



A Collaboration of  
The National Association of State Directors of Developmental Disabilities Services  
and the Human Services Research Institute

# **NCI Performance Indicators: Evidence for HCBS Requirements and Revised HCBS Assurances**

**Practical Tools for States**  
**REVISED 2015**  
**For Use With 2015-16 NCI Surveys**

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Practical Tools for States is sponsored by the National Core Indicators (NCI)—a collaboration of member states, the National Association of State Directors of Developmental Disabilities Services (NASDDDS), and the Human Services Research Institute (HSRI). This guide identifies relevant NCI data that states can use to inform their statewide assessment efforts and to demonstrate systems-level ongoing compliance with the Centers for Medicare and Medicaid Services (CMS) home and community-based services (HCBS) requirements and with Quality Assurances and Sub-Assurances.

CMS quality management expectations for the operation of HCBS continue to evolve. CMS issued HCBS requirements that went into effect in March 2014; these included requirements for HCBS settings and person-centered service planning. In addition, CMS revised the HCBS Quality Assurances and Sub-Assurances, which also became operative in March 2014. This updated version of the 2014 *NCI Performance Indicators: Evidence for the New HCBS Requirements and Revised HCBS Assurances* includes new NCI survey questions that align with the CMS changes as well as the addition of NCI survey question numbers and question text. The tool is best used for assessing compliance at a systems level.

Please note that this guide was developed by NCI staff and has not been reviewed or approved by the Centers for Medicare and Medicaid Services (CMS). Similar technical assistance guides were developed in 2015 for use with the NCI for Aging and Disabilities (NCI-AD) survey; for additional information on these, please visit: <http://www.nasuad.org/initiatives/national-core-indicators-aging-and-disabilities>.

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# I. HCBS Requirements and NCI Data

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The NCI Adult Consumer Survey (ACS) is an in-person survey of service recipients with intellectual and developmental disabilities and their families or advocates. The Adult Family Survey (AFS), Family Guardian Survey (FGS) and Child Family Survey (CFS) are mailed surveys that collect information from family members and guardians. Survey sources are referenced in this section by their abbreviations.

In this section, we list the HCBS requirement and then present corresponding NCI data sources—by survey abbreviation, survey section, and survey question number. For example, the fourth NCI data source for the requirement on integration below is, “How often did you go shopping in the past month?” There is NCI information available on a systems level found in the Adult Consumer Survey (ACS) under the Community Inclusion section, Question 44.

## A. HCBS Setting Requirements

**Requirement:** *Is integrated in and supports access to the greater community*

**NCI data are useful for demonstrating compliance.**

All NCI surveys collect data on home type—information that can be used to conduct an environmental scan of settings that meet the HCBS community-based requirements and settings presumed to have institutional characteristics. Settings presumed not to meet HCBS requirements will require a closer analysis of characteristics.

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Background Information BI-33	How would you characterize the place where this person lives? Response options note setting types and, within shared setting types, the number of other residents with disabilities. Setting types include: <ul style="list-style-type: none"><li>• ICF/ID, nursing facility or other specialized institutional facility</li><li>• Group residential setting (e.g., group home)</li><li>• Own home or apartment</li><li>• Foster or host home</li></ul>
ACS, Background Information BI-33a	Is the person’s residence owned or controlled by a provider agency? (“Controlled” means the agency providing services is also connected to the property by lease or ownership. This includes foster care or host home settings as defined in BI-33.)
ACS, Background Information BI-36	Does the person own his or her own home?
ACS, Community Inclusion Q.44	How often did you go shopping in the past month? (Examples: groceries, clothing)
ACS, Community Inclusion Q.44a	Who did you usually go with?
ACS, Community Inclusion Q.45	How often did you go out on errands or appointments in the past month? (Examples: bank, post office, hairdressers or barber)

ACS, Community Inclusion Q45a	Who did you usually go with?
ACS, Community Inclusion Q.46	How often did you go out for entertainment in the past month? (Examples: go to the movies or attend plays, concerts, sporting events)
ACS, Community Inclusion, Q46a	Who did you usually go with?
ACS, Community Inclusion Q.47	How often did you go out to a restaurant or coffee shop in the past month?
ACS, Community Inclusion Q47a	Who did you usually go with?
ACS, Community Inclusion Q.48	How often did you go out to a religious service or spiritual practice in the past month? (Examples: church, synagogue, study, or other place of worship)?
ACS, Community Inclusion Q.48a	Who did you usually go with?
ACS, Community Inclusion Q.49	Do you participate in community groups or other activities in your community? (This includes church groups or any other formal or informal community group.)
ACS, Community Inclusion Q.49a	Who did you usually go with?
ACS, Community Inclusion Q.50	In the past year, did you go away on vacation?
ACS, Community Inclusion Q.50a.	Who did you usually go with?
ACS, Friends & Family Q.17	Do you want more help to make or keep in contact with your friends?
ACS, Friends & Family Q.18	Can you see your friends when you want to? ( <i>Can you make plans with your friends when you want to?</i> )
ACS, Friends & Family Q.19	If no, why can't you see your friends when you want to? Response options include: <ul style="list-style-type: none"> <li>● Lack of transportation</li> <li>● Lack of support staff</li> <li>● Rules or restrictions about seeing friends</li> <li>● Money/cost of going out</li> </ul>
ACS, Friends & Family Q.21	Can you go on a date if you want to? Response options include: <ul style="list-style-type: none"> <li>● Yes, but there are some restrictions or rules about dating</li> </ul>
ACS, Friends & Family Q.23	Can you see and/or communicate with your family when you want to? ( <i>Can you pick the time you see them? Does someone help you make plans to see them?</i> )

ACS, Community Participation & Leisure Q.24	Are you able to go out and do the <i>things you like to do</i> ?
ACS, Community Participation & Leisure Q.24a.	Do you get to do <i>the things you like to do</i> as much as you like?
ACS, Satisfaction with Services/Supports Q.40	Do you have a way to get places you need to go (like work, appointments, etc.)? ( <i>Can you get a ride when you need one?</i> )
ACS, Satisfaction with Services/Supports Q.41	Do you have a way to get places when you want to do something outside your home, like going out to see friends, for entertainment, or to do something fun? ( <i>Can you get a ride when you want one?</i> )
ACS, Background Info BI-39	<p>Paid individual job in a community-based setting</p> <ul style="list-style-type: none"> <li>● Wage and hour data for prior two weeks is collected</li> <li>● If person receives publicly funded services or supports to participate</li> <li>● If job done primarily by a group of people with disabilities</li> </ul>
ACS, Background Info BI-40	<p>Paid small-group job in a community-based setting</p> <ul style="list-style-type: none"> <li>● Wage and hour data for prior two weeks is collected</li> <li>● If person receives publicly funded services or supports to participate</li> <li>● If job is done primarily by a group of people with disabilities</li> </ul>
ACS, Background Info BI-41	<p>Unpaid activity in a community-based setting</p> <ul style="list-style-type: none"> <li>● Wage and hour data for prior two weeks is collected</li> <li>● If person receives publicly funded services or supports to participate</li> <li>● If activity is done primarily by a group of people with disabilities</li> </ul>
ACS, Employment/ Other Daily Activities Q.7	Do you have a paid job in the community?
ACS, Employment/ Other Daily Activities Q.8	Do you volunteer?
ACS, Rights Q.63	Have you voted? (In a local, state, or federal election?)
Family Surveys, Involvement in the Community AFS Q.42, FGS Q.43, CFS Q.41	Does your family member take part in activities in the community (for example, going out to a restaurant, movie, or sporting event)?

Family Surveys,  
Involvement in the  
Community AFS Q.43,  
FGS Q.44, CFS Q.42

If [your family member doesn't take part in activities in the community], why not? Response options include:

- Lack of transportation
- Cost
- Lack of support staff
- Stigma (negative attitude or reaction in the community)

Family Surveys,  
Involvement in the  
Community AFS Q.44,  
FGS Q.45

Does your family member have friends other than paid support workers or family?

Family Surveys,  
Involvement in the  
Community AFS Q.45,  
FGS Q.16, CFS Q.44

In your community, are there resources that your family can use that are not provided by the I/DD agency? (For example, recreational programs, community housing, library programs, religious groups, etc.)

