a	28%	n/a
GA	24%	775	15%	n/a	n/a	n/a	35%	n/a
ME	15%	522	22%	n/a	n/a	n/a	17%	n/a
MS	49%	926	48%	n/a	56%	38%	n/a	n/a
NC*	14%	928	19%	14%	8%	n/a	23%	1%
NJ*	11%	702	5%	5%	n/a	n/a	28%	0%
NCI-AD Average	21%	4253	20%	10%	32%	38%	26%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 70. Proportion of people who need an upgrade to an emergency response system

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	4%	400	5%	n/a	n/a	n/a	1%	n/a
GA	3%	775	3%	n/a	n/a	n/a	2%	n/a
ME	3%	522	2%	n/a	n/a	n/a	3%	n/a
MS	2%	926	3%	n/a	2%	1%	n/a	n/a
NC*	1%	928	4%	4%	5%	n/a	1%	1%
NJ*	1%	702	4%	1%	n/a	n/a	0%	0%
NCI-AD Average	2%	4253	3%	2%	4%	1%	2%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 71. Proportion of people who need other home modifications to be installed

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	5%	384	6%	n/a	n/a	n/a	2%	n/a
GA	5%	586	7%	n/a	n/a	n/a	2%	n/a
ME	14%	197	15%	n/a	n/a	n/a	11%	n/a
MS	8%	867	7%	n/a	10%	16%	n/a	n/a
NC*	19%	180	n/a	n/a	44%	n/a	22%	2%
NJ*	10%	279	13%	4%	n/a	n/a	14%	7%
NCI-AD Average	10%	2493	10%	4%	27%	16%	11%	4%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 72. Proportion of people who need an upgrade to other home modifications

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	1%	384	1%	n/a	n/a	n/a	0%	n/a
GA	0%	586	0%	n/a	n/a	n/a	1%	n/a
ME	2%	197	6%	n/a	n/a	n/a	0%	n/a
MS	1%	867	1%	n/a	1%	3%	n/a	n/a
NC*	1%	180	n/a	n/a	5%	n/a	1%	0%
NJ*	2%	279	3%	0%	n/a	n/a	0%	2%
NCI-AD Average	1%	2493	2%	0%	3%	3%	0%	1%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 73. Proportion of people who need a new walker

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	4%	400	5%	n/a	n/a	n/a	2%	n/a
GA	2%	784	2%	n/a	n/a	n/a	2%	n/a
ME	1%	533	2%	n/a	n/a	n/a	1%	n/a
MS	7%	925	8%	n/a	5%	3%	n/a	n/a
NC*	2%	944	2%	2%	2%	n/a	2%	3%
NJ*	2%	711	3%	2%	n/a	n/a	0%	2%
NCI-AD Average	3%	4297	4%	2%	4%	3%	1%	3%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 74. Proportion of people who need an upgrade to a walker

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	9%	400	9%	n/a	n/a	n/a	11%	n/a
GA	6%	784	7%	n/a	n/a	n/a	5%	n/a
ME	10%	533	9%	n/a	n/a	n/a	13%	n/a
MS	13%	925	13%	n/a	16%	7%	n/a	n/a
NC*	4%	944	5%	4%	7%	n/a	5%	2%
NJ*	6%	711	4%	3%	n/a	n/a	7%	5%
NCI-AD Average	8%	4297	8%	3%	11%	7%	8%	3%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 75. Proportion of people who need a new scooter

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	15%	398	17%	n/a	n/a	n/a	9%	n/a
GA	12%	761	8%	n/a	n/a	n/a	17%	n/a
ME	11%	520	14%	n/a	n/a	n/a	15%	n/a
MS	22%	927	22%	n/a	27%	17%	n/a	n/a
NC*	6%	917	13%	11%	11%	n/a	5%	5%
NJ*	5%	693	4%	3%	n/a	n/a	7%	4%
NCI-AD Average	12%	4216	13%	7%	19%	17%	11%	4%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 76. Proportion of people who need an upgrade to a scooter

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	3%	398	4%	n/a	n/a	n/a	1%	n/a
GA	3%	761	3%	n/a	n/a	n/a	3%	n/a
ME	2%	520	2%	n/a	n/a	n/a	2%	n/a
MS	4%	927	4%	n/a	4%	3%	n/a	n/a
NC*	1%	917	2%	0%	2%	n/a	1%	0%
NJ*	1%	693	1%	1%	n/a	n/a	1%	0%
NCI-AD Average	2%	4216	3%	1%	3%	3%	2%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 77. Proportion of people who need a new cane

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	2%	401	1%	n/a	n/a	n/a	3%	n/a
GA	1%	771	2%	n/a	n/a	n/a	1%	n/a
ME	2%	523	4%	n/a	n/a	n/a	2%	n/a
MS	9%	927	10%	n/a	5%	4%	n/a	n/a
NC*	2%	933	5%	2%	1%	n/a	2%	2%
NJ*	1%	702	1%	3%	n/a	n/a	2%	1%
NCI-AD Average	3%	4257	4%	2%	3%	4%	2%	2%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 78. Proportion of people who need an upgrade to a cane

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	5%	401	6%	n/a	n/a	n/a	2%	n/a
GA	5%	771	5%	n/a	n/a	n/a	4%	n/a
ME	2%	523	2%	n/a	n/a	n/a	3%	n/a
MS	11%	927	11%	n/a	13%	2%	n/a	n/a
NC*	3%	933	2%	0%	4%	n/a	4%	0%
NJ*	1%	702	2%	4%	n/a	n/a	1%	0%
NCI-AD Average	4%	4257	5%	2%	8%	2%	3%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 79. Proportion of people who need a new wheelchair

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	7%	400	8%	n/a	n/a	n/a	5%	n/a
GA	5%	770	4%	n/a	n/a	n/a	5%	n/a
ME	5%	528	6%	n/a	n/a	n/a	5%	n/a
MS	15%	927	16%	n/a	15%	7%	n/a	n/a
NC*	5%	944	11%	4%	7%	n/a	6%	5%
NJ*	4%	709	7%	1%	n/a	n/a	3%	3%
NCI-AD Average	7%	4278	9%	2%	11%	7%	5%	4%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 80. Proportion of people who need an upgrade to a wheelchair

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	10%	400	11%	n/a	n/a	n/a	6%	n/a
GA	11%	770	10%	n/a	n/a	n/a	12%	n/a
ME	7%	528	12%	n/a	n/a	n/a	8%	n/a
MS	14%	927	12%	n/a	22%	34%	n/a	n/a
NC*	7%	944	13%	11%	13%	n/a	4%	10%
NJ*	8%	709	9%	7%	n/a	n/a	5%	10%
NCI-AD Average	10%	4278	11%	9%	17%	34%	7%	10%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 81. Proportion of people who need new hearing aids

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	15%	396	14%	n/a	n/a	n/a	18%	n/a
GA	6%	763	8%	n/a	n/a	n/a	5%	n/a
ME	14%	524	13%	n/a	n/a	n/a	15%	n/a
MS	22%	922	24%	n/a	14%	9%	n/a	n/a
NC*	10%	926	11%	12%	9%	n/a	11%	9%
NJ*	7%	697	8%	1%	n/a	n/a	11%	2%
NCI-AD Average	12%	4228	13%	7%	12%	9%	12%	6%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 82. Proportion of people who need an upgrade to hearing aids

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	4%	763	2%	n/a	n/a	n/a	7%	n/a
GA	4%	396	3%	n/a	n/a	n/a	6%	n/a
ME	5%	524	5%	n/a	n/a	n/a	5%	n/a
MS	3%	922	3%	n/a	2%	2%	n/a	n/a
NC*	3%	926	0%	7%	4%	n/a	3%	4%
NJ*	3%	697	5%	5%	n/a	n/a	3%	3%
NCI-AD Average	4%	4228	3%	6%	3%	2%	5%	3%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 83. Proportion of people who need new glasses

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	5%	401	5%	n/a	n/a	n/a	8%	n/a
GA	7%	784	9%	n/a	n/a	n/a	5%	n/a
ME	5%	524	4%	n/a	n/a	n/a	7%	n/a
MS	10%	918	9%	n/a	10%	14%	n/a	n/a
NC*	7%	938	13%	4%	7%	n/a	9%	6%
NJ*	5%	708	4%	8%	n/a	n/a	3%	7%
NCI-AD Average	7%	4273	7%	6%	8%	14%	6%	6%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 84. Proportion of people who need an upgrade to glasses

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	24%	401	25%	n/a	n/a	n/a	24%	n/a
GA	17%	784	8%	n/a	n/a	n/a	27%	n/a
ME	20%	524	25%	n/a	n/a	n/a	19%	n/a
MS	34%	918	34%	n/a	33%	23%	n/a	n/a
NC*	12%	708	14%	7%	n/a	n/a	12%	11%
NJ*	12%	938	7%	20%	17%	n/a	14%	8%
NCI-AD Average	20%	4273	19%	14%	25%	23%	19%	9%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 85. Proportion of people who need a new communication device

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	3%	400	3%	n/a	n/a	n/a	2%	n/a
GA	2%	738	3%	n/a	n/a	n/a	2%	n/a
ME	2%	523	2%	n/a	n/a	n/a	1%	n/a
MS	17%	924	16%	n/a	24%	17%	n/a	n/a
NC*	1%	869	6%	4%	3%	n/a	1%	2%
NJ*	2%	674	3%	0%	n/a	n/a	2%	1%
NCI-AD Average	5%	4128	5%	2%	13%	17%	2%	1%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 86. Proportion of people who need an upgrade to a communication device

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	2%	400	2%	n/a	n/a	n/a	0%	n/a
GA	1%	738	2%	n/a	n/a	n/a	0%	n/a
ME	1%	523	1%	n/a	n/a	n/a	1%	n/a
MS	1%	924	1%	n/a	0%	7%	n/a	n/a
NC*	0%	869	0%	0%	1%	n/a	0%	0%
NJ*	0%	674	1%	0%	n/a	n/a	1%	0%
NCI-AD Average	1%	4128	1%	0%	1%	7%	1%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 87. Proportion of people who need a new portable oxygen

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	4%	402	4%	n/a	n/a	n/a	3%	n/a
GA	1%	767	1%	n/a	n/a	n/a	1%	n/a
ME	5%	922	5%	n/a	4%	1%	n/a	n/a
MS	3%	524	4%	n/a	n/a	n/a	5%	n/a
NC*	1%	907	4%	0%	2%	n/a	1%	1%
NJ*	1%	686	1%	0%	n/a	n/a	1%	0%
NCI-AD Average	3%	4208	3%	0%	3%	1%	2%	1%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 88. Proportion of people who need an upgrade to a portable oxygen

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	4%	402	4%	n/a	n/a	n/a	2%	n/a
GA	2%	767	1%	n/a	n/a	n/a	3%	n/a
ME	1%	524	1%	n/a	n/a	n/a	0%	n/a
MS	4%	922	4%	n/a	3%	0%	n/a	n/a
NC*	0%	907	0%	2%	1%	n/a	0%	0%
NJ*	0%	686	1%	0%	n/a	n/a	1%	0%
NCI-AD Average	2%	3286	2%	1%	2%	0%	1%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 89. Proportion of people who need a new other device

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	4%	398	5%	n/a	n/a	n/a	1%	n/a
GA	3%	591	5%	n/a	n/a	n/a	1%	n/a
ME	7%	194	12%	n/a	n/a	n/a	3%	n/a
MS	13%	875	13%	n/a	11%	10%	n/a	n/a
NC*	17%	137	n/a	n/a	26%	n/a	19%	8%
NJ*	9%	280	10%	0%	n/a	n/a	n/a	7%
NCI-AD Average	9%	2475	9%	0%	18%	10%	6%	8%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 90. Proportion of people who need an upgrade to another device

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	3%	398	3%	n/a	n/a	n/a	3%	n/a
GA	0%	591	0%	n/a	n/a	n/a	0%	n/a
ME	2%	194	2%	n/a	n/a	n/a	3%	n/a
MS	1%	875	0%	n/a	2%	3%	n/a	n/a
NC*	4%	137	n/a	n/a	16%	n/a	2%	5%
NJ*	2%	280	5%	4%	n/a	n/a	n/a	2%
NCI-AD Average	2%	2475	2%	4%	9%	3%	2%	4%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Safety

People feel safe from abuse, neglect, and injury.

There are five Safety indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who feel safe at home
2. Proportion of people who feel safe around their staff/ caregiver
3. Proportion of people who feel that their belongings are safe
4. Proportion of people whose fear of falling is managed
5. Proportion of people who are able to get to safety quickly in case of an emergency

There are seven survey items that correspond to the Safety domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 91. Proportion of people who feel safe at home

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	89%	382	87%	n/a	n/a	n/a	93%	n/a
GA	92%	546	92%	n/a	n/a	n/a	92%	n/a
ME	85%	459	86%	n/a	n/a	n/a	82%	n/a
MS	85%	816	85%	n/a	87%	89%	n/a	n/a
NC*	90%	723	94%	89%	94%	n/a	93%	85%
NJ*	88%	537	91%	88%	n/a	n/a	89%	86%
NCI-AD Average	88%	3463	89%	89%	90%	89%	90%	85%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 92. Proportion of people who feel safe around their paid support staff

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	99%	242	98%	n/a	n/a	n/a	100%	n/a
GA	98%	303	99%	n/a	n/a	n/a	98%	n/a
ME	95%	379	96%	n/a	n/a	n/a	98%	n/a
MS	97%	601	97%	n/a	99%	99%	n/a	n/a
NC*	93%	472	100%	96%	96%	n/a	97%	88%
NJ*	92%	365	98%	97%	n/a	n/a	98%	83%
NCI-AD Average	96%	2362	98%	97%	97%	99%	98%	86%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 93. Proportion of people who are ever worried for the security of their personal belongings

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	20%	377	22%	n/a	n/a	n/a	16%	n/a
GA	7%	544	8%	n/a	n/a	n/a	7%	n/a
ME	24%	453	24%	n/a	n/a	n/a	20%	n/a
MS	19%	816	19%	n/a	15%	21%	n/a	n/a
NC*	22%	715	11%	18%	15%	n/a	15%	38%
NJ*	29%	536	26%	18%	n/a	n/a	18%	44%
NCI-AD Average	20%	3441	18%	18%	15%	21%	15%	41%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 94. Proportion of people whose money was taken or used without their permission

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	9%	371	10%	n/a	n/a	n/a	7%	n/a
GA	2%	536	2%	n/a	n/a	n/a	3%	n/a
ME	14%	435	16%	n/a	n/a	n/a	12%	n/a
MS	8%	803	8%	n/a	7%	12%	n/a	n/a
NC*	16%	699	11%	3%	17%	n/a	12%	23%
NJ*	13%	519	10%	5%	n/a	n/a	12%	17%
NCI-AD Average	10%	3363	9%	4%	12%	12%	9%	20%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 95. Proportion of people who have concerns about falling or being unstable (or about whom there are concerns)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	72%	401	72%	n/a	n/a	n/a	71%	n/a
GA	46%	785	39%	n/a	n/a	n/a	53%	n/a
ME	66%	535	69%	n/a	n/a	n/a	71%	n/a
MS	62%	932	62%	n/a	67%	42%	n/a	n/a
NC*	54%	957	48%	65%	61%	n/a	59%	46%
NJ*	58%	712	63%	60%	n/a	n/a	66%	48%
NCI-AD Average	60%	4322	59%	62%	64%	42%	64%	47%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 96. Proportion of people with whom somebody talked to or worked with to reduce risk of falling or being unstable (if there are such concerns)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	76%	277	76%	n/a	n/a	n/a	73%	n/a
GA	87%	370	88%	n/a	n/a	n/a	86%	n/a
ME	69%	334	71%	n/a	n/a	n/a	68%	n/a
MS	57%	510	56%	n/a	59%	65%	n/a	n/a
NC*	73%	510	85%	83%	75%	n/a	65%	86%
NJ*	66%	423	75%	86%	n/a	n/a	58%	67%
NCI-AD Average	71%	2424	75%	85%	67%	65%	70%	77%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 97. Proportion of people who are able to get to safety quickly in case of an emergency like a fire or a natural disaster

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	78%	383	76%	n/a	n/a	n/a	85%	n/a
GA	71%	756	81%	n/a	n/a	n/a	60%	n/a
ME	82%	503	84%	n/a	n/a	n/a	78%	n/a
MS	85%	880	86%	n/a	82%	80%	n/a	n/a
NC*	81%	893	76%	80%	80%	n/a	81%	81%
NJ*	81%	640	84%	86%	n/a	n/a	70%	88%
NCI-AD Average	80%	4055	81%	83%	81%	80%	75%	85%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Health Care

People secure needed health services.

There are four Health Care indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who have been to the ER in the past 12 months
2. Proportion of people who have had needed health screenings and vaccinations in a timely manner (e.g., vision, hearing, dental, etc.)
3. Proportion of people who can get an appointment with their doctor when they need to
4. Proportion of people who have access to mental health services when they need them

There are 12 survey items that correspond to the Health Care domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 98. Proportion of people who have gone to the emergency room for tooth or mouth pain in the past year

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	3%	399	3%	n/a	n/a	n/a	0%	n/a
GA	3%	763	4%	n/a	n/a	n/a	3%	n/a
ME	1%	527	3%	n/a	n/a	n/a	1%	n/a
MS	2%	928	2%	n/a	2%	4%	n/a	n/a
<i>NC*</i>	1%	907	0%	0%	2%	n/a	1%	1%
<i>NJ*</i>	2%	685	1%	1%	n/a	n/a	0%	4%
NCI-AD Average	2%	4209	2%	1%	2%	4%	1%	3%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 99. Proportion of people who have gone to the emergency room for falling or losing balance in the past year

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	22%	397	22%	n/a	n/a	n/a	22%	n/a
GA	7%	772	8%	n/a	n/a	n/a	6%	n/a
ME	19%	527	23%	n/a	n/a	n/a	18%	n/a
MS	14%	928	14%	n/a	14%	10%	n/a	n/a
<i>NC*</i>	10%	907	13%	15%	9%	n/a	10%	9%
<i>NJ*</i>	11%	691	17%	9%	n/a	n/a	11%	8%
NCI-AD Average	14%	4222	16%	12%	12%	10%	13%	9%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 100. Proportion of people who have gone to the emergency room in the past year (for reasons other than tooth/mouth pain or falling/losing balance)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	46%	395	48%	n/a	n/a	n/a	41%	n/a
GA	28%	758	31%	n/a	n/a	n/a	24%	n/a
ME	43%	528	50%	n/a	n/a	n/a	46%	n/a
MS	45%	926	46%	n/a	44%	36%	n/a	n/a
<i>NC*</i>	30%	928	38%	38%	43%	n/a	31%	26%
<i>NJ*</i>	30%	699	36%	18%	n/a	n/a	29%	27%
NCI-AD Average	37%	4234	41%	28%	44%	36%	34%	26%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 101. Proportion of people who have a primary care doctor

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	98%	399	98%	n/a	n/a	n/a	98%	n/a
GA	96%	784	98%	n/a	n/a	n/a	94%	n/a
ME	97%	526	100%	n/a	n/a	n/a	99%	n/a
MS	99%	929	99%	n/a	100%	94%	n/a	n/a
<i>NC*</i>	95%	948	98%	96%	96%	n/a	97%	93%
<i>NJ*</i>	95%	710	98%	99%	n/a	n/a	99%	90%
NCI-AD Average	97%	4296	98%	98%	98%	94%	97%	92%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 102. Proportion of people who can get an appointment to see their primary care doctor when they need to

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	73%	384	77%	n/a	n/a	n/a	60%	n/a
GA	93%	741	95%	n/a	n/a	n/a	90%	n/a
ME	78%	495	79%	n/a	n/a	n/a	74%	n/a
MS	82%	909	80%	n/a	88%	93%	n/a	n/a
<i>NC*</i>	89%	896	96%	94%	89%	n/a	88%	90%
<i>NJ*</i>	82%	674	92%	82%	n/a	n/a	80%	77%
NCI-AD Average	83%	4099	87%	88%	89%	93%	78%	83%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 103. Proportion of people who have talked to someone about feeling sad and depressed during the past 12 months (if feeling sad and depressed)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	70%	188	72%	n/a	n/a	n/a	63%	n/a
GA	72%	189	72%	n/a	n/a	n/a	71%	n/a
ME	63%	260	74%	n/a	n/a	n/a	61%	n/a
MS	59%	449	59%	n/a	60%	58%	n/a	n/a
<i>NC*</i>	55%	335	n/a	n/a	64%	n/a	54%	53%
<i>NJ*</i>	54%	274	49%	76%	n/a	n/a	52%	58%
NCI-AD Average	62%	1695	65%	76%	62%	58%	60%	55%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 104. Proportion of people who have had a physical exam or wellness visit in the past year

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	82%	390	82%	n/a	n/a	n/a	79%	n/a
GA	89%	770	91%	n/a	n/a	n/a	87%	n/a
ME	82%	512	83%	n/a	n/a	n/a	86%	n/a
MS	78%	906	78%	n/a	84%	68%	n/a	n/a
NC*	84%	905	91%	93%	85%	n/a	87%	80%
NJ*	86%	690	89%	93%	n/a	n/a	90%	80%
NCI-AD Average	84%	4173	86%	93%	84%	68%	86%	80%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 105. Proportion of people who have had a hearing exam in the past year

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	28%	377	27%	n/a	n/a	n/a	30%	n/a
GA	55%	749	54%	n/a	n/a	n/a	56%	n/a
ME	20%	521	19%	n/a	n/a	n/a	22%	n/a
MS	18%	915	18%	n/a	20%	16%	n/a	n/a
<i>NC*</i>	33%	886	29%	44%	27%	n/a	33%	35%
<i>NJ*</i>	37%	668	37%	68%	n/a	n/a	31%	42%
NCI-AD Average	32%	4116	31%	56%	24%	16%	34%	38%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 106. Proportion of people who have had a vision exam in the past year

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	61%	390	61%	n/a	n/a	n/a	60%	n/a
GA	66%	749	68%	n/a	n/a	n/a	65%	n/a
ME	60%	528	60%	n/a	n/a	n/a	62%	n/a
MS	53%	919	55%	n/a	54%	30%	n/a	n/a
NC*	66%	904	58%	70%	57%	n/a	66%	68%
NJ*	65%	687	62%	86%	n/a	n/a	57%	72%
NCI-AD Average	62%	4177	61%	78%	56%	30%	62%	70%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 107. Proportion of people who have had a flu shot in the past year

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	78%	379	79%	n/a	n/a	n/a	78%	n/a
GA	77%	749	75%	n/a	n/a	n/a	79%	n/a
ME	78%	516	74%	n/a	n/a	n/a	80%	n/a
MS	68%	916	71%	n/a	60%	46%	n/a	n/a
NC*	81%	920	78%	96%	69%	n/a	78%	88%
NJ*	79%	677	78%	84%	n/a	n/a	71%	88%
NCI-AD Average	77%	4157	76%	90%	65%	46%	77%	88%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 108. Proportion of people who have had a routine dental visit in the past year

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	43%	378	44%	n/a	n/a	n/a	39%	n/a
GA	36%	689	37%	n/a	n/a	n/a	35%	n/a
ME	21%	527	22%	n/a	n/a	n/a	19%	n/a
MS	24%	904	24%	n/a	28%	27%	n/a	n/a
NC*	44%	898	40%	63%	39%	n/a	39%	53%
NJ*	53%	680	45%	79%	n/a	n/a	39%	71%
NCI-AD Average	37%	4076	35%	71%	34%	27%	34%	62%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 109. Proportion of people who have had a cholesterol screening done by a doctor or nurse in the past five years

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	88%	363	89%	n/a	n/a	n/a	85%	n/a
GA	86%	701	89%	n/a	n/a	n/a	83%	n/a
ME	83%	473	82%	n/a	n/a	n/a	85%	n/a
MS	83%	844	83%	n/a	89%	60%	n/a	n/a
NC*	89%	801	80%	90%	89%	n/a	90%	87%
NJ*	86%	611	91%	93%	n/a	n/a	83%	83%
NCI-AD Average	86%	3793	86%	91%	89%	60%	85%	85%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Wellness

People are supported to maintain health.

There are two Wellness indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people in poor health
2. Proportion of people with unaddressed memory concerns

There are four survey items that correspond to the Wellness domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 110. Proportion of people who describe their overall health as poor

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	18%	399	19%	n/a	n/a	n/a	16%	n/a
GA	10%	792	13%	n/a	n/a	n/a	8%	n/a
ME	17%	532	20%	n/a	n/a	n/a	18%	n/a
MS	23%	925	24%	n/a	23%	8%	n/a	n/a
NC*	12%	947	11%	16%	18%	n/a	11%	13%
NJ*	13%	715	18%	6%	n/a	n/a	17%	6%
NCI-AD Average	16%	4310	17%	11%	20%	8%	14%	9%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 111. Proportion of people who reported their health is much better or somewhat better compared to 12 months ago

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	32%	400	34%	n/a	n/a	n/a	22%	n/a
GA	14%	789	18%	n/a	n/a	n/a	10%	n/a
ME	24%	534	26%	n/a	n/a	n/a	25%	n/a
MS	21%	927	21%	n/a	17%	33%	n/a	n/a
NC*	20%	945	48%	43%	27%	n/a	18%	22%
NJ*	21%	716	20%	34%	n/a	n/a	17%	26%
NCI-AD Average	22%	4311	28%	38%	22%	33%	18%	24%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 112. Proportion of people who reported they forget things more often in the past 12 months

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	54%	391	53%	n/a	n/a	n/a	61%	n/a
GA	41%	755	39%	n/a	n/a	n/a	44%	n/a
ME	53%	520	49%	n/a	n/a	n/a	56%	n/a
MS	60%	910	63%	n/a	56%	32%	n/a	n/a
NC*	44%	905	24%	48%	46%	n/a	46%	41%
NJ*	43%	682	48%	46%	n/a	n/a	39%	43%
NCI-AD Average	49%	4163	46%	47%	51%	32%	49%	42%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 113. Proportion of people who have discussed (or somebody else discussed) their forgetting things with a doctor or a nurse (if they forget things more often in the past 12 months)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	61%	207	67%	n/a	n/a	n/a	43%	n/a
GA	68%	329	73%	n/a	n/a	n/a	64%	n/a
ME	49%	265	45%	n/a	n/a	n/a	54%	n/a
MS	49%	494	49%	n/a	45%	41%	n/a	n/a
NC*	52%	404	n/a	74%	65%	n/a	46%	57%
NJ*	61%	326	70%	71%	n/a	n/a	50%	64%
NCI-AD Average	57%	2025	61%	72%	55%	41%	51%	60%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Medications

Medications are managed effectively and appropriately.

There are two Medication indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people taking medications that help them feel less sad/depressed
2. Proportion of people who know what their medications are for

There are three survey items that correspond to the Medication domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 114. Proportion of people who take medications that help them feel less sad or depressed

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	39%	393	39%	n/a	n/a	n/a	36%	n/a
GA	43%	752	38%	n/a	n/a	n/a	47%	n/a
ME	44%	496	47%	n/a	n/a	n/a	44%	n/a
MS	36%	891	38%	n/a	30%	26%	n/a	n/a
NC*	30%	894	35%	42%	36%	n/a	24%	39%
NJ*	36%	651	44%	28%	n/a	n/a	23%	43%
NCI-AD Average	38%	4077	40%	35%	33%	26%	35%	41%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 115. Proportion of people who take or are supposed to take any prescription medications

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	94%	402	95%	n/a	n/a	n/a	93%	n/a
GA	93%	771	92%	n/a	n/a	n/a	93%	n/a
ME	95%	528	96%	n/a	n/a	n/a	97%	n/a
MS	98%	929	99%	n/a	96%	90%	n/a	n/a
NC*	95%	947	98%	98%	96%	n/a	95%	96%
NJ*	94%	715	96%	95%	n/a	n/a	93%	93%
NCI-AD Average	95%	4292	96%	97%	96%	90%	94%	94%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 116. Proportion of people who understand why they take their prescription medications and what they are for (if take or are supposed to take prescription medications)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	93%	378	93%	n/a	n/a	n/a	91%	n/a
GA	91%	704	94%	n/a	n/a	n/a	88%	n/a
ME	83%	499	90%	n/a	n/a	n/a	86%	n/a
MS	93%	893	92%	n/a	96%	94%	n/a	n/a
NC*	87%	895	96%	95%	90%	n/a	93%	76%
NJ*	82%	660	89%	85%	n/a	n/a	91%	69%
NCI-AD Average	88%	4029	92%	90%	93%	94%	90%	73%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Rights and Respect

People receive the same respect and protections as others in the community.

There are two Rights and Respect indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people whose basic rights are respected by others
2. Proportion of people whose staff/worker/caregiver treat them with respect

There are nine survey items that correspond to the Rights and Respect domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 117. Proportion of people who feel that their paid support staff treat them with respect

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	93%	243	93%	n/a	n/a	n/a	92%	n/a
GA	96%	305	96%	n/a	n/a	n/a	96%	n/a
ME	93%	376	96%	n/a	n/a	n/a	98%	n/a
MS	97%	601	97%	n/a	99%	96%	n/a	n/a
NC*	89%	472	96%	80%	88%	n/a	96%	82%
NJ*	89%	366	91%	97%	n/a	n/a	96%	81%
NCI-AD Average	93%	2363	95%	89%	93%	96%	96%	82%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 118. Proportion of people who report that others ask permission before entering their home/room

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	88%	375	89%	n/a	n/a	n/a	86%	n/a
GA	92%	544	92%	n/a	n/a	n/a	93%	n/a
ME	73%	454	81%	n/a	n/a	n/a	82%	n/a
MS	88%	818	89%	n/a	88%	80%	n/a	n/a
NC*	84%	716	80%	97%	88%	n/a	95%	59%
NJ*	78%	540	90%	94%	n/a	n/a	85%	61%
NCI-AD Average	84%	3447	87%	96%	88%	80%	88%	60%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 119. Proportion of people who are able to lock the doors to their room if they want (if in group setting)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	87%	63	85%	n/a	n/a	n/a	n/a	n/a
GA	88%	153	88%	n/a	n/a	n/a	87%	n/a
ME	42%	135	n/a	n/a	n/a	n/a	n/a	n/a
MS	82%	193	81%	n/a	n/a	n/a	n/a	n/a
NC*	27%	240	n/a	n/a	85%	n/a	86%	13%
NJ*	41%	234	89%	n/a	n/a	n/a	n/a	16%
NCI-AD Average	61%	1018	86%	n/a	85%	n/a	86%	15%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 120. Proportion of people who have enough privacy in their home (if in group setting)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	90%	65	88%	n/a	n/a	n/a	n/a	n/a
GA	94%	156	94%	n/a	n/a	n/a	93%	n/a
ME	68%	151	n/a	n/a	n/a	n/a	n/a	n/a
MS	86%	196	84%	n/a	n/a	n/a	n/a	n/a
NC*	74%	273	n/a	n/a	82%	n/a	92%	70%
NJ*	71%	242	87%	n/a	n/a	n/a	n/a	62%
NCI-AD Average	80%	1083	88%	n/a	82%	n/a	92%	66%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 121. Proportion of people who are able to have visitors come at any time (if in group setting)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	85%	61	85%	n/a	n/a	n/a	n/a	n/a
GA	92%	150	91%	n/a	n/a	n/a	94%	n/a
ME	87%	139	n/a	n/a	n/a	n/a	n/a	n/a
MS	79%	183	78%	n/a	n/a	n/a	n/a	n/a
NC*	87%	258	n/a	n/a	n/a	n/a	95%	86%
NJ*	64%	232	77%	n/a	n/a	n/a	n/a	57%
NCI-AD Average	83%	1023	83%	n/a	n/a	n/a	95%	71%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 122. Proportion of people who have privacy with visitors at home if they want it (if in group setting)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	100%	61	100%	n/a	n/a	n/a	n/a	n/a
GA	96%	154	98%	n/a	n/a	n/a	93%	n/a
ME	81%	139	n/a	n/a	n/a	n/a	n/a	n/a
MS	87%	188	86%	n/a	n/a	n/a	n/a	n/a
NC*	81%	256	n/a	n/a	n/a	n/a	86%	79%
NJ*	78%	231	92%	n/a	n/a	n/a	n/a	71%
NCI-AD Average	87%	1029	94%	n/a	n/a	n/a	90%	75%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 123. Proportion of people who can use the phone privately whenever they want (if in group setting)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	94%	65	92%	n/a	n/a	n/a	n/a	n/a
GA	96%	151	98%	n/a	n/a	n/a	92%	n/a
ME	84%	137	n/a	n/a	n/a	n/a	n/a	n/a
MS	92%	190	92%	n/a	n/a	n/a	n/a	n/a
NC*	76%	249	n/a	n/a	90%	n/a	90%	73%
NJ*	87%	232	93%	n/a	n/a	n/a	n/a	83%
NCI-AD Average	88%	1024	94%	n/a	90%	n/a	91%	78%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 124. Proportion of people who have access to food at all times of the day (if in group setting)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	94%	64	91%	n/a	n/a	n/a	n/a	n/a
GA	92%	160	90%	n/a	n/a	n/a	96%	n/a
ME	79%	140	n/a	n/a	n/a	n/a	n/a	n/a
MS	85%	196	84%	n/a	n/a	n/a	n/a	n/a
NC*	90%	253	n/a	n/a	95%	n/a	100%	88%
NJ*	79%	233	87%	n/a	n/a	n/a	n/a	74%
NCI-AD Average	86%	1046	88%	n/a	95%	n/a	98%	81%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 125. Proportion of people whose mail or email is read without asking them first (if in group setting)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	6%	61	9%	n/a	n/a	n/a	n/a	n/a
GA	11%	151	7%	n/a	n/a	n/a	18%	n/a
ME	12%	123	5%	n/a	n/a	n/a	n/a	n/a
MS	16%	184	17%	n/a	n/a	n/a	n/a	n/a
NC*	9%	226	n/a	n/a	5%	n/a	14%	8%
NJ*	11%	227	10%	n/a	n/a	n/a	n/a	12%
NCI-AD Average	11%	972	10%	n/a	5%	n/a	16%	10%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Self-Direction of Care

People have authority and are supported to direct and manage their own services.

There are two Self-Direction of Care indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people self-directing
2. Proportion of people who can choose or change the kind of services they receive and who provides them

There are three survey items that correspond to the Self-Direction of Care domain. Proportion of people self-directing is derived from state administrative records.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 126. Proportion of people who are participating in a self-directed supports option (as defined by their State—data for this indicator come directly from State administrative records)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	50%	316	50%	n/a	n/a	n/a	n/a	n/a
GA	7%	762	10%	n/a	n/a	n/a	5%	n/a
ME	6%	391	88%	n/a	n/a	n/a	0%	n/a
MS	0%	935	0%	n/a	0%	0%	n/a	n/a
NC*	0%	953	0%	0%	1%	n/a	0%	0%
NJ*	7%	603	11%	20%	n/a	n/a	13%	0%
NCI-AD Average	12%	3960	26%	10%	0%	0%	5%	0%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 127. Proportion of people who can choose or change the kind of services they get and determine how often and when they get them

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	73%	351	74%	n/a	n/a	n/a	68%	n/a
GA	76%	637	84%	n/a	n/a	n/a	66%	n/a
ME	61%	465	58%	n/a	n/a	n/a	64%	n/a
MS	65%	773	64%	n/a	66%	73%	n/a	n/a
NC*	63%	821	74%	74%	77%	n/a	60%	63%
NJ*	54%	622	67%	59%	n/a	n/a	42%	57%
NCI-AD Average	65%	3669	70%	66%	72%	73%	60%	60%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 128. Proportion of people who can choose or change who provides their services if they want

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	80%	356	80%	n/a	n/a	n/a	82%	n/a
GA	78%	623	86%	n/a	n/a	n/a	69%	n/a
ME	72%	458	80%	n/a	n/a	n/a	70%	n/a
MS	75%	762	75%	n/a	76%	73%	n/a	n/a
NC*	65%	799	88%	67%	86%	n/a	58%	68%
NJ*	53%	601	75%	49%	n/a	n/a	40%	51%
NCI-AD Average	70%	3599	81%	58%	81%	73%	64%	60%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Work

People have support to find and maintain community integrated employment if they want it.

There are five Work indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who have a paid job
2. Proportion of people whose job pays at least minimum wage¹⁰
3. Proportion of people who would like a job
4. Proportion of people who have had job search assistance
5. Proportion of people who volunteer

There are five survey items that correspond to the Work domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

¹⁰ Outcomes for this question are not shown due to low responses across states (fewer than 20 respondents).

Table 129. Proportion of people who have a paying job in the community, either full-time or part-time

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	3%	400	4%	n/a	n/a	n/a	0%	n/a
GA	2%	782	2%	n/a	n/a	n/a	2%	n/a
ME	0%	532	1%	n/a	n/a	n/a	0%	n/a
MS	0%	930	0%	n/a	0%	3%	n/a	n/a
NC*	2%	955	0%	0%	0%	n/a	4%	0%
NJ*	1%	722	1%	0%	n/a	n/a	1%	2%
NCI-AD Average	2%	4321	1%	0%	0%	3%	1%	1%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 130. Proportion of people who would like a job (if not currently employed)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	23%	370	25%	n/a	n/a	n/a	14%	n/a
GA	9%	539	9%	n/a	n/a	n/a	8%	n/a
ME	25%	442	31%	n/a	n/a	n/a	24%	n/a
MS	23%	800	22%	n/a	20%	59%	n/a	n/a
NC*	17%	696	44%	27%	20%	n/a	14%	21%
NJ*	23%	523	23%	22%	n/a	n/a	20%	27%
NCI-AD Average	20%	3370	26%	25%	20%	59%	16%	24%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 131. Proportion of people who reported that someone has talked to them about job options (if wanted a job)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	21%	70	21%	n/a	n/a	n/a	n/a	n/a
GA	29%	44	35%	n/a	n/a	n/a	21%	n/a
ME	13%	125	20%	n/a	n/a	n/a	n/a	n/a
MS	12%	213	9%	n/a	18%	26%	n/a	n/a
NC*	9%	141	n/a	n/a	11%	n/a	11%	5%
NJ*	6%	111	8%	n/a	n/a	n/a	n/a	n/a
NCI-AD Average	15%	704	18%	n/a	15%	26%	16%	5%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 132. Proportion of people who do volunteer work

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	16%	396	15%	n/a	n/a	n/a	18%	n/a
GA	4%	770	4%	n/a	n/a	n/a	4%	n/a
ME	12%	529	15%	n/a	n/a	n/a	7%	n/a
MS	7%	930	6%	n/a	8%	14%	n/a	n/a
NC*	10%	949	11%	11%	9%	n/a	15%	3%
NJ*	9%	716	8%	9%	n/a	n/a	8%	10%
NCI-AD Average	10%	4290	10%	10%	9%	14%	10%	7%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Everyday Living

People have enough supports for everyday living.

There are two Everyday Living indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who have adequate support to perform activities of daily living (bathing, toileting, taking meds, etc.) and instrumental activities of daily living (cleaning, laundry, etc.)
2. Proportion of people who have access to healthy foods

There are five survey items that correspond to the Everyday Living domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 133. Proportion of people who generally need a lot or some assistance with everyday activities (things like preparing meals, housework, shopping or taking their medications)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	87%	401	92%	n/a	n/a	n/a	72%	n/a
GA	92%	786	96%	n/a	n/a	n/a	87%	n/a
ME	82%	537	92%	n/a	n/a	n/a	76%	n/a
MS	94%	932	93%	n/a	98%	99%	n/a	n/a
NC*	81%	954	98%	89%	100%	n/a	67%	95%
NJ*	92%	719	96%	92%	n/a	n/a	89%	93%
NCI-AD Average	88%	4329	94%	91%	99%	99%	78%	94%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 134. Proportion of people who always get enough assistance with everyday activities when they need it (if need any assistance) (things like preparing meals, housework, shopping or taking their medications)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	79%	344	79%	n/a	n/a	n/a	75%	n/a
GA	79%	715	89%	n/a	n/a	n/a	67%	n/a
ME	71%	461	67%	n/a	n/a	n/a	63%	n/a
MS	85%	871	84%	n/a	86%	90%	n/a	n/a
NC*	77%	831	91%	82%	87%	n/a	66%	84%
NJ*	79%	661	82%	79%	n/a	n/a	66%	89%
NCI-AD Average	78%	3883	82%	80%	87%	90%	67%	87%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 135. Proportion of people who generally need a lot or some assistance for self-care (things like bathing, dressing, going to the bathroom, eating, or moving around their home)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	62%	402	69%	n/a	n/a	n/a	38%	n/a
GA	83%	788	85%	n/a	n/a	n/a	80%	n/a
ME	61%	541	85%	n/a	n/a	n/a	44%	n/a
MS	70%	933	65%	n/a	91%	93%	n/a	n/a
NC*	68%	959	93%	79%	92%	n/a	46%	94%
NJ*	84%	717	91%	69%	n/a	n/a	81%	84%
NCI-AD Average	71%	4340	81%	74%	92%	93%	58%	89%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 136. Proportion of people who always get enough assistance with self-care when they need it (if need any assistance) (things like bathing, dressing, going to the bathroom, eating, or moving around their home)

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	84%	242	81%	n/a	n/a	n/a	97%	n/a
GA	78%	644	88%	n/a	n/a	n/a	66%	n/a
ME	76%	366	75%	n/a	n/a	n/a	64%	n/a
MS	86%	677	85%	n/a	86%	93%	n/a	n/a
NC*	76%	745	88%	73%	90%	n/a	63%	82%
NJ*	80%	596	84%	81%	n/a	n/a	68%	87%
NCI-AD Average	80%	3270	84%	77%	88%	93%	72%	84%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 137. Proportion of people who have access to healthy foods like fruits and vegetables when they want them

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	83%	400	80%	n/a	n/a	n/a	91%	n/a
GA	83%	786	92%	n/a	n/a	n/a	74%	n/a
ME	80%	530	77%	n/a	n/a	n/a	80%	n/a
MS	71%	929	68%	n/a	83%	84%	n/a	n/a
NC*	82%	947	78%	82%	86%	n/a	83%	78%
NJ*	85%	711	89%	87%	n/a	n/a	90%	79%
NCI-AD Average	81%	4303	81%	85%	84%	84%	84%	79%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Affordability

People have enough available resources.

There is one Affordability indicator measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who have ever had to cut back on food because of money

There is one survey item that corresponds to the Affordability domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 138. Proportion of people who ever have to skip a meal due to financial worries

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	15%	400	18%	n/a	n/a	n/a	6%	n/a
GA	5%	785	3%	n/a	n/a	n/a	7%	n/a
ME	15%	532	14%	n/a	n/a	n/a	22%	n/a
MS	14%	928	15%	n/a	10%	11%	n/a	n/a
NC*	6%	950	7%	12%	9%	n/a	8%	1%
NJ*	6%	703	8%	6%	n/a	n/a	9%	3%
NCI-AD Average	10%	4298	11%	9%	10%	11%	10%	2%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Planning for future

People have support to plan and make decisions about the future.

There are two Planning for Future indicators measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who want help planning for future need for services
2. Proportion of people who have decision-making assistance

There are two survey items that correspond to the Planning for Future domain.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 139. Proportion of people who want help planning for their future need for services

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	39%	361	39%	n/a	n/a	n/a	39%	n/a
GA	47%	537	44%	n/a	n/a	n/a	50%	n/a
ME	28%	410	32%	n/a	n/a	n/a	30%	n/a
MS	42%	749	41%	n/a	45%	44%	n/a	n/a
NC*	33%	644	48%	35%	37%	n/a	33%	31%
NJ*	32%	464	34%	19%	n/a	n/a	29%	34%
NCI-AD Average	37%	3165	40%	27%	41%	44%	36%	32%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 140. Proportion of people who have any of the following forms of decision-making assistance

State	Durable Power of Attorney	Health Care Proxy	Supported Decision Making*	Court-Appointed Legal Guardianship	Living Will	None
CO	52%	55%	30%	9%	48%	26%
GA	19%	26%	23%	8%	27%	37%
ME	49%	36%	21%	11%	49%	30%
MS	25%	41%	35%	4%	15%	35%
<i>NC*</i>	56%	44%	26%	6%	35%	24%
<i>NJ*</i>	56%	51%	32%	7%	40%	20%
NCI-AD Average	43%	42%	28%	8%	36%	29%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Control

People feel in control of their lives

There is one Control indicator measured by the NCI-AD Adult Consumer Survey:

1. Proportion of people who feel in control of their lives

There is one survey item that corresponds to the Control domain. However, this section also includes the results of questions that asked respondents to rank various life features by level of importance.

