

Long-Term Services and Supports **Quality Review 2008**

*Adult Face-to-Face and
Children/Family Mail Out
Survey Results*



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Long-Term Services and Supports Quality Review 2008



Prepared by:

**Center for Policy and Innovation
Quality Assurance and Improvement**

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Executive Summary



1.0 Executive Summary

1.1 Introduction

The Long-Term Services and Supports Quality Review (LTSSQR) is an annual statewide survey of services and supports offered through the Texas Department of Aging and Disability Services (DADS). This review obtained the individuals' perspectives about their lives, services, and supports. In addition, the review evaluated service delivery and increased baseline information for continuous improvement, quality monitoring, and intervention. The LTSSQR will help the agency build a quality management strategy, identify trends, develop innovations, and provide information to stakeholders and the Centers for Medicare & Medicaid Services (CMS).

The following report provides results for the adult face-to-face interviews and the surveys mailed to families of children in 2008, including individual program trend analysis. DADS has developed a comprehensive quality management plan to accomplish its mission, vision, and key responsibilities to the people of Texas, which includes:

- *Working in partnership with consumers, caregivers, service providers, and other stakeholders*
- *Developing and improving service options that are responsive to individual needs and preferences*
- *Ensuring and protecting self-determination, consumer rights, and safety*

In combination, these quality reviews play an important part in assisting the department in achieving its vision and mission. DADS has conducted the Long-Term Services and Supports Quality Review annually since 2005. This activity supports the 2008-2009 General Appropriations Act (Article II, Department of Aging and Disability Services, HB 1, 80th Legislature, Regular Session, 2007). The legislation directs the agency to assess how satisfied individuals are with their quality of care and quality of life.

In 2008, DADS collected data on specific quality indicators and desired outcomes related to DADS service goals, which included:

Access to Care
Health and Welfare
Respect and Dignity
Delivery of Supports
Individual Choice and Control
Self-Determination and Community Inclusion

The findings in this report describe individual experiences from a wide range of programs serving adults, individuals who are aging, individuals with disabilities, and children and their families. These results will contribute to program and policy improvements in the DADS service delivery system.

1.2 Methodology

The LTSSQR reviewed five adult programs and five children's programs in 2008. Adult programs included:

- Community Living Assistance and Support Services (CLASS) not using the Consumer Directed Services (CDS) option
- CLASS using the CDS option
- Mental Retardation Authority- General Revenue Programs (MRA-GR)
- Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) Small, Medium, and Large
- State Mental Retardation Facilities
- Community Based Alternatives not using CDS
- Community Based Alternatives using CDS

Children's programs included:

- Community Living Assistance and Support Services (CLASS) not using the CDS option
- CLASS using the CDS option
- Medically Dependent Children Program (MDCP)
- Home and Community-Based Services (HCS)
- Texas Home Living Waiver (TxHmL)
- Consolidated Waiver Program (CWP)

Due to the large number of programs and limited available resources, the Quality Assurance and Improvement (QAI) unit of the Center for Policy and Innovation (CPI) within DADS selects a portion of DADS programs each year and will review all programs on a rotating basis.

This year, DADS used three nationally recognized survey instruments designed for measuring specific individual indicators:

- National Core Indicators (NCI) Consumer Survey ¹
- Participant Experience Survey Elderly/Disabled (PES E/D) version ²
- National Core Indicators (NCI) Children/Family Mail Out Survey ³

The adult face-to-face surveys used the NCI Consumer Survey and the PES E/D survey. As a collaborative effort between the National Association of State Directors of Developmental Disability Services (NASDDDS) and the Human Services Research Institute (HSRI), the NCI project helps states develop performance and outcome measurement strategies. This partnership provides the opportunity for DADS to share data with HSRI and to conduct additional analysis by benchmarking Texas' performance in a national arena.

DADS also collaborated with Thomson/Reuters (formerly MEDSTAT Group, Inc.), who developed the PES E/D survey for older adults and adults with physical disabilities. The PES E/D survey uses only responses from the individual, not from a proxy. In 2008, the PES E/D survey was used with individuals participating in the Community Based Alternatives (CBA) program.

¹ View the National Core Indicators Survey tool at <http://mqa.dads.state.tx.us/2008NCI.pdf>

² View the PES Survey tool at <http://qmweb.dads.state.tx.us/2008pes.pdf>

³ View the NCI Children/Family Survey tool at <http://qmweb.dads.state.tx.us/2008EnglishChildFamilySurvey.pdf> and <http://qmweb.dads.state.tx.us/2008SpanishChildFamilySurvey.pdf>

The NCI Children/Family Survey was used to evaluate indicators for DADS programs serving children in Community Living Assistance and Support (CLASS) not using the Consumer Directed Services (CDS) option, CLASS using the CDS option, Medically Dependent Children Program (MDCP), Home and Community-Based Services (HCS), Texas Home Living Waiver (TxHmL), and Consolidated Waiver Program (CWP). Since these individuals were under 21 years of age, a family member was asked to provide information regarding overall experiences with the services and supports received.

DADS contracted with an external vendor, Nurse Aide Competency Evaluation Service Plus Foundation, Inc. (NACES), to administer the surveys. NACES hired, trained, and supervised interviewers. The interviewers were licensed social workers and nurses, all disinterested third parties, and experienced in working with individuals who are aging or have disabilities.

The sample size for each of the programs was calculated using the Creative Research Systems Sample Size Calculator.⁴ QAI staff selected survey participants by random sampling and stratified the sample by county throughout the state of Texas. In total there were 2,644 individual program adult and children surveys used for the LTSSQR: 1,756 adults and 888 children. The adult face-to-face interviews took place in the individual's residence unless she or he chose an alternate location.

The LTSSQR review included the CDS option for the CLASS and CBA programs. The averages of the two different samples, CLASS not using CDS and CLASS using CDS, were compared. In addition, trend analysis was completed for all adult and children's programs that had been reviewed over several years. Statistically significant outcomes are reported. A statistically significant difference does not mean the difference is necessarily large or important, it simply means there is statistical evidence that there is a difference. For all statistical tests, QAI used the statistical significance level $p < .01$. With this level of significance, we can be 99% confident that the sample results mirror the whole population of each program reviewed. For two of the programs reviewed this year, CLASS and CBA, statistical tests compared indicators of two groups within the programs: those who used the CDS option and those who did not. For trending data, QAI staff also performed tests to find any statistically significant differences in outcomes for the program trends from previous quality reviews compared to the 2008 reviews.

