

LONG TERM SERVICES AND SUPPORTS

RESPECT

QUALITY REVIEW 2007

Quality Services

TRANSPORTATION

Choices

Employment

HOME

Health

Choices

Supports

Relationships

Community

FAMILY

INFORMATION



Long Term Services and Supports Quality Review 2007



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Executive Summary

1.0



Myth: All people with disabilities are the same and you can talk about them as one single group.

Fact: There is no one thing that can be said about people living with disabilities. They have different experiences and perspectives.

1.0 Executive Summary

The Long Term Services and Supports Quality Review is a statewide survey of people receiving services and supports through home and community-based and institutional programs from the Texas Department of Aging and Disability Services (DADS). This report provides results for the adult face-to-face interviews conducted in 2007 including trend analysis for three programs. The results will assist DADS to build a foundation for developing a quality improvement strategy and to assess the effectiveness of quality improvement initiatives.

People receiving services and supports, or their family members, provided valuable feedback through face-to-face interviews. These findings are one way to measure if the department is achieving its vision whereby-

Older Texans and persons with disabilities will be supported by a comprehensive and cost-effective service delivery system that promotes and enhances individual well-being, dignity, and choice.

DADS administers multiple long term services and supports programs for the aging, for people with intellectual and developmental disabilities, and for people with physical disabilities. The quality review process has been in effect since 2005 as a continued activity of a Real Choice Systems Change Grant awarded by the Centers for Medicare & Medicaid Services (CMS). The review process is not regulatory in nature, but rather a discovery method to identify areas for improvement.

DADS collected information on various quality indicators and desired outcomes to determine whether:

- People have support to participate in everyday community activities
- People make choices about their lives and are actively engaged in planning their services and supports
- People have authority and are supported to direct and manage their own services
- People have friends and relationships
- People are satisfied with the services and supports they receive
- Service coordinators are accessible, responsive, and support the person's participation in service planning
- People are safe from abuse, neglect, and injury
- People secure needed health services
- Medications are managed effectively and appropriately
- People receive the same respect and protections as others in the community

The findings presented in this report will describe outcomes on the quality of supports and the quality of life for people receiving services. These findings present a snapshot of current experiences; results will contribute to improvements in the department's service delivery system.

1.1 Approach to Conducting Interviews

Programs chosen for the quality review process came from requests from organizational areas within DADS based on program policy changes or to measure outcomes for new program initiatives. Due to the number of programs and available resources, QAI selects only a few programs each year, but eventually reviews all programs on a rotating basis. The Quality Assurance and Improvement (QAI) unit within the Center for Policy and Innovation at DADS oversees the quality review process and works with operational areas to implement intervention strategies.

DADS used two nationally recognized survey instruments designed for measuring specific consumer indicators –

- [National Core Indicators \(NCI\) Consumer Survey](#)¹
- [Participant Experience Survey Elderly/Disabled \(PES E/D\) version](#)²

The tools are designed to solicit feedback from the individual's perspective about the quality of their services and supports.

To participate in a national benchmark of data with other states, DADS joined the [National Core Indicators \(NCI\) project](#)³ and uses survey tools designed to reflect experiences of people receiving services and to measure achievement of their goals and aspirations. As a collaborative effort between the National Association of State Directors of Developmental Disability Services (NASDDDS) member states and the Human Services Research Institute (HSRI), the NCI project assists states with developing performance and outcome measurement strategies. This collaboration provides the opportunity to share data with HSRI to conduct additional analysis at a broader national level by benchmarking Texas' performance against the performance of other member states.

NCI designed the consumer survey tool for people with intellectual and developmental disabilities. The questions are specific to the individual and a response from the individual is preferred; however, a proxy (excluding case managers) can answer questions if they know the individual well enough to answer on their behalf and if the participant agrees. To remain consistent with the methodology used by HSRI, only responses from those people who appeared to understand the questions or answered the questions with some assistance (including picture format) are included in this analysis.

In addition to joining the NCI project, DADS collaborated with the [MEDSTAT Group, Inc.](#)⁴, who developed the PES E/D survey tool designed for older adults and adults with physical disabilities. The PES E/D tool is designed as a participant experience survey using responses only from the participant, not from a proxy. Some participants, however, did use a translator to provide responses so all responses for interviews using the PES tool were included in the analysis.

DADS contracted with an external vendor to conduct the structured interviews across the state. The [NACES Plus Foundation, Inc.](#)⁵ conducted the quality review process using their network to hire interviewers who are experienced in working with older adults and people with disabilities. There are no clinical assessments required or conducted as part of the interview.

People who participated in the face-to-face surveys were 18 years of age or older and randomly selected from community-based and institutional programs. People selected for an interview, or their guardians, were free to decline participating in the survey during initial contact or at anytime during the interview process.

¹ View the NCI Survey tool at <http://mqa.dads.state.tx.us/2007NCI.pdf>

² View the PES Survey tool at <http://mqa.dads.state.tx.us/2007PES.pdf>

³ National Core Indicators Project (www.hsri.org/nci/)

⁴ The Medstat Group, Inc. (www.medstat.com)

⁵ Nurse Aide Competency Evaluation Service (www.nacesplus.org)

2,934

Number of people interviewed for the Long Term Services and Supports Quality Review 2007

The programs selected for the quality review serve different individuals and receive various funding - Title XIX Medicaid funds; Title XX Social Services Block Grant; State funds. See section 4.0 for complete program descriptions, services for each program.

- Community Attendant Services (CAS)
- [Community Based Alternatives \(CBA\)](#)⁶
 - Adult Foster Care (AFC)
 - Relocation to the Community from Nursing Facilities
- Long Term Services and Supports - Adult Foster Care (LTSS-AFC)
- Family Care (FC)
- Home and Community-based Services (HCS)
- Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)
- State Mental Retardation Facilities (state schools)

1.2 Annual Comparisons for HCS, ICF/MR, State Schools

When making comparisons across programs, it is important for readers to understand the different methodologies used each year for the programs. The HCS Program used the same methodology each year to conduct the analysis by using a random sample of all adults receiving HCS services.

For ICFs/MR and state schools, however, the methodology differed each year. Conducting comparisons across these programs using existing data proved challenging and required additional analysis to provide consistent data for the annual comparison sections.

Last, calculations for yearly comparisons excluded responses coded as “don’t know”, “no response”, or “unknown response”.

**National Core Indicators
Consumer Survey**
<http://mqa.dads.state.tx.us/2007NCL.pdf>

Significant Trends

The next section contains the statistically significant trends identified over the last three years based on the analysis conducted. A statistically significant difference does not mean the difference is necessarily large, important or significant in the usual sense of the word; it simply means there is statistical evidence that there is a difference. Statistical differences may only apply to specific years and may not include all years even if there are noticeable differences across all three years.

Tables 1 through 3 list the significant differences in quality indicators over the 3-year period for HCS, ICF/MR and state schools. Some of the sample sizes are very small because of the methodology used for the program. The average listed in the tables is the average response of the people who were included in the survey. The confidence interval is the range of possible averages for all people who were included in the survey. For example, if the average percentage of people receiving HCS who report that they have control over their transportation is 46% and the confidence interval is 40% - 53%, the average for all people in Texas who receive HCS should fall somewhere between 40% and 53%. The confidence intervals presented here are within 95% certainty that the range of values for all people is correct. Values listed as 100% may actually have exceeding 100%.

⁶ A stratified sample was used for CBA to analyze results from a subset of individuals for the program.

Table 1 – HCS				
Statistically Significant Findings		2005	2006	2007
People in 2005 and 2006 reported having more control of over transportation than people in 2007.	Average	46%	53%	35%
	<i>Confidence Interval</i>	40%-53%	47%-59%	29%-40%
People in 2005 and 2006 reported they were more likely to be able to decide who enters their homes than people in 2007.	Average	60%	58%	46%
	<i>Confidence Interval</i>	54%-67%	52%-64%	40%-52%
People in 2005 and 2006 reported they were more likely to choose or at least change their home staff than people in 2007.	Average	78%	78%	60%
	<i>Confidence Interval</i>	71%-85%	71%-84%	53%-67%
People in 2005 and 2006 reported they were more likely to choose or at least change their case manager/service coordinator than people in 2007.	Average	76%	83%	64%
	<i>Confidence Interval</i>	71%-82%	78%-88%	58%-69%
People in 2007 reported they were more likely to get needed services than people in 2005. ⁷	Average	82%	89%	91%
	<i>Confidence Interval</i>	77%-87%	85%-93%	87%-94%

Table 2 – ICF/MR				
Statistically Significant Findings		2005	2006	2007
People in 2006 reported they were more likely to say people let them know before entering their homes than in 2007.	Average	71%	74%	53%
	<i>Confidence Interval</i>	57% - 85%	63% - 85%	46% - 59%
People in 2005 and 2007 reported they were more likely to be able to be alone with guests than people in 2006.	Average	95%	71%	95%
	<i>Confidence Interval</i>	88% - 100%	58% - 85%	91% - 98%
People in 2006 reported they were more likely to get to help others than people in 2005.	Average	67%	88%	80%
	<i>Confidence Interval</i>	53% - 81%	80% - 96%	75% - 85%
People in 2005 and 2006 reported they were more likely to get to decide who enters their homes than people in 2007.	Average	59%	59%	35%
	<i>Confidence Interval</i>	44% - 74%	47% - 71%	29% - 41%
People in 2006 reported they were more likely to have some input in choosing their daily schedule than people in 2007.	Average	80%	92%	64%
	<i>Confidence Interval</i>	69% - 91%	85% - 98%	58% - 70%

⁷ Results for this indicator in Table 1 represent the proportion of people who reported “needed” services are available.

