



NATIONAL CORE INDICATORS

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

NCI Performance Indicators: Evidence for New HCBS Requirements and Revised HCBS Assurances

Practical Tools for States

**Prepared by Elizabeth Pell, MSW, LICSW
Human Services Research Institute**

May 29, 2014

Tools for States is sponsored by the National Core Indicators (NCI), a collaboration of NCI member states, the National Association of State Directors of Developmental Services (NASDDDS), and the Human Services Research Institute (HSRI). This guide, *NCI Performance Indicators: Evidence for the New HCBS Requirements and Revised HCBS Assurances*, is the first in a series of guides and technical assistance resources to be developed under this rubric. Please note that the information below was developed by NCI staff and has not been reviewed or approved by the Centers for Medicare and Medicaid Services.

Organization of the Guide

CMS quality management expectations for the operation of home and community based services (HCBS) continue to evolve. Most recently, CMS issued new (effective March 2014) HCBS quality requirements for HCBS settings and person centered service planning. In addition, CMS revised the HCBS Quality Assurance and Sub-Assurance which also became operative in March 2014. To assist states with required reporting to CMS on compliance with the New HCBS requirements and revised Assurances, this guide identifies the ways in which NCI data can be incorporated. This guide is organized as follows:

I. New HCBS Requirements and NCI Data

This section aligns the specific NCI data sources with new HCBS Requirements.

- | | |
|---|-------|
| A. New HCBS Setting Requirements (Residential and Day Services) | p. 3 |
| B. New HCBS Setting Requirements for Provider Owned/Operated Residential Settings | p. 8 |
| C. New HCBS Person-centered Service Plan Process Requirements | p. 10 |
| D. New HCBS Person-centered Service Plan Documentation Requirements | p.15 |

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

Quick view tables illustrate at-a-glance the extent to which NCI data can be used as a data source for new HCBS quality expectations.

- | | |
|---|------|
| Table 1. New HCBS Setting Requirements (Residential and Day Services) | p.19 |
| Table 2. New HCBS Setting Requirements for Provider Owned/Operated Residential Settings | p.20 |
| Table 3. New HCBS Person-centered Service Plan Process Requirements | p.21 |
| Table 4. New HCBS Person-centered Service Plan Documentation Requirements | p.22 |

III. Revised HCBS Assurances and Sub-assurances and NCI Performance Indicators

This section focuses on the Revised HCBS Assurances and Sub-assurances and NCI data useful for evaluating statewide performance.

Table 5. Service Plan Sub-assurances and NCI Performance Indicators	p.23
Table 6. Health and Welfare Sub-assurances and NCI Performance Indicators	p.26
Table 7. Qualified Providers Sub-assurances and NCI Performance Indicators	p.30
Table 8. Level of Care Assurance and Sub-assurances	p.30
Table 9. Financial Accountability Assurance and Sub-assurances	p.31
Table 10. Administrative Authority Assurance	p.31

IV. Resources

Appendix A: NCI Service Setting Typology and Funding Source: Adult Consumer Survey	p.32
--	------

I. New HCBS Requirements and NCI Data

A note on NCI data sources used in the following discussion: The Adult Consumer Survey (ACS) is used by states to collect information in person from individuals with intellectual and developmental disabilities and their families or advocates. The Adult Family Survey (AFS) and Family Guardian Survey (FGS) are mail surveys that collect information from involved family members and guardians. Surveys are referenced in this section by their abbreviations. Alongside the survey source abbreviation is the domain in which the particular data source is found. For example, the third bullet under the first requirement below, “If person interacts with neighbors (ACS, Home)” means there is NCI information available on a systems level as to whether people receiving services interact with their neighbors. The specific data is found in the Adult Consumer Survey under the Home domain.

A. New 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 useful for an environmental scan of settings that meet new requirements, and those that do not align with the new requirements. Those that are presumed not to be HCBS will require a closer analysis of characteristics. The Adult Consumer Survey does identify those residential settings that are provider owned/operated – a category that entails meeting the additional HCBS setting requirements. See Appendix A for the specific data collection in the ACS regarding setting type.