Family Surveys,  
Involvement in the  
Community CFS Q.43

Does your child spend time with children who do not have developmental disabilities?

**Requirement:** *Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources*

**NCI data are useful for demonstrating compliance.**

This expectation has three parts: employment, community involvement, and control of personal resources. Personal resources are broader than financial resources, but with respect to finances personal resources are interpreted as a person's personal spending monies, not waiver or state funding. NCI indicators related to control of service budgets are omitted.

## Employment

NCI Survey Section, Question Number	NCI Data Element(s)
ACS, Background Info BI-39	<p>Paid individual job in a community-based setting. (If yes):</p> <ul style="list-style-type: none"> <li>• Number of hours worked or spent at this activity in a typical two-week period</li> <li>• Total gross wages (before taxes or deductions) earned at this activity in the two-week period</li> <li>• Does this person get publicly funded services or supports to participate in this activity?</li> <li>• Is the job done primarily by a group of people with disabilities?</li> </ul>

ACS, Background Info BI-40	<p>Paid small-group job in community-based setting. (If yes):</p> <ul style="list-style-type: none"> <li>• Number of hours worked or spent at this activity in a typical two-week period</li> <li>• Total gross wages (before taxes or deductions) earned at this activity in the two-week period</li> <li>• Does this person get publicly funded services or supports to participate in this activity?</li> <li>• Is the job done primarily by a group of people with disabilities?</li> </ul>
ACS, Background Info BI-41	<p>Unpaid activity in a community-based setting. (If yes):</p> <ul style="list-style-type: none"> <li>• Is the activity done primarily by a group of people with disabilities?</li> </ul>
ACS, Background Info BI-42	Paid work performed in a facility-based setting.
ACS, Background Info BI-44	Is community employment a goal in this person's service plan?
ACS, Background Info BI-48	Is this person self-employed?
ACS, Employment/Other Daily Activities Q.7	Do you have a paid job in the community?
ACS, Employment/Other Daily Activities Q.8	If No to Q.7: Would you like to have a job in the community?
ACS, Employment/Other Daily Activities Q.9	Do you like working there?
ACS, Employment/Other Daily Activities Q.10	Would you like to work somewhere else? ( <i>Would you like a different job instead of this one?</i> )
ACS, Employment/Other Daily Activities Q.11	Do you go to a program or workshop (program or center where other people with disabilities work)?
ACS, Employment/Other Daily Activities Q.11a	Would you like to go more or less to the workshop (program or center)?
ACS, Employment/Other Daily Activities Q.12	Do you take classes, training, or do something to help you get a job or a better job?
ACS, Employment/Other Daily Activities Q.13	Do you volunteer?



Family Surveys, Info & Planning AFS Q.14 FGS Q.16	If your family member transitioned out of school services during the past year, did he/she have a transition plan?
Family Surveys, Info & Planning AFS Q.15 FGS Q.17	If your family member had a transition plan, did it include getting or continuing work in a community job?
Family Surveys, Info & Planning AFS Q.16 FGS Q.18	Does your family member have enough supports (for example, support workers, community resources) to work or volunteer in the community?

### Engage in Community Life

See above NCI data elements for HCBS Requirement above, “Is integrated in and supports access to the greater community.”

### Control Personal Resources

NCI Survey, Section, Question Number	NCI Data Element(s)
ACS, Background Information BI-36	Does the person own his or her own home?
ACS, Choices Q.57	Do you choose what you buy with your spending money? Do not include things like rent or groceries.
ACS, Rights Q.60	Do you have a key to your home?
ACS, Rights Q.61	Can you lock your bedroom if you want to?

**Requirement:** Ensures the individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS

**NCI does not address if a person’s experience is the same as those not receiving HCBS.**

**Requirement:** Allows full access to the greater community

**NCI data are useful for demonstrating compliance.**

NCI Survey, Section, Question Number	NCI Data Element(s)
ACS, Friends and Family Q.18	Can you see your friends when you want to? <i>(Can you make plans with your friends when you want to?)</i>
ACS, Friends and Family Q.23	Can you see and/or communicate with your family when you want to? <i>(Can you pick the times you see them? Does someone help you make plans to see them?)</i>
ACS, Satisfaction with Services and Supports Q.40	Do you have a way to get places you need to go (like work, appointments, etc.)? <i>(Can you get a ride when you need one?)</i>

ACS, Satisfaction with Services and Supports Q.41	Are you able to get places when you want to do something outside your home, like going out to see friends, for entertainment, or to do something fun? ( <i>Can you get a ride when you want one?</i> )
ACS, Community Inclusion Q.44	How often did you go shopping in the past month? (Examples: groceries, clothing)
ACS, Community Inclusion Q44a	Who did you usually go with?
ACS, Community Inclusion Q.45	How often did you go out on errands or appointments in the past month? (Examples: bank, post office, hairdressers or barber)
ACS, Community Inclusion, Q45a	Who did you usually go with?
ACS, Community Inclusion Q.46	How often did you go out for entertainment in the past month? (Examples: go to the movies or attend plays, concerts, sporting events)
ACS, Community Inclusion, Q46a	Who did you usually go with?
ACS, Community Inclusion Q.47	How often did you go out to a restaurant or coffee shop in the past month?
ACS, Community Inclusion Q47a	Who did you usually go with?
ACS, Community Inclusion Q.48	How often did you go out to a religious service or spiritual practice in the past month? (Examples: church, synagogue, study, or other place of worship)
ACS, Community Inclusion Q48a	Who did you usually go with?
ACS, Community Inclusion Q.49	Do you participate in community groups or other activities in your community? (This includes church groups or any other formal or informal community group.)
ACS, Community Inclusion Q49a	Who did you usually go with?
ACS, Community Inclusion Q.50	In the past year, did you go away on vacation?
ACS, Community Inclusion Q50a	Who did you usually go with?
ACS, Rights Q.63	Have you voted? (In a local, state, or federal election?)
Family Surveys, Involvement in the Community AFS Q.42, FGS Q.43, CFS Q.41	Does your family member take part in activities in the community (for example, going out to a restaurant, movie, or sporting event)?

Family Surveys,  
Involvement in the  
Community AFS Q.43,  
FGS Q.44, CFS Q.42

If [your family member doesn't take part in activities in the community], why not? Response options include:

- Lack of transportation
- Cost
- Lack of support staff
- Stigma (negative attitude or reaction in the community)

*Requirement: Is chosen by the individual from among residential and day options that include generic settings*

*NCI data are useful for demonstrating some aspects of compliance.*

NCI does not cover whether generic settings were offered. However, NCI collects data on residence type, which includes generic settings such as family home and independent apartment. See Appendix A for list. NCI choice data can be analyzed by the type of home.

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Choices Q.51	Who chose the place where you live?
ACS, Choices, Q.52	Did you choose the people you live with? Or did you choose to live by yourself? <i>(Did anyone ask who you'd like to live with? Were you given choices, did you get to interview people?)</i>
ACS, Choices, Q.53	Who decides your daily schedule (like when you get up, when to eat, when to go to sleep)?
ACS, Choices, Q.54	Who decides how you spend your free time (when you are not working, in school, or at the day program)?
ACS, Choices, Q.55	Who chose or picked the place you work? <i>(Did you help make the choice?)</i>
ACS, Choices, Q.56	Who chose (or picked) where you go during the day? <i>(Did you help make the choice?)</i>
ACS, Choices, Q.59	Do you choose (or pick) your staff? (Do you get to interview them? Did you get to meet different people or was someone assigned to you? Could you request someone different?)
Family Surveys, Choice & Control AFS Q.37, FGS Q.38, CFS Q.36	Can your family choose or change the agency that provides your family member's services?

**Requirement:** Respects the participant’s option to choose a private unit in a residential setting  
**NCI does not collect information on choice of a private unit (e.g., bedroom) in a residential setting shared with others.**

**Requirement:** Ensures right to privacy, dignity and respect and freedom from coercion and restraint

**NCI data are useful for demonstrating compliance.**

### Privacy and Dignity

NCI Survey, Section, Question Number	NCI Data Element(s)
ACS, Home Q.4	Do people let you know before they come into your home? (Do they ring the doorbell or knock first and wait for an answer?)
ACS, Home Q.5	Do people let you know before coming into your bedroom?
ACS, Home Q.6	Do you have a place to be alone in your home? (Can you have time to yourself?)
ACS, Rights Q.60	Do you have a key to your home?
ACS, Rights Q.61	Can you lock your bedroom if you want to?
ACS, Rights and Privacy Q.26	Do people read your mail or email without asking you first?
ACS, Rights and Privacy Q.27	Can you be alone with friends or visitors at your home?
ACS, Rights and Privacy Q.27a	Are there rules about having friends or visitors in your home?
ACS, Rights and Privacy Q.28	Can you use the phone and Internet when you want to?