Un-collapsed and unweighted data for state and NCI-AD Averages are shown in Appendix B; charts showing national break-downs by program are included in Appendix C.

Table 141. Proportion of people who feel in control of their life

State	Overall In State	N	Combined Medicaid Program	Aging Medicaid Program (PACE)	PD Medicaid Program	BI Medicaid Program	OAA	SNF
CO	70%	375	66%	n/a	n/a	n/a	85%	n/a
GA	81%	532	82%	n/a	n/a	n/a	81%	n/a
ME	69%	446	69%	n/a	n/a	n/a	73%	n/a
MS	80%	810	80%	n/a	79%	79%	n/a	n/a
NC*	73%	709	66%	68%	78%	n/a	81%	54%
NJ*	73%	528	73%	85%	n/a	n/a	80%	64%
NCI-AD Average	74%	3400	73%	76%	78%	79%	80%	59%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 142. Ranking of how important people reported health was to them right now (out of health, safety, being independent, being engaged with community and friends)

State	1 - Health Most important	2	3	4 - Health Least important
CO	58%	27%	12%	4%
GA	66%	24%	8%	3%
ME	60%	25%	13%	3%
MS	67%	19%	9%	3%
NC*	69%	20%	8%	3%
NJ*	64%	23%	11%	2%
NCI-AD Average	64%	23%	10%	3%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 143. Ranking of how important people reported safety was to them right now (out of health, safety, being independent, being engaged with community and friends)

State	1 - Safety most important	2	3	4 - Safety least important
CO	5%	30%	34%	30%
GA	5%	38%	39%	18%
ME	5%	30%	42%	23%
MS	4%	36%	42%	18%
NC*	7%	36%	36%	21%
NJ*	5%	33%	36%	24%
NCI-AD Average	5%	34%	38%	22%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 144. Ranking of how important people reported being independent was to them right now (out of health, safety, being independent, being engaged with community and friends)

State	1 - Being Independent Most Important	2	3	4 - Being Independent Least Important
CO	25%	31%	33%	12%
GA	27%	31%	35%	6%
ME	26%	35%	27%	12%
MS	20%	31%	34%	15%
NC*	18%	32%	34%	16%
NJ*	21%	31%	28%	18%
NCI-AD Average	23%	32%	32%	13%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table 145. Ranking of how important people reported being engaged with community and friends was to them right now (out of health, safety, being independent, being engaged with community and friends)

State	1 - Being Engaged With Community and Friends Most Important	2	3	4 - Being Engaged With Community and Friends Least Important
CO	12%	12%	22%	53%
GA	2%	7%	17%	73%
ME	10%	11%	18%	61%
MS	9%	13%	14%	64%
<i>NC*</i>	10%	11%	21%	58%
<i>NJ*</i>	14%	11%	21%	53%
NCI-AD Average	10%	11%	19%	60%

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

III. NCI-AD History and Activities

This section describes the history and development of the NCI-AD project and data usage

Overview of National Core Indicators for Aging and Disabilities

NCI-AD™ is an initiative designed to support states' interest in assessing the performance of their programs and delivery systems and improving services for seniors and adults with physical disabilities. Like the intellectual/developmental disabilities service system's National Core Indicators™ (NCI)¹¹, NCI-AD's primary aim is to collect and maintain valid and reliable data that give states a broad view of how their publicly funded LTSS impact the quality of life and outcomes of service participants. Since 2012, NASUAD¹² and HSRI have been working in collaboration to build, implement, and manage NCI-AD.

Data for the project are gathered through yearly in-person Adult Consumer Surveys administered by state agencies to a sample of at least 400 consumers, which includes seniors and adults with physical disabilities—including Acquired or Traumatic Brain Injury (ABI/TBI)—accessing publicly funded services through Medicaid, the Older Americans Act, skilled nursing facilities/nursing homes, and/or state-funded programs.

One of the most valuable and unique features of NCI-AD is the involvement and commitment of participating states. Project direction and design has been, and will continue to be, significantly influenced by members of the NCI-AD steering committee¹³ who, as state aging and disability program directors, contributed in creating a tool that is useful at both the state and national levels and can drive quality improvements beneficial to consumers. When states commit to joining NCI-AD, they commit to, with the help of NASUAD and HSRI, project planning at the state level; stakeholder engagement; preparing a random sample of LTSS consumers to be surveyed; conducting the in-person Adult Consumer Survey; providing project-compliant data to HSRI for analysis; and reviewing draft reports for accuracy.

States are managing increasingly complex LTSS systems that blend multiple funding streams to serve a growing number of participants in home and community-based and institutional settings. When NASUAD's Board of Directors voted to begin work on NCI-AD,

¹¹ Created and managed by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI)

¹² NASUAD is the membership organization for state aging and disability directors.

¹³ Composed of NASUAD members and senior staff from California, Colorado, Delaware, Georgia, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Minnesota, Ohio, Oklahoma, New Jersey, New York, North Carolina, Tennessee, Texas, Virginia.

they expressed the desire to obtain information about state services provided across the spectrum of publicly funded LTSS, regardless of funding source or service setting, that would also allow for comparisons across states and across programs. NCI-AD provides data-driven information about the performance of states' LTSS systems and the effect these systems have on the quality of life of consumers. This unique perspective cannot be found in other available tools—most of which address Medicaid-funded services only or measure compliance with Medicaid standards, count the number of service units provided or, at best, assess service-specific outcomes, rather than measuring systems-level performance and the quality of life and outcomes of consumers within that system.

June 1, 2015 marked the beginning of the first full year of survey implementation, with 13 states¹⁴ conducting surveys; full results will be available in fall 2016. Because of strong interest in this project, six states¹⁵ committed to rapid-cycle survey administration in order to produce initial outcome data¹⁶. This mid-year report provides a summary of results based on the data states submitted on or before October 31, 2015.

Development of the NCI-AD tool was supported by NASUAD members and the Administration for Community Living (ACL).

¹⁴ Colorado, Delaware, Georgia, Indiana, Kansas, Maine, Minnesota, Mississippi, New Jersey, North Carolina, Ohio, Tennessee, and Texas.

¹⁵ Colorado, Georgia, Maine, New Jersey, North Carolina, and Mississippi.

¹⁶ These states will also be included in the full report from the 2015-16 data collection cycle.

Development History

Concerned about the limited information and tools available at the time to help states assess the quality of their LTSS systems, NASUAD engaged in a series of discussions with HSRI and NASDDDS to explore how their NCI (National Core Indicators for state agencies serving people with intellectual and developmental disabilities) framework and tools could be adjusted for effective use with seniors and adults with physical disabilities. In October 2012, NASUAD's Board of Directors formally voted to move forward on creating and implementing the NCI-AD Adult Consumer Survey. Following the vote, NASUAD entered into a partnership with HSRI to collaboratively design and manage the NCI-AD project.

In December 2012, NASUAD and HSRI held the first formal meeting to discuss and explore whether the NCI framework and tools were applicable to seniors and adults with physical disabilities and how they should be adjusted to be effective for this new population. NASDDDS, as well as NASUAD Board members from Georgia, Massachusetts, Minnesota, Oklahoma, and Virginia, also participated.

A Steering Committee was created, composed of NASUAD members and their senior staff from California, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Minnesota, Montana, Ohio, Oklahoma, New Jersey, New York, North Carolina, Pennsylvania, Texas, and Virginia who expressed interest in the development of the project. The Steering Committee and their senior staff¹⁷ guided and advised throughout NASUAD's and HSRI's work to develop and pilot the NCI-AD Adult Consumer Survey.

¹⁷ Arvine Brown, Georgia Division of Aging Services; Debra Halm Michael, Maine Office of Aging and Disability Services; Heather Burkhardt, North Carolina Division of Aging & Adult Services; Hope Roberts, Ohio Department of Aging; I-Hsin Wu, New York State Office for the Aging; Jennifer Case, Oklahoma Aging Services Division; Jennifer Rosenbaum, New York State Office for the Aging; Michael Luers, Ohio Department of Aging

Figure 2. NCI-AD Steering Committee: Pilot Phase 2013-2014

Organization	Name
California Department of Aging	Lora Connolly , Director
Georgia Division of Aging Services	James Bulot , Director,
Hawaii Executive Office on Aging	Wes Lum , Director
Human Services Research Institute	Val Bradley , President
Illinois Department on Aging	Mary Killough , Deputy Director
Indiana Office of Medicaid Policy & Planning	Debbie Pierson , Assistant Director, HCBS and Medicaid Waiver
Iowa Department on Aging	Donna Harvey , Director
Kansas Department for Aging and Disability Services	Shawn Sullivan , Secretary
Maryland Department of Aging	Gloria Lawlah , Secretary
Massachusetts Executive Office of Elder Affairs	Ann Hartstein , Secretary
Minnesota Board on Aging	Kari Benson , Director
Montana Office on Aging	Charlie Rehbein , Aging Services Bureau Chief
Muskie School of Public Service, University of Southern Maine	Julie Fralich
National Association of States United for Aging and Disabilities	Nancy Thaler , Executive Director
National Association of States United for Aging and Disabilities	Chas Mosley , Associate Executive Director
National Association of State Directors of Developmental Disabilities Services	Mary Lee Fay , Director of National Core Indicators
New Jersey Department of Human Services	Lowell Arye , Deputy Commissioner
New York State Office for the Aging	Greg Olsen , Acting Director,
North Carolina Division of Aging & Adult Services	Dennis Streets , Director
Ohio Department of Aging	Bonnie Kantor-Burman , Director
Oklahoma Aging Services Division	Lance Robertson , Director,
Pennsylvania Department of Aging	David Gingerich , Deputy Secretary
Texas Medicaid/CHIP Division	Gary Jessee , Director
Virginia Department for Aging and Rehabilitative Services	James Rothrock , Commissioner

Active participation from the NCI-AD Steering Committee during the development phase of the project was critical to the success of the project. Committee members agreed to attend at least two face-to-face meetings and spend three to four hours each month reviewing materials and participating in conference calls to provide guidance to the NCI-AD project staff at NASUAD and HSRI. The staff sought Committee feedback on several issues including: the NCI-AD framework and target population; indicators covering essential measures; survey design; effectiveness of question wording; and methods to allow states to compile performance data as efficiently and economically as possible on an ongoing basis.

Input was also sought from representatives of organizations with expertise in research and quality improvement, as well as from technical and subject-matter experts, academics, advocates, and stakeholders. These groups included:

- AARP
- ADAPT
- Altarum Institute
- American Association on Health and Disability (AAHD)
- American Association of People with Disabilities (AAPD)
- Community Catalyst
- Muskie School of Public Service, University of Maine
- National Association of Area Agencies on Aging (n4a)
- National Association of Social Workers (NASW)
- National Council on Independent Living (NCIL)
- National Council on Aging (NCOA)
- School of Public Health, University of Minnesota
- United Spinal Association

Identification of Indicators

The development process began with an in-depth review of the existing NCI tools and identifying domains and indicators within NCI that may be applicable to seniors and adults with physical disabilities. Other potential overarching domains consistent with the mission of state aging and disability agencies were also identified. The HSRI development team conducted a wide literature review as well as a critical review of other survey tools to compile an initial “indicator bank.”

The tools reviewed fell into several broad categories: Quality of Life (QOL) tools for general population; QOL tools for aging populations and for populations with physical disabilities; Health-related QOL tools; and tools that measure satisfaction with services. The tools reviewed included:

- Performance Outcome Measurement Project (POMP)
- HCBS Experience Survey
- Health Home Core Quality Measures
- Medicaid Home and Community Based Waiver Program Questionnaire (Aged and Disabled Questionnaire)
- Participant Experience Survey (Elderly and Disabled Version)
- SF-36

- Rand-36
- EuroQol
- Older People’s Quality of Life Questionnaire (OPQOL)
- CASP-19
- WHOQOL-OLD
- CAHPS® surveys
- Personal Outcome Measures®
- Personal Experiences with Long Term Care Services and Supports by the Muskie School at the University of Southern Maine
- State-specific surveys

The initial “indicator bank” included several hundred potential indicators. The HSRI team then narrowed down these down to a more manageable list. When reviewing candidate indicators, numerous criteria were considered, including whether the indicator:

- Reflects system goals
- Addresses issues that can be influenced by the system
- Has face validity (i.e., is it relevant to the concern of the users of the states’ LTSS systems)
- Is directional (i.e., whether it can represent change over time)
- Can be expressed as a rate or a proportion
- Is clear and objective
- Is measurable (i.e., whether it is possible to measure, observe, or determine whether or not it has been achieved)
- Is implementable (i.e., whether it is feasible to collect the information relatively easily and at low cost)
- Is interpretable
- Is culturally competent.

The narrowed-down list consisted of approximately 120 indicators, organized into 17 domains. A full-day meeting with Steering Committee members was held in June 2013 to discuss the list and pare it down further. Each indicator was discussed in terms of its intent, importance, usefulness and feasibility.

A modified Delphi approach was used during this process. The Steering Committee was not asked to come to a decision or consensus on which indicators to retain during the meeting; instead, after the meeting each Committee member was instructed to score each indicator discussed from 0 (not important) to 3 (critical) and return the scores to the NCI-

AD team¹⁸ within a week. Twelve sets of scores were returned, and a weighted summary score was developed for each indicator using this formula: (Number of 0s)*0 + (Number of 1s)*1 + (Number of 2s)*2 + (Number of 3s)*3 = Total weighted score. The scores were used to identify: 1) Indicators with weighted scores above the median; and 2) Indicators with a total weighted score less than 16; no scores of 3 and fewer than 8 scores of 2; total number of scores of 2 and 3 less than 8.

Using a combination of these criteria, as well as expert opinion, the NCI-AD team arrived at a more manageable number of indicators. The end result was a list of 61 indicators across 17 domains—about half of the initial list.

Drafting the Survey

Once the indicators were in place, the NCI-AD team developed draft questions to address the indicators. The first draft was compiled by September 6, 2013, and distributed to the Steering Committee members and their senior staff, along with external experts, for review and comment. Representatives from the following states and entities submitted comments, edits and suggestions: California, Hawaii, Iowa, Kansas, Massachusetts, Minnesota, North Carolina, New York, Texas, Muskie School, and NASDDDS. A follow-up meeting with the Steering Committee was held in September 2013 to discuss the first draft and comments received.

The second draft of the survey was circulated on October 12, 2013. Representatives from Georgia, Iowa, Minnesota, North Carolina, Ohio, Texas, Muskie School, AAPD, and NASDDDS submitted comments on the second draft.

The third draft of the survey was created on November 11, 2013, and the fourth on November 21, 2013.

On December 3, 2013, with assistance and coordination from staff at the Massachusetts Executive Office of Elder Affairs, the NCI-AD team conducted two focus groups to discuss the fourth draft of the survey: a focus group with four recipients of aging services in Massachusetts that took place in the early afternoon and a focus group with three recipients of physical disability services in Massachusetts in the late afternoon/evening. Participants were sent a copy of the survey approximately a week prior to the meeting and

¹⁸ Consisting of staff from HSRI and NASUAD

asked to review it in preparation. Participants signed a consent form at beginning of meeting.

Focus group participants were asked to address the following questions:

- Is the survey relevant to the targeted population?
- Does the survey ask what is important/ get at the right issues?
- Is the wording understandable and sensitive?
- Are proxy questions appropriate?

In addition, the NCI-AD team received edits and comments to the fourth draft from NCOA, Community Catalyst, and Muskie School.

The fifth draft of the survey was created on December 10, 2013 using feedback from focus group and stakeholders. This version was used in an “in-home” pre-testing study conducted on the following two days, December 11–12, in Maine, with assistance from Julie Fralich and staff at Muskie School and staff in the Maine Office of Aging and Disability Services. This pre-pilot study consisted of live, in-person interviews with eight people in different types of settings and receiving different levels and types of services:

- Seniors and adults with physical disabilities
- People living in their own homes
- People living in adult family care homes
- People living in assisted living facilities
- People receiving options counseling

Participants signed a consent form at the beginning of the meeting. Teams of two interviewers—one active and one observer—conducted the survey. Both interviewers scored the responses. Scoring of responses was then compared to determine whether there was agreement. This pre-pilot study served several functions: 1) to identify questions that tended to be “problematic” in interpretation of responses and discuss possible reasons (people not understanding correctly? response options not appropriate?), 2) to provide data on basic inter-rater reliability; and 3) to provide an estimate on the average length of the interview.

The sixth draft of the survey was developed on December 22, 2013, and the seventh draft on December 31, 2013. This seventh draft was called “Version 1” and was judged to be ready for a large-scale pilot.

Three of the states participating on the Steering Committee—Georgia, Minnesota, and Ohio—agreed to serve as pilot states to test-run Version 1 of the NCI-AD Adult Consumer Survey. This was a large-scale pilot, with a total of approximately 1,600 surveys collected. The pilot began in January 2014 and data collection was completed by September 2014.

The pilot protocol mimicked the data collection protocol anticipated to be enforced once the survey was finalized. The protocol included a random selection of participants within included programs. Programs included in the pilot were:

- Older Americans Act programs
- One state-funded program
- One combined Medicaid waiver for seniors and adults with disabilities
- Medicaid waivers for seniors
- Medicaid waivers for adults with physical disabilities

There was no online data entry during the pilot; therefore, interviewers recorded data on paper copies of the survey and then entered data into an Excel spreadsheet that was designed for standardized data entry. Once all the pilot data were submitted, the data files from the three states were merged. Data were analyzed and interviewer feedback was examined.

The pilot report was released in January 2015. The report details results by state and by type of funding program for each survey question. However, since the primary goal of the pilot was to test the survey and not to evaluate the volunteering states, the report does not identify the three pilot states and instead references them as “State 1,” “State 2,” and “State 3.”

Once the pilot data and feedback were analyzed, an eighth draft of the survey was developed. It was released for review on December 2, 2014. Again, the Steering Committee¹⁹ (see members below) and their senior staff²⁰ and external experts and stakeholders were invited to submit comments and edits. Feedback to the eighth draft were received from representatives of the following states and entities: Colorado, Georgia,

¹⁹ Steering Committee members changed due to turnover between the pilot and second phase of development.

²⁰ Aquila Jordan, Kansas Department for Aging and Disability Services; Arvine Brown, Georgia Division of Aging Services; Cynthia Mercer, Delaware Division of Services for Aging and Adults with Disabilities; Danielle Culp, Colorado Department of Health Care Policy and Financing; Deanna Clifford, Ohio Department of Aging; Kate Layman, Texas Medicaid/CHIP Division; Maribeth Robenolt, New Jersey Division of Medical Assistance and Health Services; Tim Cortez, Colorado Department of Health Care Policy and Financing

Iowa, Indiana, Maine, Minnesota, New Jersey, New York, Ohio, Oklahoma, Texas, Muskie School, NASDDDS and AARP. A phone meeting with the Steering Committee was held on December 8, 2014 to review and discuss the survey draft and the feedback received.

Figure 3. NCI-AD Steering Committee: Second Phase 2014-2015

Organization	Name
Colorado Commission on Aging	Todd Coffey, Acting Director
Delaware Division of Services for Aging and Adults with Disabilities	Jill Rogers, Director
Georgia Division of Aging Services	James Bulot, Director
Human Services Research Institute	Val Bradley, President
Indiana Division of Aging	Yonda Snyder, Director
Iowa Department on Aging	Donna Harvey, Director
Kansas Department for Aging and Disability Services	Kari Bruffett, Secretary
Maine Office of Aging and Disability Services	James Martin, Director
Minnesota Board on Aging	Jean Wood, Director
National Association of States United for Aging and Disabilities	Nancy Thaler, Executive Director
National Association of State Directors of Developmental Disabilities Services	Mary Lee Fay, Executive Director
New Jersey Department of Human Services	Lowell Arye, Deputy Commissioner
Ohio Department of Aging	Bonnie Kantor-Burman, Director
Oklahoma Aging Services Division	Lance Robertson, Director
Pennsylvania Department of Aging	Brian Duke, Secretary
Tennessee Commission on Aging and Disability	Patti Killingsworth, Assistant Commissioner
Texas Medicaid/CHIP Division	Gary Jessee, Director
Vermont Department of Disabilities, Aging and Independent Living	Susan Wehry, Commissioner

During the following three months, another five revisions were made and reviewed before the 2015-2016 NCI-AD Adult Consumer Survey was finalized for use. These revisions generally consisted of minor edits.

A second mini-pilot was conducted in Georgia in January 2015 with the assistance of Delmarva Foundation, Inc. The primary goal was to test the near-final survey before deployment in the field as well as to test the inter-rater reliability. The mini-pilot consisted of 50 surveys. Half of these (24 cases) were conducted with teams of two Delmarva interviewers for inter-rater reliability analysis. NCI-AD project team staff also shadowed selected interviews.

The 2015-2016 NCI-AD Adult Consumer Survey was finalized in March 2015. Thus far, the Survey has been translated into Spanish, Hmong, Russian, and Somali; these translations are currently utilized in several states.

Psychometric Testing Conducted to Date

The team conducted a number of psychometric validation activities during the survey development and pilot year. These activities are briefly described below. More validity and reliability studies and analyses are planned for the upcoming year and will be published separately. For a brief summary see “Future Development Activities” below.

FACE AND CONTENT VALIDITY

Content validity is the extent to which a measure captures the domain of content. There are no statistical tests that measure content validity. Instead, the project team has to rely on expert and stakeholder opinion and feedback to determine whether the instrument is measuring what it intends to measure. Content validity was ensured and enhanced throughout the NCI-AD Adult Consumer Survey development through numerous iterations of expert review and input from stakeholders.

To begin with, the project team specified the constructs that the survey would target (i.e., indicators and domains). The intended target population was defined. The intended assessment method (i.e., face-to-face interview) was also determined. The individual survey items (questions) were generated to match the constructs and assessment method. Response options were also established at that time. Quantitative parameters for administration (e.g., sampling) were also determined.

Following the initial establishment of items and response options, the project team sought expert review, opinion, and feedback. The selection of a qualified panel of experts is an important and significant part of the validation process of an instrument. The experts selected were not a part of the initial development of the survey. As detailed in the “Development History” section of this report, the project team targeted a variety of experts in aging and disability research and policy, to ensure representation from a wide range of organizations and areas of expertise.

Following the review and feedback of experts and hypothetical responders, the instrument was modified and the process repeated. Review and input of potential target responders was also solicited. To pre-test the face validity of the questions, one of the drafts of the

survey was reviewed by two focus group of individuals receiving publicly funded LTSS services in Massachusetts through aging and disability programs. Focus group participants highlighted problematic questions, identified words that needed further definition, and suggested alternative ways of phrasing questions. These modifications were incorporated into the next draft of the survey. Another draft was pre-tested with several other LTSS participants in Maine, who responded to the survey questions in an environment closely approximating an actual NCI-AD survey.

During the pilot and the mini-pilot, interviewers were asked to give feedback on every survey conducted, with a particular emphasis on identifying any survey items that were problematic in an interview. They were asked to identify any questions that were difficult to ask, any questions that the responders had difficulty understanding, and any questions where the response options were not appropriate or sufficient. Their feedback was incorporated into further revisions.

To assure ongoing individual interview validity, interviewers are asked to give formal feedback on every interview conducted. That feedback is monitored by the project team, and any consistently problematic questions are flagged for review and potential revision.

COGNITIVE TESTING

The primary purpose of cognitive testing is to investigate how well questions perform when asked of survey respondents—that is, if respondents understand the question correctly and if they can provide accurate answers. Cognitive testing insures that a survey question successfully captures the scientific intent of the question and, at the same time, makes sense to respondents. It examines the question-response process, which is generally viewed as consisting of four stages: comprehension (respondent interprets the question), retrieval (respondent searches memory for relevant information), judgment (respondent evaluates his/her response), and response (respondent actually provides information in the requested format). By examining the process, cognitive testing considers the degree of difficulty respondents experience as they formulate an accurate response to the question. In each of the four stages of the process, various types of response errors can occur. Cognitive testing is designed to identify where in the process the errors happen, the sources and patterns of the response errors, and various interpretations of the question.

Cognitive testing is performed by conducting in-depth, semi-structured interviews with a small number of respondents similar to those targeted in the survey. The interviews are designed to elicit respondents' thought processes when answering the tested question,

specifically, how they understood a question and how they arrived at their answer. Unlike a field test, the primary objective of a cognitive test is not to produce statistical data that can be generalized to an entire population. Rather, the objective of cognitive testing is to provide an in-depth exploration of concepts, processes, patterns and outcomes of interpretation. As a result, cognitive testing was performed on a much smaller, purposive sample of individuals receiving services. The project team conducted cognitive testing at several stages of the NCI-AD survey development: during the Massachusetts focus groups and again during the Maine “in-home” pre-testing study. The project team assessed comprehension and accessibility of the questions and, where appropriate, response options.

Data from cognitive interviews were qualitative, and analysis of those interviews helped the project team revise questions that were prone to errors at one of the four question-response process stages. Questions that were misunderstood by respondents (or understood in a way not consistent with the intended meaning) or difficult to answer were revised and improved. Because cognitive testing was conducted at two stages of NCI-AD Adult Consumer Survey development, it was possible to evaluate whether the revisions of the questions had the intended effect and resulted in improvement.

INTER-RATER RELIABILITY

Inter-rater reliability is the extent to which the same results are obtained by different observers. Inter-rater reliability was evaluated during the Maine “in-home” pretesting study and during the second mini-pilot in Georgia. The mini-pilot in Georgia involved a total of 50 interviews; 24 of these being shadowed by a second interviewer who recorded the respondents’ answers at the same time as the primary interviewer. The recorded responses were then compared and the level of agreement analyzed. It was found that there was a high level of agreement between interviewers (Cohen’s Kappa > .80). This study was performed on a near-final version of the NCI-AD Adult Consumer Survey, which has been modified only slightly since then.

FUTURE DEVELOPMENT ACTIVITIES

The NCI-AD team plans to conduct a number of follow-up development activities during the coming year:

1. A Technical Expert Panel will be formed to advise the NCI-AD team on subject-matter and methodological issues related to the survey.

2. The Steering Committee will continue to operate, now with members of states participating or planning to participate in the project.
3. Minor revisions will be made to the 2015-2016 NCI-AD Adult Consumer Survey to inform the 2016-2017 version. These revisions will be based on data and feedback from the first year of implementation.
4. The NCI-AD team will solicit another round of expert input to evaluate the content validity of the 2016-2017 NCI-AD Adult Consumer Survey.
5. More inter-rater reliability testing will be conducted. The study design will be similar to that employed in Georgia during the mini-pilot, and the NCI-AD team aims to repeat the study in at least two states—one state that is deploying professional interviewers and one that is using non-professional interviewers (e.g., state staff).
6. Test-retest reliability is the extent to which the same results are obtained by a single observer over a short period of time. The NCI-AD team intends to conduct a study to evaluate test-retest reliability. The proposed design will involve an interviewer contacting the interviewee within three to five days after the initial interview (with the interviewee's permission) to ask a number of selected questions from the NCI-AD Adult Consumer Survey a second time. The responses will be recorded and the level of agreement between the responses (initial and follow-up) will be analyzed.
7. The NCI-AD team will conduct internal consistency analysis. Internal consistency assesses the consistency of results across items within a test; it evaluates how well the items measure the same construct. There are several constructs within the NCI-AD Adult Consumer Survey; thus it is expected that individual items will demonstrate and support the existence of these constructs during the analyses.
8. A number of questions in the NCI-AD Adult Consumer Survey allow for the use of the proxy responders. The NCI-AD team would like to conduct a study comparing target interviewee's responses to proxy responses and evaluating the degree of agreement between the two. The study will involve selecting a sub-sample of participants in one state who are able to complete the NCI-AD Adult Consumer Survey interview autonomously. Their logical proxy (the person who would be their proxy if they needed one) will be identified and then interviewed independently using the proxy version of the Survey. The level of agreement between the primary respondent and their proxy will then be evaluated.
9. The results of reliability and validity studies will be described in a series of technical reports, made available publicly through the NCI-AD website (www.nci-ad.org), as well as submitted to peer-reviewed journals for publication. These reports and publications will include a description of study design, methodology, analytical strategies, as well as analysis results.

NCI-AD Indicators

Indicators are the standard measures used across states to assess the outcomes of services provided to individuals. Indicators are organized across 18 broader domains and address key areas of concern, including employment, respect/rights, service coordination, care coordination, choice, and health and safety. An example of an indicator around Service Coordination is: “Proportion of people who receive the services that they need.”

While most indicators correspond to a single survey question, a few are represented by clusters of related questions. For example, the Access indicator that measures “Proportion of people who get needed equipment, assistive devices” is measured by several survey questions that ask about the person’s need for various equipment and devices. The following Figure 3 details NCI-AD domains and corresponding indicators.

Figure 4. NCI-AD Domains and Indicators

Domain	NCI-AD Indicator
Community Participation	Proportion of people who are able to participate in preferred activities outside of home when and with whom they want
Choice and Decision Making	Proportion of people who are involved in making decisions about their everyday lives including where they live, what they do during the day, the staff that supports them, and the people with whom they spend time
Relationships	Proportion of people who are able to see or talk to their friends and family members when they want Proportion of people who are lonely
Satisfaction	Proportion of people who are satisfied with where they live Proportion of people who are satisfied with what they do during the day Proportion of people who are satisfied with staff who work with them
Service Coordination	Proportion of people who know who to call with a complaint, concern, or question about their services Proportion of people whose CM talks to them about any needs that are not being met Proportion of people who can get in contact with their CM when they need to Proportion of people who receive the services that they need Proportion of people finding out about services from service agencies Proportion of people who want help planning for future need for services Proportion of people who have an emergency plan in place Proportion of people whose support workers come when they are supposed to Proportion of people who use a relative as their support person
Care Coordination	Proportion of people discharged from the hospital or LTC facility who felt comfortable going home Proportion of people making a transition from hospital or LTC facility who had adequate follow-up Proportion of people who know how to manage their chronic conditions
Access	Proportion of people who have adequate transportation

Domain	NCI-AD Indicator
	Proportion of people who get needed equipment, assistive devices (wheelchairs, grab bars, home modifications, etc.)
	Proportion of people who have access to information about services in their preferred language
Safety	Proportion of people who feel safe at home
	Proportion of people who feel safe around their staff/caregiver
	Proportion of people who feel that their belongings are safe
	Proportion of people whose fear of falling is managed
	Proportion of people who are able to get to safety quickly in case of an emergency
Health Care	Proportion of people who have been to the ER in the past 12 months
	Proportion of people who have had needed health screenings and vaccinations in a timely manner (e.g., vision, hearing, dental, etc.)
	Proportion of people who can get an appointment with their doctor when they need to
	Proportion of people who have access to mental health services when they need them
Wellness	Proportion of people in poor health
	Proportion of people with unaddressed memory concerns
Medications	Proportion of people taking medications that help them feel less sad/depressed
	Proportion of people who know what their medications are for
Rights and Respect	Proportion of people whose basic rights are respected by others
	Proportion of people whose staff/worker/caregiver treats them with respect
Self-Direction of Care	Proportion of people self-directing
	Proportion of people who can choose or change the kind of services they receive and who provides them
Work	Proportion of people who have a paid job
	Proportion of people whose job pays at least minimum wage

Domain	NCI-AD Indicator
	Proportion of people who would like a job
	Proportion of people who have had job search assistance
	Proportion of people who volunteer
Everyday Living	Proportion of people who have adequate support to perform activities of daily living (bathing, toileting, taking meds, etc.) and instrumental activities of daily living (cleaning, laundry, etc.)
	Proportion of people who have access to healthy foods
Affordability	Proportion of people who have ever had to cut back on food because of money
Planning for future	Proportion of people who want help planning for future need for services
	Proportion of people who have decision-making assistance
Control	Proportion of people who feel in control of their lives

How NCI-AD Data Are Used

NCI-AD data provide information about how publicly funded LTSS services impact the quality of life and outcomes of service participants—going beyond simple measures of service satisfaction. Data are intended to help states assess the performance of their programs and delivery systems and to improve services for seniors and adults with physical disabilities—including ABI/TBI. NCI-AD data can be used by state Aging, Disability, and Medicaid agencies to inform quality improvement initiatives and for strategic planning as well as legislative and funding prioritization. Data can also be a useful tool for communicating with stakeholder groups, service recipients, families, and advocates.

The NCI-AD project provides a state-specific experience, which includes the ability to add questions to the survey tool and to request additional analysis and technical assistance. In addition, states own their own survey data. States are also encouraged to design their sample survey population²¹ to fit their needs and goals, and may include programs from a variety of funding sources (Medicaid/State/Older Americans Act) serving consumers in a variety of settings (home, assisted living, SNF, etc.). At the end of each survey year, states are provided with a report focused on their state-specific data and samples. Aggregate and basic state-level data from all participating states are reported in a national report. These reports are then published on the NCI-AD website (www.nci-ad.org), which is free and open to the public, providing a high level of transparency and accountability.

Depending on their sample design, states may use NCI-AD data to go beyond system-level comparisons at the national level and make comparisons between programs, regions, and managed care organizations (MCO) in their state. In conjunction with other data sources, NCI-AD data may also be used to monitor and demonstrate state compliance with the new Centers for Medicare & Medicaid Services (CMS) HCBS Regulations²², and with the Money Follows the Person (MFP) initiative, Olmstead planning, and other rebalancing efforts. States may also use data as a part of their quality assurance activities assessing the performance of MCOs based on measures included in their contracts.

²¹ Assisted and closely monitored by NASUAD and HSRI.

²² See HSRI/NASUAD published guides: *NCI-AD Performance Indicators: A Crosswalk to HCBS Settings Requirements* and *NCI-AD Performance Indicators: A Quality Improvement Tool for Person-Centered Service Planning*. [NEEDS hyperlink](#)

Caution and Limitations

This report does not provide benchmarks for acceptable or unacceptable levels of performance. Rather, it is up to each state to decide whether its score or percentage is an acceptable performance level. The results tables throughout this report display states' scores relative to one another and show which states tend to have similar results. It is up to public managers, policy-makers, and other stakeholders to decide whether a state's result relative to the NCI-AD Average suggests that changes or further investigation are necessary.

Moreover, the NCI-AD Average should not be interpreted as defining "acceptable" levels of performance or satisfaction. Instead, it represents a multi-state "norm" that describes average levels of performance or satisfaction across the participating states.

NCI-AD data are not intended to be used at the individual or provider level. It is important to note that states should not use the information to sanction service providers and should not use the results to remediate individual participant issues (unless specifically requested by the participant or required by law as in the case of suspected abuse, neglect, or exploitation).

IV. Methodology

This section describes the protocol for administering the NCI-AD Adult Consumer Survey, including sampling criteria, administration guidelines, and surveying training and procedures.

Administration

A key principle of NCI-AD is the importance of gathering information directly from consumers (or their proxies, when needed). The indicators are meant to apply to all eligible consumers, regardless of personal characteristics such as level of disability. NCI-AD administration protocols dictate that every person selected into the sample is given an opportunity to respond (no one is prescreened or predetermined to be unable to respond).

Information for the NCI-AD Adult Consumer Survey is collected via a direct face-to-face conversation with the person receiving services, or their proxy. Additionally, Background Information is primarily collected from the consumer's administrative records, usually prior to the interview. With the exception of four items, Background Information data that are not found in the administrative records can be collected during the meeting.

Proxy Respondents

The NCI-AD Adult Consumer Survey does allow for use of proxies. By excluding proxy responses, a certain group of consumers (most of whom will be unable to respond due to cognitive or other types of limitations) would be unrepresented in the data. Thus, the NCI-AD project determined at the outset that proxy respondents would be used, though only for specific questions and only in situations where the consumer surveyed either could not effectively communicate with the interviewer or chose to have a proxy respondent or assistant.

Studies have found that the greatest discrepancies between consumer and proxy responses occur when the information being collected is subjective (i.e., related to how a consumer feels; proxies would be aware of the correct answers only if the consumer had previously expressed their feelings)²³. Questions relating to observable behaviors tend to have higher levels of agreement.

The use of proxy respondents for the NCI-AD tool is limited to a subset of objective questions in the Survey, which relate to observable and/or measurable items. These questions deal with everyday occurrences on which others may reliably report. Questions

²³ Magaziner, Jay, Sheryl Zimmerman, Ann L. Gruber-Baldini, J. Richard Hebel, and Kathleen M. Fox. "Proxy Reporting in Five Areas of Functional Status Comparison with Self-Reports and Observations of Performance." *American Journal of Epidemiology* 146.5 (1997): 418-28.

that pertain to personal experiences and that require subjective responses may only be answered by the consumer themselves.

Interviewers are required to attempt each interview directly with the consumer and then make the determination of whether a proxy is needed based on the way the consumer answers the first predetermined set of questions. This determination cannot be made based on a phone conversation or someone else's input; the interviewer must make it only after attempting the in-person interview. If the interviewer makes the determination that a proxy is needed, a Proxy Version of the Adult Consumer Survey is used to conduct the remainder of the interview.

The consumer may be able to answer most questions in the survey but request the help of a proxy intermittently throughout the survey. In that case, the full version of the survey is used. If the consumer is unable to complete any of the survey and only a proxy respondent is used, the Proxy Survey is used.

The following table indicates the proportion of cases in which the Proxy Survey was used, by state.

Figure 5. Frequency of Use: Full and Proxy Versions

State	Full Version	Proxy Version
CO	95%	5%
GA	70%	30%
ME	85%	15%
MS	88%	12%
NC	76%	24%
NJ	75%	25%
Overall	80%	20%

NCI-AD aims to increase the validity and reliability of proxy responses by training the interviewers that only those people who know the consumer well (family, friends, certain staff, etc.) should serve as proxy respondents. To avoid conflict, case managers are not allowed to respond as proxies. Further, if both the consumer and a proxy respondent answer a question, the consumer's answer is recorded so long as their answer is deemed reliable by the interviewer. Interviewers also keep track of who responds to each question—the consumer or their proxy—and the proxy's relationship to the consumer.

Interviewer Training

States employ a variety of individuals to conduct the face-to-face interviews for the NCI-AD Adult Consumer Survey. To avoid conflict of interest, surveys cannot be administered by the consumer's service provider, relative, personal case manager, or other close contact. Given this constraint, states generally use private contractors or state quality assurance staff to conduct the surveys, though they may in some cases use universities, advocacy organizations, and/or peers.

HSRI and NASUAD project staff provide a mandatory one to two day on-site interviewer training to all new states enrolling in the project. The goal is to provide a standardized training to ensure uniform application of the survey. The training generally takes place no more than a month prior to when the interviews are scheduled to start.

Trainings consist of a detailed review of the survey tool, general and population-specific surveying techniques, overview of the project, guidance for follow-up in the case of unmet needs and/or abuse, neglect or exploitation, as well as mock interviewing practice sessions. An additional session reviews the process for entering survey data in the Online Data Entry Survey Application (ODESA). All trainees are given standardized materials to be used during the training itself, as well as for reference when conducting the surveys.

Criteria for Exclusion of Responses

All consumers selected in the survey sample are given an opportunity to participate in a face-to-face interview. There are no prescreening procedures. Exclusion of responses occurs at the time of data analysis, based on whether the interviewer indicated that a consumer was responding in an invalid and/or inconsistent way (this indication is made in the Interviewer Feedback form). There is no threshold of number of answers to be given in order to consider a survey complete for purposes of analysis.

Sampling

Each state is instructed to complete a minimum of 400 surveys with a random sample of seniors and adults with a physical (or other non-I/DD) disability who are receiving at least one publicly funded service beyond case management. A sample size of 400 ensures a high confidence level and relatively narrow margin of error (approximately 95% confidence level and 5% margin of error) for the state estimate, regardless of how large the service population is in the state. A 95% confidence level and a margin of error of +/-5% is mandatory for each state's sample to be included in this report.

Most states chose to conduct the survey with a sample larger than 400. The oversampling is usually done by program in order to get stable results for each program individually, in addition to the state estimate. This allows researchers to, with some certainty, draw conclusions about populations within those programs and make comparisons between them. Figure 6 presents the number of surveys completed by state and funding program. Additional information on how state programs are classified for national-level analysis and a detailed description of each state's sampling strategy and programs have already been provided in this report.

Figure 6. Total Surveys by State and Program

	Overall in State	Combined Medicaid	Aging Medicaid	PD Medicaid	BI Medicaid	OAA	SNF
CO	404	312	0	0	0	88	0
GA	801	331	0	0	0	470	0
ME	552	261	0	0	0	90	0
MS	935	529	0	293	113	0	0
NC	965	56	57	224	0	296	331
NJ	727	415	101	0	0	104	104
Overall	4384	1904	158	517	113	1048	435

V. Data Analysis

This section explains the statistical methods used to analyze the NCI-AD Adult Consumer Survey data. It includes an explanation of how the data are weighted to account for disproportionate program sampling within states.

Data Management and Analysis

HSRI coordinates the NCI-AD Adult Consumer Survey data management and analysis. Most states enter data into the ODESA system; HSRI staff subsequently download the data into an SPSS data file. This data file is then “cleaned” (reviewed for completeness and compliance with standard NCI-AD formats) and invalid responses are eliminated. Files from individual states are then merged into a single SPSS file. The merged file from 2015-2016 mid-year data collection was used for all analyses in this report.

Below is a summary of the statistical procedures used to analyze NCI-AD Adult Consumer Survey data for this report.

Weights

Many of the states proportionally oversampled one or more of their programs—that is, a particular program constitutes a larger proportion of the sample than it does as a proportion of the population receiving services. To account for some programs being proportionally over-represented in state samples and, in some states, program categories, statistical weights were developed and applied when estimating state averages and category averages. All Ns presented are observed Ns. For exact calculations of state and program category weights, please contact the project team.

Collapsing Data

For many of the indicators in this report, only “yes” responses are analyzed and reported for state-to-state comparisons. However, there are several indicators for which the “yes” response was collapsed with the middle response (for example, a “sometimes” response, or an “in-between” response) to form the collapsed response category that was then analyzed and subsequently reported. For those indicators, the two responses were considered to be equally indicative of a positive outcome. Appendix A contains the collapsing and recoding rules. Appendix B presents overall un-collapsed and un-weighted data.

VI. Appendices

Appendix A

Rules for Recoding and Collapsing Responses

Below is a table that details collapsing and recoding logic for indicators that were measured using anything other than a “Yes/No” binary response. The number in the third column refers to the table number in the report where the indicator can be found. Unless otherwise stated, “don’t know” and “unclear/refused” responses are excluded from both numerator and denominator.