NCI Data:

- All NCI surveys collect data on home type useful for aggregate examination of percent of residences that do not meet HCBS requirements
- ACS also identifies whether residences are provider owned/operated. See Appendix A for detail.
- If person interacts with neighbors (ACS, Home)
- Extent to which (frequency and with whom) people do certain activities in the community: shopping, errands, religious practice, entertainment, exercise, vacations, meetings (ACS, Community Integration)
- If people are supported to see friends and family when they want (ACS, Relationships)
- If people have a way to get places they want to go (ACS, Access)
- Whether the individual has friends or relationships with persons other than paid staff or family? (FGS, Community Connections)
- If person participates in unpaid activity in a community-based setting (e.g., volunteer activities, skills training, community experiences) (ACS, Background Info)
- If person has a paid job in the community. (ACS, Background Info)

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 3 parts: employment, community involvement, and control of personal resources. Personal resources are interpreted as a person's personal spending, not waiver or state funding. NCI indicators related to control of service budgets are omitted.

NCI Data: Employment

- If person has a job in community (ACS, Employ/Day)
- If person has a paid job in the community. (ACS, Background Info) If yes:
 - Number of hours worked or spent at this activity during the two-week period
 - Total gross wages (before taxes or deductions) earned at this activity during the two-week period
 - Does this person get publicly-funded services or supports to participate in this activity?
 - Is the job or activity done primarily by a group of people with disabilities?
- If person does not have a job in the community, do they want one? (ACS, Employ/Day)
- Of people employed, if they like their job and if they want a different job. (ACS, Employ/Day)
- If person has integrated employment as a goal in their service plan. (ACS, Background Info)
- If person participates in unpaid activity in a community-based setting (e.g., volunteer activities, skills training, community experiences) (ACS, Background Info)

NCI Data: Engage in Community Life

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

NCI Data: Control Personal Resources

- If person can decide how to spend his/her own money. (ACS, Choice)
- Does your family member have enough support (e.g., support workers, community resources) to work or volunteer in the community? (FGS, Community Connections)
- Does your family member know how much money is spent by the ID/DD agency on his/her behalf?(FGS, Choice & Control)
- Does your family member have a say in how this money is spent? If yes, does your family member have all the information s/he needs to make decisions about how to spend this money? (FGS, Choice & Control)

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 whether person's experience is same as those not receiving HCBS.

Requirement: Allows full access to the greater community

NCI data are useful for demonstrating compliance.

NCI Data:

- Extent to which (frequency and with whom) people do certain activities in the community: shopping, errands, religious practice, entertainment, exercise, vacations, meetings (ACS, Community Integration)
- If person wants to go somewhere, do they always have a way to get there (ACS, Satisfaction with Services)
- Does your family member participate in community activities (such as going out to a restaurant, movie, or sporting event)? (FGS & AFS, Community Connections)
- If No, why? lack of transportation, cost, lack of support staff, negative attitudes from community members, other (FGS & AFS, Community Connections)

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, independent apartment. See Appendix A for list. Choice data are available by the type of home where the individual lives.

NCI Data:

- If person chose their residence, work and/or day services (ACS, Choice)
- Did you/your family member choose the provider agencies who work with your family? (AFS & FGS, Choice & Control)
- Can you/your family member choose a different provider agency if s/he wants to? (AFS & FGS, Choice & Control)

Requirement: Respects the participant's option to choose a private unit in a residential setting

NCI data are useful in part for demonstrating compliance. NCI does not cover if a person was offered a bedroom to themselves if living in a residential setting with others. NCI does cover if person chose to live alone, or chose people they live with. (ACS, Choice)]

NCI Data:

- If person chose to live alone, or chose people they live with. (ACS, Choice)

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

NCI data are useful for demonstrating compliance.

NCI Data:

- If person has been treated with respect by paid providers/staff (ACS, Satisfaction with Services)

- Does person have enough privacy, can be alone with guests, whether mail/email is read without permission, if the person can use the phone/internet without restriction, and whether people ask before entering the home or bedroom. (ACS, Rights)
- Does person feel safe at home? At work/day program? In neighborhood? If person does not feel safe, is there someone to talk to?(ACS, Safety)
- AFS and FGS Satisfaction queries knowledge and use of how to file grievances and report abuse, neglect, exploitation:
 - Do you know the process for filing a complaint or grievance against provider agencies or staff?
 - Are you satisfied with the way complaints or grievances against provider agencies or staff are handled and resolved?
 - Do you know how to report abuse or neglect?
 - Within the past year, if abuse or neglect occurred, did you report it? If yes, were the appropriate people responsive to your report?

Requirement: Optimizes autonomy and independence in making life choices

NCI data are useful for demonstrating compliance.