### Respect

NCI Survey, Section, Question Number	NCI Data Element(s)
ACS, Home Q.4	Do people let you know before they come into your home? (Do they ring the doorbell or knock first and wait for an answer?)
ACS, Home Q.5	Do people let you know before coming into your bedroom?
ACS, Feeling Safe Q.14	Are there any places where you feel afraid or scared?
ACS, Feeling Safe Q.15	If you ever feel afraid, is there someone you can talk to?
ACS, Satisfaction with Services/ Supports Q.38	Do your staff treat you with respect? (Do they listen and talk to you?)

ACS, Satisfaction with Services/ Supports Q.39	Do your staff come and leave when they are supposed to? (Do they show up on time? Do they show up when they say they will?)
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### Freedom from Coercion and Restraint

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Background Information BI-7	Does this person have a legal appointed guardian/conservator (a person who is legally granted authority to make decisions on behalf of the individual)?
ACS, Background Information BI-8	If this person has a legal/court-appointed guardian, what is the guardian’s relationship to the individual? Response options include: <ul style="list-style-type: none"> <li>• Family</li> <li>• Friend</li> <li>• Employee of state or guardianship agency</li> </ul>
ACS, Feeling Safe Q.14	Are there any places where you feel afraid or scared?
ACS, Feeling Safe Q.15	If you ever feel afraid, is there someone you can talk to?
Family Surveys, Satisfaction AFS Q.48, FGS Q.49, CFS Q.47	Do you know how to file a complaint or grievance about provider agencies or staff?
Family Surveys, Satisfaction AFS Q.49, FGS Q.50, CFS Q.48	If a complaint or grievance was filed or resolved in the past year, are you satisfied with the way it was handled and resolved?
Family Surveys, Satisfaction AFS Q.50, FGS Q.51, CFS Q.49	Do you know how to report abuse or neglect related to your family member?
Family Surveys, Satisfaction AFS Q.51, FGS Q.52, CFS Q.50	Within the past year, was a report of abuse or neglect filed on behalf of your family member?

**Requirement:** *Optimizes autonomy and independence in making life choices*

**NCI data are useful for demonstrating compliance.**

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Background Information BI-53	Is this person currently using a self-directed supports option?
ACS, Satisfaction with Services/Supports Q.30	Does your case manager/service coordinator ask what you want? ( <i>Does your case manager/service coordinator ask what is important to you?</i> )
ACS, Satisfaction with Services/Supports Q.32	Did you take part in the last service planning meeting?

ACS, Satisfaction with Services/Supports Q.33	At the service planning meeting, did you know what was being talked about? <i>(Did they use words you understood? Did they have the meeting in your preferred language?)</i>
ACS, Satisfaction with Services/Supports Q.34	Did the service planning meeting include the people you wanted to be there?
ACS, Satisfaction with Services/Supports Q.35	Were you able to choose the services that you get as part of your service plan?
ACS, Choices Q.51	Who chose (or picked) the place where you live?
ACS, Choices Q.52	Did you choose (or pick) the people you live with?
ACS, Choices Q.53	Who decides your daily schedule (like when to get up, when to eat, when to go to sleep)?
ACS, Choices Q.54	Who decides how you spend your free time (when you are not working, in school, or at the day program)?
ACS, Choices Q.55	Who chose (or picked) the place you work? <i>(Did you help make the choice?)</i>
ACS, Choices Q.56	Who chose (or picked) where you go during the day? <i>(Did you help make the choice?)</i>
ACS, Choices Q.57	Do you choose what to buy with your spending money? Do not include things like rent or groceries.
ACS, Choices Q.58	Did you choose (or pick) your case manager/service coordinator?
ACS, Choices Q.59	Do you choose (or pick) your staff? (Do you get to interview them? Did you get to meet different people or was someone assigned to you? Could you request someone different?)
ACS, Self-Directed Supports Module Q.68	Do you participate in decisions about how to use your supports budget, hiring staff, or managing the services you get? (Do you self-direct your supports?)
ACS, Self-Directed Supports Module Q.69	Who makes decisions about how your budget for services is used?
ACS, Self-Directed Supports Module Q.70	Do you hire and manage your staff? (Managing staff includes telling them what time to come to work, what their duties are, giving feedback about whether they're doing a good job, firing staff.)
ACS, Self-Directed Supports Module Q.71	Can you make changes to your budget/services if you need to? (Can you decide to buy something different?)
ACS, Self-Directed Supports Module Q.72	Do you have enough help deciding how to use your budget/services?

ACS, Self-Directed Supports Module Q.73	Do you get enough information about how much money is left in your budget/services? (Do you get enough information from [insert financial management service]?)
ACS, Self-Directed Supports Module Q.73a	If you do get information, is it easy to understand?
Family Surveys, Choice & Control AFS Q.37, FGS Q.38, CFS Q.36	Can your family choose or change the agency that provides your family member's services?
Family Surveys, Choice & Control AFS Q.38, FGS Q.39, CFS Q.37	Can your family choose or change your family member's support workers?
Family Surveys, Choice & Control AFS Q.39, FGS Q.40, CFS Q.38	Does your family directly manage support workers (for example, hiring and deciding schedule)?
Family Surveys, Demographics AFS Q.I, FGS Q.J	Does your family member have a legal/court-appointed guardian or conservator? (A guardian/conservator is a person who is legally granted authority to make decisions on behalf of an individual.)
Family Surveys, Demographics AFS Q.I, FGS Q.J	If your family member has a legal/court-appointed guardian, what's the guardian's relationship to your family member?

**Requirement:** *Facilitates choice of services and who provides them*

**NCI data are useful for demonstrating compliance.**

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Home Q.3	Would you like to live somewhere else?
ACS, Employment/ Other Daily Activities Q.10	Would you like to work somewhere else? ( <i>Would you like a different job instead of this one?</i> )
ACS, Employment/ Other Daily Activities Q.11a	Would you like to go more or less to the workshop (program or center)?
ACS, Satisfaction with Services/Supports Q.35	Were you able to choose the services that you get as part of your service plan?
ACS, Choices Q.51	Who chose the place where you live?
ACS, Choices Q.55	Who chose (or picked) the place you work? ( <i>Did you help make the choice?</i> )

ACS, Choices Q.56	Who chose (or picked) where you go during the day? ( <i>Did you help make the choice?</i> )
ACS, Choices Q.58	Did you choose (or pick) your case manager/service coordinator?
ACS, Choices Q.59	Do you choose (or pick) your staff? (Do you get to interview them? Did you get to meet different people or was someone assigned to you? Could you request someone different?)
ACS, Self-Directed Supports Module Q.68	Do you participate in decisions about how to use your supports budget, hiring staff, or managing the services you get? (Do you self-direct your supports?)
ACS, Self-Directed Supports Module Q.69	Who makes decisions about how your budget for services is used?
ACS, Self-Directed Supports Module Q.70	Do you hire and manage your staff? (Managing staff includes telling them what time to come to work, what their duties are, giving feedback about whether they're doing a good job, firing staff.)
ACS, Self-Directed Supports Module Q.71	Can you make changes to your budget/services if you need to? (Can you decide to buy something different?)
ACS, Self-Directed Supports Module Q.72	Do you have enough help deciding how to use your budget/services?
ACS, Self-Directed Supports Module Q.73	Do you get enough information about how much money is left in your budget/services? (Do you get enough information from [insert financial management service]?)
ACS, Self-Directed Supports Module Q.73a	If you do get information, is it easy to understand?
Family Surveys, Choice & Control AFS Q.37, FGS Q.38, CFS Q.36	Can your family choose or change the agency that provides your family member's services?
Family Surveys, Choice & Control AFS Q.38, FGS Q.39, CFS Q.37	Can your family choose or change your family member's support workers?
Family Surveys, Choice & Control AFS Q.39, FGS Q.40, CFS Q.38	Does your family directly manage support workers (for example, hiring and deciding schedule)?
Family Surveys, Choice & Control AFS Q.41, FGS Q.42, CFS Q.40	Did you, your family member, or someone else in your family choose your family member's case manager/service coordinator?