2,644
**Number of surveys included in the 2008
Long-Term Services and Supports
Quality Review**

⁴ <http://www.surveysystem.com/sscalc.htm>

1.3 Findings

The findings given in this report represent a small selection of the entire list of quality indicators. For a complete list of all of the results, see Appendix A for the NCI Consumer Survey results, Appendix B for the PES E/D Survey results, and Appendix C for the NCI Children/Family Survey results.

Adult Face-to-Face Surveys:

In general, outcomes reflected well on the services received. Outcomes revealed some unmet needs in community involvement, particularly control over transportation and self-advocacy. Participants reported high satisfaction with residence and day programs. They also reported receiving needed services and supports to assist with activities of daily living, health, and well-being.

Positive trends were noted for the CLASS program (both individuals using and not using the CDS option), ICFs/MR (large), and state mental retardation facilities. Trends in the CLASS program (both individuals using and not using the CDS option) included increased privacy with mail in 2008. Positive trends in the ICF/MR (large) program included improved control over transportation, more input in choice of roommates, and more participation in self-advocacy activities. A positive significant trend for state mental retardation facilities was that individuals were more likely to have friends in 2008 than in previous years. Positive trends in 2008 for the CBA program (individuals not using the CDS option) included an increase in the number of physical exams and dental visits and greater satisfaction with activities outside of their home. In the ICF/MR (small and medium) program, most of the favorable trends (several in the area of self-determination) were prior to 2008 rather than in 2008.

Children/Family Mail Out Surveys:

In the programs reviewed with the NCI Children/Family Survey, outcomes were generally positive, particularly in the area of family satisfaction and outcomes. Family ratings were particularly positive for access to health care, dental care, and necessary medications. There were slightly lower family ratings for community connections. The lower agreement ratings referred to the need for help with typical supports in the community and participation in community activities.

There were differences for people in CLASS using the CDS option and people in CLASS not using the CDS option. Families using the CDS option were more likely to have satisfaction with services, choice and control over support workers, and the family supports to keep their child at home.

In CLASS and MDCP, families were more likely to contact staff as needed in 2008 than in previous years. In the CLASS program (individuals using the CDS option), children reportedly had greater access to health care than in the previous years' quality review.

1.4 Conclusion

Overall, the results of the surveys were encouraging. Results indicated that in 2008, individuals reported that they received the services and supports needed to ensure health and well-being. In adult programs, the vast majority of people are supported in their activities of daily living and have the services and supports needed for their well-being and to meet their personal goals. For individuals participating in children's programs, access to health care was very positive. Among adult and children's programs, a majority of the individuals and families reported that support staff is respectful.

While people received most of the services and supports they needed, the results point to opportunities for improvement. Individuals consistently reported that transportation was a barrier. Results from all of the programs reported lack of control over and access to transportation when they need it. Lack of transportation reduces the options for people to engage in many activities within the community. This may be related to the reported unmet need for community involvement and participation in integrated activity settings.

Finally, the results obtained for this report are a valuable part of a much broader quality management effort within DADS. The results, based on the perspective of the people who receive services, help to inform internal and external stakeholders. The quality review process also allows DADS to continually assess the quality of its services and strive to attain the highest quality of services possible.

Adult Face-to-Face Surveys



2.0 Introduction: Adult Face-to-Face Surveys

This section provides summary information for the adult (18 years of age and older) face-to-face surveys conducted in 2008. The survey process obtained information directly from individuals about their experiences. This year 1,756 adults were included in the data analysis.

A program description, individual program results from two adult survey tools, a Day/Vocational/Educational Supplement to the survey, and statistically significant trends, when available, were included for the adult programs.

Data showed trends over four years for the ICF/MR (small and medium) program, three years for state mental retardation facilities, and three years for CLASS. There was three years of data for trending CBA not using CDS. MRA-GR services and supports were evaluated for the first time this year.

2.1 Quality Indicators

QAI used two surveys to review adult services. They were the NCI Consumer Survey and the PES E/D Survey.

NCI Consumer Survey:

The NCI Consumer Survey uses a structured consumer interview conducted by a trained, objective third party. In preparation for the LTSSQR, QAI staff collected suggestions regarding desired additions to the survey from DADS staff and stakeholders and, when appropriate, made additions to the survey. In 2008, added indicators included specific questions about service delivery, employment, use of alternatives to restraints, obstacles to working in the community, preferences regarding entertainment, religious services, community meetings and self-advocacy, use of the Internet, and access to information about services.

The NCI Consumer Survey contains four domains: Individual Outcomes; System Performance; Health, Welfare and Rights; and Self-Determination. Each domain includes a description of the domain as well as identified concerns. Under each concern is one or more quality indicators developed by Human Services Research Institute (HSRI) and National Core Indicators (NCI) member states. In addition to the four domains, there are three sub-domains: Community Inclusion, Choice, and Decision-making.

The NCI Consumer Survey is composed of a pre-survey form, two sections, and an interviewer feedback form. In Section 1, only the individual receiving services can provide responses; proxy responses are not accepted. If possible, the individual also answers questions in Section 2. However, someone who knows the person well can respond for the individual.

PES E/D Survey:

The target groups for the PES E/D survey are individuals who are aging and individuals with physical disabilities. It was appropriate to use this tool with individuals receiving CBA not using the CDS option and those receiving CBA using the CDS option.

The PES E/D survey tool protocol specifies the individual, not a proxy, answer the questions. The tool includes five domains: Access to Care; Choice and Control; Respect/Dignity; Community Integration/Inclusion; and Self-Determination. QAI staff added questions to the tool regarding restraints, employment, and other day services.