NCI Data:

- Did person make decisions or did others make decisions about: where and with whom they live, where they work, what day program they attend, their daily schedule, how to spend free time, how to spend their own money, choice of case manager, and choice of staff. (ACS, Choice)
- Self-direction queries suggest decision making competence building: Does person have help making decisions re budget and services; Can they change budget or services if needed; Do they have enough information about how much money is in budget; Is info easy to understand; Do they want more help with budget or choosing services (ACS, Self Directed Services)
- Did you/your family member choose the individual support workers who work directly with him/her?
- Can you/your family member choose different support workers if s/he wants to? (AFS & FGS Choice and Control)
- Did you help develop your service plan? (ACS, Satisfaction with Services)
- Whether person has a full or limited guardian (ACS, AFS & FGS Background Info)

Requirement: Facilitates choice of services and who provides them

NCI data are useful for demonstrating compliance.

NCI Data:

- If person would like to live somewhere else (ACS, Home)
- If person wants to work somewhere else (ACS, Employ/Day)
- If person wants to go somewhere else during day (for those in a day program or other regularly scheduled activity) (ACS, Employ/Day)
- If person chose their case manager (ACS, Choice)
- If person chose their home, job, and day program or activity staff (ACS, Choice)

- If person chose their day/work support staff (ACS, Choice)
- For self-directing, does person have help making decisions re budget and services, can they change budget or services if needed, have enough information about how much money is in budget, is info easy to understand, and do they want more help with budget or choosing services (ACS, Self Directed Services)
- Did your family member choose the provider agencies that work with him or her? (FGS & AFS, Choice & Control)
- Can your family member choose a different provider agency if s/he wants to? (FGS & AFS, Choice & Control)
- Did your family member choose the individual support workers who work directly with him/her? (FGS & AFS, Choice & Control)
- Can your family member choose different support workers if s/he wants to? (FGS & AFS, Choice & Control)
- Did your family member choose his/her case manager/service coordinator? (FGS & AFS, Choice & Control)
- Does your family member have control and/or input over the hiring and management of his/her support workers? (FGS & AFS, Choice & Control)

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

Additional HCBS Setting Requirements pertain to provider owned/operated residential settings. In such residential settings, individuals must have:

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

NCI does not address whether a lease is in place. The ACS does contain information on whether the setting is provider owned/operated. See Appendix A for detail.

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

NCI data are useful in part for demonstrating compliance. NCI does not cover lockable entrances or control of keys.

NCI Data:

- If others announce themselves before entering home (ACS, Home)
- If others announce themselves before entering bedroom? (ACS, Home)
- If person has enough privacy (ACS, Home)

Requirement: Choice of roommates

NCI data are useful in part for demonstrating compliance; captures person's choice of people to live with, but not specifically choice of roommate when sharing a bedroom.

NCI Data:

- Choice of people to live with (ACS, Choice)

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.

NCI Data:

- Control of daily schedule (ACS, Choice)
- Control of free time use (ACS, Choice)

Requirement: Access to food at any time

NCI does not address access to food.

Requirement: Visitors at any time

NCI data partially address this Requirement. NCI covers whether an individual can have visitors and if there are any rules around visitors, but does not cull out if individuals can have visitors "at any time."

NCI Data:

- Whether person can be alone with visitors or if there are some rules/restrictions (ACS, Rights)

Requirement: Setting is physically accessible to individual

NCI does not explicitly assess whether setting is fully accessible to person.

NCI Data:

- Describes person's mobility as moving around without aid, with aid, or is not ambulatory even with aids (ACS, Background Info)

C. New HCBS Person-centered Service Plan Process Requirements

Requirement: Service planning process is driven by the individual

NCI data are useful in part for demonstrating compliance.

NCI Data:

- If person helped develop their service plan (ACS, Satisfaction with Services)
- If Support Coordinator asks person what they want (ACS, Satisfaction with Services)
- If Support Coordinator helps get what the person needs (ACS, Satisfaction with Services)
- Did your family member help develop the plan? (FGS & AFS, Info & Planning)
- Did you or another family member help develop the plan? (FGS & AFS, Info & Planning)

Requirement: Includes people chosen by the individual

NCI does not address whether those involved in the service planning process were chosen by individual.

Requirement: Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible

NCI data are useful in part for demonstrating compliance.

