

**2025 North Carolina Home and
Community-Based Services (HCBS)
Consumer Assessment of Healthcare
Providers and Systems (CAHPS®)
Beneficiary Experience Report**

*North Carolina Department of Health and
Human Services Division of Health Benefits*

April 2026



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Abbreviations

The following is a list of abbreviations and acronyms used throughout this report.

- **AHRQ**—Agency for Healthcare Research and Quality
- **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems¹
- **CAP/C**—Community Alternatives Program for Children
- **CAP/DA**—Community Alternatives Program for Disabled Adults
- **CATI**—Computer Assisted Telephone Interviewing
- **CMS**—Centers for Medicare & Medicaid Services
- **DHB**—Division of Health Benefits
- **EQRO**—External Quality Review Organization
- **GED**—General Educational Development
- **HCBS**—Home and Community-Based Services
- **HSAG**—Health Services Advisory Group, Inc.
- **LME**—Local Management Entity
- **LTSS**—Long-Term Services and Supports
- **MCO**—Managed Care Organization
- **NC**—North Carolina
- **NCOA**—National Change of Address
- **TBI**—Traumatic Brain Injury
- **TEFT**—Testing Experience and Functional Tools

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

1. Executive Summary

Overview

The North Carolina (NC) Department of Health and Human Services Division of Health Benefits (DHB) contracts with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS) survey for beneficiaries enrolled in NC Medicaid. The goal of the HCBS CAHPS survey is to gather direct feedback from Medicaid beneficiaries receiving HCBS about their experiences with and the quality of the long-term services and supports (LTSS) they receive. For more detailed information regarding the methodology, please refer to Appendix B. Reader's Guide beginning on page 110.

Survey Instrument

The survey instrument selected was the HCBS CAHPS survey without the Supplemental Employment module, which is a standardized survey that assesses patient perspectives of their home- and community-based care. The Centers for Medicare & Medicaid Services (CMS) developed the HCBS CAHPS survey for voluntary use by state Medicaid programs. The goal of the HCBS CAHPS survey is to gather direct feedback from adult Medicaid beneficiaries receiving LTSS about their experiences and the quality of the state Medicaid's HCBS programs. The survey provides state Medicaid agencies with standardized individual experience metrics for HCBS programs that are applicable to all populations served by these programs, including elderly and people with one or more disabilities (including physical disabilities, cognitive disabilities, intellectual impairments, or disabilities due to mental illness). As part of the Testing Experience and Functional Tools (TEFT) Demonstration, CMS funded the development and testing of the survey, which took place from 2010 through 2016. The survey was developed to be administered by an interviewer in person or by telephone.² The HCBS CAHPS survey received the CAHPS trademark on June 22, 2016.³

The survey includes 96 core questions and 4 supplemental questions that yield 25 measures. The survey includes a set of measures that can be classified as:

1. Overall health characteristic measures (ratings of beneficiary overall health and mental or emotional health).
2. Global ratings (ratings of beneficiary experience on a scale of 0 to 10).

² HSAG only administered the HCBS CAHPS survey by telephone.

³ Centers for Medicare & Medicaid Services. CAHPS Home and Community-Based Services Survey. *Technical Assistance Guide for Analyzing Data from the HCBS CAHPS Survey*. July 2021. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/hcbscahps-appk-data-analysis-guide.pdf>. Accessed on: April 14, 2026.

3. Composite measures (groups of related questions that are combined to form a composite).
4. Recommendation measures (individual measures which ask how likely the beneficiary is to recommend a service).
5. Unmet need measures (individual measures that identify if needs were not being met because of a lack of help).
6. Physical safety measure (individual measure assessing the beneficiary's physical safety).
7. Supplemental item measures (individual measures assessing if beneficiaries received information on mistreatment, their case manager seemed informed and up to date about their health care, was contacted by their care or case manager to ensure their services were meeting their health care needs, and received explanation of care management benefits).

Survey Administration

Surveying was divided into two different administration protocols: 1) beneficiaries without a known legal guardian (i.e., standard population) and 2) beneficiaries with a known legal guardian (i.e., legal guardian population). Respondents completed the survey from July 21, 2025, to September 7, 2025. Either the beneficiary or the beneficiary's proxy (i.e., someone who could complete the survey on behalf of the beneficiary) completed the survey. For beneficiaries with a known legal guardian, the legal guardian was contacted to obtain permission to contact the beneficiary to complete the survey. Respondents provided feedback on their or the beneficiary's experience with HCBS services over the prior three months.

A pre-notification letter was sent to notify beneficiaries or their guardians that they would be contacted to complete the survey. The survey administration process allowed beneficiaries or their proxies to complete the survey via telephone. Up to six telephone calls via Computer Assisted Telephone Interviewing (CATI) were made to try to complete the survey.

Survey Population

HSAG administered the 2025 HCBS CAHPS survey to adult Medicaid beneficiaries who were receiving services through the 1915(c) waiver (specifically, the North Carolina Traumatic Brain Injury [TBI] Waiver, North Carolina Innovations Waiver Program, Community Alternatives Program for Disabled Adults [CAP/DA] Waiver Program, or Community Alternatives Program for Children [CAP/C] Waiver Program) and received at least one qualifying HCBS service, including self-directed services (e.g., personal care service, behavioral health support, homemaker service, case management, or medical transportation) during the measurement period (i.e., January 1 to March 31, 2025). These services were provided by local management entity/managed care organizations (LME/MCOs) and Community Living and Supports. At the time of survey administration, there were four LME/MCOs providing HCBS in NC: Alliance Health, Partners Health Management, Trillium Health Resources, and Vaya Health. A statewide-level sample of 10,059 beneficiaries was selected. A total of 718 beneficiaries or their guardians responded to the survey, which exceeded CMS' recommendation to obtain 400 completed

responses, for a response rate of 7.27 percent.^{4,5} A total of 699 beneficiaries from the standard HCBS population and a total of 19 beneficiaries or legal guardians from the guardian population responded to the survey.

Performance Highlights

HSAG calculated positive ratings for each measure. The positive scores represent the percentage of respondents with positive survey responses (i.e., rate their experience of care higher).⁶ The positive ratings include respondents who:⁷

- Provided a rating of 9 or 10 on the global ratings.
- Responded “Always,” “Yes,” or “All” on the composite measures.
- Responded “Definitely yes” for the recommendation measures.
- Responded “Yes” for the *Staff Helped With Toileting When Needed* measure.
- Responded “No,” “Never,” or “Mostly no” to reverse coded questions.

Comparative Analyses

National Comparisons

HSAG compared the NC HCBS Program’s positive ratings to the Agency for Healthcare Research and Quality’s (AHRQ’s) HCBS CAHPS Database (i.e., HCBS CAHPS Database) benchmarks to determine whether positive ratings were statistically significantly higher or lower, as shown in Table 1-1.^{8,9} For more detailed information regarding these comparisons, please refer to Appendix B. Reader’s Guide

⁴ The response rate is defined as the total number of completed surveys divided by all eligible beneficiaries of the sample.

⁵ Centers for Medicare & Medicaid Services. CAHPS Home and Community-Based Services Survey. *Technical Assistance Guide for Administration of the HCBS CAHPS Survey*. July 2021. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/hcbscahps-admin-ta-guide.pdf>. Accessed on: April 14, 2026.

⁶ Positive ratings combine responses from the standard population and legal guardian population.

⁷ Some questions in the HCBS CAHPS survey allowed respondents to complete an alternative question. Please refer to Appendix B. Reader’s Guide beginning on page 111 for more information on alternative response options for the global ratings and some composite measures.

⁸ Agency for Healthcare Research and Quality. *The CAHPS® Home and Community-Based Services (HCBS) Survey Database 2025 Chartbook*. January 2025. Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2025-hcbs-chartbook.pdf>. Accessed on: April 14, 2026.

⁹ The 2025 HCBS CAHPS Database benchmarks represent survey data collected from January 1 to December 31, 2023. Caution should be exercised when comparing the 2025 HCBS CAHPS Database benchmarks to the NC HCBS Program 2025 results, which represent survey data collected from July 21, 2025, to September 7, 2025.

beginning on page 113. For detailed results regarding these comparisons, please refer to the Results section beginning on page 13.

Table 1-1—National Comparisons: NC HCBS Program—Significant Differences

Measures	Positive rating	2025 HCBS CAHPS Database Benchmark
Global Rating		
<i>Rating of Case Manager</i>	84.59% H	75.00%
Composite Measures		
<i>Case Manager is Helpful</i>	93.66% H	91.00%
<i>Choosing the Services that Matter to You</i>	83.50% H	80.00%
<i>Transportation to Medical Appointments</i>	86.22% H	76.00%
<i>Personal Safety and Respect</i>	95.48% H	94.00%
Individual Survey Items		
<i>Staff Worked as Long as Supposed To</i>	84.97% L	88.00%
<i>Staff Knew The Help Needed With Everyday Activities</i>	96.67% H	95.00%
<i>Case Manager Helped When Asked to Get or Fix Equipment</i>	93.91% H	88.00%
<i>Service Plan Included All Things That Are Important</i>	70.98% H	64.00%
<i>Had a Way to Get to Medical Appointments</i>	86.31% H	81.00%
<i>Ride Arrived on Time to Pick Up Respondent</i>	82.50% H	60.00%
<i>Had Someone to Talk to if Hurt or Had a Negative Interaction</i>	88.05% H	85.00%
<i>Could Get Together With Nearby Family</i>	56.67% H	50.00%
<i>Could Do Things in Community</i>	35.89% H	31.00%
<i>Received the Help Needed To Do Things in The Community</i>	74.36% H	69.00%
<i>Took Part in Deciding What To Do With Time</i>	85.09% L	89.00%
Recommendation Measures		
<i>Recommend Personal Assistance/Behavioral Health Staff</i>	77.82% L	82.00%
Unmet Need Measures		
<i>Staff Helped With Toileting When Needed</i>	98.35% H	97.00%
<p><i>Blue and orange shading indicates the score is significantly different than the 2025 HCBS CAHPS Database benchmark.</i> <i>H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.</i> <i>L Indicates the score is significantly lower than the 2025 HCBS CAHPS Database benchmark.</i></p>		

Year-Over-Year Analysis

NC HCBS Program positive ratings for 2025 were compared to 2024 to determine if there were significant differences. The following significant differences for the year-over-year analysis were identified for the NC HCBS Program:

- Respondents' 2025 rating of *Ride Arrived on Time to Pick Up Respondent* (82.50 percent) was statistically significantly *higher* than the 2024 rating (72.09 percent) for the NC HCBS Program.
- Respondents' 2025 rating of *General Health Status* (44.14 percent) was statistically significantly *lower* than the 2024 rating (53.86 percent) for the NC HCBS Program.
- Respondents' 2025 rating of *Mental or Emotional Health Status* (63.07 percent) was statistically significantly *lower* than the 2024 rating (72.41 percent) for the NC HCBS Program.
- Respondents' 2025 rating of *Had a Way to Get to Medical Appointments* (86.31 percent) was statistically significantly *lower* than the 2024 rating (90.67 percent) for the NC HCBS Program.
- Respondents' 2025 rating of *Took Part in Deciding What To Do With Time* (85.09 percent) was statistically significantly *lower* than the 2024 rating (89.82 percent) for the NC HCBS Program.

For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 113. For detailed results regarding these comparisons, please refer to the Results section beginning on page 15.

Race and Ethnicity Comparisons

HSAG evaluated the positive ratings to determine if there were significant differences by self-reported race and ethnicity. Race is categorized as Black, Other race, and White using self-reported results from the race question. For this analysis, the Other race category includes respondents who selected the Other race category as well as those who selected Asian, Multiracial, American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander. The positive ratings for each race category were compared as follows: Black respondents were compared to non-Black respondents; Other race respondents were compared to non-Other race respondents; and White respondents were compared to non-White respondents. Ethnicity was categorized as Hispanic and non-Hispanic using the self-reported results from the ethnicity question. The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 114. For detailed results regarding these comparisons, please refer to the Results section beginning on page 16.

The following significant differences were identified by race or ethnicity for the NC HCBS Program:

- Black respondents scored both *higher* (i.e., *Service Plan Included All Things That Are Important* and *Received Information on Mistreatment*) and significantly *lower* (i.e., *Mental or Emotional Health Status*) compared to their non-Black counterparts.
- Other race respondents scored significantly *lower* (i.e., *Service Plan Included All Things That Are Important* and *Received Information on Mistreatment*) compared to their non-Other race counterparts.
- White respondents scored significantly *higher* (i.e., *Could Get Together With Nearby Family* and *Could Get Together With Nearby Friends*) compared to their non-White counterparts.

- Hispanic respondents scored both significantly *higher* (i.e., *General Health Status* and *Staff Helped With Toileting When Needed*) and significantly *lower* (i.e., *Care Manager Seemed Informed*) compared to their non-Hispanic counterparts.¹⁰

Geographic Comparisons

HSAG evaluated the positive ratings to determine if there were significant differences by geography (i.e., respondents living in rural or urban counties). DHB designated counties as rural and urban within the sample frame file.¹¹ The following significant difference was identified by geography for the NC Medicaid Program:

- Respondents residing in rural counties (82.13 percent) reported significantly *lower* positive ratings for *Rating of Case Manager* when compared to respondents in urban counties (89.19 percent).

For more detailed information regarding the methodology used for the geographic comparisons, please refer to Appendix B. Reader's Guide beginning on page 114. For detailed results regarding these comparisons, please refer to the Results section beginning on page 17.

¹⁰ Caution should be exercised when evaluating results with fewer than 100 respondents.

¹¹ Centers for Disease Control and Prevention. *NCHS Urban-Rural Classification Scheme for Counties*. https://www.cdc.gov/nchs/data-analysis-tools/urban-rural.html?CDC_AAref_Val=https://www.cdc.gov/nchs/data_access/urban_rural.htm. Accessed on: April 14, 2026.

Conclusions

The overall response rate was 7.27 percent, which was an increase from the 2024 survey administration, where the overall response rate was 6.33 percent. Overall, respondents reported positive experiences with their case manager, service plan, transportation to medical appointments, personal safety and respect, and receiving help with toileting when needed as the 2025 positive ratings for these measures were significantly higher than the corresponding HCBS CAHPS Database benchmark. The following positive experiences were identified for the national comparisons for the NC HCBS Program:

- Respondents rated their case manager well and felt their case manager was helpful.
- Respondents reported their case manager worked with them when they asked for help with getting or fixing equipment.
- Respondents reported that their service plan included all of the things that were important to them, which is a positive change as this measure was not statistically significantly different for the 2024 survey administration.
- Respondents reported that they felt they had someone to talk to.
- Respondents reported higher positive ratings for feeling like they received the help needed with their everyday activities, which is a positive change as this measure was not statistically significantly different for the 2024 survey administration.
- Respondents reported high positive ratings for feeling like they could get together with their family and had a sense of community.
- Respondents felt that they had a way to get to appointments and received timely pickup from their appointments.
- Respondents reported they received help with toileting from staff when they needed it, which is a positive change as this measure was not statistically significantly different for the 2024 survey administration.

However, respondents reported negative experiences with the reliability of staff, ability to plan their time and activities, and their personal assistance/behavioral health staff as the 2025 positive ratings for these measures were significantly lower than the corresponding HCBS CAHPS Database benchmark. The following negative experience was identified for the national comparisons for the NC HCBS Program:

- Respondents reported staff did not work as long as they were supposed to and they were unable to take part in deciding what they wanted to do with their time each day, which are negative changes as these measures were significantly higher than the HCBS CAHPS database benchmarks in the 2024 survey administration.
- Respondents reported they would not recommend their personal assistance/behavioral health staff to their family or friends, which is a negative change as this measure was not statistically significantly different for the 2024 survey administration.

The evaluation of the positive ratings by race and ethnicity suggests that some disparities exist in beneficiary-reported experiences with HCBS across a few HCBS CAHPS survey measures, although few consistent patterns of disparities were evident. The following positive ratings were identified for the race and ethnicity comparisons for the NC HCBS Program:

- A higher percentage of Black respondents reported their service plan included things that mattered to them and received information on what to do if they or someone they know is hurt or mistreated when compared to non-Black respondents, which is a positive change as these measures were not statistically significantly different for the 2024 survey administration.
- A higher percentage of White respondents reported they could plan their time and activities with family and friends and that staff were available to help with dressing, showering, and bathing when compared to non-White respondents, which is a positive change as these measures were not statistically significantly different for the 2024 survey administration.
- A higher percentage of Hispanic respondents reported their general health status as Excellent, Very Good, or Good when compared to non-Hispanic respondents, which is a positive change as these measures were not statistically significantly different for the 2024 survey administration.
- A higher percentage of Hispanic respondents reported staff helped with toileting when it was needed when compared to non-Hispanic respondents when compared to non-Hispanic respondents.

Additionally, the following negative ratings were identified for the race and ethnicity comparisons for the NC HCBS Program:

- A lower percentage of Other race respondents reported their service plan included things that mattered to them and did not receive information on what to do if they or someone they know is hurt or mistreated when compared to non-Other race respondents, which is a negative change as these measures were not statistically significantly different for the 2024 survey administration.
- A lower percentage of Black respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-Black respondents, which is a negative change as this measure was not statistically significantly different for the 2024 survey administration.
- A lower percentage of Hispanic respondents reported their care manager seemed informed and up-to-date about the health care the respondent received from their personal doctor and specialty doctors when compared to non-Hispanic respondents, which is a negative change as this measure was not statistically significantly different for the 2024 survey administration.

DHB should consider efforts to continue engaging Black, White, and Hispanic beneficiaries to maintain increased positive ratings while investigating efforts to determine possible barriers to care for Other race beneficiaries, in addition to Black, White, and Hispanic beneficiaries.

2. Results

HSAG surveyed a total of 10,059 beneficiaries, and a total of 718 surveys were completed. The overall response rate was 7.27 percent.

In order to assess potential impact on the survey results, HSAG used data in the eligible population file, which uses Medicaid enrollment data, to compare the demographic characteristics of survey respondents to those in the eligible population. Compared to the eligible population:

- Significantly *more* NC HCBS Program respondents were ages 35 to 54, White, Hispanic, and resided in a rural county.
- Significantly *fewer* NC HCBS Program respondents were ages 65 or older, Black, some Other race, non-Hispanic, and resided in an urban county.

DHB should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population being evaluated. For additional details on the demographic information, please refer to Appendix A. Supplemental Information beginning on page 92.

Survey Respondents

Table 2-1 shows the total number of beneficiaries sampled, the number of eligible beneficiaries, the number of respondents who failed the cognitive screening questions but completed the survey, the number of respondents (i.e., completed surveys), and the response rate for the NC HCBS Program.¹² The survey response rate is the total number of completed surveys divided by all eligible beneficiaries of the sample.

Table 2-1—Survey Administration Outcomes and Response Rates (2025)

Total Sample	Eligible Sample	Failed Cognitive Screening	Total Respondent	Response Rate*
10,059	9,872	10	718	7.27%
* The response rate is inclusive of beneficiaries who failed the cognitive screening questions but completed the survey.				

¹² Due to concerns identified by the CAHPS Consortium that the cognitive screening questions hindered data collection, these questions were asked but did not stop the survey if the beneficiary failed the cognitive screening questions.

Table 2-2 shows the distribution of telephone non-response outcomes for the NC HCBS Program.

Table 2-2—Telephone Non-Response Outcomes (2025)

Wrong Number	Bad Number	Refusal
156	3,166	526
<i>Wrong number includes the total number of cases where the phone number no longer belongs to the sampled beneficiary.</i> <i>Bad number includes the total number of cases where the phone number was non-working on dialing.</i>		

Comparative Analyses

National Comparisons

Positive ratings for the NC HCBS Program’s global ratings, composite measures, recommendation measures, unmet need measures, and physical safety measure were compared to 2025 HCBS CAHPS Database benchmarks to determine whether there were statistically significant differences.¹³ A score was considered statistically significantly different from the HCBS CAHPS Database benchmark if the 95 percent confidence interval of the score did not enclose the HCBS CAHPS Database benchmark. Ninety-five percent confidence interval error bars were added to any result with statistically significant differences. Statistically significant results are denoted with indicators higher (H) or lower (L). Of note, overlapping confidence intervals does not necessarily mean the results are not significantly different, which can occur due to large sample variations in results.¹⁴ For more detailed information regarding these comparisons, please refer to Appendix B. Reader’s Guide beginning on page 113.

Year-Over-Year Analysis

The 2025 scores were compared to the 2024 scores to determine whether there were statistically significant differences. Statistically significant results are denoted with triangles (▲ or ▼). Ninety-five percent confidence interval error bars were added to the NC HCBS Program results when there was a statistically significant difference. Please note, the *Contacted to Confirm Health Care Needs Met* and *Explained Benefits of Care Management* measures were not included in the year-over-year analysis as this is the first year these questions were included in the survey. For more detailed information regarding these comparisons, please refer to Appendix B. Reader’s Guide beginning on page 113.

¹³ Agency for Healthcare Research and Quality. The CAHPS Databases. *The CAHPS® Home and Community-Based Services (HCBS) Survey Database 2025 Chartbook*. Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2025-hcbs-chartbook.pdf>. Accessed on: April 14, 2026.

¹⁴ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: April 14, 2026.

Race and Ethnicity Comparisons

HSAG stratified the NC HCBS Program positive ratings by self-reported race and ethnicity. Race is categorized as Black (N=187), non-Black (N=411), Other (N=118), non-Other (N=480), White (N=293), and non-White (N=305). For this analysis, the Other race category includes respondents who selected the Other race category as well as those who selected Asian, Multiracial, American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander. The positive ratings for each race category were compared as follows: Black respondents were compared to non-Black respondents; Other race respondents were compared to non-Other race respondents; and White respondents were compared to non-White respondents. Ethnicity is categorized as Hispanic (N=56) and non-Hispanic (N=558). The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. Statistically significant results are denoted with arrows (↑ or ↓). If the majority of the race or ethnicity comparisons results were suppressed, the race and ethnicity comparison figure was not included in this report.

For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 114. Ninety-five percent confidence interval error bars were added to the results. Of note, overlapping confidence intervals does not indicate the results are not significantly different, which can occur due to large sample variations in results.¹⁵

Geographic Comparisons

Positive ratings were stratified by geographical area to determine if differences exist between positive ratings for respondents residing in rural or urban counties. Statistically significant results are denoted with arrows (↑ or ↓). Ninety-five percent confidence interval error bars were added to any result with statistically significant differences. For more detailed information regarding these comparisons, please refer to Appendix B. Reader's Guide beginning on page 114.

¹⁵ Cornell Statistical Consulting Unit. *Overlapping Confidence Intervals and Statistical Significance*. Available at: <https://cscu.cornell.edu/wp-content/uploads/ci.pdf>. Accessed on: April 14, 2026.

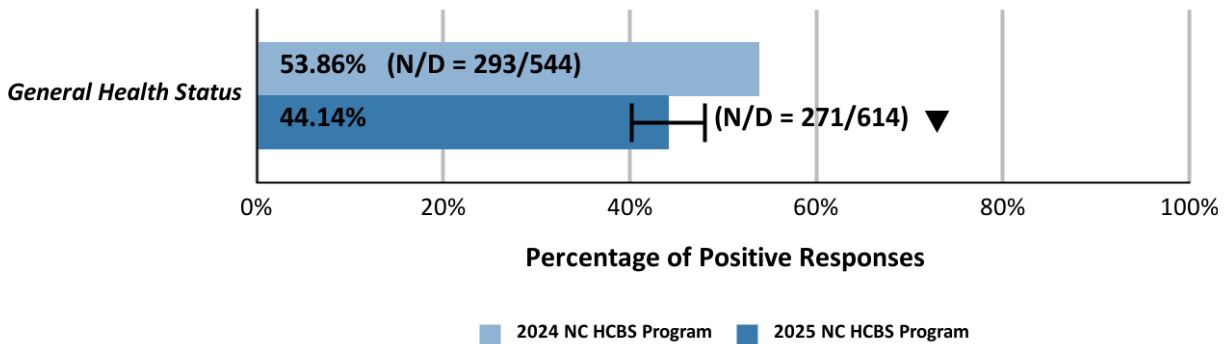
Overall Health Characteristics

General Health Status

Year-Over-Year Analysis

Figure 2-1 shows the *General Health Status* positive rating for the NC HCBS Program, including the year-over-year analysis.¹⁶ The scores represent the percentage of respondents who reported their general health status as Excellent, Very Good, or Good. The 2025 rate for *General Health Status* was significantly *lower* than the 2024 rate.

Figure 2-1—Percentage of Respondents Who Rate Their General Health Status as Either Excellent, Very Good, or Good, with Year-Over-Year Analysis



▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

N/D Indicates the numerator and denominator of the score.

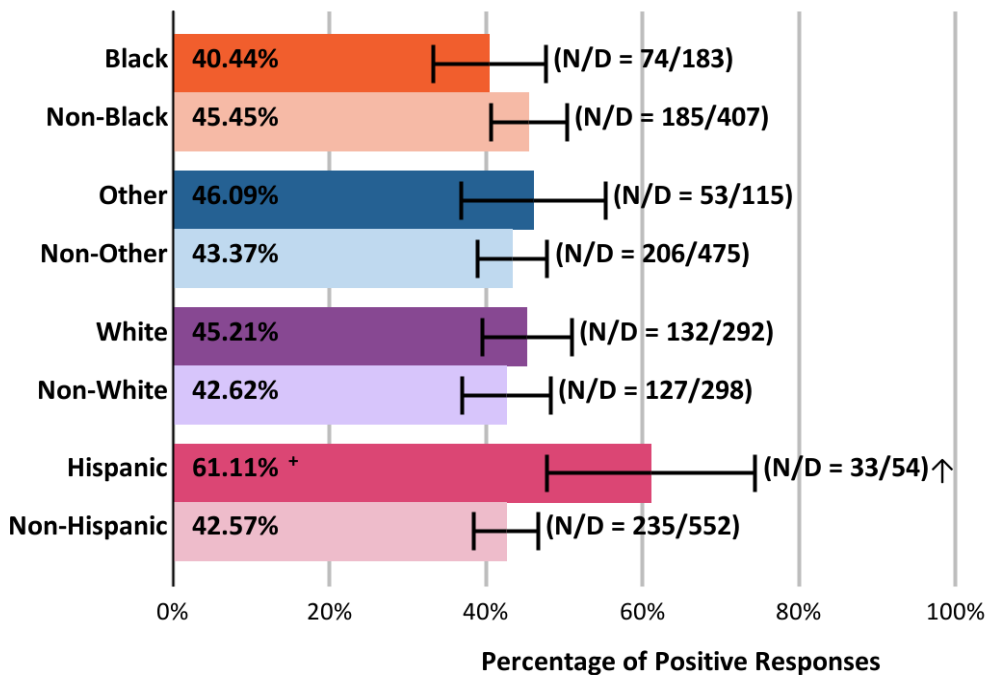
|-| Indicates the 95% confidence interval of the score.

¹⁶ AHRQ’s HCBS CAHPS Database benchmarks were not available for the *General Health Status* measure; therefore, the benchmarks and national comparisons were not included in Figure 2-1.

Race and Ethnicity Comparisons

Figure 2-2 shows the *General Health Status* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race. A significantly *higher* percentage of Hispanic respondents reported their general health status as Excellent, Very Good, or Good when compared to non-Hispanic respondents.

Figure 2-2—Percentage of 2025 Respondents Who Rate Their General Health Status as Excellent, Very Good, or Good, by Race and Ethnicity



↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score. If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

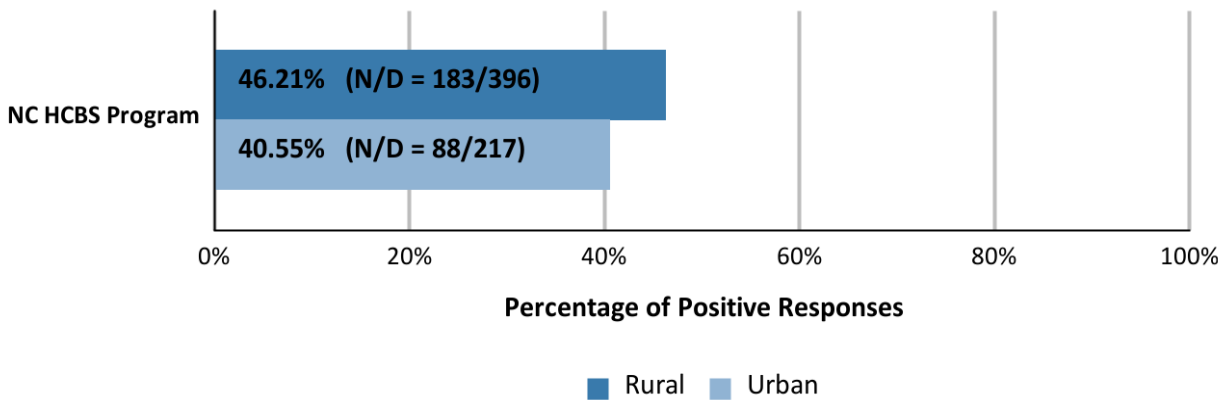
|−| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-3 shows the respondents who reported positive ratings, by geography, for the *General Health Status* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-3—Percentage of 2025 Respondents Who Rate Their General Health Status as Excellent, Very Good, or Good, with Geographic Comparisons



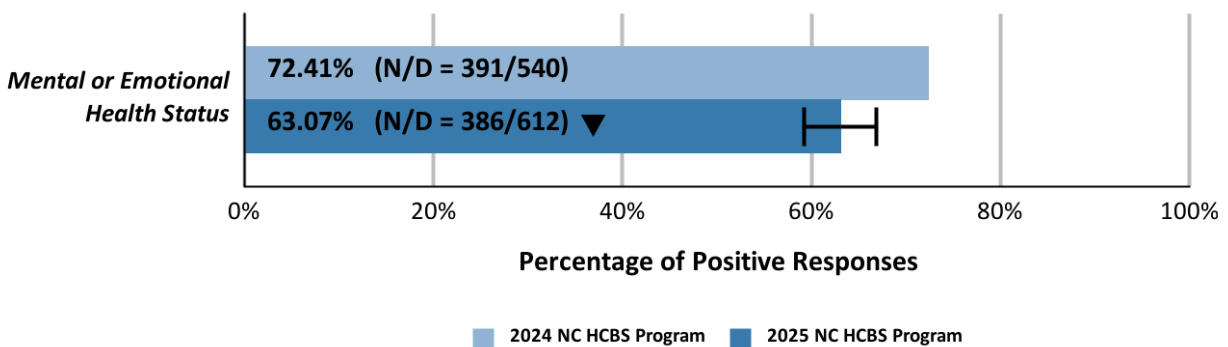
N/D Indicates the numerator and denominator of the score.

Mental or Emotional Health Status

Year-Over-Year Analysis

Figure 2-4 shows the *Mental or Emotional Health Status* positive rating for the NC HCBS Program, including the year-over-year analysis.¹⁷ The scores represent the percentage of respondents who reported their mental or emotional health status as Excellent, Very Good, or Good. The 2025 rate for *Mental or Emotional Health Status* was significantly lower than the 2024 rate.

Figure 2-4—Percentage of Respondents Who Rate Their Mental or Emotional Health Status as Either Excellent, Very Good, or Good, with Year-Over-Year Analysis



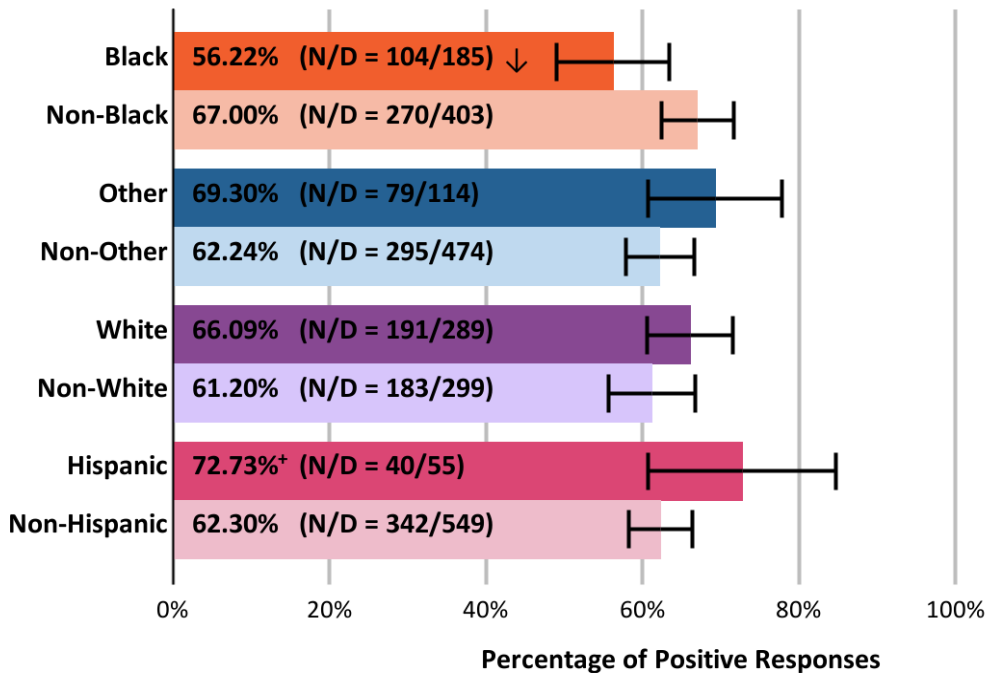
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

¹⁷ AHRQ’s HCBS CAHPS Database benchmarks were not available for the *Mental or Emotional Health Status* measure; therefore, the benchmarks and national comparisons were not included in Figure 2-4.