Table A1. Outcome Variables – Collapsing Rules

Domain	Indicator	Table #	Recoding/Collapsing Logic
Community Participation	Proportion of people who are able to do things they enjoy outside of their home when and with whom they want	22	Collapse “No” and “Sometimes”
Choice and Decision Making	Proportion of people who get up and go to bed at the time they want	25	Collapse “Some days, sometimes” and “No, never”
	Proportion of people who can eat their meals when they want	26	Collapse “Some days, sometimes” and “No, never”
	Proportion of people who are able to decide how to furnish and decorate their room (if in group setting)	27	Collapse “In-between, able to decide some ways” and “No”
Relationships	Proportion of people who can always or almost always see or talk to friends and family when they want (if there are friends and family who do not live with person)	28	Collapse “Most of the time, usually, or some family and/or friends” and “No, or only sometimes”
	Proportion of people who sometimes or often feel lonely, sad or depressed	30	Collapse “Often” and “Sometimes”; Collapse “Not often” and “Never or almost never”
Satisfaction	Proportion of people who like where they are living	31	Collapse “In-between, most of the time” and “No”
	Proportion of people who would prefer to live somewhere else	33	Collapse “Yes” and “Maybe”
	Proportion of people who like how they usually spend their time during the day	35	Collapse “Yes, always, or almost always” and “Some days, sometimes”
	Proportion of people whose paid support staff change too often	36	Collapse “Yes” and “Some, or sometimes”
	Proportion of people whose paid support staff do things the way they want them done	37	Collapse “No, never or rarely” and “Some, or usually”

Domain	Indicator	Table #	Recoding/Collapsing Logic
Service Coordination	Proportion of people who know whom to call if they have a complaint about their services	38	“Maybe, not sure” response treated as “don’t know” and excluded from both numerator and denominator
	Proportion of people who know whom to call to get information if their needs change and they need new or different types of services and supports	39	“Maybe, not sure” response treated as “don’t know” and excluded from both numerator and denominator
	Proportion of people who can reach their case manager/ care coordinator when they need to (if they know they have a case manager/ care coordinator)	40	Collapse “No, or only sometimes” and “Most of the time, usually”
	Proportion of people whose paid support staff show up and leave when they are supposed to	41	Collapse “No, never or rarely” and “Some, or usually”
	Proportion of people whose services meet all their needs and goals	44	Collapse “No, not at all, needs or goals are not met,” “Somewhat, some needs and goals,” and “Mostly, most needs and goals”
	Proportion of people whose family member (unpaid or paid) is the person who helps them most often	49	Collapse “Paid family member or spouse/partner” and “Unpaid family member or spouse/partner”
	Proportion of people whose family member (unpaid or paid) provides additional assistance	50	Add percentages for “Paid family member or spouse/partner” and “Unpaid family member or spouse/partner”
Care Coordination	Proportion of people who stayed overnight in a hospital or rehab facility (and were discharged to go home) in past year	51	Collapse “Yes, hospital” and “Yes, rehab/nursing facility”
	Proportion of people who reported feeling comfortable and supported enough to go home after being discharged from a hospital or rehab facility (if occurred in the past year)	52	Collapse “No” and “In-between”
	Proportion of people who reported they know how to manage their chronic conditions	55	Collapse “No” and “In-between, or some conditions”
Access	Proportion of people who have transportation when they want to do things outside of their home	56	Collapse “No” and “Sometimes”
	Proportion of people who have transportation to get to medical appointments when they need to	57	Collapse “No” and “Sometimes”
	Proportion of people who receive information about their services in the language they prefer (if non-English)	58	Collapse “No” and “Some information”

Domain	Indicator	Table #	Recoding/Collapsing Logic
Safety	Proportion of people who feel safe at home	91	Collapse “Rarely or never” and “Most of the time”
	Proportion of people who feel safe around their paid support staff	92	Collapse “No, never or rarely” and “Some, or usually but not always”
	Proportion of people who are ever worried for the security of their personal belongings	93	Collapse “Yes, often” and “Sometimes”
	Proportion of people whose money was taken or used without their permission	94	“Maybe, not sure” response treated as “don’t know” and excluded from both numerator and denominator
	Proportion of people who have concerns about falling or being unstable (or about whom there are concerns)	95	Collapse “Yes, often” and “Sometimes”
Health Care	Proportion of people who can get an appointment to see their primary care doctor when they need to	102	Collapse “Sometimes or rarely” and “Usually”
	Proportion of people who have talked to someone about feeling sad and depressed during the past 12 months (if feeling sad and depressed)	103	Collapse “Yes, friend,” “Yes, family member,” and “Yes, doctor or nurse”
Wellness	Proportion of people who describe their overall health as poor	110	Collapse “Excellent,” “Very good,” “Good,” and “Fair”
	Proportion of people who report that their health is much better or somewhat better compared to 12 months ago	111	Collapse “Much better,” and “Somewhat better”; Collapse “Much worse,” “Somewhat worse,” and “About the same”
Medications	Proportion of people who understand why they take their prescription medications and what they are for (if take or are supposed to take prescription medications)	116	Collapse “No” and “In-between, or some medications”
Rights and Respect	Proportion of people who feel that their paid support staff treat them with respect	117	Collapse “No, never or rarely” and “Some, or usually”
	Proportion of people who get asked permission before people enter their home/room	118	Collapse “Sometimes, rarely or never” and “Usually, but not always”
	Proportion of people who have enough privacy in their home (if in group setting)	120	Collapse “No, never or rarely” and “Usually”
	Proportion of people who have privacy with visitors at home if they want it (if in group setting)	122	Collapse “No, never or rarely” and “Usually”
	Proportion of people who can use the phone privately whenever they want to (if in group setting)	123	Collapse “No, never or rarely” and “Usually”

Domain	Indicator	Table #	Recoding/Collapsing Logic
Self-Direction of Care	Proportion of people who can choose or change what kind of services they get and determine how often and when they get them	127	Collapse “No” and “Sometimes, or some services”
	Proportion of people who can choose or change who provides their services if they want to	128	Collapse “No” and “Sometimes, or some services”
Work	Proportion of people who have a paying job in the community, either full-time or part-time	129	Collapse “Yes, full time” and “Yes, part time”
	Proportion of people who would like a job (if not currently employed)	130	Collapse “Yes” and “Maybe, not sure”
Everyday Living	Proportion of people who generally need a lot or some assistance with everyday activities (Things like preparing meals, housework, shopping or taking their medications)	133	Collapse “A lot” and “Some”
	Proportion of people who generally need a lot or some assistance with self-care (Things like bathing, dressing, going to the bathroom, eating, or moving around their home)	135	Collapse “A lot” and “Some”
	Proportion of people who have access to healthy foods like fruits and vegetables when they want them	137	Collapse “No, never” and “Sometimes”
Affordability	Proportion of people who ever have to skip a meal due to financial worries	138	Collapse “Yes, often” and “Sometimes”
Control	Proportion of people who feel in control of their life	141	Collapse “No” and “In-between”

Appendix B

Un-collapsed and un-weighted data by state

Community Participation – un-collapsed and un-weighted

Table B1. Proportion of people who are able to do things they enjoy outside of their home when and with whom they want (un-collapsed and unweighted)

	No	Sometimes	Yes	Doesn't Want To	Don't Know	Unclear/ Refused/ No Response	N
CO	19%	23%	54%	3%	0%	0%	383
GA	9%	11%	75%	3%	0%	1%	558
ME	21%	26%	50%	2%	1%	0%	457
MS	18%	20%	60%	1%	0%	0%	817
NC*	17%	15%	57%	9%	1%	1%	724
NJ*	23%	14%	57%	4%	1%	1%	544
NCI-AD Un-collapsed Average	18%	18%	59%	4%	1%	1%	3483

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Choice and Decision Making – un-collapsed and un-weighted

Table B2. Proportion of people who are able to choose their roommate (if in group setting and has roommate) (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	47%	33%	20%	0%	15
GA	36%	51%	1%	12%	67
ME	72%	15%	12%	1%	82
MS	57%	33%	8%	2%	93
NC*	72%	18%	7%	2%	217
NJ*	44%	39%	9%	9%	160
NCI-AD Un-collapsed Average	55%	32%	9%	4%	634

Table B3. Proportion of people who get up and go to bed at the time when they want (un-collapsed and unweighted)

	No, Never	Some Days, Sometimes	Yes, Always, or Almost Always	Don't Know	Unclear/ Refused/ No Response	N
CO	1%	3%	95%	0%	1%	383
GA	1%	5%	92%	0%	2%	553
ME	2%	5%	92%	0%	0%	456
MS	3%	5%	92%	0%	0%	817
NC*	3%	6%	89%	0%	1%	727
NJ*	4%	5%	90%	0%	1%	544
NCI-AD Un-collapsed Average	2%	5%	92%	0%	1%	3480

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B4. Proportion of people who can eat their meals when they want (un-collapsed and unweighted)						
	No, Never	Some Days, Sometimes	Yes, Always, or Almost Always	Don't Know	Unclear/ Refused/ No Response	N
CO	3%	7%	90%	0%	1%	383
GA	3%	4%	92%	0%	2%	554
ME	20%	7%	72%	0%	1%	454
MS	9%	5%	86%	0%	0%	817
NC*	13%	7%	79%	0%	1%	727
NJ*	13%	7%	79%	0%	1%	535
NCI-AD Un-collapsed Average	10%	6%	83%	0%	1%	3470

Table B5. Proportion of people who are able to decide how to furnish and decorate their room (if in group setting) (un-collapsed and unweighted)						
	No	In-Between, Able To Decide Some Ways	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	3%	12%	82%	0%	3%	65
GA	2%	5%	88%	0%	5%	164
ME	7%	15%	74%	4%	0%	149
MS	11%	11%	76%	2%	0%	196
NC*	16%	16%	65%	3%	0%	270
NJ*	9%	6%	81%	2%	1%	247
NCI-AD Un-collapsed Average	8%	11%	77%	2%	2%	1091

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Relationships – un-collapsed and un-weighted

Table B6. Proportion of people who can see or talk to friends and family when they want (if there are friends and family who do not live with person) (un-collapsed and unweighted)

	No, or Only Sometimes	Most of The Time, Usually, or Some Family and/or Friends	Yes, Always, or Chooses Not To	Don't Know	Unclear/Refused/No Response	N
CO	3%	9%	88%	0%	1%	360
GA	2%	4%	93%	0%	0%	655
ME	8%	16%	77%	0%	0%	418
MS	3%	10%	86%	0%	1%	816
NC*	6%	7%	87%	0%	0%	673
NJ*	3%	8%	88%	0%	1%	497
NCI-AD Un-collapsed Average	4%	9%	86%	0%	0%	3419

Table B7. Proportion of people who feel lonely, sad or depressed (un-collapsed and unweighted)

	Never or Almost Never	Not Often	Sometimes	Often	Don't Know	Unclear/Refused/No Response	N
CO	28%	21%	33%	17%	0%	1%	383
GA	16%	48%	24%	10%	0%	2%	556
ME	24%	18%	34%	23%	0%	0%	458
MS	28%	17%	42%	13%	0%	0%	817
NC*	28%	23%	34%	13%	1%	1%	723
NJ*	24%	22%	35%	17%	1%	2%	541
NCI-AD Un-collapsed Average	25%	25%	34%	16%	0%	1%	3478

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Satisfaction – un-collapsed and un-weighted

Table B8. Proportion of people who like where they are living (un-collapsed and unweighted)

	No	In-Between, Most of The Time	Yes	Don't Know	Unclear/Refused/No Response	N
CO	6%	7%	83%	1%	2%	404
GA	4%	4%	90%	0%	3%	780
ME	9%	15%	73%	0%	2%	478
MS	4%	6%	85%	0%	5%	935
NC*	7%	9%	82%	0%	1%	741
NJ*	8%	7%	65%	1%	19%	723
NCI-AD Un-collapsed Average	6%	8%	80%	1%	5%	4061

Table B9. Proportion of people who would prefer to live somewhere else (un-collapsed and unweighted)

	No	Maybe	Yes	Unclear/Refused/No Response	N
CO	75%	8%	14%	2%	404
GA	86%	2%	9%	3%	777
ME	60%	7%	30%	3%	471
MS	76%	5%	13%	6%	935
NC*	72%	4%	23%	1%	738
NJ*	58%	4%	17%	22%	721
NCI-AD Un-collapsed Average	71%	5%	18%	6%	4046

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B10. Proportion of people who like how they usually spend their time during the day (un-collapsed and unweighted)

	No, Never	Some Days, Sometimes	Yes, Always, or Almost Always	Don't Know	Unclear/Refused/No Response	N
CO	9%	30%	60%	1%	1%	383
GA	3%	18%	76%	0%	2%	547
ME	9%	35%	56%	0%	0%	450
MS	7%	34%	59%	0%	0%	817
NC*	8%	25%	66%	0%	1%	723
NJ*	11%	21%	67%	1%	1%	538
NCI-AD Un-collapsed Average	8%	27%	64%	0%	1%	3458

Table B11. Proportion of people whose paid support staff change too often (un-collapsed and unweighted)

	No	Some, or Sometimes	Yes	N/A - Paid Support Persons are Live-in	Don't Know	Unclear/Refused/No Response	N
CO	67%	19%	13%	0%	0%	0%	252
GA	75%	8%	15%	1%	0%	0%	408
ME	59%	16%	21%	1%	2%	1%	439
MS	76%	10%	11%	1%	1%	0%	669
NC*	62%	13%	19%	1%	4%	0%	616
NJ*	59%	14%	20%	1%	2%	3%	499
NCI-AD Un-collapsed Average	66%	14%	17%	1%	1%	1%	2883

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B12. Proportion of people whose paid support staff do things the way they want them done (un-collapsed and unweighted)

	No, Never or Rarely	Some, or Usually	Yes, All Paid Support Workers, Always or Almost Always	Don't Know	Unclear/ Refused/ No Response	N
CO	3%	16%	81%	0%	1%	243
GA	3%	10%	87%	0%	0%	300
ME	2%	20%	76%	0%	2%	376
MS	2%	10%	88%	0%	0%	601
NC*	4%	18%	76%	0%	1%	472
NJ*	4%	15%	80%	1%	1%	366
NCI-AD Un-collapsed Average	3%	15%	81%	0%	1%	2358

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Service Coordination – un-collapsed and un-weighted

Table B13. Proportion of people who know whom to call if they have a complaint about their services (un-collapsed and unweighted)

	No	Maybe, Not Sure	Yes	Unclear/ Refused/ No Response	N
CO	15%	8%	76%	0%	385
GA	13%	12%	75%	0%	734
ME	22%	6%	70%	2%	522
MS	15%	8%	77%	0%	920
NC*	11%	6%	82%	1%	934
NJ*	18%	7%	73%	2%	702
NCI-AD Un-collapsed Average	16%	8%	76%	1%	4197

Table B14. Proportion of people who know whom to call to get information if their needs change and they need new or different types of services and supports (un-collapsed and unweighted)

	No	Maybe, Not Sure	Yes	Unclear/ Refused/ No Response	N
CO	10%	10%	79%	1%	385
GA	11%	15%	73%	0%	737
ME	19%	10%	71%	1%	527
MS	17%	11%	72%	0%	920
NC*	16%	8%	74%	1%	934
NJ*	18%	8%	71%	3%	697
NCI-AD Un-collapsed Average	15%	11%	73%	1%	4200

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B15. Proportion of people who can reach their case manager/care coordinator (if know they have case manager/care coordinator) (un-collapsed and unweighted)

	No, or Only Sometimes	Most of The Time, Usually	Yes, Always	Don't Know	Unclear/ Refused/ No Response	N
CO	6%	12%	80%	2%	0%	313
GA	2%	7%	89%	1%	0%	510
ME	6%	19%	73%	1%	0%	233
MS	4%	11%	84%	1%	0%	710
NC*	3%	7%	88%	1%	0%	543
NJ*	8%	10%	79%	2%	0%	485
NCI-AD Un-collapsed Average	5%	11%	82%	1%	0%	2794

Table B16. Proportion of people whose paid support staff show up and leave when they are supposed to (un-collapsed and unweighted)

	No, Never or Rarely	Some, or Usually	Yes, All Paid Support Workers, Always or Almost Always	N/A - Paid Support Persons Are Live-in	Don't Know	Unclear/ Refused/ No Response	N
CO	2%	10%	87%	1%	0%	0%	252
GA	3%	8%	88%	2%	0%	0%	403
ME	2%	11%	81%	4%	1%	1%	430
MS	1%	7%	90%	2%	0%	0%	669
NC*	3%	13%	79%	1%	2%	1%	610
NJ*	2%	11%	81%	1%	3%	3%	493
NCI-AD Un-collapsed Average	2%	10%	84%	2%	1%	1%	2857

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B17. Proportion of people who have an emergency plan in place (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	33%	58%	8%	1%	403
GA	38%	57%	4%	1%	795
ME	43%	47%	9%	1%	536
MS	27%	70%	2%	0%	932
NC*	22%	69%	7%	1%	962
NJ*	26%	60%	13%	2%	720
NCI-AD Un-collapsed Average	32%	60%	7%	1%	4348

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B18. Proportion of people who want help planning for their future need for services (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	62%	32%	4%	2%	383
GA	51%	46%	1%	2%	554
ME	68%	25%	5%	2%	442
MS	55%	36%	7%	1%	817
NC*	59%	31%	8%	2%	713
NJ*	60%	25%	9%	6%	543
NCI-AD Un-collapsed Average	59%	33%	6%	2%	3452

Table B19. Proportion of people whose services meet all their needs and goals (un-collapsed and unweighted)

	No, Not At All, Needs or Goals Are Not Met	Somewhat, Some Needs and Goals	Mostly, Most Needs and Goals	Yes, Completely, All Needs and Goals	Don't Know	Unclear/ Refused/ No Response	N
CO	3%	13%	25%	59%	1%	0%	400
GA	7%	7%	12%	74%	0%	1%	768
ME	4%	14%	27%	54%	0%	1%	531
MS	3%	8%	27%	62%	0%	0%	929
NC*	8%	10%	18%	63%	1%	0%	945
NJ*	5%	10%	19%	63%	1%	2%	714
NCI-AD Un-collapsed Average	5%	10%	21%	62%	1%	1%	4287

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B20. Proportion of people whose case manager/care coordinator talked to them about services that might help with unmet needs and goals (if have case manager and have unmet needs and goals) (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	54%	43%	3%	0%	116
GA	28%	71%	1%	0%	101
ME	30%	61%	7%	2%	110
MS	53%	44%	3%	0%	262
NC*	31%	59%	10%	0%	206
NJ*	23%	65%	6%	7%	168
NCI-AD Un-collapsed Average	36%	57%	5%	1%	963

Table B21. Others who help people (un-collapsed and unweighted)

	Paid Support Worker Who is Not A Friend or Relative	Paid Family Member, Spouse, or Partner	Paid Friend	Unpaid Family Member, Spouse, or Partner	Unpaid Friend or Volunteer	Other	No One Else Provides Support	N
CO	30%	6%	1%	45%	18%	1%	20%	355
GA	21%	1%	0%	31%	5%	0%	18%	779
ME	39%	4%	1%	44%	12%	3%	14%	524
MS	36%	3%	1%	52%	12%	1%	15%	891
NC*	22%	3%	1%	46%	11%	3%	15%	947
NJ*	29%	2%	1%	37%	10%	4%	14%	712
NCI-AD Un-collapsed Average	29%	3%	1%	42%	11%	2%	16%	4208

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Care Coordination – un-collapsed and un-weighted

Table B22. Proportion of people who stayed overnight in a hospital or rehabilitation facility (and were discharged to go home) in past year (un-collapsed and unweighted)

	Hospital	Rehab or Nursing Facility	No	N
CO	33%	10%	63%	402
GA	20%	5%	75%	792
ME	33%	7%	64%	532
MS	31%	3%	67%	931
NC*	27%	5%	69%	957
NJ*	32%	8%	63%	721
NCI-AD Un-collapsed Average	30%	6%	67%	4335

Table B23. Proportion of people who reported feeling comfortable and supported enough to go home after being discharged from a hospital or rehabilitation facility (if occurred in the past year) (un-collapsed and unweighted)

	No	In-between	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	10%	7%	82%	1%	0%	146
GA	5%	7%	86%	2%	0%	187
ME	10%	8%	83%	0%	0%	183
MS	3%	7%	89%	0%	0%	300
NC*	11%	5%	80%	3%	1%	276
NJ*	10%	2%	86%	1%	1%	251
NCI-AD Un-collapsed Average	8%	6%	84%	1%	0%	1343

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B24. Proportion of people who reported someone followed-up with them after discharge from a hospital or rehabilitation facility (if occurred in the past year) (un-collapsed and unweighted)

	No	Yes	N/A - Did Not Need or Want Follow-Up Care	Don't Know	Unclear/Refused/No Response	N
CO	21%	73%	2%	3%	1%	146
GA	17%	79%	2%	2%	0%	187
ME	22%	74%	1%	3%	0%	180
MS	18%	80%	1%	2%	0%	300
NC*	16%	74%	1%	7%	2%	273
NJ*	23%	69%	2%	5%	1%	251
NCI-AD Un-collapsed Average	20%	75%	1%	4%	1%	1337

Table B25. Proportion of people who reported having one or more chronic conditions (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/Refused/No Response	N
CO	9%	90%	1%	0%	402
GA	12%	86%	1%	1%	788
ME	17%	81%	1%	1%	535
MS	18%	81%	1%	0%	931
NC*	11%	88%	1%	0%	963
NJ*	12%	85%	2%	1%	722
NCI-AD Un-collapsed Average	13%	85%	1%	0%	4341

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B26. Proportion of people who reported know how to manage their chronic condition(s) (un-collapsed and unweighted)

	No	In-between or Some Conditions	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	3%	11%	84%	1%	1%	362
GA	0%	3%	97%	0%	0%	665
ME	3%	11%	84%	1%	0%	429
MS	2%	4%	94%	0%	0%	756
NC*	5%	5%	88%	1%	0%	838
NJ*	5%	7%	86%	1%	1%	613
NCI-AD Un-collapsed Average	3%	7%	89%	1%	0%	3663

*NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Access – un-collapsed and un-weighted

Table B27. Proportion of people who have transportation when they want to do things outside of their home (un-collapsed and unweighted)

	No	Sometimes	Yes	N/A - Does Not Want To	Don't Know	Unclear/ Refused/ No Response	N
CO	9%	22%	65%	2%	0%	1%	402
GA	6%	13%	75%	4%	0%	1%	795
ME	14%	19%	62%	3%	2%	0%	529
MS	13%	14%	71%	2%	0%	0%	931
NC*	12%	9%	67%	8%	2%	1%	958
NJ*	18%	13%	62%	5%	2%	1%	723
NCI-AD Un-collapsed Average	12%	15%	67%	4%	1%	1%	4338

Table B28. Proportion of people who have transportation to get to medical appointments when they need to (un-collapsed and unweighted)

	No	Sometimes	Yes	N/A - Does Not Go To Medical Appointments	Don't Know	Unclear/ Refused/ No Response	N
CO	2%	8%	89%	1%	0%	0%	402
GA	3%	11%	83%	2%	0%	1%	791
ME	2%	6%	90%	2%	1%	0%	532
MS	1%	3%	94%	1%	0%	0%	931
NC*	2%	3%	91%	3%	1%	0%	957
NJ*	4%	4%	86%	4%	1%	1%	723
NCI-AD Un-collapsed Average	2%	6%	89%	2%	0%	0%	4336

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B29. Proportion of people who receive information about their services in the language they prefer (if non-English) (un-collapsed and unweighted)

	No	Some Information	Yes, All Information	Don't Know	Unclear/Refused/No Response	N
CO	8%	25%	66%	0%	2%	53
GA	2%	0%	98%	0%	0%	277
ME	29%	24%	41%	0%	6%	17
MS	1%	0%	99%	0%	0%	74
NC*	8%	1%	90%	1%	0%	144
NJ*	13%	11%	53%	2%	21%	236
NCI-AD Un-collapsed Average	10%	10%	74%	0%	5%	801

Table B30. Proportion of people who need new or an upgrade to grab bars in the bathroom or elsewhere in home (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/Refused/No Response	N
CO	13%	65%	8%	14%	0%	0%	403
GA	25%	55%	5%	12%	1%	1%	797
ME	15%	69%	5%	10%	1%	0%	537
MS	21%	46%	5%	27%	1%	0%	932
NC*	23%	61%	3%	11%	2%	1%	958
NJ*	22%	67%	4%	5%	1%	1%	720
NCI-AD Un-collapsed Average	20%	60%	5%	13%	1%	0%	4347

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B31. Proportion of people who need new or an upgrade to bathroom modifications (other than grab bars) (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	33%	44%	5%	17%	1%	0%	403
GA	61%	21%	3%	11%	2%	2%	791
ME	34%	48%	4%	12%	1%	0%	531
MS	58%	11%	2%	26%	1%	2%	932
NC*	41%	43%	2%	10%	3%	1%	948
NJ*	60%	27%	2%	4%	2%	4%	721
NCI-AD Un-collapsed Average	48%	32%	3%	13%	2%	1%	4326

Table B32. Proportion of people who need a new or an upgrade to specialized bed (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	62%	17%	5%	15%	1%	0%	403
GA	66%	23%	5%	3%	2%	1%	796
ME	60%	23%	8%	7%	2%	1%	531
MS	59%	18%	10%	12%	1%	0%	932
NC*	49%	40%	5%	4%	1%	0%	939
NJ*	57%	32%	5%	3%	1%	3%	723
NCI-AD Un-collapsed Average	59%	26%	6%	8%	1%	1%	4324

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B33. Proportion of people who need a new or an upgrade to stair lift in or outside the home (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/Refused/No Response	N
CO	56%	26%	4%	13%	0%	0%	403
GA	43%	41%	9%	6%	0%	1%	790
ME	45%	38%	5%	10%	1%	1%	534
MS	52%	28%	6%	14%	0%	0%	932
NC*	52%	37%	3%	6%	1%	1%	943
NJ*	69%	20%	2%	6%	1%	1%	721
NCI-AD Un-collapsed Average	53%	32%	5%	9%	1%	1%	4323

Table B34. Proportion of people who need a new or an upgrade to a remote monitoring system (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/Refused/No Response	N
CO	88%	5%	0%	6%	1%	0%	403
GA	73%	10%	2%	11%	3%	2%	793
ME	84%	6%	1%	5%	4%	1%	529
MS	69%	6%	0%	23%	1%	0%	932
NC*	76%	8%	0%	7%	7%	1%	943
NJ*	73%	13%	2%	2%	5%	4%	720
NCI-AD Un-collapsed Average	77%	8%	1%	9%	4%	1%	4320

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B35. Proportion of people who need a new on an upgrade to an emergency response system (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/Refused/No Response	N
CO	22%	59%	3%	16%	1%	0%	403
GA	36%	34%	3%	26%	1%	1%	791
ME	42%	39%	2%	14%	2%	1%	536
MS	32%	24%	3%	40%	1%	0%	932
NC*	35%	50%	2%	11%	2%	1%	948
NJ*	36%	51%	3%	8%	2%	1%	721
NCI-AD Un-collapsed Average	34%	43%	3%	19%	1%	1%	4331

Table B36. Proportion of people who need new or an upgrade to other home modifications (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/Refused/No Response	N
CO	87%	3%	0%	4%	4%	1%	403
GA	78%	3%	0%	4%	5%	10%	694
ME	71%	9%	3%	15%	1%	1%	202
MS	84%	0%	1%	8%	5%	2%	932
NC*	55%	12%	2%	22%	8%	2%	200
NJ*	38%	3%	2%	4%	3%	50%	593
NCI-AD Un-collapsed Average	69%	5%	1%	9%	5%	11%	3024

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B37. Proportion of people who need a new or an upgrade to a walker (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	31%	57%	8%	4%	0%	0%	402
GA	36%	55%	6%	2%	1%	1%	794
ME	38%	52%	8%	1%	0%	0%	534
MS	46%	36%	12%	5%	1%	0%	931
NC*	50%	43%	4%	2%	1%	0%	954
NJ*	42%	50%	5%	2%	1%	1%	723
NCI-AD Un-collapsed Average	40%	49%	7%	3%	1%	0%	4338

Table B38. Proportion of people who need a new or an upgrade to a scooter (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	73%	7%	3%	16%	1%	0%	402
GA	72%	9%	3%	13%	2%	2%	793
ME	81%	5%	2%	10%	1%	0%	529
MS	71%	7%	3%	19%	0%	0%	931
NC*	84%	6%	1%	7%	2%	0%	941
NJ*	86%	5%	1%	4%	1%	3%	723
NCI-AD Un-collapsed Average	78%	7%	2%	11%	1%	1%	4319

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B39. Proportion of people who need a new or an upgrade to a cane (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	37%	56%	4%	2%	0%	0%	402
GA	40%	52%	4%	1%	1%	1%	789
ME	49%	46%	2%	2%	0%	0%	527
MS	50%	34%	9%	7%	0%	0%	931
NC*	63%	31%	2%	2%	1%	0%	945
NJ*	55%	38%	3%	2%	1%	2%	719
NCI-AD Un-collapsed Average	49%	43%	4%	3%	1%	1%	4313

Table B40. Proportion of people who need a new or an upgrade to a wheelchair (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	52%	30%	10%	8%	0%	0%	402
GA	47%	35%	11%	5%	1%	1%	786
ME	60%	27%	8%	5%	0%	0%	530
MS	43%	28%	16%	12%	0%	0%	931
NC*	38%	47%	9%	6%	1%	0%	953
NJ*	48%	39%	8%	4%	0%	1%	721
NCI-AD Un-collapsed Average	48%	34%	10%	6%	1%	0%	4323

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B41. Proportion of people who need new or an upgrade to hearing aids (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	70%	9%	4%	16%	1%	0%	402
GA	75%	11%	5%	6%	2%	1%	786
ME	71%	10%	5%	13%	2%	0%	532
MS	77%	2%	2%	17%	1%	0%	931
NC*	76%	8%	3%	10%	2%	0%	950
NJ*	75%	11%	4%	6%	1%	2%	722
NCI-AD Un-collapsed Average	74%	9%	4%	11%	2%	1%	4323

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B42. Proportion of people who need new or an upgrade to glasses (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	14%	55%	24%	6%	0%	0%	402
GA	32%	41%	19%	7%	1%	1%	792
ME	20%	54%	19%	6%	1%	0%	529
MS	20%	38%	31%	10%	1%	0%	931
NC*	29%	50%	12%	7%	1%	0%	954
NJ*	25%	56%	11%	5%	1%	1%	722
NCI-AD Un-collapsed Average	24%	49%	19%	7%	1%	0%	4330

Table B43. Proportion of people who need new or an upgrade to a communication device (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	92%	3%	1%	3%	0%	0%	402
GA	88%	3%	1%	2%	5%	1%	783
ME	93%	5%	1%	2%	0%	0%	526
MS	77%	6%	1%	16%	1%	0%	931
NC*	90%	2%	0%	2%	4%	1%	915
NJ*	84%	6%	1%	2%	2%	5%	722
NCI-AD Un-collapsed Average	87%	4%	1%	4%	2%	1%	4279

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B44. Proportion of people who need new or an upgrade to portable oxygen (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	61%	32%	3%	4%	0%	0%	402
GA	80%	14%	2%	1%	2%	1%	791
ME	82%	14%	1%	3%	0%	0%	527
MS	83%	9%	3%	4%	1%	0%	931
NC*	83%	11%	1%	1%	2%	1%	936
NJ*	84%	10%	1%	1%	0%	5%	723
NCI-AD Un-collapsed Average	79%	15%	2%	2%	1%	1%	4310

Table B45. Proportion of people who need new or an upgrade to other devices (un-collapsed and unweighted)

	Does Not Need	Has One, Doesn't Need Upgrade	Has One, Needs Upgrade	Needs One	Don't Know	Unclear/ Refused/ No Response	N
CO	81%	12%	2%	3%	1%	0%	402
GA	81%	4%	0%	2%	4%	9%	678
ME	66%	22%	2%	10%	0%	0%	194
MS	82%	1%	1%	9%	3%	3%	931
NC*	48%	17%	6%	20%	7%	1%	150
NJ*	35%	6%	2%	4%	2%	51%	590
NCI-AD Un-collapsed Average	66%	10%	2%	8%	3%	11%	2945

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Safety – un-collapsed and un-weighted

Table B46. Proportion of people who feel safe at home (un-collapsed and unweighted)

	Rarely or Never	Most of The Time	Yes, Always	Don't Know	Unclear/ Refused/ No Response	N
CO	1%	9%	90%	0%	1%	384
GA	1%	7%	90%	0%	2%	557
ME	3%	11%	86%	0%	0%	459
MS	2%	11%	87%	0%	0%	818
NC*	2%	7%	90%	0%	1%	728
NJ*	2%	9%	89%	0%	0%	539
NCI-AD Un-collapsed Average	2%	9%	89%	0%	1%	3485

Table B47. Proportion of people who feel safe around their paid support staff (un-collapsed and unweighted)

	No, Never or Rarely	Some, or Usually But Not Always	Yes, All Paid Support Workers, Always	Don't Know	Unclear/ Refused/ No Response	N
CO	0%	1%	98%	0%	0%	243
GA	0%	1%	98%	0%	0%	303
ME	2%	4%	93%	0%	1%	382
MS	0%	2%	98%	0%	0%	601
NC*	1%	5%	93%	0%	1%	475
NJ*	2%	3%	94%	0%	1%	370
NCI-AD Un-collapsed Average	1%	3%	96%	0%	0%	2374

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B48. Proportion of people who are ever worried for the security of their personal belongings (un-collapsed and unweighted)

	No, Never	Sometimes	Yes, Often	Don't Know	Unclear/ Refused/ No Response	N
CO	80%	11%	8%	0%	1%	383
GA	91%	4%	3%	1%	2%	557
ME	75%	16%	8%	0%	0%	456
MS	82%	10%	8%	0%	0%	818
NC*	77%	11%	10%	1%	1%	728
NJ*	74%	13%	12%	1%	0%	543
NCI-AD Un-collapsed Average	80%	11%	8%	0%	1%	3485

Table B49. Proportion of people whose money was taken or used without their permission (un-collapsed and unweighted)

	No	Maybe, Not Sure	Yes	Unclear/ Refused/ No Response	N
CO	88%	1%	9%	2%	383
GA	95%	1%	2%	2%	554
ME	82%	3%	14%	1%	452
MS	89%	2%	9%	0%	818
NC*	81%	2%	15%	2%	728
NJ*	86%	2%	11%	1%	538
NCI-AD Un-collapsed Average	87%	2%	10%	1%	3473

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B50. Proportion of people who have concerns about falling or being unstable (or about whom there are concerns) (un-collapsed and unweighted)

	No	Sometimes	Yes, Often	Don't Know	Unclear/ Refused/ No Response	N
CO	30%	28%	42%	0%	0%	403
GA	52%	23%	23%	0%	1%	798
ME	35%	20%	45%	1%	0%	538
MS	45%	23%	33%	0%	0%	932
NC*	45%	16%	38%	1%	0%	964
NJ*	39%	21%	38%	1%	0%	720
NCI-AD Un-collapsed Average	41%	22%	37%	0%	0%	4355

Table B51. Proportion of people with whom somebody talked or worked to reduce risk of falling or being unstable (if there are such concerns) (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	23%	75%	1%	1%	283
GA	12%	83%	2%	2%	386
ME	31%	66%	3%	1%	346
MS	39%	60%	2%	0%	518
NC*	23%	73%	3%	1%	530
NJ*	27%	69%	2%	1%	439
NCI-AD Un-collapsed Average	26%	71%	2%	1%	2502

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B52. Proportion of people who are able to get to safety quickly in case of an emergency like a fire or a natural disaster (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	20%	75%	5%	0%	403
GA	30%	65%	3%	2%	794
ME	15%	78%	6%	1%	538
MS	13%	81%	5%	0%	932
NC*	18%	75%	6%	1%	961
NJ*	16%	73%	10%	1%	722
NCI-AD Un-collapsed Average	19%	75%	6%	1%	4350

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Health Care – un-collapsed and un-weighted

Table B53. Proportion of people who have gone to the emergency room for tooth or mouth pain in past year (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	98%	2%	1%	0%	402
GA	94%	3%	3%	1%	790
ME	98%	2%	0%	0%	529
MS	98%	2%	0%	0%	931
NC*	97%	1%	1%	1%	924
NJ*	94%	1%	1%	3%	718
NCI-AD Un-collapsed Average	96%	2%	1%	1%	4294

Table B54. Proportion of people who have gone to the emergency room for falling or losing balance in past year (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	79%	20%	1%	0%	402
GA	91%	6%	2%	1%	790
ME	81%	19%	1%	0%	530
MS	86%	14%	0%	0%	931
NC*	88%	10%	2%	1%	930
NJ*	82%	14%	1%	3%	723
NCI-AD Un-collapsed Average	84%	14%	1%	1%	4306

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B55. Proportion of people who have gone to the emergency room for another reason in past year (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	56%	42%	2%	0%	402
GA	70%	26%	3%	1%	790
ME	57%	42%	1%	0%	534
MS	59%	40%	1%	0%	931
NC*	65%	32%	2%	1%	950
NJ*	65%	31%	2%	1%	723
NCI-AD Un-collapsed Average	62%	36%	2%	0%	4330

Table B56. Proportion of people who have a primary care doctor (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	2%	97%	0%	0%	402
GA	5%	94%	0%	1%	791
ME	4%	94%	1%	0%	535
MS	2%	98%	0%	0%	931
NC*	4%	94%	1%	0%	959
NJ*	3%	95%	1%	1%	723
NCI-AD Un-collapsed Average	3%	96%	1%	0%	4341

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B57. Proportion of people who can get an appointment to see their primary care doctor when they need to (un-collapsed and unweighted)

	Sometimes or Rarely	Usually	Yes, Always	Don't Know	Unclear/ Refused/ No Response	N
CO	10%	15%	73%	1%	1%	389
GA	1%	7%	92%	0%	0%	741
ME	5%	13%	81%	1%	0%	503
MS	5%	11%	84%	0%	0%	913
NC*	3%	7%	89%	1%	0%	903
NJ*	4%	9%	85%	2%	0%	687
NCI-AD Un-collapsed Average	5%	10%	84%	1%	0%	4136

Table B58. Proportion of people who have talked to someone about feeling sad and depressed during the past 12 months (if feeling sad and depressed) (un-collapsed and unweighted)

	Friend	Family Member	Doctor or Nurse	No	Don't Know	Unclear/ Refused/ No Response	N
CO	14%	35%	51%	29%	0%	1%	189
GA	5%	7%	18%	10%	0%	0%	544
ME	11%	12%	30%	18%	0%	0%	456
MS	18%	21%	35%	39%	0%	0%	451
NC*	5%	10%	17%	20%	1%	1%	711
NJ*	5%	9%	20%	24%	1%	1%	529
NCI-AD Un-collapsed Average	10%	16%	29%	23%	0%	0%	2880

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B59. Proportion of people who have had a physical exam in the past year (un-collapsed and unweighted)

	No	Yes	N/A- e.g., Not Recommended	Don't Know	Unclear/ Refused/ No Response	N
CO	17%	80%	1%	1%	0%	402
GA	11%	86%	0%	2%	1%	791
ME	18%	78%	0%	4%	0%	535
MS	20%	78%	0%	2%	0%	931
NC*	14%	80%	1%	4%	1%	960
NJ*	11%	84%	0%	3%	1%	721
NCI-AD Un-collapsed Average	15%	81%	1%	3%	1%	4340

Table B60. Proportion of people who have had a hearing exam in the past year (un-collapsed and unweighted)

	No	Yes	N/A- e.g., Not Recommended	Don't Know	Unclear/ Refused/ No Response	N
CO	66%	28%	4%	2%	0%	402
GA	43%	53%	1%	3%	1%	784
ME	78%	19%	0%	2%	1%	537
MS	79%	19%	0%	2%	0%	931
NC*	62%	30%	0%	7%	1%	961
NJ*	54%	38%	0%	6%	2%	722
NCI-AD Un-collapsed Average	64%	31%	1%	3%	1%	4337

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B61. Proportion of people who have had a vision exam in the past year (un-collapsed and unweighted)

	No	Yes	N/A- e.g., Not Recommended	Don't Know	Unclear/ Refused/ No Response	N
CO	37%	60%	3%	0%	0%	402
GA	33%	63%	1%	3%	1%	783
ME	41%	57%	0%	1%	0%	537
MS	48%	50%	0%	1%	0%	931
NC*	34%	61%	1%	5%	0%	961
NJ*	32%	63%	0%	3%	1%	718
NCI-AD Un-collapsed Average	38%	59%	1%	2%	0%	4332

Table B62. Proportion of people who have had a flu shot in the past year (un-collapsed and unweighted)

	No	Yes	N/A- e.g., Not Recommended	Don't Know	Unclear/ Refused/ No Response	N
CO	19%	75%	3%	2%	0%	402
GA	22%	74%	0%	3%	1%	784
ME	23%	74%	1%	2%	0%	536
MS	32%	66%	0%	1%	0%	931
NC*	19%	77%	0%	3%	1%	961
NJ*	20%	74%	1%	3%	2%	719
NCI-AD Un-collapsed Average	22%	73%	1%	3%	1%	4333

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B63. Proportion of people who have had a regular dental visit in the past year (un-collapsed and unweighted)

	No	Yes	N/A- e.g., Not Recommended	Don't Know	Unclear/ Refused/ No Response	N
CO	56%	38%	5%	0%	0%	402
GA	57%	31%	8%	3%	1%	787
ME	76%	23%	0%	1%	0%	533
MS	72%	25%	2%	1%	0%	931
NC*	51%	42%	1%	4%	1%	959
NJ*	45%	49%	1%	4%	1%	722
NCI-AD Un-collapsed Average	59%	35%	3%	2%	1%	4334

Table B64. Proportion of people who have had a cholesterol screening exam in the past five years (un-collapsed and unweighted)

	No	Yes	N/A	Don't Know	Unclear/ Refused/ No Response	N
CO	11%	79%	4%	6%	0%	402
GA	13%	76%	1%	9%	1%	788
ME	16%	73%	0%	10%	1%	535
MS	18%	73%	1%	8%	0%	931
NC*	10%	74%	0%	14%	1%	953
NJ*	9%	76%	0%	12%	3%	721
NCI-AD Un-collapsed Average	13%	75%	1%	10%	1%	4330

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Wellness – un-collapsed and un-weighted

Table B65. Proportion of people in poor, fair, good, very good, or excellent health (un-collapsed and unweighted)

	Poor	Fair	Good	Very Good	Excellent	Don't Know	Unclear/ Refused/ No Response	N
CO	17%	36%	30%	13%	3%	1%	0%	402
GA	10%	38%	44%	7%	1%	0%	1%	797
ME	17%	28%	29%	18%	6%	0%	0%	536
MS	18%	35%	30%	12%	5%	0%	0%	931
NC*	13%	31%	36%	14%	4%	1%	1%	962
NJ*	14%	35%	32%	12%	5%	1%	1%	725
NCI-AD Un-collapsed Average	15%	34%	34%	13%	4%	1%	0%	4353

Table B66. Proportion of people whose health has gotten better or worse compared to 12 months ago (un-collapsed and unweighted)

	Much Worse	Somewhat Worse	About The Same	Somewhat Better	Much Better	Don't Know	Unclear/ Refused/ No Response	N
CO	8%	24%	38%	20%	10%	0%	0%	402
GA	4%	24%	57%	11%	2%	0%	1%	797
ME	8%	23%	42%	16%	10%	0%	0%	536
MS	5%	22%	52%	12%	9%	0%	0%	931
NC*	6%	19%	49%	17%	8%	1%	1%	961
NJ*	7%	22%	47%	15%	8%	1%	0%	722
NCI-AD Un-collapsed Average	6%	22%	47%	15%	8%	0%	0%	4349

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B67. Proportion of people who forget things more often than before during the past 12 months (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	45%	52%	2%	1%	402
GA	56%	40%	4%	1%	793
ME	48%	49%	3%	0%	536
MS	46%	52%	2%	0%	931
NC*	54%	41%	4%	1%	955
NJ*	51%	43%	4%	1%	722
NCI-AD Un-collapsed Average	50%	46%	3%	1%	4339

Table B68. Proportion of people who have discussed (or somebody else discussed) forgetting things with a doctor or a nurse (if forget things more often during the past 12 months) (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	38%	57%	5%	0%	218
GA	31%	64%	5%	0%	349
ME	50%	47%	3%	0%	273
MS	51%	47%	1%	0%	502
NC*	41%	53%	6%	0%	430
NJ*	34%	60%	4%	1%	344
NCI-AD Un-collapsed Average	41%	55%	4%	0%	2116

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Medications – un-collapsed and un-weighted

Table B69. Proportion of people who take medications that help them feel less sad or depressed (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	63%	34%	2%	0%	402
GA	53%	41%	5%	1%	797
ME	53%	41%	5%	1%	529
MS	62%	33%	4%	0%	931
NC*	62%	31%	6%	1%	961
NJ*	54%	35%	9%	2%	725
NCI-AD Un-collapsed Average	58%	36%	5%	1%	4345

Table B70. Proportion of people who take or are supposed to take any prescription medications (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	6%	94%	0%	0%	402
GA	7%	91%	1%	1%	789
ME	4%	95%	1%	0%	534
MS	3%	96%	0%	0%	931
NC*	4%	95%	1%	1%	959
NJ*	5%	94%	1%	1%	724
NCI-AD Un-collapsed Average	5%	94%	1%	0%	4339

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B71. Proportion of people who understand why they take their prescription medications and what they are for (if take or are supposed to take prescription medications) (un-collapsed and unweighted)

	No	In-Between, or Some Medications	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	3%	4%	93%	0%	0%	378
GA	2%	8%	90%	0%	0%	706
ME	6%	12%	82%	1%	0%	503
MS	2%	7%	91%	0%	0%	898
NC*	7%	6%	86%	1%	0%	905
NJ*	6%	7%	85%	2%	1%	678
NCI-AD Un-collapsed Average	4%	7%	88%	1%	0%	4068