NCI Data:

- For self-directing, does person have help making decisions re budget and services, can they change budget or services if needed, have enough information about how much money is in budget, is info easy to understand, and do they want more help with budget or choosing services (ACS, Self Directed Services)
- Do you get enough information to help you participate in planning services for your family? (AFS & FGS, Info & Planning)
- Does the information you receive come from your case manager/service coordinator? (AFS & FGS, Info & Planning)
- Does the case manager/service coordinator tell you about other public services that your family is eligible for (e.g., food stamps, Supplemental Security Income [SSI], housing subsidies, etc.)? (AFS, Info & Planning)
- Does your family member know how much money is spent on the IDD Agency on his/her behalf?
- Does your family member have a say in how IDD Agency money is spent on his/her behalf? If yes, does he/she have the information needed to make this decision?

Requirement: Is timely; occurs at times and locations convenient to the individual

NCI does not address whether service plan meetings are timely or whether they are scheduled at times and locations convenient for person.

Requirement: Reflects cultural considerations

NCI data are useful for demonstrating compliance.

NCI Data:

- If services are delivered in a manner respectful to family member's/individual's culture (FGS & AFS)
- If English is not your primary language, are there support workers or translators who can speak to you in your language? (FGS & AFS, Access & Delivery of Services)

Requirement: Plan discussions are in plain language. Information is available in a manner that is accessible to individuals.

NCI data are useful in part for demonstrating compliance.

NCI Data:

- Do you get enough information to help you participate in planning services for your family member? (FGS & AFS, Info & Planning)
- Is the information you receive easy to understand? (FGS & AFS, Info & Planning)
- Person's primary means of expression (ACS, Background Info; FGS Demographics)
- If your family member does not communicate verbally (for example, uses gestures or sign language), are there support workers who can communicate with him/her? (FGS & AFS, Access & Delivery of Services)
- If English is your family member's first language, do the support workers speak to him/her effectively? (FGS & AFS, Access & Delivery of Services)
- If English is not your family member's first language, are there support workers or translators who can speak with him/her in the preferred language? (FGS & AFS, Access & Delivery of Services)

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

NCI does not address conflicts of interest or solving disagreements within the service planning process. The surveys do ask if there are problems with staff if person/family has help to fix the problems.

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 Data:

- If person would like to live somewhere else (ACS, Home)
- If person wants to work somewhere else (ACS, Employ/Day)
- If person wants to go somewhere else during day (for those using day service programs) (ACS, Employ/Day)
- If person chose their case manager (ACS, Choice)
- Case manager was assigned but person understands case manager can be changed if requested (ACS, Choice)
- If person chose their staff (ACS, Choice)
- For self-directing, does person have help making decisions re budget and services, can they change budget or services if needed, have enough information about how much money is in

budget, is info easy to understand, and do they want more help with budget or choosing services (ACS, Self Directed Services)

- Did your family member choose the provider agencies that work with him or her? (FGS & AFS, Choice & Control)
- Can your family member choose a different provider agency if s/he wants to? (FGS & AFS, Choice & Control)
- Did your family member choose the individual support workers who work directly with him/her? (FGS & AFS, Choice & Control)
- Can your family member choose different support workers if s/he wants to? (FGS & AFS, Choice & Control)
- Did your family member choose his/her case manager/service coordinator? (FGS & AFS, Choice & Control)
- Does your family member have control and/or input over the hiring and management of his/her support workers? (FGS & AFS, Choice & Control)
- Does the plan include all the services and supports your family member wants? (FGS & AFS, Info & Planning)
- Does the plan include all the services and supports your family member needs? (FGS & AFS, Info & Planning)
- Does your family member receive all of the services listed in the plan? (FGS & AFS, Info & Planning)
- Asks individual if they receive all the services they need (ACS, Access to Needed Services)

Requirement: Provides a method for individual to request updates

NCI does not address whether there is a process or method in place for individuals to request service plan updates. The ACS does ask the person whether if they ask their Support Coordinator for something, if s/he helps them secure it.

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

NCI data are useful for demonstrating compliance.

NCI Data:

- For those self-directing, does person have help making decisions re budget and services, can they change budget or services if needed, have enough information about how much money is in budget, is info easy to understand, and do they want more help with budget or choosing services. (ACS, Self Directed Services)*
- Whether person uses fiscal intermediary or agency of choice model (ACS, Background Info)

*Current version of NCI ACS only asks this of people who are in Self-Directed Waiver. Future surveys will ask this of all individuals.

Requirement: Signed by all individuals and providers responsible for its implementation. A copy of plan must be provided to individual and his/her representative.

NCI does not address service plan signatures or receipt of copies.

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

NCI does not address whether a person's preferences in these areas are incorporated into the service plan.

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

NCI data address this requirement in part.