Race and Ethnicity Comparisons

Figure 2-5 shows the *Mental or Emotional Health Status* positive rating results of respondents for the NC HCBS Program by race and ethnicity. A significantly *lower* percentage of Black respondents reported their mental or emotional health status as Excellent, Very Good, or Good when compared to non-Black respondents. There were no significant differences identified by ethnicity.

Figure 2-5—Percentage of 2025 Respondents Who Rate Their Mental or Emotional Health Status as Excellent, Very Good, or Good, by Race and Ethnicity



↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score. If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

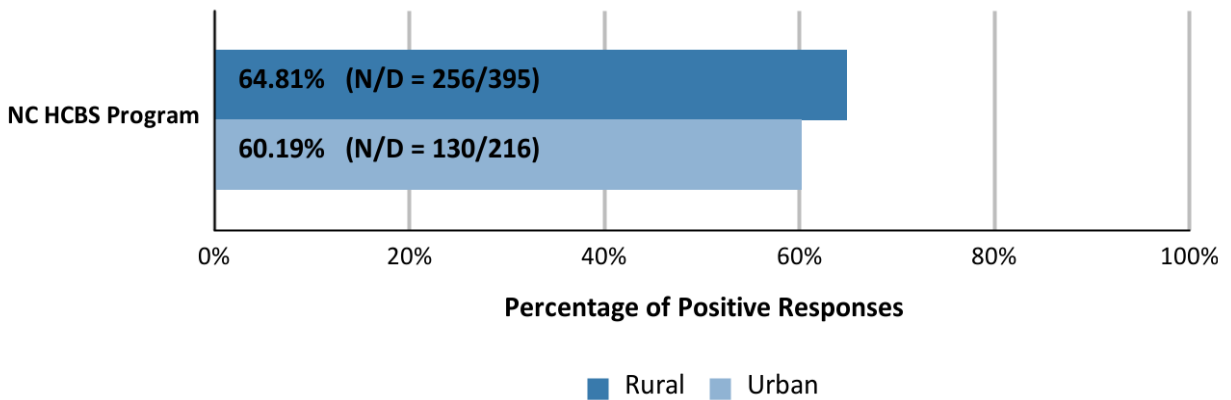
[-] Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-6 shows the respondents who reported positive ratings, by geography, for the *Mental or Emotional Health Status* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-6—Percentage of 2025 Respondents Who Rate Their Mental or Emotional Health Status as Excellent, Very Good, or Good, with Geographic Comparisons



N/D Indicates the numerator and denominator of the score.

Global Ratings

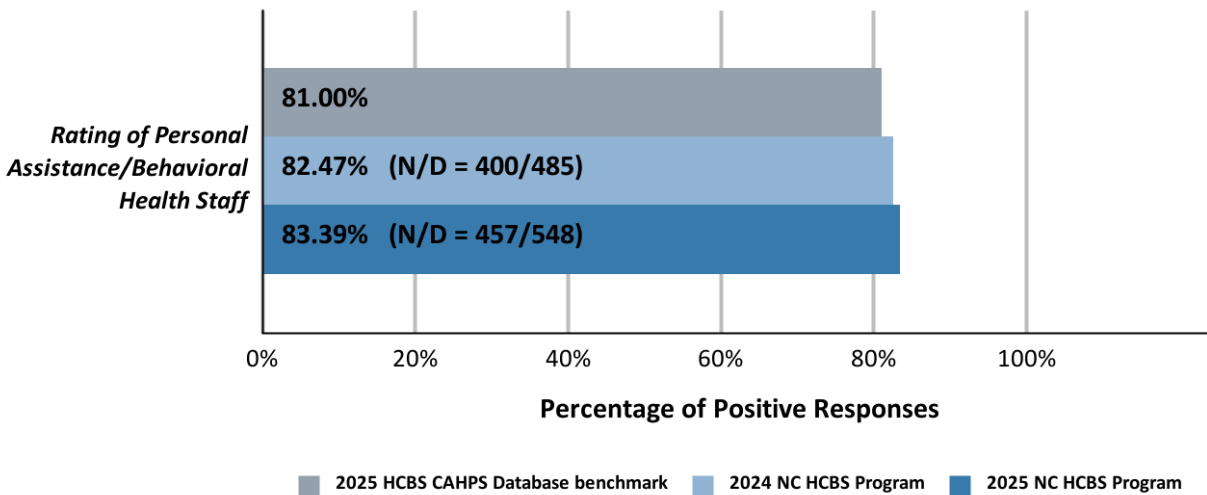
Respondents were asked to rate the help they received from personal assistance and behavioral health staff, homemakers, and their case manager on a scale of 0 to 10, with 0 being the “worst help received from homemakers; personal assistance and behavioral health staff; and case manager possible” and 10 being the “best help received from homemakers; personal assistance and behavioral health staff; and case manager possible.” Ratings scoring a 9 or 10 are considered positive ratings.

Rating of Personal Assistance/Behavioral Health Staff

Year-Over-Year Analysis and National Comparisons

Figure 2-7 shows the *Rating of Personal Assistance/Behavioral Health Staff* positive rating for the NC HCBS Program, including the year-over-year analysis and national comparisons. There were no significant differences when compared to the HCBS CAHPS Database benchmark or 2024 rate.

Figure 2-7—Percentage of Respondents Who Rate the Help They Received from Personal Assistance/Behavioral Health Staff Positively, with Year-Over-Year Analysis and National Comparisons

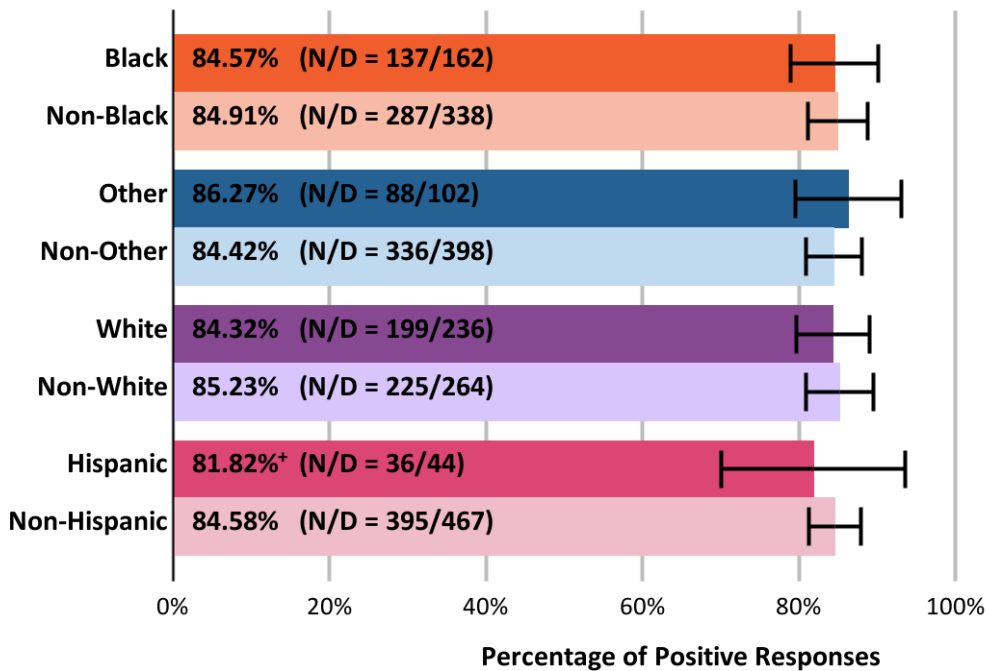


N/D Indicates the numerator and denominator of the score.

Race and Ethnicity Comparisons

Figure 2-8 shows the *Rating of Personal Assistance/Behavioral Health Staff* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-8—Percentage of 2025 Respondents Who Rate Their Personal Assistance/Behavioral Health Staff Positively, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

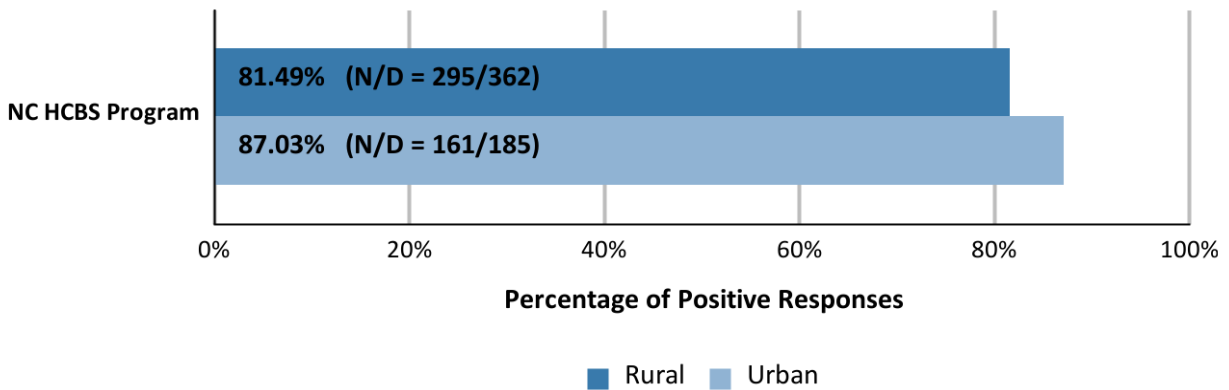
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-9 shows the respondents who reported positive ratings, by geography, for the *Rating of Personal Assistance/Behavioral Health Staff* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-9—Percentage of 2025 Respondents Who Rate Their Personal Assistance/Behavioral Health Staff Positively, with Geographic Comparisons



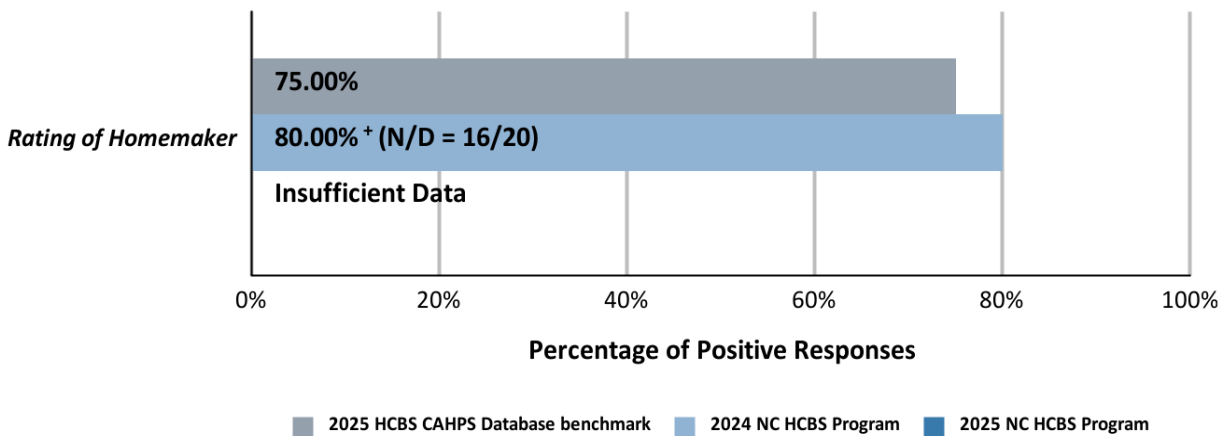
N/D Indicates the numerator and denominator of the score.

Rating of Homemaker

Year-Over-Year Analysis and National Comparisons

Figure 2-10 shows the *Rating of Homemaker* positive rating for the NC HCBS Program, including the year-over-year analysis and national comparisons. The 2025 rate for the *Rating of Homemaker* global rating was suppressed due to an insufficient number of responses. There were no significant differences when compared to the HCBS CAHPS Database benchmark.

Figure 2-10—Percentage of Respondents Who Rate the Help They Received from Homemakers Positively, with Year-Over-Year Analysis and National Comparisons



+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and noted as “Insufficient Data.”
 N/D Indicates the numerator and denominator of the score.

Race and Ethnicity Comparisons

The race and ethnicity comparisons results for *Rating of Homemaker* were suppressed due to an insufficient number of responses.

Geographic Comparisons

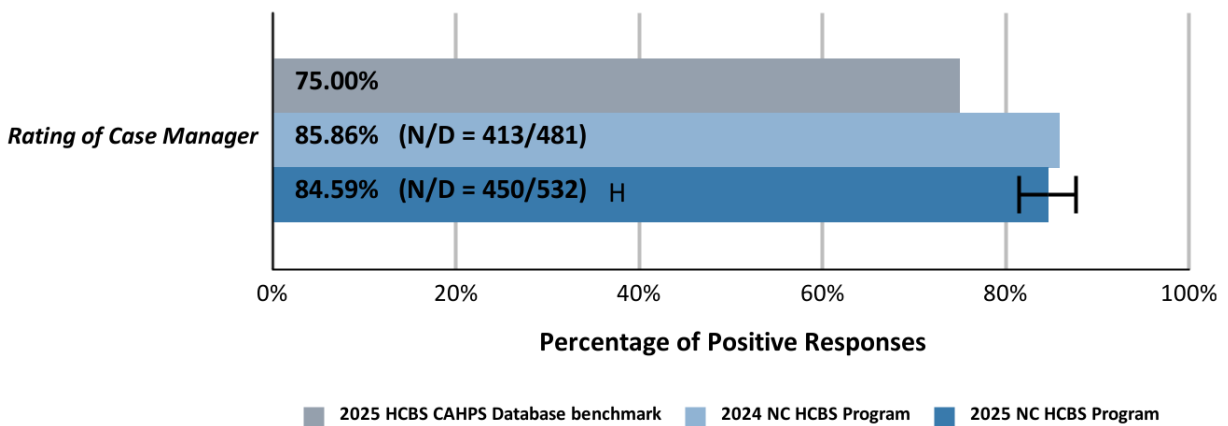
The geographic comparisons results for *Rating of Homemaker* were suppressed due to an insufficient number of responses.

Rating of Case Manager

Year-Over-Year Analysis and National Comparisons

Figure 2-11 shows the *Rating of Case Manager* positive rating for the NC HCBS Program, including the year-over-year analysis and national comparisons. The 2025 rate for *Rating of Case Manager* was significantly *higher* than the HCBS CAHPS Database benchmark. There were no significant differences when compared to the 2024 rate.

Figure 2-11—Percentage of Respondents Who Rate the Help They Received from Case Managers Positively, with Year-Over-Year Analysis and National Comparisons



H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.

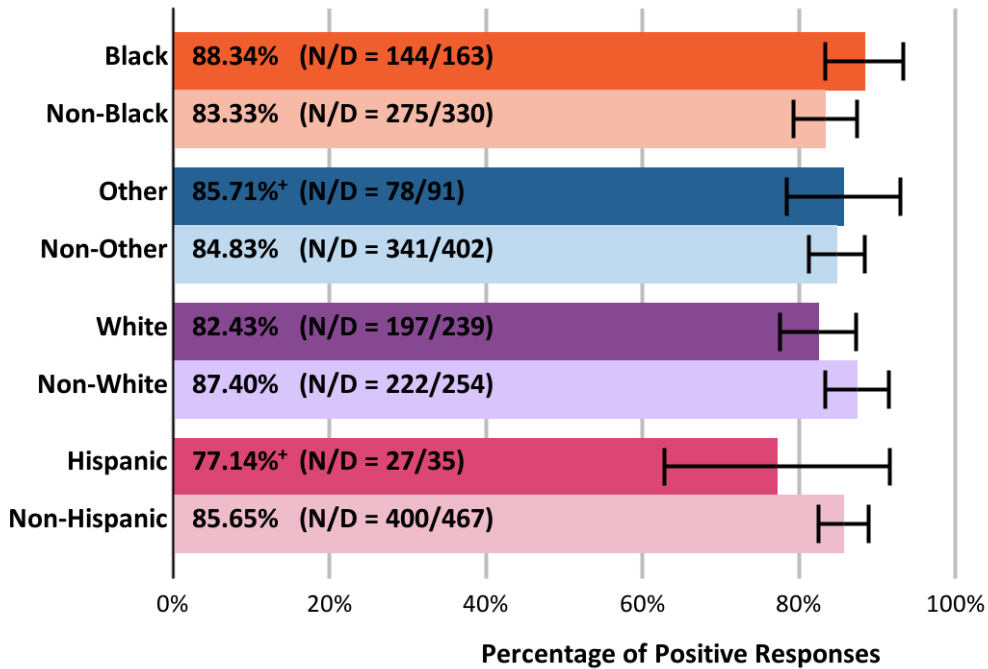
N/D Indicates the numerator and denominator of the score.

|—| Indicates the 95% confidence interval of the score.

Race and Ethnicity Comparisons

Figure 2-12 shows the *Rating of Case Manager* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-12—Percentage of 2025 Respondents Who Rate Their Case Manager Positively, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

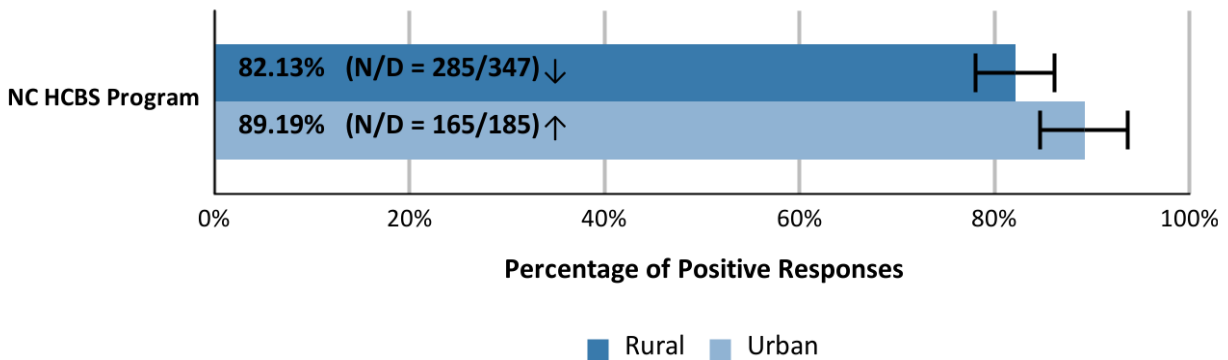
[-] Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-13 shows the respondents who reported positive ratings, by geography, for the *Rating of Case Manager* measure for the NC HCBS Program. The NC HCBS Program rate for respondents living in rural counties was significantly *lower* than respondents living in urban counties.

Figure 2-13—Percentage of 2025 Respondents Who Rate Their Case Manager Positively, with Geographic Comparisons



↑ Indicates the category score is statistically significantly higher than the other category.
 ↓ Indicates the category score is statistically significantly lower than the other category.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Composite Measures

Staff are Reliable and Helpful

Six questions were asked to assess how reliable and helpful staff were for beneficiaries:

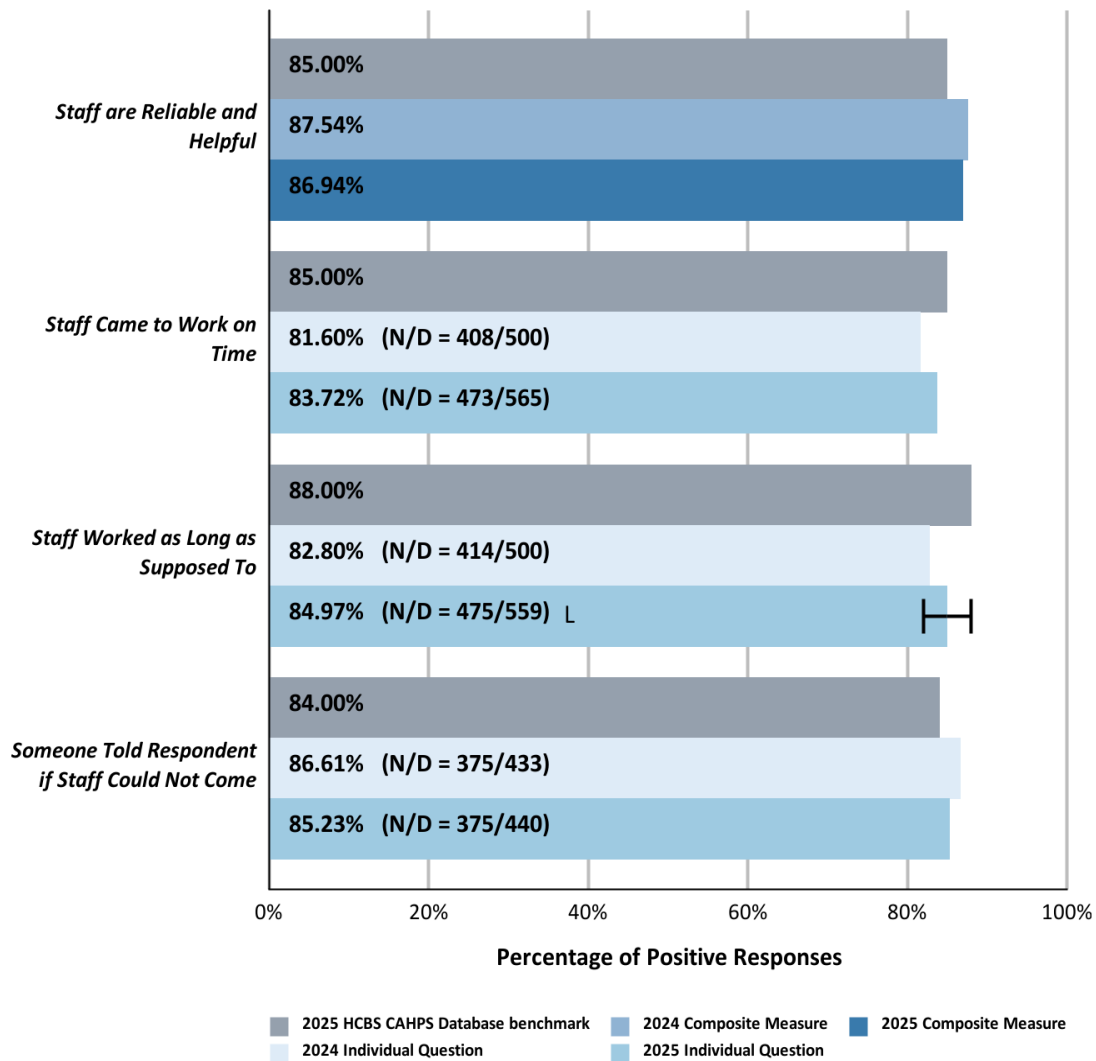
- In the last 3 months, how often did [personal assistance/behavioral health staff] come to work on time? (*Staff Came to Work on Time*)
- In the last 3 months, how often did [personal assistance/behavioral health staff] work as long as they were supposed to? (*Staff Work as Long as Supposed To*)
- In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that [personal assistance/behavioral health staff] could not come that day? (*Someone Told Respondent if Staff Could Not Come*)
- In the last 3 months, how often did [personal assistance/behavioral health staff] make sure you had enough personal privacy when you dressed, took a shower, or bathed? (*Respondent Had Enough Privacy [Dressing/Showering/Bathing]*)
- In the last 3 months, how often did [homemakers] come to work on time? (*Homemakers Came to Work on Time*)
- In the last 3 months, how often did [homemakers] work as long as they were supposed to? (*Homemakers Worked as Long as Supposed To*)

Responses of “Always” or “Yes” are considered positive ratings.

Year-Over-Year Analysis and National Comparisons

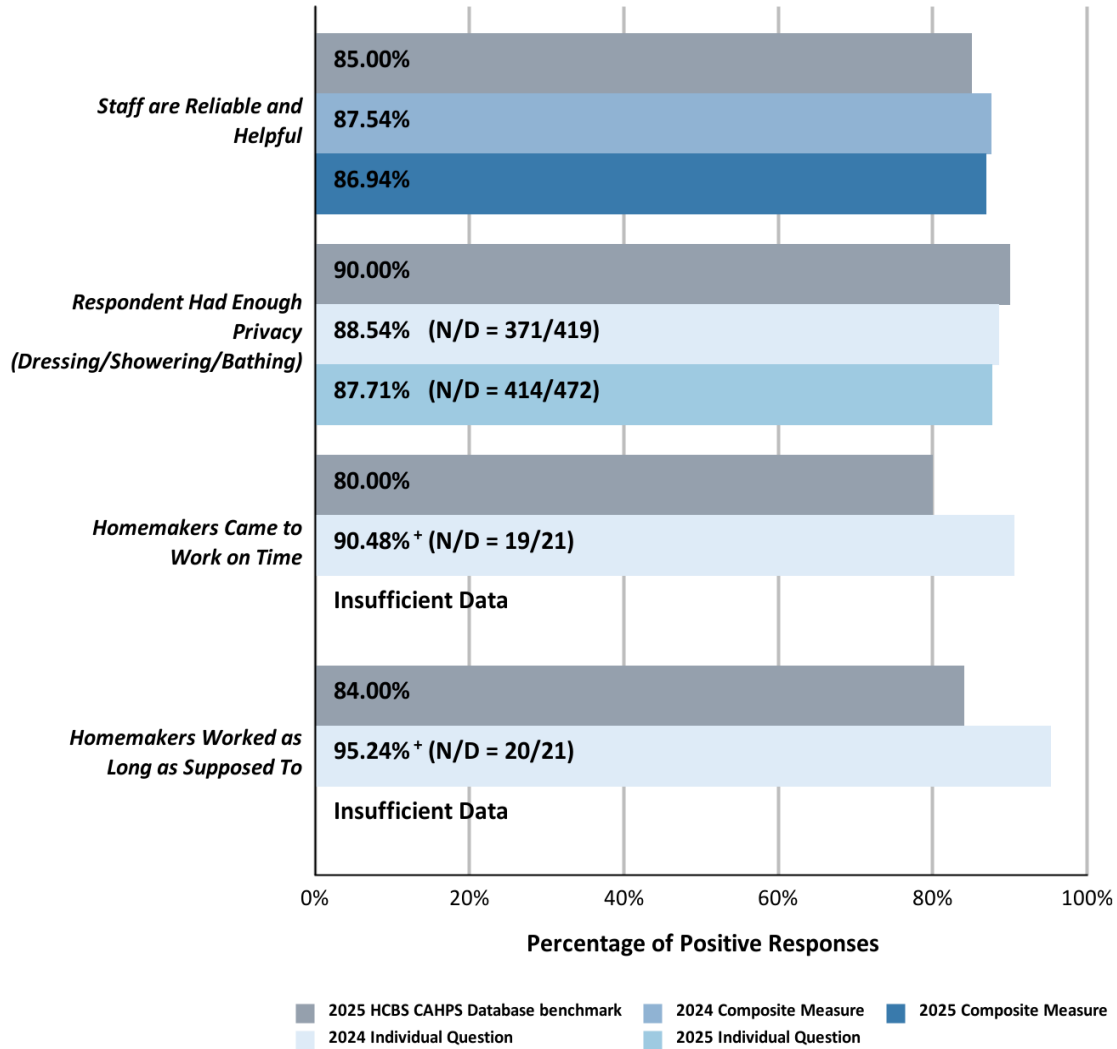
Figure 2-14 and Figure 2-15 show the *Staff are Reliable and Helpful* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons, and the individual survey items within the composite measure. The 2025 rate for the *Staff Worked as Long as Supposed To* individual survey item was significantly lower than the HCBS CAHPS Database benchmark. The 2025 rates for the *Homemakers Came to Work on Time* and *Homemakers Worked as Long as Supposed To* individual survey items were suppressed due to an insufficient number of responses. There were no significant differences when compared to the 2024 rates.

Figure 2-14—Percentage of Respondents Who Reported Their Staff Were Reliable and Helpful, with Year-Over-Year Analysis and National Comparisons



L Indicates the score is significantly lower than the 2025 HCBS CAHPS Database benchmark.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Figure 2-15—Percentage of Respondents Who Reported Their Staff Were Reliable and Helpful, with Year-Over-Year Analysis and National Comparisons, Continued

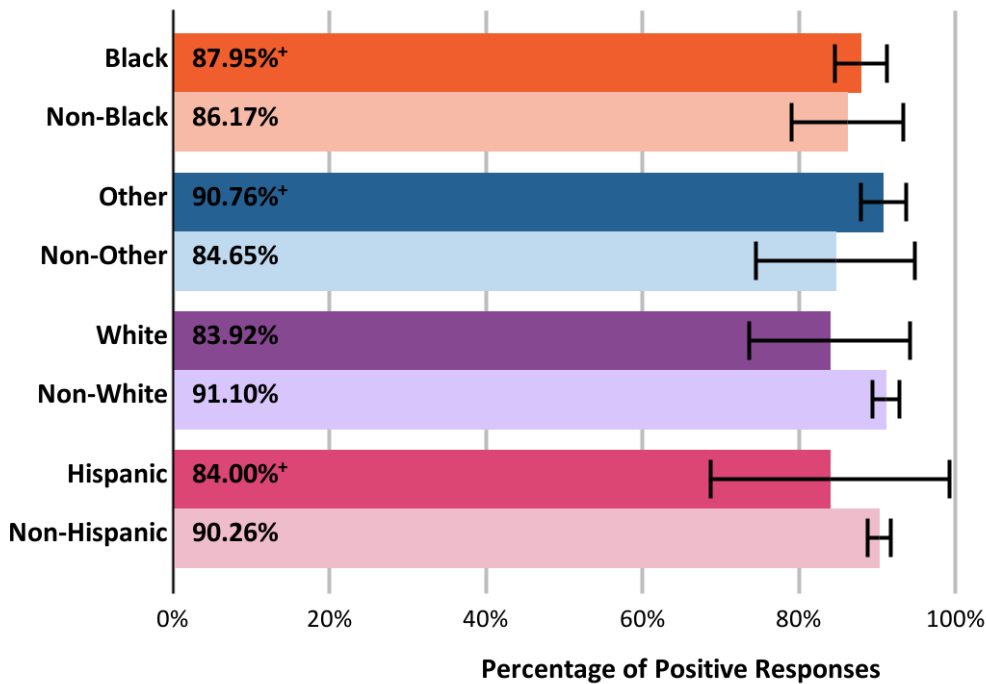


+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and noted as "Insufficient Data."
 N/D Indicates the numerator and denominator of the score.