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Rights and Respect – un-collapsed and un-weighted

Table B72. Proportion of people who feel that their paid support staff treat them with respect (un-collapsed and unweighted)

	No, Never or Rarely	Some, or Usually	Yes, All Paid Support Workers, Always or Almost Always	Don't Know	Unclear/ Refused/ No Response	N
CO	0%	7%	93%	0%	0%	243
GA	1%	3%	96%	0%	0%	305
ME	1%	6%	91%	1%	1%	381
MS	0%	3%	97%	0%	0%	601
NC*	2%	10%	88%	0%	0%	474
NJ*	2%	6%	91%	0%	1%	369
NCI-AD Un-collapsed Average	1%	6%	93%	0%	0%	2373

Table B73. Proportion of people who get asked permission before people enter their home/room (un-collapsed and unweighted)

	Sometimes/ Rarely, or Never	Usually, But Not Always	Yes, Always	Don't Know	Unclear/ Refused/ No Response	N
CO	3%	10%	85%	0%	2%	383
GA	3%	5%	90%	0%	2%	556
ME	11%	18%	71%	1%	0%	458
MS	7%	9%	83%	0%	0%	818
NC*	8%	9%	81%	1%	1%	726
NJ*	6%	8%	85%	0%	0%	543
NCI-AD Un-collapsed Average	6%	10%	83%	0%	1%	3484

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B74. Proportion of people who are able to lock the doors to their room if they want (if in group setting) (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/Refused/No Response	N
CO	15%	82%	2%	2%	65
GA	12%	82%	2%	5%	164
ME	50%	41%	9%	0%	148
MS	27%	72%	1%	1%	196
NC*	60%	27%	12%	1%	276
NJ*	27%	67%	4%	1%	248
NCI-AD Un-collapsed Average	32%	62%	5%	2%	1097

Table B75. Proportion of people who have enough privacy in their home (if in group setting) (un-collapsed and unweighted)

	Sometimes/Rarely, or Never	Usually, But Not Always	Yes, Always	Don't Know	Unclear/Refused/No Response	N
CO	5%	5%	91%	0%	0%	65
GA	4%	2%	89%	0%	5%	164
ME	12%	15%	74%	0%	0%	151
MS	5%	16%	80%	0%	0%	196
NC*	11%	14%	74%	1%	0%	276
NJ*	9%	9%	80%	0%	1%	246
NCI-AD Un-collapsed Average	7%	10%	81%	0%	1%	1098

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B76. Proportion of people who are able to have visitors come at any time (if in group setting) (un-collapsed and unweighted)

	No, Visitors Allowed Only Certain Times	Yes, Visitors Can Come Any Time	Don't Know	Unclear/Refused/No Response	N
CO	11%	86%	3%	0%	63
GA	7%	88%	0%	5%	158
ME	13%	85%	2%	1%	143
MS	26%	72%	3%	0%	188
NC*	12%	84%	3%	1%	268
NJ*	22%	74%	3%	2%	243
NCI-AD Un-collapsed Average	15%	81%	2%	1%	1063

Table B77. Proportion of people who have privacy with visitors at home if they want it (if in group setting) (un-collapsed and unweighted)

	No, Never or Rarely Has Privacy or There Are Rules Against	Usually Has Privacy	Yes, Always Has Privacy	Don't Know	Unclear/Refused/No Response	N
CO	0%	2%	95%	2%	2%	63
GA	1%	4%	90%	0%	6%	163
ME	4%	11%	82%	2%	1%	143
MS	4%	14%	81%	0%	0%	188
NC*	5%	12%	79%	2%	2%	265
NJ*	4%	9%	83%	1%	3%	241
NCI-AD Un-collapsed Average	3%	9%	85%	1%	2%	1063

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B78. Proportion of people who can use the phone privately whenever they want (if in group setting) (un-collapsed and unweighted)

	No, Never or Rarely Can Use Privately or There Are Rules Against	Can Usually Use Privately	Yes, Can Use Privately Anytime, Either Independently or With Assistance	Don't Know	Unclear/ Refused/ No Response	N
CO	5%	0%	95%	0%	0%	65
GA	1%	3%	91%	0%	5%	159
ME	6%	8%	82%	1%	2%	142
MS	5%	10%	85%	0%	0%	190
NC*	15%	8%	73%	2%	2%	261
NJ*	5%	4%	88%	1%	2%	238
NCI-AD Un-collapsed Average	6%	5%	86%	1%	2%	1055

Table B79. Proportion of people who have access to food at all times of the day (if in group setting) (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	6%	92%	2%	0%	65
GA	7%	89%	0%	4%	167
ME	23%	71%	5%	1%	149
MS	29%	71%	0%	0%	196
NC*	9%	86%	4%	1%	266
NJ*	16%	80%	3%	2%	245
NCI-AD Un-collapsed Average	15%	81%	2%	1%	1088

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B80. Proportion of people whose mail or email is read without asking them first (if in group setting) (un-collapsed and unweighted)

	No, People Never Read Mail/Email Without Permission	Yes, People Read Mail/Email Without Permission	Don't Know	Unclear/Refused/No Response	N
CO	92%	5%	2%	2%	63
GA	83%	11%	2%	4%	161
ME	75%	9%	14%	2%	146
MS	89%	8%	3%	0%	189
NC*	80%	8%	9%	3%	258
NJ*	83%	10%	5%	2%	244
NCI-AD Un-collapsed Average	84%	8%	6%	2%	1061

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Self-Direction of Care – un-collapsed and un-weighted

Table B81. Proportion of people who are participating in a self-directed supports option (un-collapsed and unweighted)

	No	Yes	N
CO	53%	47%	316
GA	93%	7%	762
ME	81%	19%	391
MS	100%	0%	935
NC*	100%	0%	953
NJ*	88%	12%	603
NCI-AD Un-collapsed Average	86%	14%	3960

Table B82. Proportion of people who can choose or change the kind of services they get and determine how often and when they get them (un-collapsed and unweighted)

	No	Sometimes, or Some Services	Yes, All Services	Don't Know	Unclear/ Refused/ No Response	N
CO	11%	14%	66%	8%	1%	385
GA	12%	10%	64%	13%	1%	785
ME	22%	15%	51%	10%	1%	534
MS	14%	16%	54%	15%	1%	920
NC*	16%	13%	59%	10%	1%	945
NJ*	20%	14%	54%	10%	2%	719
NCI-AD Un-collapsed Average	16%	14%	58%	11%	1%	4288

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B83. Proportion of people who can choose or change who provides their services if they want (un-collapsed and unweighted)

	No	Sometimes, or Some Services	Yes, All Services	Don't Know	Unclear/ Refused/ No Response	N
CO	9%	9%	74%	7%	0%	385
GA	11%	9%	65%	15%	1%	739
ME	17%	6%	64%	10%	2%	524
MS	10%	14%	59%	16%	1%	920
NC*	15%	10%	61%	13%	1%	927
NJ*	20%	11%	55%	13%	2%	706
NCI-AD Un-collapsed Average	14%	10%	63%	12%	1%	4201

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Work – un-collapsed and un-weighted

Table B84. Proportion of people who have a paying job in the community, either full-time or part-time (un-collapsed and unweighted)

	No	Yes, Part-Time	Yes, Full-Time	Don't Know	Unclear/ Refused/ No Response	N
CO	98%	1%	0%	0%	0%	402
GA	97%	2%	0%	1%	1%	792
ME	99%	0%	0%	0%	0%	532
MS	99%	1%	0%	0%	0%	931
NC*	98%	1%	0%	0%	1%	963
NJ*	99%	1%	0%	0%	0%	724
NCI-AD Un-collapsed Average	98%	1%	0%	0%	0%	4344

Table B85. Proportion of people who would like a job (if not currently employed) (un-collapsed and unweighted)

	No	Maybe, Not Sure	Yes	Unclear/ Refused/ No Response	N
CO	80%	7%	12%	2%	376
GA	90%	2%	7%	2%	549
ME	72%	10%	17%	0%	444
MS	72%	7%	19%	1%	809
NC*	79%	6%	14%	1%	704
NJ*	76%	6%	15%	3%	537
NCI-AD Un-collapsed Average	78%	6%	14%	1%	3419

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B86. Proportion of people who reported that someone has talked to them about job options (if wanted a job) (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	79%	20%	0%	1%	71
GA	71%	27%	0%	2%	45
ME	78%	20%	2%	0%	128
MS	82%	16%	1%	0%	216
NC*	89%	10%	1%	0%	143
NJ*	89%	9%	0%	2%	113
NCI-AD Un-collapsed Average	81%	17%	1%	1%	716

Table B87. Proportion of people who do any volunteer work (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	85%	13%	1%	1%	402
GA	94%	4%	1%	1%	786
ME	86%	14%	0%	0%	532
MS	91%	9%	0%	0%	931
NC*	90%	9%	0%	1%	959
NJ*	91%	8%	0%	1%	722
NCI-AD Un-collapsed Average	89%	10%	0%	1%	4332

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Everyday Living – un-collapsed and un-weighted

Table B88. Proportion of people who generally need a lot, some, or no assistance with everyday activities (un-collapsed and unweighted)

	None	Some	A Lot	Don't Know	Unclear/ Refused/ No Response	N
CO	13%	49%	37%	0%	0%	403
GA	9%	51%	39%	1%	0%	794
ME	13%	42%	44%	0%	1%	542
MS	6%	49%	44%	0%	0%	933
NC*	13%	31%	56%	0%	0%	958
NJ*	6%	40%	53%	0%	0%	724
NCI-AD Un-collapsed Average	10%	44%	46%	0%	0%	4354

Table B89. Proportion of people who get enough assistance with everyday activities when they need it (if need any assistance) (un-collapsed and unweighted)

	No, Not Always	Yes, Always	Don't Know	Unclear/ Refused/ No Response	N
CO	20%	79%	1%	0%	347
GA	23%	77%	0%	0%	716
ME	24%	75%	0%	0%	463
MS	12%	88%	0%	0%	873
NC*	19%	81%	0%	0%	834
NJ*	19%	79%	1%	1%	670
NCI-AD Un-collapsed Average	20%	80%	0%	0%	3903

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B90. Proportion of people who generally need a lot, some or no assistance for self-care (un-collapsed and unweighted)

	None	Some	A Lot	Don't Know	Unclear/ Refused/ No Response	N
CO	39%	39%	22%	0%	0%	403
GA	18%	45%	36%	0%	1%	796
ME	31%	36%	33%	0%	0%	542
MS	27%	40%	33%	0%	0%	933
NC*	22%	28%	49%	0%	0%	961
NJ*	15%	40%	45%	0%	0%	720
NCI-AD Un-collapsed Average	25%	38%	36%	0%	0%	4355

Table B91. Proportion of people who get enough assistance with self-care when they need it (if need any assistance) (un-collapsed and unweighted)

	No, Not Always	Yes, Always	Don't Know	Unclear/ Refused/ No Response	N
CO	16%	84%	1%	0%	244
GA	24%	75%	0%	0%	647
ME	22%	78%	0%	0%	367
MS	12%	87%	0%	0%	681
NC*	19%	80%	0%	0%	747
NJ*	17%	81%	1%	1%	608
NCI-AD Un-collapsed Average	18%	81%	0%	0%	3294

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Table B92. Proportion of people who have access to healthy foods like fruits and vegetables when they want them (un-collapsed and unweighted)						
	No, Never	Sometimes	Yes, Often	Don't Know	Unclear/ Refused/ No Response	N
CO	4%	12%	83%	0%	0%	402
GA	3%	16%	81%	0%	1%	792
ME	7%	13%	80%	0%	1%	534
MS	6%	20%	73%	0%	0%	931
NC*	5%	13%	81%	1%	1%	961
NJ*	5%	9%	85%	0%	1%	723
NCI-AD Un-collapsed Average	5%	14%	80%	0%	1%	4343

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Affordability – un-collapsed and un-weighted

Table B93. Proportion of people who ever have to skip a meal due to financial worries (un-collapsed and unweighted)

	No	Sometimes	Yes, Often	Don't Know	Unclear/ Refused/ No Response	N
CO	87%	8%	4%	0%	0%	402
GA	94%	3%	2%	0%	1%	792
ME	89%	7%	4%	0%	0%	535
MS	89%	7%	3%	0%	0%	931
NC*	93%	4%	2%	1%	1%	963
NJ*	91%	4%	3%	1%	1%	715
NCI-AD Un-collapsed Average	91%	6%	3%	0%	1%	4338

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Planning for Future – un-collapsed and un-weighted

Table B94. Proportion of people who want help planning for their future need for services (un-collapsed and unweighted)

	No	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	62%	32%	4%	2%	383
GA	51%	46%	1%	2%	554
ME	68%	25%	5%	2%	442
MS	55%	36%	7%	1%	817
NC*	59%	31%	8%	2%	713
NJ*	60%	25%	9%	6%	543
NCI-AD Un-collapsed Average	59%	33%	6%	2%	3452

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

Control – un-collapsed and un-weighted

Table B95. Proportion of people who feel in control of their life (un-collapsed and unweighted)

	No	In-Between	Yes	Don't Know	Unclear/ Refused/ No Response	N
CO	9%	16%	73%	0%	2%	383
GA	5%	13%	78%	1%	3%	552
ME	11%	21%	67%	1%	1%	452
MS	6%	16%	78%	1%	0%	817
NC*	9%	19%	69%	1%	2%	728
NJ*	11%	15%	72%	1%	1%	541
NCI-AD Un-collapsed Average	9%	17%	73%	1%	1%	3473

* NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their Overall In State estimates include this sub-population

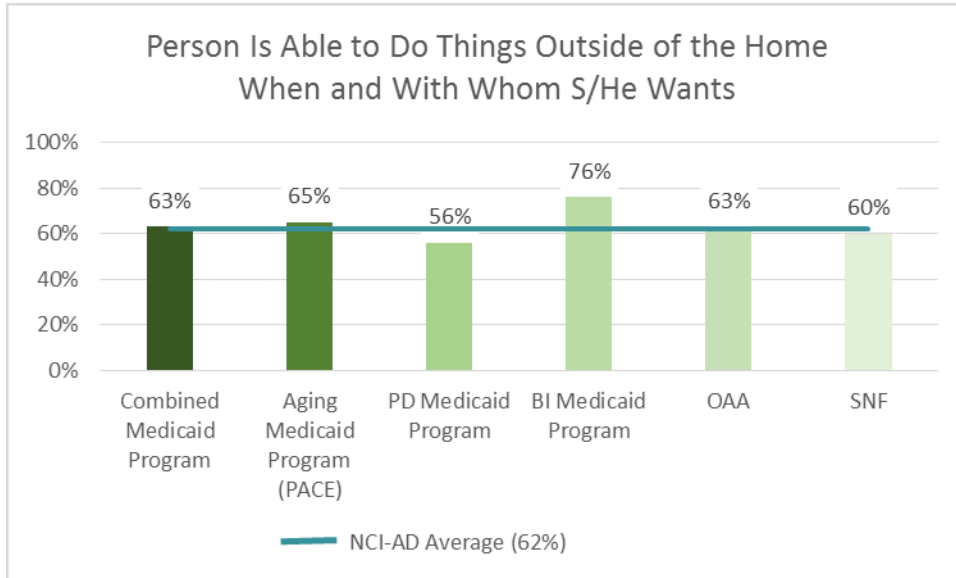
Appendix C

Outcome Charts

The following charts show the overall averages by program category (classification information can be found on page 22). They also include a trend line that represents the NCI-AD average. For several questions, program categories by state did not have enough responses to be included in the analysis.

Community Participation – charts

Chart C1. Proportion of people who are able to do things they enjoy outside of their home when and with whom they want



Choice and Decision Making – charts

Chart C2. Proportion of people who are able to choose their roommate (if in group setting)

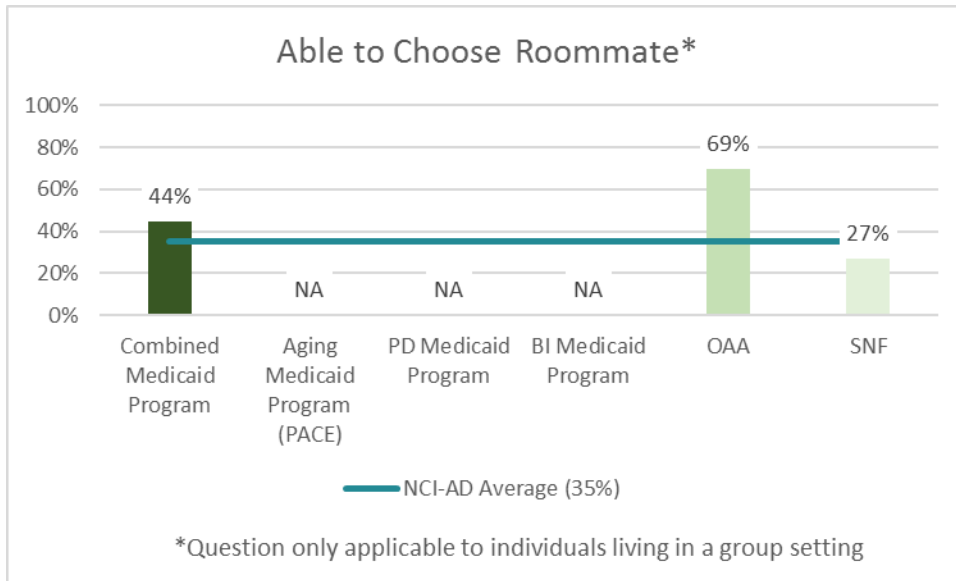


Chart C3. Proportion of people who get up and go to bed at the time when they want

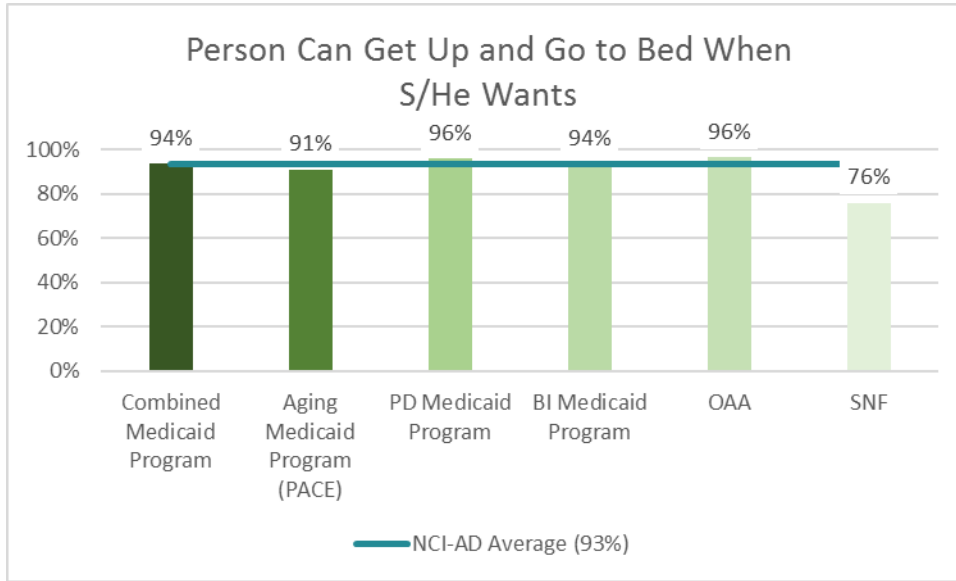


Chart C4. Proportion of people who can eat their meals when they want

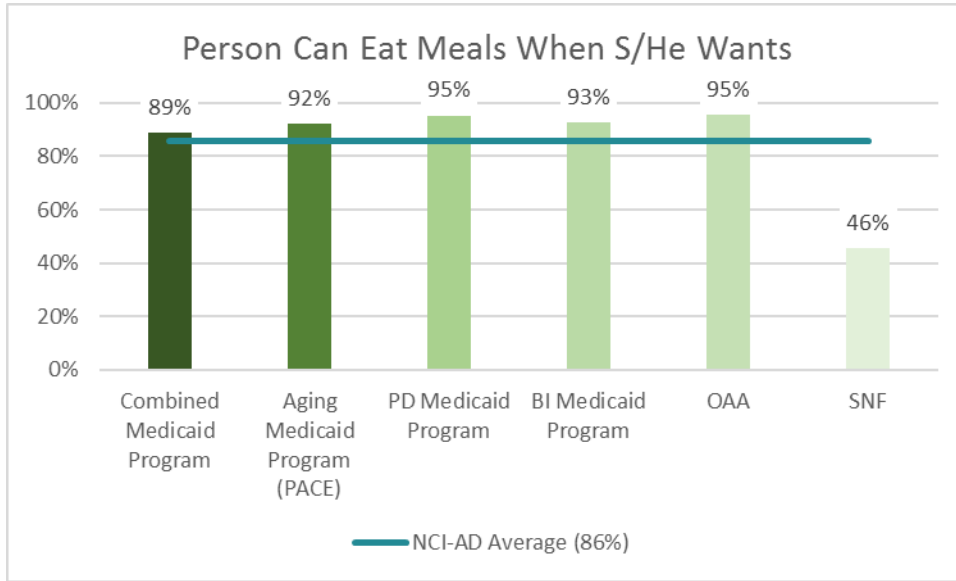
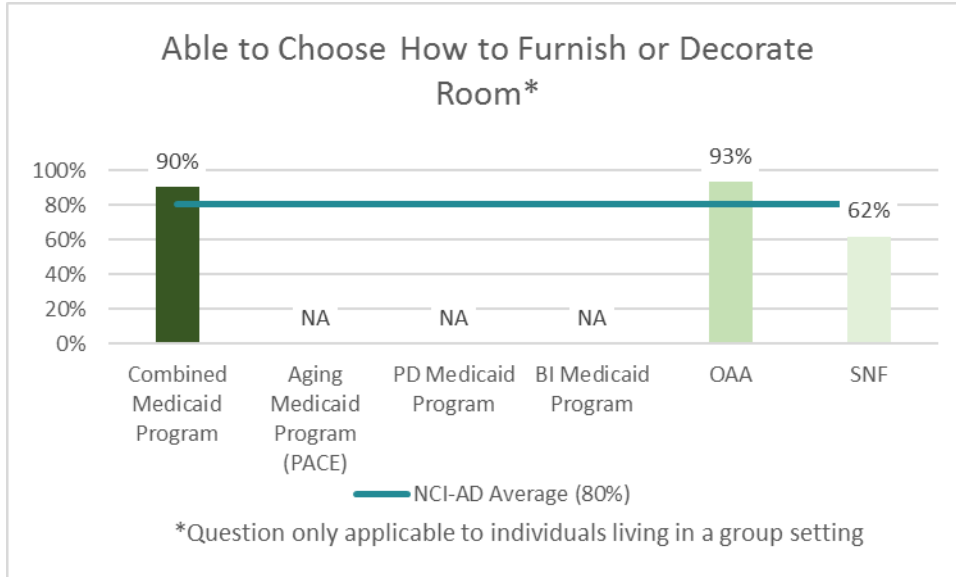


Chart C5. Proportion of people who are able to decide how to furnish and decorate their room (if in group setting)



Relationships – charts

Chart C6. Proportion of people who can always or almost always see or talk to friends and family when they want (if there are friends and family who do not live with person)

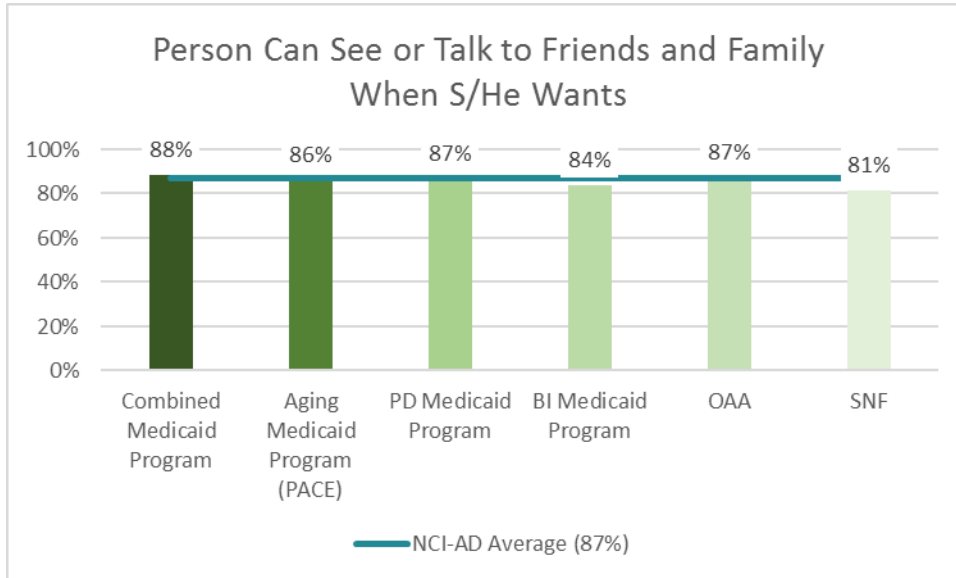
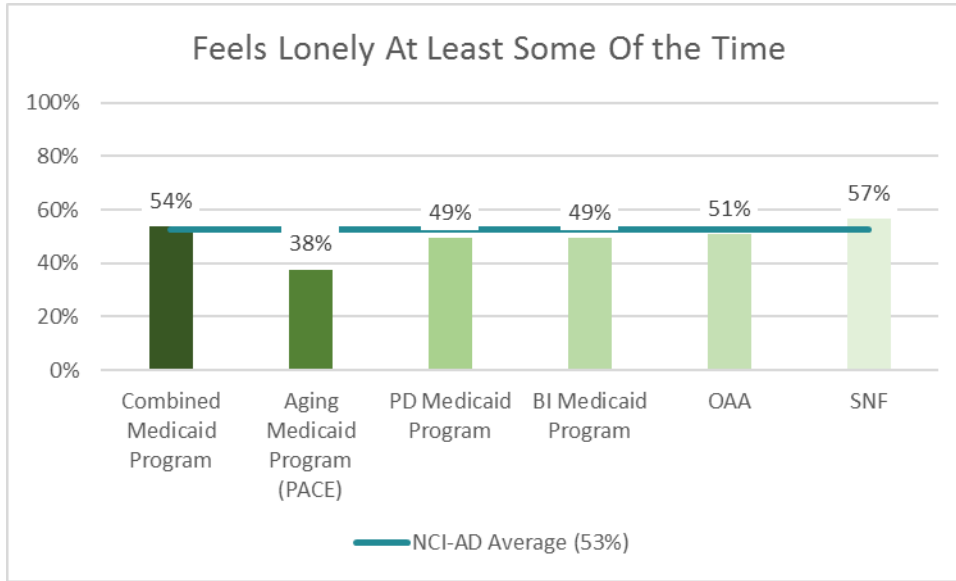


Chart C7. Proportion of people who sometimes or often feel lonely, sad, or depressed



Satisfaction – charts

Chart C8. Proportion of people who like where they are living

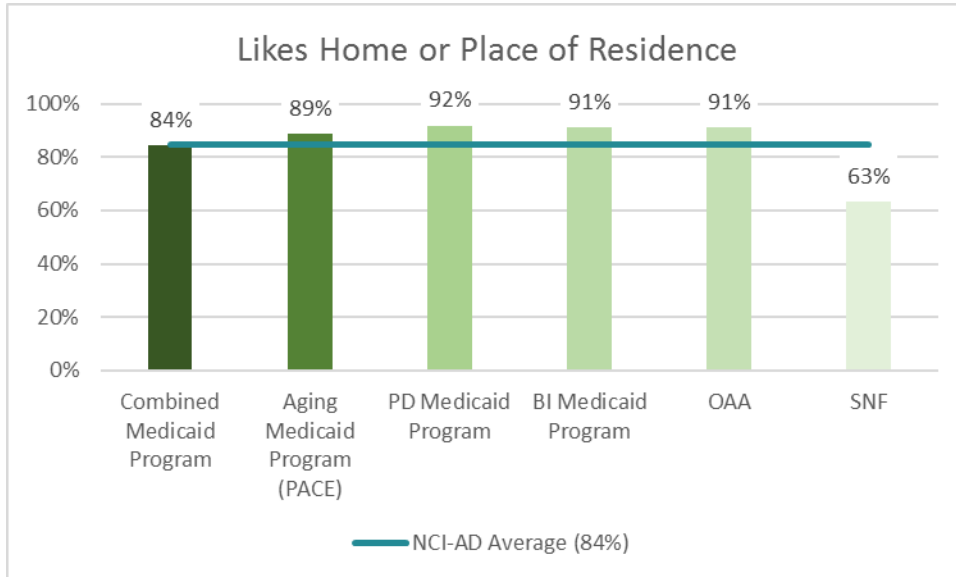


Chart C9. Proportion of people who would prefer to live somewhere else

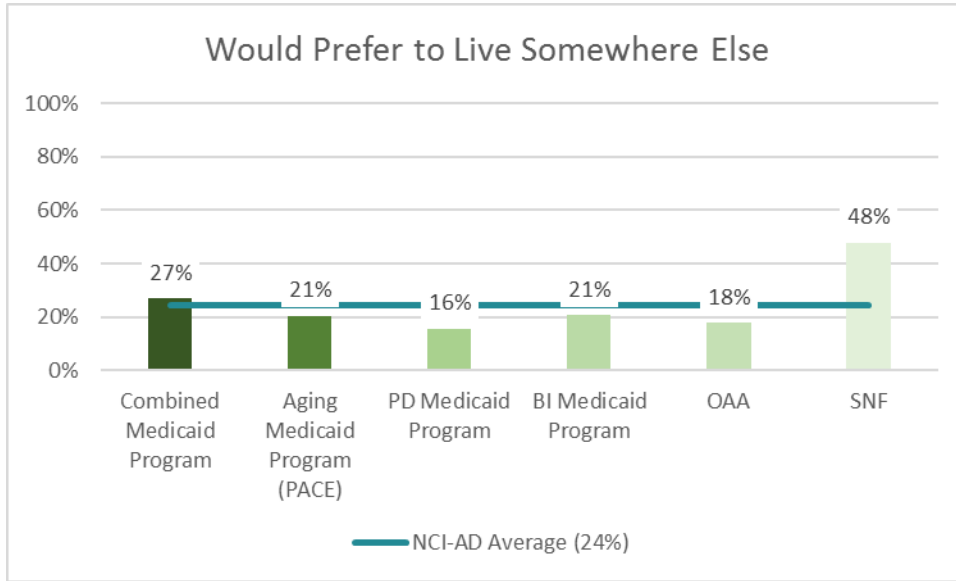


Chart C10. Proportion of people who like how they usually spend their time during the day

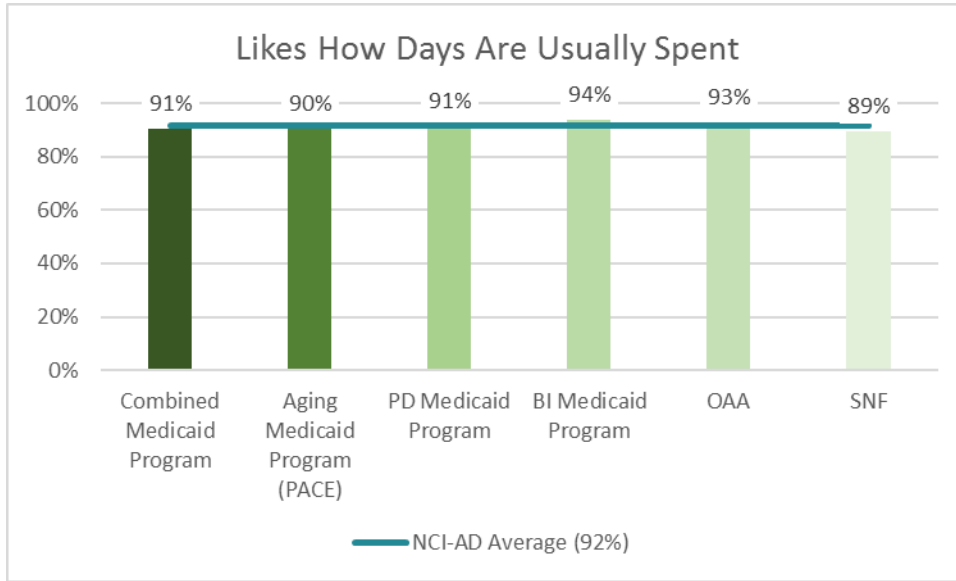


Chart C11. Proportion of people whose paid support staff change too often

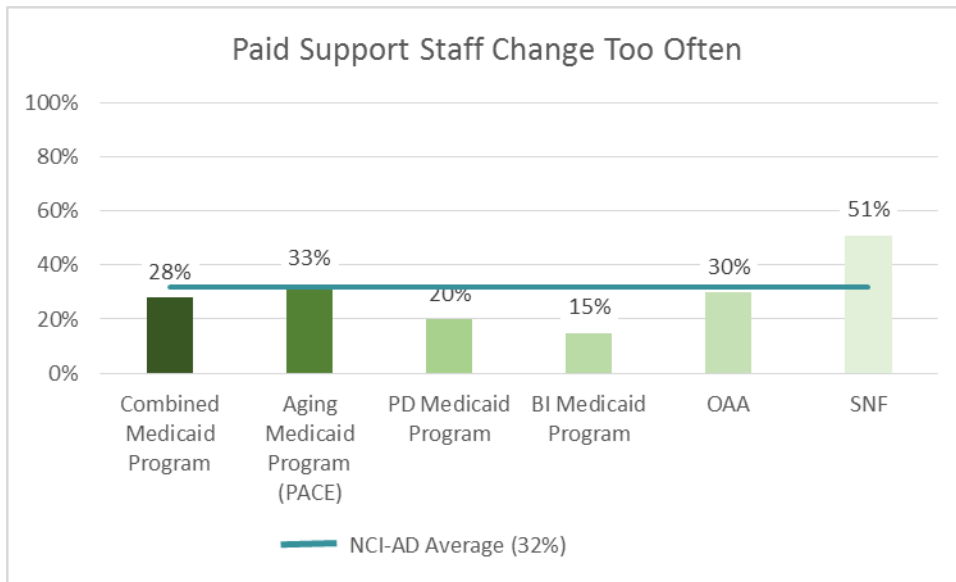
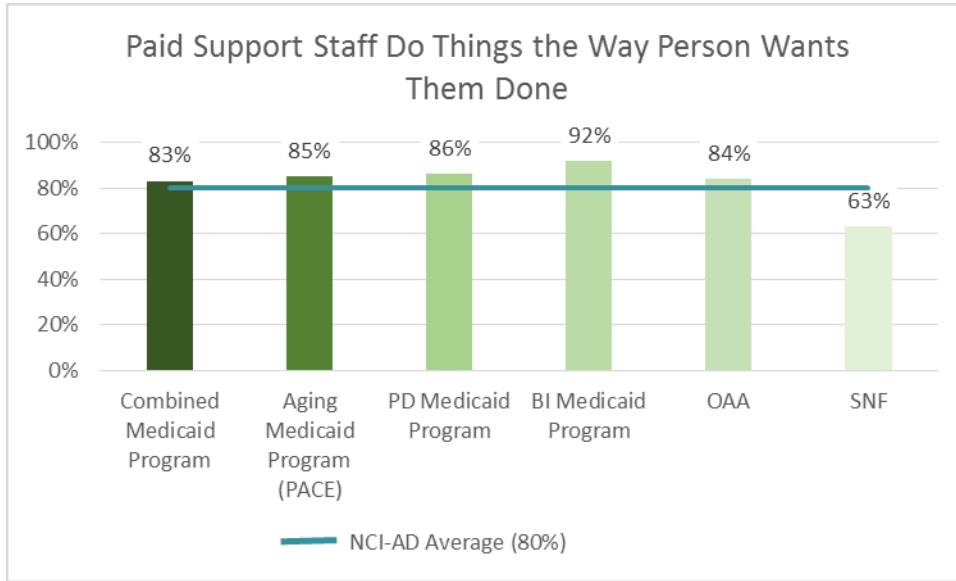


Chart C12. Proportion of people whose paid support staff do things the way they want them done



Service Coordination – charts

Chart C13. Proportion of people who know whom to call if they have a complaint about their services

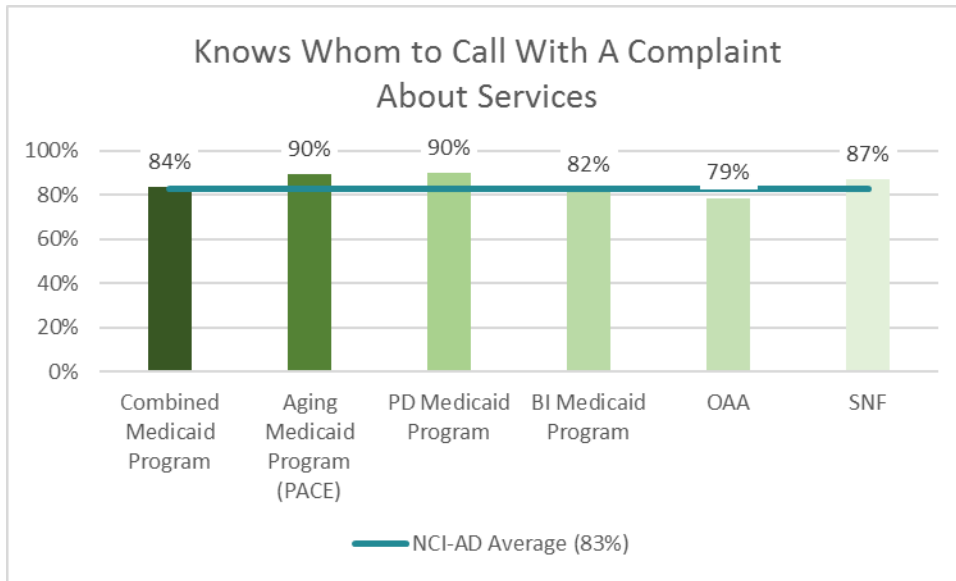


Chart C14. Proportion of people who know whom to call to get information if their needs change and they need new or different types of services and supports

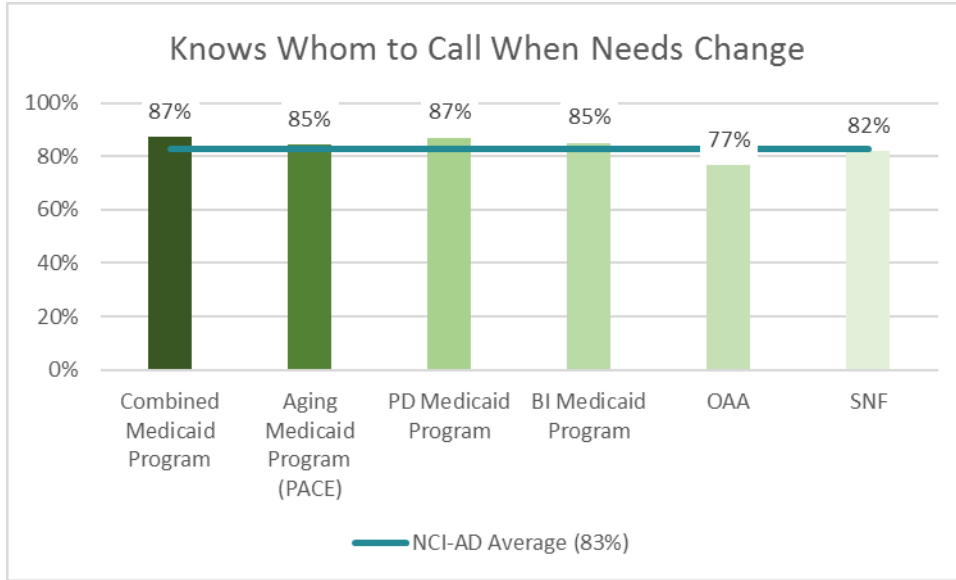


Chart C15. Proportion of people who can reach their case manager/care coordinator (if know they have case manager/care coordinator)

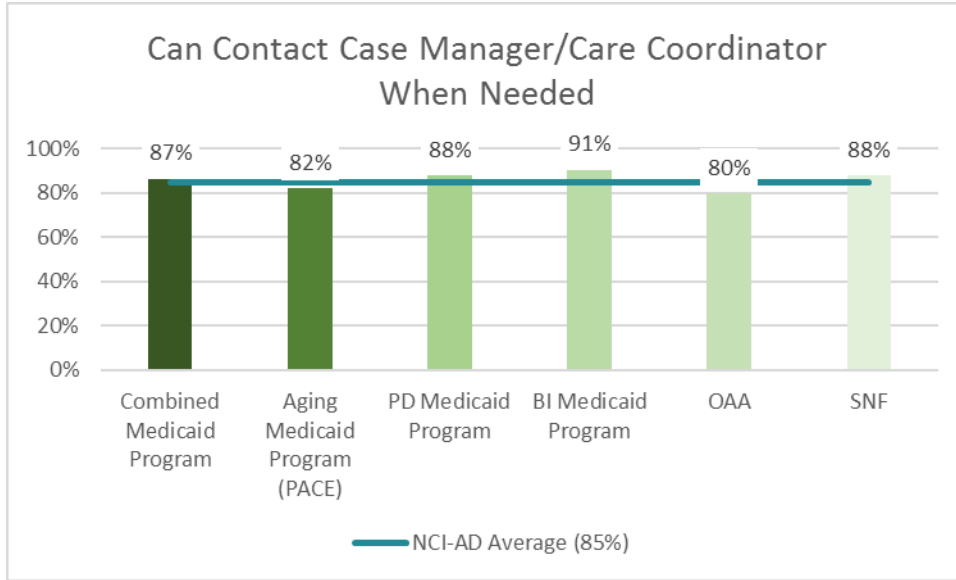


Chart C16. Proportion of people whose paid support staff show up and leave when they are supposed to

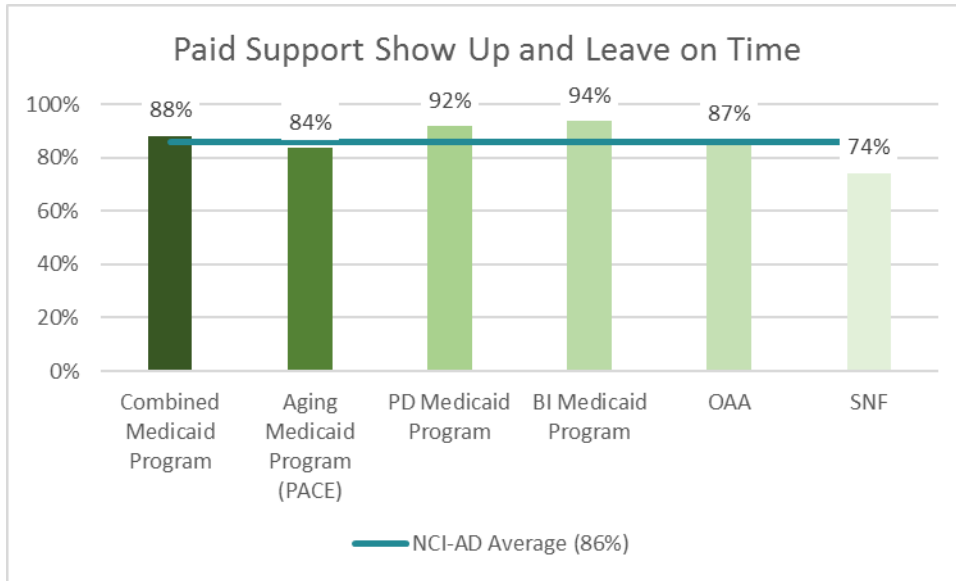


Chart C17. Proportion of people who have an emergency plan in place

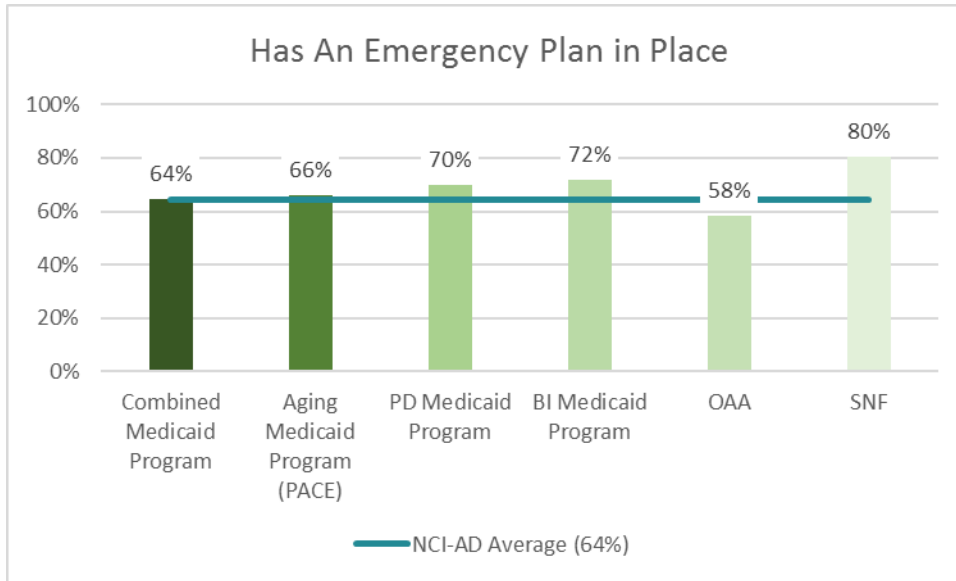


Chart C18. Proportion of people who want help planning for their future need for services