Table 3 - State Schools

Statistically Significant Findings		2005	2006	2007
People in 2007 reported they were more likely to always know their advocate/guardian than people in 2006.	Average	97%	76%	91%
	<i>Confidence Interval</i>	92% - 100%	65% - 86%	84% - 97%
People in 2007 reported they were more likely to be able to be alone with guests than people in 2006.	Average	75%	80%	96%
	<i>Confidence Interval</i>	56% - 94%	70% - 89%	92% - 100%
In 2005 and 2006, women had more recent gynecological exams than in 2007. ⁸	Average	88%	89%	45%
	<i>Confidence Interval</i>	69% - 100%	76% - 100%	28% - 61%
People reported they were more likely to say people let them know before entering their homes in 2006 than in 2007.	Average	49%	73%	51%
	<i>Confidence Interval</i>	34% - 64%	63% - 82%	42% - 59%
People reported they were more likely to say people let them know before entering their bedrooms in 2006 than in 2005.	Average	60%	83%	74%
	<i>Confidence Interval</i>	45% - 74%	75% - 91%	67% - 82%
People in 2006 and 2007 reported they were free to take risks more often than people in 2005.	Average	60%	78%	87%
	<i>Confidence Interval</i>	44% - 76%	69% - 88%	82% - 93%
People in 2005 reported they had more control over transportation than people in 2006 and 2007.	Average	57%	25%	12%
	<i>Confidence Interval</i>	42% - 72%	15% - 34%	6% - 17%
People in 2006 reported they were able to decide who enters their house more than people in 2007.	Average	37%	56%	33%
	<i>Confidence Interval</i>	22% - 52%	44% - 67%	25% - 41%
People in 2007 had guardians or conservators to a greater degree than people in 2005. ⁹	Average	25%	48%	50%
	<i>Confidence Interval</i>	12% - 38%	37% - 59%	41% - 58%
People reported they were more likely to have friends in 2006 than in 2005 or 2007.	Average	53%	88%	65%
	<i>Confidence Interval</i>	38% - 68%	80% - 95%	57% - 73%
People in 2005 reported they were more likely to say they have transportation when needed than people in 2006 or 2007.	Average	74%	41%	38%
	<i>Confidence Interval</i>	61% - 87%	30% - 52%	29% - 46%

⁸ The sample sizes for women in state schools was 16 in 2005, 27 women in 2006, and 38 in 2007. In smaller sample sizes, one or two people who respond in an extremely different way from the rest of the group can have a much stronger impact on the average response. Providers supplied this information on the pre-survey section of the tool.

⁹ Providers supplied this information on the pre-survey section of the tool.

1.3 Summary Findings CAS, CBA, LTSS-AFC, FC

QAI completed interviews for the first time with people who received these community-based program services. Results will serve as baseline data for comparing to future survey results for trending purposes. Listed below are summary findings across the programs by similar results. These summary results represent a snapshot of the entire list of quality indicators and are not necessarily outstanding or all-inclusive. For a complete list of all results for these programs, see Appendix A.

Access to Care – Indicators to assess whether program participant’s needs for personal assistance, adaptive equipment, and case manager access are being met.

- In three of the five programs, about 20% of people reported not always having transportation when they need it.
- The average percent of people in all programs who reported requesting special equipment or modifications but not receiving them was 18%.
- In three of the five programs, over 10% of people reported not always being able to bathe or shower because there is no one there to help them.
- Survey results indicate that less than 15% of people across all five programs do not have access to the services they need to support their ability to eat, dress, bathe, and complete housework.
- Less than 4% of people in all programs go without taking their medications or go without using the bathroom because there was no one there to help them.
- Less than 6% of people in all programs reported that staff do not spend all the time they are supposed to spend with them.
- About 20% of people interviewed in all programs reported being dissatisfied with the information received on how to apply for services and less than 17% reported being dissatisfied with the information provided regarding available services.
- Less than 8% of people in all programs reported their services did not address their health and well-being or helped to achieve their personal goals.

Choice and Control – Indicators measure if program participants have input into the types of services they receive and who provides them.

- About 35% of people across all programs would like to choose their care staff.
- About 33% of people in all programs would like to direct their own staff.
- Less than 14% of people in all programs did not know they could change their staff.

**Participant Experience Survey -
Elderly/Disabled version**

Survey instrument designed for interviews with older adults and adults with physical disabilities. Used for CAS, CBA, LTSS-AFC, and FC.

<http://mqa.dads.state.tx.us/2007PES.pdf>

- About 45% of people in all programs were unable to identify their case manager. Less than 17% reported they could not always talk to the case manager when they wanted, however, less than 5% of people were unsure who to report problems or would report problems to no one.
- Less than 27% of people in all programs reported that their case manager or service coordinator does not ask about their preferences.
- Nearly 19% of people in all programs reported that their case manager or service coordinator does not always help them when they ask for something.

Respect/Dignity – Indicators measure if program participants are treated with respect by providers.

- A small minority of people in all programs (about 5%) reported not being treated with respect by staff in and out of their homes. Staff may include home staff, day program staff, or transportation staff.

Community Integration/Inclusion – Indicators measure if people participate in activities and events of their choice outside their homes when they want.

- On average, 29% of people reported an unmet need for community involvement across all programs.
- About 25% of people in all programs who are not elderly and not employed reported they would like to work.
- In four of the five programs, about 90% of people reported they do not want to participate in self-advocacy groups.

1.4 Conclusion

Overall, the results indicate people are receiving the services and supports they need to address their quality of care for maintaining health and well-being. This is evident in the increased number of people receiving services in the HCS Program who reported needed services were available. Nearly all people receiving services in HCS, ICF/MR and state school programs reported being able to secure needed health services such as annual physical exams. On average, over 80 percent of people in these same programs reported they receive support to maintain healthy habits such as not smoking.

In the other community programs, results indicate the vast majority of people are supported to perform the everyday activities of daily living such as eating, meal preparation, transferring, toileting and taking medications. Results for some of the programs showed a 100 percent level of attainment of support (see Appendix A). In other words, people in some programs reported always having the support they needed to perform activities of daily living.

In addition to examining quality of care, this report provides results about program participants' quality of life. For purposes of this report, quality of life is considered the pursuit and accomplishment of self-direction such as having choice and control over services, staff, residence, employment, or relationships; having the ability and opportunity to participate in activities of the community; and being treated with respect and dignity by care staff. One can see positive improvement trends for self-determination in state schools. People increasingly reported they were free to take risks when they wanted and others respected their basic rights such as having opportunities to be alone with friends.

While people are receiving the services and supports they need, the results also indicate there are opportunities for improvements. For people receiving HCS and ICF/MR services, the proportion reporting having choice and control over deciding who comes in and out of their homes has consistently declined in the past three years. Transportation

continues to be a barrier reported among older people and people with disabilities. Many people in all of the programs reported lack of control over and access to transportation when they need it or want it. Lack of transportation reduces the options for people to engage in many activities within the community or maintain social connections. This may be one reason why people continue to report unmet needs for community involvement or participation in integrated activity settings. Additional research is required to determine other causes for declines in these areas.

The QAI unit included additional questions regarding satisfaction with information received about services and applying for services. Many people expressed dissatisfaction with the information they were provided. Information is readily and instantaneously available through various outlets with the Internet being the most common. However, if an individual does not have the means, resources or knowledge to navigate through the vast amounts of information, the options for that individual decrease as a result of not knowing the availability of services.

Some of the current initiatives underway at DADS may help to address some of these areas of concern. For example, DADS is conducting a usability study to improve the department's website to make it easier to navigate and more user-friendly for individuals seeking information about the programs administered by DADS. To address choice and control, the Consumer Directed Services option continues to expand in more programs for people who want to direct their own services and staff supports. For people who are able to work but unemployed, the Supported Employment Leadership Network project is evaluating ways to overcome barriers to gaining employment.