Race and Ethnicity Comparisons

Figure 2-16 shows the *Staff are Reliable and Helpful* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-16—Percentage of 2025 Respondents Who Reported Staff Were Reliable and Helpful, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

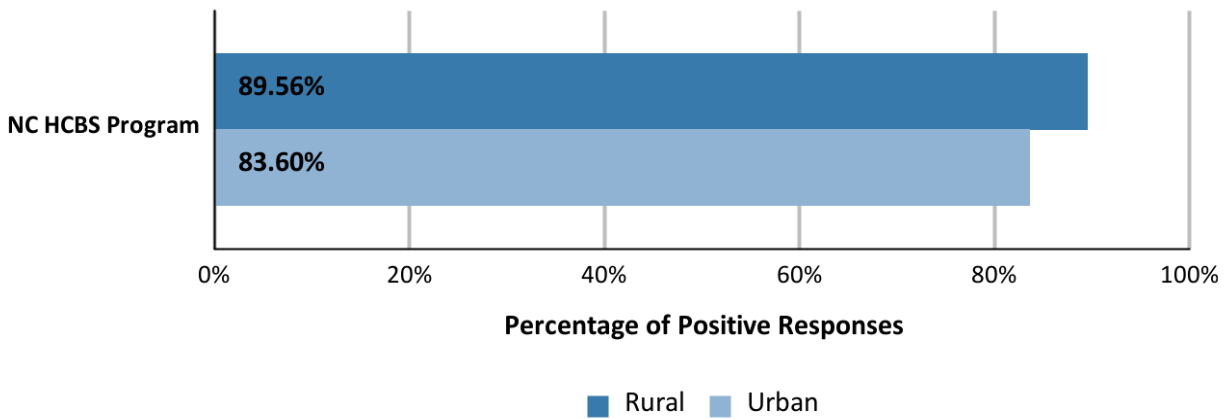
[-] Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-17 shows the respondents who reported positive ratings, by geography, for the *Staff are Reliable and Helpful* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-17—Percentage of 2025 Respondents Who Reported Staff Were Reliable and Helpful, with Geographic Comparisons



Staff Listen and Communicate Well

Eleven questions were asked to assess how often staff listened and communicated well with beneficiaries:

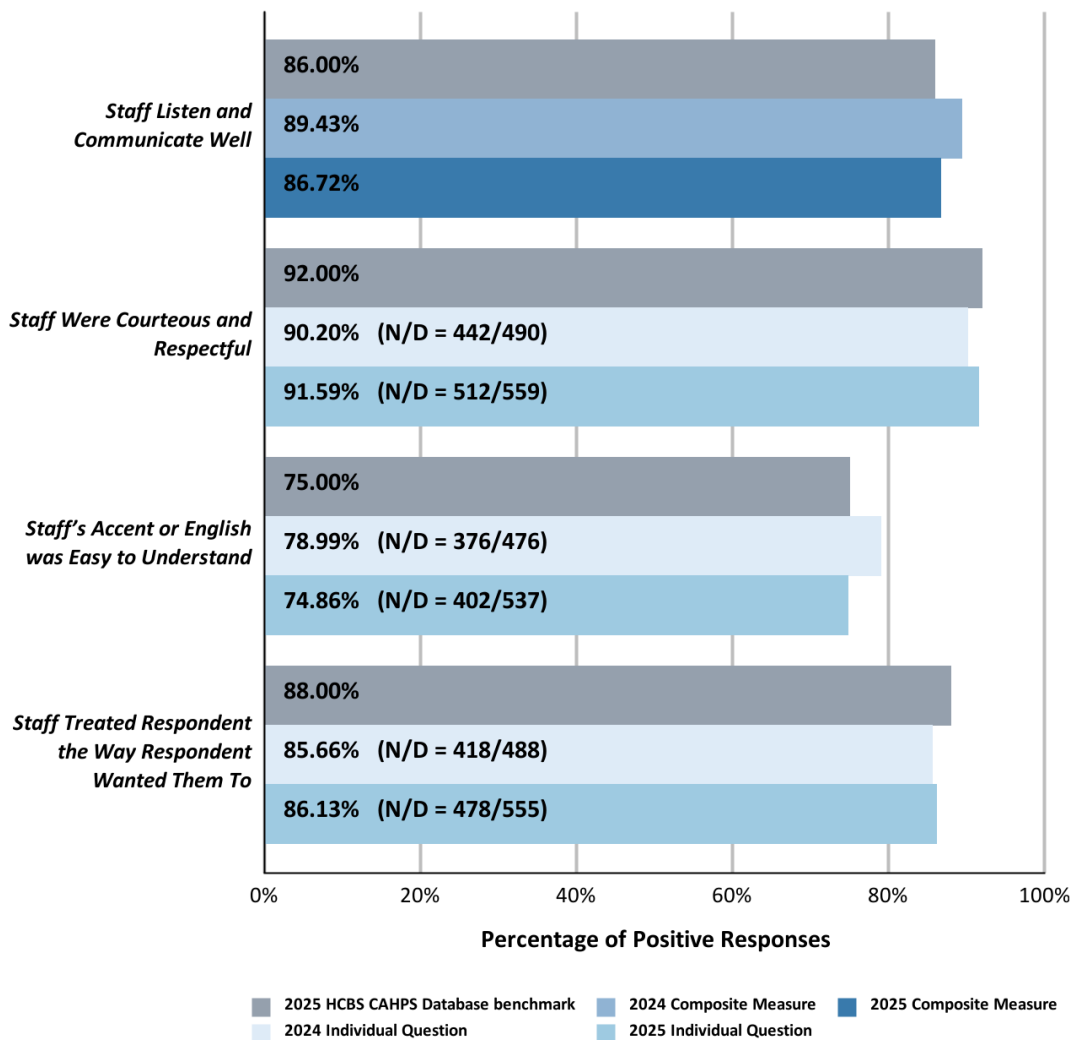
- In the last 3 months, how often did [personal assistance/behavioral health staff] treat you with courtesy and respect? (*Staff Were Courteous and Respectful*)
- In the last 3 months, how often were the explanations [personal assistance/behavioral health staff] gave you hard to understand because of an accent or the way [personal assistance/behavioral health staff] spoke English? (*Staff's Accent or English was Easy to Understand*)
- In the last 3 months, how often did [personal assistance/behavioral health staff] treat you the way you wanted them to? (*Staff Treated Respondent the Way Respondent Wanted Them To*)
- In the last 3 months, how often did [personal assistance/behavioral health staff] explain things in a way that was easy to understand? (*Staff Explain Things in a Way That Was Easy to Understand*)
- In the last 3 months, how often did [personal assistance/behavioral health staff] listen carefully to you? (*Staff Listened Carefully*)
- In the last 3 months, did you feel [personal assistance/behavioral health staff] knew what kind of help you needed with everyday activities, like getting ready in the morning, getting groceries, or going places in your community? (*Staff Knew The Help Needed With Everyday Activities*)
- In the last 3 months, how often did [homemakers] treat you with courtesy and respect? (*Homemakers Were Courteous and Respectful*)
- In the last 3 months, how often were the explanations [homemakers] gave you hard to understand because of an accent or the way [homemakers] spoke English? (*Homemaker's Accent or English was Easy to Understand*)
- In the last 3 months, how often did [homemakers] treat you the way you wanted them to? (*Homemakers Treated Respondent the Way Respondent Wanted Them To*)
- In the last 3 months, how often did [homemakers] listen carefully to you? (*Homemakers Listened Carefully*)
- In the last 3 months, how often did [homemakers] know what kind of help you need? (*Homemakers Knew What Kind of Help Was Needed*)

Responses of “Never” or “Mostly no” are considered positive ratings for *Staff's Accent or English was Easy to Understand* and *Homemaker's Accent or English was Easy to Understand*. Responses of “Always” or “Yes” are considered positive ratings for the remaining individual questions in the composite measure.

Year-Over-Year Analysis and National Comparisons

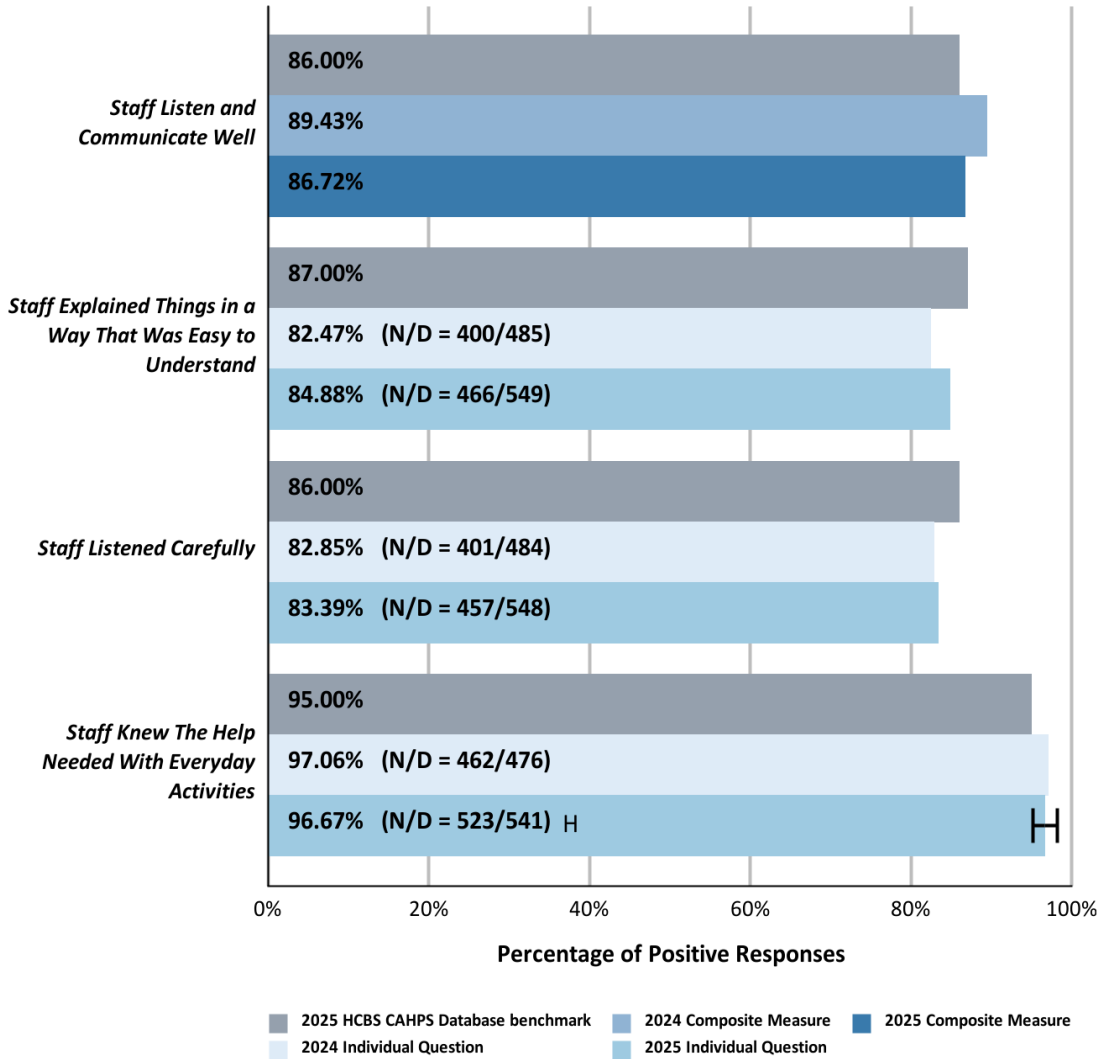
Figure 2-18 through Figure 2-21 show the *Staff Listen and Communicate Well* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons, and the positive rating results for the individual survey items within the composite measure. The 2025 rate for *Staff Knew The Help Needed With Everyday Activities* individual survey item was significantly higher than the HCBS CAHPS Database benchmark. The 2025 rates for the *Homemakers Were Courteous and Respectful*, *Homemaker’s Accent or English was Easy to Understand*, and *Homemakers Listened Carefully* individual survey items were suppressed due to an insufficient number of responses. There were no significant differences when compared to the 2024 rates.

Figure 2-18—Percentage of Respondents Who Reported Staff Listened and Communicated Well, with Year-Over-Year Analysis and National Comparisons



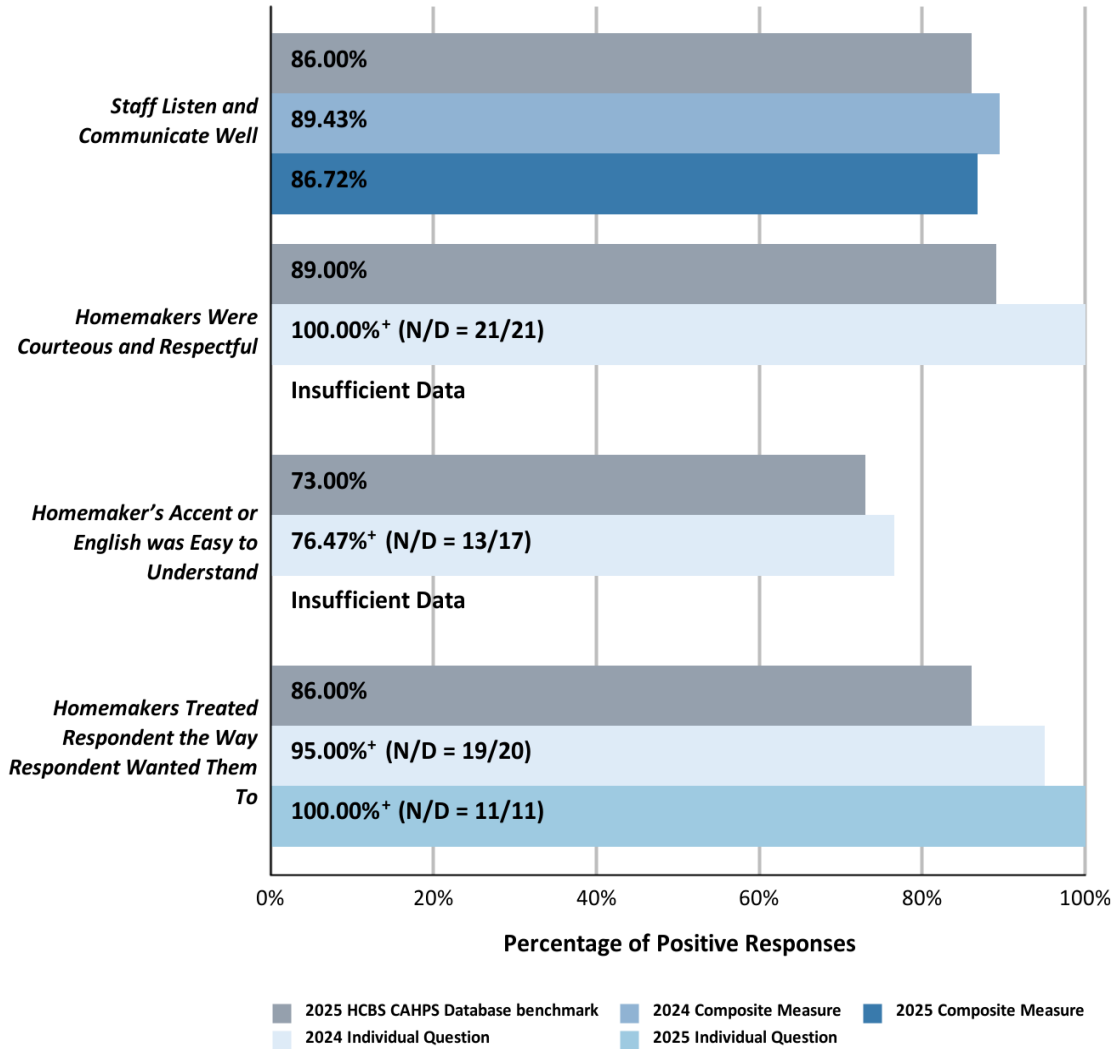
N/D Indicates the numerator and denominator of the score.

Figure 2-19—Percentage of Respondents Who Reported Staff Listened and Communicated Well, with Year-Over-Year Analysis and National Comparisons, Continued



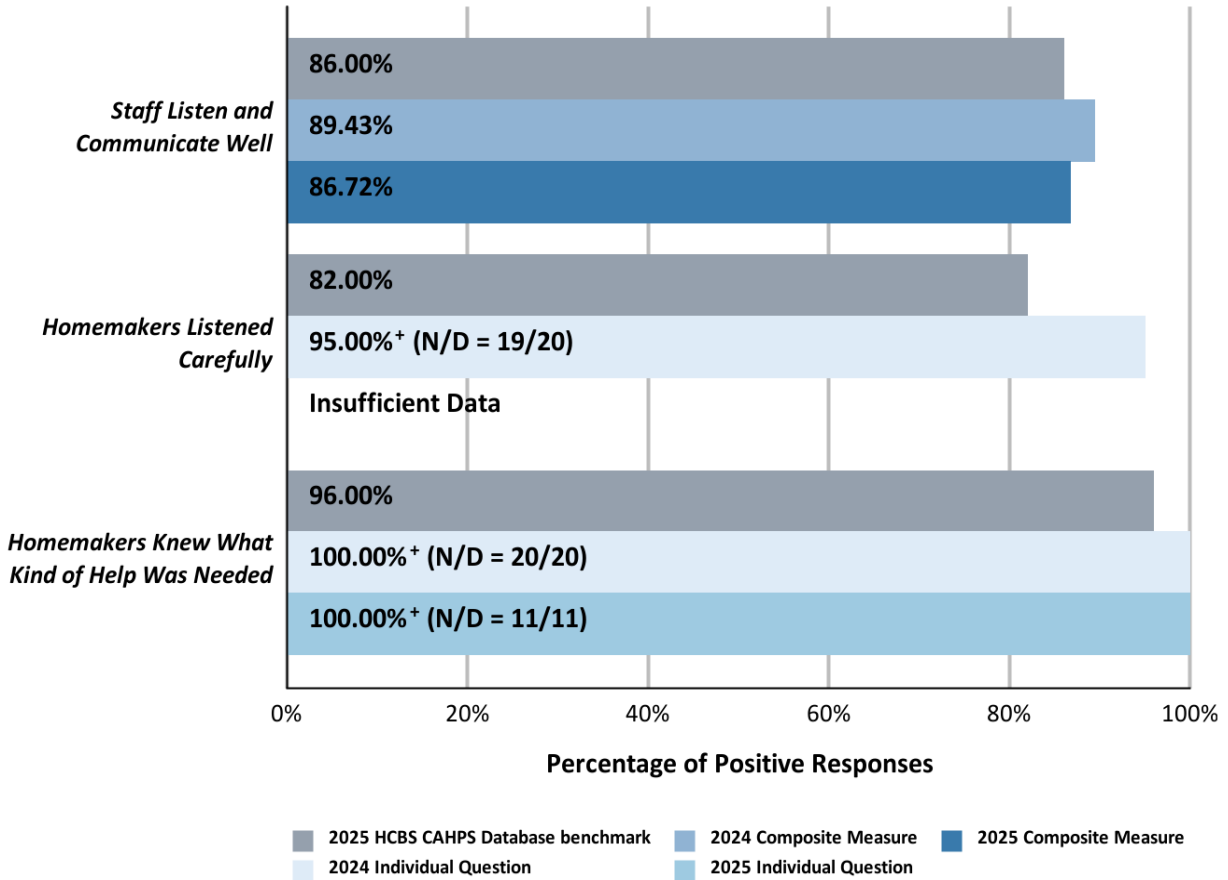
H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.
 N/D Indicates the numerator and denominator of the score.
 [-] Indicates the 95% confidence interval of the score.

Figure 2-20—Percentage of Respondents Who Reported Staff Listened and Communicated Well, with Year-Over-Year Analysis and National Comparisons, Continued



+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and noted as "Insufficient Data."
N/D Indicates the numerator and denominator of the score.

Figure 2-21—Percentage of Respondents Who Reported Staff Listened and Communicated Well, with Year-Over-Year Analysis and National Comparisons, Continued

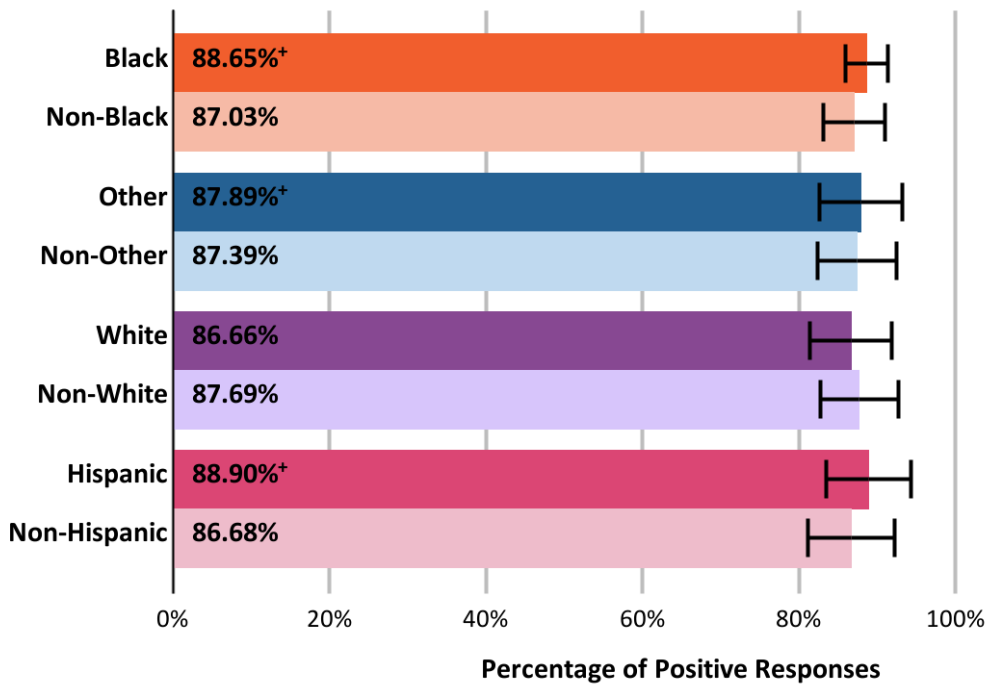


+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and noted as “Insufficient Data.”
N/D Indicates the numerator and denominator of the score.

Race and Ethnicity Comparisons

Figure 2-22 shows the *Staff Listen and Communicate Well* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-22—Percentage of Respondents Who Reported Staff Listened and Communicated Well, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

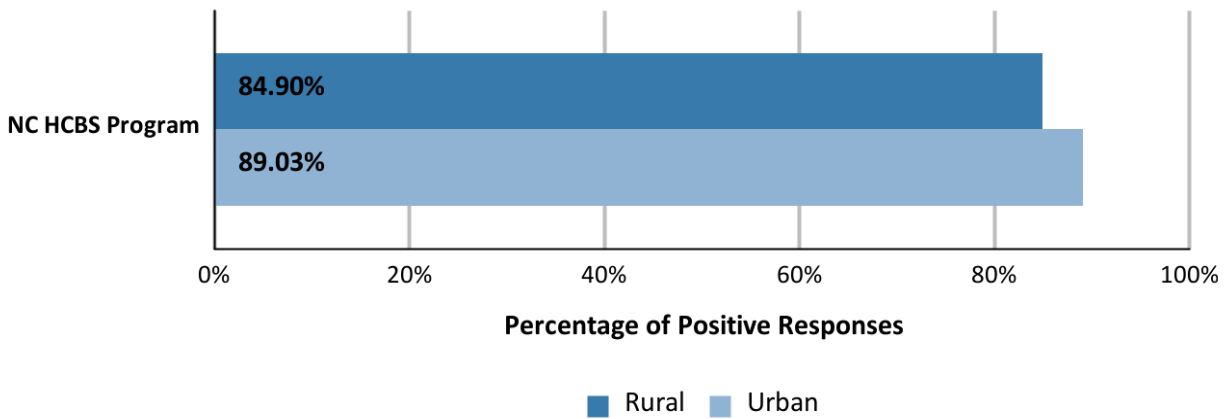
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-23 shows the respondents who reported positive ratings, by geography, for the *Staff Listen and Communicate Well* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-23—Percentage of Respondents Who Reported Staff Listened and Communicated Well, with Geographic Comparisons



Case Manager is Helpful

Three questions were asked to assess how helpful beneficiaries' case managers were:

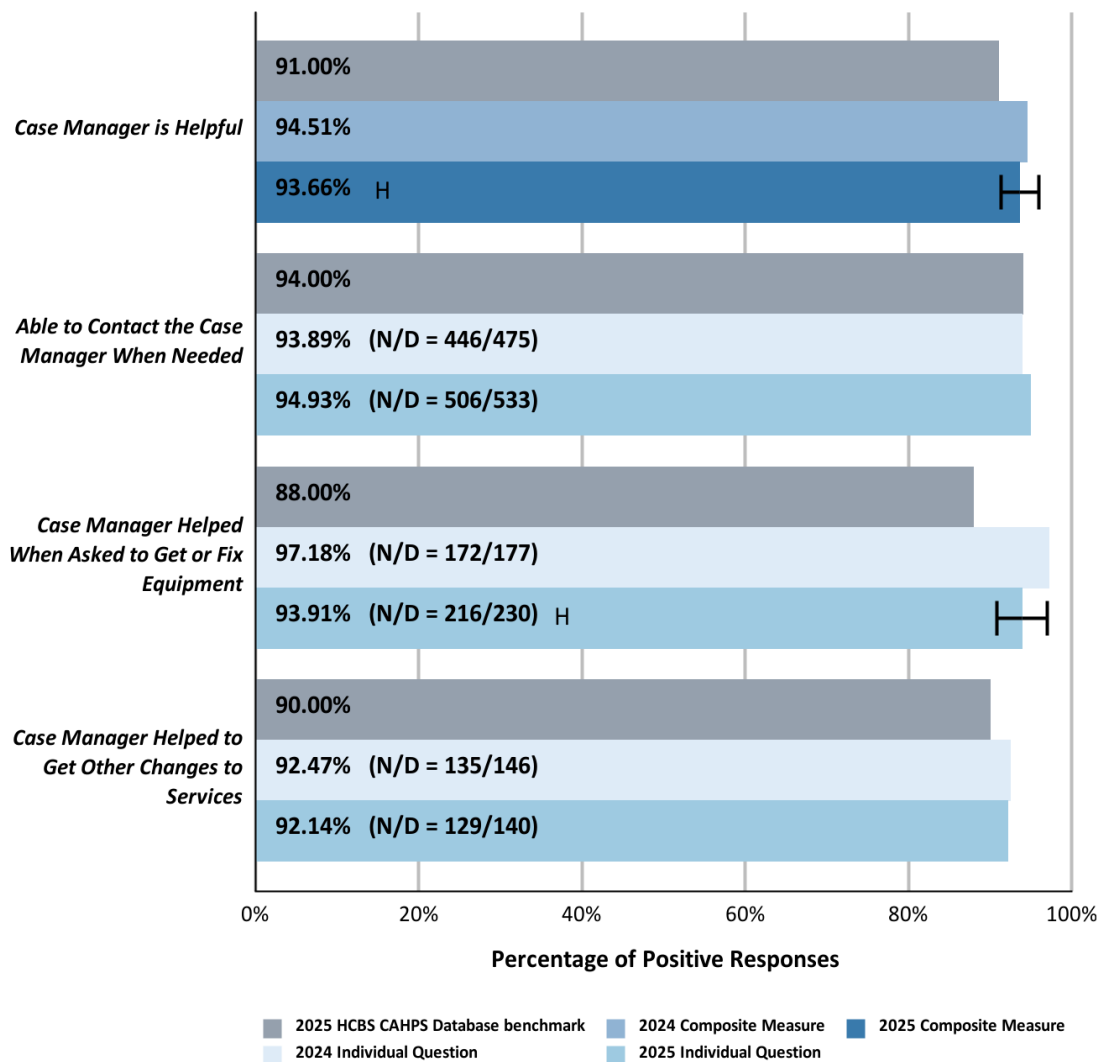
- In the last 3 months, could you contact this [case manager] when you needed to? (*Able to Contact the Case Manager When Needed*)
- In the last 3 months, did this [case manager] work with you when you asked for help with getting or fixing equipment? (*Case Manager Helped When Asked to Get or Fix Equipment*)
- In the last 3 months, did this [case manager] work with you when you asked for help with getting other changes to your services? (*Case Manager Helped to Get Other Changes to Services*)

Responses of “Yes” are considered positive ratings.

Year-Over-Year Analysis and National Comparisons

Figure 2-24 shows the *Case Manager is Helpful* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons, and the individual survey items within the composite measure. The 2025 rates for *Case Manager is Helpful* composite measure and *Case Manager Helped When Asked to Get or Fix Equipment* individual survey item were significantly higher than the HCBS CAHPS Database benchmarks. There were no significant differences when compared to the 2024 rates.

Figure 2-24—Percentage of Respondents Who Reported Their Case Manager Is Helpful, with Year-Over-Year Analysis and National Comparisons

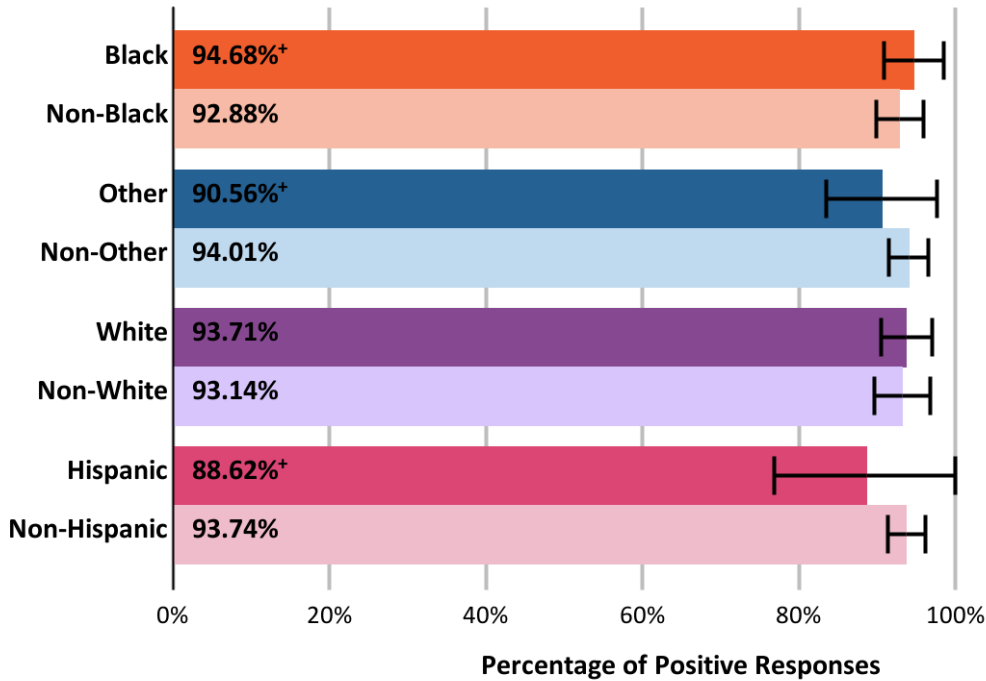


H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Race and Ethnicity Comparisons

Figure 2-25 shows the *Case Manager is Helpful* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-25—Percentage of Respondents Who Reported Their Case Manager Is Helpful, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

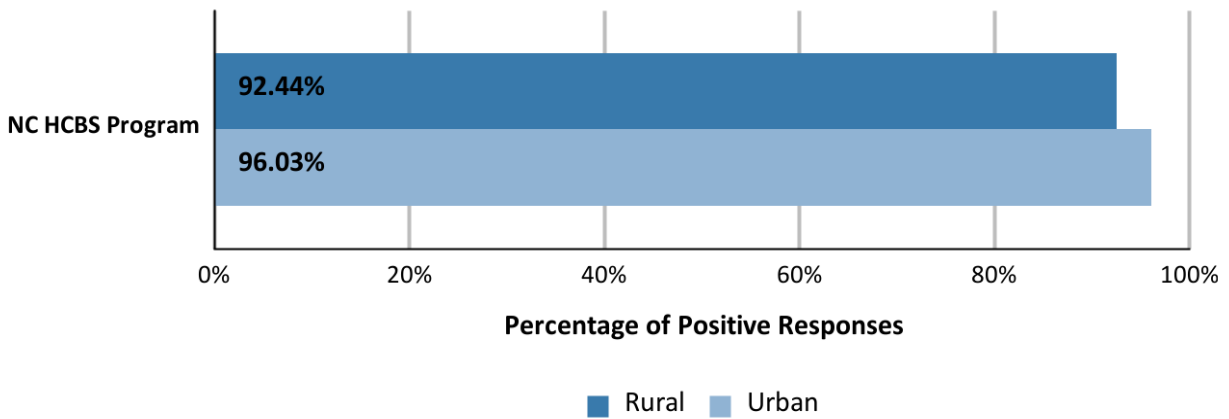
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-26 shows the respondents who reported positive ratings, by geography, for the *Case Manager is Helpful* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-26—Percentage of Respondents Who Reported Their Case Manager Is Helpful, with Geographic Comparisons



Choosing the Services that Matter to You

Two questions were asked to assess if a beneficiary's service plan included things that were important to him/her and if the beneficiary's personal assistance/behavioral health staff know what was on the service plan, including the things that were important to the beneficiary:

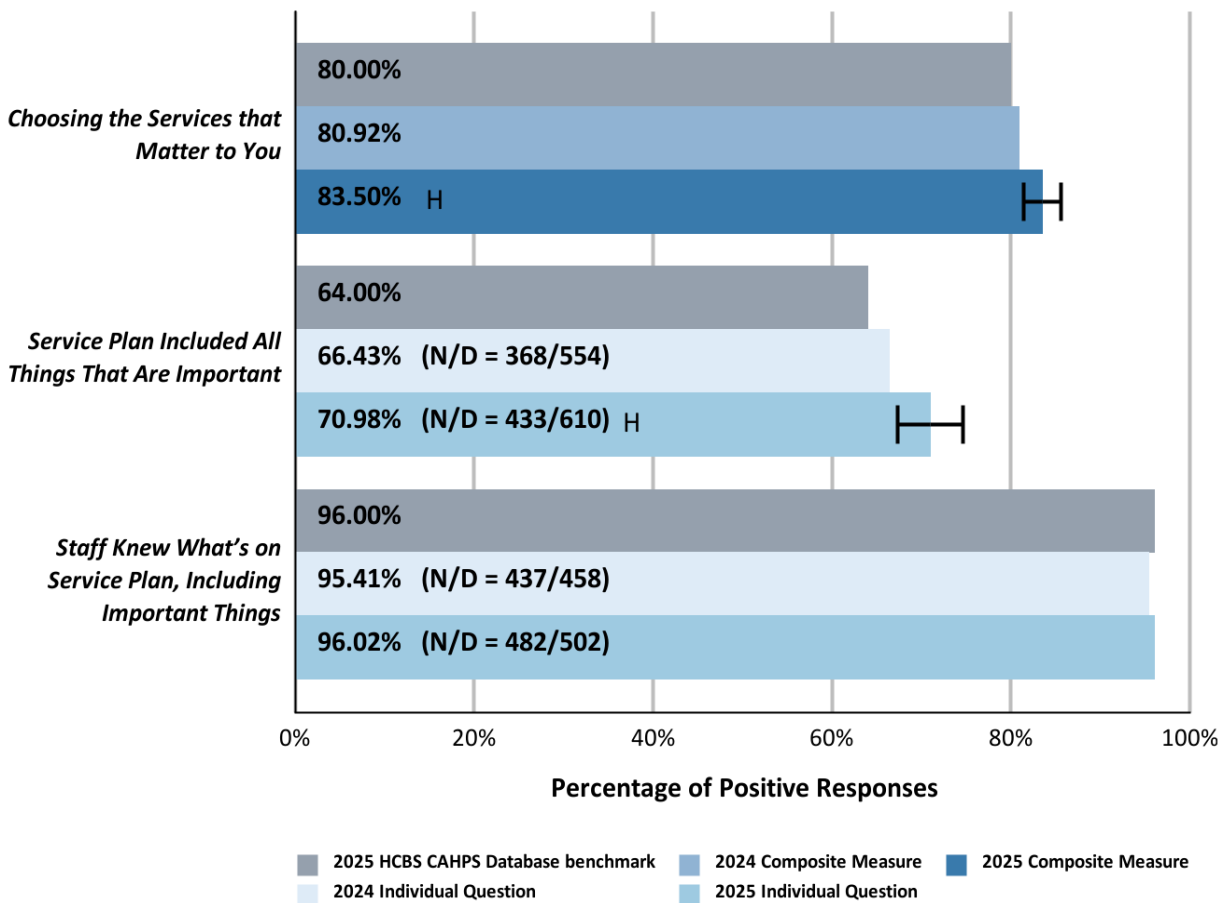
- In the last 3 months, did your [service plan] include none, some, most, or all of the things that are important to you? (*Service Plan Included All Things That Are Important*)
- In the last 3 months, did you feel [personal assistance/behavioral health staff] knew what's on your service plan, including the things that are important to you? (*Staff Knew What's on Service Plan, Including Important Things*)

Responses of "All" or "Yes" are considered positive ratings.