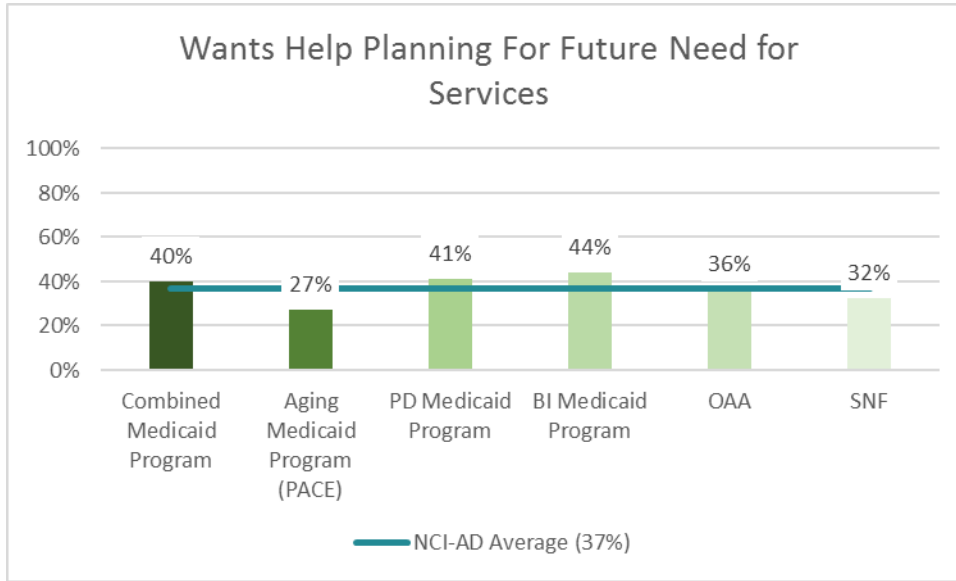


Chart C119. Proportion of people whose services meet all their needs and goals

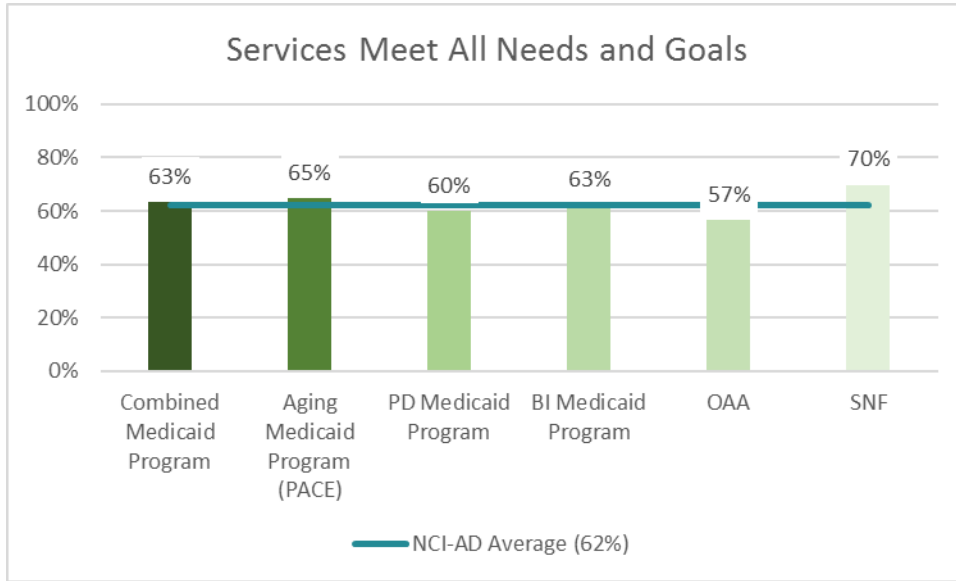


Chart C20. Proportion of people whose case manager/care coordinator talked to them about services that might help with unmet needs and goals (if have case manager and have unmet needs and goals)

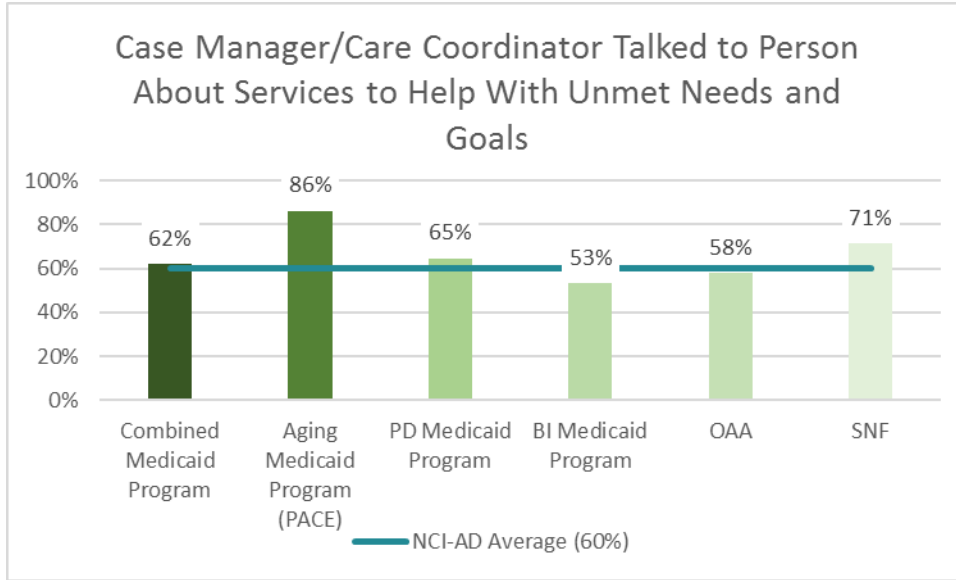


Chart C21. Proportion of people whose family member (unpaid or paid) is the person who helps them most often

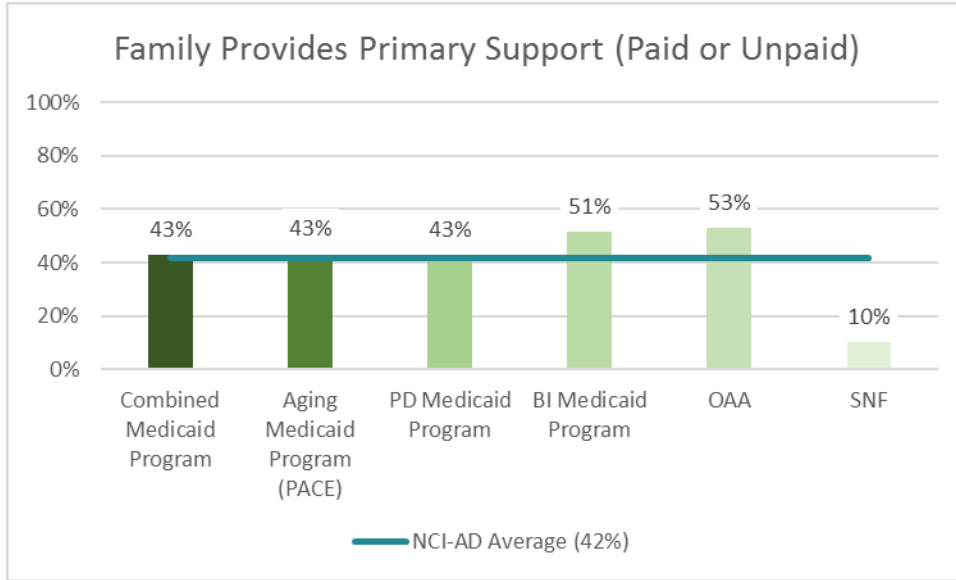
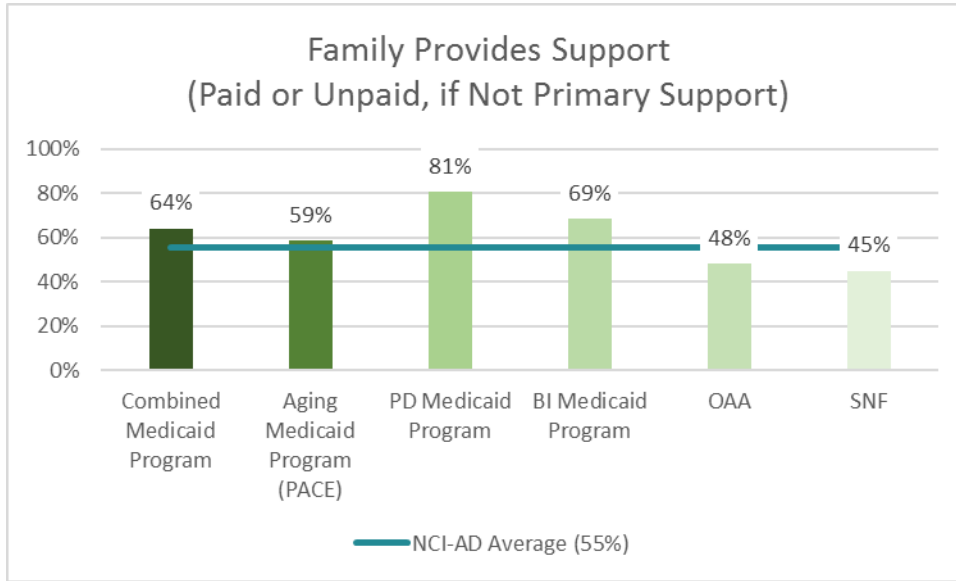


Chart C22. Proportion of people whose family member (unpaid or paid) provides additional assistance.



Care Coordination – charts

Chart C23. Proportion of people who stayed overnight in a hospital or rehabilitation facility (and were discharged to go home) in past year

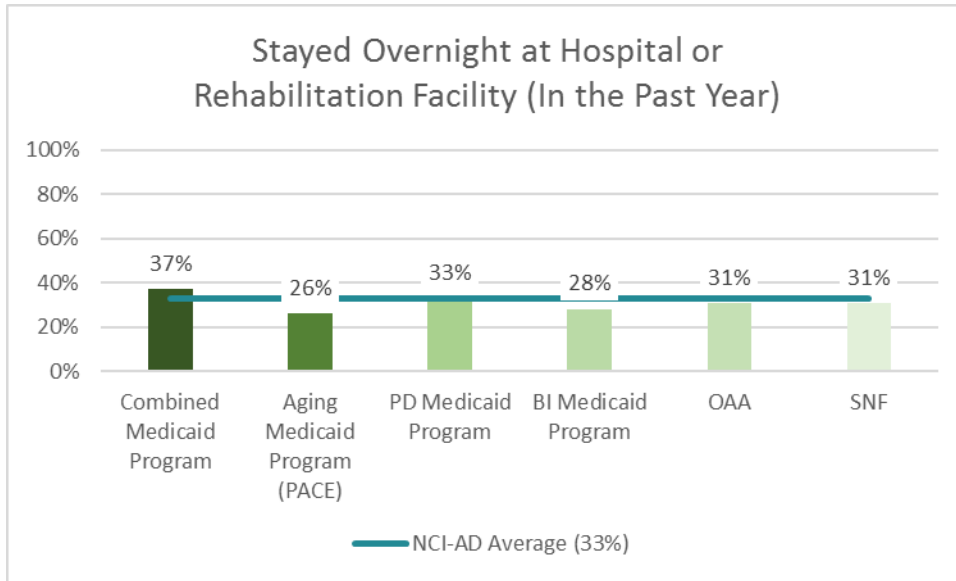


Chart C24. Proportion of people who reported feeling comfortable and supported enough to go home after being discharged from a hospital or rehabilitation facility (if occurred in the past year)

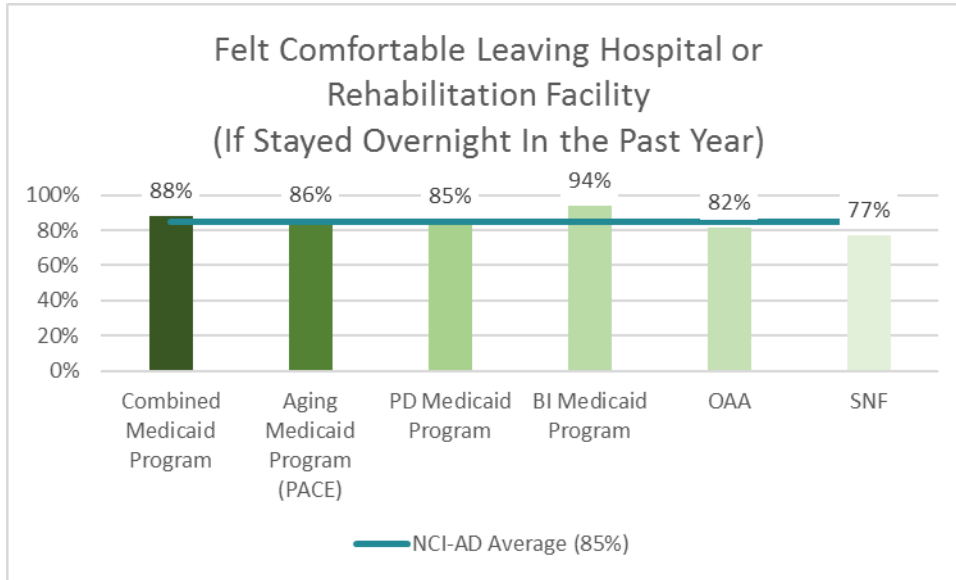


Chart C25. Proportion of people who reported someone followed-up with them after discharge from a hospital or rehabilitation facility (if occurred in the past year)

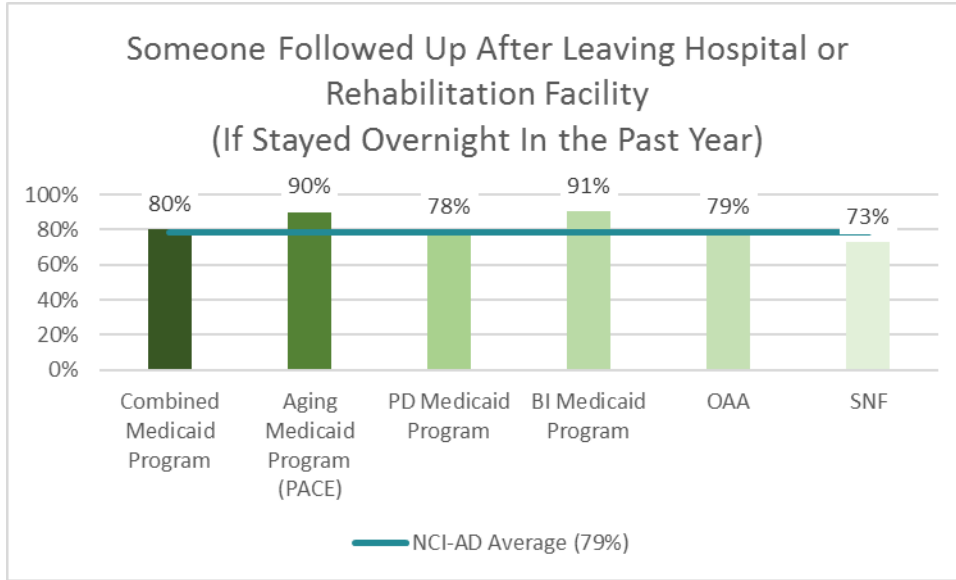


Chart C26. Proportion of people who reported having one or more chronic conditions

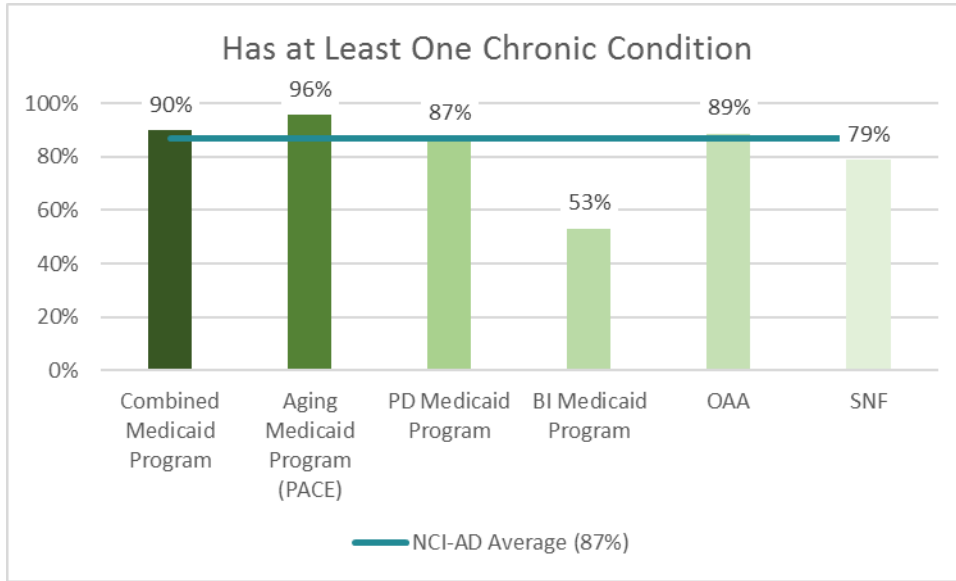
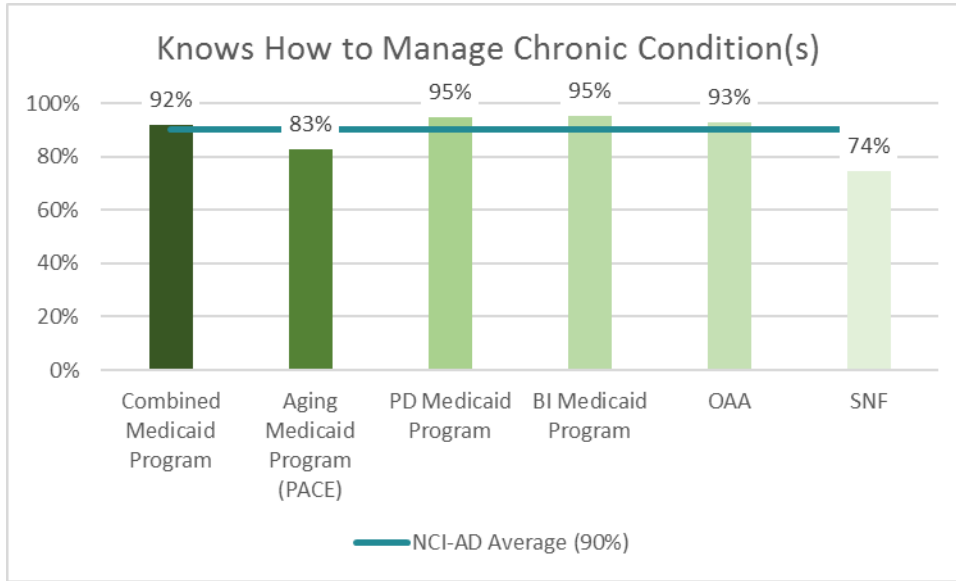


Chart C27. Proportion of people who reported they know how to manage their chronic condition(s)



Access – charts

Chart C28. Proportion of people who have transportation when they want to do things outside of their home

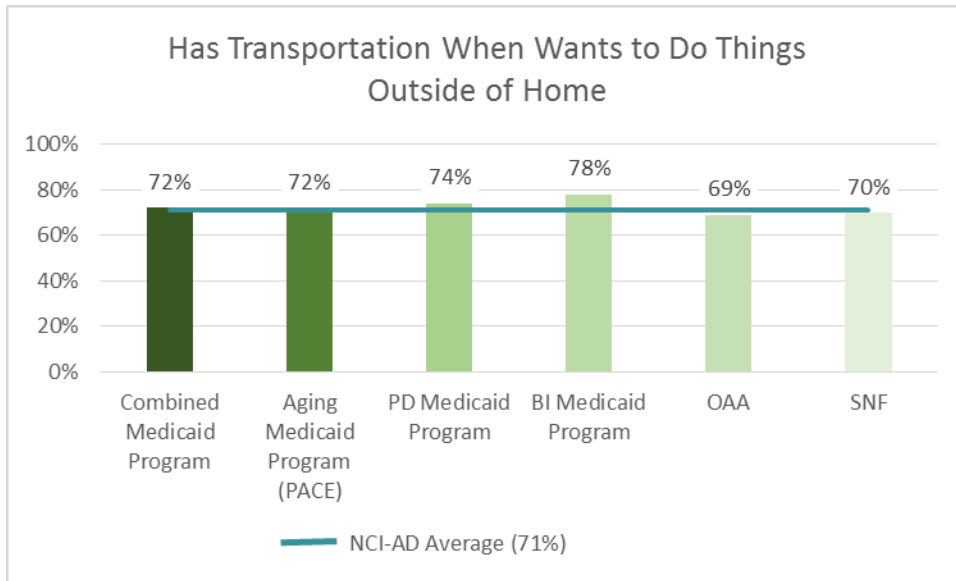


Chart C29. Proportion of people who have transportation to get to medical appointments when they need to

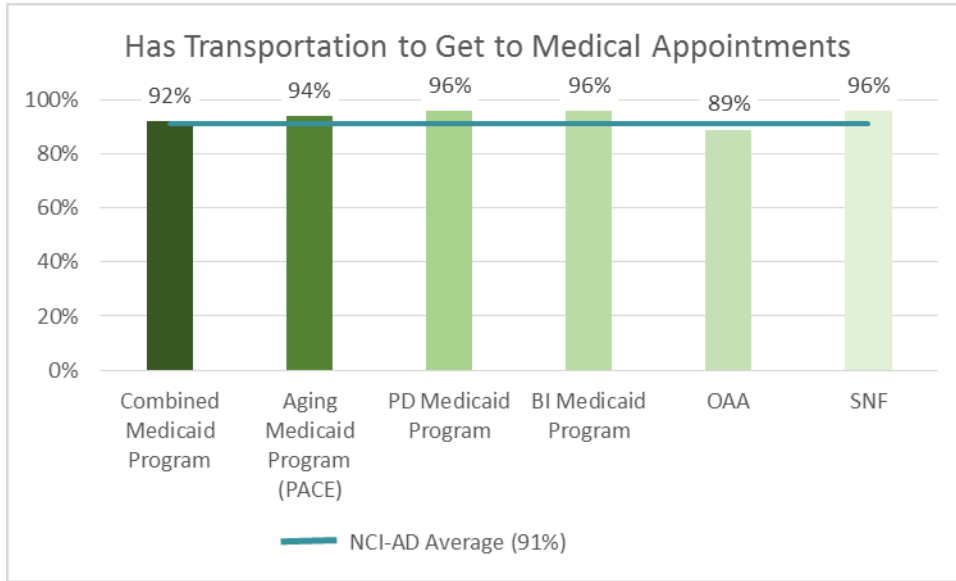


Chart C30. Proportion of people who receive information about their services in the language they prefer (if non-English)

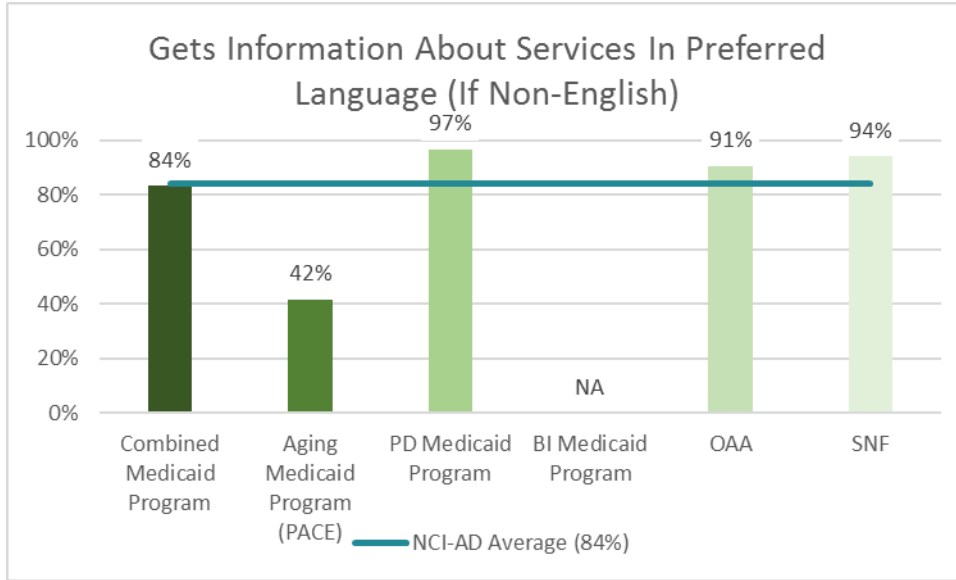


Chart C31. Proportion of people who need new grab bars in the bathroom or elsewhere in home

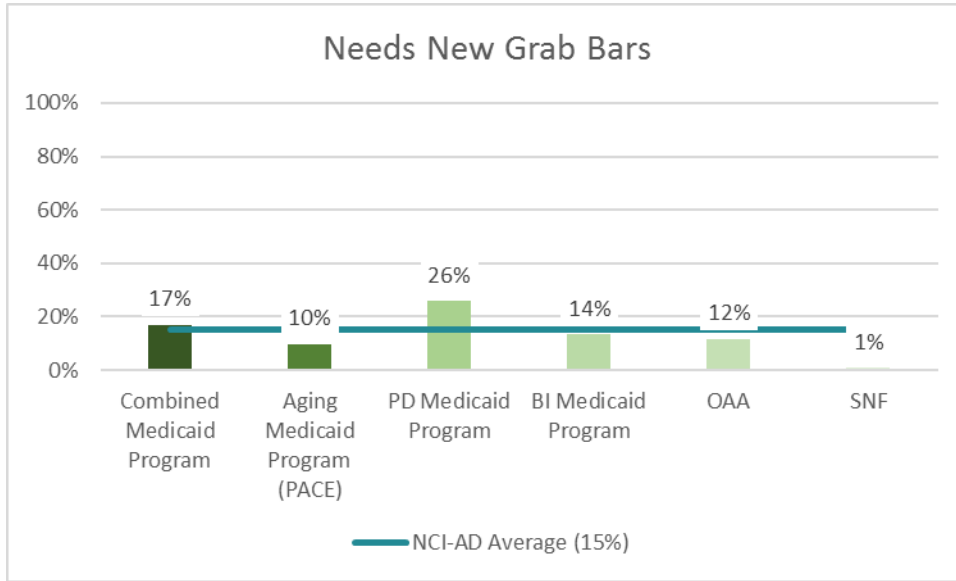


Chart C32. Proportion of people who need an upgrade to grab bars in the bathroom or elsewhere in home

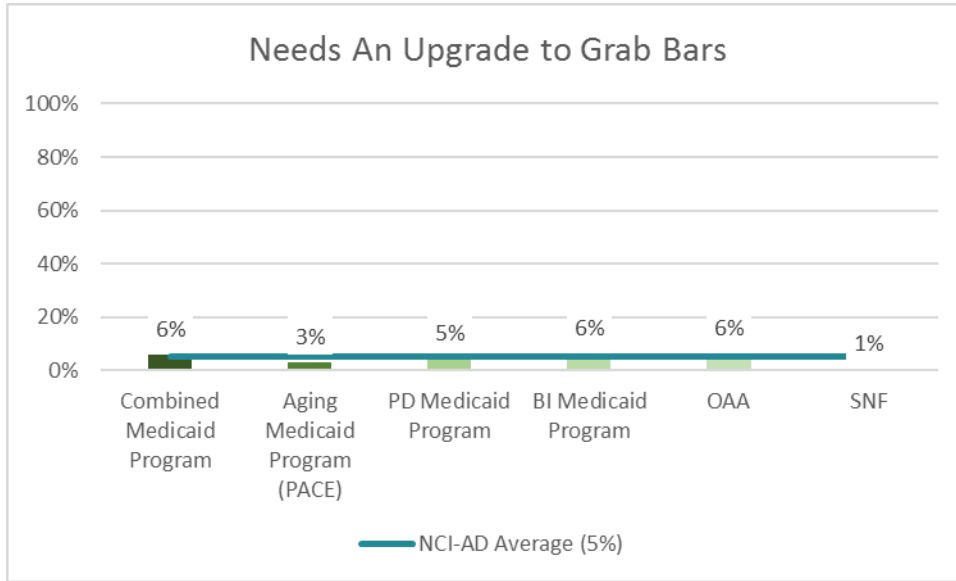


Chart C33. Proportion of people who need new bathroom modifications (other than grab bars)

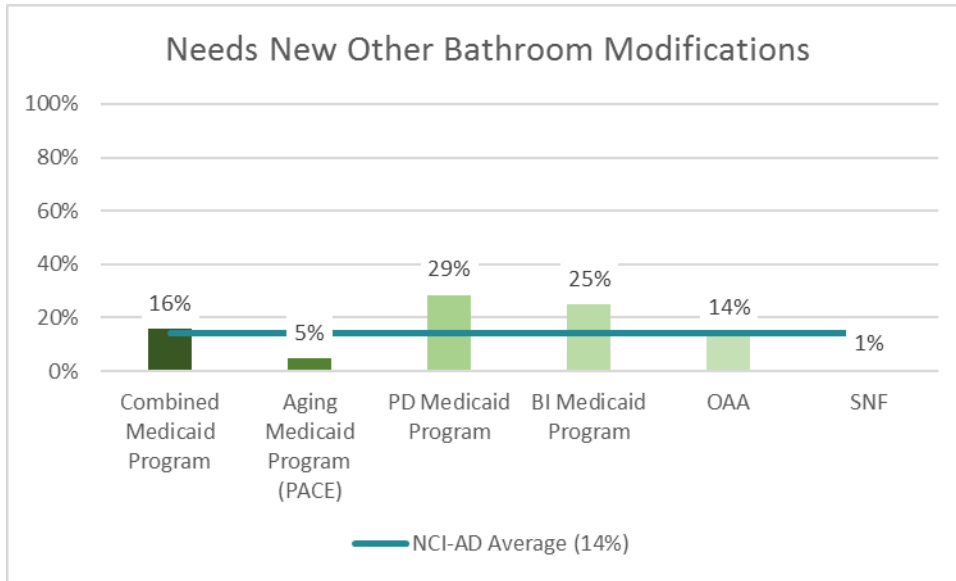


Chart C34. Proportion of people who need an upgrade to bathroom modifications (other than grab bars)

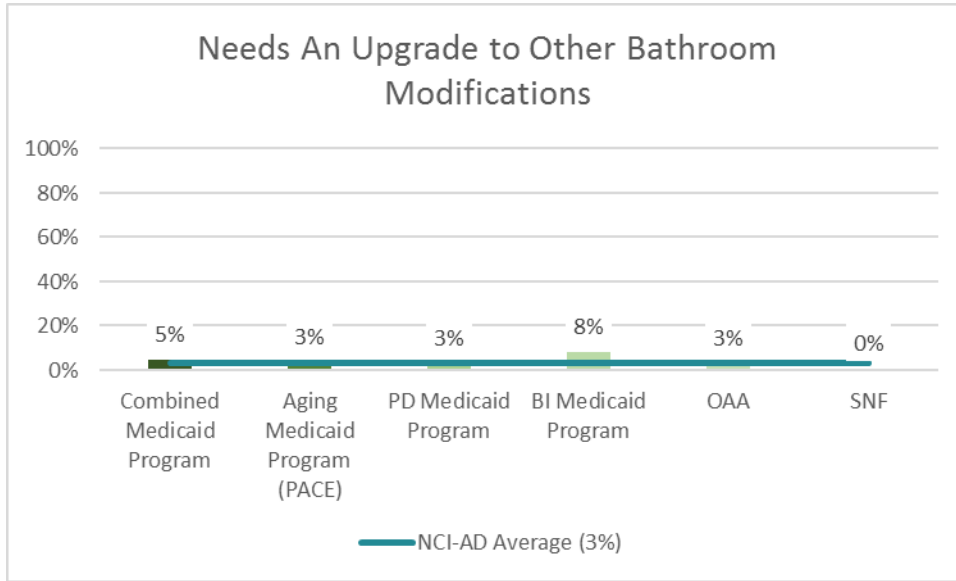


Chart C35. Proportion of people who need a new specialized bed

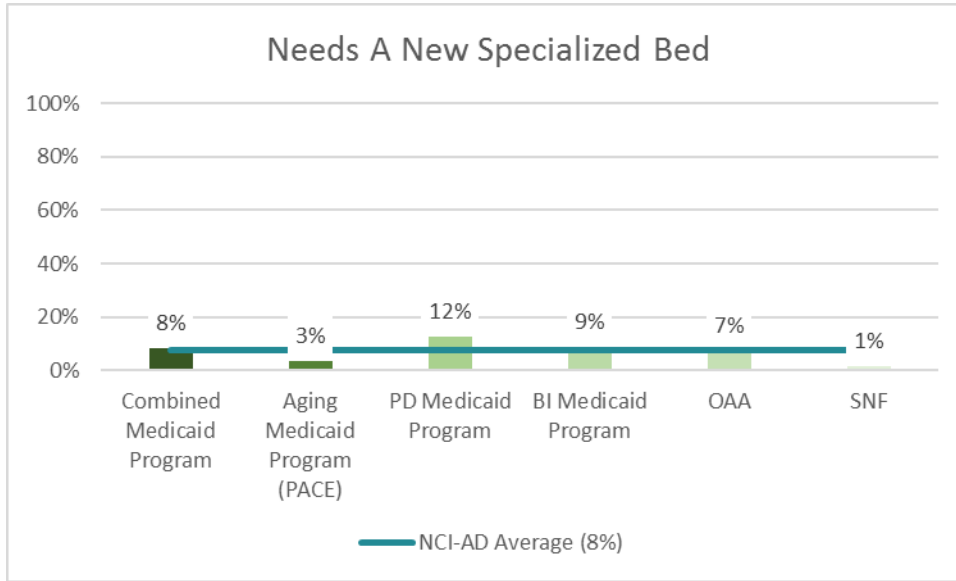


Chart C36. Proportion of people who need an upgrade to a specialized bed

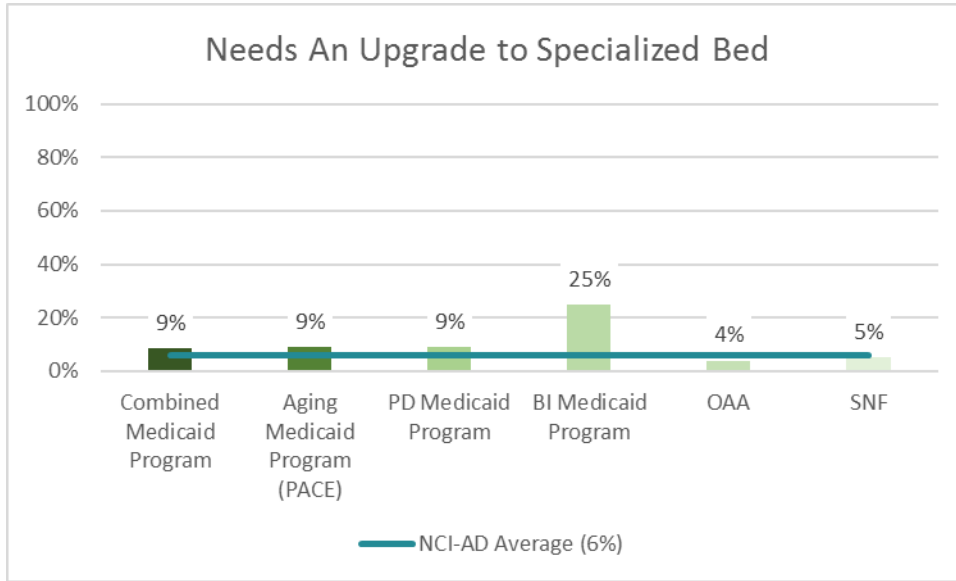


Chart C37. Proportion of people who need a new ramp or stair lift in or outside the home

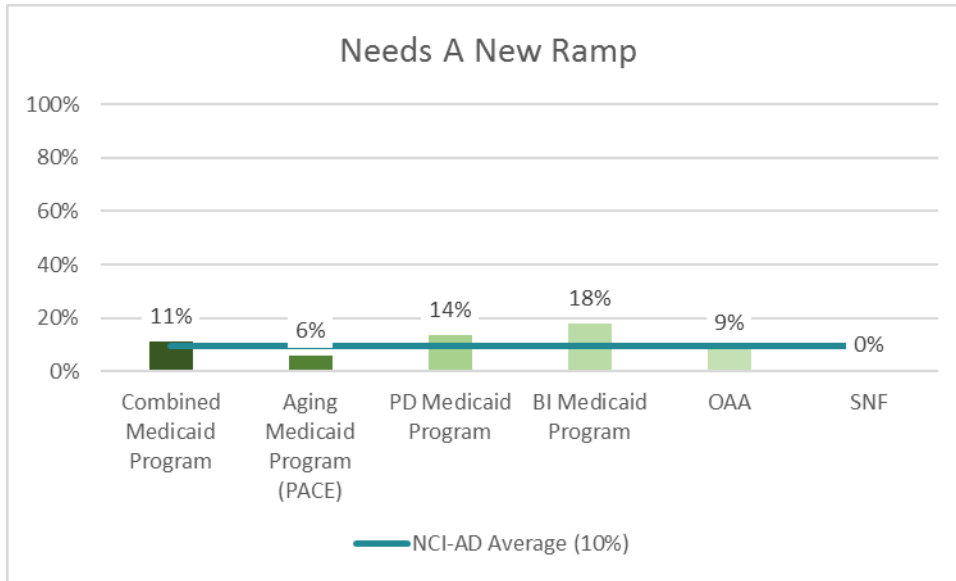


Chart C38. Proportion of people who need an upgrade to a ramp or stair lift in or outside the home

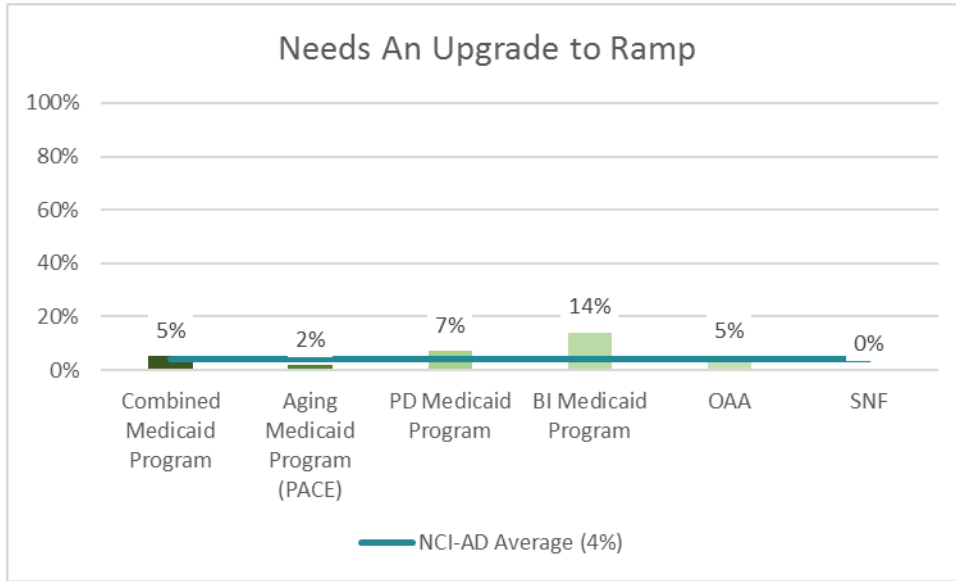


Chart C39. Proportion of people who need a new remote monitoring system

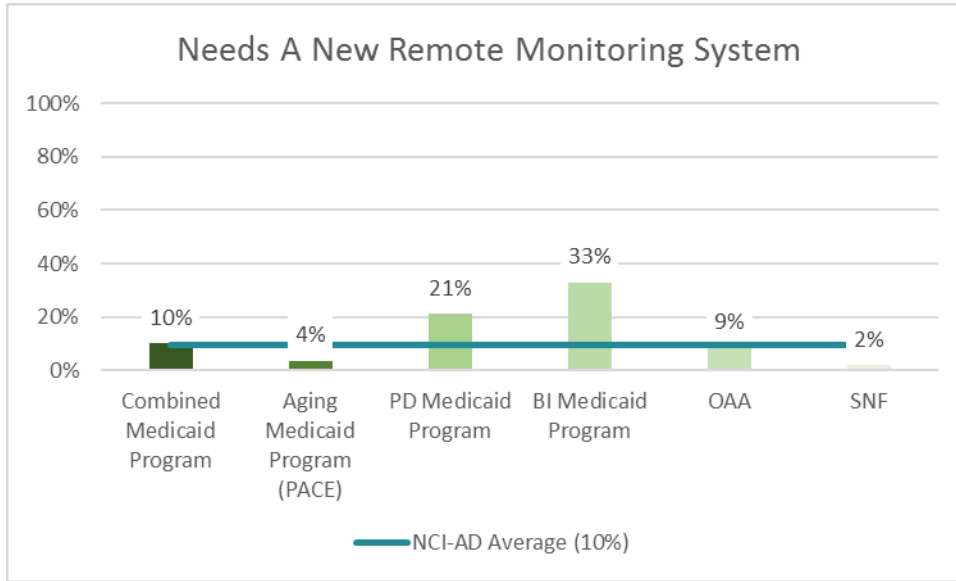


Chart C40. Proportion of people who need an upgrade to a remote monitoring system