NCI Data:

- Does the plan include all the services and supports your family member wants? (FGS & AFS, Info & Planning)
- Does the plan include all the services and supports your family member needs? (FGS & AFS, Info & Planning)
- Does your family member receive all of the services listed in the plan? (FGS & AFS, Info & Planning)
- Asks individual if they receive all the services they need (ACS, Access to Needed Services)

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. A piece of risk management is planning for emergencies which Family surveys do address.

NCI Data:

- Did you discuss how to handle emergencies related to your family member at the last service planning meeting? (FGS & AFS, Info & Planning)

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 does not address whether the service planning process reflects what is important to the person, personal preferences, or whether the service plan ensures health and welfare. NCI does collect health and wellness information in ACS including whether person has received age and gender appropriate preventive care, gets sufficient exercise for health benefits, takes medications for certain conditions including mental health, is provided behavior supports, as well as an opinion of the person's weight. NCI does collect information on feeling safe and relationships which impact a person's well-being.

NCI Data:

- Do you feel that your family member's residential setting is a healthy and safe environment? (FGS, Access & Delivery)

- Do you feel that your family member's day/ employment setting is a healthy and safe environment? (FGS & AFS, Access & Delivery)
- Does the case manager/service coordinator respect your family's choices and opinions? (AFS, Info & Planning)
- Data is available regarding accessible information as service planning is less likely to reflect personal preferences if preferences are not understood by service planning team. Refer to NCI data for HCBS requirement on page 11, *Plan discussions are in plain language. Information is available in a manner that is accessible to individuals.*

D. New HCBS Person-centered Service Plan Documentation Requirements

Requirement: Setting is chosen by the individual and supports full access to the community

NCI data are useful in part for demonstrating compliance. NCI does not address whether setting supports full community integration. However, Background Information classification of home type identifies what is not a HCBS setting (e.g., hospital, nursing facility), as well as if residence is provider owned/operated. See Appendix A.

NCI Data:

- If person would like to live somewhere else (ACS, Home)
- If person wants to work somewhere else (ACS, Employ/Day)
- If person wants to go somewhere else during day (for those using day service programs) (ACS, Employ/Day)
- Extent of integration in community life: shopping, errands, religious practice, entertainment, exercise, vacations, meetings (ACS, Community Integration)
- If person wants to go somewhere, do they always have a way to get there (ACS, Satisfaction with Services)

Requirement: There are opportunities to seek employment and work in competitive integrated settings

NCI data are partially useful for demonstrating compliance. NCI data do not cover whether opportunities for integrated work were extended to the person.

NCI Data:

- Preference to work, whether employment is a goal in ISP, if person wants a different job, if person likes job, types of work (degrees of integration), wages. (ACS, Background Info & Employment/Day)
- Does your family member have enough support (e.g., support workers, community resources) to work or volunteer in the community? (FGS & AFS, Community Connections)

Requirement: Supports are in place to assist the individual to engage in community life, control personal resources, and receive services in the community

NCI data are useful for demonstrating compliance.

NCI Data:

- Extent of integration in community life: shopping, errands, religious practice, entertainment, exercise, vacations, meetings (ACS, Community Integration)
- Does your family member have enough support (e.g., support workers, community resources) to work or volunteer in the community? (FGS & AFS, Community Connections)
- If person can decide how to spend his/her own money. (ACS, Choice)
- Does your family member know how much money is spent by the ID/DD agency on his/her behalf?(FGS & AFS, Choice & Control)
- Does your family member have a say in how this money is spent? If Yes, does your family member have all the information s/he needs to make decisions about how to spend this money? (FGS & AFS, Choice & Control)

Requirement: Supports and services are linked to individual's strengths and preferences

NCI data are useful in part for demonstrating compliance. NCI does not inquire if services and supports are directly linked to an individual's strengths and weaknesses.

NCI Data:

- If plan includes all services and supports your family member wants (FGS & AFS, Info & Planning)

Requirement: Supports and services align with assessed clinical and support needs

NCI data are useful for demonstrating compliance.

NCI Data:

- If plan includes all services and supports person needs (FGS & AFS, Info & Planning)
- Does your family member have access to the special equipment or accommodations that s/he needs (for example, wheelchair, ramp, communication board)? (AFS & FGS, Access & Delivery)
- Is person able to get medications/ respite/ psychiatric care needed? If yes, are you satisfied with quality? (AFS & FGS, Access & Delivery)

Requirement: Individual's goals and desired outcomes are included

NCI data are useful in part. NCI does not ask specific questions about the individual's goals.

