

INTRODUCTION

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

SAMPLE SIZE

649 total respondents

GENDER AND AGE

63% Female
37% Male



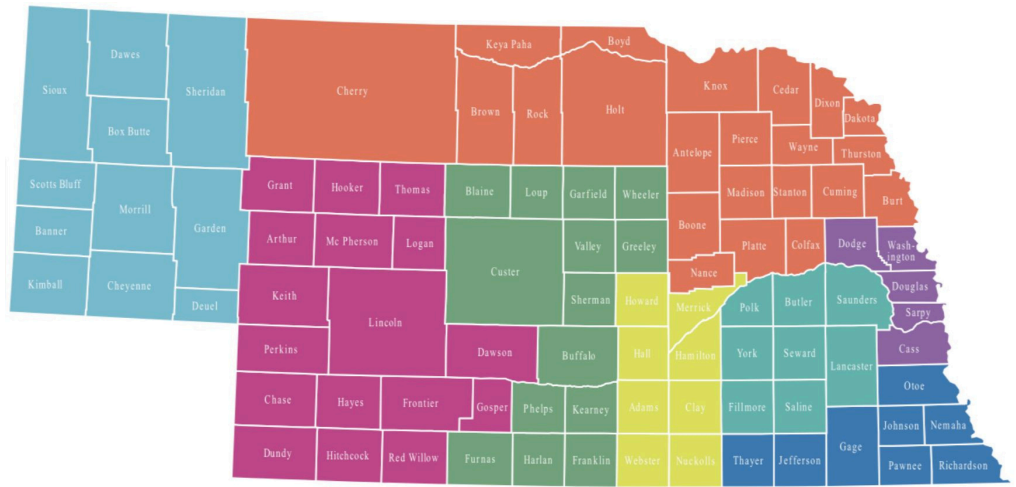
67.3 years old (average)

7% 18-44 years old
28% 45-65 years old
53% 66-89 years old
12% 90+ years old

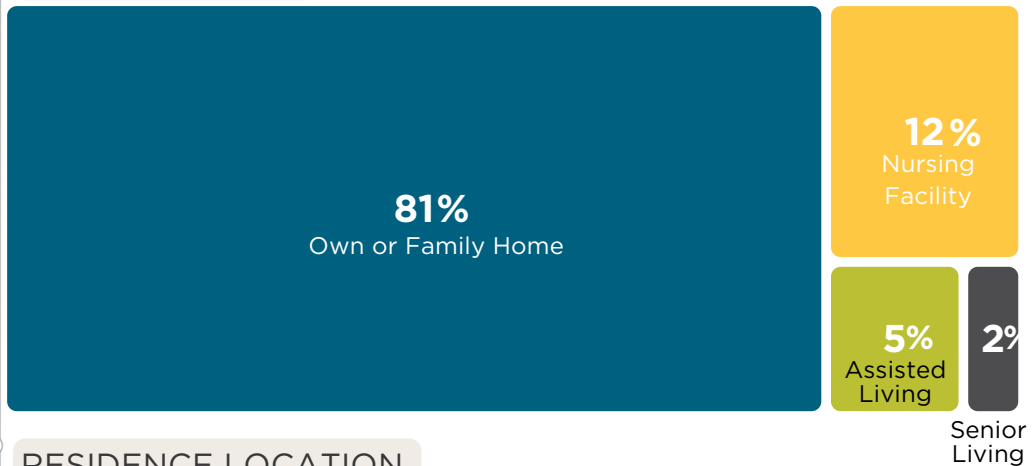
RACE AND ETHNICITY

73% White
17% Black or African American
5% Hispanic/Latino
3% Asian
3% American Indian or Alaska Native
1% Don't know
1% Other