Finally, the results obtained for this report are a valuable part of a much broader quality management effort within DADS. The results, which are based on the perspective of people who receive services, help to inform internal and external stakeholders. They allow people who receive services to play an integral part in the department's quality management process. The quality review process also allows DADS to continually assess the quality of its services and work towards attaining the highest level of quality services as possible.

Introduction

2.0



Myth: The lives of people with disabilities are very different from the lives of people without disabilities.

Fact: People with disabilities go to school, get married, work, have families, grocery shop, do laundry, laugh, cry, pay taxes, get angry, have prejudices, vote, plan and dream like everyone else.

2.0 Introduction

The purpose of this report is to provide summary information regarding the adult face-to-face surveys conducted in 2007 with people receiving institutional and community-based programs. The Long Term Services and Supports Quality Review process obtains information directly from people about their experiences utilizing services either provided by or regulated by DADS. The face-to-face surveys were conducted with 2,934 people who are 18 years of age and older. Trend analysis is included for three programs reviewed each year since 2005 and baseline data for five other community programs. The QAI unit administers a Children/Family mail survey and publishes results on even numbered years.

The quality review process for interviewing program participants began three years ago. The activity is also supported by the 2006-2007 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 17, SB 1, 79th Legislature, Regular Session, 2005) to conduct surveys of nursing facility residents and individuals receiving other long term services and supports. The legislation directs the agency to assess how satisfied individuals are with their quality of care and quality of life. Nursing facilities are assessed through a separate review process and the results are published annually on the DADS website.

To administer the interviews and collect the response data, DADS contracted with an external entity to conduct the surveys across the state. The Nurse Aide Competency Evaluation Services (NACES Plus Foundation, Inc.) has conducted the survey process since 2005, using a cadre of interviewers experienced in working with older adults and people with disabilities.

2.1 Quality Indicators

2.1.1 National Core Indicators

The foundation for the National Core Indicators (NCI) project is a set of core indicators that consist of individual, systemic, and health and safety outcomes. The LTSS Quality Review process uses the NCI Consumer Survey tool as well as state system data as sources for collecting participants' information. Programs using the NCI survey tool include:

- Home and Community-based Services (HCS)
- Large and Medium Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)
- State Mental Retardation Facilities (state schools)

In the results section under 3.0, the NCI indicators are divided into four domains: Individual Outcomes; System Performance; Health, Welfare and Rights; and Self-Determination. Under each domain, there is an overview of the domain, as well as identified concerns. Under each concern is one or more quality indicators developed by the Human Services Research Institute (HSRI) and NCI member states that address the concern. For each indicator there is a result listed. In addition to the four domains, there are three sub-domains: Community Inclusion, Choice, and Decision-making.

The foundation for the NCI project is the set of core indicators that consist of individual, systemic, and health and safety outcomes.

www.hsri.org/nci

2.1.2 Participant Experience Survey Elderly/Disabled version

The Participant Experience Survey Elderly/Disabled (PES E/D) survey tool provides indicators in four priority areas: Access to Care, Choice and Control, Respect/Dignity, and Community Integration/Inclusion. There are 33 performance indicators within these priority areas. Six additional indicators in the area of Self-Determination were developed and included in the PES tool.

The PES E/D survey tool was used for interviews with people receiving the following program services:

- Community Assistance Services (CAS)
- Community Based Alternatives (CBA)
 - Adult Foster Care
 - Relocation to the Community
- Long Term Services and Supports - Adult Foster Care (LTSS-AFC)
- Family Care (FC)

The PES E/D survey tool provides indicators in four priority areas: Access to Care, Choice and Control, Respect/Dignity, and Community Integration/Inclusion.

www.cms.hhs.gov/hcbs

2.2 Methodology

Interviews took place in the individual's home unless he or she chose an alternative location. To prepare for the interviews, NACES staff obtained pre-survey, background, and day activity information from program providers. The demographic data provided by DADS automated systems included age, gender, ethnicity, and residential setting. For 2007, the number of questions answered by the participant was also included.

For the programs that used the NCI Consumer Survey tool, only responses from individuals or persons who interviewers determined understood the questions and answered independently or with some assistance, were included in the results of this report. If the individual could not answer the questions and there was no proxy available to provide an answer, the interview was not included in the analysis. Results from the NCI survey were analyzed in a manner consistent with the HSRI reporting methodology. Specifically, different responses to certain questions are re-coded or collapsed based on the rules for analysis as developed by the HSRI. Many questions have favorable responses (e.g., yes), and intermediate responses (e.g., In-between) collapsed so that both are equally favorable. Using the example for work satisfaction, responses of "Yes" and "In-between" are changed into the same favorable response for the question about whether the person likes where they work.

Other questions collapse unfavorable responses and moderate responses as negative. An example of this situation can be demonstrated using the question about whether people can see their friends when they want. When asked if they could see their friends or family when they want, responses of "sometimes" and "no" are collapsed into the same unfavorable response to determine the proportion of people who are unable to see their friends or family when they want. Many of the answers to the questions were changed for reporting in this way to make them consistent with the HSRI reporting methodology.

To calculate the performance indicators for the PES E/D tool, each question used a corresponding numerator and denominator to arrive at a percentage score. The numerator was the number of affirmative responses or a collapsed number of responses that were divided by the denominator. The denominator was the total number of valid responses. Responses that were coded as "unclear response" or "no response" were not included in the numerators or denominators for analysis. The PES contains a high number of questions that use skip patterns. An interviewer will ask or skip follow-up questions based on the response given by the person being interviewed. As part of the data analysis, staff reviewed the result to ensure the interviewers adhered to the skip patterns. All interview responses using the PES E/D survey tool were included except for responses coded as "unclear" or "non-responsive".

2.3 Training

Selecting and training interview staff is a key component of the quality review survey process. Interview staff must have strong interpersonal skills, have experience relating to people with disabilities and the elderly, respect cultural differences, and maintain neutrality throughout the interview process. NACES Plus Foundation, Inc. screened and hired interviewers based on criteria developed by DADS.

Interviewers received training prior to completing any work on the quality review process. As the contracted vendor for the project, NACES compiled the training materials and conducted training sessions in two locations in the state. Each training session was two days in length and required for all interviewers. To avoid discrepancies in coding responses, interviewers employed a method for conducting inter-rater reliability testing as a condition for completing their training.

2.4 Participants

A total of 2,934 people receiving services were interviewed based on a random selection and 2,047 usable responses were included from the selected programs as shown in Table 4.

Table 4 – Programs Surveyed in 2007			
Program Surveyed	Survey Tool	# of People Interviewed	# of Usable Responses
Community Attendant Services (CAS)	PES E/D	418	418
Community Based Alternatives (CBA)			
- Adult Foster Care	PES E/D	83	83
- Relocation to the Community from Nursing Facilities	PES E/D	363	363
Long Term Services and Supports – Adult Foster Care (LTSS-AFC)	PES E/D	85	85
Family Care (FC)	PES E/D	390	390
Home and Community-based Services (HCS)	NCI	527	299
Intermediate Care Facilities for Persons with Mental Retardation (ICF-MR)	NCI	447	266
State Mental Retardation Facilities (State Schools)	NCI	620	143
Total		2,934	2,047

Individual Program Results

3.0



Myth: Most people with disabilities are unable to have intimate relationships.

Fact: Like everyone else, people with disabilities make choices about marriage, long-term relationships and having children.

3.0 Individual Program Results

The following section contains the individual program information. Each section includes a brief description of the program in addition to a listing of the key services available with some of the survey findings. The demographics for those interviewed are included along with the total number of people receiving services at the time the sample was drawn and the number of responses used for the analysis.

A complete list of indicator results is included for each survey tool in the Appendix section. Although program results are listed together on each indicator table, the focus of this report is to examine programs individually. Readers should not infer that the data presented can be used for making program comparisons. Certain programs are similar but services may be delivered by different groups of providers or have program-specific rules and regulations that can affect the outcome of the results.

In addition to demographic requests, QAI asked providers to supply day, vocational, and employment information for the program participants. Providers completed the supplement with the average hours and average gross wages for people who participated in a vocational or employment service. Listed with the results are only those activities in which people participated. The full list of day/vocational activities includes:

- **Competitive Employment** – Have a job of their own in the community
- **Individual Supported Employment** – Have a job with a community employer and receive periodic publicly-funded assistance
- **Group Supported Employment** – Two or more individuals employed by a community provider agency
- **Facility-Based Work Program** – In settings such as sheltered workshops or work activity centers employed by the provider agency
- **Community-Based Non-Work Activities** – Training and assistance that enables individuals to participate in community activities away from provider-operated facilities

Community Attendant Services

Community Attendant Services (CAS) is a non-technical, medically related personal care service. CAS is available to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living according to a practitioner's statement of medical need. Attendants provide the services to individuals. CAS is a Title XIX funded program.