## B. HCBS Requirements for Provider Owned/Operated Residential Settings

Additional HCBS Setting Requirements pertain to provider-owned and provider-operated residential settings. The Adult Consumer Survey (ACS) is useful for determining the statewide proportion of residential settings that are either owned or leased by a service provider. States can also analyze residential setting types by whether provider owned or controlled. See Appendix A for specific residential setting types collected in the ACS.

*NCI data are useful for demonstrating compliance.*

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Background Information BI-33a.	Is this person's residence owned or controlled by a provider agency? ('Controlled' means the agency providing services is also connected to the property by lease or ownership. This includes foster care or host home settings as defined in BI-33.)
ACS, Background Information BI-33	How would you characterize the place where this person lives? Response options note setting types and, within shared setting types, the number of other residents with disabilities. Setting types include: <ul style="list-style-type: none"><li>• ICF/ID, nursing facility or other specialized institutional facility</li><li>• Group residential setting (e.g., group home)</li><li>• Own home or apartment</li><li>• Foster or host home</li></ul>

In provider owned or controlled residential settings, individuals must have:

*Requirement: A lease or other legally enforceable agreement to protect from eviction*

*NCI data are useful for demonstrating compliance.*

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Background Information BI-35	Is person named on the lease?

*Requirement: Privacy in their unit including entrances lockable by the individual (staff have keys as needed)*

*NCI data are useful for demonstrating compliance.*

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Home Q.4	Do people let you know before they come into your home? ( <i>Do they ring the doorbell or knock first and wait for an answer?</i> )
ACS, Home Q.5	Do people let you know before coming into your bedroom?
ACS, Home Q.6	Do you have a place to be alone in your home?

ACS, Rights and Privacy Q.26	Do people read your mail or email without asking you first?
ACS, Rights and Privacy Q.27	Can you be alone with friends or visitors at your home?
ACS, Rights and Privacy Q.27a	Are there rules about having friends or visitors in your home?
ACS, Rights and Privacy Q.28	Can you use the phone and Internet when you want to?
ACS, Rights Q.60	Do you have a key to your home?
ACS, Rights Q.61	Can you lock your bedroom if you want to?

**Requirement:** *Choice of roommates*

**NCI data are useful in part for demonstrating compliance.**

NCI data capture a person’s choice of people to live with, but not the choice of roommate when sharing a bedroom:

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Choices, Q.52	Did you choose the people you live with? Or did you choose to live by yourself? <i>(Did anyone ask who you’d like to live with? Were you given choices, did you get to interview people?)</i>

**Requirement:** *Freedom to furnish and decorate their unit*

**NCI does not collect information on furnishing and decorating one’s living space.**

**Requirement:** *Control of their schedule and activities*

**NCI data are useful for demonstrating compliance.**

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Choices, Q.53	Who decides your daily schedule (like when you get up, when to eat, when to go to sleep)?
ACS, Choices, Q.54	Who decides how you spend your free time (when you are not working, in school, or at the day program)?

**Requirement:** *Access to food at any time*

**NCI does not collect information on access to food.**

**Requirement:** *Visitors at any time*

**NCI data are useful in part for demonstrating compliance.**

NCI covers whether an individual can have visitors and if there are any rules around visitors, but does not specifically ask whether individuals can have visitors “at any time.”

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Rights and Privacy Q.27	Can you be alone with friends or visitors at your home?
ACS, Rights and Privacy Q.27a	Are there rules about having friends or visitors in your home?

**Requirement:** *Setting is physically accessible to individual*

**NCI does not assess whether residential settings are fully accessible to those living there.**

## C. HCBS Person-centered Service Plan Process Requirements

Information about an individual’s service planning process is *not explicitly* addressed in the NCI ACS, AFS, FGS or CFS surveys. However, the NCI surveys capture aspects that are indicative of a person-centered service planning process and a person-centered service system. For example, the survey asks if information is provided in a way the person understands. An individual cannot drive his or her service planning process if information is not accessible. Demonstrating that individuals, particularly those in congregate settings, have information in their preferred language, are offered the opportunity to self-direct, and have supports to fully communicate and express preferences (communication aids, etc.) is relevant for states because these indicators characterize a person-centered approach to service delivery.

Where NCI data relate to person-centered service delivery but are not direct evidence of compliance with CMS’s revised service planning requirements, we note that the data are *useful in part* for system-wide evaluation and quality management.

The following are the HCBS Person-centered Service Plan Process Requirements and relevant NCI data sources. As evidenced by the Requirements, CMS necessitates that service planning be conducted using a person-centered planning process driven by the individual.

**Requirement:** *Includes people chosen by the individual*

**NCI data are useful for demonstrating compliance.**

NCI Survey, Section, Question Number	NCI Data Element(s)
ACS, Satisfaction with Services/ Supports Q.34	Did the service planning meeting include the people you wanted to be there?

**Requirement:** *Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions*

**NCI data are useful for demonstrating compliance.**

NCI Survey, Section, Question Number	NCI Data Element(s)
ACS, Satisfaction with Services/Supports Q.31	Do you have a service plan? ( <i>Do you have a list of services your case manager/service coordinator will help you get?</i> )
ACS, Satisfaction with Services/Supports Q.33	At the service planning meeting, did you know what was being talked about? ( <i>Did they use words you understood? Did they have the meeting in your preferred language?</i> )
ACS, Self-Directed Supports Module Q.68	Do you participate in decisions about how to use your supports budget, hiring staff, or managing the services you get? ( <i>Do you self-direct your supports?</i> )
ACS, Self-Directed Supports Module Q.69	Who makes decisions about how your budget for services is used?

ACS, Self-Directed Supports Module Q.70	Do you hire and manage your staff? (Managing staff includes telling them what time to come to work, what their duties are, giving feedback about whether they're doing a good job, firing staff.)
ACS, Self-Directed Supports Module Q.71	Can you make changes to your budget/services if you need to? (Can you decide to buy something different?)
ACS, Self-Directed Supports Module Q.72	Do you have enough help deciding how to use your budget/services?
ACS, Self-Directed Supports Module Q.73	Do you get enough information about how much money is left in your budget/services? (Do you get enough information from [insert financial management service]?)
ACS, Self-Directed Supports Module Q.73a	If you do get information, is it easy to understand?
Family Surveys, Info & Planning AFS Q.7, FGS Q.9, CFS Q.7	Does your family member have a service plan? <i>(Does your family member have a list of services his/her case manager/service coordinator will help get?)</i>
Family Surveys Info & Planning AFS Q.1, FGS Q.1, CFS Q.1	Do you get enough information to help you participate in planning services for your family member?
Family Surveys, Info & Planning AFS, Q.2, FGS Q.2, CFS Q.2	Is the information you get about services and supports easy to understand?
AFS, Info & Planning Q.4	Does the case manager/service coordinator tell you about other public services for which your family is eligible (e.g., food stamps, Supplemental Security Income [SSI], housing subsidies, etc.)?

**Requirement:** *Is timely; occurs at times and locations convenient to the individual*  
**NCI data are useful in part for demonstrating compliance.**

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Satisfaction with Services/ Supports Q.32	Did you take part in the last service planning meeting?
Family Surveys, Info & Planning AFS Q.11, FGS Q.13, CFS Q.11	Did your family member help make the plan?
Family Surveys, Info & Planning AFS Q.10, FGS Q.12, CFS Q.10	Did you or another family member (besides your family member with a disability) help make the plan?