NEBRASKA AGING & DISABILITY RESOURCE CENTERS



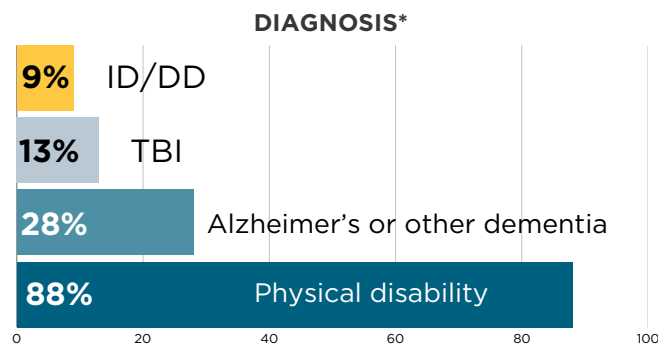
RESIDENCE TYPE



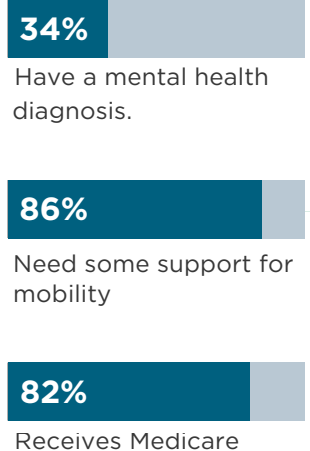
RESIDENCE LOCATION

57% Metropolitan, 10% Micropolitan, 19% Small town, 14% Rural

MEDICAL BACKGROUND



*Note: Diagnoses are not mutually exclusive

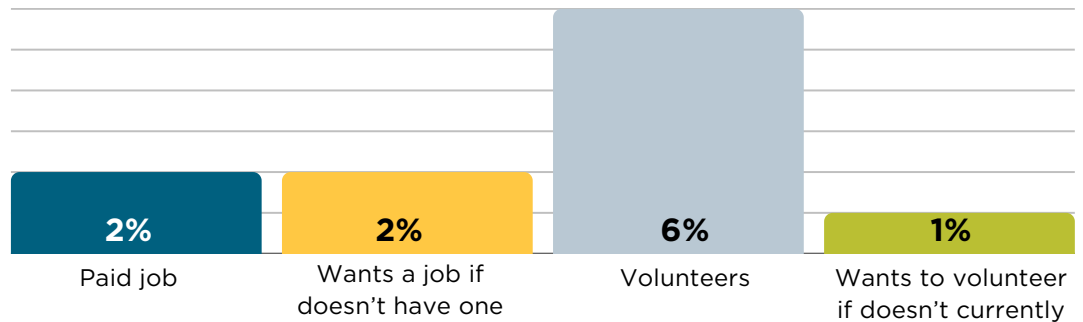


OUTCOMES

NOTE ON OUTCOMES

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

EMPLOYMENT- HCBS ONLY



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

RESPECT AND PRIVACY

100%

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

30%

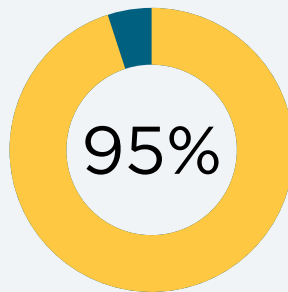
Have **enough privacy where they live** (if in a group setting)

96%

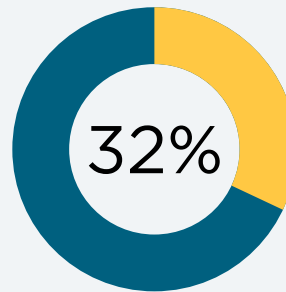
Others **ask before coming in** their home/room (if living in a group setting)

CHOICE AND CONTROL

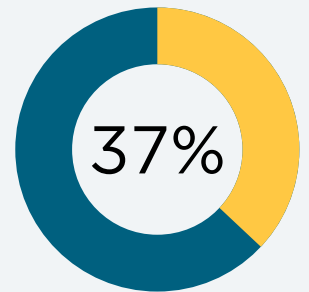
62% of respondents say they feel in control of their life



Can choose/change their services and supports

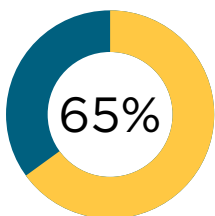


Can choose/change the people who provide supports

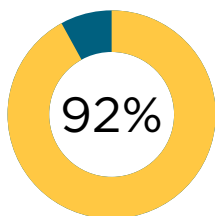


Can choose/change when/how often they receive services

SERVICES AND UNMET NEEDS



Services meet **all their current goals**



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

STAFF LONGEVITY AND TURNOVER

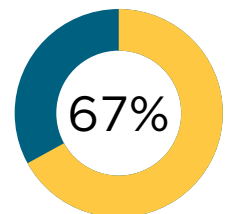
71%

Paid staff changes too often

52%

Case manager changes too often

SERVICE COORDINATION



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

HEALTH AND HEALTH CARE

75%

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

72%

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

30%

Talked to health professionals **using video conference/telehealth**; among those who used video conference to talk to a health professional, **54% liked using that option**

30%

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

26%

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

SUPPORT ACCESS TO COMMUNITY



94%

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



85%

have enough help with everyday activities



37%

always have a way to get where they want to go



64%

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



6%

often feel lonely

Health limitations (66%), transportation (63%) and not enough staff (48%) are the most frequent **barriers** cited. These data emphasize there is ample room for improvement in how systems support service users to have equitable access to engage in their communities.