Services include:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Bathing • Dressing • Grooming • Preparing meals | <ul style="list-style-type: none"> • Housekeeping • Shopping • Arranging or accompanying individuals on trips to receive medical treatment |
|--|---|

43,577 people receiving CAS services at the time the sample was drawn.

418 responses collected using the PES survey tool were included in this analysis.

Table 5 – Demographics of CAS Interviewees

Residential Type		Gender		Age		Ethnicity	
Own Home	19%	Male	31%	Median ¹⁰	75	White	33%
Family Home	5%	Female	69%	Average	72	Hispanic	39%
With Others	1%					Black	28%
Nursing Facility	0%					Other	0%
Unknown	75%						

Indicators listed below represent a view of the program services. For a complete list of indicators and results, see Appendix A.

- People who reported they are sometimes unable to **bathe** or **shower** because there is no one there to help them; 11%
- People receiving services who reported they are sometimes unable to **dress** because there is no one there to help them; 7%
- People receiving services who reported sometimes going without a **meal** because there is no one there to help them; 5%
- People receiving services who said their **housework** does not get done sometimes because there is no one there to help them; 12%
- People receiving services who said they are sometimes unable to get **groceries** because there is no one to help them is six percent; 6%
- People receiving services who reported **transportation staff** do not treat them respectfully while using these services; 3%

¹⁰ In statistics, median is the quantity designating the middle value in a set of numbers.

Day/Vocational/Educational Support – CAS

Table 6 lists the types of vocational/employment services with the average number of hours worked and average total gross wages earned per month. The number of people that had information available is included with the results.

Table 6 – CAS Day/Voc/Ed Support		
Support	Average Hours at the Activity Per Month	Average Total Gross Wages Earned at this Activity Per Month
<p>Facility-Based Non-Work Activities A facility that involves the provision of training and other services and supports that are not paid work</p>	<p>93 <i>(3 people)</i></p>	n/a
<p>Community-Based Non-Work Activities Training and assistance that enables individuals to participate in community activities away from provider-operated facilities</p>	<p>59 <i>(3 people)</i></p>	n/a

Community Based Alternatives - Adult Foster Care

The Community Based Alternatives (CBA) program provides home and community-based services to aged and disabled adults as cost-effective alternatives to nursing facilities. Adult Foster Care (AFC) is a service of the Community Based Alternatives (CBA) Program. AFC is a 24-hour living arrangement in an enrolled DADS foster home for persons who, because of physical or mental limitations, are unable to continue residing in their own homes and who qualify for nursing facility services. CBA is funded by Title XIX Medicaid 1915(c) and state funds.

Services include:

- Meal Preparation
- Help with activities of daily living
- Housekeeping
- Supervision
- Personal care
- Provision/arrangement of transportation

158 people receiving CBA-AFC services at the time the sample was drawn.

83 responses collected using the PES E/D survey tool and included in this analysis.

Table 7 - Demographics of CBA-ACF Interviewees

Residential Type		Gender		Age		Ethnicity	
Adult Foster Care	100%	Male	29%	Median	66	White	53%
		Female	71%	Average	66	Hispanic	13%
						Black	24%
						Other	10%

Indicators listed below represent a view of the program services. For a complete list of indicators and results, see Appendix A.

- People receiving services who reported they sometimes go without a meal because there is no one there to help them; 1%
- No one in CBA-ACF reported that housework does not get done in their home; 0%
- There were no reports of unmet needs for personal care reported by people receiving CBA-AFC services; 0%
- There were no reports from people receiving services that staff do not spend all the time they are supposed to with the program participant; 0%
- People who reported that transportation staff do not treat them respectfully while using these services as well as staff who do not listen carefully to their requests for assistance while using these services; 2%

Day/Vocational/Educational Support – CBA-AFC

Table 8 lists the types of vocational/employment services with the average number of hours worked and average total gross wages earned per month. The number of people that had information available is included with the results.

Table 8 – CBA-AFC Day/Voc/Ed Support		
Support	Average Hours at the Activity Per Month	Average Total Gross Wages Earned at this Activity Per Month
Facility-Based Work Program In settings such as sheltered workshops or work activity centers employed by the provider agency	16 <i>(2 people)</i>	\$ 26
Facility-Based Non-Work Activities A facility that involves the provision of training and other services and supports that are not paid work	104 <i>(14 people)</i>	n/a
Community-Based Non-Work Activities Training and assistance that enables individuals to participate in community activities away from provider-operated facilities	80 <i>(6 people)</i>	n/a

Long Term Services and Supports - Adult Foster Care

As a regional and local service, Adult Foster Care (AFC) provides a 24-hour living arrangement in a contracted foster home for persons who, because of physical, mental or emotional limitations, are unable to continue independent functioning in their own homes. AFC is funded with Title XX (Social Services Block Grant) and state funds.

Services include:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Meal preparation • Housekeeping • Minimal help with personal care | <ul style="list-style-type: none"> • Help with activities of daily living • Provision/arrangement for transportation |
|---|--|

135 people receiving LTSS-AFC services at the time the sample was drawn.

85 responses collected using the PES E/D survey tool and included in this analysis.

Table 9 - Demographics of LTSS-ACF Interviewees

Residential Type		Gender		Age		Ethnicity	
Adult Foster Care	100%	Male	38%	Median	64	White	53%
		Female	62%	Average	64	Hispanic	21%
						Black	18%
						Other	8%

Indicators listed below represent a view of the program services. For a complete list of indicators and results, see Appendix A.

- No one in LTSS-AFC reported an unmet need for meal preparation; 0%
- No one reported an unmet need for housekeeping services; 0%
- People who reported they are sometimes unable to bathe or shower because there is no one there to help them; 3%
- People who reported not always having transportation when needed; 7%
- People receiving services who reported having control over their transportation; 32%

Day/Vocational/Educational Support – LTSS-AFC

Table 10 lists the types of vocational/employment services with the average number of hours worked and average total gross wages earned per month. The number of people that had information available is included with the results.

Table 10 – LTSS-AFC Day/Voc/Ed Support		
Support	Average Hours at the Activity Per Month	Average Total Gross Wages Earned at this Activity Per Month
<p>Facility-Based Non-Work Activities A facility that involves the provision of training and other services and supports that are not paid work</p>	<p>96 <i>(19 people)</i></p>	n/a
<p>Community-Based Non-Work Activities Training and assistance that enables individuals to participate in community activities away from provider-operated facilities</p>	<p>69 <i>(10 people)</i></p>	n/a

Community Based Alternatives – Relocation to the Community

The Community Based Alternatives (CBA) program provides home and community-based services to aged and disabled adults as cost-effective alternatives to nursing facilities. Relocation to the Community allows individuals in a nursing facility to relocate to the community. Medicaid recipients who wish to take advantage of this option must request and be approved for community services while residing in the facility. Individuals residing in nursing facilities are able to relocate into the most integrated setting available. CBA is funded by Title XIX Medicaid 1915(c) and state funds.

Services include:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Assisted Living/Residential Care Services • Adaptive Aids • Consumer Directed Services • Respite • Emergency Response Services | <ul style="list-style-type: none"> • Home Delivered Meals • Nursing • Minor Home Modifications • Therapy Services • Personal Assistance Services • Prescription Drugs |
|--|---|

3,978 people who relocated to the community from nursing facilities and received CBA services at the time the sample was drawn.

363 responses collected using the PES E/D survey tool and included in this analysis.

Table 11 – Demographics of CBA-Relocation to the Community Interviewees

Residential Type		Gender		Age		Ethnicity	
Own/Family Home	65%	Male	37%	Median	72	White	66%
Residential Care	31%	Female	63%	Average	69	Hispanic	19%
Shared	2%					Black	13%
Unknown	2%					Other	2%

Indicators below reflect individuals’ satisfaction with information about available services including the option to relocate to the community. For a complete list of indicators and results, see Appendix A.

The list below contains indicators pertaining to the availability of information about services. Individuals in facilities must request community services if they choose to reside in the community. To make this decision, individuals receive information on their options for community services.

- People receiving services who reported being dissatisfied with the information provided regarding available services; 17%
- People receiving services who reported being dissatisfied with the information provided regarding how to apply for services; 21%
- People receiving services who reported that the determination and enrollment process is not understandable and user friendly; 22%

Day/Vocational/Educational Support – CBA Relocation to the Community

Table 12 lists the types of vocational/employment services with the average number of hours worked and average total gross wages earned per month. The number of people that had information available is included with the results.