**Requirement:** Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient

**NCI data are useful for demonstrating compliance.**

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Background Info BI-13; FGS, Demographics Q.J	What is this person’s primary language? (What language does s/he best understand?)
ACS, Background Info BI-14, Family Surveys, Demographics AFS Q.H, FGS Q.I, CFS Q.H	What is this person’s preferred means of communication? Response options include: <ul style="list-style-type: none"> <li>• Spoken</li> <li>• Gestures/body language</li> <li>• Sign language or finger spelling</li> <li>• Communication aid/device</li> </ul>
ACS, Satisfaction with Services/ Supports Q.33	At the service planning meeting, did you know what was being talked about? ( <i>Did they use words you understood? Did they have the meeting in your preferred language?</i> )
Family Surveys, Access & Delivery AFS Q.21, FGS Q.23, CFS Q.21	Do support workers speak to you in a way that you understand? ( <i>Do they use words you understand? Do they speak to you in the language you prefer?</i> )
Family Surveys, Access & Delivery AFS Q.22, FGS Q.24, CFS Q.22	Are services delivered in a way that is respectful of your family’s culture?
Family Surveys, Access & Delivery AFS Q.23, FGS Q.25, CFS Q.23	If your family member does not communicate verbally (for example, uses gestures or sign language, uses communication aid), are there support workers who can communicate with him/her?
Family Surveys, Info & Planning AFS Q.1, FGS Q.1, CFS Q.1	Do you get enough information to take part in planning services for your family member?
Family Surveys, Info & Planning Q.2, FGS Q.2, CFS Q.2	Is the information you get about services and supports easy to understand?

**Requirement:** Includes strategies for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants

**NCI data are useful in part for demonstrating compliance.**

The Adult Consumer Survey does not address conflicts of interest or solving disagreements within the service planning process. However, Family Surveys ask about knowledge and use of grievance procedures, and whether there is help should problems with staff occur.

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
Family Surveys, Satisfaction AFS Q.48, FGS Q.49, CFS Q.47	Do you know how to file a complaint or grievance about provider agencies or staff?

*Requirement: Offers choices to the individual regarding the services and supports the individual receives and from whom*

*NCI data are useful for demonstrating compliance.*

NCI covers choices for services and supports, but it does not specifically ask whether choices were part of the service planning process. However, in developmental disabilities service systems, such choices are typically made during service planning or when a change of need occurs.

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Employment/Other Daily Activities Q.10	Would you like to work somewhere else? ( <i>Would you like a different job instead of this one?</i> )
ACS, Employment/Other Daily Activities Q.11a	Would you like to go more or less to the workshop (program or center)?
ACS, Satisfaction with Services/Supports Q.30	Does your case manager/service coordinator ask what you want? ( <i>Does your case manager/service coordinator ask what is important to you?</i> )
ACS, Satisfaction with Services/Supports Q.35	Were you able to choose the services that you get as part of your service plan?
ACS, Choices Q.58	Did you choose (or pick) your case manager/service coordinator?
ACS, Choices Q.59	Do you choose (or pick) your staff? (Do you get to interview them? Did you get to meet different people or was someone assigned to you? Could you request someone different?)
ACS, Self-Directed Supports Module Q.68	Do you participate in decisions about how to use your supports budget, hiring staff, or managing the services you get? (Do you self-direct your supports?)
ACS, Self-Directed Supports Module Q.69	Who makes decisions about how your budget for services is used?
ACS, Self-Directed Supports Module Q.70	Do you hire and manage your staff? (Managing staff includes telling them what time to come to work, what their duties are, giving feedback about whether they're doing a good job, firing staff.)
ACS, Self-Directed Supports Module Q.71	Can you make changes to your budget/services if you need to? (Can you decide to buy something different?)

ACS, Choices Q.58	Did you choose (or pick) your case manager/service coordinator?
ACS, Access to Needed Services/Supports Q.64	<p>Do you need any of these additional services? Please note type of service or support below. Check all that apply.</p> <ul style="list-style-type: none"> <li>● Service coordination/case management</li> <li>● Respite/family support</li> <li>● Transportation</li> <li>● Assistance finding, maintaining, or changing jobs</li> <li>● Day services other than employment</li> <li>● Education, training, or skills development</li> <li>● Healthcare coordination</li> <li>● Dental care coordination</li> <li>● Assistance finding, maintaining, or changing housing</li> <li>● Residential support services</li> <li>● Assistance with social/relationship issues, meeting people</li> <li>● Communication technology</li> <li>● Environmental adaptations/home modifications</li> <li>● Benefits/insurance information</li> <li>● Other _____</li> </ul>
Family Surveys, Choice & Control AFS Q.37, FGS Q.38, CFS Q.36	Can your family choose or change the agency that provides your family member's services?
Family Surveys, Choice & Control AFS Q.38, FGS Q.39, CFS Q.37	Can your family choose or change your family member's support workers?
Family Surveys, Choice & Control AFS Q.39, FGS Q.40, CFS Q.39	Does your family directly manage support workers (for example, hiring and deciding schedule)?
Family Surveys, Choice & Control AFS Q.41, FGS Q.42, CFS Q.40	Did you, your family member, or someone else in your family choose your family member's case manager/service coordinator?
Family Surveys, Info & Planning AFS Q.8, FGS Q.10, CFS Q.8	Does the plan include all the services and supports your family member needs?
Family Surveys, Info & Planning AFS Q.9, FGS Q.11, CFS Q.9	Does your family member get all of the services listed in the plan?
Family Surveys, Info & Planning FGS Q.6	In the past year, did your family member move out of the family home for the first time?
Family Surveys, Info & Planning FGS Q.7	If yes to Q6, did your family member receive enough information about services available to support him/her?



Family Surveys, Info & Planning FGS Q.8	If yes to Q6, did you have enough choices of service providers to support your family member living outside the family home?
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*Requirement: Provides a method for individual to request updates to the plan*

*NCI data are useful in part for demonstrating compliance.*

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Self-Directed Supports Module Q.71	Can you make changes to your budget/services if you need to? (Can you decide to buy something different?)
Family Surveys, Access & Delivery, AFS. Q.20, FGS Q.22, CFS Q.19	Do services and supports change when your family’s needs change?

*Requirement: Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare*

*NCI data are useful in part for demonstrating compliance.*

NCI does not address the service planning process directly. However, NCI collects health and wellness information in the ACS, including whether individuals have received age- and gender-appropriate preventive care and whether they engage in sufficient exercise for health benefits, take medications for certain conditions including mental health, are provided behavior supports, etc. NCI also collects information on feeling safe and relationship networks, both of which impact a person’s well-being.

### **Personal Preferences**

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Satisfaction with Services/Supports Q.30	Does your case manager/service coordinator ask what you want? ( <i>Does your case manager/service coordinator ask what is important to you?</i> )
ACS, Satisfaction with Services/Supports Q.32	Did you take part in the last service planning meeting?
ACS, Satisfaction with Services/Supports Q.33	At the service planning meeting, did you know what was being talked about? ( <i>Did they use words you understood? Did they have the meeting in your preferred language?</i> )
ACS, Satisfaction with Services/Supports Q.34	Did the service planning meeting include the people you wanted to be there?
ACS, Satisfaction with Services/Supports Q.35	Were you able to choose the services that you get as part of your service plan?

Family Surveys, Info & Planning AFS Q.3, FGS Q.4, CFS Q.3	Does the case manager/service coordinator respect your family's choices and opinions?
Family Surveys, Choice & Control FGS Q.37	Does the agency providing residential services to your family member involve him/her in important decisions?

## Health and Welfare

ACS, Background Information BI-12a	What health conditions are noted in this person's record?
ACS, Background Information BI-16	Does this person have a primary care doctor or primary care practitioner?
ACS, Background Information BI-17	When was his/her last complete annual physical exam? (We're referring to a routine exam, not a visit for a specific problem or illness.)
ACS, Background Information BI-18	When was his/her last dentist exam (routine preventative dental care)?
ACS, Background Information BI-19	When was the last time this person had an eye exam/vision screening?
ACS, Background Information BI-20	When was the last time this person had a hearing test?
ACS, Background Information BI-21	During the past 12 months, has this person had a flu vaccination?
ACS, Background Information BI-25	If female, when was her last Pap test screening?
ACS, Background Information BI-26	If female, when was her last mammogram?
ACS, Background Information BI-27	When was the last time this person had a screening for colorectal cancer (either sigmoidoscopy or colonoscopy)?
ACS, Background Information BI-29	Does this person currently take medications to treat mood disorders, anxiety, and/or psychotic disorders?
ACS, Background Information BI-29a	If yes, how many medications to treat mood disorders, anxiety, and/or psychotic disorders does this person take?
ACS, Background Information BI-30	Does this person currently take medications for behavioral challenges?
ACS, Background Information BI-30a	If 'yes' to BI-30, how many medications to treat behavioral challenges does this person take?
ACS, Background Information BI-31	Does this person have a behavior plan?
ACS, Background Information BI-55	[The level of support the person needs to manage any] self-injurious behavior

ACS, Background Information BI-56	[The level of support the person needs to manage any] disruptive behavior
ACS, Background Information BI-57	[The level of support the person needs to manage any] behavior that is destructive or harmful to others

*Requirement: Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of individual*

**NCI data are useful in part for demonstrating compliance.**

See NCI data for HCBS Requirement above, “Plan discussions are in plain language. Information is available in a manner that is accessible to individuals.” If service and supports discussions are not accessible to an individual, then preferences and desired outcomes will be difficult to include in service plan.