Year-Over-Year Analysis and National Comparisons

Figure 2-27 shows the *Choosing the Services that Matter to You* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons, and the individual survey items within the composite measure. The 2025 rates for *Choosing the Services that Matter to You* composite measure and *Service Plan Included All Things That Are Important* individual survey item were significantly higher than the HCBS CAHPS Database benchmarks. There were no significant differences when compared to the 2024 rates.

Figure 2-27—Percentage of Respondents Whose Service Plan Included Things that Matter to the Beneficiary, with Year-Over-Year Analysis and National Comparisons

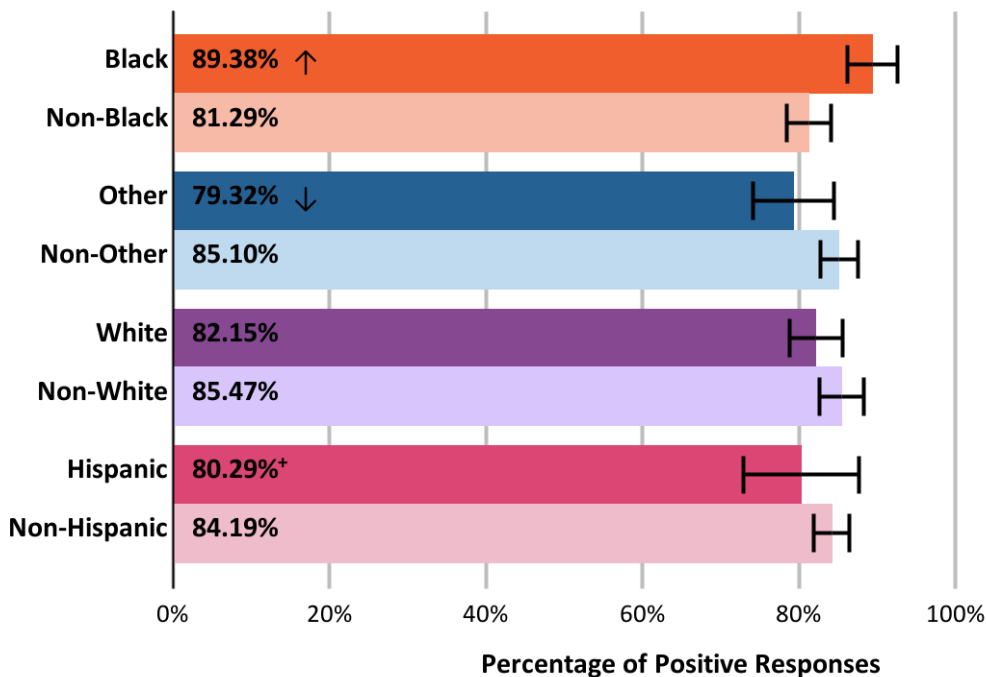


H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.
 N/D Indicates the numerator and denominator of the score.
 |—| Indicates the 95% confidence interval of the score.

Race and Ethnicity Comparisons

Figure 2-28 shows the *Choosing the Services that Matter to You* positive rating results of respondents for the NC HCBS Program by race and ethnicity. A significantly *higher* percentage of Black respondents reported their service plan included things that mattered to them when compared to non-Black respondents. A significantly *lower* percentage of Other race respondents reported their service plan included things that mattered to them when compared to non-Other race respondents. There were no significant differences identified by ethnicity.

Figure 2-28—Percentage of Respondents Whose Service Plan Included Things that Matter to the Beneficiary, by Race and Ethnicity

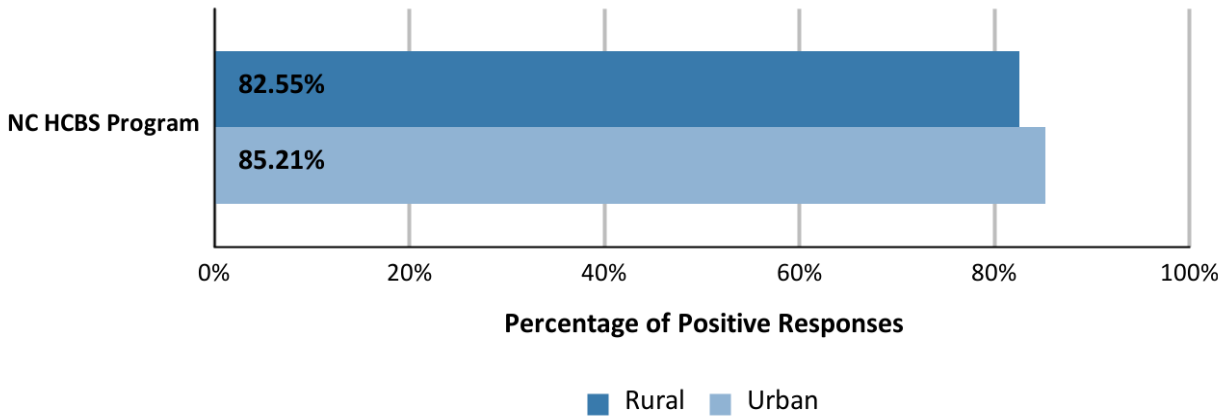


↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 ↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 |-| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-29 shows the respondents who reported positive ratings, by geography, for the *Choosing the Services that Matter to You* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-29—Percentage of Respondents Whose Service Plan Included Things that Matter to the Beneficiary, with Geographic Comparisons



Transportation to Medical Appointments

Three questions were asked to assess how often beneficiaries were able to get transportation to their medical appointments:

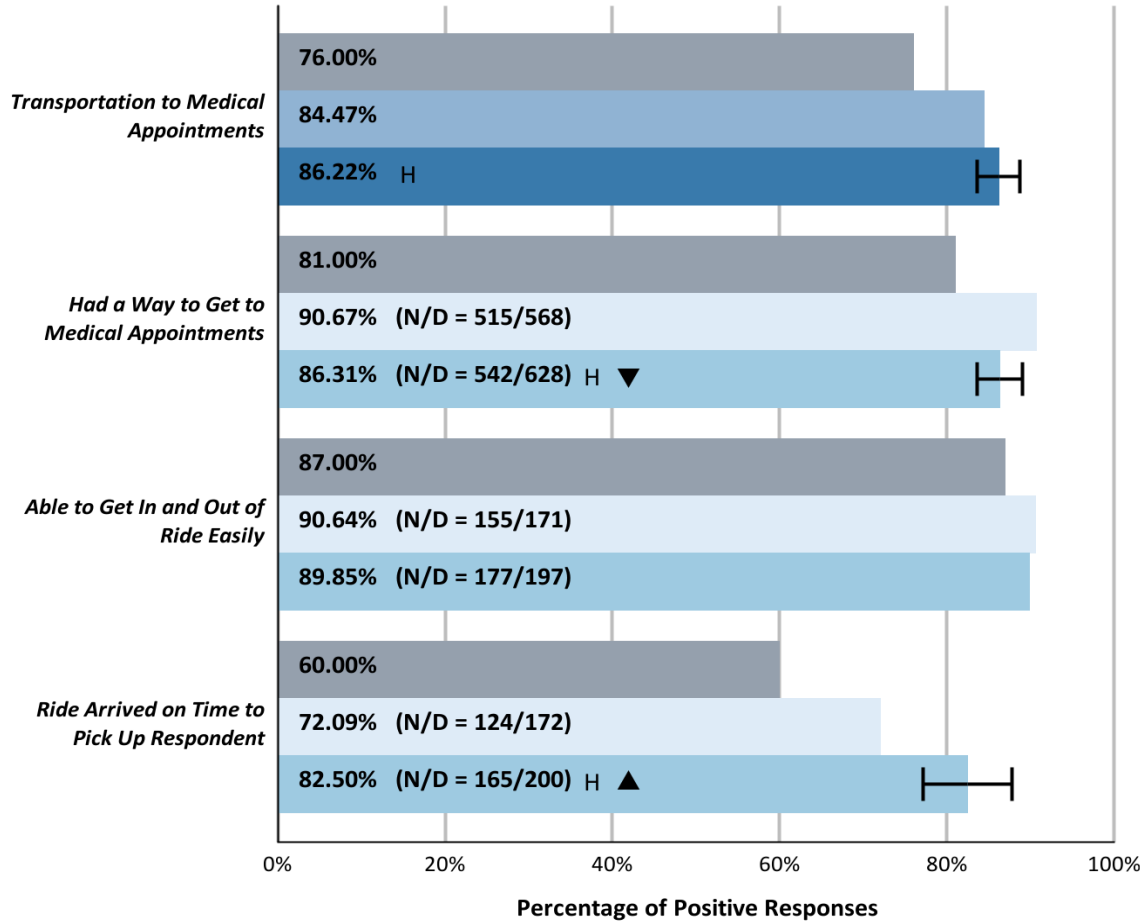
- In the last 3 months, how often did you have a way to get to your medical appointments? (*Had a Way to Get to Medical Appointments*)
- In the last 3 months, were you able to get in and out of this ride easily? (*Able to Get In and Out of Ride Easily*)
- In the last 3 months, how often did this ride arrive on time to pick you up? (*Ride Arrived on Time to Pick Up Respondent*)

Responses of “Always” or “Yes” are considered positive ratings.

Year-Over-Year Analysis and National Comparisons

Figure 2-30 show the *Transportation to Medical Appointments* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons, and the positive rating results for the individual survey items within the composite measure. The 2025 rates for *Transportation to Medical Appointments* composite measure and *Had a Way to Get to Medical Appointments* and *Ride Arrived on Time to Pick Up Respondent* individual survey items were significantly *higher* than the HCBS CAHPS Database benchmarks. The 2025 rate for *Ride Arrived on Time to Pick Up Respondent* was significantly *higher* than the 2024 rate. The 2025 rate for *Had a Way to Get to Medical Appointments* was significantly *lower* than the 2024 rate.

Figure 2-30—Percentage of Respondents Who Reported Receiving Transportation to Their Medical Appointments, with Year-Over-Year Analysis and National Comparisons



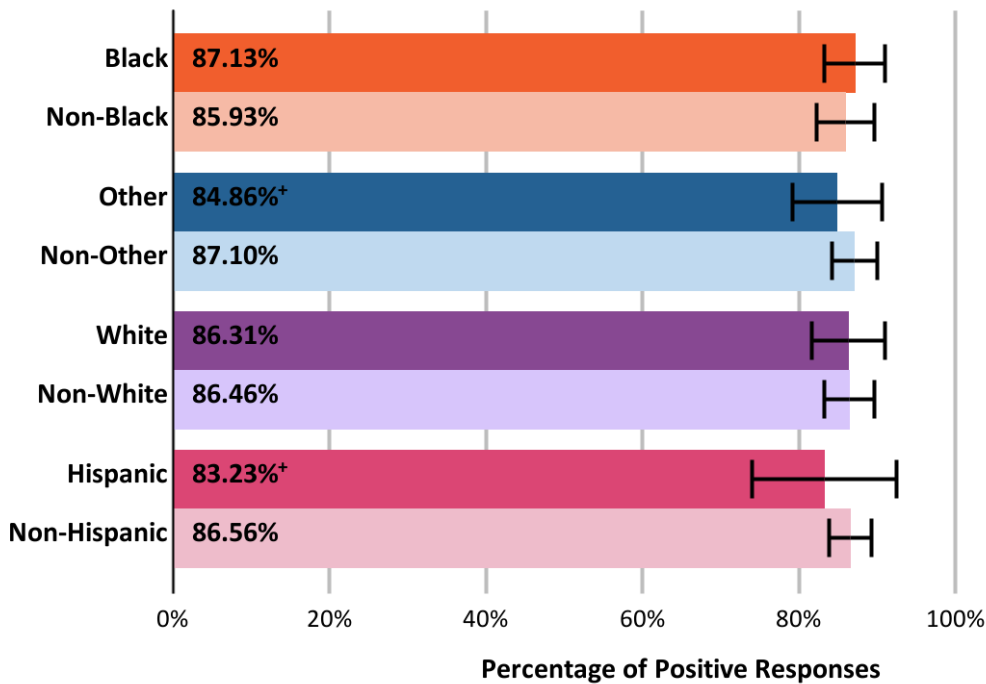
2025 HCBS CAHPS Database benchmark
 2024 Composite Measure
 2025 Composite Measure
 2024 Individual Question
 2025 Individual Question

H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Race and Ethnicity Comparisons

Figure 2-31 shows the *Transportation to Medical Appointments* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-31—Percentage of Respondents Who Reported Receiving Transportation to Their Medical Appointments, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

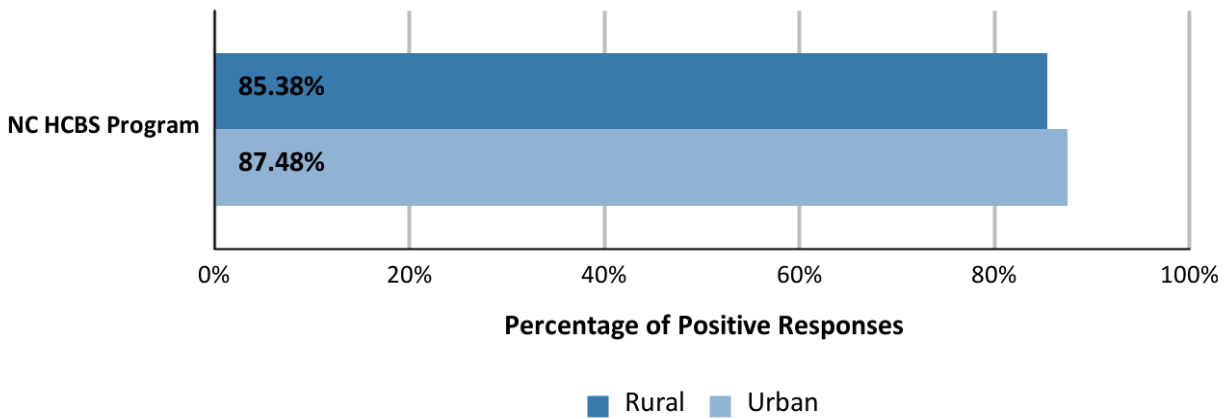
[-] Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-32 shows the respondents who reported positive ratings, by geography, for the *Transportation to Medical Appointments* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-32—Percentage of Respondents Who Reported Receiving Transportation to Their Medical Appointments, with Geographic Comparisons



Personal Safety and Respect

Three questions were asked to assess beneficiaries' perspectives of their personal safety and if their personal assistance/behavioral health staff treated them with respect:

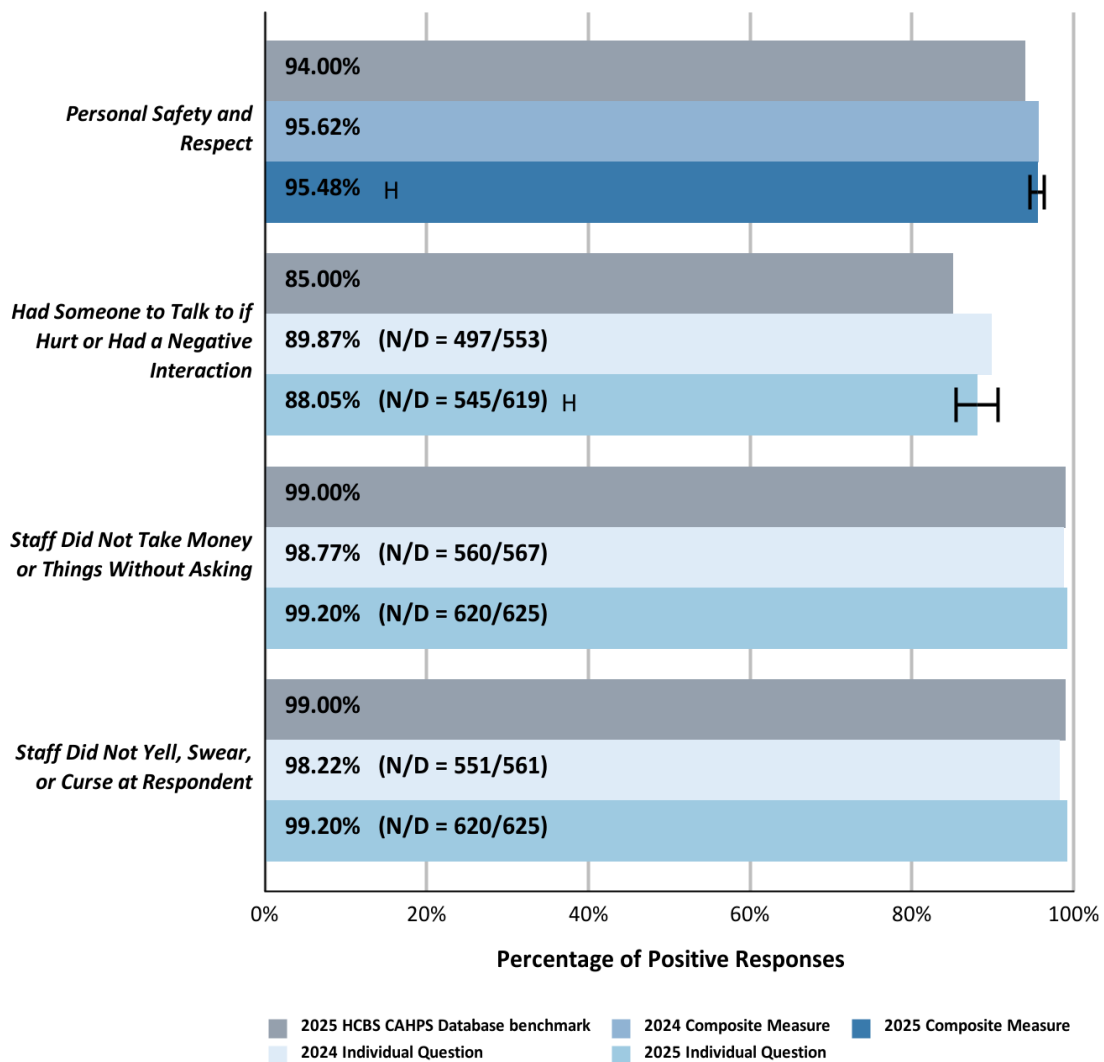
- In the last 3 months, was there a person you could talk to if someone hurt you or did something to you that you didn't like? (*Had Someone to Talk to if Hurt or Had a Negative Interaction*)
- In the last 3 months, did **any** [personal assistance/behavioral health staff] or your [case managers] take money or your things without asking you first? (*Staff Did Not Take Money or Things Without Asking*)
- In the last 3 months, did any [staff] yell, swear, or curse at you? (*Staff Did Not Yell, Swear, or Curse at Respondent*)

Responses of "Yes" are considered positive ratings for *Had Someone to Talk to if Hurt or Had a Negative Interaction*. Responses of "No" are considered positive ratings for *Staff Did Not Take Money or Things Without Asking* and *Staff Did Not Yell, Swear, or Curse at Respondent*.

Year-Over-Year Analysis and National Comparisons

Figure 2-33 show the *Personal Safety and Respect* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons, and the positive rating results for the individual survey items within the composite measure. The 2025 rates for *Personal Safety and Respect* composite measure and *Had Someone to Talk to if Hurt or Had a Negative Interaction* individual survey item were significantly *higher* than the HCBS CAHPS Database benchmarks. There were no significant differences when compared to the 2024 rates.

Figure 2-33—Percentage of Respondents Who Felt Safe and Respected, with Year-Over-Year Analysis and National Comparisons

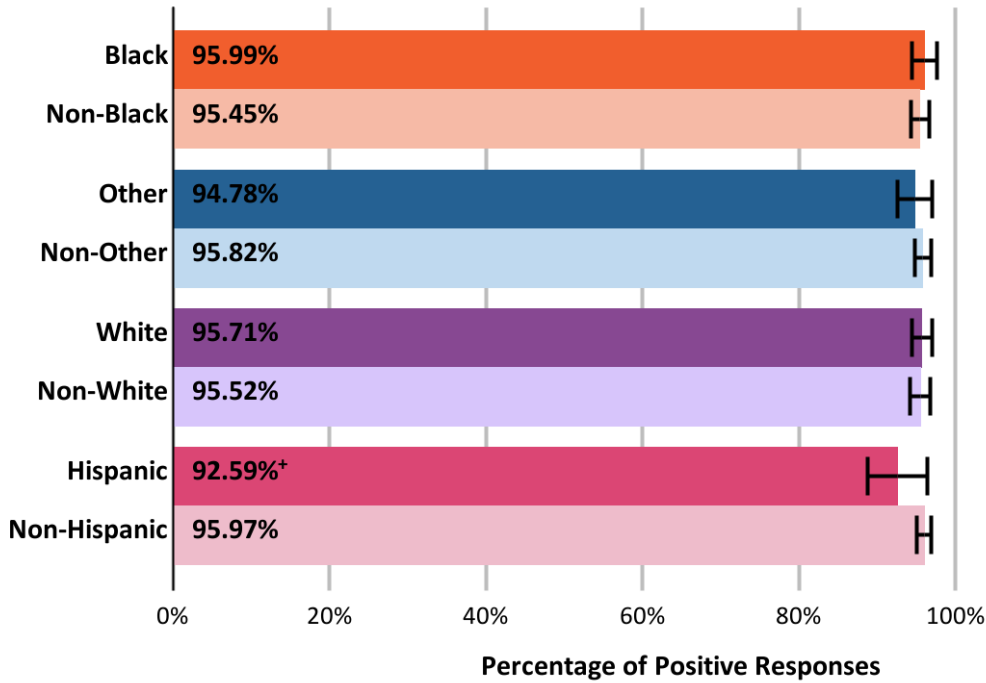


H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.
 N/D Indicates the numerator and denominator of the score.
 |- Indicates the 95% confidence interval of the score.

Race and Ethnicity Comparisons

Figure 2-34 shows the *Personal Safety and Respect* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-34—Percentage of Respondents Who Felt Safe and Respected, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

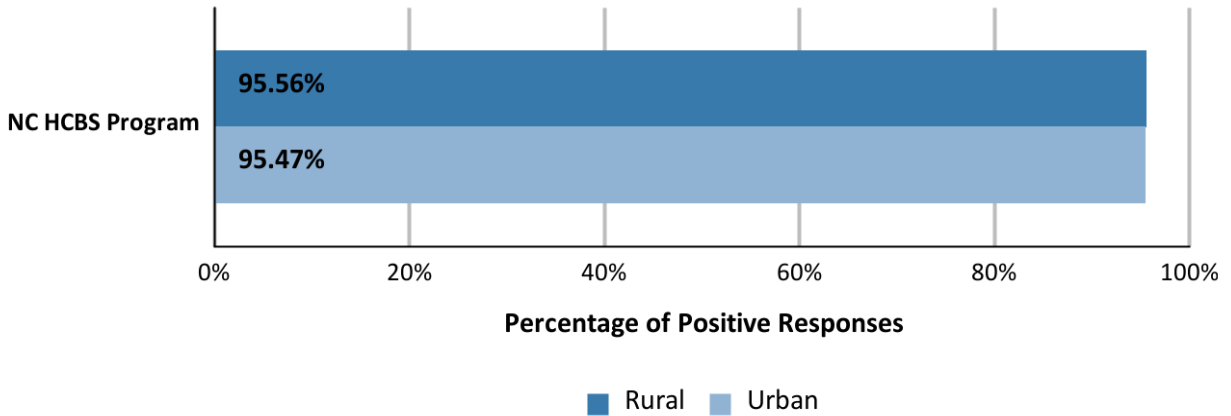
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-35 shows the respondents who reported positive ratings, by geography, for the *Personal Safety and Respect* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-35—Percentage of Respondents Who Felt Safe and Respected, with Geographic Comparisons



Planning Your Time and Activities

Six questions were asked to assess how often beneficiaries could plan their time and activities:

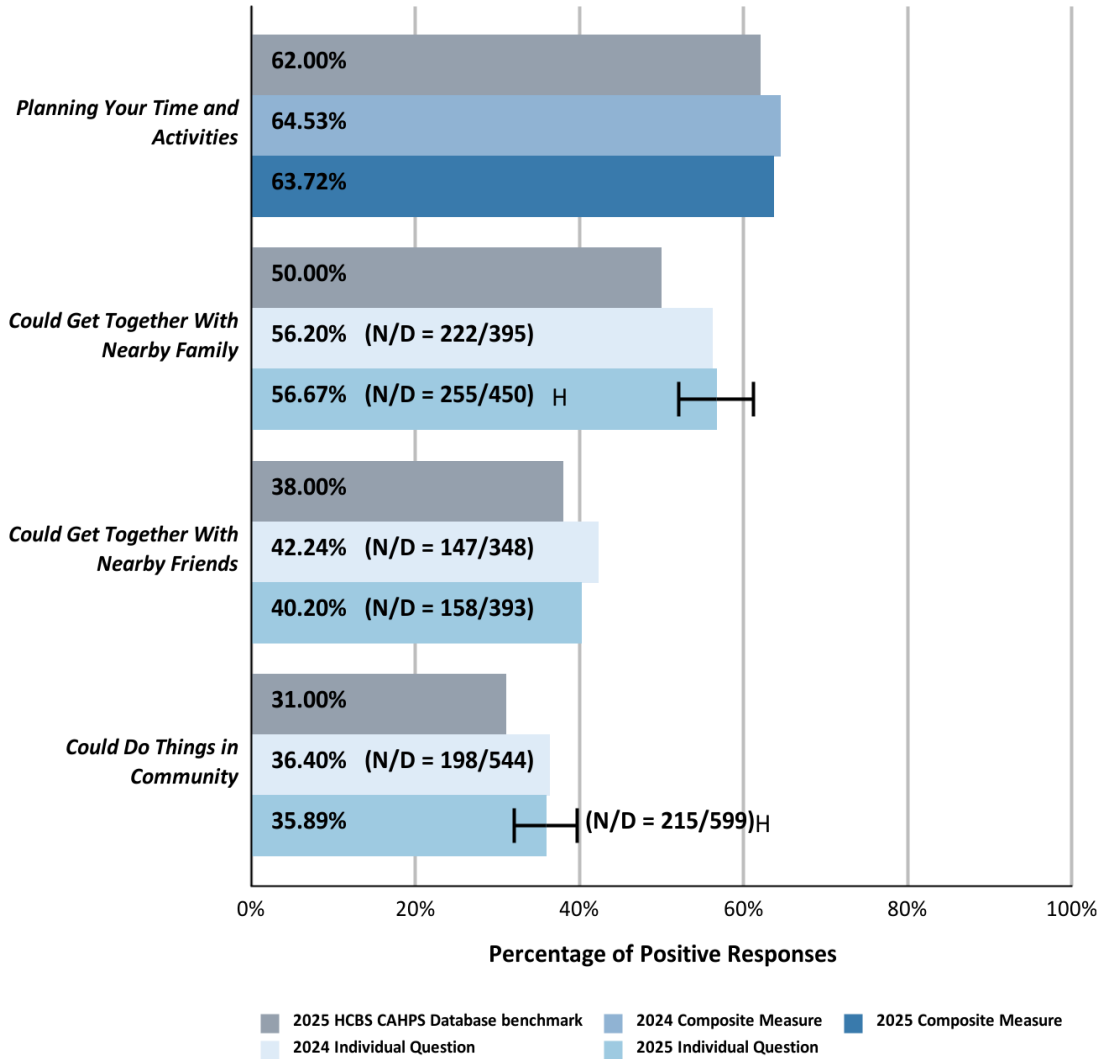
- In the last 3 months, when you wanted to, how often could you get together with these family beneficiaries who live nearby? (*Could Get Together With Nearby Family*)
- In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby? (*Could Get Together With Nearby Friends*)
- In the last 3 months, when you wanted to, how often could you do things in the community that you like? (*Could Do Things in Community*)
- In the last 3 months, did you need more help than you get from [personal assistance/behavioral health staff] to do things in your community? (*Received the Help Needed To Do Things in The Community*)
- Do you take part in deciding **what** you do with your time each day? (*Took Part in Deciding What To Do With Time*)
- Do you take part in deciding **when** you do things each day – for example, deciding when you get up, eat, or go to bed? (*Took Part in Deciding When To Do Things*)

Responses of “Always” or “Yes” are considered positive ratings for all individual questions except *Received the Help Needed To Do Things in The Community*, where responses of “No” are considered positive ratings.