Both of the adult surveys included the NCI Day/Vocational/Educational Supplement. Program providers supplied day, vocational, and employment information. The list of activities covered included:

- **Competitive Employment** – Individuals have a paid job in their own community and work independently.
- **Individual Supported Employment** – Individuals have a job with a community employer and receive publicly funded assistance.
- **Group Supported Employment** – Two or more individuals work in a community provider agency and earn wages.
- **Facility-Based Work Program** – Individuals work for a provider agency, work in settings such as sheltered workshops or work activity centers and receive a wage in exchange for production-related activities.
- **Facility-Based Non-Work Activities** – A facility provides training and other services and supports that are not paid work. The services include day habilitation, day training or day treatment.
- **Community-Based Non-Work Activities** – Individuals receive training and assistance that enables them to participate in community activities away from provider-operated facilities by serving as volunteers or learning skills for community living.

2.2 Survey Methods

DADS and NACES collaborated to prepare the interviewers with a standardized training program. This included training manuals, presentations, and scripts for scheduling interviews. NACES screened and hired interviewers, using criteria developed by DADS. Each training session was two days in length and required for all interviewers. To avoid discrepancies in coding responses, interviewers participated in inter-rater reliability interviews to increase accuracy during the interviews. Prior to the interview, NACES staff obtained pre-survey, background, and day activity information from program providers.

NCI Consumer Survey:

Survey responses were included only when the interviewer determined that the individual understood the questions and answered independently or with limited assistance. If the individual did not answer at least half of Section 1, or if the interviewer felt that the questions were not understood or were not answered consistently, responses were not included in the final data analysis. QAI analyzed the data by adhering to the HSRI reporting methodology and recoded or collapsed items based on the rules for analysis developed by HSRI. Many questions with favorable responses (e.g., yes), and intermediate responses (e.g., in-between) were combined so that both were favorable. For other questions, staff regarded both unfavorable and intermediate responses as negative.

PES E/D Survey:

To calculate the performance indicators for the PES E/D survey, QAI staff combined and averaged responses into percentage scores. The numerator represented the number of affirmative responses and the denominator equaled the total number of valid responses. QAI staff recoded some responses. For example, “unclear response” or “no responses” were not included in the final analysis. In addition, QAI staff combined some of the questions with favorable responses and intermediate responses so that both were favorable. The PES E/D survey contained a large number of questions that used skip patterns where the interviewer either asks or skips follow-up questions based on the individual response given. As part of the data analysis, QAI staff reviewed the surveys to ensure the interviewers adhered to the skip patterns.

To illustrate individual program results, a selection of six indicators were chosen (prior to data analysis) to represent each of the domains of the PES E/D survey and are shown in the data results section.

2.3 Participants

In total, NACES interviewed 2,408 adults for the 2008 LTSSQR. For all programs, the number of adult surveys included in the results was 1,756. Table 1 shows the numbers of individuals interviewed, the survey tool used with each program, and the number of surveys included in the final data analysis.

Table 1: Programs and Adult Experience Surveys in 2008			
Program Surveyed	Survey Tool	Completed Surveys	Surveys Used in Results
1. Community Living Assistance and Support Services (CLASS) (CLASS not using the CDS option) (CLASS using the CDS option)	NCI NCI	300 243	192 188
2. Mental Retardation Authority General Revenue (MRA-GR)	NCI	367	314
3. Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) Small (0-8) & Medium (9-13) (ICF/MR) Large (14 and above)	NCI NCI	357 297	277 154
4. State Mental Retardation Facilities	NCI	354	156
5. Community Based Alternatives (CBA) (CBA not using the CDS option) (CBA using the CDS option)	PES E/D PES E/D	397 93	383 92
Total		2,408	1,756

3.0 Individual Program Results: Adult Face-to-Face Surveys

The individual program results section describes each of the programs included in the LTSSQR in 2008. Information is provided regarding the services offered by each program, the size of the survey population, demographics of the adults in each program, survey outcomes on selected indicators for 2008 as well as for the previous years that data is available. In addition, statistically significant findings from the multi-year trend analysis and comparisons between CLASS not using and using CDS and CBA not using and using CDS service components are provided. For a complete list of findings of the NCI Consumer Survey and the PES E/D Survey see Appendices A and B.

Community Living Assistance and Support Services (CLASS)

The CLASS program provides home and community-based services to adults and children with “related conditions” as a cost-effective alternative to Intermediate Care Facilities for Persons with Mental Retardation/ Related Conditions (ICF/MR/RC) institutional placement. Qualifying disabilities include cerebral palsy, autism, etc., not intellectual disabilities, originating before age 22 and affecting the ability to function in daily life. Individuals served typically have substantial limitations in at least three of the following areas: self-care, language, learning, mobility, self-direction, and capacity for independent living. CLASS is funded by the Title XIX Medicaid 1915(c) Home and Community-Based Services waiver and State Funds.

Consumer Directed Services (CDS) is a long-term service option used in several of the state waiver programs. In this option, the individual, the guardian, or a designated representative is able to hire, train, supervise, and if necessary, terminate service workers.

Services include:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Adaptive Aids and Medical Supplies • Case Management • Habilitation • Minor Home Modifications • Occupational Therapy, Physical Therapy, and Speech Therapy | <ul style="list-style-type: none"> • Prescription Drugs (not covered through Medicare) • Psychological Services • Respite Care • Transition Assistance • Nursing |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CLASS not using the CDS option

There were **1,372 adults** participating in CLASS not using the CDS option when the sample was taken. The sample size was **192**.

Table 2: Demographics Table

Gender	Age	Ethnicity		Residence	
Male 54%	Range 18-76	Caucasian 51%	African American 12%	Lives with parents/relatives 77%	Lives with others 2%
Female 46%	Average 31	Hispanic 32%	Other 5%	Lives alone 21%	Other 0%

Table 3 shows a selection of CLASS not using the CDS option results over the past few years of quality review surveys.

Table 3: Proportion of individuals receiving CLASS not using the CDS option who reported...				
Indicator	2005	2006	2007	2008
Satisfaction with Residence	99%	98%	No Data collected for this year	99%
Satisfaction with Job or Day Program	94%	100%		89%
Service Availability	81%	85%		76%
Physical Exam in the Past Year	86%	88%		93%
Basic Rights are Respected ⁵	90%	93%		92%
Control Over Transportation	68%	59%		59%

⁵ This indicator is an average of the five basic rights listed in the Health, Welfare, and Rights domain of the National Core Indicators Consumer Survey. These basic rights include knocking before entering the bedroom, others reading mail only with permission, time alone with friends, and use of the phone.

Tables 4, 5, and 6 show the sub-domain outcomes from the NCI Consumer Survey.