Table 12 – CBA-Relocation to the Community Day/Voc/Ed Support		
Support	Average Hours at the Activity Per Month	Average Total Gross Wages Earned at this Activity Per Month
Facility-Based Non-Work Activities A facility that involves the provision of training and other services and supports that are not paid work	92 <i>(5 people)</i>	n/a
Community-Based Non-Work Activities Training and assistance that enables individuals to participate in community activities away from provider-operated facilities	97 <i>(5 people)</i>	n/a

Family Care

Family Care is a non-skilled, non-technical attendant care service for eligible adults who are functionally limited in performing activities of daily living. Primary Home Care provider agencies have the option of providing these services. Family Care services are provided by an attendant and do not require the supervision of a registered nurse. Family Care is funded by Social Services Block Grant (Title XX) and state funds.

Services include:

- Personal Care
- Home Management
- Meal Preparation

7,105 people receiving Family Care services at the time the sample was drawn.

390 responses collected using the PES E/D survey tool and included in this analysis.

Table 13 – Demographics of Family Care Interviewees

Residential Type		Gender		Age		Ethnicity	
Own/Family Home	22%	Male	33%	Median	74	White	51%
Unknown	78%	Female	67%	Mean	70	Hispanic	26%
						Black	20%
						Other	3%

Indicators listed below represent a view of the program services. For a complete list of indicators and results, see Appendix A.

- People receiving services who reported they sometimes are unable to bathe or shower because there is no one there to help them; 12%
- People who reported they are sometimes unable to dress because there is no one there to help them; 7%
- Proportion of people receiving services who reported sometimes going without a meal because there is no one there to help them with preparation; 3%
- People who reported they are unable to eat because there is no one there to help them; 4%
- People receiving Family Care services who reported they sometimes are unable to get to or use the bathroom because there is no one there to help them; 5%
- People receiving services who reported they are sometime unable to get out of bed because there is no one there to help them; 3%

Day/Vocational/Educational Support – Family Care

Table 14 lists the types of vocational/employment services with the average number of hours worked and average total gross wages earned per month. The number of people that had information available is included with the results.

Table 14 Family Care Day/Voc/Ed Support		
Support	Average Hours at the Activity Per Month	Average Total Gross Wages Earned at this Activity Per Month
<p>Facility-Based Non-Work Activities A facility that involves the provision of training and other services and supports that are not paid work</p>	<p>80 <i>(1 person)</i></p>	<p>n/a</p>

Home and Community-Based Services

The Home and Community-Based Services (HCS) Program provides services and supports for individuals with intellectual developmental disabilities or a related condition as an alternative to residing in an ICF/MR. Individuals may live in their own or family home, in a foster/companion care setting, or in a residence with no more than four individuals who receive similar services. The HCS Program receives funding from Title XIX Medicaid 1915(c) and state funds.

Services Include:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Case Management • Residential Assistance • Supported Employment • Day Habilitation | <ul style="list-style-type: none"> • Dental Treatment • Adaptive Aids • Minor Home Modifications • Specialized Therapies • Respite |
|---|---|

10,888 people 18 years and older receiving HCS services at the time the sample was drawn.
299 responses collected using the NCI survey tool and included in this analysis.

Table 15 – Demographics of HCS Interviewees

Residential Type		Gender		Age		Ethnicity	
Foster Care	44%	Male	54%	Median	35	White	54%
Own/Family Home	29%	Female	46%	Average	37	Hispanic	21%
Homes with 3 or 4 Persons	26%					Black	23%
						Other	2%

Indicators listed below represent a view of the program services. For a complete list of indicators and results, see Appendix B.

- People receiving services in HCS who reported they are able to identify their case manager or service coordinator; 93%
- People who reported that service coordinators help them get what they need; 84%
- People who reported being satisfied with their job or day program; 94%
- People who reported that most day program staff treat them with respect; 94%
- Records indicate people receiving services who have had a routine dental exam in the last six months; 76%
- The proportion of people reporting that “needed” services were not available; 9%

Day/Vocational/Educational Support - HCS

Table 16 lists the types of vocational/employment services with the average number of hours worked and average total gross wages earned per month. The number of people that had information available is included with the results.

Table 16 – HCS Day/Voc/Ed Support		
Support	Average Hours at the Activity Per Month	Average Total Gross Wages Earned at this Activity Per Month
Competitive Employment Have a job of their own in the community	65 <i>(26 people)</i>	\$ 227
Individual Supported Employment Have a job with a community employer and receive periodic publicly-funded assistance	39 <i>(6 people)</i>	\$ 100
Facility-Based Work Program In settings such as sheltered workshops or work activity centers employed by the provider agency	100 <i>(24 people)</i>	\$ 125
Facility-Based Non-Work Activities A facility that involves the provision of training and other services and supports that are not paid work	93 <i>(75 people)</i>	n/a
Community-Based Non-Work Activities Training and assistance that enables individuals to participate in community activities away from provider-operated facilities	89 <i>(38 people)</i>	n/a

Competitive/Individual Supported Employment	Yes	No
Percent of people who worked 10 out of the last 12 months in a community job	21% <i>(34 people)</i>	79%
Percent of people who receive benefits at his/her community job (e.g., paid vacation, sick time, health insurance)	6% <i>(9 people)</i>	94%

Sub-domain Results - HCS

The NCI tool also includes three sub-domains: Community Inclusion, Choice, and Decision-Making.

Community Inclusion

The sub-domain of Community Inclusion has the following concern statement: *People have support to participate in everyday community activities.* Seven items from the survey tool comprise this domain. Table 17 includes the percentage of people who agreed with each question.

Table 17 - Community Inclusion in HCS		%
Individual participates in...	shopping	98%
	errands/appointments	100%
	entertainment	93%
	eating out	96%
	religious services	72%
	community meetings	18%
	exercise/play sports in community settings	24%

Choice and Decision-Making

These sub-domains have the following concern statement: *People make choices about their lives and are actively engaged in planning their services and supports.* The percentages of people who agreed with each question is shown in Tables 18 and 19.

Table 18 - Life Decisions in HCS		
Individual had some input in choosing...	home without help	58%
	home staff	60%
	where to work	57%
	staff at work	72%
	their case manager	64%

Table 19 - Everyday Choices in HCS		
Individual had some input in choosing...	people s/he lives with	47%
	their daily schedule	86%
	how to spend free time	93%
	what to buy with spending money	98%

Intermediate Care Facilities for Persons with Mental Retardation Program

The Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) Program provides residential and habilitation services to people with cognitive disabilities and/or a related condition. Private providers, Community Mental Health and Mental Retardation (MHMR) Center providers, as well as state mental retardation facilities provide ICF/MR services. ICF/MR services are funded through Title XIX Medicaid funds and state funds.

These results only include medium and large ICFs/MR. The State Mental Retardation Facilities results are reported separately.

Services include:

- Residential Services
- Habilitation Services
- Health Care Services
- Skills Training
- Comprehensive Behavioral Treatment Services
- Vocational Programs
- Adjunctive Therapy Services

2,046 people receiving ICF/MR services in medium or large facilities at the time the sample was drawn. 266 responses collected using the NCI survey tool and included in this analysis.

Table 20 – Demographics of ICF/MR Interviewees

Residential Type		Gender		Age		Ethnicity	
Medium (9-13)	47%	Male	53%	Median	46	White	77%
Large (14 or more)	53%	Female	47%	Average	45	Hispanic	11%
						Black	11%
						Other	1%

Indicators listed below represent a view of the program services. For a complete list of indicators and results, see Appendix B.

- People receiving ICF/MR services who reported having been provided options about where to live; 43%
- People who reported they are satisfied with where they live; 89%
- People receiving services who reported they feel safe in their home; 77%
- People who reported others respect their privacy by knocking before entering their bedroom; 76%
- People receiving ICF/MR services who reported having friends and caring relationships with people other than support staff and family members; 70%
- Reported they are satisfied with their job or day program; 94%
- Records indicate the proportion of people taking medications for mood, anxiety, or behavior problems; 48%
- Reported that they exercise or play sports in a community setting; 24%
- Reported that they exercise or play sports in a non-integrated setting; 54%
- Records indicate people receiving services who have had a physical exam in the past year; 98%
- Records indicate women receiving services who have had a gynecological exam in the past year; 91%
- Records indicate the proportion of people who have had a routine dental exam in the past six months; 78%

Day/Vocational/Educational Support – ICF/MR

Table 21 lists the types of vocational/employment services with the average number of hours worked and average total gross wages earned per month. The number of people that had information available is included with the results.