Year-Over-Year Analysis and National Comparisons

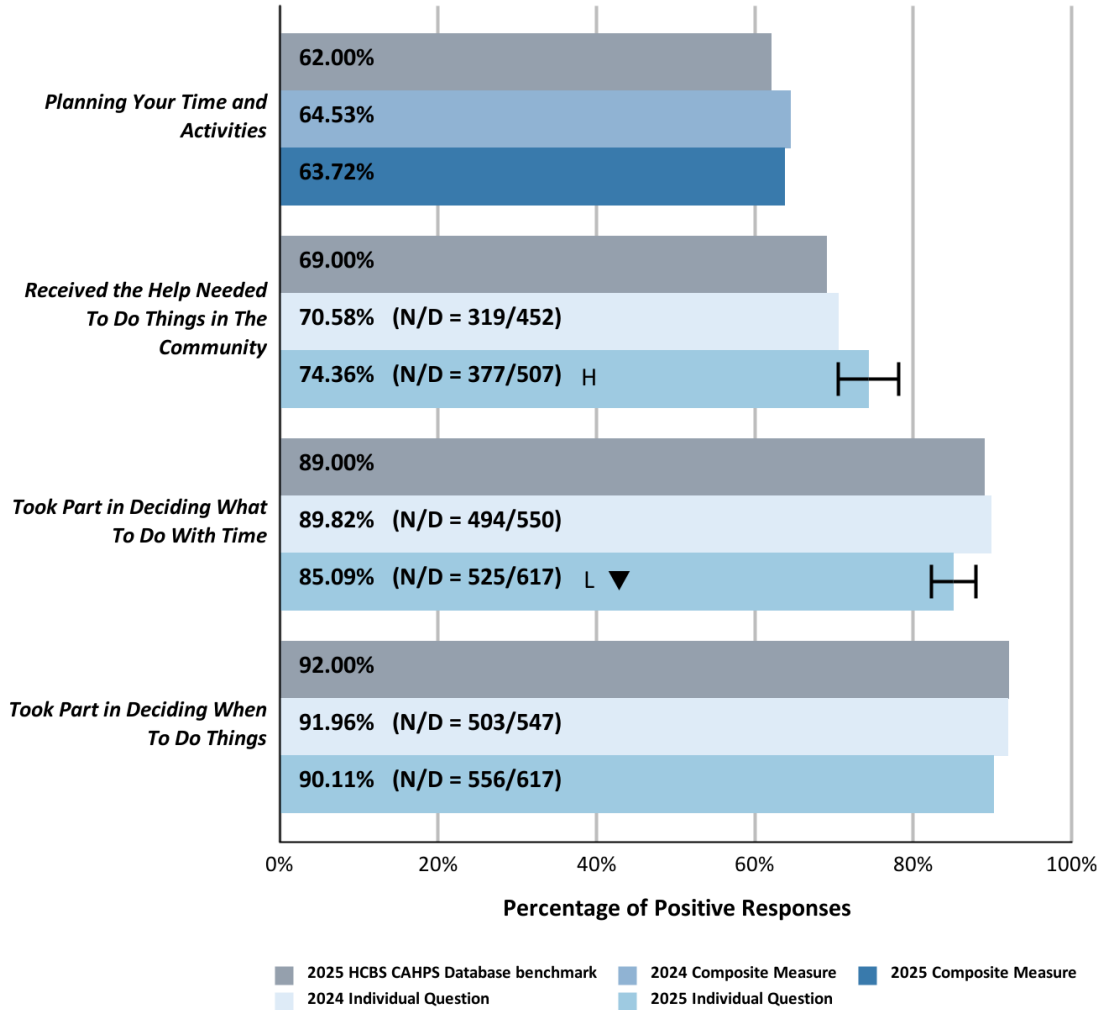
Figure 2-36 and Figure 2-37 show the *Planning Your Time and Activities* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons, and the positive rating results for the individual survey items within the composite measure. The 2025 rates for *Could Get Together With Nearby Family*, *Could Do Things in Community*, and *Received the Help Needed To Do Things in The Community* individual survey items were significantly *higher* than the HCBS CAHPS Database benchmarks. The 2025 rate for *Took Part in Deciding What To Do With Time* individual survey item was significantly *lower* than the HCBS CAHPS Database benchmark and the 2024 rate.

Figure 2-36—Percentage of Respondents Who Reported They Could Plan Their Time and Activities with Family and Friends, with Year-Over-Year Analysis and National Comparisons



H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.
 N/D Indicates the numerator and denominator of the score.
 [-] Indicates the 95% confidence interval of the score.

Figure 2-37—Percentage of Respondents Who Reported They Could Plan Their Time and Activities with Family and Friends, with Year-Over-Year Analysis and National Comparisons, Continued

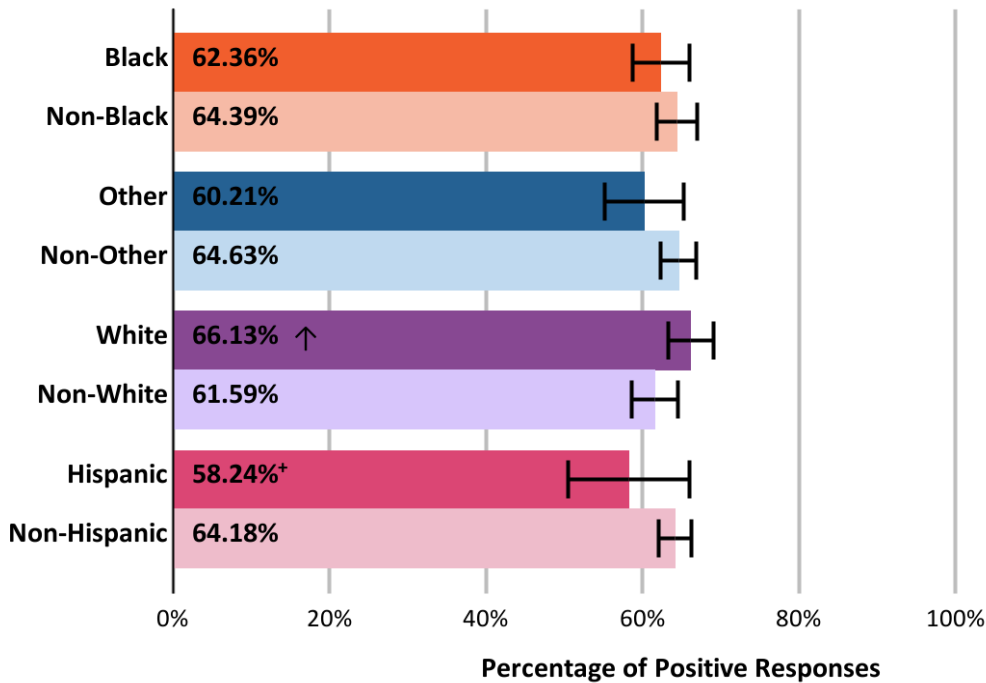


H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.
 L Indicates the score is significantly lower than the 2025 HCBS CAHPS Database benchmark.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 N/D Indicates the numerator and denominator of the score.
 |-| Indicates the 95% confidence interval of the score.

Race and Ethnicity Comparisons

Figure 2-38 shows the *Planning Your Time and Activities* positive rating results of respondents for the NC HCBS Program by race and ethnicity. A significantly *higher* percentage of White respondents reported they could plan their time and activities with family and friends when compared to non-White respondents. There were no significant differences identified by ethnicity.

Figure 2-38—Percentage of Respondents Who Reported They Could Plan Their Time and Activities with Family and Friends, by Race and Ethnicity



↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score. If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

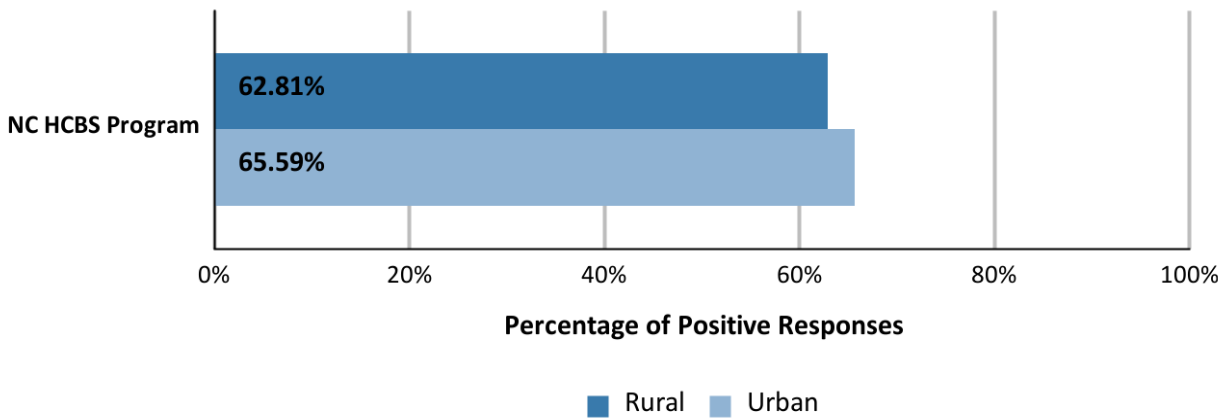
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-39 shows the respondents who reported positive ratings, by geography, for the *Planning Your Time and Activities* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-39—Percentage of Respondents Who Reported They Could Plan Their Time and Activities with Family and Friends, with Geographic Comparisons



Recommendation Measures

Respondents were asked if they would recommend the following individuals to their family and friends:

- **Personal Assistance/Behavioral Health Staff**—the personal assistance/behavioral health staff who helped them if they needed help with everyday activities.
- **Homemaker**—the homemaker who helped them if they needed homemaker services.
- **Case Manager**—the case manager who helped them if they needed care coordination services.

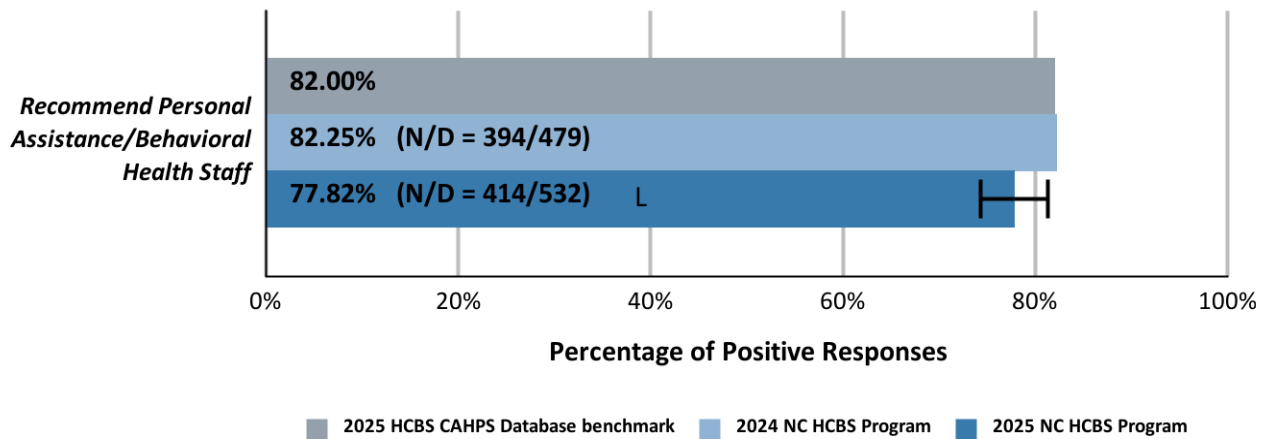
Responses of “Definitely yes” are considered positive ratings.

Recommend Personal Assistance/Behavioral Health Staff

Year-Over-Year Analysis and National Comparisons

Figure 2-40 shows the *Recommend Personal Assistance/Behavioral Health Staff* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons. The 2025 rate was significantly *lower* than the HCBS CAHPS Database benchmark. There were no significant differences when compared to the 2024 rate.

Figure 2-40—Percentage of Respondents Who Would Definitely Recommend Their Personal Assistance/Behavioral Health Staff, with Year-Over-Year Analysis and National Comparisons



L Indicates the score is significantly lower than the 2025 HCBS CAHPS Database benchmark.

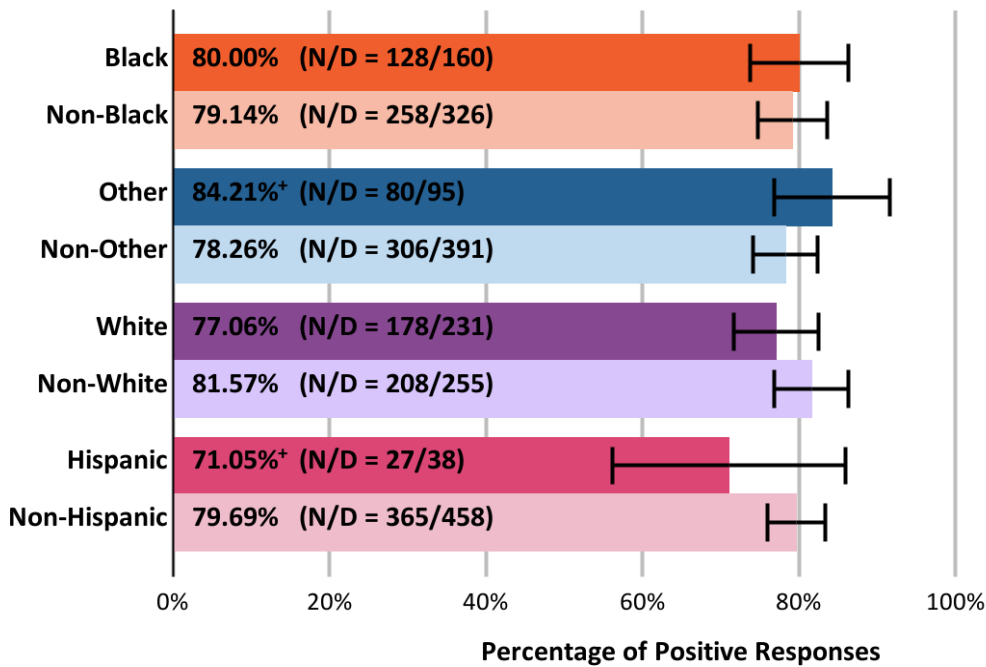
N/D Indicates the numerator and denominator of the score.

|-| Indicates the 95% confidence interval of the score.

Race and Ethnicity Comparisons

Figure 2-41 shows the *Recommend Personal Assistance/Behavioral Health Staff* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-41—Percentage of Respondents Who Would Definitely Recommend Their Personal Assistance/Behavioral Health Staff, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

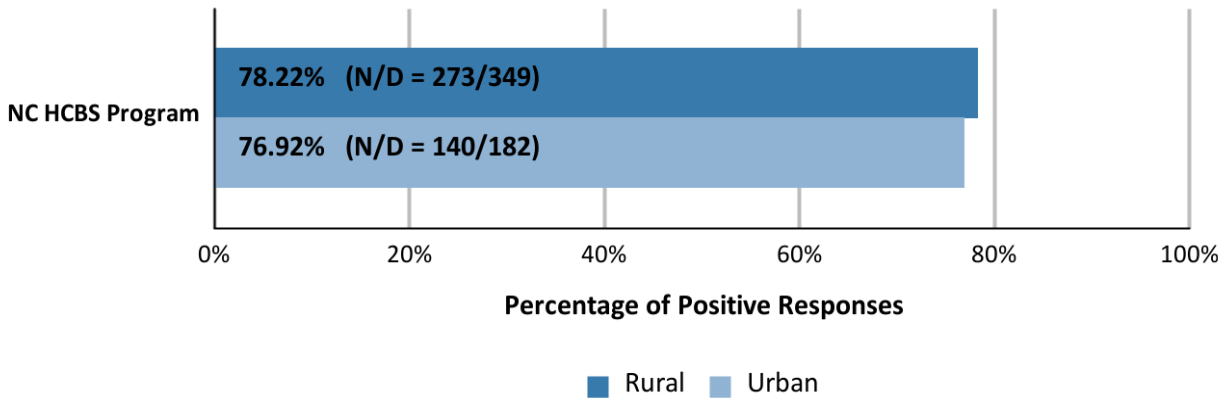
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-42 shows the respondents who reported positive ratings, by geography, for the *Recommend Personal Assistance/Behavioral Health Staff* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-42—Percentage of Respondents Who Would Definitely Recommend Their Personal Assistance/Behavioral Health Staff, with Geographic Comparisons



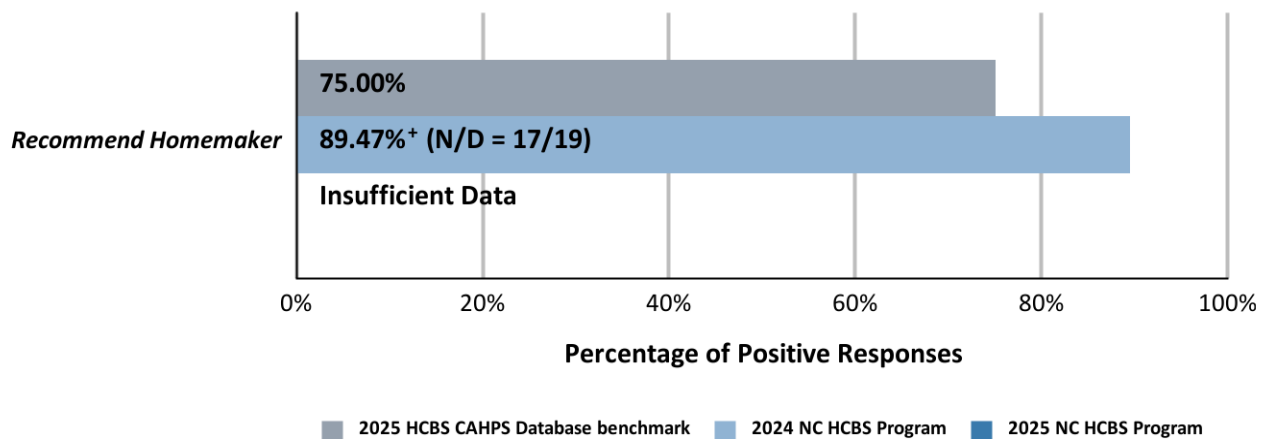
N/D Indicates the numerator and denominator of the score.

Recommend Homemaker

Year-Over-Year Analysis and National Comparisons

Figure 2-43 shows the *Recommend Homemaker* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons. The 2025 rate was suppressed due to an insufficient number of responses.

Figure 2-43—Percentage of Respondents Who Would Definitely Recommend Their Homemaker, with Year-Over-Year Analysis and National Comparisons



+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and noted as “Insufficient Data.”
N/D Indicates the numerator and denominator of the score.

Race and Ethnicity Comparisons

The race and ethnicity results for *Recommend Homemaker* were suppressed due to an insufficient number of responses.

Geographic Comparisons

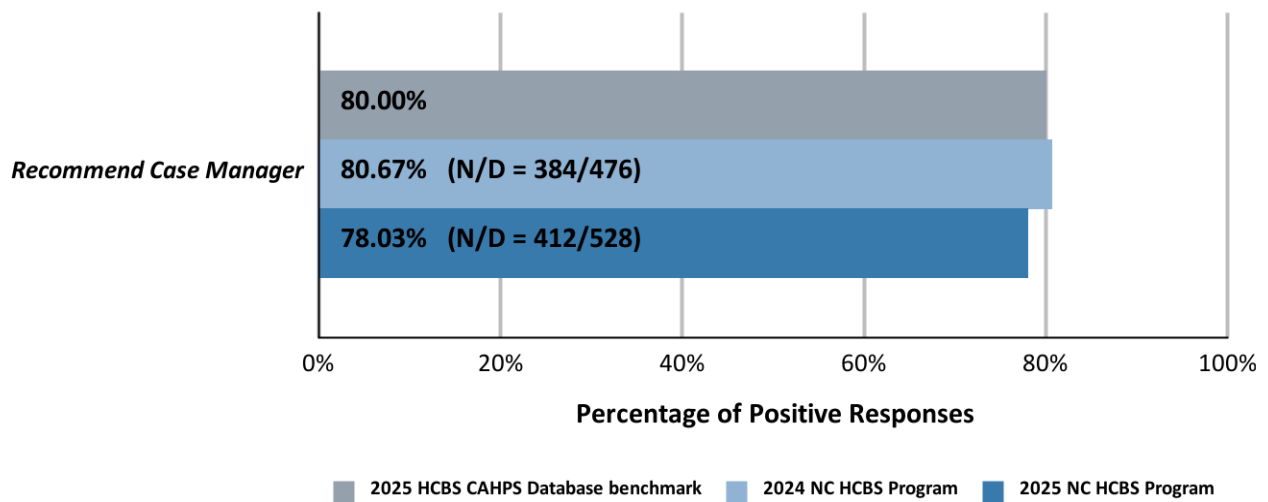
The geographic comparisons results for *Recommend Homemaker* were suppressed due to an insufficient number of responses.

Recommend Case Manager

Year-Over-Year Analysis and National Comparisons

Figure 2-44 show the *Recommend Case Manager* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons. There were no significant differences when compared to the HCBS CAHPS Database benchmark or 2024 rate.

Figure 2-44—Percentage of Respondents Who Would Definitely Recommend Their Case Manager, with Year-Over-Year Analysis and National Comparisons

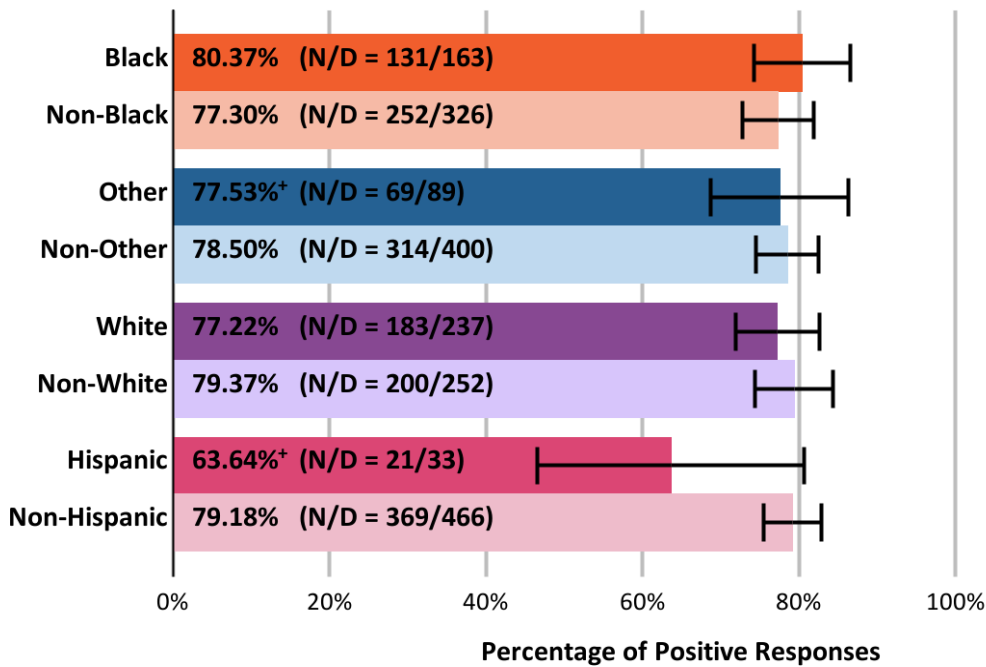


N/D Indicates the numerator and denominator of the score.

Race and Ethnicity Comparisons

Figure 2-45 shows the *Recommend Case Manager* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-45—Percentage of Respondents Who Would Definitely Recommend Their Case Manager, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

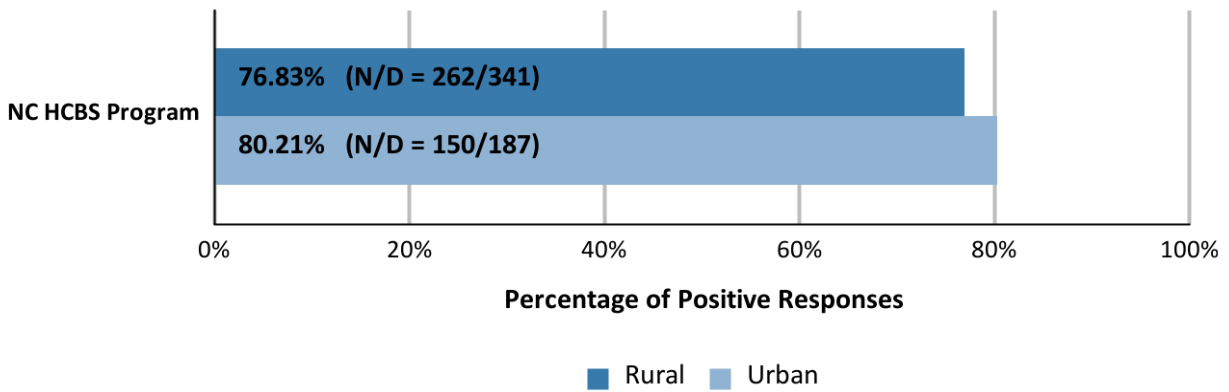
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-46 shows the respondents who reported positive ratings, by geography, for the *Recommend Case Manager* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-46—Percentage of Respondents Who Would Definitely Recommend Their Case Manager, with Geographic Comparisons



N/D Indicates the numerator and denominator of the score.

Unmet Need and Physical Safety Measures

The unmet need measures evaluate whether the needs listed below were not being met because of a lack of help. Respondents were asked if they needed help from personal assistance/behavioral health staff with the following needs:

- **Dressing/Bathing**—getting dressed, taking a shower, or bathing.
- **Meal Preparation/Eating**—preparing their meals, such as help making or cooking meals, or help eating.
- **Medication Administration**—taking their medicines when they were supposed to.
- **Toileting**—with toileting.
- **Household Tasks**—completing household tasks, like cleaning and laundry.

In addition, beneficiaries were asked if any staff hit or hurt them.¹⁸ Responses of “No” are considered positive ratings, except for *Staff Helped With Toileting When Needed*, where responses of “Yes” are considered positive ratings. These measures were scored so that higher values indicate better care; therefore, a higher positive rating indicates a positive response (e.g., no unmet need), and a lower positive rating indicates a negative response.

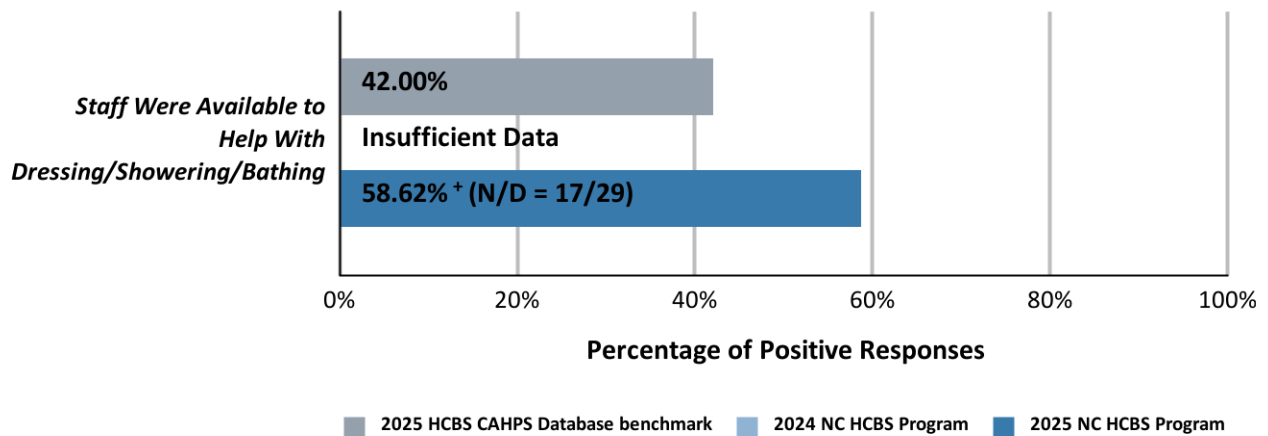
¹⁸ Staff could be personal assistance staff, behavioral health staff, homemakers, or case managers.

Staff Were Available to Help With Dressing/Showering/Bathing

Year-Over-Year Analysis and National Comparisons

Figure 2-47 shows the *Staff Were Available to Help With Dressing/Showering/Bathing* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons. The 2024 rate was suppressed due to an insufficient number of responses. There were no significant differences when compared to the HCBS CAHPS Database benchmark.

Figure 2-47—Percentage of Respondents Who Reported Staff Were Available to Help With Dressing, Showering, and Bathing, with Year-Over-Year Analysis and National Comparisons

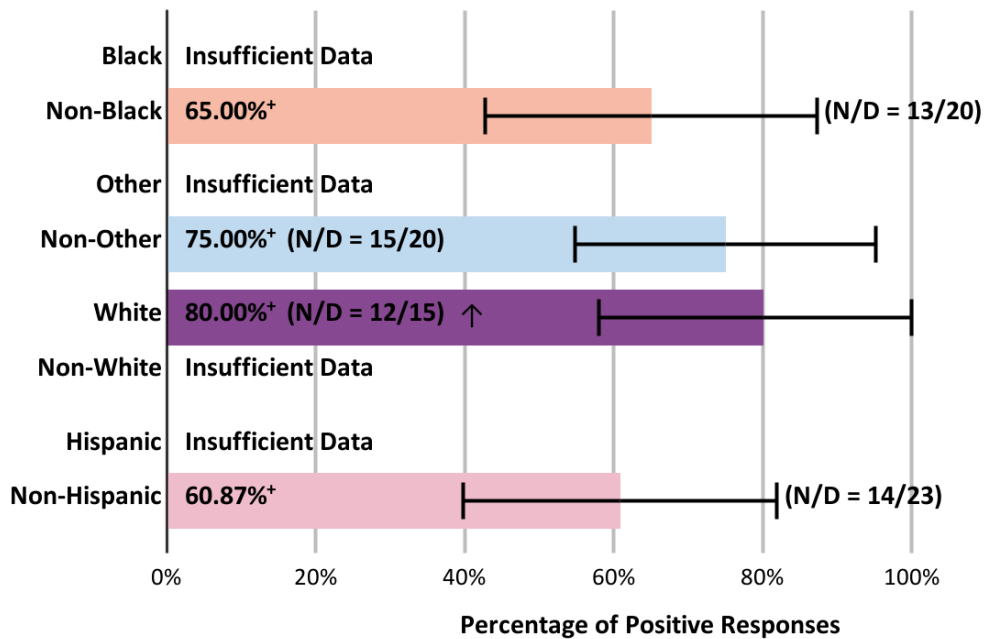


⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and noted as “Insufficient Data.”
N/D Indicates the numerator and denominator of the score.

Race and Ethnicity Comparisons

Figure 2-48 shows the *Staff Were Available to Help With Dressing/Showering/Bathing* positive rating results of respondents for the NC HCBS Program by race and ethnicity. The positive ratings for the Black, Other, Non-White, and Hispanic respondents were suppressed due to insufficient number of responses.

Figure 2-48—Percentage of Respondents Who Reported Staff Were Available to Help With Dressing, Showering, and Bathing, by Race and Ethnicity



↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score. If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

Results based on fewer than 11 respondents were suppressed and noted as “Insufficient Data.”

N/D Indicates the numerator and denominator of the demographic category score.

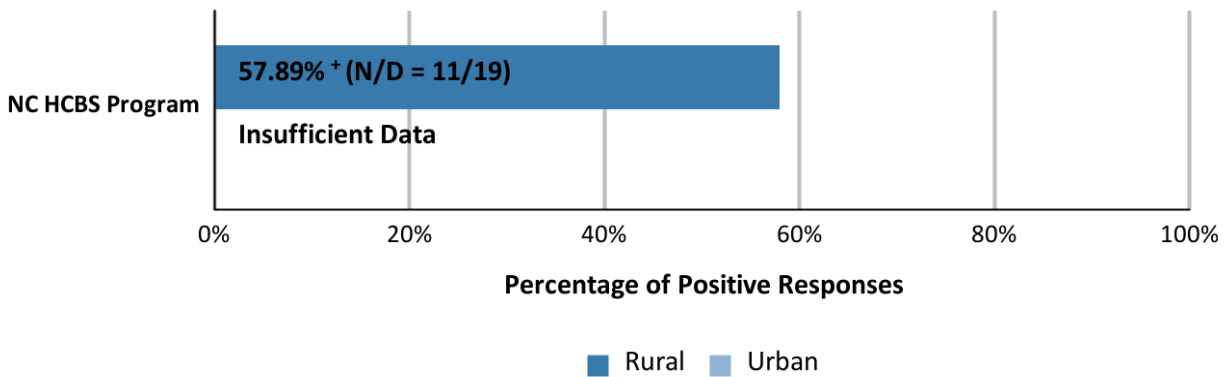
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-49 shows the respondents who reported positive ratings, by geography, for the *Staff Were Available to Help With Dressing/Showering/Bathing* measure for the NC HCBS Program. The positive rating for respondents living in urban counties was suppressed due to insufficient number of responses.

Figure 2-49—Percentage of Respondents Who Reported Staff Were Available to Help With Dressing, Showering, and Bathing, with Geographic Comparisons



+ Indicates fewer than 100 respondents in the denominator . Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the score.