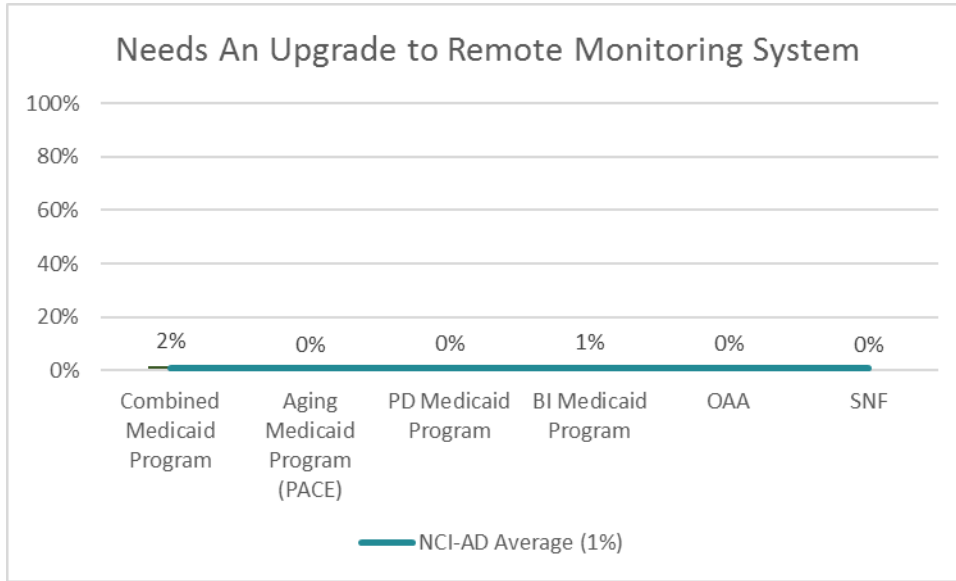


Chart C41. Proportion of people who need a new emergency response system

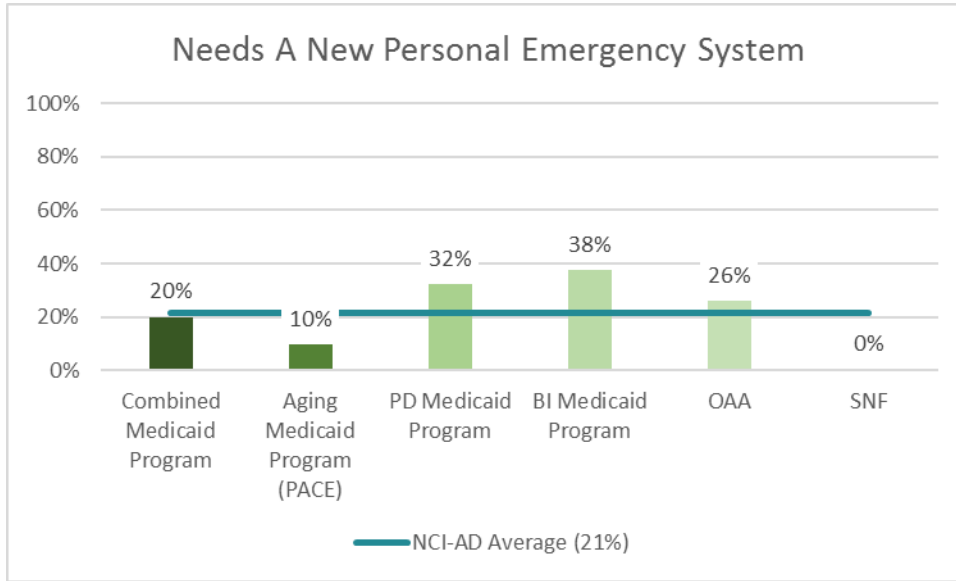


Chart C42. Proportion of people who need an upgrade to emergency response system

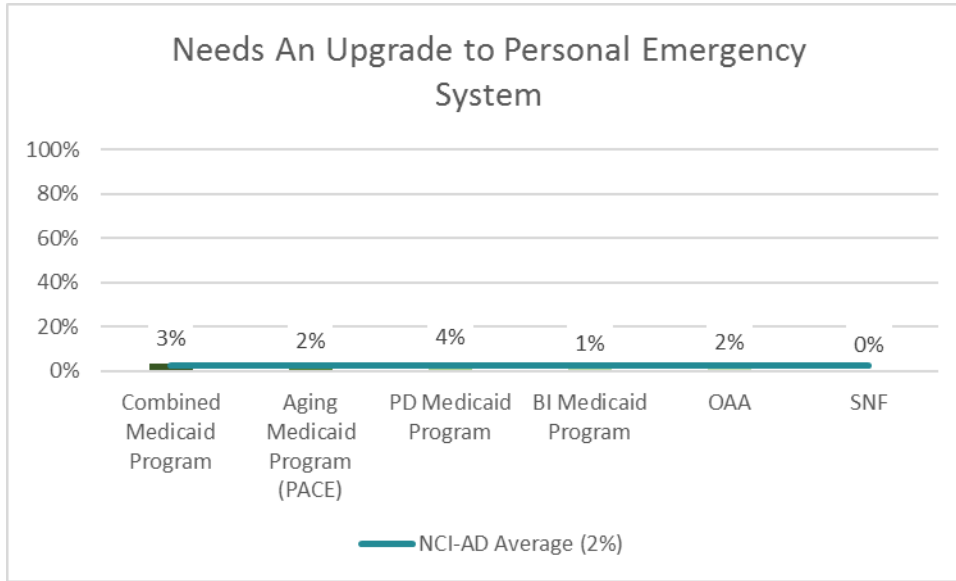


Chart C43. Proportion of people who need new other home modifications

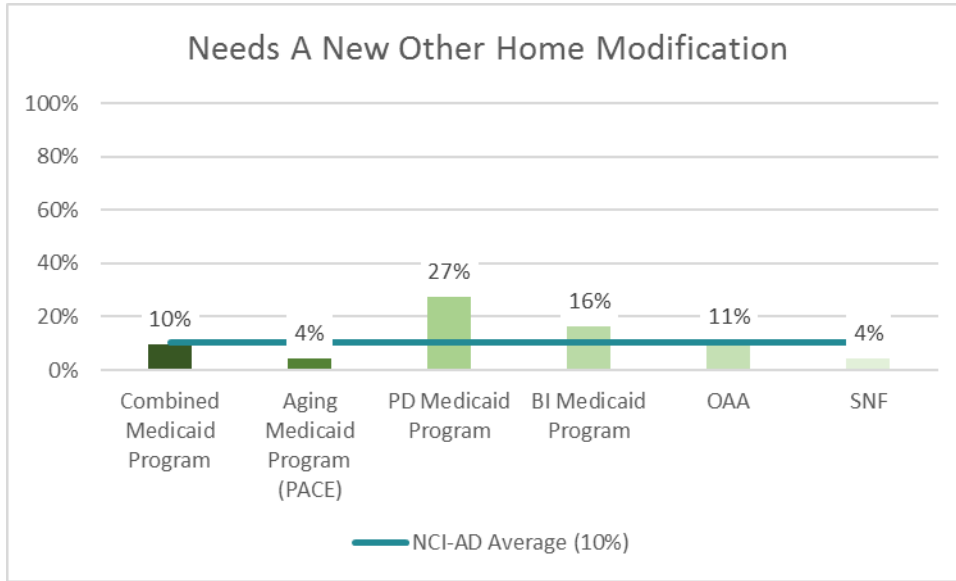


Chart C44. Proportion of people who need an upgrade to other home modifications

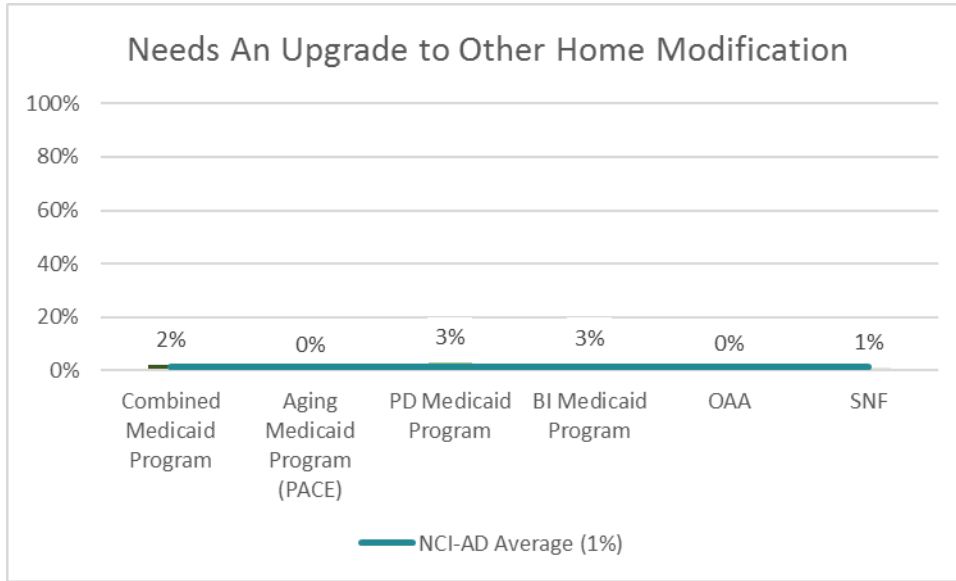


Chart C45. Proportion of people who need a new walker

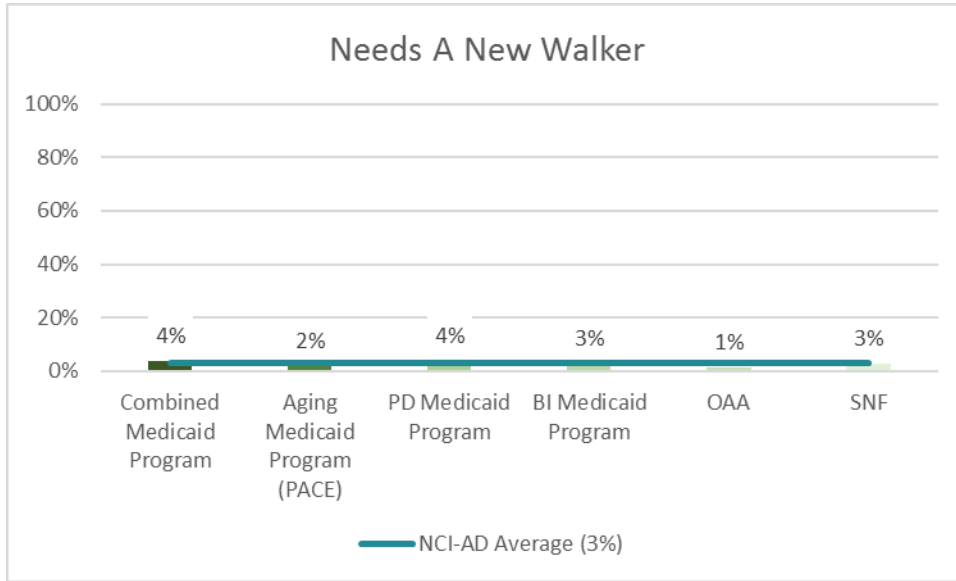


Chart C46. Proportion of people who need an upgrade to a walker

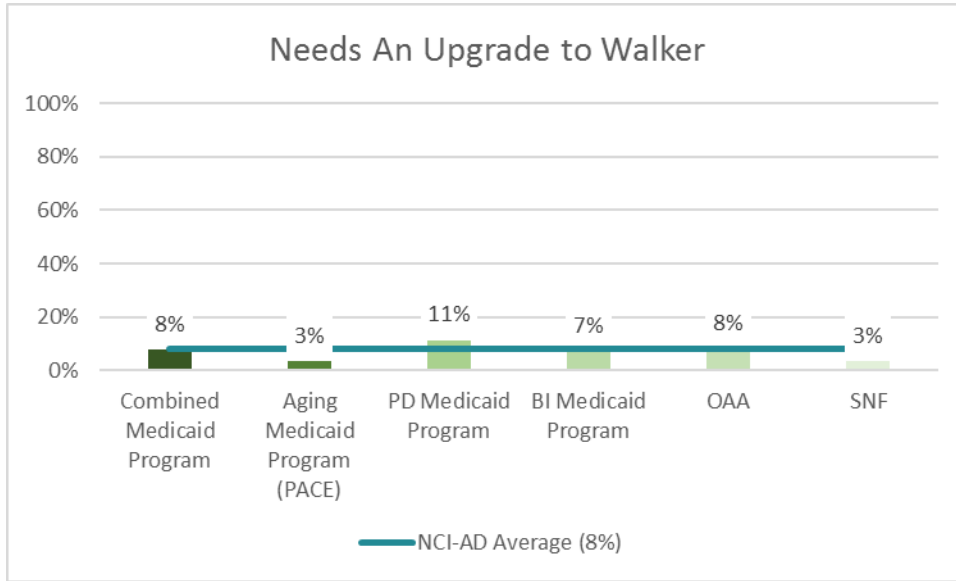


Chart C47. Proportion of people who need a new scooter

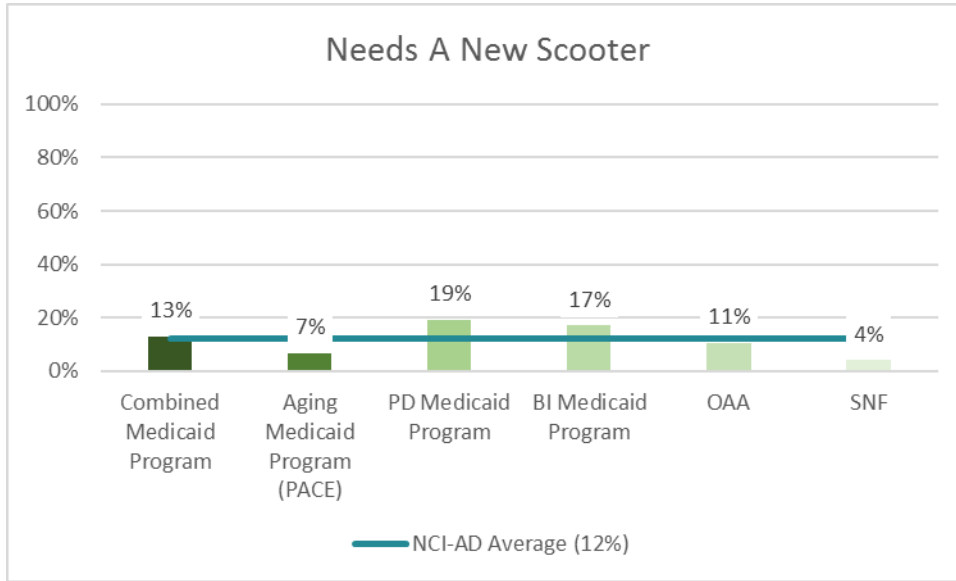


Chart C48. Proportion of people who need an upgrade to a scooter

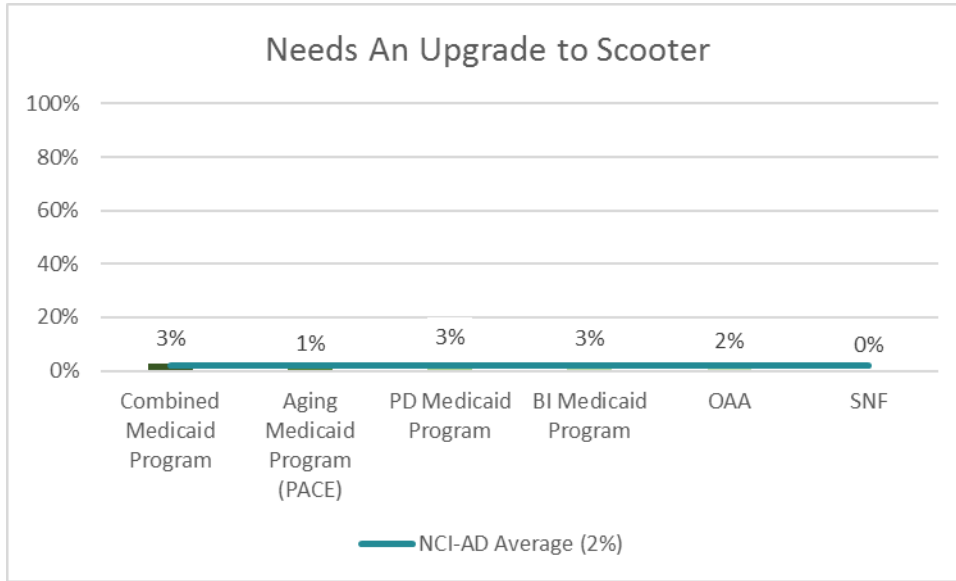


Chart C49. Proportion of people who need a new cane

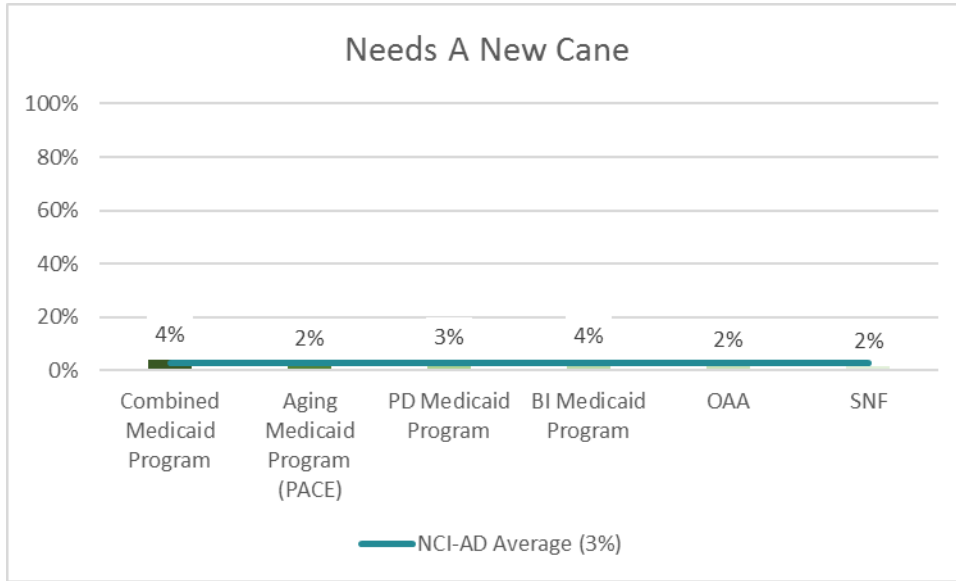


Chart C50. Proportion of people who need an upgrade to a cane

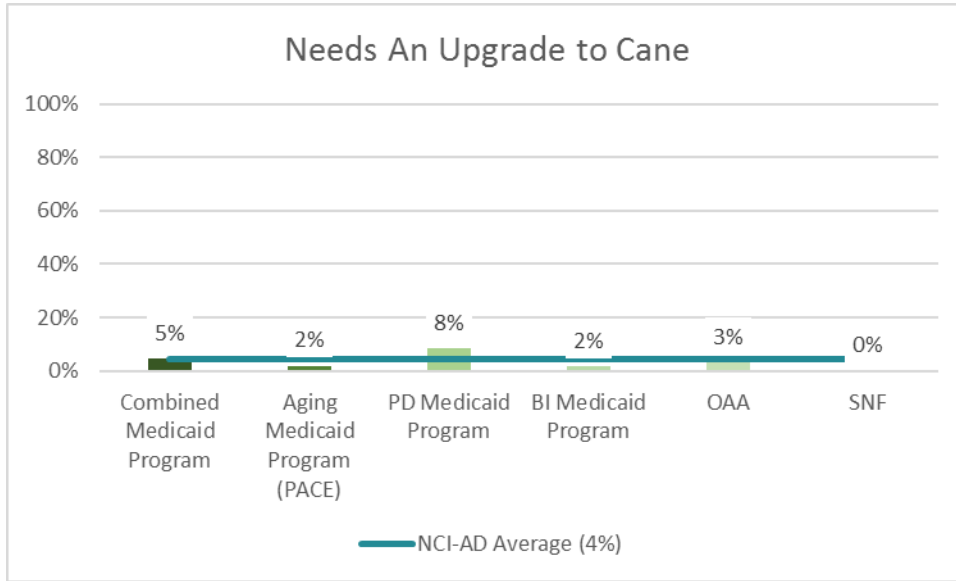


Chart C51. Proportion of people who need a new wheelchair

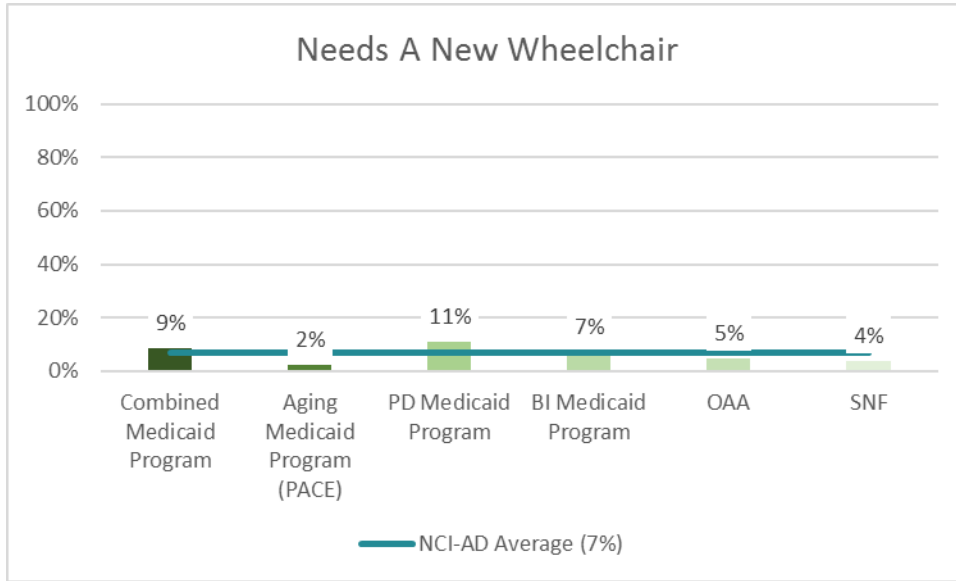


Chart C52. Proportion of people who need an upgrade to wheelchair

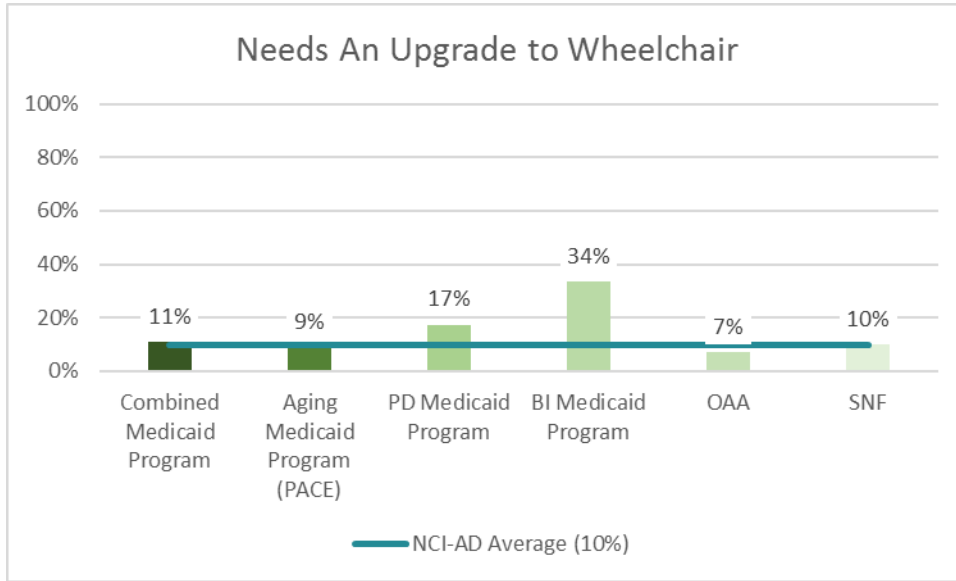


Chart C53. Proportion of people who need new hearing aids

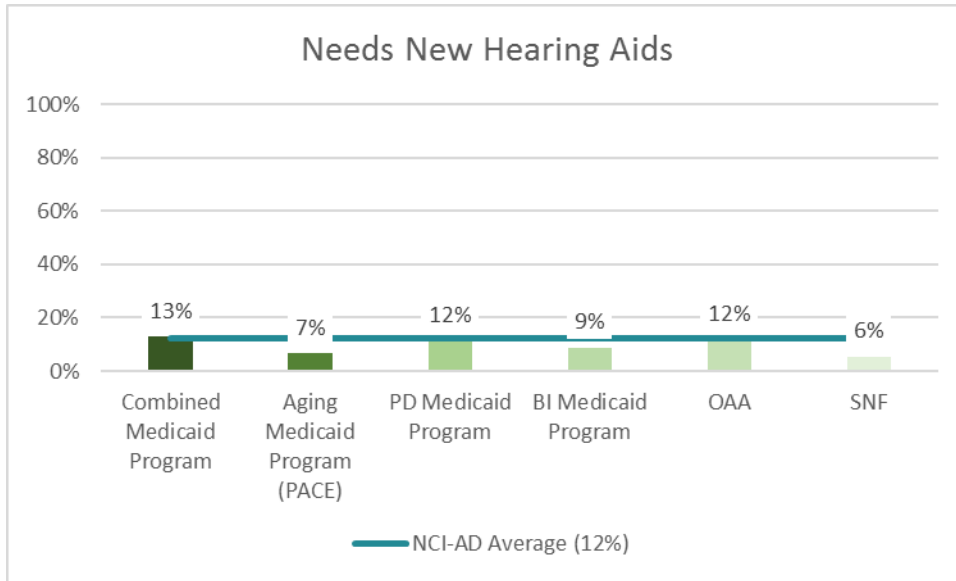


Chart C54. Proportion of people who need an upgrade to their hearing aids

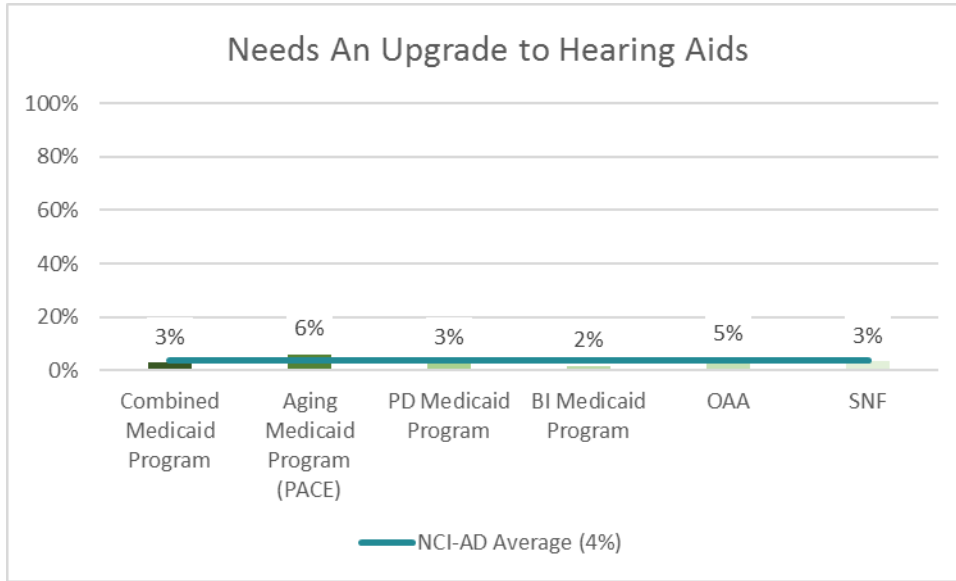


Chart C55. Proportion of people who need new glasses

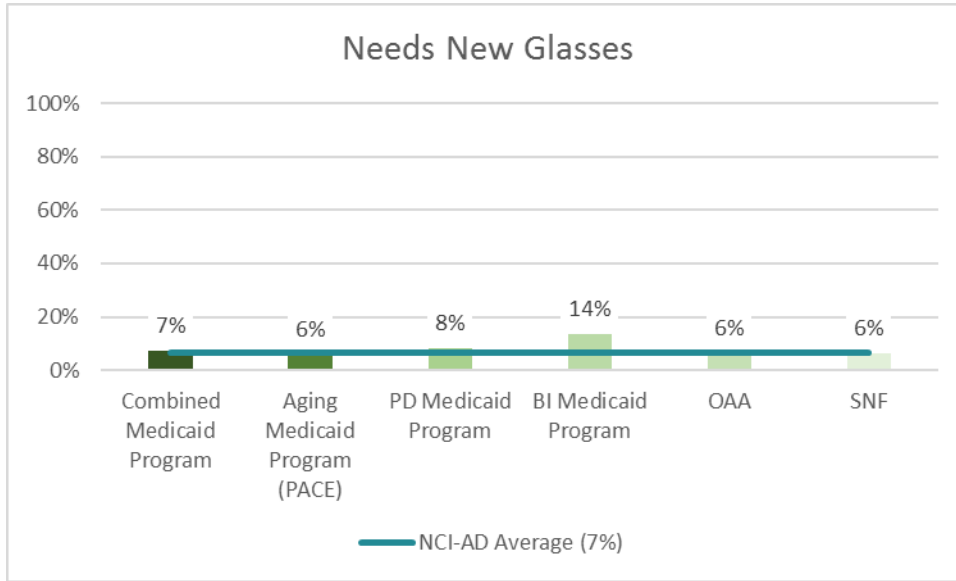


Chart C56. Proportion of people who need an upgrade to their glasses

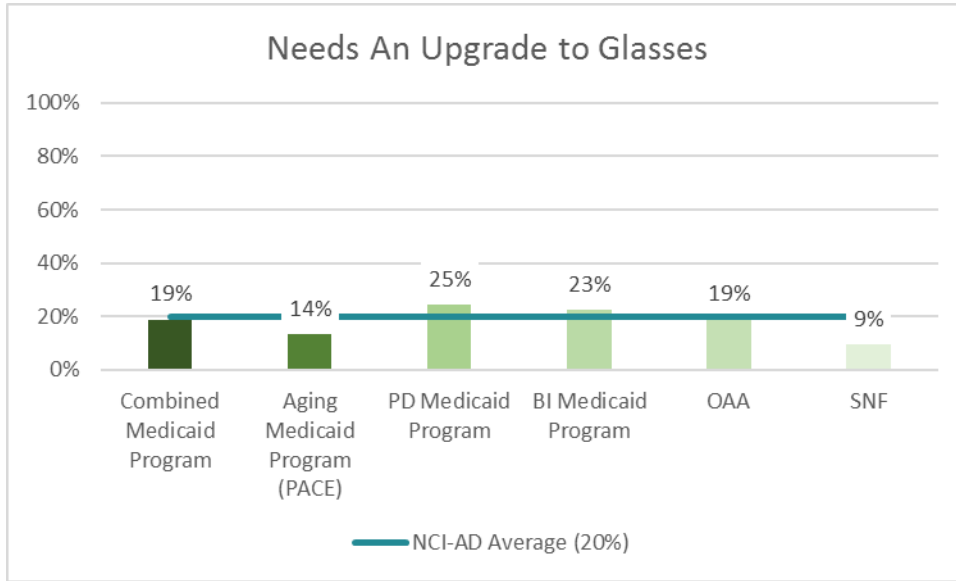


Chart C57. Proportion of people who need a new communication device

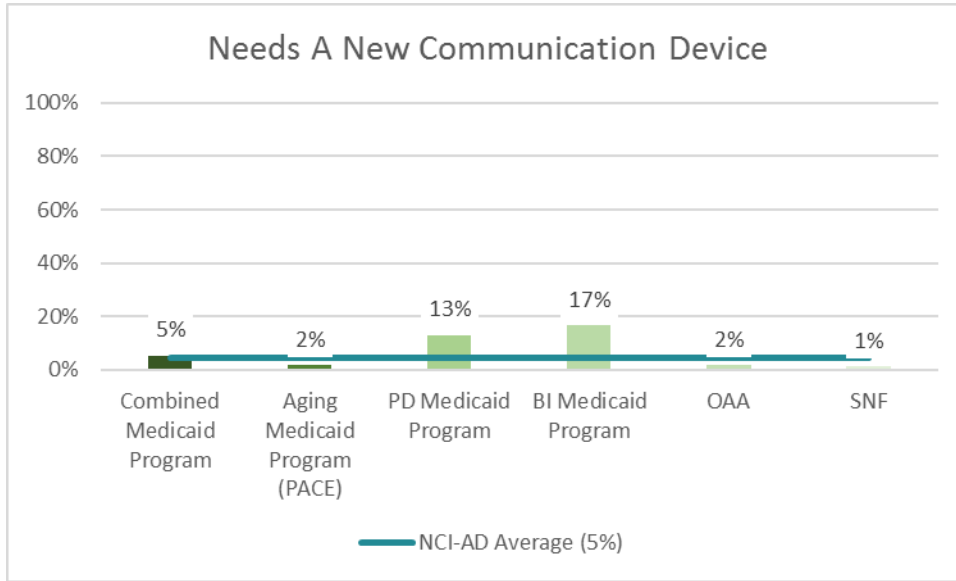


Chart C58. Proportion of people who need an upgrade to their communication device

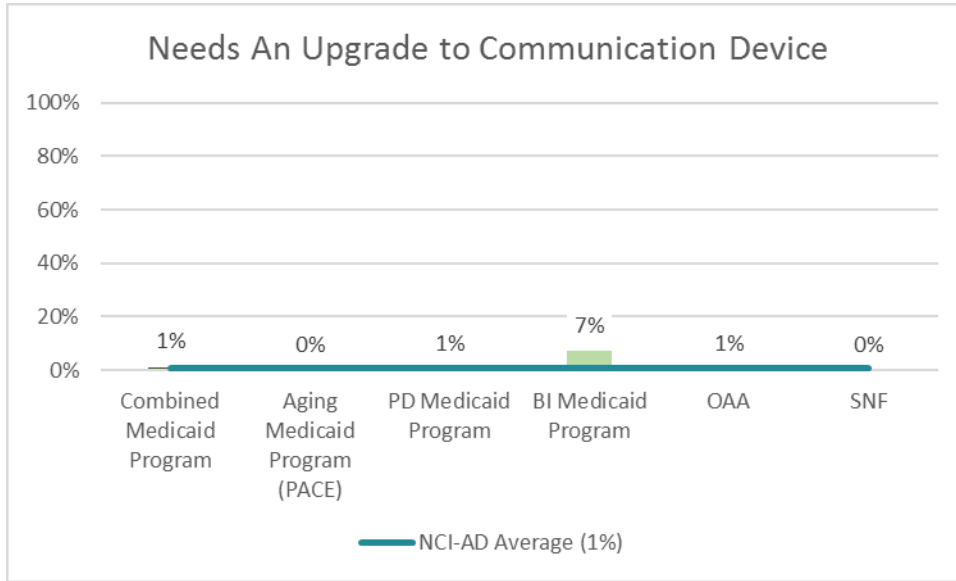


Chart C59. Proportion of people who need a new portable oxygen

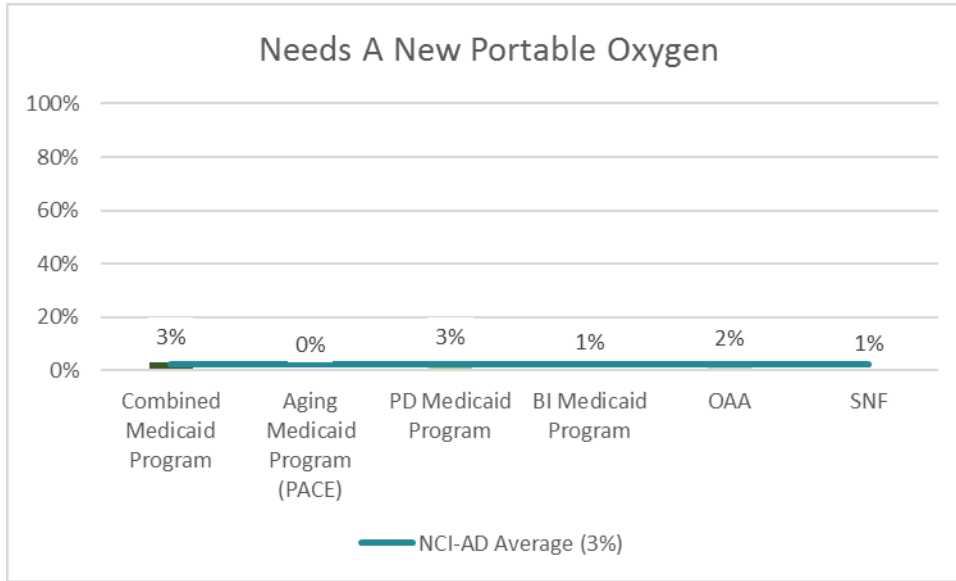


Chart C60. Proportion of people who need an upgrade to portable oxygen

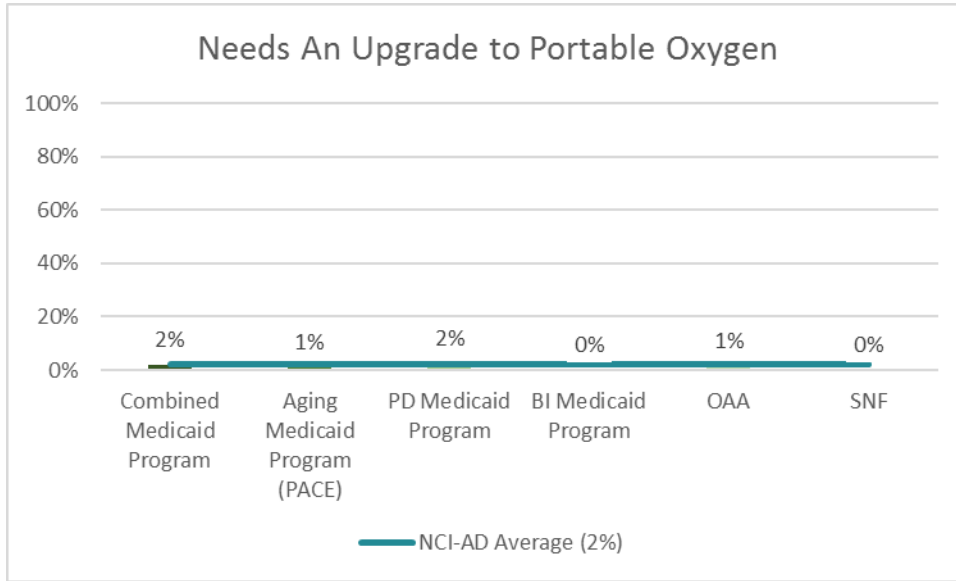


Chart C61. Proportion of people who need a new other device

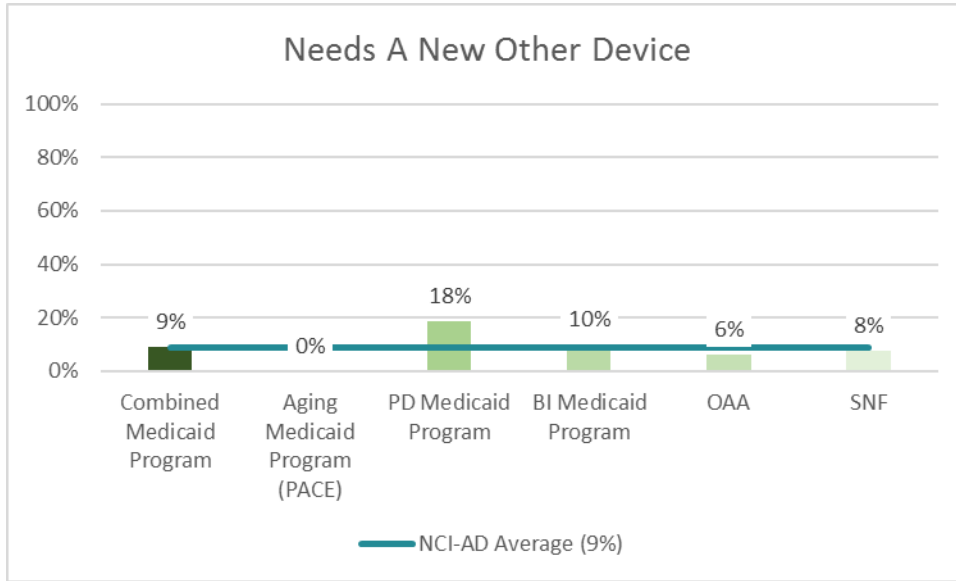
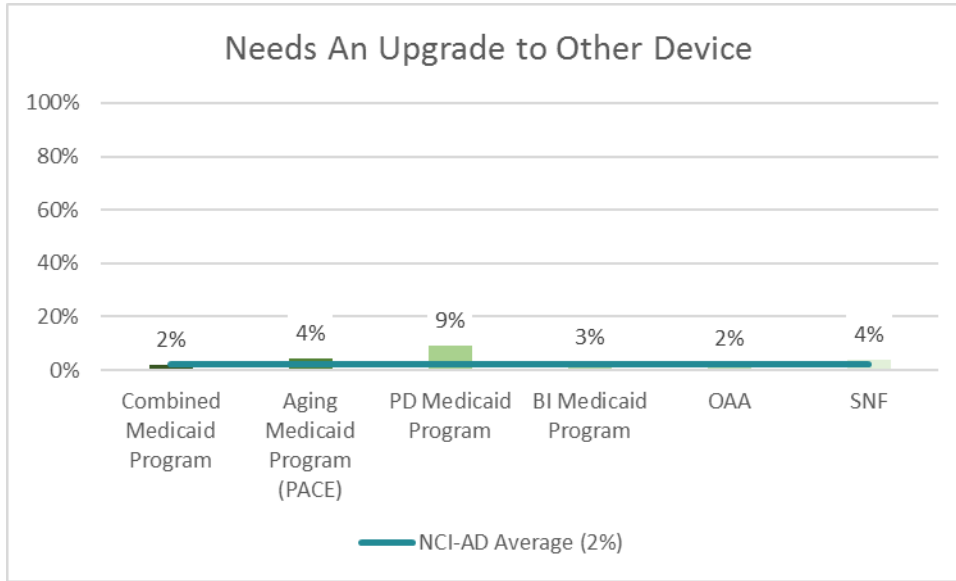


Chart C62. Proportion of people who need an upgrade to other device



Safety – charts

Chart C63. Proportion of people who feel safe at home

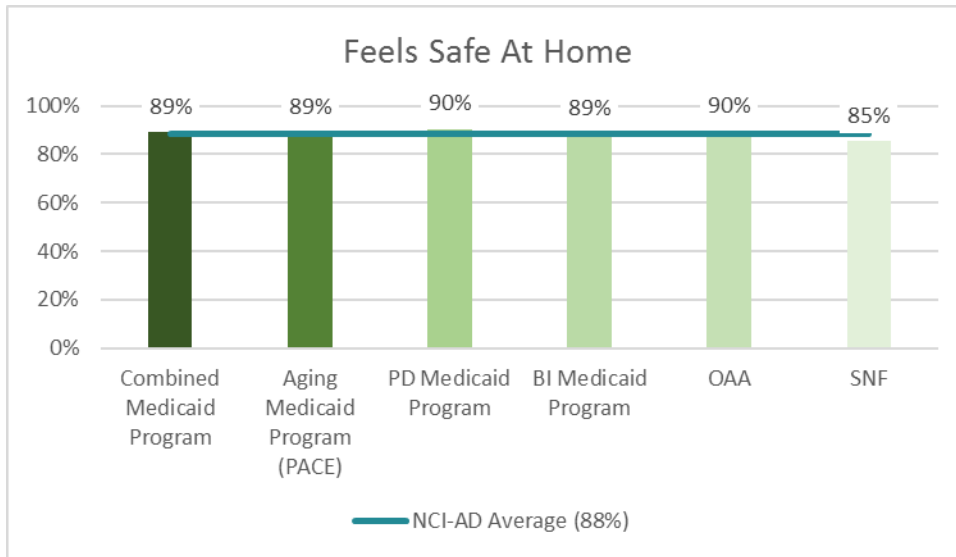


Chart C64. Proportion of people who feel safe around their paid support staff

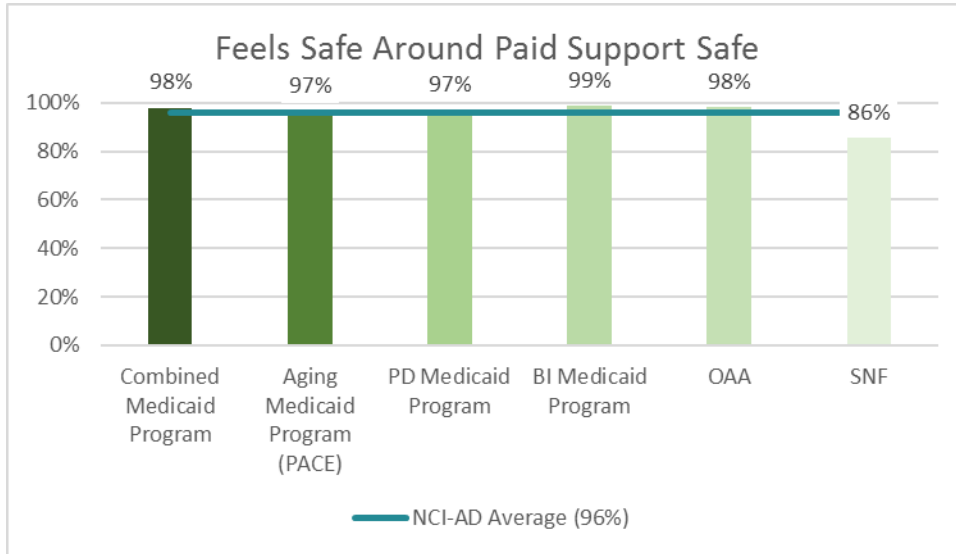


Chart C65. Proportion of people who are ever worried for the security of their personal belongings