Table 4: Community Inclusion in CLASS not using the CDS option		
Individuals reported participating in...	shopping	97%
	errands/appointments	100%
	entertainment	92%
	eating out	93%
	religious services	63%
	community meetings	23%
	exercise/play sports in community settings	19%

Table 5: Life Decisions in CLASS not using the CDS option		
Individuals reported having some input in choosing...	their home	80%
	home staff	90%
	where to work	78%
	staff at work	75%
	their case manager	70%

Table 6: Everyday Choices in CLASS not using the CDS option		
Individuals reported having some input in choosing...	people she/he lives with	91%
	their daily schedule	95%
	how to spend free time	99%
	what to buy with spending money	98%

Table 7 shows that some individuals participated in more than one of the activities listed above. The shaded cells show outcomes that are not options in the particular activity area.

Table 7: Day/Vocational/ Educational Support in CLASS not using the CDS option					
Activity	Total Number of People	Average Hours Worked per Month	Average Gross Wages per Month	Number of People who Worked at least 10 of the last 12 Months	Number of People with Job Benefits
Competitive Employment	19	77	\$ 225 ⁶		
Individual Supported Employment	3	52	\$ 0	14	4
Group Supported Employment	2	None reported	\$ 0		
Facility-Based Work Program	2	None reported	\$ 0		
Facility-Based Non-Work Activities	5	120			
Community-Based Non-Work Activities	5	15			

In CLASS not using the CDS option, 13% of the individuals surveyed participated in day, vocational, and educational activities. Work and/or work sites included churches, drug stores (competitive employment), check cashing family business (individual supported employment), and a school system (group-supported employment and facility-based work programs). Other activities included vocational training (facility-based non-work programs) and vocational assistance (community-based non-work programs).

⁶ Individuals who reported hours did not always report wages. For this program, the average hourly wages were \$5.90.

After a complete trend analysis covering multiple years of data in this program, three indicators were found to be statistically significant. Table 8 shows that in the CLASS not using CDS option individuals had increased privacy to read their mail in 2008 from 2005. The ability to learn or do new things and the ability to provide input for choosing a case manager was less in 2008 than in previous years.

Table 8: Significant Trends for CLASS not using CDS			
Statistically Significant Findings	2005	2006	2008
In 2008, fewer individuals reported they learned or did new things than in 2006.	80%	87%	72%
In 2008, fewer individuals reported they had input in choice of their case manager than in 2005.	86%	82%	69%
In 2008, more individuals reported that others did not read their mail without asking than in 2005.	83%	97%	94%

CLASS using the CDS option

Approximately 40% of all adults in the CLASS program use the CDS option. There were **658** individuals participating in the CLASS using the CDS option when the sample was taken. The sample size was **188**.

Table 9: Demographics Table

Gender	Age	Ethnicity		Residence	
Male 54%	Range 18-72	Caucasian 72%	African American 10%	Lives with parents/relatives 70%	Lives with others 2%
Female 46%	Average 32	Hispanic 11%	Other 7%	Lives alone 28%	Other 0%

Table 10 shows a selection of CLASS using the CDS option results over the past few years of quality review surveys.

Table 10: Proportion of individuals receiving CLASS using the CDS option who reported...				
Indicator	2005	2006	2007	2008
Satisfaction with Residence	94%	96%	No Data collected for this year	97%
Satisfaction with Job or Day Program	100%	96%		92%
Service Availability	88%	78%		86%
Physical Exam in the Past Year	92%	97%		94%
Basic Rights are Respected ⁷	93%	95%		95%
Control Over Transportation	72%	70%		62%

⁷ This indicator is an average of the five basic rights listed in the Health, Welfare, and Rights domain of the National Core Indicators Consumer Survey. These basic rights include knocking before entering the bedroom, others reading mail only with permission, time alone with friends, and use of the phone.

Tables 11, 12, and 13 present outcomes of the NCI Consumer Survey in the areas of Community Inclusion; Life Decisions; and Everyday Choice.

Table 11: Community Inclusion in CLASS using the CDS option		
Individuals reported participating in...	shopping	98%
	errands/appointments	100%
	entertainment	98%
	eating out	96%
	religious services	73%
	community meetings	33%
	exercise/play sports in community settings	26%

Table 12: Life Decisions in CLASS using the CDS option		
Individuals reported having some input in choosing...	their home	81%
	home staff	90%
	where to work	79%
	staff at work	62%
	their case manager	77%

Table 13: Everyday Choices in CLASS using the CDS option		
Individuals reported having some input in choosing...	people she/he lives with	95%
	their daily schedule	97%
	how to spend free time	98%
	what to buy with spending money	100%

Table 14 reflects that some individuals reported participation in more than one of the activity categories listed. The shaded cells show where outcomes were not applicable to the activity listed.

Table 14: Day/Vocational/ Educational Support in CLASS using the CDS option					
Activity	Total Number of People	Average Hours Worked per Month	Average Gross Wages per Month	Number of People who Worked at least 10 of the last 12 Months	Number of People with Job Benefits
Competitive Employment	19	69	\$ 510 ⁸	18	3
Individual Supported Employment	4	9	\$ 33		
Group Supported Employment	1	40	\$ 0		
Facility-Based Work Program	2	80	\$ 0		
Facility-Based Non-Work Activities	3	70			
Community-Based Non-Work Activities	7	74			

Thirty-two or 17% of the individuals surveyed reported participation in day/vocational/educational activities. Work and/or work sites were in grocery stores, movie theaters (competitive employment), restaurant, and yard work sites (individual supported work programs). Other activities incorporated day habilitation (facility-based non-work programs), recreational therapy employment, hotel cleaning (group supported employment), non-profit work (facility-based work activities), and recreational therapy (community-based non-work activities).

⁸ Individuals who reported hours did not always report wages. For this program, average hourly wages were \$11.17.

After a complete trend analysis covering multiple years of data, four indicators were found to be statistically significant. Table 15 shows the statistically significant trends in the CLASS using the CDS option. In 2008, fewer individuals reported that they knew their case manager, could change who helps them at work, and could change their case manager than in 2006. However, in 2008, individuals were more likely to have their mail opened by others only with permission than in 2005.