Table 21 – ICF/MR Day/Voc/Ed Support		
Support	Average Hours at the Activity Per Month	Average Total Gross Wages Earned at this Activity Per Month
Competitive Employment Have a job of their own in the community	76 <i>(18 people)</i>	\$ 391
Individual Supported Employment Have a job with a community employer and receive periodic publicly-funded assistance	120 <i>(1 person)</i>	n/a
Group Supported Employment Two or more individuals employed by a community provider agency	135 <i>(12 people)</i>	\$ 117
Facility-Based Work Program In settings such as sheltered workshops or work activity centers employed by the provider agency	69 <i>(51 people)</i>	\$ 50
Facility-Based Non-Work Activities A facility that involves the provision of training and other services and supports that are not paid work	89 <i>(100 people)</i>	n/a
Community-Based Non-Work Activities Training and assistance that enables individuals to participate in community activities away from provider-operated facilities	72 <i>(28 people)</i>	n/a

Competitive/Individual Supported Employment	Yes	No
Percent of people who worked 10 out of the last 12 months in a community job	20% <i>(31 people)</i>	80%
Percent of people who receive benefits at his/her community job (e.g., paid vacation, sick time, health insurance)	5% <i>(5 people)</i>	95%

Sub-domain Results – ICF/MR

The NCI Survey tool also includes three sub-domains: Community Inclusion, Choice, and Decision-Making.

Community Inclusion

The sub-domain of Community Inclusion has the following concern statement: *People have support to participate in everyday community activities.* Seven items from the survey tool comprise this domain. Table 22 includes the percentage of people who agreed with each question.

Table 22 - Community Inclusion in ICF/MR		
Individual participates in...	shopping	96%
	errands/appointments	98%
	entertainment	90%
	eating out	92%
	religious services	70%
	community meetings	14%
	exercise/play sports in community settings	24%

Choice and Decision-Making

These sub-domains have the following concern statement: *People make choices about their lives and are actively engaged in planning their services and supports.* The percentages of people who agreed with each question is shown in Tables 23 and 24.

Table 23 - Life Decisions in ICF/MR		
Individual had some input in choosing...	home without help	40%
	home staff	63%
	where to work	46%
	staff at work	66%
	their case manager	58%

Table 24 - Everyday Choices in ICF/MR		
Individual had some input in choosing...	people s/he lives with	42%
	their daily schedule	64%
	how to spend free time	84%
	what to buy with spending money	98%

State Mental Retardation Facilities (State Schools)

There are 13 state mental retardation facilities (11 state schools, 2 state centers), that provide 24-hour a day residential, treatment, and training services for persons with mental retardation/intellectual disabilities. Each facility is certified as an Intermediate Care Facility for Persons with Mental Retardation, a Medicaid-funded federal/state service program. Residential services in a state mental retardation facility are intended to serve individuals with severe or profound mental retardation/intellectual disabilities and those who are medically fragile or have behavioral problems.

Services Include:

- 24-hour Residential Care and Support
- Comprehensive Behavioral Treatment Services
- Comprehensive Health Care Services
- Occupational, Physical, Speech Therapies
- Skills Training
- Vocational Programs
- Services to maintain connections between residents and families/natural support systems

4,689 people receiving services in state schools at the time the sample was drawn.

143 responses collected using the NCI survey tool and included in this analysis.

Table 25 – Demographics of State School Interviewees

Residential Type		Gender		Age		Ethnicity	
Large	100%	Male	67%	Median	46	White	67%
		Female	33%	Average	46	Hispanic	16%
						Black	16%
						Other	1%

Indicators listed below represent a view of the program services. For a complete list of indicators and results, see Appendix B.

- People receiving state school services who reported having been provided options about where to live; 42%
- People who reported they are satisfied with where they live; 85%
- Reported others respect their privacy by knocking before entering their bedroom; 74%
- People receiving state school services who reported having friends and caring relationships with people other than support staff and family members; 66%
- Reported they are satisfied with their job or day program; 95%
- Reported taking medications for mood, anxiety, or behavior; 64%
- People reported that they exercise or play sports in a community setting; 4%
- Records indicating people receiving services who have had a physical exam in the past year; 99%
- Records indicating women receiving services who have had a gynecological exam in the past year; 45%
- Records indicating the proportion of people who have had a routine dental exam in the past six months; 75%

Day/Vocational/Educational Support – State Schools

Table 26 lists the types of vocational/employment services with the average number of hours worked and average total gross wages earned per month. The number of people that had information available is included with the results.

Table 26 – State Schools Day/Voc/Ed Support		
Support	Average Hours at the Activity Per Month	Average Total Gross Wages Earned at this Activity Per Month
Individual Supported Employment Have a job with a community employer and receive periodic publicly-funded assistance	22 <i>(6 people)</i>	\$ 61
Group Supported Employment Two or more individuals employed by a community provider agency	98 <i>(5 people)</i>	\$ 50
Facility-Based Work Program In settings such as sheltered workshops or work activity centers employed by the provider agency	62 <i>(88 people)</i>	\$ 69
Facility-Based Non-Work Activities A facility that involves the provision of training and other services and supports that are not paid work	97 <i>(40 people)</i>	n/a
Community-Based Non-Work Activities Training and assistance that enables individuals to participate in community activities away from provider-operated facilities	56 <i>(5 people)</i>	n/a

Competitive/Individual Supported Employment	Yes	No
Percent of people who worked 10 out of the last 12 months in a community job	8% <i>(7 people)</i>	92%
Percent of people who receive benefits at his/her community job (e.g., paid vacation, sick time, health insurance)	2% <i>(1 person)</i>	98%

Sub-domain Results – State Schools

The NCI Survey tool also includes three sub-domains: Community Inclusion, Choice, and Decision-Making.

Community Inclusion

The sub-domain of Community Inclusion has the following concern statement: *People have support to participate in everyday community activities.* Seven items from the survey tool comprise this domain. Table 27 includes the percentage of people who agreed with each question.

Table 27 - Community Inclusion in State Schools		
Individual participates in...	shopping	92%
	errands/appointments	97%
	entertainment	90%
	eating out	90%
	religious services	82%
	community meetings	19%
	exercise/play sports in community settings	4%

Choice and Decision-Making

These sub-domains have the following concern statement: *People make choices about their lives and are actively engaged in planning their services and supports.* The percentages of people who agreed with each question is shown in Tables 28 and 29

Table 28 - Life Decisions in State Schools		
Individual had some input in choosing...	home without help	30%
	home staff	62%
	where to work	65%
	staff at work	71%
	their case manager	52%

Table 29 - Everyday Choices in State Schools		
Individual had some input in choosing...	people s/he lives with	28%
	their daily schedule	71%
	how to spend free time	99%
	what to buy with spending money	98%

Conclusion

4.0



Myth: People with disabilities always need help.

Fact: Many people with disabilities are independent and are capable of giving help. If you would like to help someone with a disability, ask if he or she needs it before you act.

4.0 Conclusion

The annual quality review process is a component of the agency's broader quality improvement strategy that uses data to identify trends and areas for improvement. It is important for readers to understand that this process is one of several discovery functions used to collect data for analysis that provides an overall systemic view of the state's long term services and supports programs.

For 2007, the QAI unit selected five new programs to include in the quality review process as well as three programs that have been through the process for the last three years. The new programs used the Participant Experience Survey Elderly/Disabled survey tool to interview elderly and non-elderly adults with physical disabilities. The majority of responses were generally favorable. Over 90 percent of people interviewed with the PES survey tool reported their services and supports addressed their health and well-being.

The responses from people interviewed with the NCI Consumer Survey tool were generally favorable as well. An area that received highly favorable responses across programs was the domain for health, welfare and rights. The majority of people reported that their support staff treats them with respect and dignity. People have their basic rights respected such as being able to read their own mail and be alone with friends. Almost all people receiving services know their "advocate" or guardian. System performance revealed some favorable indicators as well. The majority of people receiving services know their case managers or service coordinators and reported "needed" services were available to them.

Over 90% of people interviewed with the PES Survey tool reported their services and supports addressed their health and well-being.

While the majority of findings were generally positive, the analysis suggests there are opportunities for improvements, particularly in the area of choice and control over services, staff, and their everyday lives in general. About one-third of the people said they did not decide who comes in and out of their homes. Additionally, the majority of people reported they do not have control over their transportation. Not having a choice on who can come into your home or not having control over transportation can impede access to social connections and community activities.

To support choice and control for people receiving services, the agency continues to expand the Consumer Directed Services (CDS) option, which allows individuals or their legally authorized representatives to self-direct program services by recruiting, hiring, training, supervising, and terminating their service providers. As the CDS option expands to more of DADS programs, an activity recommended in last year's report, performance measures will continue to be applied to determine if people using the CDS option experience better service delivery outcomes. Programs with people enrolled in the CDS option are included as part of the LTSS Quality Review process. Using the CDS option appears to have a beneficial impact for individuals who want to enhance choice and control in their lives. Findings from the quality review conducted in [2006](#)¹¹ with people receiving Community Living Assistance and Support Services (CLASS) found that people who used the CDS option had more control over, and knowledge about, their services, transportation, and decisions. They also felt safer in their homes and more satisfied with their personal lives.