FOOD ACCESS

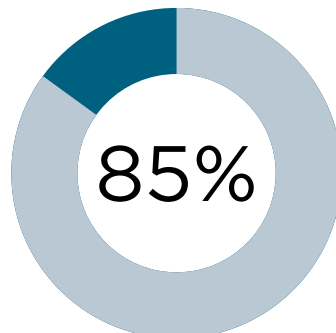
7% have to **skip meals due to financial worries.**



92% have **access to healthy foods** when they want them.

STAFF

Always has enough support for everyday activities



FALLS

76%

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

99%

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

NOTE ON HCBS FINAL SETTINGS RULE

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

PERSON-CENTERED PLANNING



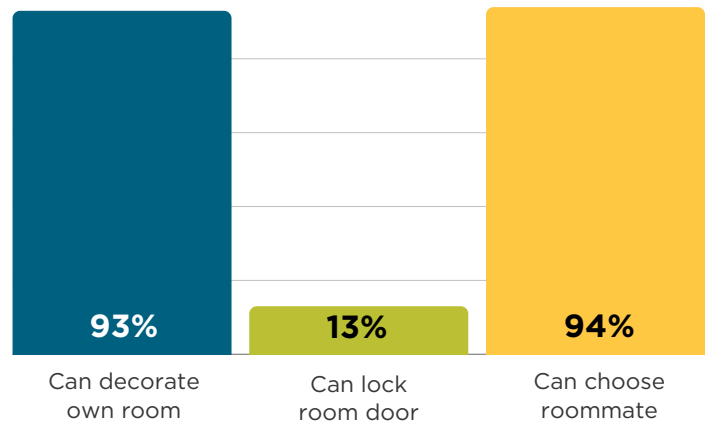
70%

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

While most respondents say they feel fully involved with planning their services, **30% said their choices and preference are not fully reflected in their current plan.** Further about, **3 out of 5 respondents say their needs and preferences were not fully listened to during the last planning meeting.** This demonstrates that methods LTSS systems use for person-centered planning can be strengthened and more driven by service users.

PROVIDER-OWNED SETTINGS

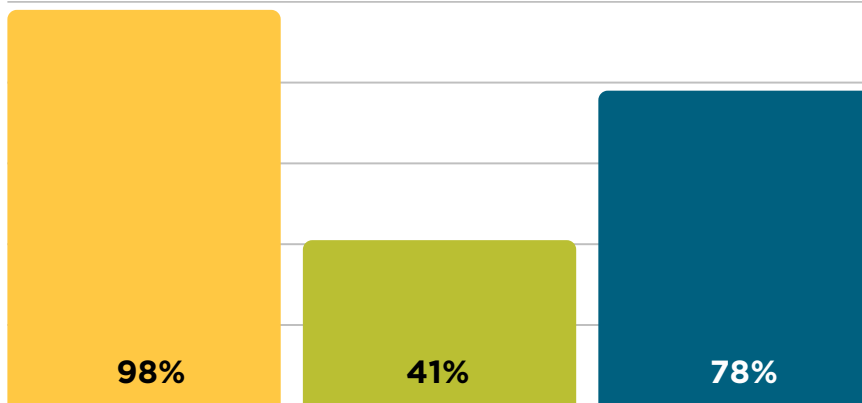
Outcomes related to regulations at provider-owned settings



This graph shows responses to three NCI-AD questions related to the HCBS Final Settings Rule regulations for provider-owned settings. These data show that although users report having control over some things about their home, LTSS providers can better support people in having choice in their roommates.

ACCESS TO PREVENTATIVE HEALTH CARE

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



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

Outcomes displayed focus on whether people accessed preventative health services in the past year. These data show that there is room to improve how systems support people to access all forms of preventative health care, especially dental visits.