Staff Were Available to Help With Meals

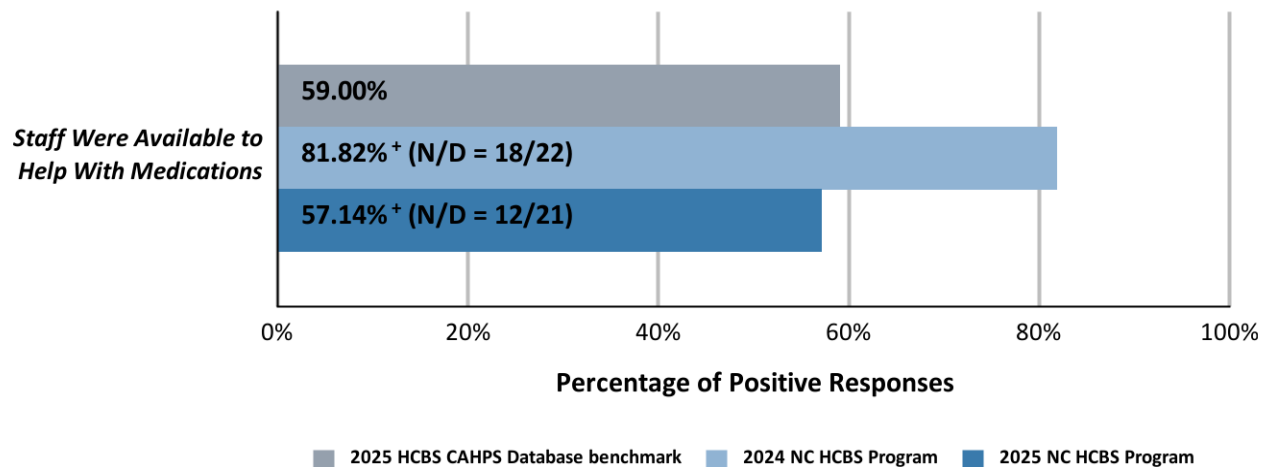
The year-over-year analysis, national comparisons, race and ethnicity comparisons, and geographic comparisons results for *Staff Were Available to Help With Meal* were suppressed due to an insufficient number of responses.

Staff Were Available to Help With Medications

Year-Over-Year Analysis and National Comparisons

Figure 2-50 shows the *Staff Were Available to Help With Medications* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons. There were no significant differences when compared to the HCBS CAHPS Database benchmark or 2024 rate.

Figure 2-50—Percentage of Respondents Who Reported Staff Were Available to Help With Medications, with Year-Over-Year Analysis and National Comparisons



⁺ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the score.

Race and Ethnicity Comparisons

The race and ethnicity results for *Staff Were Available to Help With Medications* were suppressed due to an insufficient number of responses.

Geographic Comparisons

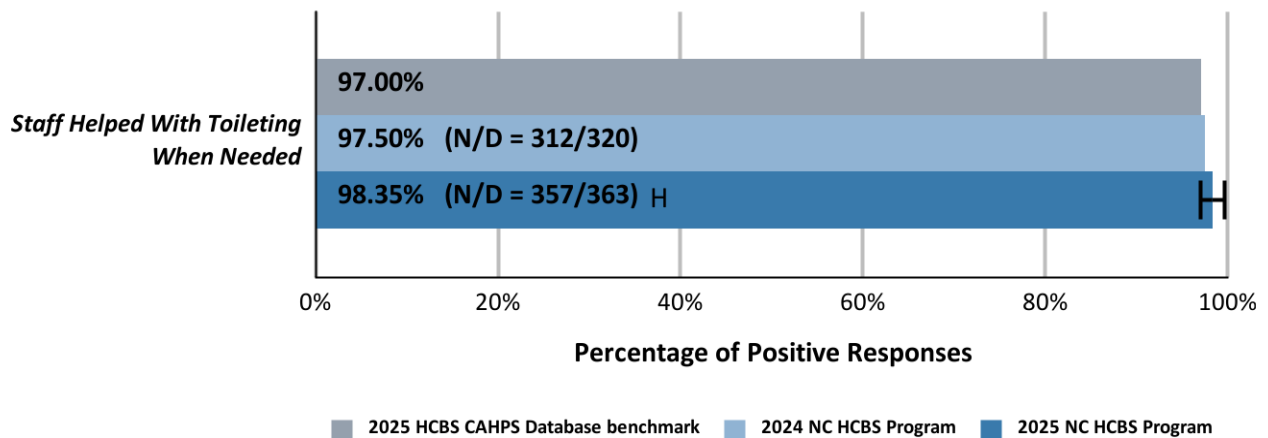
The geographic comparisons results for *Staff Were Available to Help With Medications* were suppressed due to an insufficient number of responses.

Staff Helped With Toileting When Needed

Year-Over-Year Analysis and National Comparisons

Figure 2-51 shows the *Staff Helped With Toileting When Needed* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons. The 2025 rate was significantly *higher* than the HCBS CAHPS Database benchmark. There were no significant differences when compared to the 2024 rate.

Figure 2-51—Percentage of Respondents Who Reported Staff Helped With Toileting, with Year-Over-Year Analysis and National Comparisons



H Indicates the score is significantly higher than the 2025 HCBS CAHPS Database benchmark.

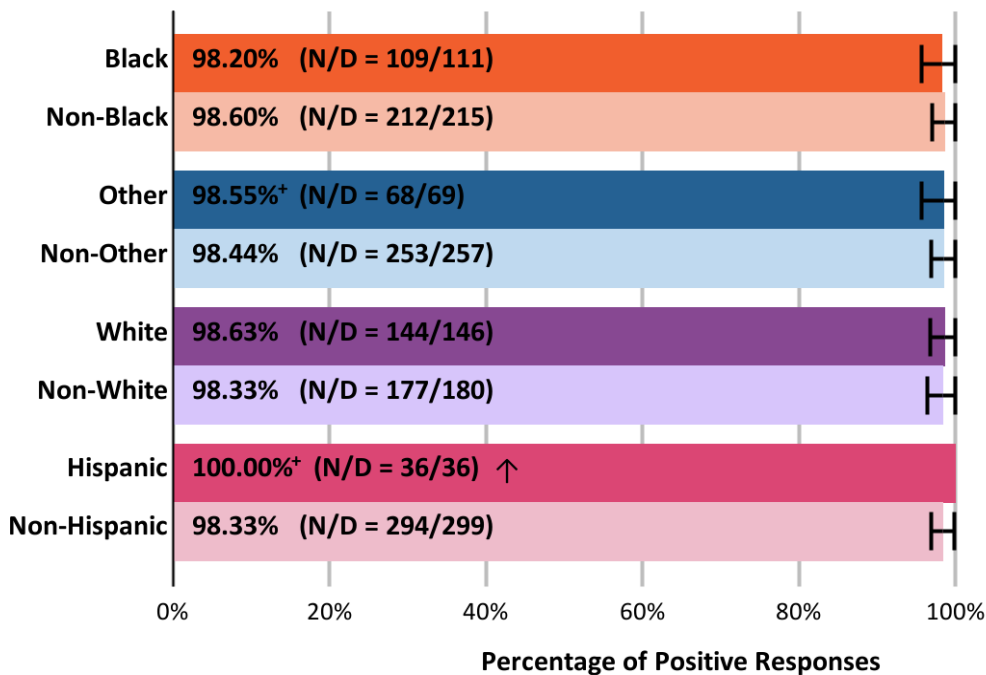
N/D Indicates the numerator and denominator of the score.

| - | Indicates the 95% confidence interval of the score.

Race and Ethnicity Comparisons

Figure 2-52 shows the *Staff Helped With Toileting When Needed* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race. A significantly *higher* percentage of Hispanic respondents reported staff helped with toileting when needed when compared to non-Hispanic respondents.

Figure 2-52—Percentage of Respondents Who Reported Staff Helped With Toileting, by Race and Ethnicity



↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score. If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 -| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

The geographic comparisons results for *Staff Helped With Toileting When Needed* were suppressed due to an insufficient number of responses.

Homemakers Were Available to Help With Household Tasks

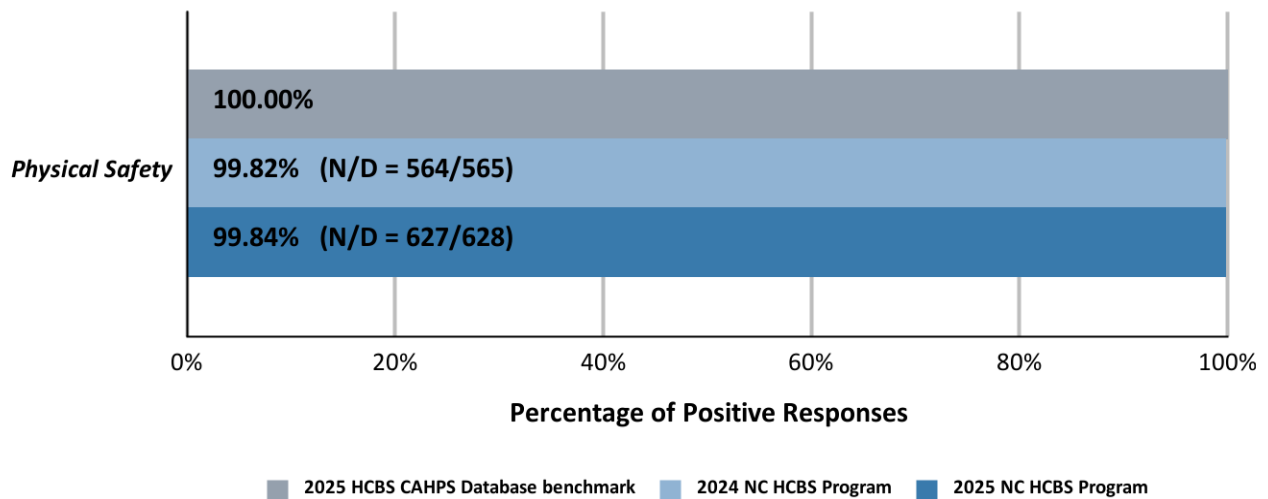
The year-over-year analysis, national comparisons, race and ethnicity comparisons, and geographic comparisons results for *Homemakers Were Available to Help With Household Tasks* were suppressed due to an insufficient number of responses.

Physical Safety

Year-Over-Year Analysis and National Comparisons

Figure 2-53 shows the *Physical Safety* positive rating results for the NC HCBS Program, including the year-over-year analysis and national comparisons. There were no significant differences when compared to the HCBS CAHPS Database benchmark or 2024 rate.

Figure 2-53—Percentage of Respondents Who Were Not Hit or Hurt by Staff, with Year-Over-Year Analysis and National Comparisons

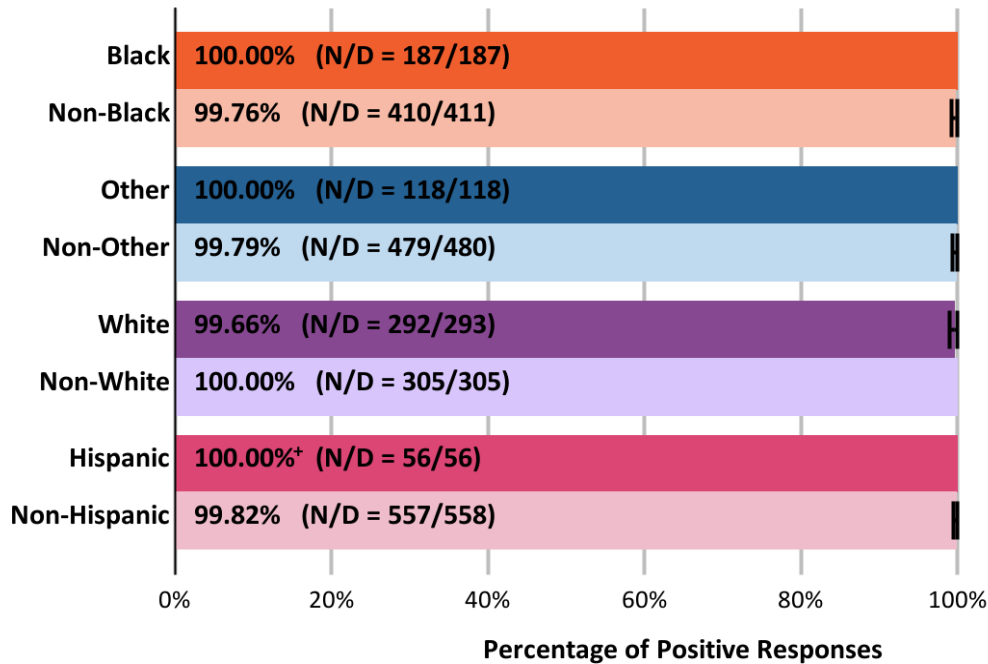


N/D Indicates the numerator and denominator of the score.

Race and Ethnicity Comparisons

Figure 2-54 shows the *Physical Safety* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-54—Percentage of Respondents Who Were Not Hit or Hurt by Staff, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

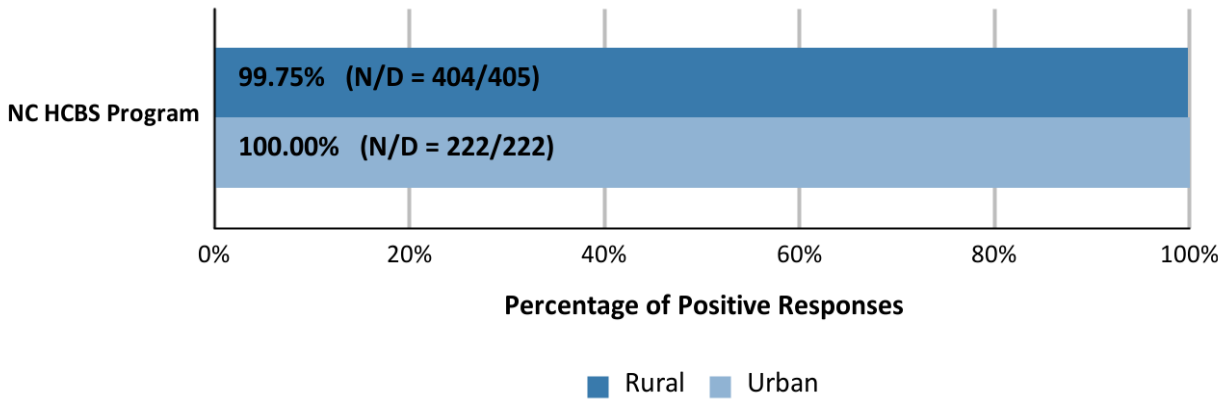
|-| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-55 shows the respondents who reported positive ratings, by geography, for the *Physical Safety* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-55—Percentage of Respondents Who Were Not Hit or Hurt by Staff, with Geographic Comparisons



N/D Indicates the numerator and denominator of the score.

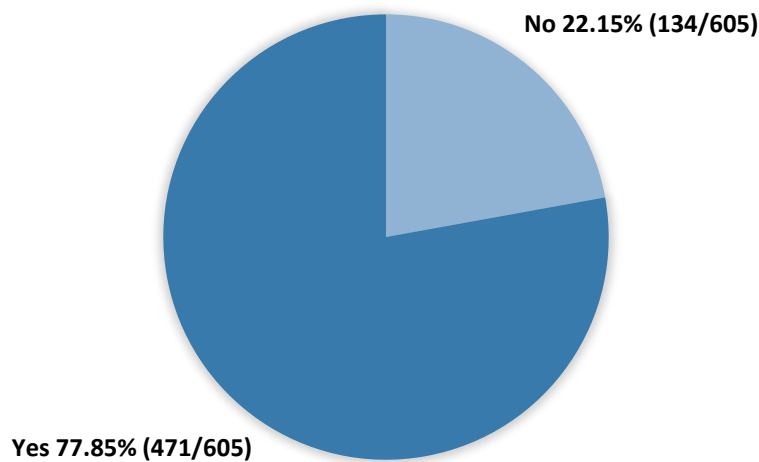
Supplemental Items

DHB added four supplemental questions to the survey instrument regarding health equity.

Received Information on Mistreatment

Figure 2-56 presents the percentage of respondents who reported they received information on or had someone talk with them about what to do if they or someone they know is hurt or mistreated. The majority of respondents (77.85 percent) reported receiving information or had someone talk with them about what to do if they or someone they know is hurt or mistreated.

Figure 2-56—Percentage of 2025 Respondents Who Received Information on What to do if They or Someone They Know is Hurt or Mistreated



Year-Over-Year Analysis

Table 2-3 shows the 2024 and 2025 *Received Information on Mistreatment* positive rating results for the NC HCBS Program, including the year-over-year analysis. There were no significant differences identified year-over-year.

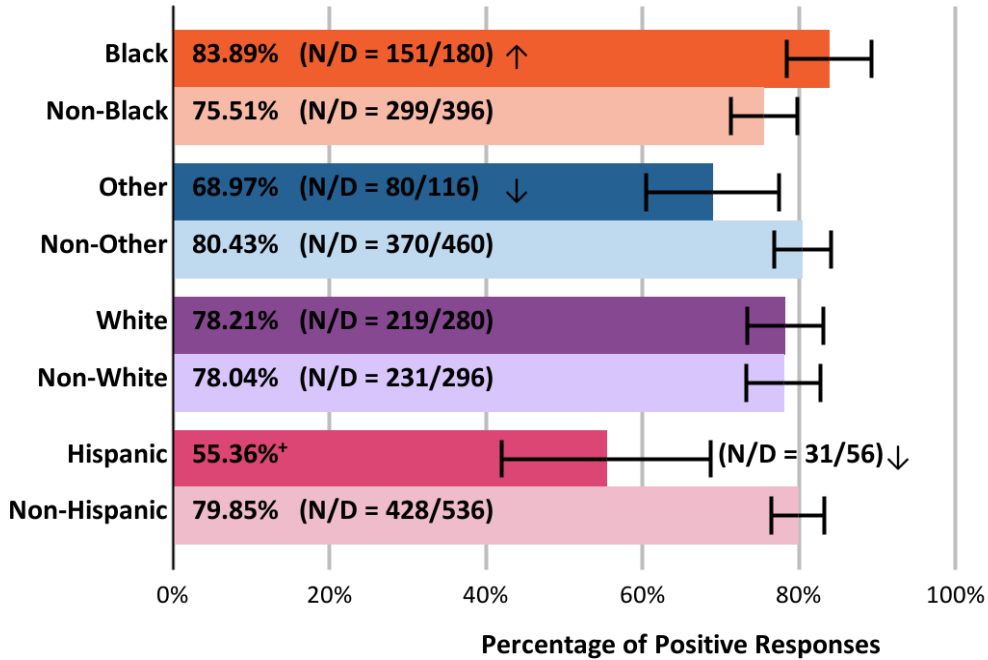
Table 2-3—Percentage of Respondents Who Received Information on What to do if They or Someone They Know is Hurt or Mistreated, with Year-Over-Year Analysis

2024	2025	Year-Over-Year Results (2025 Compared to 2024)
81.77%	77.85%	∅
∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.		

Race and Ethnicity Comparisons

Figure 2-57 shows the *Received Information on Mistreatment* positive rating results of respondents for the NC HCBS Program by race and ethnicity. A significantly *higher* percentage of Black respondents reported receiving information on what to do if they or someone they know is hurt or mistreated when compared to non-Black respondents. A significantly *lower* percentage of Other race and Hispanic respondents reported receiving information on what to do if they or someone they know is hurt or mistreated when compared to non-Other race and non-Hispanic respondents, respectively.

Figure 2-57—Percentage of Respondents Who Received Information on What to do if They or Someone They Know is Hurt or Mistreated, by Race and Ethnicity

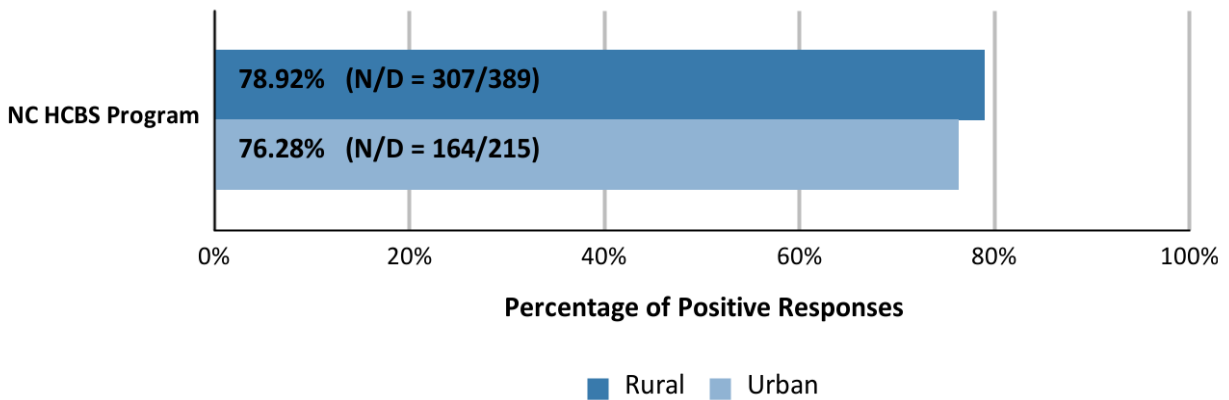


↑ Indicates the demographic category’s score is statistically significantly higher than the comparison group’s score.
 ↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score.
 If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
 + Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.
 N/D Indicates the numerator and denominator of the demographic category score.
 |-| Indicates the 95% confidence interval of the score.
 Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-58 shows the respondents who reported positive ratings, by geography, for the *Received Information on Mistreatment* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-58—Percentage of Respondents Who Received Information on What to do if They or Someone They Know is Hurt or Mistreated, with Geographic Comparisons

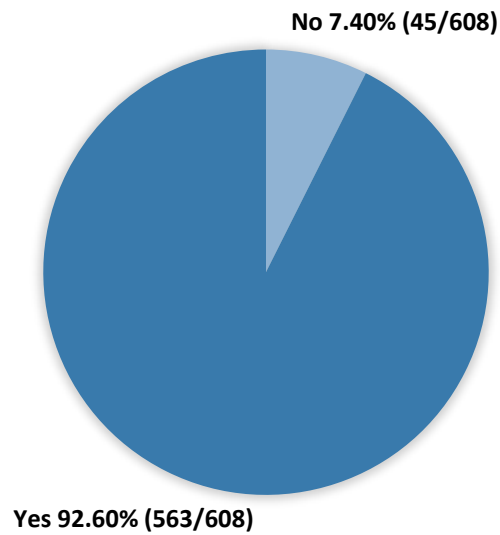


N/D Indicates the numerator and denominator of the score.

Care Manager Seemed Informed

Figure 2-59 presents the percentage of respondents whose care manager seemed informed and up-to-date about the health care they received from their personal doctor and specialty doctors. The majority of respondents (92.60 percent) reported their care manager was up-to-date about the health care they received from their personal doctor and specialty doctors.

Figure 2-59—Percentage of 2025 Respondents Whose Care Manager Seemed Informed and Up-To-Date About the Health Care They Received from Their Personal Doctor and Specialty Doctors



Year-Over-Year Analysis

Table 2-4 shows the 2024 and 2025 *Care Manager Seemed Informed* positive rating results for the NC HCBS Program, including the year-over-year analysis. There were no significant differences identified year-over-year.

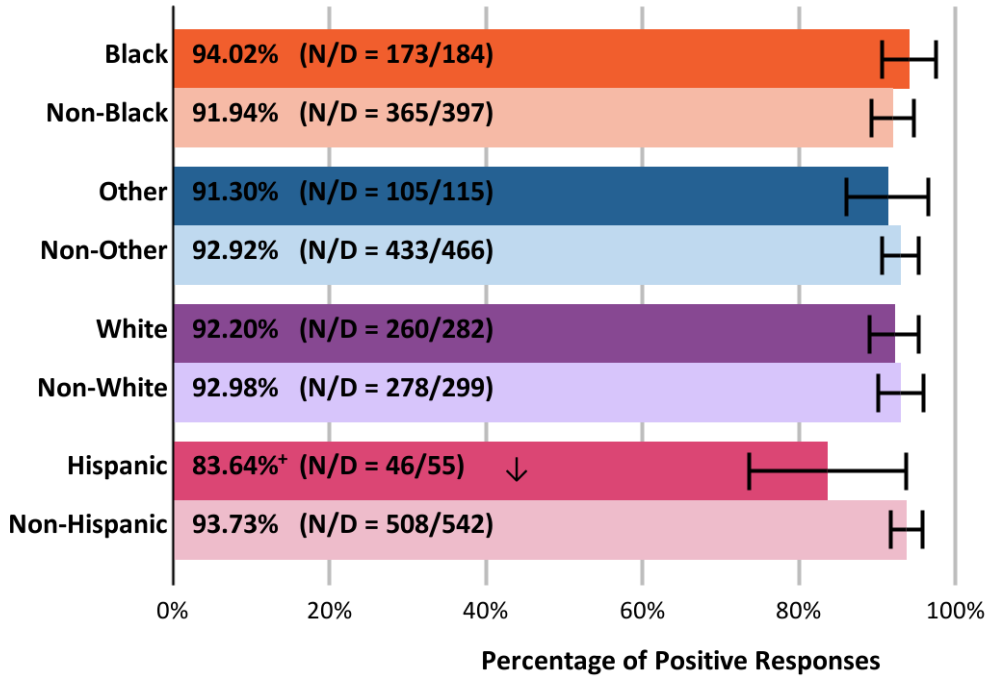
Table 2-4—Percentage of Respondents Whose Care Manager Seemed Informed and Up-To-Date About the Health Care They Received from Their Personal Doctor and Specialty Doctors, With Year-Over-Year Analysis

2024	2025	Year-Over-Year Results (2025 Compared to 2024)
93.67%	92.60%	∅
∅ Indicates the 2025 score is not statistically significantly different than the 2024 score.		

Race and Ethnicity Comparisons

Figure 2-60 shows the *Care Manager Seemed Informed* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race. A significantly *lower* percentage of Hispanic respondents reported their care manager seemed informed and up-to-date about the health care the respondent received from their personal doctor and specialty doctors when compared to non-Hispanic respondents.

Figure 2-60—Percentage of 2025 Respondents Whose Care Manager Seemed Informed and Up-To-Date About the Health Care They Received from Their Personal Doctor and Specialty Doctors, by Race and Ethnicity



↓ Indicates the demographic category’s score is statistically significantly lower than the comparison group’s score. If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

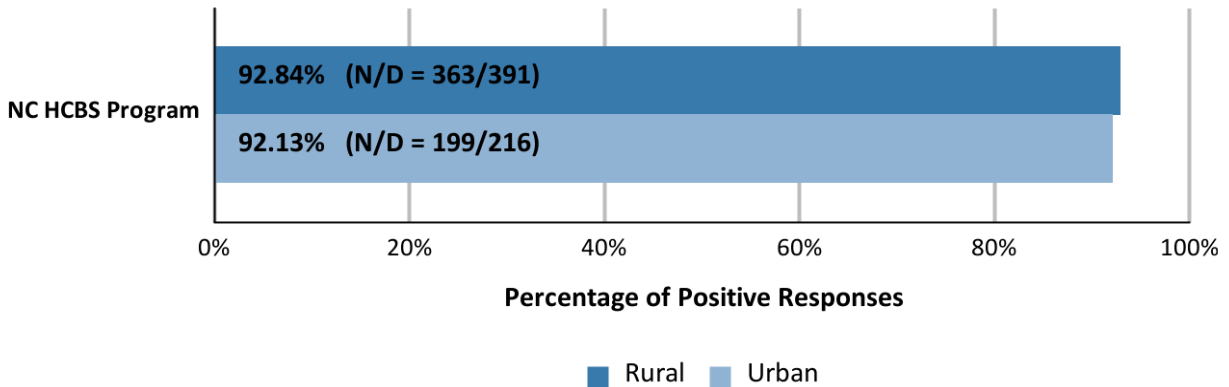
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-61 shows the respondents who reported positive ratings, by geography, for the *Care Manager Seemed Informed* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-61—Percentage of 2025 Respondents Whose Care Manager Seemed Informed and Up-To-Date About the Health Care They Received from Their Personal Doctor and Specialty Doctors, with Geographic Comparisons

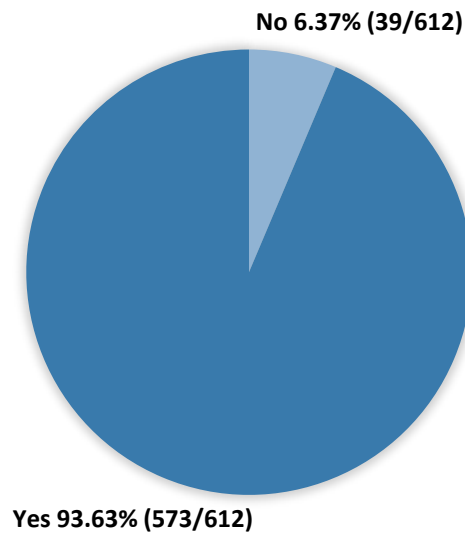


N/D Indicates the numerator and denominator of the score.

Contacted to Confirm Health Care Needs Met

Figure 2-62 presents the percentage of respondents whose care or case manager contacted them by telephone or in-person to ensure their services were meeting the respondent’s health care needs. The majority of respondents (93.63 percent) reported their care or case manager contacted them by telephone or in person to ensure their services were meeting the respondent’s health care needs.

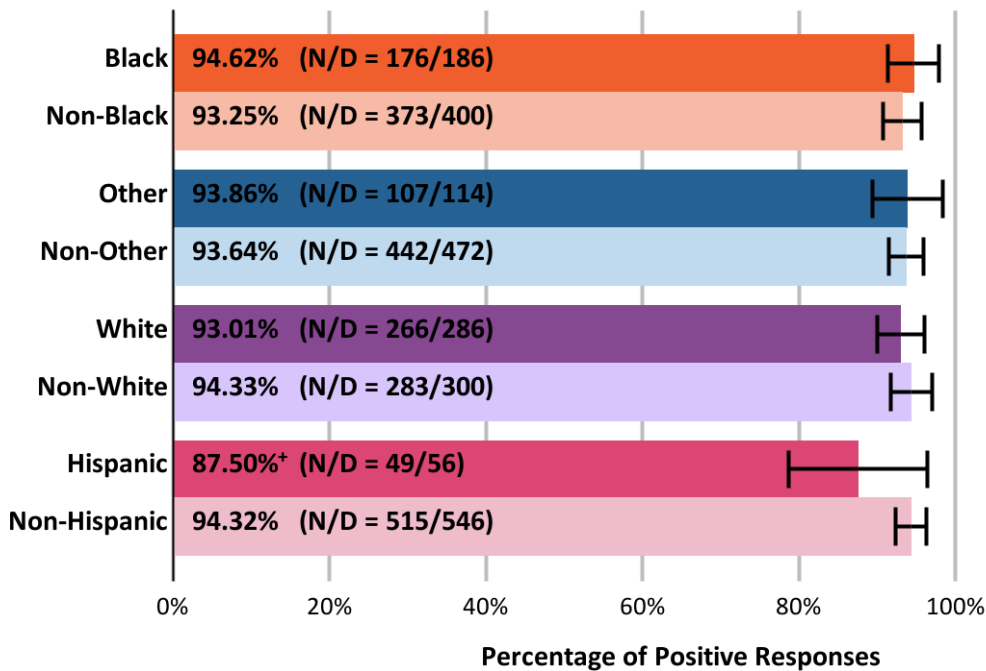
Figure 2-62—Percentage of 2025 Respondents Whose Care/Case Manager Contacted Them by Telephone or In-Person to Ensure Their Services Were Meeting The Respondent’s Health Care Needs



Race and Ethnicity Comparisons

Figure 2-63 shows the *Contacted to Confirm Health Care Needs Met* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-63—Percentage of 2025 Respondents Whose Care/Case Manager Contacted Them by Telephone or In-Person to Ensure Their Services Were Meeting The Respondent’s Health Care Needs, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

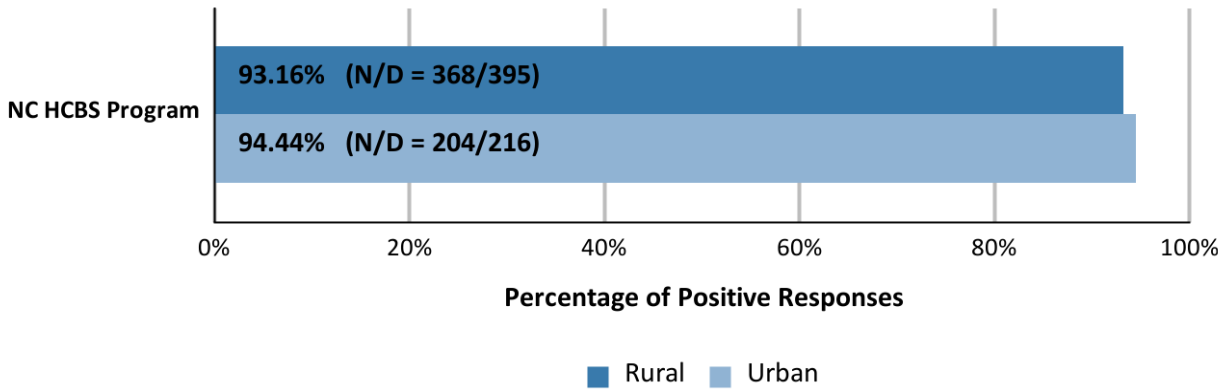
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-64 shows the respondents who reported positive ratings, by geography, for the *Contacted to Confirm Health Care Needs Met* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-64—Percentage of 2025 Respondents Whose Care/Case Manager Contacted Them by Telephone or In-Person to Ensure Their Services Were Meeting The Respondent’s Health Care Needs, with Geographic Comparisons

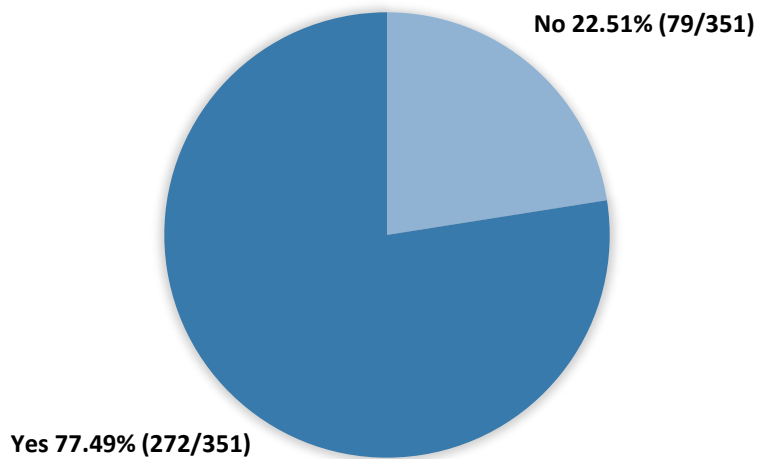


N/D Indicates the numerator and denominator of the score.