For clinical health needs see NCI data for Requirement directly above, “Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare,” Health and Welfare indicators.

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Satisfaction with Services/Supports Q.30	Does your case manager/service coordinator ask what you want? <i>(Does your case manager/service coordinator ask what is important to you?)</i>
ACS, Access to Needed Services/Supports Q.64	<p>Do you need any of these additional services? Please note type of service or support below. Check all that apply.</p> <ul style="list-style-type: none"> <li>● Service coordination/case management</li> <li>● Respite/family support</li> <li>● Transportation</li> <li>● Assistance finding, maintaining, or changing jobs</li> <li>● Day services other than employment</li> <li>● Education, training, or skills development</li> <li>● Healthcare coordination</li> <li>● Dental care coordination</li> <li>● Assistance finding, maintaining, or changing housing</li> <li>● Residential support services</li> <li>● Assistance with social/relationship issues, meeting people</li> <li>● Communication technology</li> <li>● Environmental adaptations/home modifications</li> <li>● Benefits/insurance information</li> <li>● Other _____</li> </ul>
Family Surveys, Info & Planning AFS Q.8, FGS, Q.10, CFS Q.8	Does the plan include all the services and supports your family member needs?

**NCI Survey, Section,  
Question Number**

Family Surveys, Info &  
Planning AFS Q.8, FGS,  
Q.10, CFS Q.8

**NCI Data Element(s)**

Does your family member get all of the services listed in the plan?

*Requirement: May include whether and what services are self-directed*

*NCI data are useful for demonstrating compliance.*

**NCI Survey, Section,  
Question Number**

ACS, Background  
Information BI-53

**NCI Data Element(s)**

Is this person currently using a self-directed supports option?

ACS, Background  
Information BI-54

If yes, who employs this person's support workers? Response options include:

- Person (or his/her representative) is the common-law employer. A fiscal intermediary functions as the person's agent to perform payroll and other responsibilities required by law.
- Person (or his/her representative) is the employer and manages all payroll and other employer responsibilities.
- An "agency with choice" is the common-law employer of the support workers; selected/recruited by the individual, the agency performs necessary payroll and human resources functions. Person (or his/her representative) is the co-employer (managing employer).

ACS, Self-Directed  
Supports Module Q.68

Do you participate in decisions about how to use your supports budget, hiring staff, or managing the services you get? (Do you self-direct your supports?)

ACS, Self-Directed  
Supports Module Q.69

Who makes decisions about how your budget for services is used?

ACS, Self-Directed  
Supports Module Q.70

Do you hire and manage your staff? (Managing staff includes telling them what time to come to work, what their duties are, giving feedback about whether they're doing a good job, firing staff.)

ACS, Self-Directed  
Supports Module Q.71

Can you make changes to your budget/services if you need to? (Can you decide to buy something different?)

ACS, Self-Directed  
Supports Module Q.72

Do you have enough help deciding how to use your budget/services?

ACS, Self-Directed  
Supports Module Q.73

Do you get enough information about how much money is left in your budget/services? (Do you get enough information from [insert financial management service]?)

ACS, Self-Directed  
Supports Module  
Q.73a

If [you get information], is it easy to understand?

Family Surveys, Choice  
& Control AFS Q.39,  
FGS Q.40, CFS Q.38

Does your family directly manage support workers (for example, hiring and deciding schedule)?

*Requirement: Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others*

**NCI data are useful in part for demonstrating compliance.**

**NCI Survey, Section,  
Question Number**

**NCI Data Element(s)**

ACS, Background Info  
BI-44

Is community employment a goal in this person's service plan?

ACS, Satisfaction with  
Services/Supports Q.30

Does your case manager/service coordinator ask what you want? (*Does your case manager/service coordinator ask what is important to you?*)

Family Surveys, Info &  
Planning AFS Q.5, FGS  
Q.5, CFS Q.5

Do you need help planning for your family member's future with respect to any of the following? Response options include:

- Employment
- Financial
- Housing
- Legal
- Medical
- Social/Relationships
- Transition from school
- Recreation/Having fun

Family Surveys, Info &  
Planning AFS Q.14, FGS  
Q.16

If your family member transitioned out of school services during the past year, did he/she have a transition plan?

Family Surveys, Info &  
Planning AFS Q.15, FGS  
Q.17

If [your family member had a transition plan], did the transition plan include getting or continuing work in a community job?

Family Surveys, Info &  
Planning AFS Q.16, FGS  
Q.18

Does your family member have enough supports (for example, support workers, community resources) to work or volunteer in the community?

*Requirement: Includes risk factors and plans to minimize them*

**NCI does not address whether risk factors were discussed during service planning or whether plans are in place to minimize risk.**

NCI data is collected on risk factors generally, such as whether an individual takes psychotropic medications, but NCI does not collect data on whether the service plan includes interventions or supports to minimize known risks, or what the person’s preference for risk management is. NCI Family surveys collect data on emergency planning, an important piece of risk management.

<b>NCI Survey, Section, Question Number</b>	<b>NCI Data Element(s)</b>
ACS, Background Information BI-12a	What health conditions are noted in this person’s record?
ACS, Background Information BI-15	How would you describe this person’s mobility?
ACS, Background Information BI-29	Does this person currently take medications to treat mood disorders, anxiety, and/or psychotic disorders?
ACS, Background Information BI-29a	If yes, how many medications to treat mood disorders, anxiety, and/or psychotic disorders does this person take?
ACS, Background Information BI-30	Does this person take medications for behavioral challenges?
ACS, Background Information BI-30a	If yes to BI-30, how many medications to treat behavioral challenges does this person take?
ACS, Background Information BI-31	Does this person have a behavior plan?
Family Surveys, Info & Planning AFS Q.12, FGS Q.14, CFS Q.12	Did you discuss how to handle emergencies (such as a medical emergency or a natural disaster) at your family member’s last service planning meeting?
Family Surveys, Info & Planning AFS Q.13, FGS Q.15, CFS Q.13	Do you feel prepared to handle the needs of your family member in an emergency such as a medical emergency or a natural disaster?

## II. HCBS Requirements and NCI Data: Quick View Tables

Table 1. HCBS Setting (Residential and Day) Requirements: Quick View Table

HCBS Setting Requirements	NCI - System Level Data
Is integrated in and supports access to the greater community	✓
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources	✓
Ensures the individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS	---
Allows full access to the greater community	✓
Is chosen by the individual from among residential and day options that include generic settings	✓ (in part)
Respects the participant’s option to choose a private unit in a residential setting ( <i>Private rooms/roommate choice guidance</i> – Needs, preferences, and resources are relevant to option of private versus shared residential unit. Providers must offer roommate choice for shared rooms.)	---
Ensures right to privacy, dignity and respect and freedom from coercion and restraint	✓
Optimizes autonomy and independence in making life choices	✓
Facilitates choice of services and who provides them	✓

Additional setting requirements apply to residential settings that are provider owned or operated.

Table 2. HCBS Setting Requirements for Provider Owned/Operated Residential Settings\*: Quick View Table

HCBS Setting Requirements for Provider Owned/Operated Residential Settings – Individuals must have:	NCI - System Level Data
A lease or other legally enforceable agreement to protect from eviction	✓
Privacy in their unit including entrances lockable by the individual (staff have keys as needed)	✓
Choice of roommates	✓ (in part)
Freedom to furnish and decorate their unit	---
Control of their schedule and activities	✓
Access to food at any time	---
Visitors at any time	✓ (in part)
Setting is physically accessible to individual	---

\*CMS requires that any deviations from the additional requirements must be supported by a specific assessed need and justified in the person-centered service plan. There is no allowance for deviation from the requirement that the setting be accessible to the individual.