The quality review process includes a component for vocational and employment services as well as other day supports. To develop intervention strategies for improving employment outcomes and community integration scores for all people receiving services, an additional vocational supplement was included with both survey tools. Texas is one of 13 states that have joined the State Employment Leadership Network (SELN) in order to receive a wide range of assistance and support in expanding and improving employment outcomes for individuals who want to work. The

¹¹ Long Term Services and Supports 2006 Quality Review Report - http://www.dads.state.tx.us/news_info/publications/legislative/LTSS_QR_Report_2006.pdf

SELN work plan defines strategic goals and operating policies, which include analyzing existing data collection systems to determine how employment is measured and evaluated. SELN project staff reviews the employment-related data collected from the LTSS Quality Review survey to assist in improving employment-based outcomes. In order to evaluate and improve supported employment services, the next LTSS Quality Review project will include additional questions to capture a greater range of individual employment data.

The QAI unit is implementing a Quality Consulting Program to promote evidence-based best practices and provide technical assistance in order to increase positive outcomes for individuals residing in state schools, assisted living facilities and other ICFs/MR. The Quality Consulting Program staff will review the data from this report and other data systems to help inform program decisions in nursing, pharmacy, and nutrition. The recommendation made in last year's report to expand the Quality Monitoring Program to home and community-based programs will continue as recommended.

To promote best practices, the QAI unit within DADS conducts annual disability symposia to address various topics for improving services and supports. As emerging trends are identified from the quality reviews, the symposia will provide a forum to address intervention strategies and implement best practices. The symposia can target providers, direct care staff, individuals, and/or families, based on the analysis of the results.

Another recommendation made in last year's report was to improve the DADS website for accessibility and usability by the public. The agency's website is a resource for finding information about long term services and supports. Navigating and searching through the website can be difficult for some people given the vast amount of information contained on the site. DADS developed a provider portal designed to help providers find the tools they need to do business with the agency in one location. It contains various links to program information, a calendar of events and other related links of interest. A similar consumer portal is currently under development to provide information geared toward the needs of people receiving and applying for services. In addition to the DADS website enhancements, QAI is developing a quality information website to provide a centralized forum for quality-related news and information pertaining to programs administered by DADS.

The results of the LTSS Quality Review process support broader internal and external strategic initiatives. The Centers for Medicare & Medicaid Services (CMS) requires states to make satisfactory assurances concerning the protection of participant health and welfare. As a discovery tool for quality management, the quality reviews contribute supporting information for the state's waiver application and renewal process.

This data is integral for evaluating existing programs and planning for future initiatives to support the mission of DADS.

Finally, these results reflect the opinions and perceptions of the people, and families of people, who receive services and supports through DADS programs. This data is integral for evaluating existing programs and planning for future initiatives to support the mission of DADS. By gauging program performance through direct feedback, DADS can identify areas where services and supports are experiencing positive results and where there are unmet needs. DADS will continue to work with internal agency program areas and external federal, state, and local partners to use the results of this study to implement interventions designed to improve upon long term services and supports.

Appendix A – Program Results from the Participant Experience Survey

Appendix A provides results of all the indicators for the programs using the PES survey tool.

Appendix A - PES Indicators						
Indicator Number	Indicator	CAS	CBA-AFC	CBA-Rel	LTSS-AFC	FC
Access to Care						
1	Bathing – The proportion of people receiving services who are sometimes unable to bathe or shower because there is no one there to help them.	11%	0%	10%	3%	12%
2	Dressing – The proportion of people receiving services who are sometimes unable to dress because there is no one there to help them.	7%	0%	4%	0%	7%
3	Transferring – The proportion of people receiving services who are sometimes unable to get out of bed because there is no one there to help them.	3%	0%	7%	0%	3%
4	Eating – The proportion of people receiving services who are sometimes unable to eat because there is no one there to help them.	2%	0%	1%	0%	4%
5	Meal Preparation – The proportion of people receiving services who sometimes go without a meal because there is no one there to help them.	5%	1%	2%	0%	3%
6	Groceries – The proportion of people receiving services who are sometimes unable to get groceries because there is no one there to help them.	6%	0%	3%	0%	7%
7	Housework – The proportion of people receiving services whose housework is not done sometimes because there is no one there to help them.	12%	0%	5%	0%	2%
8	Laundry – The proportion of people receiving services whose laundry is not done sometimes because there is no one there to help them.	8%	0%	3%	0%	12%
9	Transportation – The proportion of people receiving services who report not always having transportation when needed.	19%	9%	17%	7%	20%
10	Medication – The proportion of people receiving services who sometimes go without taking medications because there is no one there to help them.	4%	0%	1%	0%	3%
11	Toileting – The proportion of people receiving services who are sometimes unable to get to or use the bathroom because there is no one there to help them.	7%	0%	7%	0%	5%
12	Staff Time – The proportion of people receiving services who report care staff does not spend all the time they are supposed to with the program participant.	6%	0%	7%	2%	7%

Appendix A - PES Indicators						
Indicator Number	Indicator	CAS	CBA-AFC	CBA-Rel	LTSS-AFC	FC
12a ¹²	Health and Well Being – The proportion of people receiving services whose services and supports are not addressing their health and well-being.	5%	1%	1%	4%	7%
12b	Personal Goals – The proportion of people receiving services who report their services and supports do not help to achieve their personal goals.	7%	1%	7%	2%	7%
13	Adaptive Equipment or Environmental Modifications – The proportion of people receiving services who requested special equipment or environmental modifications who report not receiving them.	19%	0%	14%	15%	27%
30a ¹³	Information Regarding Services – The proportion of people receiving services who report being dissatisfied with the information provided regarding available services.	11%	36%	17%	25%	16%
30b	Information Regarding Applying for Services – The proportion of people receiving services who report being dissatisfied with the information provided regarding how to apply for services.	15%	41%	21%	29%	20%
30c	Determination/Enrollment Process – The proportion of people receiving services who report the determination and enrollment process is not understandable and user friendly.	16%	39%	22%	28%	23%
Choice and Control						
14	Choice in Staff – The proportion of people receiving services who do not choose their care staff, but would like to do so.	45%	9%	29%	10%	41%
15	Changing Staff – The proportion of people receiving services who did not know they could change their paid staff.	11%	34%	26%	50%	18%
16	Directing Staff – The proportion of people receiving services who do not help direct their staff, but would like to do so.	15%	29%	23%	12%	10%
17	Contact for Reporting Staffing Problems – The proportion of people receiving services who would report staffing problems to “no one” or are unsure to whom to report problems.	4%	6%	3%	11%	5%
18	Ability to Identify Case Manager – The proportion of people receiving services who are unable to identify their case manager when asked.	43%	43%	44%	53%	46%

¹² Indicators 12a and 12b were added in 2007 using questions 32a and 32b on the modified PES E/D Survey.

¹³ Indicators 30a, 30b, 30c were included by DADS staff to correspond to questions 61, 61a and 61b of the PES E/D survey tool.

Appendix A - PES Indicators						
Indicator Number	Indicator	CAS	CBA-AFC	CBA-Rel	LTSS-AFC	FC
19	Ability to Contact Case Manager – The proportion of people receiving services who report they cannot always talk with their case manager when needed.	18%	12%	13%	18%	19%
19a	Discusses Preferences – The proportion of people receiving services who report their case manager or service coordinator does not always ask about their preferences.	31%	17%	22%	24%	28%
20	Case Manager Helpfulness – The proportion of people receiving services who say their case managers do not always help them when they ask for something.	21%	8%	15%	8%	24%
Respect/Dignity						
21	Respect by Home Care Staff – The proportion of people receiving services who report staff do not treat them respectfully in their homes.	2%	2%	7%	4%	3%
22	Careful Listening by Home Care Staff – The proportion of people receiving services who report home care staff does not listen carefully to their requests for assistance.	3%	5%	11%	5%	7%
23	Physical Abuse by Staff – The proportion of people receiving services who report being injured by current staff.	0%	4%	1%	0%	1%
24	Verbal Abuse by Staff – The proportion of people receiving services who report being verbally abused by current staff.	2%	7%	8%	5%	2%
25	Theft by Staff – The proportion of people receiving services who report theft by current staff.	4%	4%	9%	5%	4%
26	Respect by Day Program Staff – The proportion of people receiving services who report staff do not treat them respectfully in programs outside their homes.	0%	3%	5%	0%	14%
27	Careful Listening by Day Program Staff – The proportion of people receiving services who report day program staff do not listen carefully to their requests for assistance in programs outside their homes.	0%	5%	5%	2%	14%
28	Respect by Transportation Staff – The proportion of people receiving services who report transportation staff do not treat them respectfully while using these services.	3%	2%	5%	0%	10%
29	Careful Listening by Transportation Staff – The proportion of people receiving services who report staff do not listen carefully to their requests for assistance while using these services.	2%	2%	5%	2%	14%
Community Integration/Inclusion						
30	Community Involvement – The proportion of people receiving services who report an unmet need for community involvement.	31%	17%	27%	22%	34%