NCI Data:

- If plan includes all services and supports the individual wants and needs (FGS & AFS, Info & Planning)
- Asks individual if they receive all the services they need (ACS, Access to Needed Services)
- If person asks their Support Coordinator for something does s/he helps person get it (ACS, Satisfaction with Services)

Requirement: Any risk factors are identified and measures are in place to minimize risk

NCI does not address risk factors and risk management plans in service plan documentation.

Requirement: Individualized backup plans and strategies are present when needed

NCI data partially address this requirement. NCI focus is the presence of services and supports and not on the documentation in the service plan. These data, if applied, are proxies for documentation.

NCI Data:

- If you call and leave a message, does your case manager/service coordinator take a long time to call you back, or does s/he call back right away? (ACS, Satisfaction with Services)
- Did you discuss how to handle emergencies related to your family member at the last service planning meeting? (FGS & AFS, Info & Planning)
- Are services and supports available when your family member needs them? (FGS & AFS, Access & Delivery)
- If you asked for crisis or emergency services during the past year, were services provided when needed? (FGS & AFS, Access & Delivery)
- If you need respite services, do you have access to them? (FGS & AFS, Access & Delivery)
- If needed, do you have access to mental health services for your family member? (FGS & AFS, Access & Delivery)

- Are you or your family member able to contact his/her case manager/service coordinator when you need to? (FGS & AFS, Access & Delivery)
- Are services and supports available within a reasonable distance from your home? (FGS & AFS, Access & Delivery)
- Do services change when the family member's needs change? (FGS & AFS, Access & Delivery)

Requirement: Providers of services and supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS

NCI does not address voluntary and unpaid supports in service plan documentation, but the Family Surveys collect data on whether individuals are supported to use natural supports in their communities.

NCI Data:

- Proportion of families who report they are supported in utilizing natural supports in their communities (e.g., family, friends, neighbors, churches, colleges, and recreational services). (AFS, Community Connections)

Requirement: The individuals responsible for monitoring plan

NCI does not address documentation of monitoring in service plan.

Requirement: Informed consent of the individual in writing

NCI does not address person's consent with service plan.

Requirement: Service plan has been given to the individual and others involved in plan

NCI does not address distribution of the service plan.

Requirement: Any self-directed services and supports

NCI data are useful for demonstrating compliance.

NCI Data:

- If person self directs (ACS, Background Info)
- If sufficient supports to self direct including if person has help making decisions re budget and services, can they change budget or services if needed, do they have enough information about how much money is in their budget, is info easy to understand, and do they want more help with budget or choosing services? (ACS, Self Directed Services)
- Whether person uses fiscal intermediary or agency of choice model (ACS, Background Info)

Requirement: Justification for any restrictions or modifications that are not consistent with the HCBS guidelines (e.g., with respect to specific choices, roommates, access to food, etc.)

Justification for restrictions or modifications of the HCBS requirements, particularly regarding the additional requirements for provider owned/operated residences is not addressed by NCI.

Requirement: Plan has been reviewed and revised upon reassessment of functional need as required every 12 months, when the individual's circumstances or needs change significantly, and/or at the request of the individual.

NCI data are useful in part. NCI does not capture if service plans are reviewed annually or at the request of individual. NCI does cover if services change when needs change.

NCI Data:

- Do the services and supports change when your family member's needs change? (FGS & FGS, Access & Delivery)

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

Table 1. New 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	X
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources	X
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	X
Is chosen by the individual from among residential and day options that include generic settings (<i>Choice of provider in provider owned and operated settings guidance</i> – CMS clarified that choice of provider is intrinsic to the setting.)	X (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.)	X (in part)
Ensures right to privacy, dignity and respect and freedom from coercion and restraint	X
Optimizes autonomy and independence in making life choices	X
Facilitates choice of services and who provides them	X

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

Table 2. New 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)	X (in part)
Choice of roommates	X (in part)
Freedom to furnish and decorate their unit	--
Control of their schedule and activities	X
Access to food at any time	--
Visitors at any time	X (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 setting be accessible to individual.