Table 3. HCBS Person-centered Service Plan Process Requirements\*: Quick View Table

Person-centered Service Plan Process Requirements	NCI – System Level Data
Includes people chosen by the individual	✓
Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions	✓
Is timely; occurs at times and locations convenient to the individual	✓ (in part)
Reflects cultural considerations and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons with limited English proficiency	✓
Includes strategies for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants	✓ (in part)
Offers choices to the individual regarding the services and supports the individual receives and from whom	✓
Provides a method for individual to request updates	✓ (in part)
Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	✓
Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of individual	✓ (in part)
May include whether and what services are self-directed	✓
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others	✓ (in part)
Includes risk factors and plans to minimize them	✓ (in part)

\*Applicable to 1915(c) waivers and 1915(i) state plan options.

### III. Revised HCBS Assurances and NCI Performance Indicators

Table 4. Service Plan Sub-Assurances and NCI Performance Indicators

<p><b>Service Plan Assurance:</b> The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p>	
Service Plan Sub-assurances	NCI Performance Indicators
<p>i. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>	<p><b>NCI data sources contribute <i>in part</i> to meeting this sub-assurance.</b> Sub-assurance has two components: 1) whether plans include an individual's personal goals and 2) whether the individual's assessed needs are addressed in the plan.</p> <p><b>Adult Consumer Survey</b></p> <p>Proportion of individuals who report that they do not get the services they need.            Proportion of people reporting that service coordinators ask them what they want.            Proportion of people reporting that service coordinators help them get what they need.</p> <p><b>Family Surveys</b></p> <p>Proportion of families who report their family member has a service plan that the family and/or family member helped create, the plan meets the needs of the family/individual, and includes things that are important to the family.            Proportion of families who report that services/supports are available when needed and meet the family's needs, including in a crisis.</p>

**Service Plan Assurance:** The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

Service Plan Sub-assurances	NCI Performance Indicators
<p>ii. Service plans are updated/revise at least annually or when warranted by changes in the waiver participant’s needs.</p>	<p><b>NCI data <i>partially address</i> sub-assurance with information on whether plans change as individual’s needs change.</b></p> <p><b>Adult Consumer Survey</b> Proportion of people self-directing who report that they can make changes to their budget/services if they need to.</p> <p><b>Family Surveys</b> Proportion of families who report that services/supports are flexible to meet their changing needs. Proportion of families who report their family member has a service plan.</p>
<p>iii. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>	<p><b>NCI data sources <i>partially address</i> sub-assurance.</b></p> <p><b>Adult Consumer Survey</b> The rate at which people report that they do not get the services they need. Proportion of people self-directing whose support workers come when they are supposed to.</p> <p><b>Family Surveys</b> Proportion of families who report they receive all services listed in the service plan. Proportion of families who report that services/supports are available when needed and meet the family’s needs, including in a crisis. Proportion of families who report health service providers are available to their family members are satisfied with the providers.</p>

**Service Plan Assurance:** The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

Service Plan Sub-assurances	NCI Performance Indicators
<p>iv. Participants are afforded choice: between/among waiver services/providers</p>	<p><b>NCI data <i>substantially address</i> sub-assurance with information on choice of where to work, live, support staff, service coordinator.</b></p> <p><b>Adult Consumer Survey</b>            Proportion of people who make choices about their everyday lives, including: housing, roommates, daily routines, jobs, support staff or providers, what to spend money on, and social activities.            Proportion of people who are currently using a self-directed supports option.            Proportion of people self-directing who report that they can make changes to their budget/services if they need to.            Proportion of people self-directing who receive easy-to-understand information on their budget/services.            Proportion of people who have a community job who would like to work somewhere else.            Proportion of people who go to a day program or have other daily activity who would like to go somewhere else or do something else during the day.            Proportion of people who report that they would like to live somewhere else, and the reason why.            Proportion of people who are satisfied with their day program or other daily activity.</p> <p><b>Family Surveys</b>            Proportion of families who report they are informed about the array of existing and potential resources (including information about their family member's disability, services and supports, and public benefits), and that the information they receive is easy to understand.            Proportion of families who report they choose, hire, and manage their service/support providers.            Proportion of families who report they have the information needed to skillfully plan for their services and supports.            Proportion of families reporting that they control their own budgets/supports (i.e., they choose what supports/goods to purchase).            Proportion of families who report that staff are respectful of their choices and decisions.</p>

Table 5. Health and Welfare Sub-Assurances and NCI Performance Indicators

<p><b>Health and Welfare Assurance:</b> The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p>	
Health and Welfare Sub-Assurances	NCI Performance Indicators
<p>i. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death</p>	<p><b>NCI data <i>partially</i> support evidence for this sub-assurance.</b> Opportunities to participate in self-advocacy meetings may be considered an empowerment tool. The peer support may offer opportunities for an individual to learn about and exercise their rights, including to identify and report abuse, neglect, and exploitation.</p> <p><b>Adult Consumer Survey</b>            Proportion of people who report that they feel safe in their home, neighborhood, workplace, and day program/ at other daily activity.            Proportion of people who report having someone to go to for help when they feel afraid.            Proportion of people who have had a complete annual physical exam in the past year. (Good-practice physical examinations include a visual scan of body for evidence of trauma as well as asking the person if they are afraid of anyone or have been harmed in any way.)            Proportion of people indicating that most staff treat them with respect.            Proportion of people who have participated in a self-advocacy group meeting, conference, or event.            Proportion of people who feel their support staff have been appropriately trained to meet their needs.            Proportion of people self-directing who get the help they need to work out problems with their support workers.            Proportion of people who feel lonely.            Proportion of people who have a close friend, someone they can talk to about personal things.            Proportion of people who have friends and caring relationships with people other than support staff and family members.</p> <p><b>Family Surveys</b>            Proportion of families who indicate that services/supports provided outside the home (e.g., day/employment, residential services) are within a reasonable distance from the family and in a safe and healthy environment.            Proportion of families who report they are supported in utilizing natural supports in their communities (e.g., family, friends, neighbors, churches, colleges, &amp; recreational services). [Having relationships beyond paid staff</p>

<p><b>Health and Welfare Assurance:</b> The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p>	
<p><b>Health and Welfare Sub-Assurances</b></p>	<p><b>NCI Performance Indicators</b></p>
	<p>and family may sometimes expose people to more risk, it is generally considered to be a protection from vulnerability to abuse, neglect, and exploitation.]</p> <p>Proportion of families who report that services/supports are available when needed and meet the family’s needs, including in a crisis.</p> <p>Proportion of families who report they choose, hire, and manage their service/support providers.</p> <p>Proportion of families who report that staff are respectful of their choices and decisions.</p> <p>Proportion of families who report their family received information about their family member’s rights.</p>
<p>ii. The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible</p>	<p><b>NCI data address in part this sub-assurance on incident management.</b> Accessible and functional grievance processes are part of an incident management system. In many states, the service coordinator is the first contact for a grievance.</p> <p><b>Family Surveys:</b></p> <p>Proportion of families who report satisfaction with the information and supports received, and with the planning, decision-making, and <u>grievance</u> processes. Questions specific to the effectiveness of the system are:</p> <ul style="list-style-type: none"> <li>○ Do you know the process for filing a complaint or grievance against provider agencies or staff?</li> <li>○ Are you satisfied with the way complaints or grievances against provider agencies or staff are handled and resolved?</li> <li>○ Do you know how to report abuse or neglect?</li> <li>○ Within the past year, if abuse or neglect occurred, did you report it? If Yes, were the appropriate people responsive to your report?</li> </ul>