Comparisons between CLASS not using the CDS option and CLASS using the CDS option revealed statistically significant differences in six outcomes. Many of the significant outcomes related to self-determination. Table 14 shows that individuals receiving CLASS using the CDS option were more interactive with other people and their communities than those individuals receiving CLASS not using the CDS option.

Table 15 : Differences between CLASS not using the CDS option and CLASS using the CDS option

Individuals receiving CLASS using the CDS option reported they were more likely to:

- want to participate in self-advocacy.
- see friends whenever they like.
- help other people.
- have a boyfriend/ girlfriend if they choose.
- be free to take risks and/or make mistakes.
- go out for entertainment.

Mental Retardation Authority-General Revenue Programs (MRA-GR)

Community Mental Health and Mental Retardation (MHMR) Centers operate as local Mental Retardation Authorities (MRA). Thirty-nine local MRAs serve as the point of entry for publicly funded programs serving people with intellectual disabilities. In addition, MRAs provide or contract to provide an array of services for persons in the intellectual disability, autism or pervasive developmental disability priority population with general revenue funds. State general revenue funds pay for these services.

There were **8,106** people receiving MRA-GR services when the sample was taken. The sample size was **314**.

Services include:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Behavioral Support • Community Support • Day Habilitation • Employment Assistance • Nursing | <ul style="list-style-type: none"> • Respite • Service Coordination • Specialized Therapies • Supported Employment • Vocational Training |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 16: Demographics Table

Gender	Age	Ethnicity		Residence	
Male 59%	Range 18-71	Caucasian 48%	African American 23%	Lives with parents/relatives 72%	Lives with others 14%
Female 41%	Average 34	Hispanic 25%	Other 4%	Lives alone 13%	Other 1%

Table 17 presents a selection of the MRA-GR NCI Consumer Survey results.

Table 17: Proportion of individuals receiving MRA-GR who reported...				
Indicator	2005	2006	2007	2008
Satisfaction with Residence				97%
Satisfaction with Job or Day Program				96%
Service Availability	No Data collected for this year	No Data collected for this year	No Data collected for this year	77%
Physical Exam in the Past Year				83%
Basic Rights are Respected ⁹				87%
Control Over Transportation				34%

⁹ This indicator is an average of the five basic rights listed in the Health, Welfare, and Rights domain of the National Core Indicators Consumer Survey. These basic rights include knocking before entering the bedroom, others reading mail only with permission, time alone with friends, and use of the phone.

Tables 18, 19, and 20 present NCI Consumer Survey outcomes in the sub-domains of Community Inclusion, Life Decisions, and Everyday Choices.

Table 18: Community Inclusion in Mental Retardation Authority-General Revenue		
Individuals reported participating in...	shopping	96%
	errands/appointments	99%
	entertainment	86%
	eating out	94%
	religious services	61%
	community meetings	10%
	exercise/play sports in community settings	27%

Table 19: Life Decisions in Mental Retardation Authority- General Revenue		
Individuals reported having some input in choosing...	their home	63%
	home staff	63%
	where to work	54%
	staff at work	66%
	their case manager	65%

Table 20: Everyday Choices in Mental Retardation Authority- General Revenue		
Individuals reported having some input in choosing...	people she/he lives with	68%
	their daily schedule	93%
	how to spend free time	97%
	what to buy with spending money	96%

Table 21 shows that some individuals were reported to have participated in more than one activity. The shaded cells show measures that are not applicable to a particular activity.

Table 21: Day/Vocational/ Educational Support in MRA-GR					
Activity	Total Number of People	Average Hours worked per Month	Average Gross Wages per Month	Number of People who Worked at least 10 of the last 12 Months	Number of People with Job Benefits
Competitive Employment	73	75	\$ 391 ¹⁰	52	8
Individual Supported Employment	8	54	\$ 188		
Group Supported Employment	2	100	\$ 44		
Facility-Based Work Program	35	109	\$ 86		
Facility-Based Non-Work Activities	74	68			
Community-Based Non-Work Activities	135	10			

Of those individuals receiving MRA-GR services, 71% of the individuals participated in Day/Vocational/Educational Support. Work and work sites included housework and grocery stores (competitive employment); cleaning and laundry (individual supported employment), an amusement park (group supported employment), and road crew (facility-based work programs). Other activities included respite day treatment, day habilitation (facility-based non-work activities), and supported employment (community-based non-work activities).

¹⁰ Individuals who reported hours did not always report wages. For this program, average hourly wages were \$ 6.30.

Intermediate Care Facilities for Persons with Mental Retardation (Small and Medium)

The ICF/MR program provides residential and habilitation services to people with intellectual and developmental disabilities and/or a condition related to these disabilities. Facilities classified as small include one to eight individuals; those classified as medium enroll nine to thirteen individuals. Private providers and Community Mental Health and Mental Retardation (MHMR) Centers offer small and medium ICF/MR services. ICF/MR services receive support through Title XIX Medicaid funds and state funds.

There were **5,044** people receiving ICF/MR services in small and medium facilities when the sample was taken. The sample size was **277**.

Services include:

- Adjunctive Therapy (Occupational Therapy, Physical Therapy, and Speech therapy)
- Comprehensive Behavioral Treatment
- Habilitation
- Health Care Services (Medical, Nursing, and Dental)
- Residential Services
- Skills Training
- Vocational Programs

Table 22: Demographics Table

Gender	Age	Ethnicity		Residence	
Male 50%	Range 18-79	Caucasian 72%	African American 15%	Lives with parents/relatives n/a	Lives with others 100%
Female 50%	Average 43	Hispanic 11%	Other 2%	Lives alone n/a	Other n/a

The six outcomes in Table 23 are a selection of NCI Consumer Survey results.

Table 23: Proportion of individuals in ICF/MR (Small and Medium) who reported...				
Indicator	2005	2006	2007	2008
Satisfaction with Residence	97%	96%	No Data collected for this year	93%
Satisfaction with Job or Day Program	96%	96%		93%
Service Availability	92%	93%		90%
Physical Exam in the Past Year	98%	98%		100%
Basic Rights are Respected ¹¹	89%	87%		83%
Control Over Transportation	43%	44%		35%

¹¹ This indicator is an average of the five basic rights listed in the Health, Welfare, and Rights domain of the National Core Indicators Consumer Survey. These basic rights include knocking before entering the bedroom, others reading mail only with permission, time alone with friends, and use of the telephone.