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

Person-centered Service Plan Process Requirements	NCI – System Level Data
Service planning process is driven by the individual	X (in part)
Includes people chosen by the individual	--
Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible	X (in part)
Is timely; occurs at times and locations convenient to the individual	--
Reflects cultural considerations	X
Plan discussions are in plain language. Information is available in a manner that is accessible to individuals.	X
Includes strategies for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants	--
Offers choices to the individual regarding the services and supports the individual receives and from whom	X
Provides a method for individual to request updates	--
May include whether and what services are self-directed	X
Signed by all individuals and providers responsible for its implementation. A copy of plan must be provided to individual and his/her representative.	--
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others	--
Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of individual	--
Includes risk factors and plans to minimize them	X (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	X (in part)

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

**Table 4. New HCBS Person Centered Service Plan Documentation Requirements:
Quick View Table**

Service Plan Documentation Requirements	NCI - System Level Data
Setting is chosen by the individual and supports full access to the community	X (in part)
There are opportunities to seek employment and work in competitive integrated settings	X (in part)
Supports are in place to assist the individual to engage in community life, control personal resources, and receive services in the community	X
Supports and services are linked to individual’s strengths and preferences	X (in part)
Supports and services align with assessed clinical and support needs	X
Individual’s goals and desired outcomes are included	X (in part)
Any risk factors are identified and measures are in place to minimize risk	--
Individualized backup plans and strategies are present when needed	X (in part)
Providers of services and supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS	--
The individuals responsible for monitoring plan	--
Informed consent of the individual in writing	--
Service plan has been given to the individual and others involved in plan	--
Any self-directed services and supports	X
Justification for any restrictions or modifications that are not consistent with the HCBS guidelines, e.g., with respect to specific choices, roommates, access to food, etc.	--
Plan has been reviewed and revised upon reassessment of functional need as required every 12 months, when the individual’s circumstances or needs change significantly, and/or at the request of the individual.	X (in part)

III. Revised HCBS Assurances and NCI Performance Indicators

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

Table 5. Service Plan Sub-assurances and NCI Performance Indicators

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>NCI data sources contribute <i>in part</i> to meeting this sub-assurance. Sub-assurance has two components: 1) whether plans include an individual’s personal goals and 2) if the individual’s assessed needs are addressed in the plan.</p> <p>Adult Consumer Survey</p> <ul style="list-style-type: none"> ● Proportion of individuals who report that they do not get the services that 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>Family Surveys</p> <ul style="list-style-type: none"> ● 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>ii. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant’s needs.</p>	<p>NCI data <i>partially address</i> sub-assurance with information on whether plans change as individual’s needs change.</p> <p>Adult Consumer Survey</p> <ul style="list-style-type: none"> ● Proportion of people self-directing who report that they can make changes to their budget/services if they need to.

Service Plan Sub-assurances	NCI Performance Indicators
	<p>Family Surveys</p> <ul style="list-style-type: none"> ● 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>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>NCI data sources <i>partially address sub-assurance.</i></p> <p>Adult Consumer Survey</p> <ul style="list-style-type: none"> ● 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>Family Surveys</p> <ul style="list-style-type: none"> ● 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 member and providers are satisfied with the providers.
<p>iv. Participants are afforded choice: between/among waiver services/providers</p>	<p>NCI <i>substantially address sub-assurance with information on choice of where to work, live, support staff, service coordinator.</i></p> <p>Adult Consumer Survey</p> <ul style="list-style-type: none"> ● 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 information about their budget/services that is easy to understand.

Service Plan Sub-assurances	NCI Performance Indicators
	<ul style="list-style-type: none"> ● 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. ● Proportion of people who are satisfied with their day program or other daily activity. <p>Family Surveys</p> <ul style="list-style-type: none"> ● 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 information received 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.

Health and Welfare Assurance: The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Table 6. Health and Welfare Sub-assurances and NCI Performance Indicators

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>NCI data <i>partially</i> support evidence for this sub-assurance. 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>Mortality Information</p> <ul style="list-style-type: none"> ● Mortality rate of the served ID/DD population compared to the general area population, by age, by cause of death (natural or medico-legal), and by ID or DD diagnosis. <p>Adult Consumer Survey</p> <ul style="list-style-type: none"> ● 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 been a 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.

Health and Welfare Sub-assurances	NCI Performance Indicators
	<p>Family Surveys</p> <ul style="list-style-type: none"> ● Proportion of families who indicate that services/supports provided outside of 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, & recreational services). [Having relationships beyond paid staff and family may sometimes expose people to more risk, it is generally considered to be a protection from vulnerability to abuse, neglect, and exploitation.] ● 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 they choose, hire and manage their service/support providers. ● Proportion of families who report that staff are respectful of their choices and decisions. ● Proportion of families who report their family received information about their family member’s rights.
<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>NCI data <i>address in part this sub-assurance on incident management.</i> 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>Family Surveys:</p> <ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ○ Do you know the process for filing a complaint or grievance against provider agencies or staff? ○ Are you satisfied with the way complaints or grievances against provider agencies or staff are handled and resolved? ○ Do you know how to report abuse or neglect? ○ Within the past year, if abuse or neglect occurred, did you report it? If Yes, were the appropriate people responsive to your report?