Appendix A - PES Indicators						
Indicator Number	Indicator	CAS	CBA-AFC	CBA-Rel	LTSS-AFC	FC
31	Demand for Employment – The proportion of non-elderly people receiving services who are not currently working, but would like to work.	27%	19%	23%	23%	24%
32	Choice in Employment – The proportion of working, non-elderly people receiving services who did not choose their current job.	n/a	50%	0%	0%	0%
33	Satisfaction with Employment – The proportion of working, non-elderly people receiving services who do not like their current job.	n/a	0%	0%	65%	0%
Self Determination						
34 ¹⁴	Helping Others – The proportion of people receiving services who get to help other people.	45%	50%	47%	60%	50%
35	Close Relationships – The proportion of people receiving services who are able to have a close relationship, such as a boyfriend or girlfriend, if they want one.	74%	60%	81%	57%	73%
36	Earning Money – The proportion of people receiving services who earn enough money to buy the things that they want.	35%	60%	40%	65%	36%
37	Risks – The proportion of people receiving services who are free to take risks when they want.	77%	60%	74%	56%	72%
38	Transportation Control – The proportion of people receiving services who have control over their transportation.	50%	21%	36%	32%	45%
39	Home Privacy – The proportion of people receiving services who decide who comes in and out of their home.	88%	24%	73%	33%	87%
39a	Option to Direct Attendants – The proportion of people receiving services who are aware of the option to direct their attendants.	71%	56%	64%	51%	67%
39b	Self-Advocacy Active Participation – The proportion of people receiving services who participated in self-advocacy group meetings, conferences or events.	6%	15%	7%	13%	5%
39c	Self-Advocacy Request for Participation – The proportion of people receiving services who would like to participate in a self-advocacy meeting, conference or event.	10%	9%	11%	61%	8%

¹⁴ Indicators 34 - 39 were developed by the QA/QI Task Force and have not been validated.

Appendix B – Program Results from the National Core Indicators Consumer Survey

Appendix B provides results of all the indicators for the programs using the NCI survey tool.

NCI Individual Outcomes				
DOMAIN Individual Outcomes				
Individual outcome indicators concern how well the public system aids adults with developmental disabilities to work, participate in their communities, have friends and sustain relationships, and exercise choice and self-determination. Other indicators in this domain probe how satisfied individuals are with services and supports.				
Concern	Quality Indicator(s) ¹⁵	HCS	ICF/MR	State School
<i>People make choices about their lives and are actively engaged in planning their services and supports</i>	The proportion of people who report having been provided options about where to: 1) live 2) work	1) 47% 2) 48%	1) 43% 2) 26%	1) 42% 2) 59%
<i>People have friends and relationships.</i>	► The proportion of people who have friends and caring relationships with people other than support staff and family members.	74%	70%	66%
	► The proportion of people who have a close friend, someone they can talk to about personal things.	81%	82%	83%
	► The proportion of people who are able to see their friends and families when they want: 1) friends 2) families	1) 86% 2) 86%	1) 91% 2) 71%	1) 94% 2) 75%
	► The proportion of people who feel lonely.	51%	54%	50%
<i>People are satisfied with the services and supports they receive.</i>	► The proportion of people who are satisfied with where they live.	96%	89%	85%
	► The proportion of people who are satisfied with their job or day program.	94%	94%	95%
	► The proportion of people who are satisfied with [life in general, personal life].	83%	76%	82%

¹⁵ Indicators with this symbol (►) are calculated based on questions from Section 1 of the NCI Survey tool, which is designed to capture the responses only from the individual, not from a proxy.

NCI System Performance				
DOMAIN System Performance				
The system performance indicators address the following topics: (a) service coordination; (b) family and individual participation in provider-level decisions; (c) the utilization of and outlays for various types of services and supports; (d) cultural competency; and (e) access to services.				
Concern	Quality Indicator(s)	HCS	ICF/MR	State Schools
Service coordinators are accessible, responsive, and support the person's participation in service planning.	► The proportion of people reporting that service coordinators help them get what they need.	84%	89%	84%
	► The proportion of people who know their service coordinators.	93%	93%	90%
	► The proportion of people who report that their service coordinators asked about their preferences.	79%	81%	83%
<i>Publicly-funded services are readily available to individuals who need and qualify for them.</i>	► The proportion of people reporting that they received support to learn or do something new in the past year.	85%	86%	92%
	► The proportion of people who did not receive support to learn or do new things in the past year and want help to do so.	68%	64%	77%
	► The proportion of people who report having adequate transportation when they want to go somewhere.	72%	71%	38%
	The proportion of people reporting services were not available.	9%	8%	6%
	The proportion of people who are satisfied with the information received regarding available services.	94%	93%	78%
	The proportion of people who are satisfied with the information provided regarding how to apply for services.	95%	90%	81%
	The proportion of people who reported the determination/enrollment process was understandable and user friendly.	95%	91%	92%

NCI Health, Welfare and Rights				
DOMAIN Health, Welfare and Rights				
These indicators concern the following topics: (a) safety and personal security; (b) health and wellness; and (c) protection of and respect for individual rights.				
Concern	Quality Indicator(s)	HCS	ICF/MR	State Schools
<i>People are safe from abuse, neglect, and injury.</i>	► The proportion of people who report that they feel safe in their: 1) home 2) neighborhood	1)82% 2)77%	1) 78% 2) 77%	1) 75% 2) 82%
<i>People secure needed health services.</i>	The proportion of people who have had a physical exam in the past year.	92%	98%	99%
	The proportion of women who have had a gynecological exam in the past year.	79%	91%	45%
	The proportion of people who have had a routine dental exam in the past six months.	76%	78%	75%
<i>Medications are managed effectively and appropriately.</i>	The proportion of people taking medications for mood, anxiety, or behavior problems.	45%	48%	64%
<i>People receive the same respect and protections as others in the community.</i>	► The proportion of people who know their “advocate” or guardian.	93%	87%	91%
	The proportion of people whose basic rights are respected by others: 1) knocking before entering home 2) knocking before entering bedroom 3) reading mail (person reads own mail or gives permission to others) 4) alone with friends 5) use of phone	1)79% 2)79% 3)94% 4)94% 5)91%	1) 53% 2) 76% 3) 92% 4) 95% 5) 87%	1) 51% 2) 74% 3) 98% 4) 96% 5) 84%
	► The proportion of people who report satisfaction with the amount of privacy they have.	89%	88%	92%
	► The proportion of people, who have support staff, indicating that most support staff treat them with respect: 1) home staff 2) day program staff	1)91% 2)94%	1) 91% 2) 95%	1) 92% 2) 95%
	The proportion of people who had the opportunity to participate in activities of self-advocacy groups or other groups that address rights.	27%	24%	66%
	The proportion of people who would like to participate in a self-advocacy group meeting, conference or event.	16%	19%	12%
	<i>People are supported to maintain healthy habits.</i>	The proportion of people who maintain healthy habits in such areas as smoking.	88%	89%

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	The proportion of people who exercise or play sports: 1) non-integrated setting 2) community setting	1)54% 2)24%	1) 54% 2) 24%	1) 73% 2) 4%
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NCI Self-Determination				
DOMAIN Self-Determination				
The goal of self-determination is " crafting a meaningful life deeply imbedded in one's own community. " ¹⁶				
Concern	Quality Indicator(s)	HCS	ICF/MR	State Schools
<i>People are able to have more choice and control over their everyday lives.</i>	▶ Proportion of people who get to help other people.	75%	80%	80%
	▶ Proportion of people who are able to have a close relationship, such as a boyfriend or girlfriend, if they want one.	81%	83%	84%
	▶ Proportion of people who earn enough money to buy the things they want.	77%	77%	73%
	▶ Proportion of people who are free to take risks when they want.	71%	71%	87%
	▶ Proportion of people who have control over their transportation.	35%	40%	12%
	▶ Proportion of people who decide who comes in and out of their home.	46%	35%	33%

¹⁶ Nerney, Thomas. *The System of the Future*. Center for Self-Determination. www.self-determination.com (2004)