The following three tables present outcomes from the NCI Consumer Survey sub-domain areas of Community Inclusion, Life Decisions, and Everyday Choices.

Table 24: Community Inclusion in ICF/MR (Small and Medium)		
Individuals reported participating in...	shopping	97%
	errands/appointments	100%
	entertainment	93%
	eating out	98%
	religious services	75%
	community meetings	17%
	exercise/play sports in community settings	34%

Table 25: Life Decisions in ICF/MR (Small and Medium)		
Individuals reported having some input in choosing...	their home	46%
	home staff	48%
	where to work	40%
	staff at work	55%
	their case manager	40%

Table 26: Everyday Choices in ICF/MR (Small and Medium)		
Individuals reported having some input in choosing...	people she/he lives with	36%
	their daily schedule	71%
	how to spend free time	97%
	what to buy with spending money	99%

As Table 27 shows, some individuals participated in more than one activity. The shaded cells show where outcomes were not applicable for the activity listed.

Table 27: Day/Vocational/ Educational Support in ICF/MR (Small and Medium)					
Activity	Total Number of People	Average Hours Worked per Month	Average Gross Wages per Month	Number of People who Worked at least 10 of the last 12 Months	Number of People with Job Benefits
Competitive Employment	26	83	\$ 217 ¹²	19	2
Individual Supported Employment	6	118	\$ 27		
Group Supported Employment	19	125	\$ 4		
Facility-Based Work Program	81	121	\$ 47		
Facility-Based Non-Work Activities	90	98			
Community-Based Non-Work Activities	28	57			

Of those individuals who received ICF/MR services in small and medium facilities, 69% participated in Day/Vocational/Educational Support. Various types of work or work sites included dishwashing and lawn service (competitive employment), assembly line work (individual supported employment), recreation park sites (group supported employment), and recycling work (facility-based work programs). Other activities included meals-on-wheels and pre-vocational work (facility-based non-work activities), and social and daily living skills (community-based non-work activities). The majority of individuals in ICF/MR (small and medium) participated in either facility-based work programs or facility-based non-work activities.

¹² Individuals who reported hours did not always report wages. For this program, average hourly wages were \$5.39.

After a complete trend analysis covering multiple years of data, several indicators were found to be statistically significant. Table 28 shows all statistically significant trend outcomes. For the year 2007, only medium sized ICF/MR facilities were reviewed. Several significant trends showed positive outcomes for years previous to 2008. In addition, there is the positive trend that individuals were more likely to go out to eat in 2008 than in 2006.

Table 28: Significant Trends for ICF/MR (Small and Medium)

Statistically Significant Findings	2005	2006	2007	2008
In 2008, fewer individuals reported they had notice before someone entered their bedroom than in 2005.	91%	85%	80%	74%
In 2008, fewer individuals reported they had the opportunity to learn new things than in 2006.	85%	93%	89%	75%
In 2008, fewer individuals reported they were able to help other people than in 2006.	95%	94%	91%	92%
In 2008, fewer individuals reported they decided who comes in and out of their homes than in 2005 or 2006.	74%	70%	55%	46%
In 2008, fewer individuals reported they exercised or played sports in community versus integrated setting than in 2005.	94%	84%	90%	82%
In 2008, fewer individuals reported they knew they can request to change their staff at home than in 2005, 2006, or 2007.	70%	67%	66%	48%
In 2008, fewer individuals reported they visited more than one place before choosing where to work than in 2005.	40%	26%	32%	20%
In 2008, fewer individuals reported they could request to change their staff at work or in day program than in 2005 or 2006.	82%	76%	65%	55%
In 2008, fewer individuals reported they could request a change in case manager than in 2005, 2006 or 2007.	72%	61%	58%	40%
In 2008, fewer individuals reported they used a translator to complete the survey than in 2007.	Not asked	2%	10%	1%
In 2008, more individuals reported they went out to eat than in 2006.	94%	91%	97%	98%

Community Intermediate Care Facilities for Persons with Mental Retardation Program (Large)

The ICF/MR program provides residential and habilitation services to people with intellectual and developmental disabilities and/or a condition related to these disabilities. ICF/MR facilities classified as large include 14 or more individuals. Private providers and Community Mental Health and Mental Retardation (MHMR) Centers offer large (non- state mental retardation facilities) ICF/MR services. ICF/MR services receive support through Title XIX Medicaid funds and state funds.

There were **1,302** people receiving ICF/MR services in large facilities (not including state mental retardation facilities) when the sample was taken. The sample size was **154**.

Services include:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Adjunctive Therapy (Occupational Therapy, Physical Therapy, and Speech Therapy) • Comprehensive Behavioral Treatment • Health Care Services (Medical, Nursing, and Dental) | <ul style="list-style-type: none"> • Residential Services • Skills Training • Vocational Programs • Habilitation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 29: Demographics

Gender	Age	Ethnicity		Residence	
Male 54%	Range 18-89	Caucasian 66%	African American 15%	Lives with parents/relatives n/a	Lives with others 100%
Female 46%	Average 50	Hispanic 15%	Other 4%	Lives alone n/a	Other n/a

Table 30 shows a selection of ICF/MR (Large) NCI Consumer Survey results for all years surveys were conducted.

Table 30: Proportion of individuals residing in ICF/MR (Large) who reported...				
Indicator	2005	2006	2007	2008
Satisfaction with Residence	91%	85%	87%	84%
Satisfaction with Job or Day Program	94%	97%	93%	96%
Service Availability	97%	95%	92%	90%
Physical Exam in the Past Year	100%	97%	97%	99%
Basic Rights are Respected ¹³	83%	73%	76%	82%
Control Over Transportation	37%	31%	43%	55%

¹³ This indicator is an average of the five basic rights listed in the Health, Welfare, and Rights domain of the National Core Indicators Consumer Survey. These basic rights include knocking before entering the bedroom, others reading mail only with permission, time alone with friends, and use of the telephone.

Tables 31, 32, and 33 present NCI Consumer Survey sub-domain outcomes for Community Inclusion, Life Decisions, and Everyday Choices.