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>NCI does <i>not</i> address the establishment of policies and procedures for use or prohibition of restrictive interventions. 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>Adult Consumer Survey:</p> <ul style="list-style-type: none"> ● 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>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>NCI data <i>substantially</i> address this sub-assurance. 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>Adult Consumer Survey</p> <ul style="list-style-type: none"> ● 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. ● Proportion of people taking medications for mood, anxiety, behavior problems, or psychotic disorders.

Health and Welfare Sub-assurances	NCI Performance Indicators
	<ul style="list-style-type: none"> ● Proportion of people who maintain healthy habits in such areas as smoking, weight, and exercise. <p>Family Surveys</p> <ul style="list-style-type: none"> ● Proportion of families who report health service providers are available to their family member and providers are satisfied with the providers.

Qualified Providers Assurance: The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Table 7. Qualified Providers Sub-assurances and NCI Performance Indicators

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 8. Level of Care Assurance and Sub-assurances

Level of Care Assurance: The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/ID-DD.	
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 does not address 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 9. Financial Accountability Assurance and Sub-assurances

<p>Financial Accountability Assurance: 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
<p>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>	<p>NCI does not address Financial Accountability.</p>
<p>ii. The State provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle</p>	

Table 10. 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"> • Uniformity of provider agreements across all geographic areas of the State • Equitable distribution of waiver openings across all geographic areas of the State • Compliance with HCBS settings requirements and other new regulatory components 	<p>NCI does not address Administrative Authority.</p>

IV. Resources

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/operated, and thus if 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 does not convey whether any particular provider's setting must comply with the additional requirements. But it does give the state a snapshot of the percentages of each type.

Residential Service Setting Information

BI-34. How would you characterize the place where this person lives? (Check ONE)

- 1 Specialized institutional facility for persons with ID/DD- public (16 or more residents)
- 2 Specialized institutional facility for persons with ID/DD- private (16 or more residents)
- 3 Specialized institutional facility for persons with ID/DD- don't know if public or private (16 or more residents)
- 4 Group home- 1-3 people with disabilities; or agency-operated apartment.
- 5 Group Home- 4-6 people with disabilities
- 6 Group Home- 7-15 people with disabilities
- 7 Independent home or apartment, or shared with a roommate
- 8 Parent/relative's home
- 9 Foster care or host home (round-the-clock services provided in a single family residence where one or more people with a disability live with a person or family who furnishes services)
- 10 Nursing facility
- 11 Homeless
- 12 Other (specify) _____
- 13 Don't know

BI-35. Who owns or leases the place where this person lives? (Check ONE)

- 1 Family, guardian, or friend
- 2 Foster care or host family
- 3 Private agency
- 4 State or County agency
- 5 Person rents home (name is on the lease)
- 6 Person owns home (name is on the title)
- 7 Don't know
- 8 Other

**BI-49. Does this person receive either ICF/ID (formerly ICF/MR) or HCBS Waiver funding? (Check ONE)
(PLEASE OBTAIN THIS INFORMATION FROM A STATE DATA SYSTEM/OFFICIAL RECORD IF POSSIBLE)**

- 1 Yes, ICF/ID (Intermediate Care Facility for people with Intellectual Disabilities)
- 2 Yes, HCBS (Home and Community-Based Services) Waiver Program
- 3 Don't know
- 4 No, receives other funding

Employment/ Other Day Activity Setting Information

BI-37. Paid job in a community-based setting (e.g., competitive or supported employment, enclave, work crew)

BI-38. Unpaid activity in a community-based setting (e.g., volunteer activities, skills training, community experiences)

BI-39. Paid work performed in a facility-based setting (e.g., workshop, activity center)

BI-43. What agency or program pays for the employment or day supports this person receives? (Please check all that apply)

- 1 HCBS Waiver Program
- 2 State or County ID/DD Agency (non-waiver)
- 3 Vocational Rehabilitation Agency
- 4 ICF/ID Day Program
- 5 Other (e.g., Social Security Ticket to Work)
- 6 NOT APPLICABLE – does not receive employment supports or day service