<p><b>Health and Welfare Assurance:</b> The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p>	
Health and Welfare Sub-Assurances	NCI Performance Indicators
<p>iii. State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed</p>	<p><b>NCI does <i>not</i> address the establishment of policies and procedures for use or prohibition of restrictive interventions.</b> Adult Consumer Survey Background Information offers information on use of medications for certain conditions and whether individuals need supports for specific kinds of behavior.</p> <p><b>Adult Consumer Survey:</b>          Proportion of people taking medications for mood, anxiety, behavior problems, or psychotic disorders.          Proportion of adults with support to manage self-injurious behavior (none, some, extensive, don't know)          Proportion of adults with support to manage disruptive behavior (none, some, extensive, don't know)          Proportion of adults with support to manage destructive behavior (none, some, extensive, don't know)</p>
<p>iv. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver</p>	<p><b>NCI data <i>substantially</i> address this sub-assurance.</b> NCI does not address whether a state has established health care standards, it offers states nationally recognized health care standards for wellness checks and preventive screenings.</p> <p><b>Adult Consumer Survey</b>          Proportion of people who have had a complete annual physical exam in the past year.          Proportion of people reported as having a primary care doctor.          Proportion of women 18 and over who have had a Pap test screening in the past year.          Proportion of people who have had a routine dental exam in the past year.          Proportion of people described as having poor health.          Proportion of people who have had a vision screening within the past year.          Proportion of people who have had a hearing test within the past 5 years.          Proportion of people who have had a flu vaccination within the past 12 months.          Proportion of people who have ever had a vaccination for pneumonia.          Proportion of women over 40 who have had a mammogram within the past 2 years.          Proportion of men over 50 who have had a PSA test within the past year.          Proportion of people age 50 and older who have had a screening for colorectal cancer within the past year.</p>

<p><b>Health and Welfare Assurance:</b> The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p>	
<p><b>Health and Welfare Sub-Assurances</b></p>	<p><b>NCI Performance Indicators</b></p>
	<p>Proportion of people taking medications for mood, anxiety, behavior problems, or psychotic disorders.  Proportion of people who maintain healthy habits in such areas as smoking, weight, and exercise.</p> <p><b>Family Surveys</b>  Proportion of families who report health service providers are available to their family members and are satisfied with the providers.</p>



**Table 6. Qualified Providers Assurance and Sub-Assurances**

<p><b>Qualified Providers Assurance:</b> The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.</p>	
Qualified Providers Sub-Assurances	NCI Performance Indicators
i. The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to furnishing waiver services.	NCI data <i>do not provide</i> evidence for this sub-assurance.
ii. The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.	NCI data <i>do not provide</i> evidence for this sub-assurance.
iii. The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and the approved waiver.	NCI data <i>do not provide</i> evidence for this sub-assurance.

**Table 7. Level of Care Assurance and Sub-Assurances**

<p><b>Level of Care Assurance:</b> The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's or waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/ID-DD.</p>	
Level of Care Sub-assurances	NCI Performance Indicators
i. An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	NCI <i>does not address</i> Level of Care.
ii. The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine <u>initial</u> participant level of care.	

**Table 8. Financial Accountability Assurance and Sub-Assurances**

<p><b>Financial Accountability Assurance:</b> The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.</p>	
Financial Accountability Sub-Assurances:	NCI Performance Indicators
i. The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.	<p><i>NCI does not address Financial Accountability.</i></p>
ii. The State provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.	

**Table 9. Administrative Authority Assurance**

CMS Administrative Authority Expectations	NCI Performance Indicators
<p>Performance Measures (PMs) are required for delegated functions unless covered by PMs associated with other Assurances. States should continue to focus PMs, as applicable/necessary, on:</p> <ul style="list-style-type: none"> <li>• Uniformity of provider agreements across all geographic areas of the State</li> <li>• Equitable distribution of waiver openings across all geographic areas of the State</li> <li>• Compliance with HCBS settings requirements and other <b>new</b> regulatory components</li> </ul>	<p><i>NCI does not address Administrative Authority.</i></p>

## IV. Reference Information

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### Appendix A: NCI Adult Consumer Survey Questions Regarding Service Settings

Background Information questions in the Adult Consumer Survey capture types of residences and whether they are provider owned or operated—and thus whether the additional HCBS service setting requirements apply. Background Information questions also cover types of work or day activity and whether the service setting is community or facility-based. NCI also captures the funding source for the residence and day service setting.

NCI data are systemic, so they do not convey whether any particular provider’s setting must comply with the additional requirements. NCI data provide a statewide percentage of each residential setting type.

#### **Residential Service Setting Information**

**BI-33. How would you characterize the place where this person lives? (Check ONE)**

Intermediate care facility for persons with I/DD (ICF/ID) or other institutional setting:

- ICF/ID, 4-6 residents with disabilities
- ICF/ID, 7-15 residents with disabilities
- ICF/ID, 16 or more residents with disabilities
- Nursing facility
- Other specialized institutional facility

Group residential setting (e.g., group home):

- Group living setting, 2-3 people with disabilities
- Group living setting, 4-6 people with disabilities
- Group living setting, 7-15 people with disabilities

Own home or apartment

- Lives in own home or apartment; may be owned or rented, or may be sharing with roommate(s)
- Parent/relative’s home (may include paid services to family for residential supports)

Foster or host home

- Foster care or host home (round-the-clock services provided in a single-family residence where two or more people with a disability live with a person or family who furnishes services)
- Foster care or host home (round-the-clock services provided in a single-family residence where only one person with a disability lives with a person or family who furnishes services—sometimes called shared living.)

Other

Homeless

**BI-33a.** Is the person’s residence owned or controlled by a provider agency? (‘Controlled’ means the agency providing services is also connected to the property by lease or ownership. This includes foster care or host home settings as defined in BI-33.)

**BI-36.** Does the person own his or her own home?

**BI-51.** Does this person receive either ICF/ID or Medicaid Home and Community-Based Services (HCBS) Waiver or State plan funding?

- 1115 Medicaid waiver
- HCBS Medicaid waiver program 1915 b
- HCBS Medicaid waiver program 1915 b/c
- HCBS Medicaid waiver program 1915 c
- HCBS State Plan 1915 i
- HCBS State Plan 1915 j
- HCBS State Plan Personal Care
- HCBS First Choice Option 1915 k
- HCBS Medicaid waiver program
- Other:
- HCBS Other Plan or Option (including MFP)

**Employment/ Other Day Activity Setting Information**

**BI-39.** Paid individual job in a community-based setting

**BI-40** Paid small-group job in a community-based setting

**BI-41** Unpaid activity in a community-based setting

**BI-42** Paid work performed in a facility-based setting

**BI-43** Unpaid activity in a facility-based setting

## Appendix B: Overview of Updates to the 2015-16 Adult Consumer Survey

The NCI survey tools were substantially revised for the 2015-16 data collection cycle. The revisions were completed with input from participating states and experts in the field. As part of this revision process and in response to the promulgation of the HCBS rules, the NCI survey tools, in particular the Adult Consumer Survey (ACS), were adapted to include new survey questions that directly correlate with the rules. Additionally, several existing questions were modified to bring them more in line with the requirements of the rules. Below is an overview of changes made to the ACS in several key areas.

### **Community Involvement**

The 2015-16 ACS now includes a section on community participation and leisure that asks an individual whether they are able to go out to do the things they like to do, and whether they are able to do those things as often as they like. This information complements community inclusion questions that ask how frequently and with whom a person engages in various activities in community settings.

This section also includes a new question on participation with community groups or other activities.

### **Provider Owned or Controlled Settings**

Questions were added to the survey to address requirements of provider owned or controlled settings. Specifically, the ACS now asks whether the setting is owned or controlled by a service provider, whether the person has a lease agreement in place, whether a person has a key to their home and can lock the door to their bedroom, and whether there are rules in place about visitors.

### **Person-Centered Planning**

The ACS updates include new questions about the person-centered planning process that allow states to monitor their performance on a system-wide level with greater detail in more areas. Additionally, respondents are now asked about their participation in the planning meetings rather than whether they helped make the service plan. Questions were also added to get more information about the planning process. For example, the 2015-16 ACS asks whether the person knew what was being discussed, if the meeting included people chosen by the individual, and if the person was able to choose the services that would be part of the service plan.

### **Self-Direction**

The ACS now includes additional questions about self-directed supports. Survey respondents who indicate that they are self-directing (not just those on a self-directed waiver) are now asked about their level of participation in self-directing their services, who makes decisions about service budgets, and the support they get to self-direct. These survey modifications will capture more respondents than before and gather additional information.

### **Additional Specificity**

In addition to adding new sections of the survey and questions that directly address new HCBS requirements, the survey has been modified to collect more information about a person's experience, information that might lead a state to identify action areas for quality improvement. Where a person responds negatively to specific questions (e.g., they don't like where they live or can't see their friends when they want to), modifications to the survey seek to identify why this is the case (e.g., safety, lack of transportation, staff, etc.).