Table 31: Community Inclusion in ICF/MR (Large)		
Individuals reported participating in...	shopping	92%
	errands/appointments	91%
	entertainment	79%
	eating out	87%
	religious services	59%
	community meetings	20%
	exercise/play sports in community settings	23%

Table 32: Life Decisions in ICF/MR (Large)		
Individuals reported having some input in choosing...	their home	35%
	home staff	73%
	where to work	54%
	staff at work	74%
	their case manager	62%

Table 33: Everyday Choices in ICF/MR (Large)		
Individuals reported having some input in choosing...	people she/he lives with	60%
	their daily schedule	71%
	how to spend free time	86%
	what to buy with spending money	93%

As Table 34 shows, some individuals participated in more than one of the activities listed. The shaded cells show where measures are not available for the activity listed.

Table 34: Day/Vocational/ Educational Support in ICF/MR (Large)					
Activity	Total Number of People	Average Hours Worked per Month	Average Gross Wages per Month	Number of People who Worked at least 10 of the last 12 Months	Number of People with Job Benefits
Competitive Employment	7	107	\$ 165 ¹⁴		
Individual Supported Employment	1	n/a	\$ 0	6	0
Group Supported Employment	1	n/a	\$ 0		
Facility-Based Work Program	57	53	\$ 52		
Facility-Based Non-Work Activities	93	70			
Community-Based Non-Work Activities	25	25			

One hundred and thirty people or 84% of the individuals receiving ICF/MR services in large facilities participated in Day/Vocational/Educational Support. The largest numbers of individuals participated in facility-based work and non-work programs. Work or work sites included cleaning and lawn care (competitive employment), cafeteria and laundry (individual supported employment), amusement park sites (group supported employment), and warehouse assembly and housework (facility-based work program). Other activities included day habilitation (facility-based non-work activities) and adult day care (community-based non-work activities).

¹⁴ Individuals who reported hours did not always report wages. For this program, the average hourly wages were \$5.90.

After a complete trend analysis covering multiple years of data, ten indicators were found to be statistically significant. Table 35 shows all of the statistically significant trends for the ICF/MR (large) programs. Most of the trends show positive changes over time.

Table 35: Significant Trends for ICF/MR (Large)				
Statistically Significant Findings	2005	2006	2007	2008
In 2008, fewer individuals reported they go out for entertainment than in 2005.	100%	86%	88%	79%
In 2008, fewer individuals reported they used a translator to complete the survey than in 2007.	Not asked	0%	19%	7%
In 2008, more individuals reported people let them know before coming into their home than those who responded in 2007.	60%	59%	33%	63%
In 2008, more individuals reported they decided who comes in and out of their home than in 2007.	60%	55%	43%	66%
In 2008, more individuals reported they had control over transportation than in 2007.	63%	53%	50%	73%
In 2008, more individuals reported they exercised or played sports in any setting than in 2007.	89%	74%	68%	85%
In 2008, more individuals reported they had input in choosing roommates or choosing to live alone than in 2006.	50%	24%	46%	60%
In 2008, more individuals reported they knew they could be alone with friends than in 2006.	100%	62%	98%	90%
In 2008, more individuals reported they participated in a self-advocacy group meeting, conference, or event than in 2006.	17%	10%	25%	40%
In 2008, more individuals reported they wanted to participate in a self-advocacy group meeting, conference, or event than in 2007.	Not asked	Not asked	24%	58%

State Mental Retardation Facilities

There are 13 state mental retardation facilities (11 state mental retardation facilities and two state centers) that provide 24-hour a day residential, treatment, and training services for individuals with 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 intellectual disabilities and those individuals who are medically fragile or need behavioral support.

There were **4,552** people receiving services in state mental retardation facilities when the sample was taken. The sample size was **156**.

Services Include:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • 24-hour Residential Care and Support • Comprehensive Behavioral Treatment • Comprehensive Health Care • Occupational, Physical, Speech Therapies | <ul style="list-style-type: none"> • Services to maintain connections between residents and families/natural support systems • Skills Training • Vocational Programs |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 36: Demographics Table

Gender	Age	Ethnicity		Residence	
Male 63%	Range 18-77	Caucasian 62%	African American 16%	Lives with parents/relatives 0%	Lives with others 99%
Female 37%	Average 39	Hispanic 15%	Other 7%	Lives alone ¹⁵ 1%	Other 0%

¹⁵ One individual reported living alone. They may have interpreted the question to include living in a private room.

Table 37 shows a selection of state mental retardation facilities results over the past few years of quality review surveys.

Table 37: Proportion of individuals residing in state mental retardation facilities who reported...				
Indicator	2005	2006	2007	2008
Satisfaction with Residence	89%	77%	85%	83%
Satisfaction with Job or Day Program	91%	95%	95%	93%
Service Availability	98%	89%	93%	95%
Physical Exam in the Past Year	94%	95%	99%	98%
Basic Rights are Respected ¹⁶	74%	85%	80%	84%
Control Over Transportation	57%	25%	12%	21%

¹⁶ This indicator is an average of the five basic rights listed in the Health, Welfare, and Rights domain of the National Core Indicators Consumer Survey. These basic rights include knocking before entering the bedroom, others reading mail only with permission, time alone with friends, and use of the phone.

Tables 38, 39, and 40 present outcomes from the NCI Consumer Survey for the sub-domains of Community Inclusion, Life Decisions, and Everyday Choices.

Table 38: Community Inclusion in State Mental Retardation Facilities		
Individuals reported participating in...	shopping	94%
	errands/appointments	96%
	entertainment	90%
	eating out	92%
	religious services	81%
	community meetings	13%
	exercise/play sports in community settings	12%

Table 39: Life Decisions in State Mental Retardation Facilities		
Individuals reported having some input in choosing...	their home	23%
	home staff	58%
	where to work	62%
	staff at work	75%
	their case manager	37%

Table 40: Everyday Choices in State Mental Retardation Facilities		
Individuals reported having some input in choosing...	people she/he lives with	21%
	their daily schedule	68%
	how to spend free time	95%
	what to buy with spending money	97%

As Table 41 shows, some individuals participated in more than one activity. The shaded cells show outcomes that are not applicable to the activity listed.