Explained Benefits of Care Management

Figure 2-65 presents the percentage of respondents not already receiving or using care management services, who received an explanation of the benefits of care management and how a care manager can assist them with their care needs. The majority of respondents (77.49 percent) reported they received an explanation of the benefits of care management and how a care manager can assist them with their care needs.

Figure 2-65—Percentage of 2025 Respondents Who Received Explanation of The Benefits of Care Management and How a Care Manager Can Assist Them With Their Care Needs

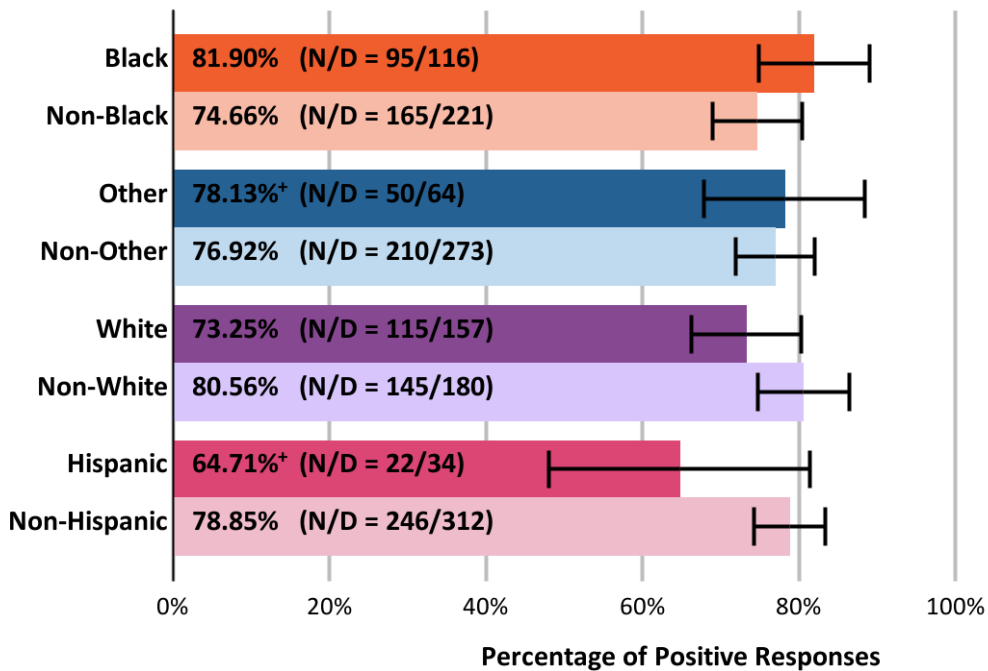


Respondents who answered “I already receive or am using care management” were excluded from the analysis.

Race and Ethnicity Comparisons

Figure 2-66 shows the *Explained Benefits of Care Management* positive rating results of respondents for the NC HCBS Program by race and ethnicity. There were no significant differences identified by race or ethnicity.

Figure 2-66—Percentage of 2025 Respondents Who Received Explanation of The Benefits of Care Management and How a Care Manager Can Assist Them With Their Care Needs, by Race and Ethnicity



If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when evaluating these results.

N/D Indicates the numerator and denominator of the demographic category score.

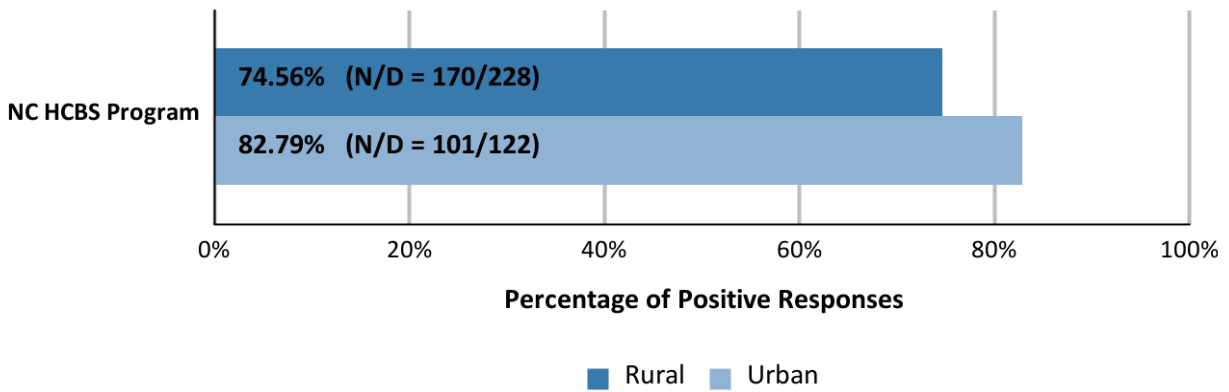
|—| Indicates the 95% confidence interval of the score.

Respondents who answered survey questions about their race and ethnicity are represented in both the race categories and ethnicity categories shown in this figure.

Geographic Comparisons

Figure 2-67 shows the respondents who reported positive ratings, by geography, for the *Explained Benefits of Care Management* measure for the NC HCBS Program. There were no significant differences identified by geography.

Figure 2-67—Percentage of 2025 Respondents Who Received Explanation of The Benefits of Care Management and How a Care Manager Can Assist Them With Their Care Needs, with Geographic Comparisons



N/D Indicates the numerator and denominator of the score.

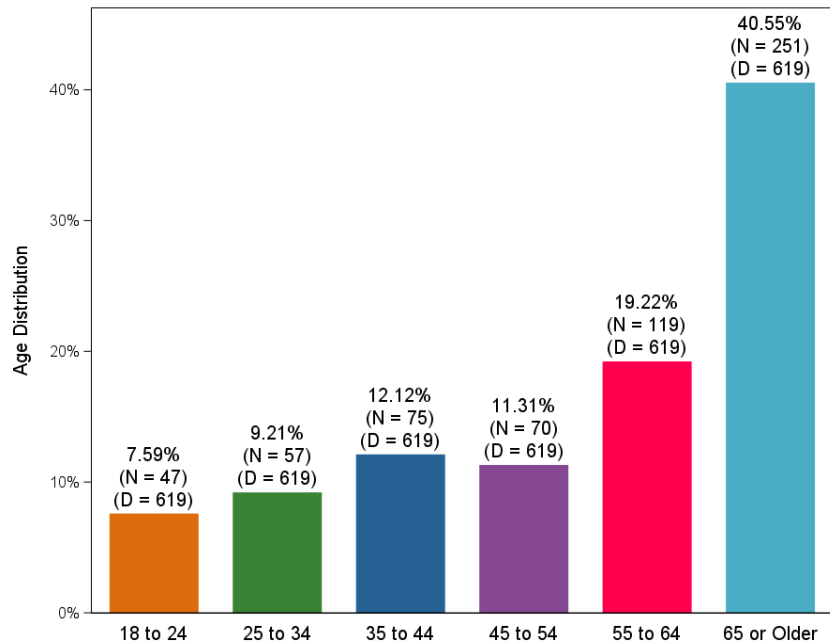
Appendix A. Supplemental Information

Respondent Demographics

The demographics include the *self-reported* demographic information reported by respondents in the HCBS CAHPS survey. Figure A-1 through Figure A-5 present the respondent self-reported demographic characteristics (i.e., demographic information reported on the survey) for age, sex, race, ethnicity, and education level, respectively.

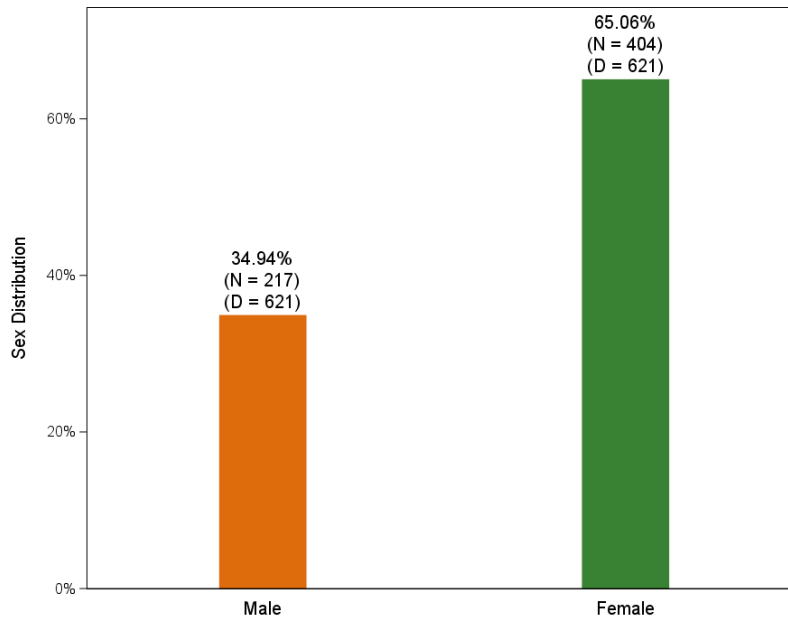
Overall, the majority of respondents were female (65.06 percent) and non-Hispanic, Latino, or Spanish (90.88 percent). The plurality of respondents were 65 years of age or older (40.55 percent), White (49.00 percent), and reported an education level of high school graduate or General Educational Development (GED) (36.12 percent).

Figure A-1—Percentage of 2025 Respondents Who Reported Their Age



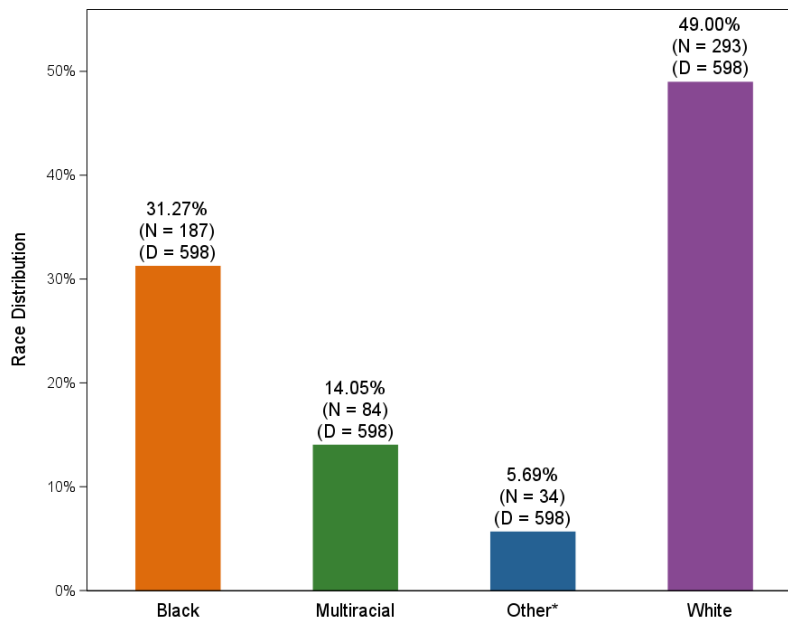
*Some percentages may not total 100% due to rounding.
 N Indicates the numerator of the demographic category.
 D Indicates the denominator of the demographic category.*

Figure A-2—Percentage of 2025 Respondents Who Reported Their Sex



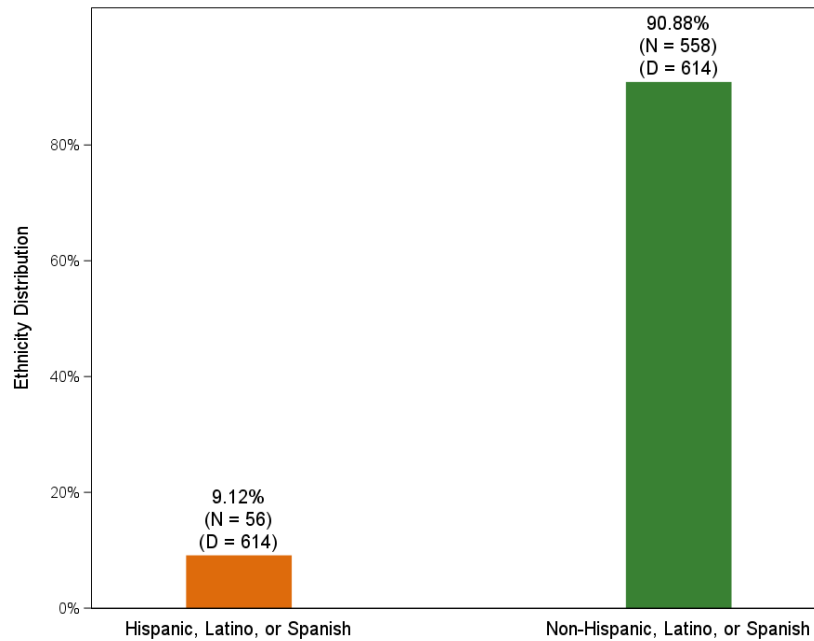
*Some percentages may not total 100% due to rounding.
N Indicates the numerator of the demographic category.
D Indicates the denominator of the demographic category.*

Figure A-3—Percentage of 2025 Respondents Who Reported Their Race



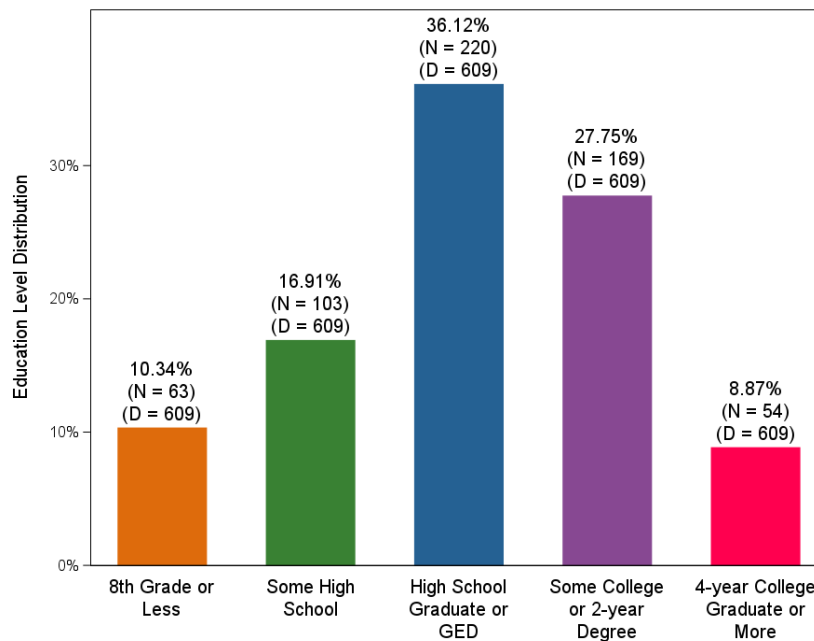
*Some percentages may not total 100% due to rounding.
N Indicates the numerator of the demographic category.
D Indicates the denominator of the demographic category.
The “Other” race category includes responses of Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other

Figure A-4—Percentage of 2025 Respondents Who Reported Their Ethnicity



*Some percentages may not total 100% due to rounding.
N Indicates the numerator of the demographic category.
D Indicates the denominator of the demographic category.*

Figure A-5—Percentage of 2025 Respondents Who Reported Their Education Level



*Some percentages may not total 100% due to rounding.
N Indicates the numerator of the demographic category.
D Indicates the denominator of the demographic category.*

Survey Respondent to Eligible Population Demographic Data Comparisons

HSAG used the sample frame (i.e., eligible population) data, which was pulled from Medicaid enrollment data, to compare the demographic characteristics of those who responded to the survey (i.e., survey respondents) to the total eligible population. The demographic characteristics evaluated as part of the respondent analysis included age, sex, race, ethnicity, and geography. *T* tests were performed to determine whether the demographic characteristics of survey respondents were significantly different from the demographic characteristics of all beneficiaries in the eligible population. A difference was considered significant if the two-sided *p* value of the *t* test was less than 0.05. If the respondent population differs significantly from the actual population, then caution should be exercised when extrapolating the survey results to the entire population.

Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the respondent demographics subsection, which uses responses from the survey as the data source. Table A-1 presents the results of the comparisons of the demographic characteristics of the survey respondents to the eligible population, using the Medicaid enrollment data, for the NC HCBS Program.

Table A-1—Survey Respondent to Eligible Population Demographic Comparisons Using Medicaid Enrollment Data (2025)

	Demographics of Survey Respondents from Medicaid Enrollment Data % (N/D)	Demographics of Eligible Population from Medicaid Enrollment Data % (N/D)
Age		
18 to 24	7.80% (56/718)	7.36% (803/10,916)
25 to 34	8.77% (63/718)	7.36% (803/10,916)
35 to 44	10.45%↑ (75/718)	7.87% (859/10,916)
45 to 54	13.51%↑ (97/718)	10.13% (1,106/10,916)
55 to 64	20.33% (146/718)	17.44% (1,904/10,916)
65 or Older	39.14%↓ (281/718)	49.84% (5,441/10,916)
Sex		
Male	35.79% (257/718)	33.89% (3,699/10,916)
Female	64.21% (461/718)	66.11% (7,217/10,916)

	Demographics of Survey Respondents from Medicaid Enrollment Data % (N/D)	Demographics of Eligible Population from Medicaid Enrollment Data % (N/D)
Race		
Black	37.66%↓ (270/717)	46.11% (4,997/10,837)
Multiracial	2.09% (15/717)	2.62% (284/10,837)
Other	3.07%↓ (22/717)	5.38% (583/10,837)
White	57.18%↑ (410/717)	45.89% (4,973/10,837)
Ethnicity		
Hispanic	6.42%↑ (45/701)	4.36% (463/10,614)
Non-Hispanic	93.58%↓ (656/701)	95.64% (10,151/10,614)
Geography		
Rural	65.27%↑ (468/717)	60.74% (6,625/10,907)
Urban	34.73%↓ (249/717)	39.26% (4,282/10,907)
<p><i>Blue and orange shading indicates the respondent percentage is significantly different than the eligible population percentage.</i> ↑ <i>Indicates the respondent percentage is significantly higher than the eligible population percentage.</i> ↓ <i>Indicates the respondent percentage is significantly lower than the eligible population percentage.</i> <i>Respondent percentages that are not significantly different than the eligible population percentages are not noted with arrows.</i> (N/D) <i>Indicates numerator and denominator.</i></p>		

Numerator and Denominator Breakouts

The tables in this section include the numerators and denominators for rates in the respective subsections of the Results section.

Year-Over-Year Analysis and National Comparisons: Composite Measures

Table A-2 presents the numerators and denominators for the positive ratings for the year-over-year analysis and national comparisons for the composite measures for the NC HCBS Program.

Table A-2—Numerators and Denominators for Respondents Who Gave Positive Ratings for the Composite Measures for NC HCBS Program

Measures	2024 NC HCBS Program (N/D)	2025 NC HCBS Program (N/D)
<i>Staff are Reliable and Helpful</i>	267/315	292/342
<i>Staff Listen and Communicate Well</i>	235/272	262/304
<i>Case Manager is Helpful</i>	251/266	283/301
<i>Choosing the Services that Matter to You</i>	402/506	457/556
<i>Transportation to Medical Appointments</i>	264/303	294/341
<i>Personal Safety and Respect</i>	536/560	595/623
<i>Planning Your Time and Activities</i>	313/472	347/530
<p>N/D Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates in the year-over-year analysis and national comparisons composite measure figures for the NC HCBS Program because final composite measure scores are determined by calculating the average score across all questions within the composite measure. For further details, please refer to the Methodology in Appendix B on page 110.</p>		

Race and Ethnicity Comparisons: Composite Measures

Table A-3 and Table A-4 present the numerators and denominators for the composite measures for the NC HCBS Program by race and ethnicity.

Table A-3—Numerators and Denominators for 2025 Respondents Who Gave Positive Ratings for the Composite Measures for NC HCBS Program, by Race and Ethnicity

Race and Ethnicity Categories	<i>Staff are Reliable and Helpful</i> (N/D)	<i>Staff Listen and Communicate Well</i> (N/D)	<i>Case Manager is Helpful</i> (N/D)	<i>Choosing the Services that Matter to You</i> (N/D)
Race Categories				
Black	86/99	78/88	90/95	150/169
Non-Black	171/202	161/186	170/182	276/346

Race and Ethnicity Categories	Staff are Reliable and Helpful (N/D)	Staff Listen and Communicate Well (N/D)	Case Manager is Helpful (N/D)	Choosing the Services that Matter to You (N/D)
Other	52/60	49/55	46/50	83/106
Non-Other	205/241	189/219	214/227	343/409
White	119/141	111/131	123/132	193/239
Non-White	139/160	128/144	137/145	233/276
Ethnicity Categories				
Hispanic	23/26	22/25	15/17	37/48
Non-Hispanic	240/282	221/255	248/264	398/479
<p>N/D Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates in the race and ethnicity comparison composite measure figures because final composite measure scores are determined by calculating the average score across all questions within the composite measure. For further details, please refer to the Methodology in Appendix B on page 110.</p>				

Table A-4—Numerators and Denominators for 2025 Respondents Who Gave Positive Ratings for the Composite Measures for NC HCBS Program, by Race and Ethnicity, Continued

Race and Ethnicity Categories	Transportation to Medical Appointments (N/D)	Personal Safety and Respect (N/D)	Planning Your Time and Activities (N/D)
Race Categories			
Black	101/118	177/184	104/162
Non-Black	175/201	388/406	228/343
Other	51/61	110/116	62/100
Non-Other	225/258	455/474	270/406
White	123/140	277/290	166/243
Non-White	153/179	288/301	166/262
Ethnicity Categories			
Hispanic	21/25	51/55	27/45
Non-Hispanic	262/303	529/551	312/473
<p>N/D Indicates the numerator and denominator of the score. Numerators and denominators when calculated to percentages do not match the corresponding rates in the race and ethnicity comparison composite measure figures because final composite measure scores are determined by calculating the average score across all questions within the composite measure. For further details, please refer to the Methodology in Appendix B on page 110.</p>			

Geographic Comparisons

Table A-5 presents the numerators and denominators for the overall health characteristics, global ratings, composite measures, recommendation measures, unmet need measures, and physical safety measure for the NC HCBS Program by geography.

Table A-5—Numerators and Denominators for 2025 Respondents Who Gave Positive Ratings for NC HCBS Program, by Geography

Measures	Rural (N/D)	Urban (N/D)
Overall Health Characteristics		
<i>General Health Status</i>	183/396	88/217
<i>Mental or Emotional Health Status</i>	256/395	130/216
Global Ratings		
<i>Rating of Personal Assistance/Behavioral Health Staff</i>	295/362	161/185
<i>Rating of Homemaker</i>	S	S
<i>Rating of Case Manager</i>	285/347	165/185
Composite Measures		
<i>Staff are Reliable and Helpful</i>	190/226	101/115
<i>Staff Listen and Communicate Well</i>	171/199	90/104
<i>Case Manager is Helpful</i>	180/194	103/107
<i>Choosing the Services that Matter to You</i>	296/364	160/191
<i>Transportation to Medical Appointments</i>	185/217	108/123
<i>Personal Safety and Respect</i>	383/401	210/220
<i>Planning Your Time and Activities</i>	221/341	126/188
Recommendation Measures		
<i>Recommend Personal Assistance/Behavioral Health Staff</i>	273/349	140/182
<i>Recommend Homemaker</i>	S	S
<i>Recommend Case Manager</i>	262/341	150/187
Unmet Need Measures		
<i>Staff Were Available to Help With Dressing/Showering/Bathing</i>	11/19	S
<i>Staff Were Available to Help With Meals</i>	S	S
<i>Staff Were Available to Help With Medications</i>	S	S
<i>Staff Helped With Toileting When Needed</i>	238/241	118/121
<i>Homemakers Were Available to Help With Household Tasks</i>	S	S
Physical Safety Measure		
<i>Physical Safety</i>	404/405	222/222

Measures	Rural (N/D)	Urban (N/D)
Supplemental Item Measures		
<i>Received Information on Mistreatment</i>	307/389	164/215
<i>Care Manager Seemed Informed</i>	363/391	199/216
<i>Contacted to Confirm Health Care Needs Met</i>	368/395	204/216
<i>Explained Benefits of Care Management</i>	170/228	101/122
<p><i>S Indicates results have been suppressed as results had fewer than 11 responses.</i></p> <p><i>N/D Indicates the numerator and denominator of the score.</i></p> <p><i>For the composite measures, numerators and denominators when calculated to percentages do not match the corresponding rates in the geographic comparisons composite measure figures because final composite measure scores determined by calculating the average score across all questions within the composite measure.</i></p> <p><i>For further details, please refer to the Methodology in Appendix B on page 110.</i></p>		

Appendix B. Reader's Guide

This section provides a comprehensive overview of the HCBS CAHPS survey administration protocol and analytic methodology.

Survey Administration

Survey Overview

The HCBS CAHPS survey without the Supplemental Employment module is a standardized survey that assesses patient perspectives of care. The goal of the HCBS CAHPS survey is to gather direct feedback from Medicaid beneficiaries receiving HCBS about their experiences and the quality of the LTSS they receive. The survey provides state Medicaid agencies with standard individual experience metrics for HCBS programs that are applicable to all populations served by these programs, including elderly and people with one or more disabilities (including physical disabilities, cognitive disabilities, intellectual impairments, or disabilities due to mental illness).

HCBS CAHPS Performance Measures

The survey includes 100 questions that yield 25 measures of experience. These measures include two overall health characteristics, three global ratings, seven composite measures, three recommendation measures, five unmet need measures, one physical safety measure, and four supplemental item measures. Figure B-1 lists the measures included in the survey.

Figure B-1—HCBS CAHPS

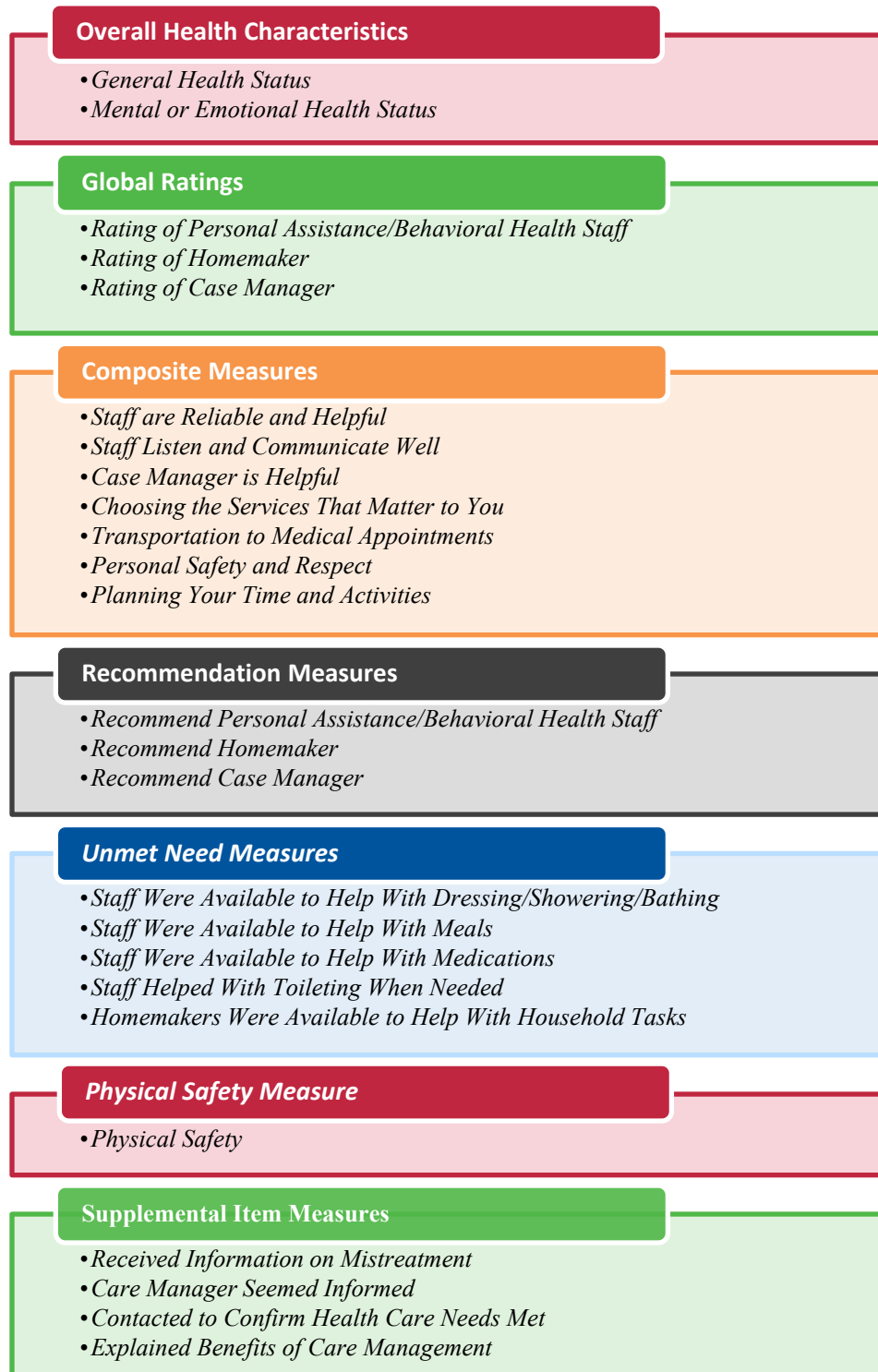


Table B-1 presents the survey language and response options for each measure. The HCBS CAHPS survey includes gate items, also known as screening items, that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses for the measures. Some questions included in Table B-1 have gate items; therefore, the questions are only asked to those for whom the question applies. The survey has two types of response options to increase accessibility for individuals with intellectual disabilities, categorized as standard response options and alternative response options. Respondents were first provided the standard response options; however, if a respondent found these options challenging, the alternative response options were used. The alternative response options were developed to enable more beneficiaries to participate in the survey, regardless of cognitive acuity. Additionally, certain questions included the program-specific terms, indicated in brackets, that were provided by the respondent during the identification questions of the interview.