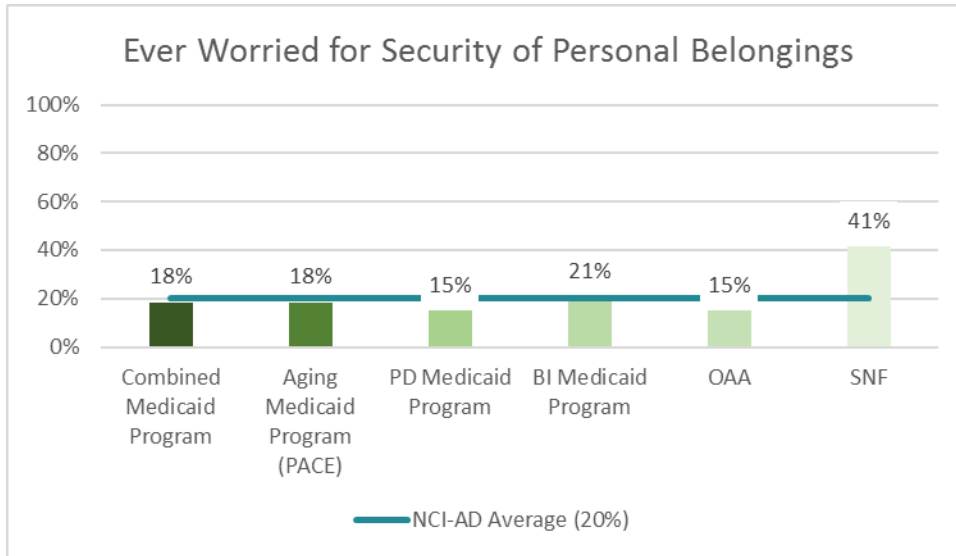


Chart C66. Proportion of people whose money was taken or used without their permission

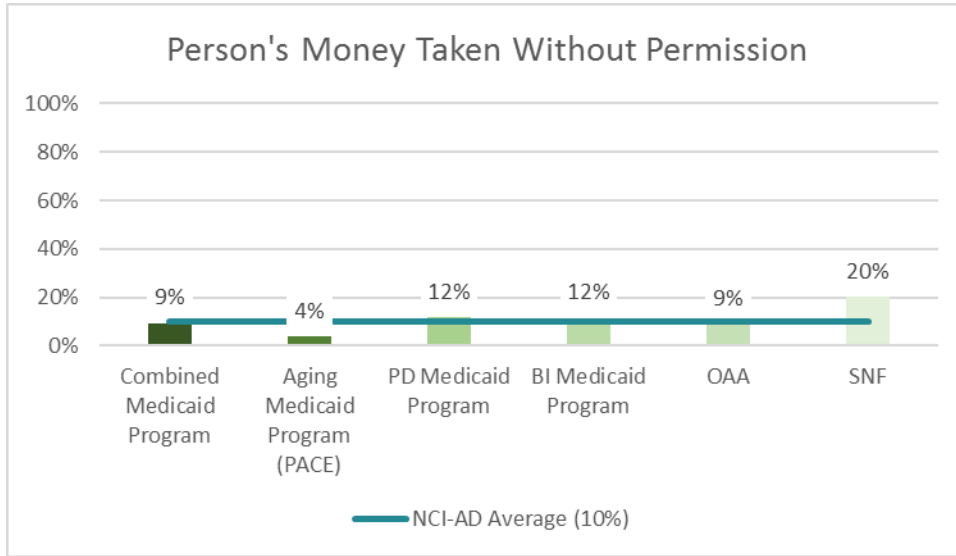


Chart C67. Proportion of people who have concerns about falling or being unstable (or about whom there are concerns)

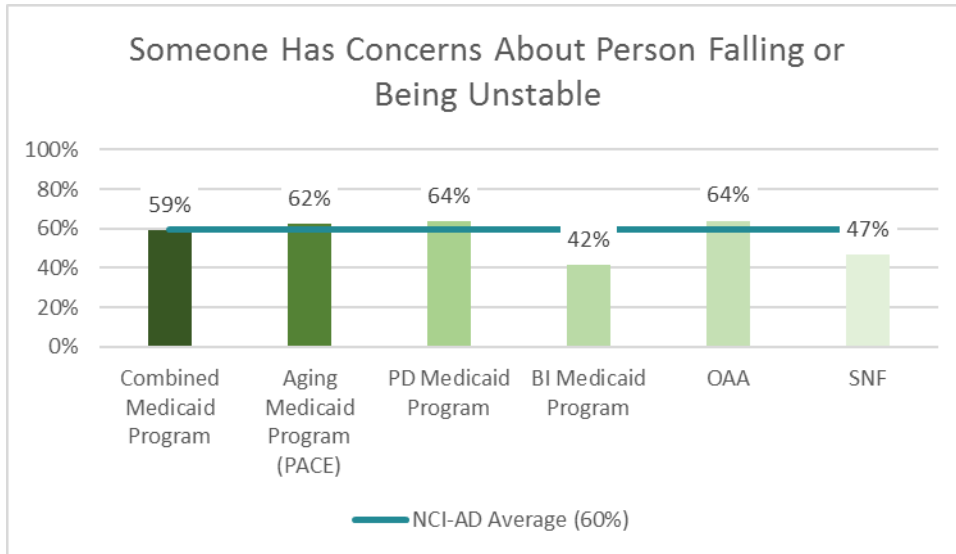


Chart C68. Proportion of people with whom somebody talked to or worked with to reduce risk of falling or being unstable (if there are such concerns)

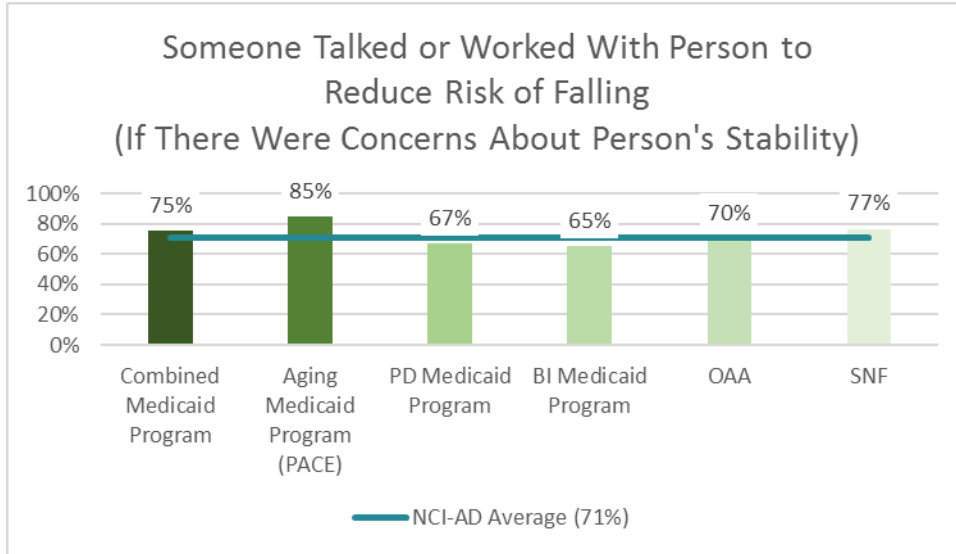
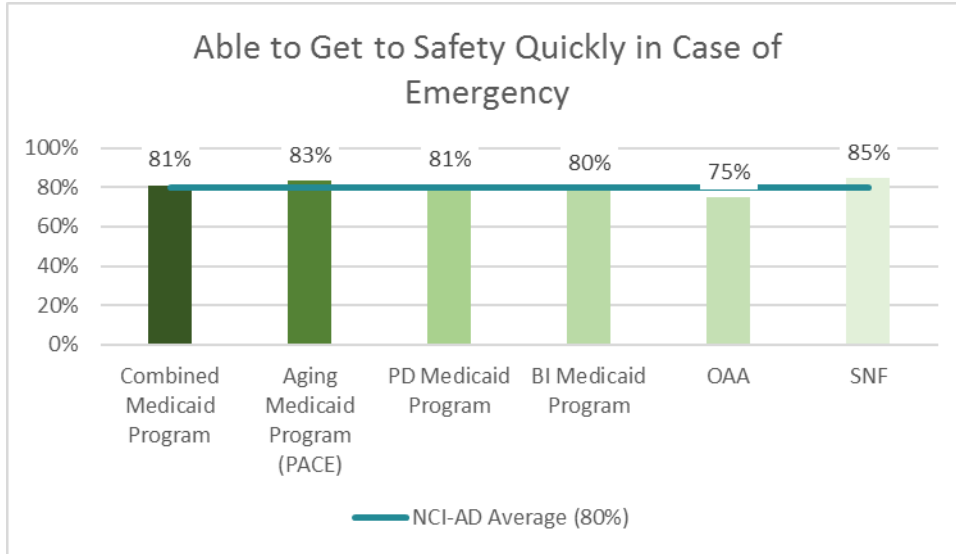


Chart C69. Proportion of people who are able to get to safety quickly in case of an emergency like a fire or a natural disaster



Health Care – charts

Chart C70. Proportion of people who have gone to the emergency room for tooth or mouth pain in past year

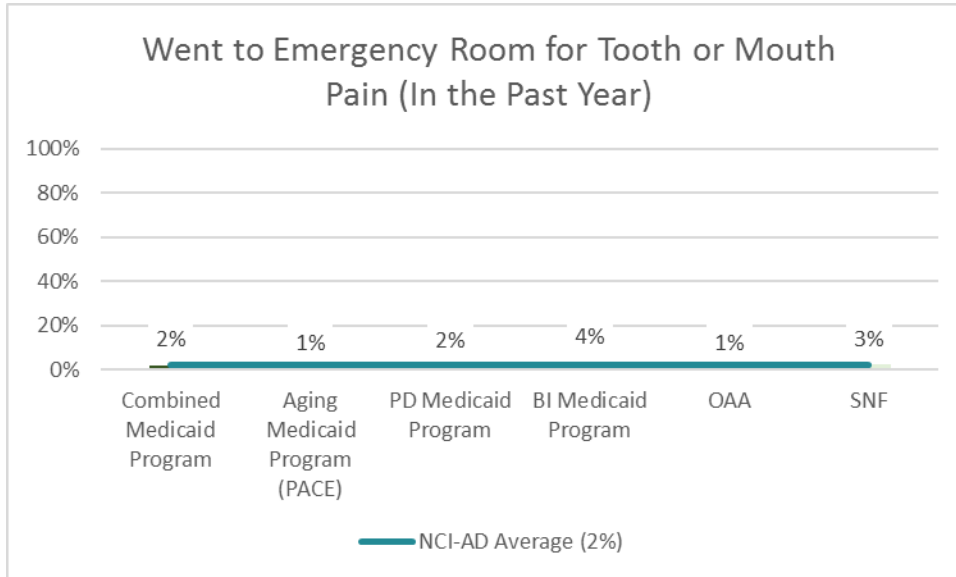


Chart C71. Proportion of people who have gone to the emergency room for falling or losing balance in past year

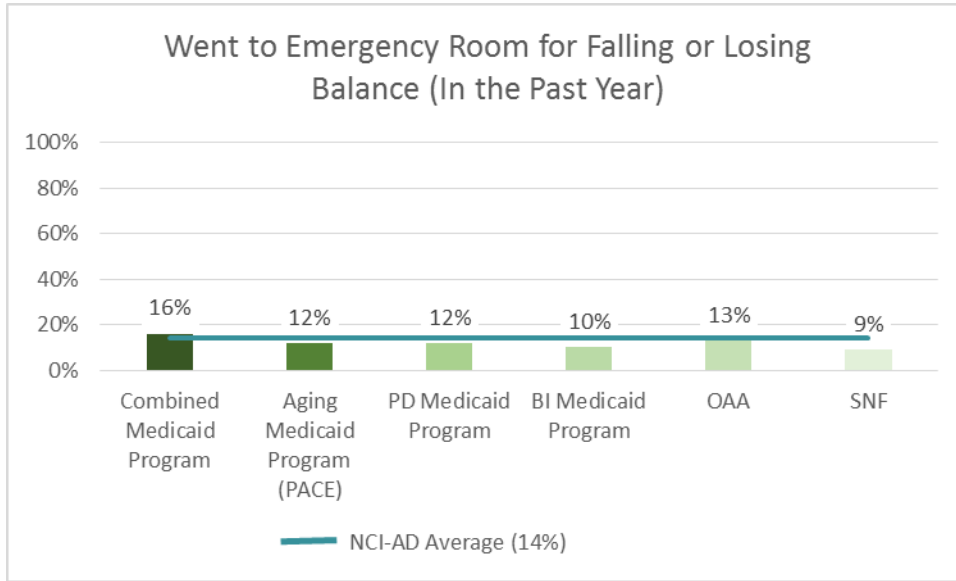


Chart C72. Proportion of people who have gone to the emergency room for another reason in past year

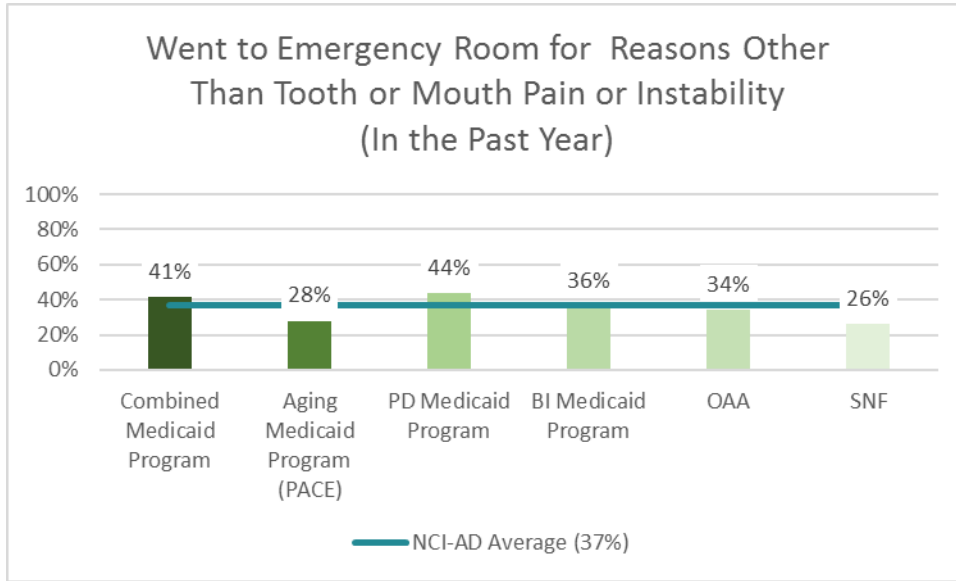


Chart C73. Proportion of people who have a primary care doctor

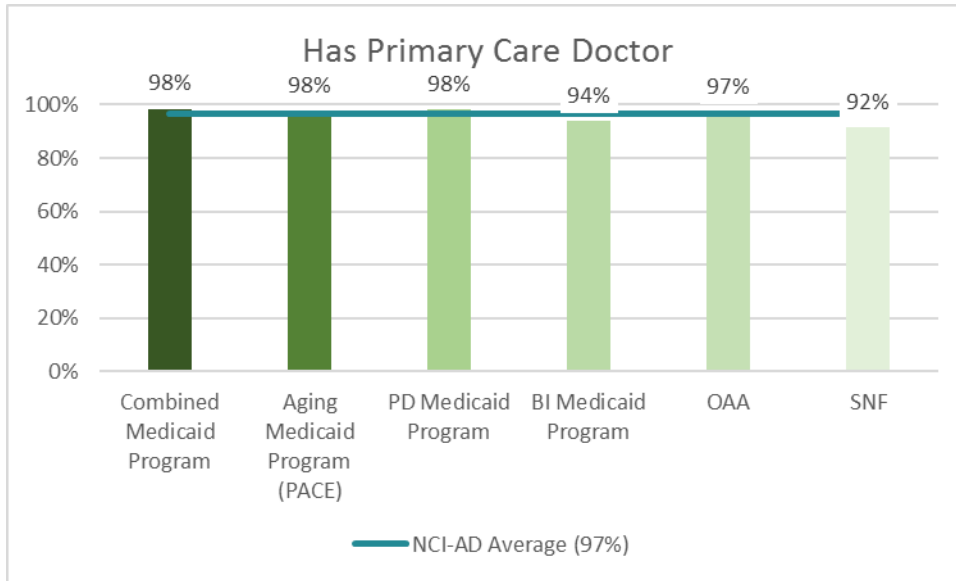


Chart C74. Proportion of people who can get an appointment to see their primary care doctor when they need to

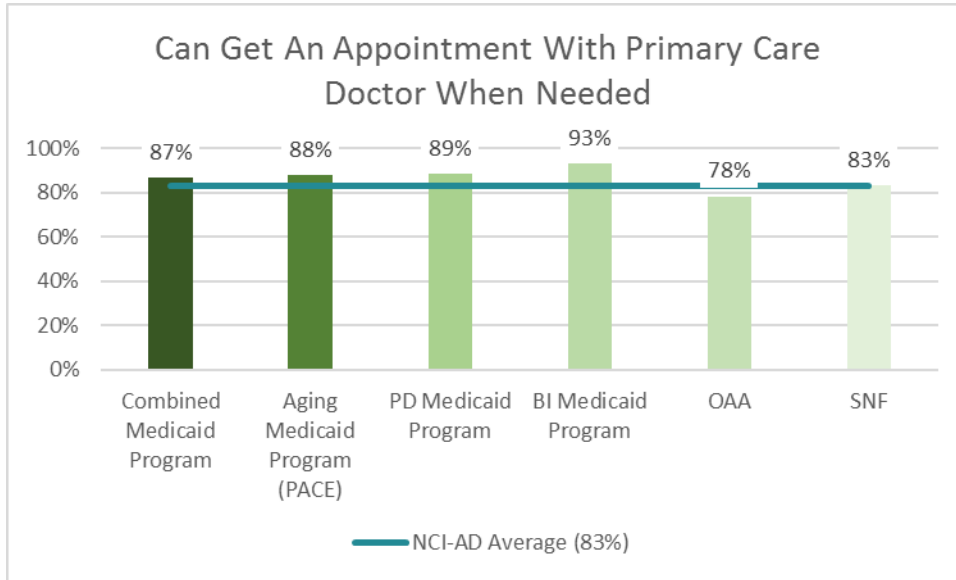


Chart C75. Proportion of people who have talked to someone about feeling sad and depressed during the past 12 months (if feeling sad and depressed)

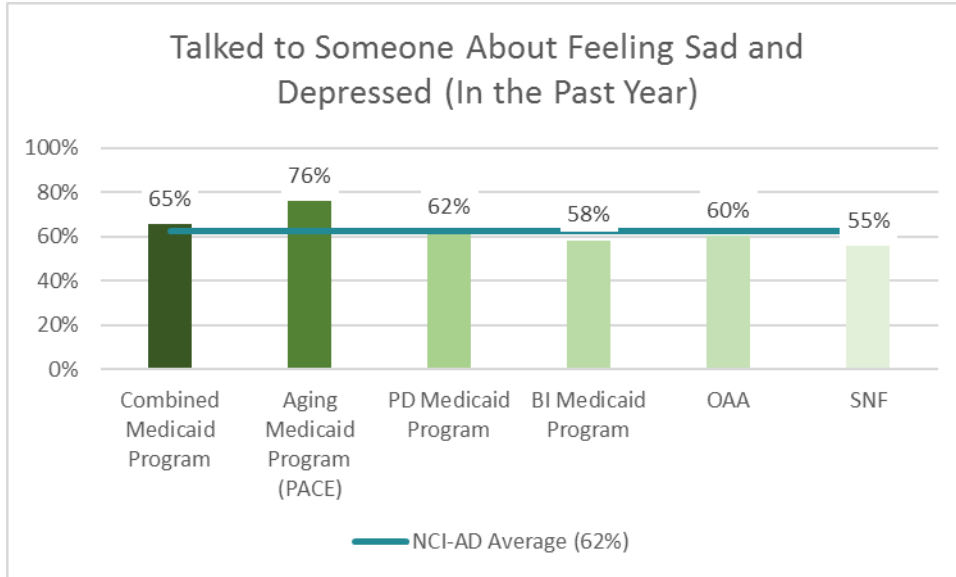


Chart C76. Proportion of people who have had a physical exam in the past year

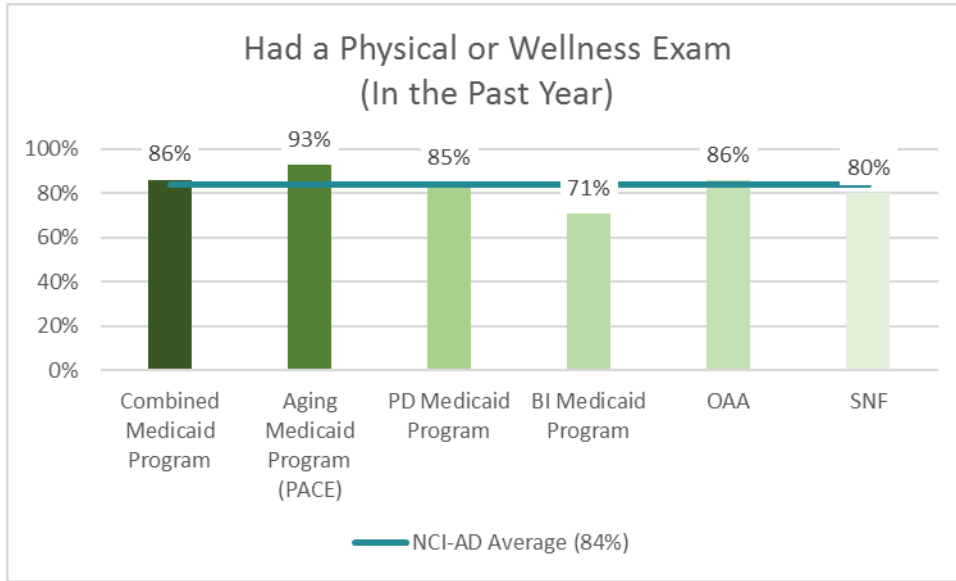


Chart C77. Proportion of people who have had a hearing exam in the past year

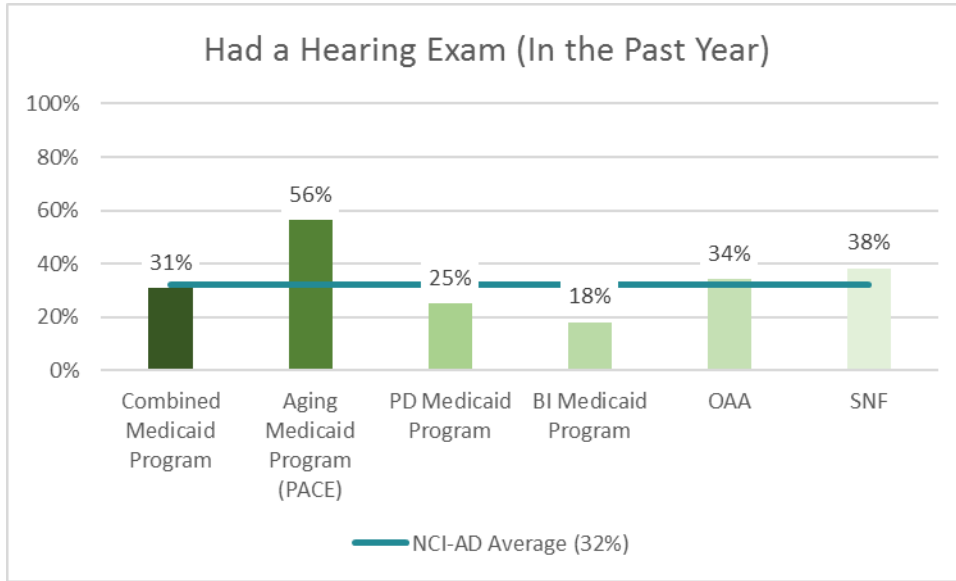


Chart C78. Proportion of people who have had a vision exam in the past year

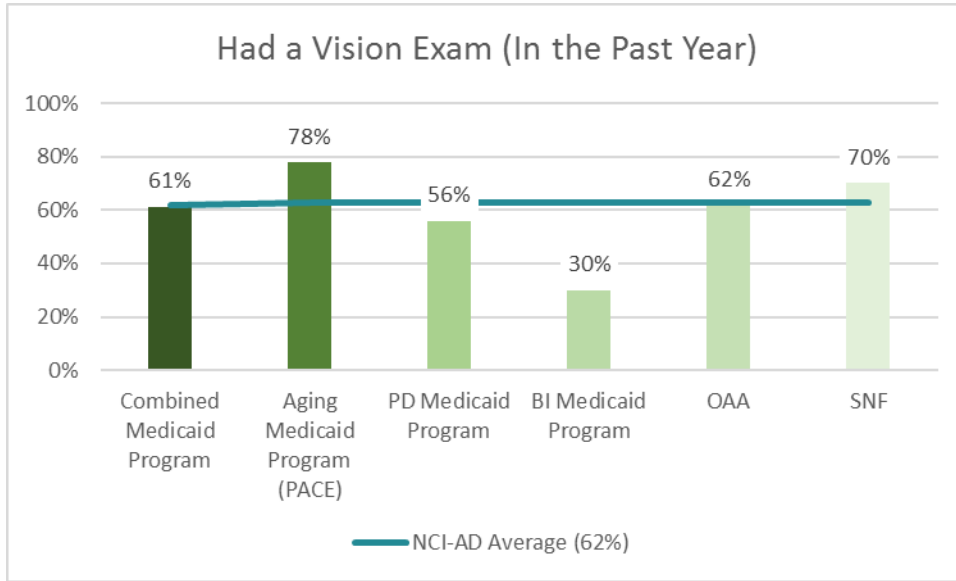


Chart C79. Proportion of people who have had a flu shot in the past year

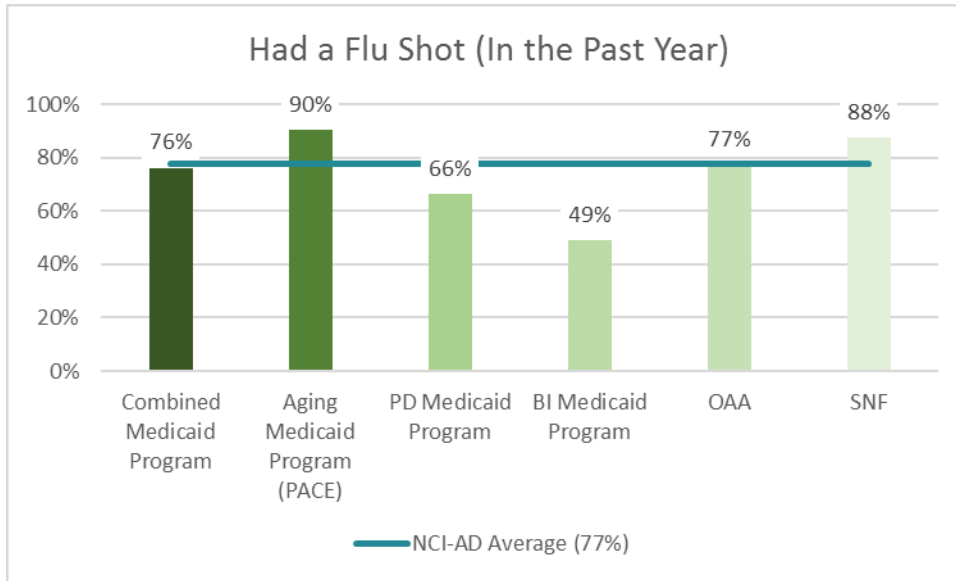


Chart C80. Proportion of people who have had a routine dental visit in the past year

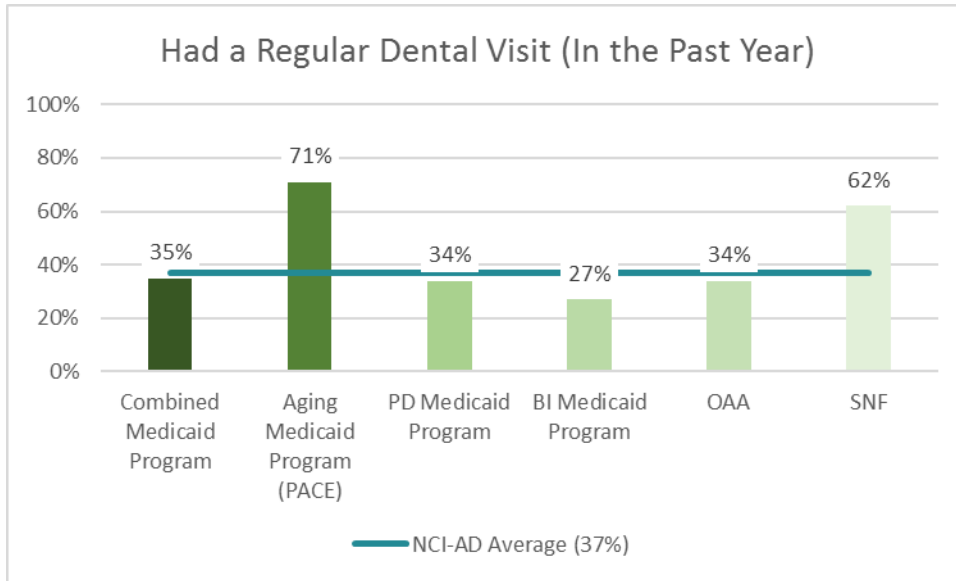
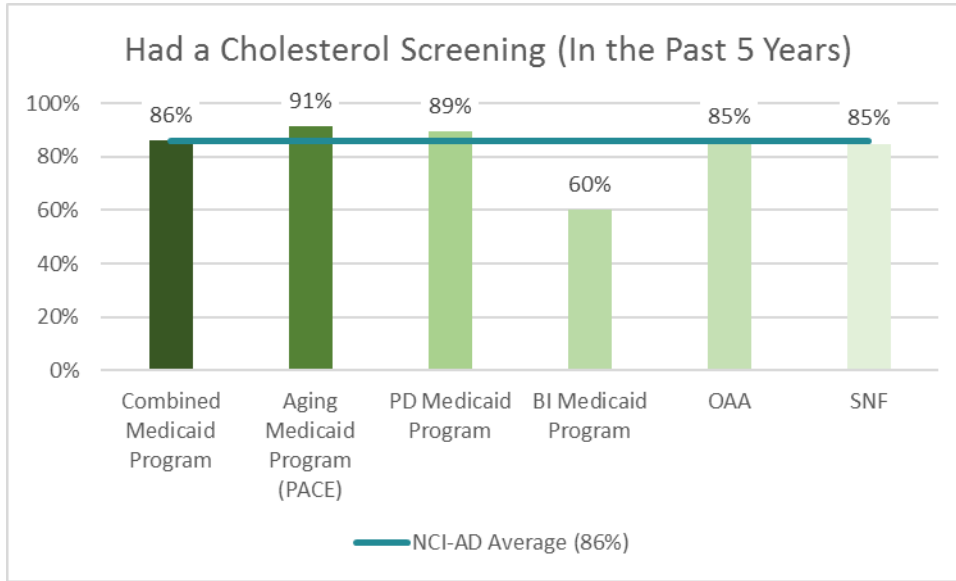


Chart C81. Proportion of people who have had a cholesterol screening exam in the past five years



Wellness – charts

Chart C82. Proportion of people in poor health

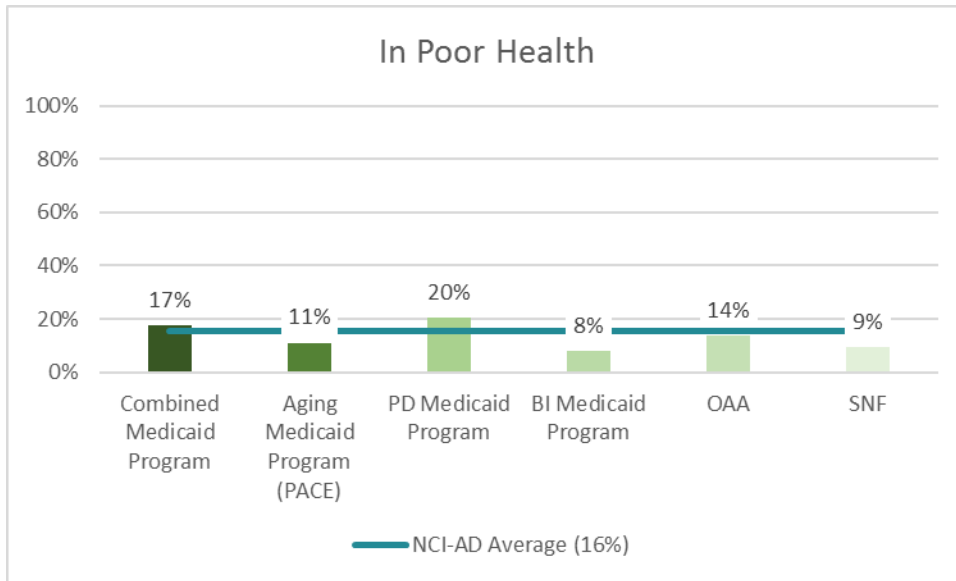


Chart C83. Proportion of people whose health has gotten much or somewhat better compared to 12 months ago

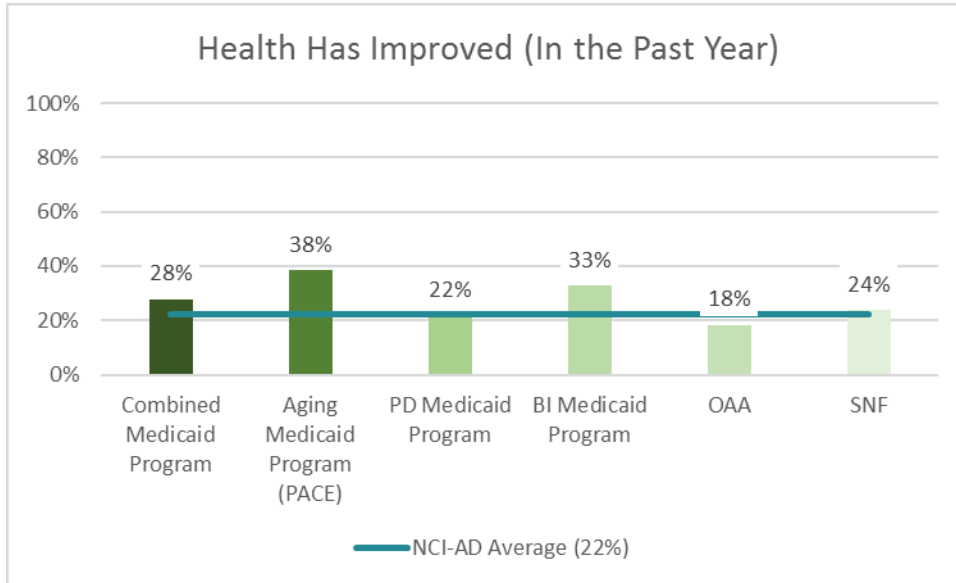


Chart C84. Proportion of people who forget things more often in past 12 months

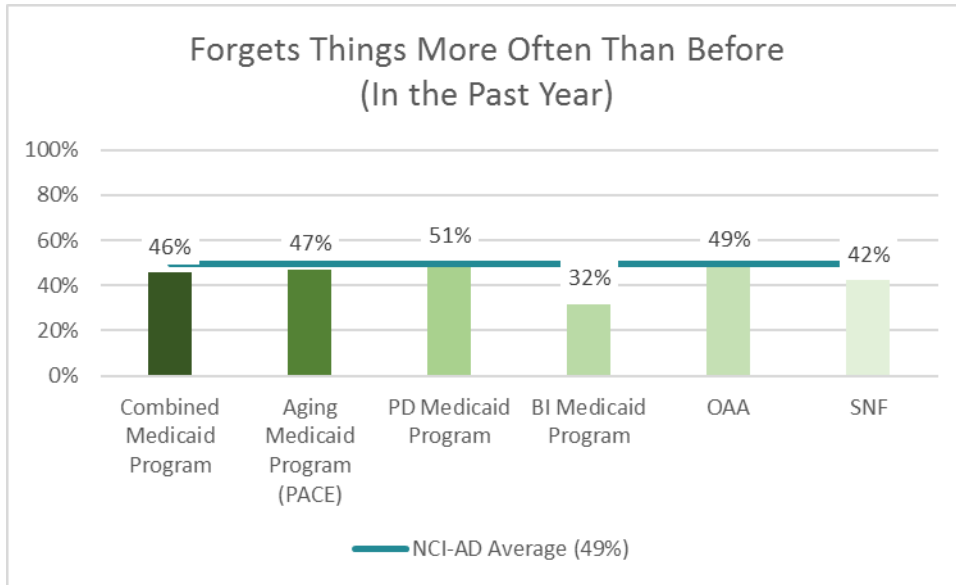
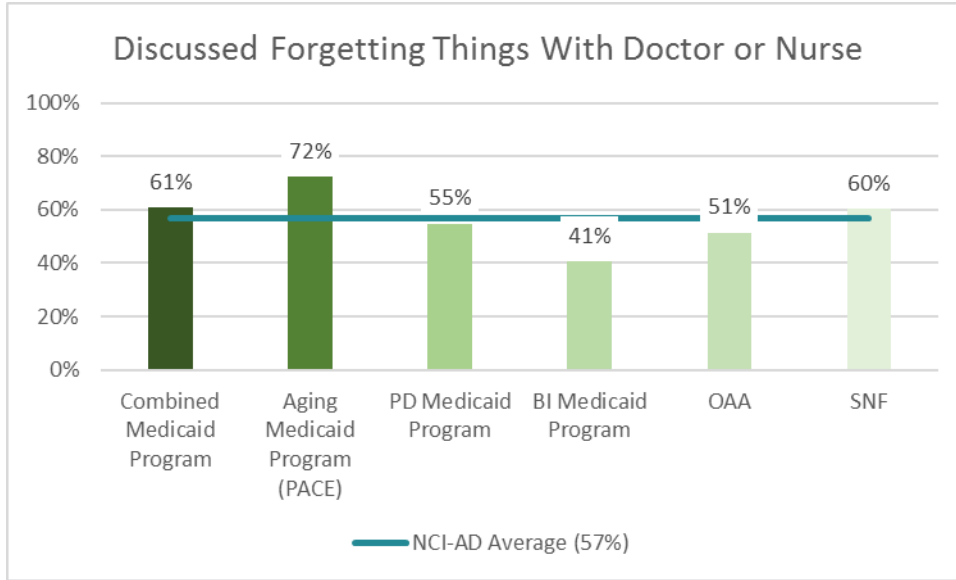


Chart C85. Proportion of people who have discussed (or somebody else discussed) forgetting things with a doctor or a nurse (if forget things more often during the past 12 months)



Medications – charts

Chart C86. Proportion of people who take medications that help them feel less sad or depressed

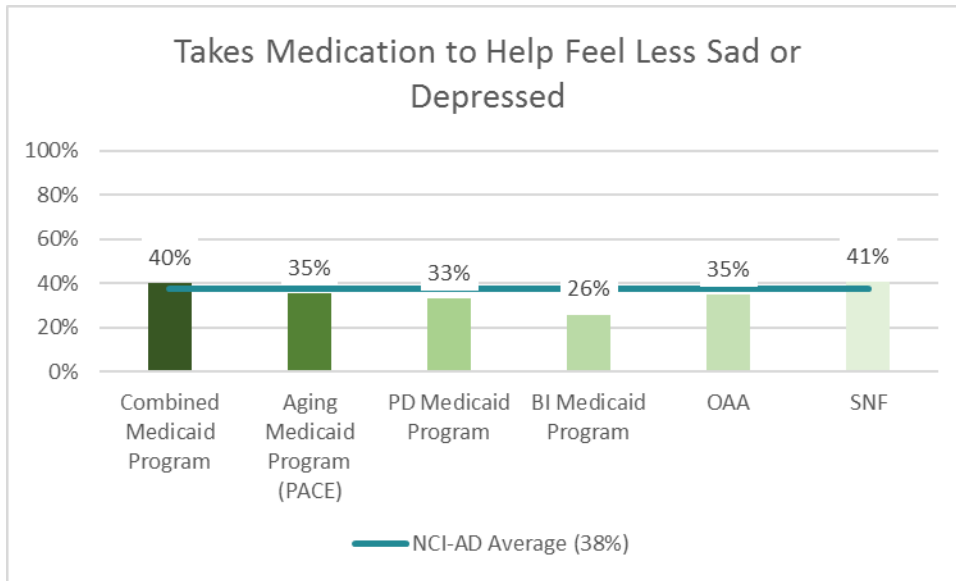


Chart C87. Proportion of people who take or are supposed to take any prescription medications

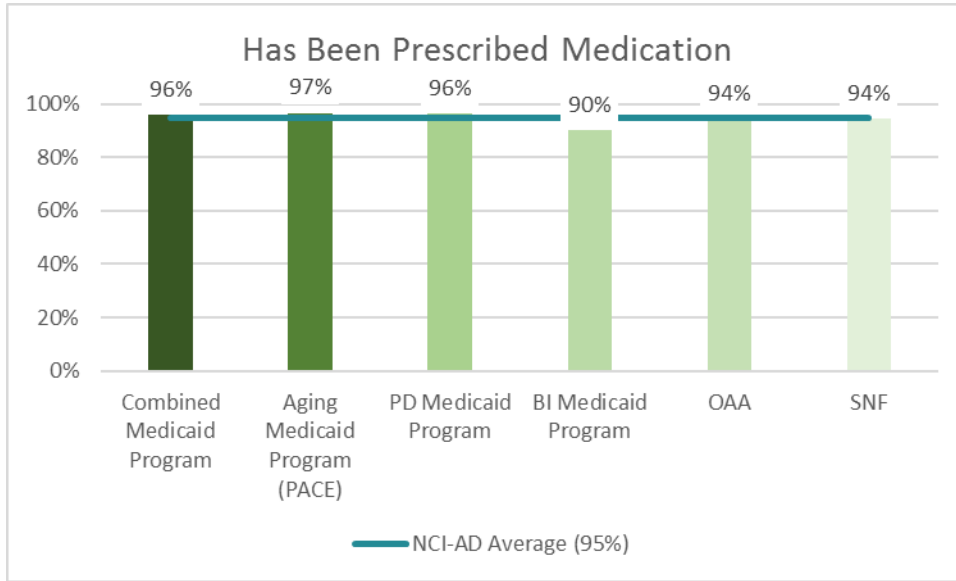
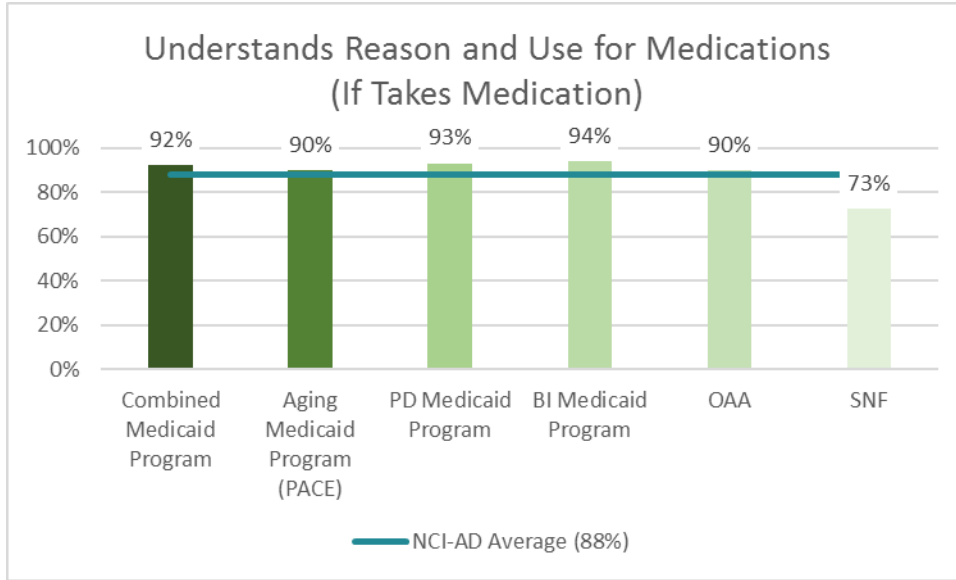


Chart C88. Proportion of people who understand why they take their prescription medications and what they are for (if take or are supposed to take prescription medications)



Rights and Respect – charts

Chart C89. Proportion of people who feel that their paid support staff treat them with respect