Table B-1—Question Language and Response Options

Question Language	Response Options	
	Standard	Alternative
Overall Health Characteristics		
<i>General Health Status</i>		
82. In general, how would you rate your overall health?	Excellent, Very good, Good, Fair, Poor	—
<i>Mental or Emotional Health Status</i>		
83. In general, how would you rate your overall mental or emotional health?	Excellent, Very good, Good, Fair, Poor	—
Global Ratings		
<i>Rating of Personal Assistance/Behavioral Health Staff</i>		
35. Using any number from 0 to 10, where 0 is the worst help from [personal assistance/behavioral health staff] possible and 10 is the best help from personal assistance/behavioral health staff possible, what number would you use to rate the help you get from [personal assistance/behavioral health staff]?	0–10 Scale	Excellent, Very good, Good, Fair, Poor
<i>Rating of Homemaker</i>		
46. Using any number from 0 to 10, where 0 is the worst help from homemakers possible and 10 is the best help from [homemakers] possible, what number would you use to rate the help you get from [homemakers]?	0–10 Scale	Excellent, Very good, Good, Fair, Poor
<i>Rating of Case Manager</i>		
54. Using any number from 0 to 10, where 0 is the worst help from case manager possible and 10 is the best help from [case manager] possible, what number would you use to rate the help you get from case manager?	0–10 Scale	Excellent, Very good, Good, Fair, Poor

Question Language	Response Options	
	Standard	Alternative
Composite Measures and Individual Survey Items		
Staff are Reliable and Helpful		
13. In the last 3 months, how often did [personal assistance/behavioral health staff] come to work on time? (<i>Staff Came to Work on Time</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
14. In the last 3 months, how often did [personal assistance/behavioral health staff] work as long as they were supposed to? (<i>Staff Worked as Long as Supposed To</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
15. In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that [personal assistance/behavioral health staff] could not come that day? (<i>Someone Told Respondent if Staff Could Not Come</i>)	Yes, No	—
19. In the last 3 months, how often did [personal assistance/behavioral health staff] make sure you had enough personal privacy when you dressed, took a shower, or bathed? (<i>Respondent Had Enough Privacy [Dressing/Showering/Bathing]</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
37. In the last 3 months, how often did [homemakers] come to work on time? (<i>Homemakers Came to Work on Time</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
38. In the last 3 months, how often did [homemakers] work as long as they were supposed to? (<i>Homemakers Worked as Long as Supposed To</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
Staff Listen and Communicate Well		
28. In the last 3 months, how often did [personal assistance/behavioral health staff] treat you with courtesy and respect? (<i>Staff Were Courteous and Respectful</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
29. In the last 3 months, how often were the explanations [personal assistance/behavioral health staff] gave you hard to understand because of an accent or the way [personal assistance/behavioral health staff] spoke English? (<i>Staff's Accent or English was Easy to Understand</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
30. In the last 3 months, how often did [personal assistance/behavioral health staff] treat you the way you wanted them to? (<i>Staff Treated Respondent the Way Respondent Wanted Them To</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
31. In the last 3 months, how often did [personal assistance/behavioral health staff] explain things in a way that was easy to understand? (<i>Staff Explain Things in a Way That Was Easy to Understand</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
32. In the last 3 months, how often did [personal assistance/behavioral health staff] listen carefully to you? (<i>Staff Listened Carefully</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
33. In the last 3 months, did you feel [personal assistance/behavioral health staff] knew what kind of help you needed with everyday activities, like getting ready in the morning, getting groceries, or going places in your community? (<i>Staff Knew The Help Needed With Everyday Activities</i>)	Yes, No	—
41. In the last 3 months, how often did [homemakers] treat you with courtesy and respect? (<i>Homemakers Were Courteous and Respectful</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no

Question Language	Response Options	
	Standard	Alternative
42. In the last 3 months, how often were the explanations [homemakers] gave you hard to understand because of an accent or the way the [homemakers] spoke English? (<i>Homemaker's Accent or English was Easy to Understand</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
43. In the last 3 months, how often did [homemakers] treat you the way you wanted them to? (<i>Homemakers Treated Respondent the Way Respondent Wanted Them To</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
44. In the last 3 months, how often did [homemakers] listen carefully to you? (<i>Homemakers Listened Carefully</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
45. Do you feel [homemakers] know what kind of help you need? (<i>Homemakers Knew What Kind of Help Was Needed</i>)	Yes, No	—
Case Manager is Helpful		
49. In the last 3 months, could you contact this [case manager] when you needed to? (<i>Able to Contact the Case Manager When Needed</i>)	Yes, No	—
51. In the last 3 months, did this [case manager] work with you when you asked for help with getting or fixing equipment? (<i>Case Manager Helped When Asked to Get or Fix Equipment</i>)	Yes, No	—
53. In the last 3 months, did this [case manager] work with you when you asked for help with getting other changes to your services? (<i>Case Manager Helped to Get Other Changes to Services</i>)	Yes, No	—
Choosing the Services That Matter to You		
56. In the last 3 months, did your [service plan] include none, some, most, or all of the things that are important to you? (<i>Service Plan Included All Things That Are Important</i>)	None, Some, Most, All	—
57. In the last 3 months, did you feel [personal assistance/behavioral health staff] knew what's on your service plan, including the things that are important to you? (<i>Staff Knew What's on Service Plan, Including Important Things</i>)	Yes, No	—
Transportation to Medical Appointments		
59. In the last 3 months, how often did you have a way to get to your medical appointments? (<i>Had a Way to Get to Medical Appointments</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
61. In the last 3 months, were you able to get in and out of this ride easily? (<i>Able to Get In and Out of Ride Easily</i>)	Yes, No	—
62. In the last 3 months, how often did this ride arrive on time to pick you up? (<i>Ride Arrived on Time to Pick Up Respondent</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
Personal Safety and Respect		
64. In the last 3 months, was there a person you could talk to if someone hurt you or did something to you that you didn't like? (<i>Had Someone to Talk to if Hurt or Had a Negative Interaction</i>)	Yes, No	—
65. In the last 3 months, did any [personal assistance/behavioral health staff], [homemakers], or your [case managers] take your money or your things without asking you first? (<i>Staff Did Not Take Money or Things Without Asking</i>)	Yes, No	—

Question Language	Response Options	
	Standard	Alternative
68. In the last 3 months, did any [staff] yell, swear, or curse at you? (<i>Staff Did Not Yell, Swear, or Curse at Respondent</i>)	Yes, No	—
Planning Your Time and Activities		
75. In the last 3 months, when you wanted to, how often could you get together with these family members who live nearby? (<i>Could Get Together With Nearby Family</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
77. In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby? (<i>Could Get Together With Nearby Friends</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
78. In the last 3 months, when you wanted to, how often could you do things in the community that you like? (<i>Could Do Things in Community</i>)	Never, Sometimes, Usually, Always	Mostly yes, Mostly no
79. In the last 3 months, did you need more help than you get from [personal assistance/behavioral health staff] to do things in your community? (<i>Received the Help Needed To Do Things in The Community</i>)	Yes, No	—
80. Do you take part in deciding what you do with your time each day? (<i>Took Part in Deciding What To Do With Time</i>)	Yes, No	—
81. Do you take part in deciding when you do things each day – for example, deciding when you get up, eat, or go to bed? (<i>Took Part in Deciding When To Do Things</i>)	Yes, No	—
Recommendation Measures		
Recommend Personal Assistance/Behavioral Health Staff		
36. Would you recommend the [personal assistance/behavioral health staff] who help you to your family and friends if they needed help with everyday activities?	Definitely no, Probably no, Probably yes, Definitely yes	—
Recommend Homemaker		
47. Would you recommend the [homemakers] who help you to your family and friends if they needed [homemaker services]?	Definitely no, Probably no, Probably yes, Definitely yes	—
Recommend Case Manager		
55. Would you recommend the [case manager] who helps you to your family and friends if they needed [case management services]?	Definitely no, Probably no, Probably yes, Definitely yes	—
Unmet Need Measures		
Staff Were Available to Help With Dressing/Showering/Bathing		
18. In the last 3 months, was this [dressing/showering/bathing need] because there were no [personal assistance/behavioral health staff] to help you?	Yes, No	—

Question Language	Response Options	
	Standard	Alternative
Staff Were Available to Help With Meals		
22. In the last 3 months, was this [meal preparation/eating need] because there were no [personal assistance/behavioral health staff] to help you?	Yes, No	—
Staff Were Available to Help With Medications		
25. In the last 3 months, was this [medication administration need] because there were no [personal assistance/behavioral health staff] to help you?	Yes, No	—
Staff Helped With Toileting When Needed		
27. In the last 3 months, did you get all the help you needed with toileting from [personal assistance/behavioral health staff] when you needed it?	Yes, No	—
Homemakers Were Available to Help With Household Tasks		
40. In the last 3 months, was this [household tasks need] because there were no [homemakers] to help you?	Yes, No	—
Physical Safety Measure		
Physical Safety		
71. In the last 3 months, did any [staff] hit or hurt you?	Yes, No	—
Supplemental Item Measures		
Received Information on Mistreatment		
Supp1. Have you received information on or has someone talked with you about what to do if you or someone you know is hurt or mistreated?	Yes, No, Don't Know, Refused, Unclear Response	—
Care Manager Seemed Informed		
Supp2. In the last 3 months, did your care manager seem informed and up to date about the health care you received from your personal doctor and specialty doctors?	Yes, No, Don't Know, Refused, Unclear Response	—
Contacted to Confirm Health Care Needs Met		
Supp3. In the last 3 months, did your care or case manager contact you by telephone or in-person to ensure your services were meeting your health care needs?	Yes, No, Don't Know, Refused, Unclear Response	—
Explained Benefits of Care Management		
Supp4. If you are not already receiving or using care management, did anyone in the last 3 months explain the benefits of care management and how a care manager can assist you with your care needs?	Yes, No, I already receive or am using care management, Don't Know, Refused, Unclear Response	—
— Indicates the alternative response option is not applicable.		

How Results Were Collected

Sampling Procedures

Surveying was divided into two different procedures for: 1) beneficiaries without a known legal guardian (i.e., standard population) and 2) beneficiaries with a known legal guardian (i.e., legal guardian population). DHB provided HSAG with one sample frame file containing eligible adult beneficiaries for the standard population and the legal guardian population. The sample frame file included contact information for both the beneficiary and their legal guardian, if applicable. DHB and HSAG separately performed quality control of the file records to check for data completeness and correctness. HSAG sampled beneficiaries who met the following criteria:

- Were 18 years or older as of March 31, 2025.
- Were NC HCBS waiver program beneficiaries who were enrolled in the same plan during the measurement period (i.e., January 1, 2025, to March 31, 2025), with no gaps in enrollment.
- Were enrolled in one of the following waivers:
 - North Carolina TBI Waiver
 - North Carolina Innovations Waiver
 - CAP/DA Waiver
 - CAP/C Waiver
- Received at least one qualifying HCBS service, including self-directed services (e.g., personal care service, behavioral health support, homemaker service, case management, or medical transportation) during the 3 months of the measurement period.¹⁹
- Were not institutionalized during the three months (i.e., 90 days) of the measurement period.
- If in the standard population, did not have a legal guardian. If in the legal guardian population, had a legal guardian.

A total of 9,921 beneficiaries for the standard population were selected and a total of 138 beneficiaries for the legal guardian population were selected, for an overall sample size of 10,059 beneficiaries. Before sample selection, HSAG removed beneficiaries that had an institutionalization date on or before January 1, 2025, as well as excluded invalid legal guardian contact information (legal guardian population only). HSAG sampled with replacements when duplicate household records or cases with invalid phone numbers and addresses were encountered and performed household and beneficiary deduplication against the NC EQRO CAHPS sample.

HSAG processed sampled addresses through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses where possible. Prior to initiating CATI, HSAG used

¹⁹ For additional information on qualifying HCBS services, please reference Appendix C. List of Included Home and Community-Based Services beginning on page 118.

the Marketing Systems Group telephone number verification service to locate and/or update telephone numbers for all respondents.

Survey Protocol

Prior to survey administration, a pre-notification letter was sent to beneficiaries and legal guardians alerting them to expect a telephone call to complete the survey and assured them that the survey was endorsed by DHB. The pre-notification letter was written in English with a Spanish back side containing the same letter text. After the pre-notification letters were mailed, CATI was conducted for beneficiaries to complete the survey over the telephone in either English or Spanish. For beneficiaries in the standard population, outreach was made directly to the beneficiary, if available. For beneficiaries with a legal guardian, outreach was first made to the legal guardian to obtain permission to contact the beneficiary to complete the survey. HSAG included the addition of having interviewers leave messages after receiving voicemails. This allowed beneficiaries or their legal guardian the opportunity to call back to complete the survey as well as inform beneficiaries or their legal guardian that these calls were not a part of a scam.

While HSAG attempted to obtain responses to the survey directly from beneficiaries, proxy respondents (including legal guardians, family members, and friends) were allowed to answer the questions on behalf of the beneficiary. Proxy respondents were allowed if the beneficiary was unable to participate in the survey and offered a specific individual to respond to the survey questions on their behalf. If a paid caregiver responded to the survey on behalf of the beneficiaries, these completed surveys were excluded from the analysis.

Survey Administration Outcomes and Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible beneficiaries of the sample. A survey was assigned a disposition code of “completed” if at least one eligible question was answered, excluding the three cognitive screening questions that are administered at the beginning of the interview and the six interviewer questions used to determine survey eligibility.²⁰ Eligible beneficiaries included the entire sample minus ineligible beneficiaries. Ineligible beneficiaries met at least one of the following criteria: they were deceased, did not meet the criteria starting on page 108, had a language barrier, or were mentally or physically incapacitated and did not have a proxy.²¹

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Sample} - \text{Ineligibles}}$$

²⁰ Eligible questions included any question in the survey between Question 4 and Question 96, plus the four supplemental questions.

²¹ Invalid beneficiaries of the sample do not meet the age or continuous enrollment criteria during the measurement period or did not receive at least one qualifying HCBS during the measurement period.

Methodology

HSAG used the scoring approach recommended by CMS in the *Technical Assistance Guide for Analyzing Data from the HCBS CAHPS Survey*.²² This section provides an overview of the analyses performed. In compliance with the CMS requirements, a minimum of 11 respondents in a cell is required for the results to be reported. Cells with fewer than 11 respondents in the numerator or denominator were suppressed and reported as “S” or “Insufficient Data.”

Scoring Calculations

Positive Ratings

HSAG calculated positive ratings for each measure in accordance with CMS' *Technical Assistance Guide for Analyzing Data from the HCBS CAHPS Survey*.²³ Positive ratings represent the percentage of eligible respondents (from the standard and legal guardian populations) who answered with the most positive response. Positive ratings were defined as follows:²⁴

- “Excellent”, “Very Good”, or “Good” for the standard *General Health Status* and *Mental or Emotional Health Status* measures.
- “9” or “10” for the standard Global Rating response or “Excellent” for the alternative response option.
- “Always,” “Yes,” or “All” for the standard Composite measure response, or “Mostly yes” for the alternative response option.
- “Definitely yes” for the standard Recommendation measure response.
- “Yes” for Question 27 in the *Staff Helped With Toileting When Needed* measure.

For reverse coded response options, the positive ratings were defined as follows:

- “No” for the standard physical safety rating response.
- “No” for the standard unmet need measures response, Question 65 and Question 68 in the *Personal Safety and Respect* composite measure, and Question 79 in the *Planning Your Time and Activities* composite measure.

²² Centers for Medicare & Medicaid Services. CAHPS Home and Community-Based Services Survey. *Technical Assistance Guide for Analyzing Data from the HCBS CAHPS Survey*. July 2021. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/hcbscahps-appk-data-analysis-guide.pdf>. Accessed on: April 14, 2026.

²³ Ibid.

²⁴ Some questions in the HCBS CAHPS survey allowed respondents to complete an alternative question. Please refer to Appendix B. Reader's Guide beginning on page 111 for more information on alternative response options.

- “Never” or “Mostly no” for Question 29 and Question 42 in the *Staff Listen and Communicate Well* composite measure.

For the composite measures, separate positive ratings were calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure.

Alternative Scale Transformation of Data

Some questions in the HCBS CAHPS survey allowed respondents to complete an alternative question:

1. “How Often” questions with response options of “Never,” “Sometimes,” “Usually,” or “Always” were provided an alternative question with a two-point “Mostly yes” or “Mostly no” response option. For example:
 - a. *Standard question*: “In the last 3 months, how often did [personal assistance/behavioral health staff] work as long as they were supposed to? Would you say, Never, Sometimes, Usually, or Always?”
 - b. *Alternative question*: “In the last 3 months, did [personal assistance/behavioral health staff] work as long as they were supposed to? Would you say, Mostly yes or Mostly no?”
2. Global rating questions that asked for ratings of 0–10 were provided an alternative five-point “Excellent,” “Very good,” “Good,” “Fair,” or “Poor” response option. For example:
 - a. *Standard question*: “Using any number from 0 to 10, where 0 is the worst help from [case manager] possible and 10 is the best help from [case manager] possible, what number would you use to rate the help you get from [case manager]?” Beneficiaries provide a response on a 0 to 10 scale.
 - b. *Alternative question*: “How would you rate the help you get from the [case manager]? Would you say, Excellent, Very good, Good, Fair, or Poor?”
3. For age, respondents were allowed to complete an alternative question, as seen below:
 - a. *Standard question*: “What is your age?” Beneficiaries provide a response based on an age category (e.g., 18 years, 25 years, etc.).
 - b. *Alternative question*: “In what year were you born?” Beneficiaries respond with the year they were born.

To evaluate the standard and alternative response options data were recoded (i.e., transformed) into standardized response values for analysis. Table B-2 presents the standard and alternative response options and the response values assigned.

Table B-2—Response Options and Response Values

Standard Responses	Alternative Responses	Coded Response Values
Composite Measures, Recommendations Measures, and Unmet Need and Physical Safety Measures		
Never	Mostly no	1 (Least positive option)
Sometimes	—	2 (Second least positive option)
Usually	—	3 (Third least positive option)
Always	Mostly yes	4 (Most positive option)
Global Ratings		
0–2	Poor	1 (Least positive option)
3–4	Fair	2 (Second least positive option)
5–6	Good	3 (Third least positive option)
7–8	Very Good	4 (Fourth least positive option)
9–10	Excellent	5 (Most positive option)
Age Demographic		
18 to 44 years	Years 1981–2007	18 to 44
45 to 54 years	Years 1971–1980	45 to 54
55 to 64 years	Years 1961–1970	55 to 64
65 to 74 years	Years 1951–1960	65 to 74
75 years or older	Years 1950 and below	75 or Older
— Indicates the alternative response option is not applicable.		

Reverse Coding

HSAG reverse coded certain HCBS CAHPS Survey items to ensure that the most positive responses of each question were given the highest values according to the topic and wording. For example, Question 29, which asks about how well staff communicate, has the standard response options of Never, Sometimes, Usually, or Always. The most positive response to this question is Never, which indicates that respondents never had a hard time understanding explanations from their personal care assistant because of an accent or the way the assistant spoke English. The values of the responses to this question are reverse coded so that Never has the highest value of “4” rather than a value of “1” based on the original coding. Table B-3 displays the response options to the questions that were reverse coded.

Table B-3—Reverse Coded Response Options and Response Values

Question Numbers	Standard Responses	Alternative Responses	Response Values
29, 42	Always	Mostly yes	1 (Least positive option)
	Usually	—	2 (Second least positive option)
	Sometimes	—	3 (Third least positive option)
	Never	Mostly no	4 (Most positive option)

Question Numbers	Standard Responses	Alternative Responses	Response Values
18, 22, 25, 40, 71	Yes	—	0 (Least positive option)
	No	—	1 (Most positive option)
65, 68, 79	Yes	—	1 (Least positive option)
	No	—	4 (Most positive option)
— Indicates the alternative response option is not applicable.			

Supplemental Items

DHB selected supplemental questions to assess specific experiences of care and HSAG calculated positive ratings as “Yes” for the *Received Information on Mistreatment, Care Manager Seemed Informed, Contacted to Confirm Health Care Needs Met, and Explained Benefits of Care Management* measures.

Comparative Analyses

National Comparisons

Positive ratings for the global ratings, composite measures, recommendation measures, unmet need measures, and physical safety measure were compared to AHRQ’s 2025 HCBS CAHPS Database benchmarks to determine if the NC HCBS Program positive rating was statistically significantly higher or lower. A score was considered statistically significantly different from the HCBS CAHPS Database benchmark if the 95 percent confidence interval of the score did not enclose the HCBS CAHPS Database benchmark. Ninety-five percent confidence interval error bars were added to any result with statistically significant differences. If the majority of the national comparisons results were suppressed, the year-over-year analysis and national comparisons figures were not included in the report.

Year-Over-Year Analysis

The current year’s results for all measures for the NC HCBS Program were compared to the previous year’s results to determine if the positive rating was statistically significantly different. *T* tests were performed to determine if scores from the current year were statistically significantly higher or lower than the previous years. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Ninety-five percent confidence interval error bars were added to any result with statistically significant differences. If the majority of the year-over-year analysis results were suppressed, the year-over-year analysis and national comparisons figures were not included in the report.

Race and Ethnicity Comparisons

Scores for all measures were stratified by race and ethnicity.²⁵ Stratifications were based on responses to the race and ethnicity questions (Question 89 and Question 87). Race was categorized as Black, Other, and White using self-reported results from the race question. For this analysis, the Other race category includes Asian, Multiracial, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and Other. The positive ratings for each race category were compared as follows: Black respondents were compared to non-Black respondents; Other respondents were compared to non-Other respondents; and White respondents were compared to non-White respondents, respectively. Ethnicity was categorized as Hispanic and non-Hispanic using the self-reported results from the ethnicity question. The positive ratings for Hispanic respondents and non-Hispanic respondents were compared to each other. If race and ethnicity comparisons for a measure resulted in significant findings, these results appear on the following race and ethnicity categories: Black, Other, White, and Hispanic. If the majority of the race or ethnicity comparisons results were suppressed, the race or ethnicity comparison figures were not included in the report.

T tests were performed to determine whether each rating of each category was statistically significantly different (i.e., *p* value < 0.05) from the other categories. Ninety-five percent confidence interval error bars were added to any result with statistically significant differences.

Geographic Comparisons

Using county information provided in the sample frame file by DHB, scores for all measures were stratified by rural and urban counties.²⁶ *T* tests were performed to determine if scores from rural counties were statistically significantly different (i.e., *p* value < 0.05) than urban counties. Ninety-five percent confidence interval error bars were added to any result with statistically significant differences. If the majority of the geographic comparisons results were suppressed, the geographic comparison figures were not included in the report.

Numerators and Denominators

HSAG presents the numerators and denominators in figures displaying measure rates, where appropriate. Numerators and denominators when calculated to percentages do not match for the composite measures, because these composite measure scores are determined by calculating the average score across all questions within the composite measure. Therefore, some figures may include numerators and denominators while others (i.e., figures displaying composite measures) do not include this information. Numerator and denominator counts for the composite measures for the year-over-year analysis and race and ethnicity comparisons are provided within Appendix A for instances where the numerator and denominator, when calculated to a percentage, do not match the measure rate. Numerator

²⁵ Race and ethnicity comparisons are presented for the overall composite measures.

²⁶ Geographic comparisons are presented for the overall composite measures.

and denominator counts are also provided for all measures for geographic comparisons within Appendix A.

Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. DHB should consider these limitations when interpreting or generalizing the findings.

Causal Inferences

Although this report examines whether beneficiaries report differences with various aspects of their health care experiences, these differences may not be completely attributable to the overall performance of the HCBS waiver program. The survey by itself does not necessarily reveal the exact cause of these differences.

HCBS CAHPS Database Benchmarks

The CAHPS HCBS Survey Database 2025 Chartbook contains data from 32 programs that voluntarily submitted data to the HCBS CAHPS Survey Database for adults receiving LTSS from State Medicaid programs, including both fee-for-service HCBS programs and managed LTSS programs with a combined, national total of 10,686 respondents.^{27,28} The respondents included HCBS beneficiaries and paid or unpaid proxy respondents who provided support to the respondent. The HCBS CAHPS Database allowed results from paid proxies and included these results in the HCBS CAHPS Survey Database results.²⁹ Data collected through the HCBS CAHPS Database are based on responses to the versions of the HCBS CAHPS Survey with and without the optional Employment Module. Since 2025 HCBS CAHPS Database benchmarks represent survey data collected from January 1 to December 31, 2023, caution should be exercised when comparing the 2025 HCBS CAHPS Database benchmarks to the NC HCBS Program 2025 results, which represent survey data collected from July 21, 2025, to September 7, 2025.³⁰

²⁷ Agency for Healthcare Research and Quality. The CAHPS Databases. *The CAHPS® Home and Community-Based Services (HCBS) Survey Database 2025 Chartbook*. Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2025-hcbs-chartbook.pdf>. Accessed on: April 14, 2026.

²⁸ A limited number of programs or states choose to participate in the database. Therefore, the HCBS CAHPS Database cannot be considered a statistically representative sample of HCBS programs.

²⁹ While the technical assistance guide indicates that paid proxies should not be used as a proxy, users can choose to let these proxies answer the survey. However, HSAG does not allow paid proxies in alignment with the technical guidance for surveying.

³⁰ The 2025 HCBS CAHPS Database benchmarks represent top-box scores.

Low Number of Responses

The 2025 HCBS CAHPS survey administration yielded a low number of completed surveys. Known challenges with the survey instrument (e.g., length of the survey) and population surveyed may have contributed to a low number of responses. Please exercise caution when interpreting results due to the low number of completed surveys (n=718 completed surveys).

Disadvantages of Positive Rating Scoring

The positive rating score only looks at the percentage of positive results and does not use all the response options in calculating the results, which can lead to less accurate measure of experience.³¹

Supplemental Items

The supplemental items included in the survey instrument were developed by DHB and not field tested for the HCBS population.

Survey Bias

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services. Caution should be exercised when extrapolating the HCBS CAHPS results to the entire population if the respondent population differs significantly from the actual population of the program. Additionally, responses provided by beneficiaries who opted to complete the HCBS CAHPS Survey may not be generalizable to the total NC Medicaid beneficiaries who receive HCBS or LTSS services. For further details, please refer to the Survey Respondent to Eligible Population Demographic Data Comparisons in Appendix A on page 95.

The incompleteness and inaccuracy of the contact information for sampled beneficiaries may have resulted in lower-than-expected response rates. Almost 5 percent (501/10,059) of sampled beneficiaries had undeliverable mail, and 33 percent (3,322/10,059) of sampled beneficiaries had wrong or bad telephone information. The inability to contact beneficiaries could also result in non-response bias (e.g., a certain segment of the population may be more likely to have missing mail/phone information than other segments). DHB should consider that potential non-response bias may exist when interpreting CAHPS results.

³¹ Robert Wood Foundation. *How to Report Results of the CAHPS Clinician & Group Survey*. Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>. Accessed on April 14, 2026.

Social Desirability Bias

Social desirability bias is a form of survey response bias that occurs when respondents answer more favorably to a question based on what they consider to be acceptable. Surveys completed via telephone, like this one, are more prone to this type of bias. For example, a respondent may rate their case manager higher than they would if they completed the survey via mail or web because they want to present themselves favorably. This survey is anonymous, confidential, and respondents self-report answers via telephone interviewing, which increases the likelihood that respondents will underreport these behaviors. However, as with all surveys, social desirability bias could be present in the survey results.

Cognitive Screening Questions

The cognitive screening questions (questions 1 through 3) assess a respondent's cognitive ability to participate in the survey. Further investigation by the CAHPS Consortium showed that these questions hindered data collection (i.e., respondents were failing the cognitive screening since the questions do not apply to the respondent).³² For example, some people might not understand if someone comes into their home to help them as this is a broad question and they might be able to answer more pointed questions asked about paid services and help they receive later in the survey. HSAG asked these three cognitive screening questions but did not stop the survey if the beneficiary failed the cognitive screening questions, to allow all sampled beneficiaries an opportunity to complete the survey.

Survey Mode

During the development of the HCBS CAHPS survey, stakeholders recommended that the in-person mode be used for this survey; however, a telephone mode was also found to be acceptable.³³ HSAG used a telephone-only survey mode (with a pre-notification letter) for survey administration. The selected survey mode should be taken into consideration when evaluating results as the 2025 HCBS CAHPS Database benchmarks are inclusive of HCBS CAHPS surveys completed via telephone, in-person, and by video.

³² The CAHPS Consortium is overseen by AHRQ.

³³ CAHPS survey development offers opportunities for stakeholder input and review through Technical Expert Panels and requests for comments in the *Federal Register*. More information about the process for developing a CAHPS survey can be accessed at the following site: <https://www.ahrq.gov/cahps/faq/index.html>.

Appendix C. List of Included Home and Community-Based Services

This section provides a list of the qualifying HCBS for the 2025 NC HCBS CAHPS Survey.

Qualifying Home & Community Based Services for 2025 HCBS CAHPS Survey Participation

Innovations Waiver 1915(c) – Innovations Only

- Community Navigator
- Community Networking
- Day supports
- Residential Supports
- Respite
- Supported Employment
- Financial Support Services
- Assistive Technology
- Community Living and Support
- Community Transition
- Crisis Services
- Home Modifications
- Individual Goods and Services
- Natural Supports Education
- Specialized Consultation
- Supported Living – Periodic
- Supported Living – Transition
- Supported Living
- Vehicle Modifications

Community Alternatives Program for Children – CAP/C (Waiver 4141)

- Safety Equipment, Devices, or Accessory –
- Vehicular Vest & Adaptive Car Seats
- Respite Care Institutional
- Training/Education/Consultative Services
- In-Home Aide
- In-Home Aide (Catastrophe/Disaster Related)
- Respite Care In-Home Aide
- Home Accessibility and Adaptation
- Congregate CAP/C Pediatric Nurse Aide Services
- Congregate CAP/C Personal Care Services
- Pediatric Personal Care Respite
- Respite Care In-Home Nurse – RN or LPN Level
- Case Management CAP Lim/Fac 05
- Pediatric Personal Care
- Pediatric Personal Care (Catastrophe/Disaster related)
- Participant Goods and Services
- Personal Care Assistance Services (Catastrophe/Disaster related)
- Personal Care assistance Congregate Services
- Congregate CAP/C Pediatric Nurse Aide Services
- Assistive technology and Adaptive Tricycles
- Community Transition
- Vehicle Modifications
- Financial Management Services
- Care Advisor (Consumer-Direction) (Fac Code 5)

Community Alternatives Program for Disabled Adults – Waiver 0132

- Goods and Services (Non-medical Transportation Services)
- Coordinated Caregiving – High Acuity
- Coordinated Caregiving – Low Acuity
- Respite Care – Institutional

- Goods and Services (Nutritional Services)
- Adult Day Health Services
- Training/Education and Consultative Services
- CAP In-Home Aide
- CAP In-Home Aide (Catastrophe/Disaster related)
- In-Home Aide Congregate Services
- Respite – In-Home Aide
- Personal Emergency Response System (PERS)
- Equipment, modification and technology – home modification
- Meal Preparation and Delivery
- Case Management Services CAP Fac 05
- Goods and Services (Chore Service – Declutter/Garbage Disposal Services)
- Goods and Services (Participant and Individual-directed Goods and Services)
- Specialized Medical Supplies (medication dispensing boxes)
- Equipment, modification and technology – assistive technology for home or vehicle
- Community Integration Services
- Community Transition Services
- Specialized Medical Supplies (Disposable liner/shield for incontinence)
- Specialized Medical Supplies (reusable incontinence undergarments)
- Goods and Services (Pest Eradication Services)
- Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins, and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- Enteral formula, nutritionally complete, for special metabolic needs, excludes

- inherited disease of metabolism includes altered composition proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feed
- Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
 - Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
 - Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
 - Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
 - Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 KCAL/ML) with intact nutrients, includes proteins, fats carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories - 1 unit
 - Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats,

carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

- Enteral formula, for pediatrics, special metabolic needs for inherited disease of

metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

Community Alternatives Program for Consumer-Directed Services – CAP/CD [Formerly CAP Choice] (Waiver 0132)

- Goods and Services (Non-medical Transportation Services)
- Respite Care – Institutional
- Goods and Services (Nutritional Services)
- Adult Day Health Services
- Training/Education and Consultative Services
- In-Home Aide
- In-Home Aide (Catastrophe/Disaster Related)
- In-Home Aide Congregate Services
- Personal Assistance Services
- Personal Assistance Services (CATASTROPHE / DISASTER RELATED)
- Personal Assistance Congregate Services
- Respite - In-Home Aide
- Personal Emergency Response System (PERS)
- Equipment, modification and technology - home modification
- Meal Preparation and Delivery
- Goods and Services (Chore Service - Declutter/Garbage Disposal Services)
- Goods and Services (Participant and Individual-directed Goods and Services)
- Specialized Medical Supplies (medication dispensing boxes)
- Equipment, modification and technology - assistive technology for home or vehicle
- Community Integration Services
- Community Transition Services
- Financial Management Services (CAPCD Only)
- Care Advisement (Maximum Fac 05)
- Specialized Medical Supplies (Disposable liner/shield for incontinence)
- Specialized Medical Supplies (reusable incontinence undergarments)
- Goods and Services (Pest Eradication Services)
- Enteral formula nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may includes fiber administered through an enteral feeding tube, 100 cal
- Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins, and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism includes altered composition proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feed

- Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
- Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
- Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 KCAL/ML) with intact nutrients, includes proteins, fats carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
- Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

Traumatic Brain Injury (TBI) Waiver Services (Waiver 1915[c])

- Assistive technology
- Cognitive rehabilitation
- Community networking
- Community transition
- Day supports
- Home delivered meals
- Home modifications
- In-home intensive support
- Life skills training
- Natural Supports Education
- Occupational therapy
- Personal care
- Physical therapy
- Remote supports
- Respite
- Speech and Language therapy
- Specialized consultation
- Supported employment
- Supported living
- Vehicle modifications