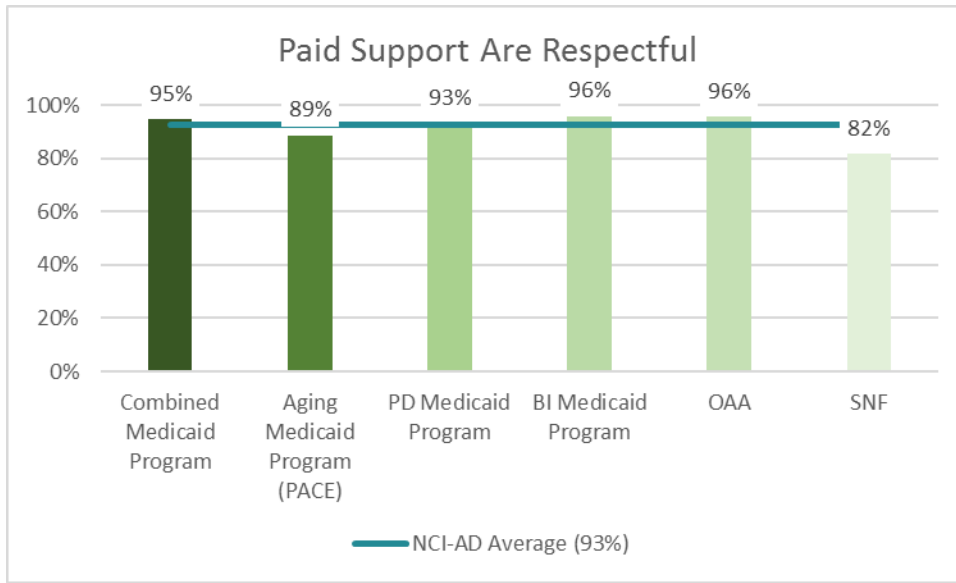


Chart C90. Proportion of people who get asked permission before people enter their home/room

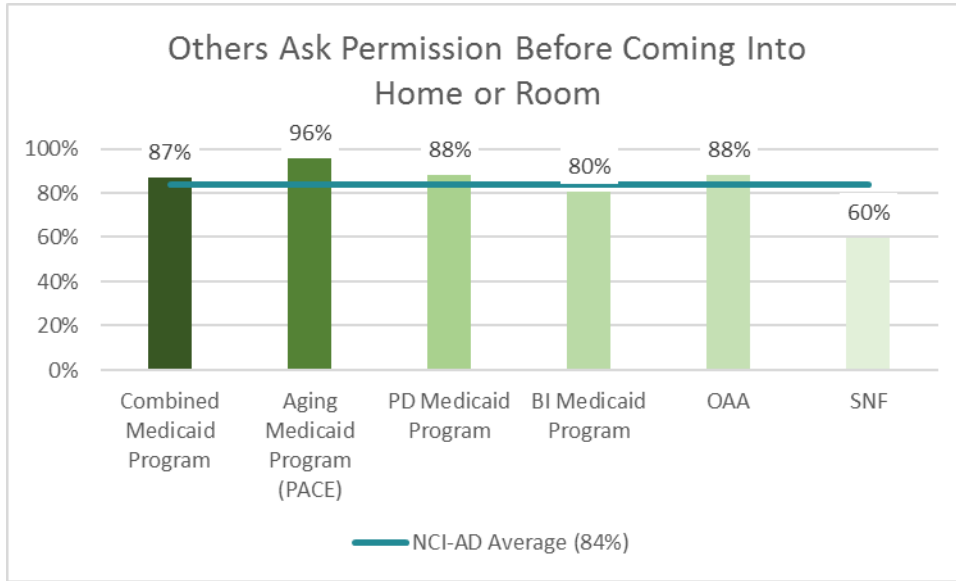


Chart C91. Proportion of people who are able to lock the doors to their room if they want (if in group setting)

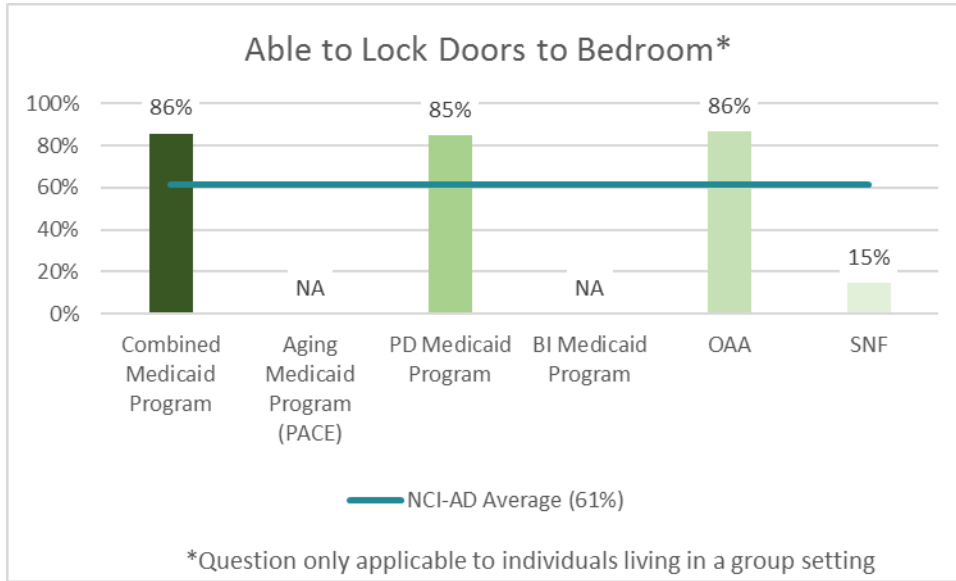


Chart C92. Proportion of people who have enough privacy in their home (if in group setting)

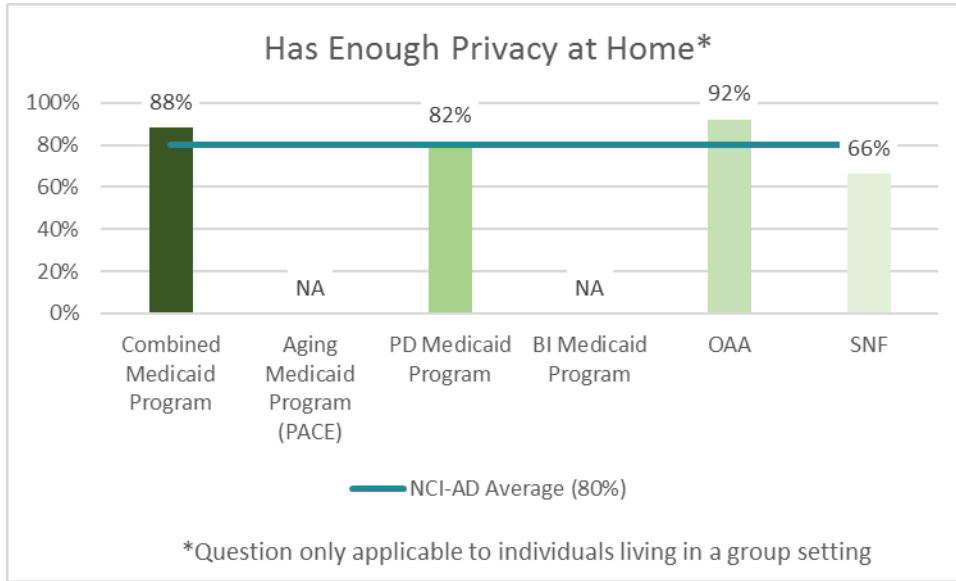


Chart C93. Proportion of people who are able to have visitors at any time (if in group setting)

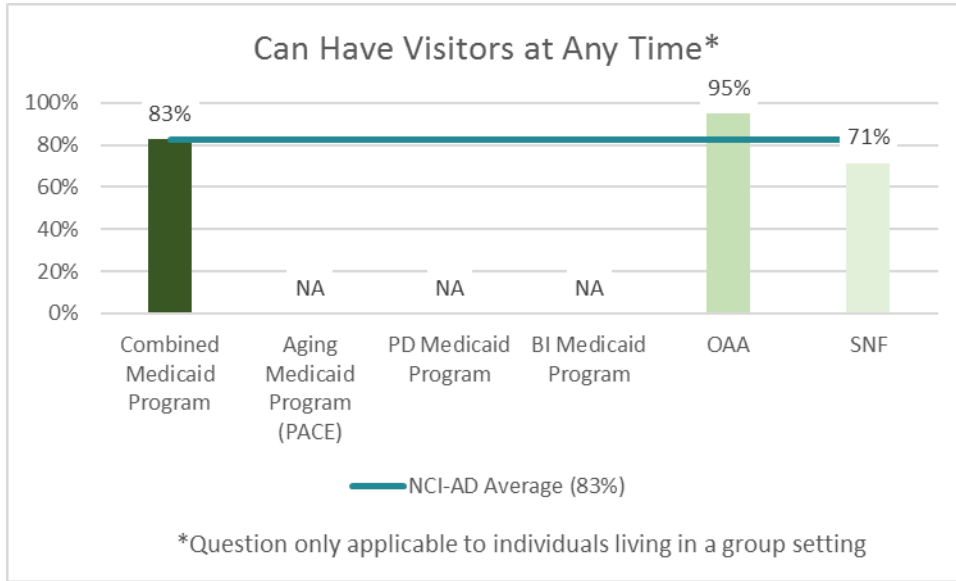


Chart C94. Proportion of people who have privacy with visitors at home if they want it (if in group setting)

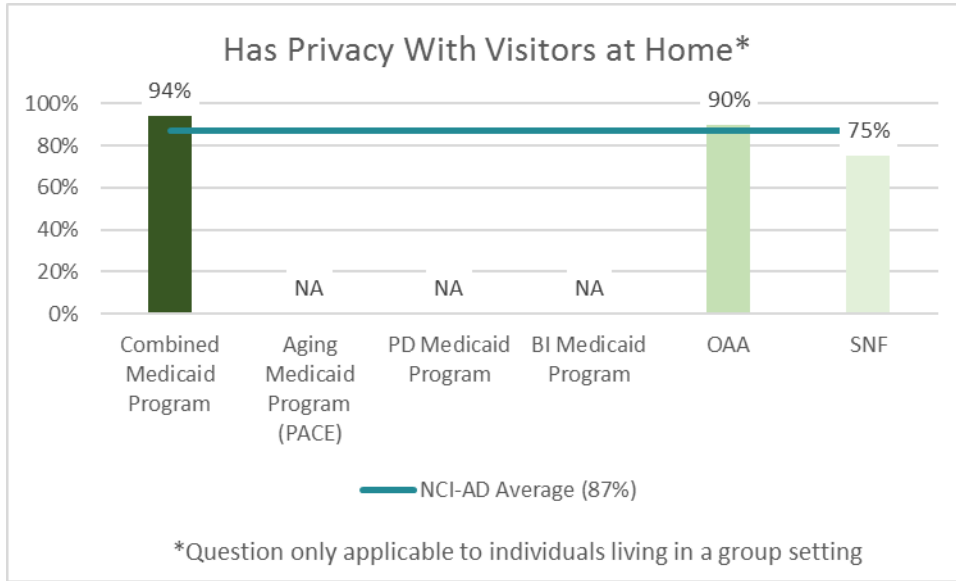


Chart C95. Proportion of people who can use the phone privately whenever they want (if in group setting)

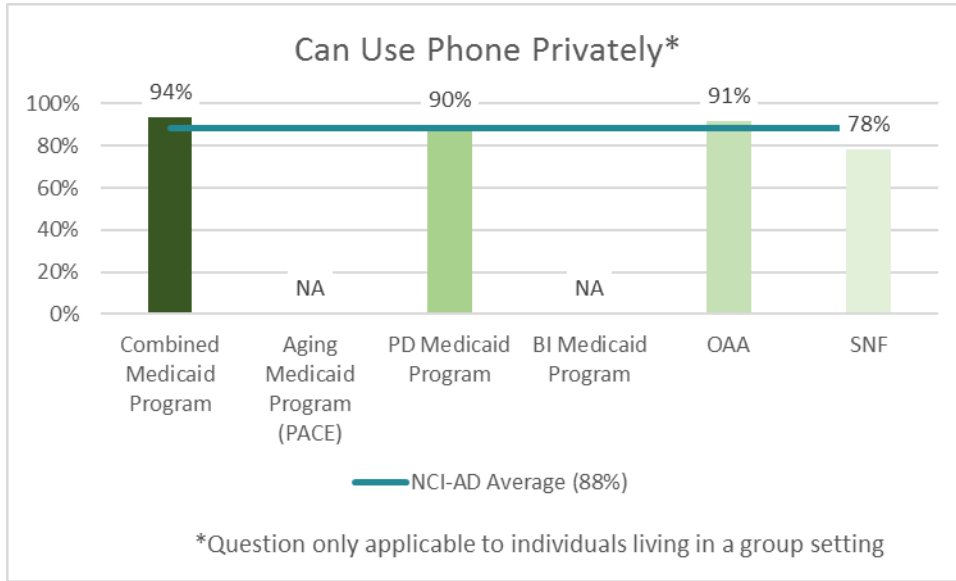


Chart C96. Proportion of people who have access to food at all times of the day (if in group setting)

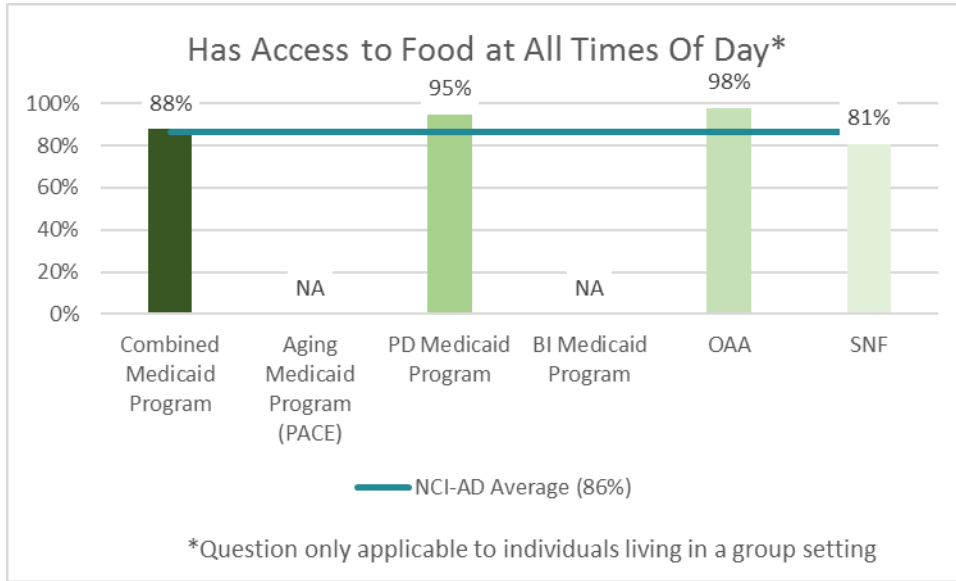
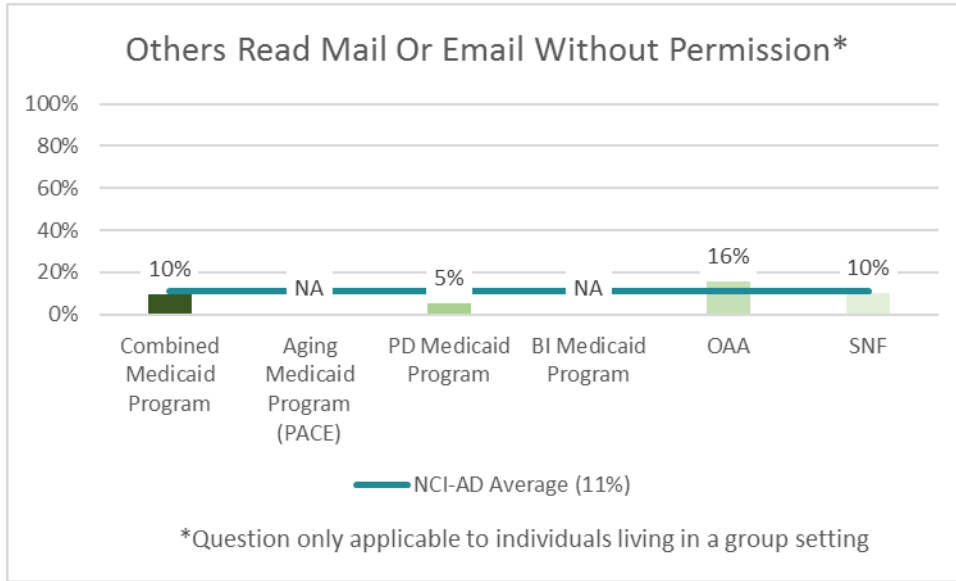


Chart C97. Proportion of people whose mail or email is read without asking them first (if in group setting)



Self-Direction of Care – charts

Chart C98. Proportion of people who are participating in a self-directed supports option

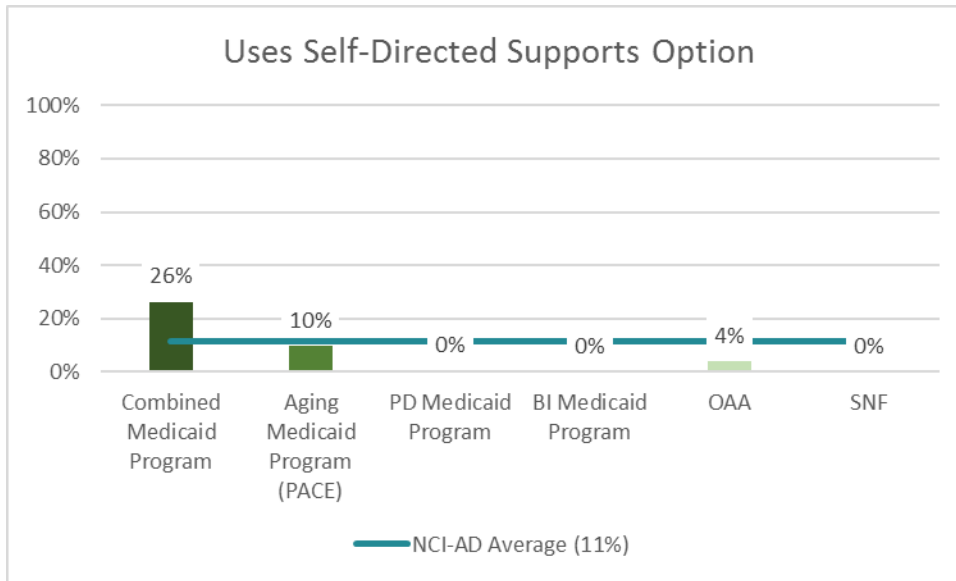


Chart C99. Proportion of people who can choose or change the kind of services they get and determine how often and when they get them

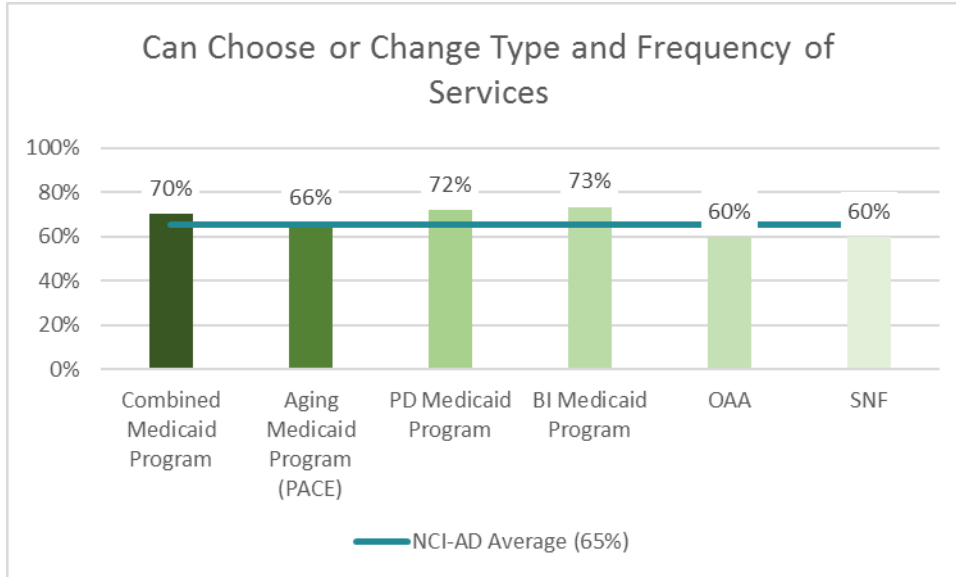
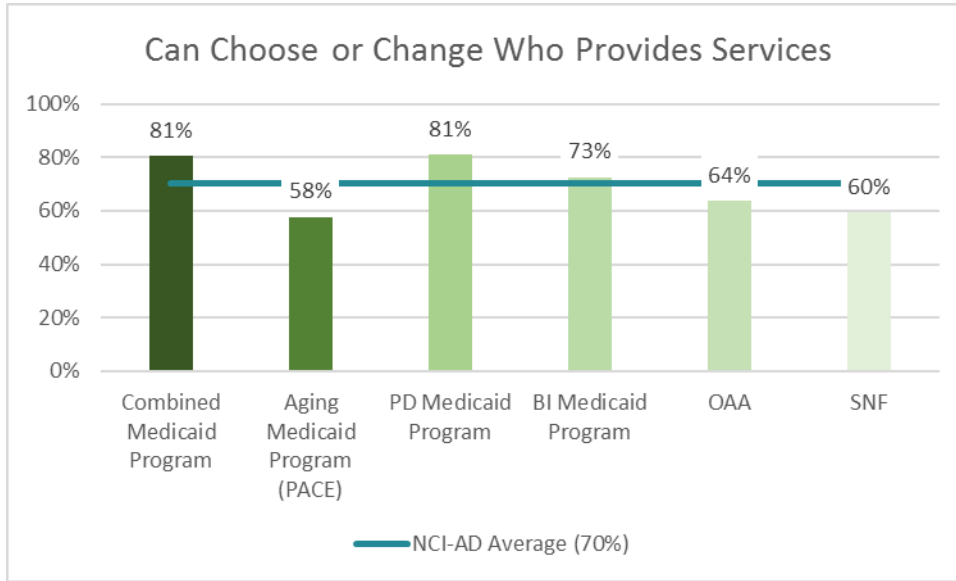


Chart C100. Proportion of people who can choose or change who provides their services if they want



Work – charts

Chart C101. Proportion of people who have a paying job in the community, either full-time or part-time

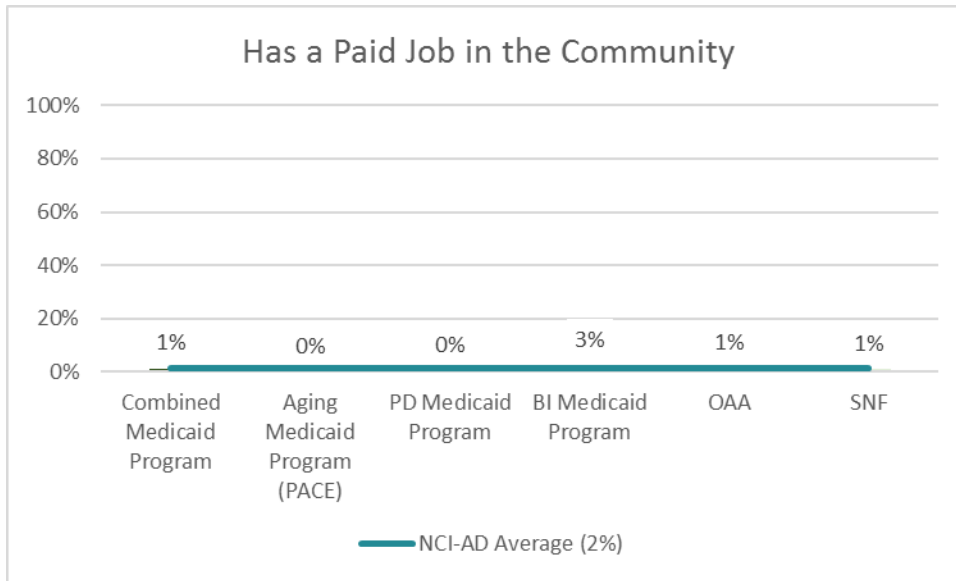


Chart C102. Proportion of people who would like a job (if not currently employed)

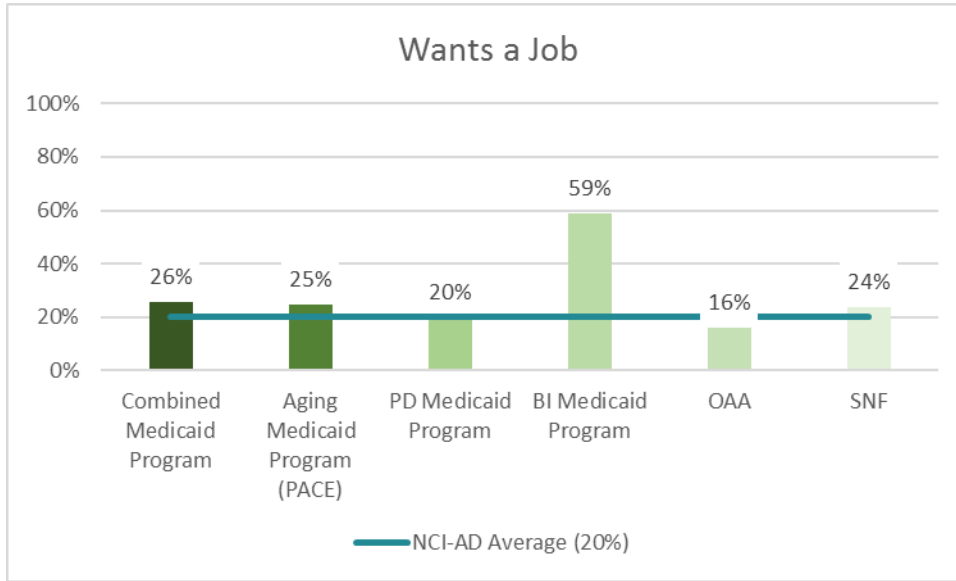


Chart C103. Proportion of people who reported that someone has talked to them about job options (if wanted a job)

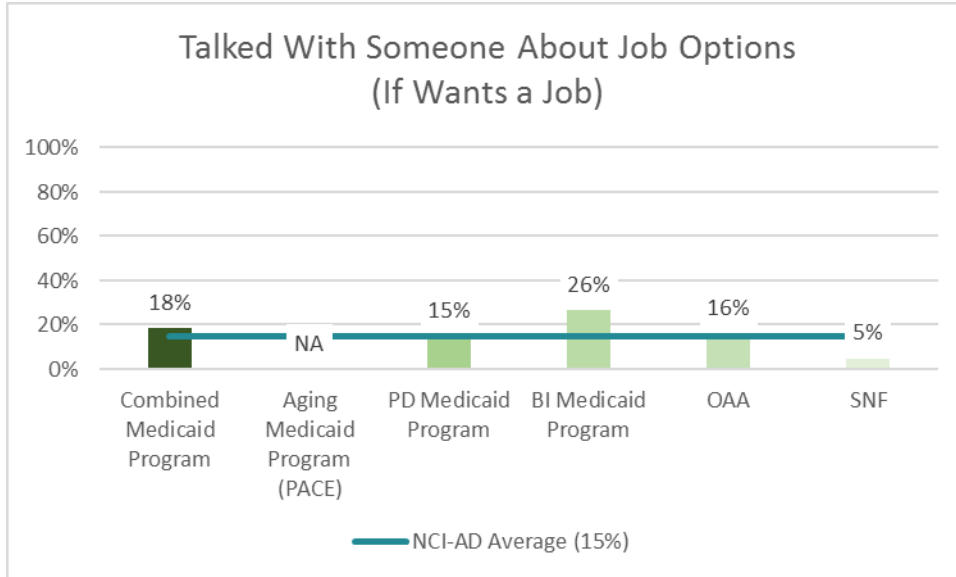
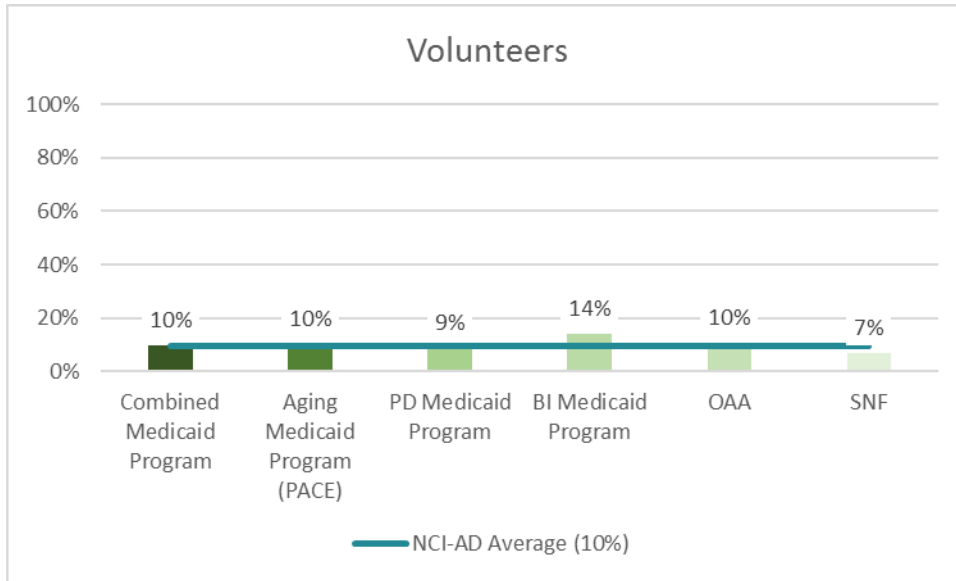


Chart C104. Proportion of people who do any volunteer work



Everyday Living – charts

Chart C105. Proportion of people who generally need some or a lot of assistance with everyday activities

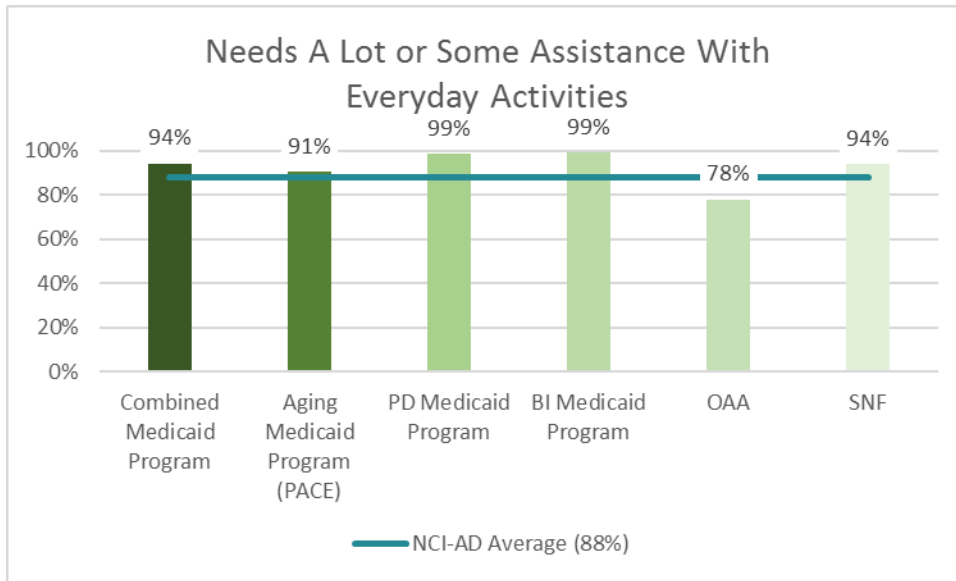


Chart C106. Proportion of people who always get enough assistance with everyday activities when they need it (if need any assistance)

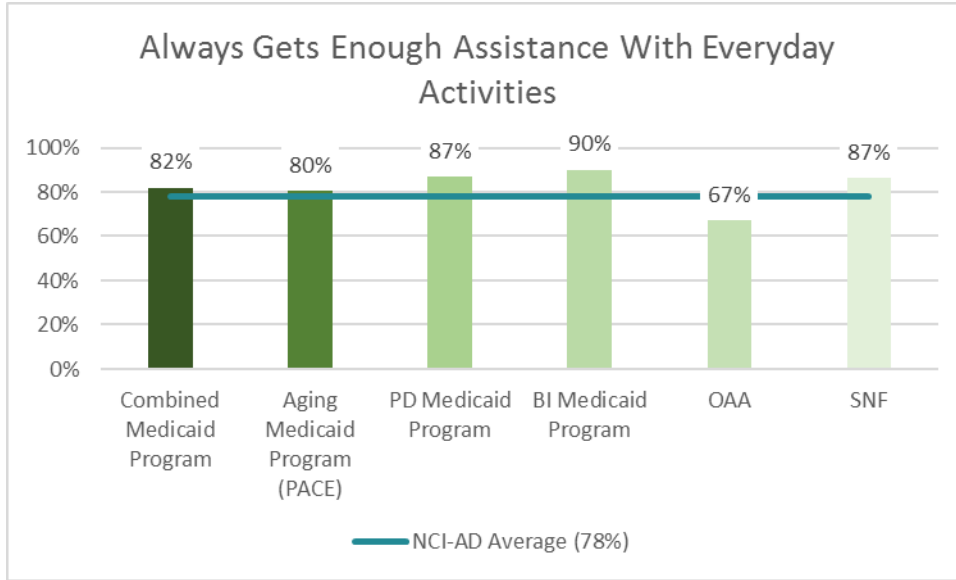


Chart C107. Proportion of people who generally need a lot or some assistance for self-care

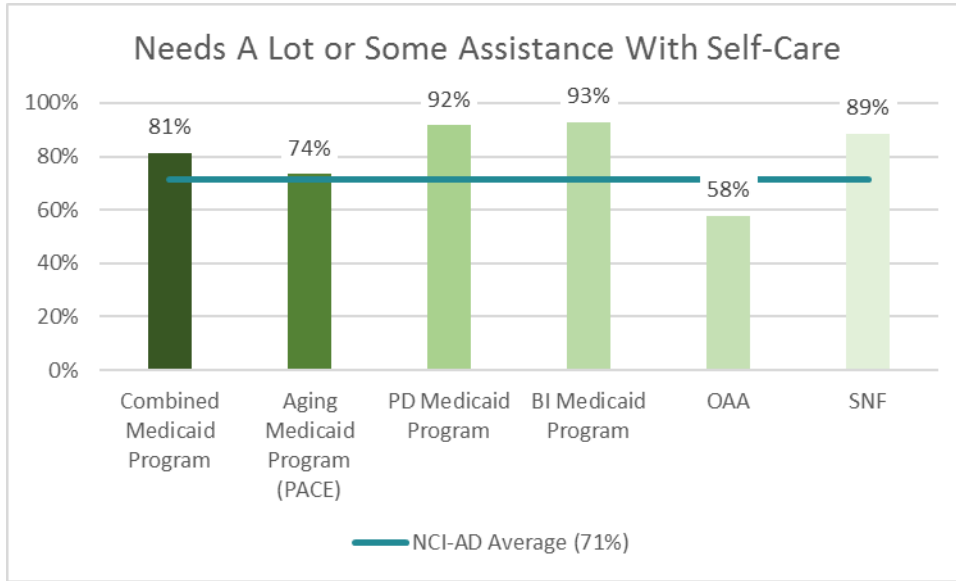


Chart C108. Proportion of people who always get enough assistance with self-care when they need it (if need any assistance)

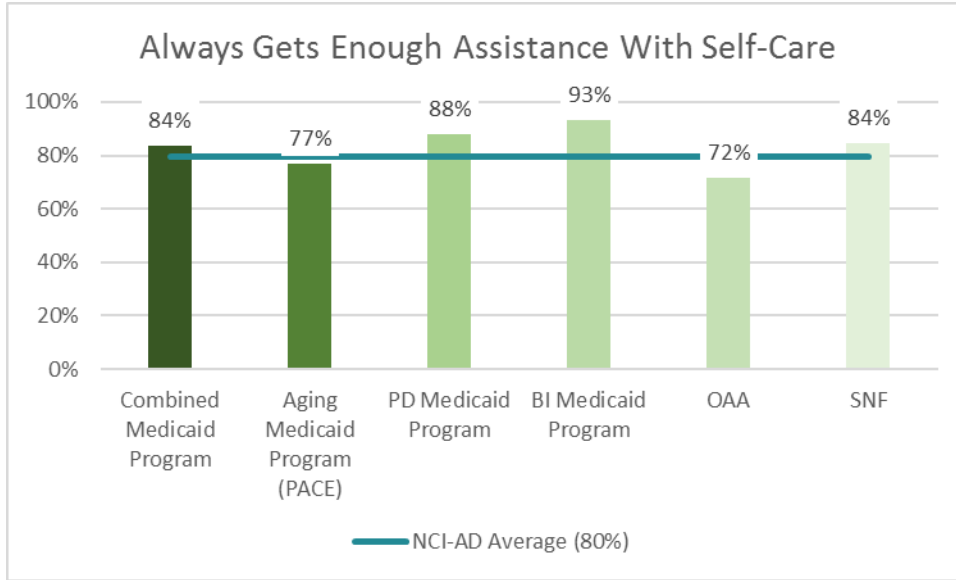
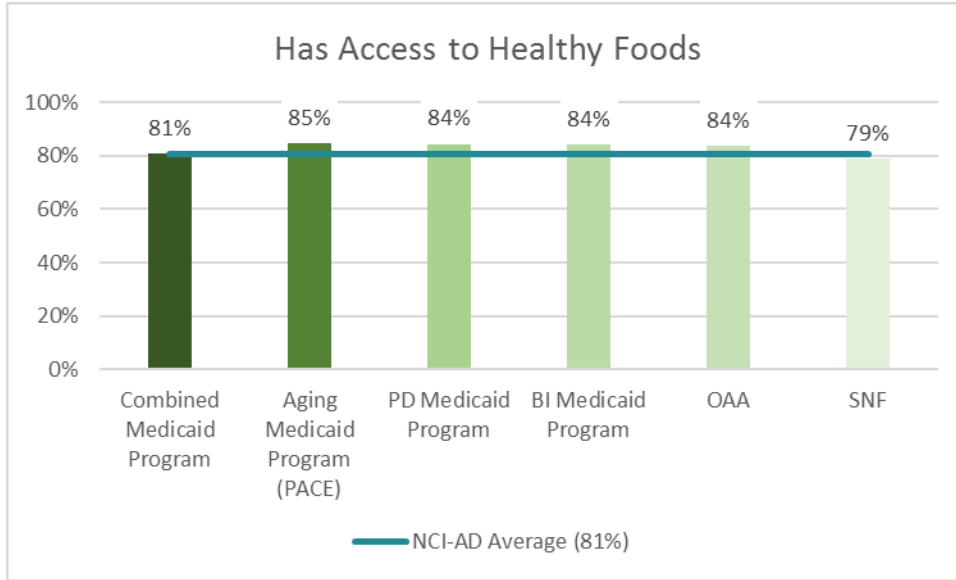
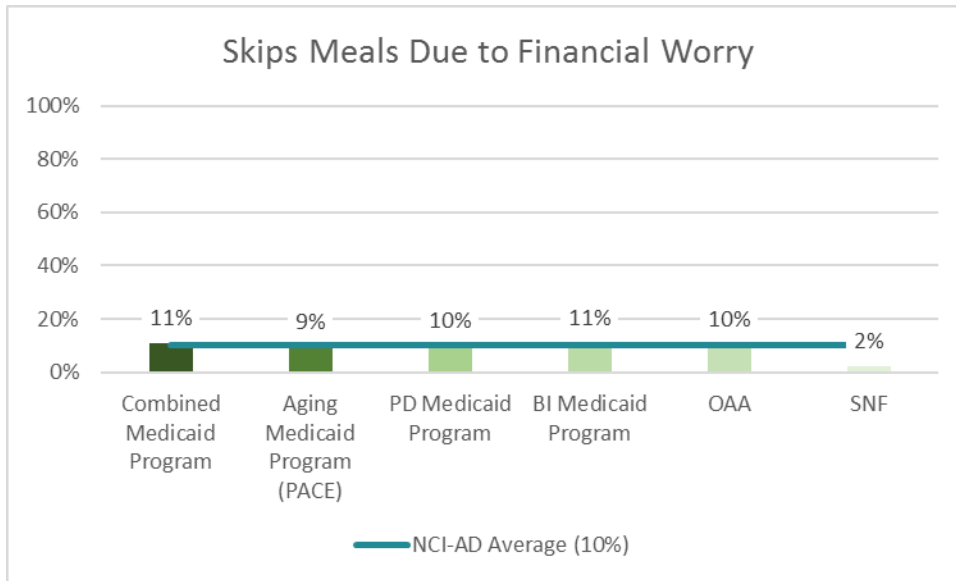


Chart C109. Proportion of people who have access to healthy foods like fruits and vegetables when they want them



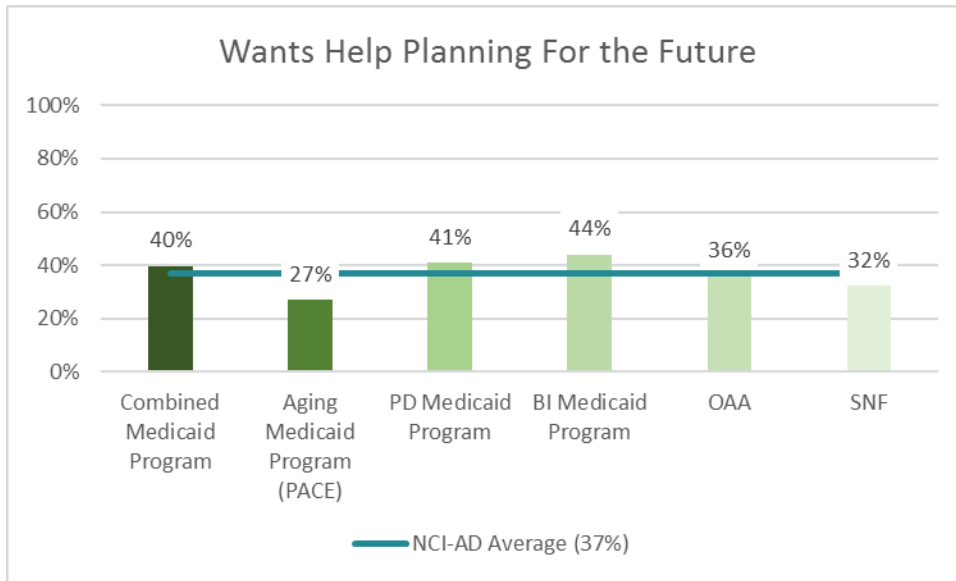
Affordability – charts

Chart C110. Proportion of people who ever have to skip a meal due to financial worries



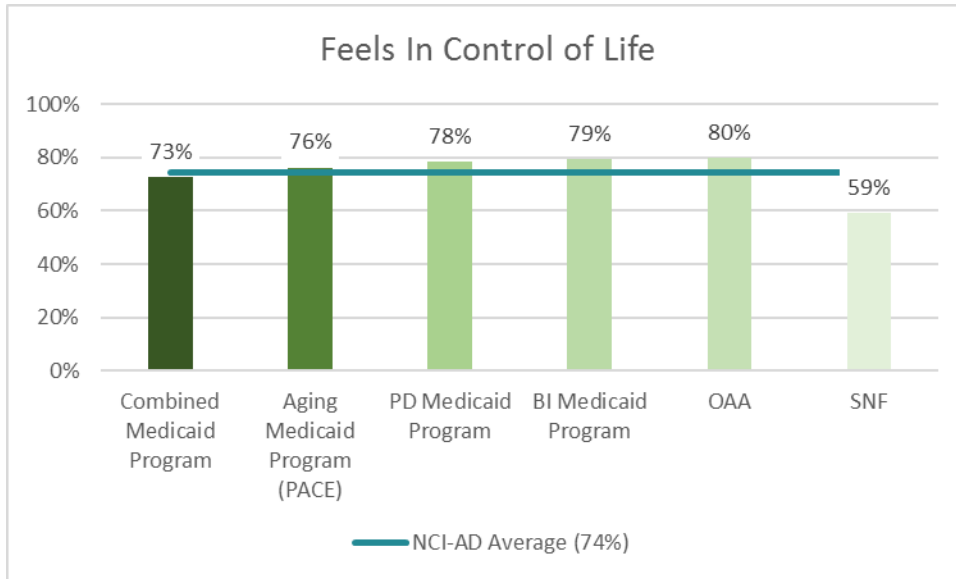
Planning for Future – charts

Chart C111. Proportion of people who want help planning for their future need for services



Control – charts

Chart C112. Proportion of people who feel in control of their life



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