Table 41: Day/Vocational/ Educational Support in State Mental Retardation Facilities					
Activity	Total Number People	Average Hours Worked per Month	Average Gross Wages per Month	Number of People who Worked at least 10 of the last 12 Months	Number of People with Job Benefits
Competitive Employment	3	40	\$ 120 ¹⁷	4	1
Individual Supported Employment	3	53	\$ 20		
Group Supported Employment	4	69	\$ 20		
Facility-Based Work Program	127	66	\$ 73		
Facility-Based Non-Work Activities	48	184			
Community-Based Non-Work Activities	8	18			

Ninety percent of the individuals residing in state mental retardation facilities participated in Day/Vocational/Educational Support activities. The work included car wash and food service (competitive employment), folding linens (individual supported employment), bus assistants (group supported employment), and warehouse assembly (facility-based work programs). Other activities included work at state mental retardation facilities and sheltered workshops (facility-based non-work activities), behavior programs, and life skills programs (community-based non-work activities).

¹⁷ Individuals who reported hours did not always report wages. For this program, average hourly wages were \$6.97.

After a complete trend analysis covering multiple years of data, six indicators were found to be statistically significant. Table 42 shows all of the statistically significant trends for the state mental retardation facilities. It reveals favorable differences for 2008 in the areas of privacy in the home and bedroom and more individuals having had friends to talk with and do things with than in the previous years.

Table 42: Significant Trends for State Mental Retardation Facilities				
Statistically Significant Findings	2005	2006	2007	2008
In 2008, fewer individuals reported they almost always had transportation available than in 2005.	73%	41%	38%	40%
In 2008, fewer individuals reported they choose their case manager than in 2006.	49%	67%	52%	36%
In 2008, fewer individuals reported they used a translator to complete the survey than in 2007.	Not asked	0%	8%	1%
In 2008, fewer individuals reported they worked 10 out of the previous 12 months than in 2006.	Not asked	27%	8%	8%
In 2008, more individuals reported they had notice before someone entered the home or bedroom than in 2007.	50%	73%	51%	70%
In 2008, more individuals reported they had friends they like to talk to and do things with than in 2005 or 2007.	55%	87%	65%	83%

Community Based Alternatives (CBA)

The CBA program provides home and community-based services to adults who are aging or have a disability as a cost-effective alternative to residing in a nursing facility. The CBA program is funded by the Title XIX Medicaid 1915(c) Home and Community-Based Services waiver and state revenue.

Consumer Directed Services (CDS) is an option available to those who participate in the CBA program. CDS is a long-term service option used in several of the state waiver programs. In this option, the individual, the guardian, or a designated representative is able to hire, train, supervise, and, if necessary, terminate service workers.

Services include:

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

CBA not using the CDS option

There were **30,768** people receiving CBA not using the CDS option when the sample was taken. The sample size was **383**.

Table 43: Demographics Table

Gender	Age	Ethnicity		Residence	
Male 38%	Range 22-99	Caucasian 56%	African American 12%	Lives with parents/relatives 57%	Lives with others 15%
Female 62%	Average 71	Hispanic 31%	Other 1%	Lives alone 27%	Other 1%

Table 44 presents a selection of CBA not using the CDS option PES E/D survey results.

Table 44: Proportion of individuals receiving CBA not using the CDS option who reported...				
Indicator	2005	2006	2007	2008
Transportation Available When Needed	81%	80%	No Data collected for this year	85%
Equipment and/or Adaptations Received	87%	88%		89%
Choose Staff Who Help	54%	60%		52%
Respected by Home Care Staff	95%	98%		98%
Under 65 /Not Working, Would Like To	30%	33%		29%
Earn Enough to Buy What They Wanted	40%	41%		48%

After a complete trend analysis covering multiple years of data, six indicators were found to be statistically significant. Table 45 shows that most of the statistically significant trends are positive trends in 2008 when compared to earlier years.

Table 45: Significant Trends for CBA not using the CDS option			
Statistically Significant Findings	2005	2006	2008
In 2008, fewer individuals reported that they would like to work than those who responded in 2006.	28%	29%	16%
In 2008, more individuals reported they required weekly medical care than in 2005 or 2006.	12%	17%	28%
In 2008, more individuals reported they had a physical exam within the past year than in 2005 or 2006.	82%	87%	97%
In 2008, more individuals reported they had a dental visit within the past six months than in 2005 or 2006.	17%	23%	45%
In 2008, more individuals reported they wanted to tell their paid staff the things they want help with than in 2005 or 2006.	50%	74%	95%
In 2008, more individuals reported they were satisfied with the things they do outside of the home than in 2006.	66%	59%	69%

CBA using the CDS option

Individuals receiving CBA using the CDS option comprise approximately 1% of all individuals receiving CBA. **One hundred and twenty-two** people were receiving the **CBA using CDS** option when the sample was taken. The sample size was **92**.

Table 46: Demographics

Gender	Age	Ethnicity		Residence	
Male 46%	Range 22-92	Caucasian 65%	African American 7%	Lives with parents/relatives 73%	Lives with others 0%
Female 54%	Average 55	Hispanic 22%	Other 6%	Lives alone 23%	Other 4%

Table 47 gives a selection of CBA using the CDS option PES E/D survey results.

Table 47: Proportion of individuals receiving CBA using the CDS option who reported...				
Indicator	2005	2006	2007	2008
Transportation Available When Needed				84%
Equipment and/or Adaptations Received				75%
Choose Staff Who Help	No Data collected for this year	No Data collected for this year	No Data collected for this year	86%
Respected by Home Care Staff				97%
Under 65 /Not Working, Would Like To				34%
Earn Enough to Buy What They Wanted				47%

CBA Day/Vocational/Educational Support Outcomes:

In both CBA not using the CDS option and CBA using the CDS option, very few people participated in competitive employment, individual supported employment, or group supported employment. In CBA not using the CDS option, 2% of the individuals reported they participate in Day/Vocational/Educational Support activities. None of the individuals participated in competitive employment, individual supported employment or group supported employment. For non-work activities, eight individuals participated in facility-based non-work activities and four individuals were involved in community-based non-work activities.

For individuals receiving CBA using the CDS option, overall participation in Vocational/Educational/Work activities was 4%. In CBA using the CDS option, 2% of the individuals work: two individuals were working in competitive employment, one individual was working in supported employment, and one individual was working in community-based non-work activities. None of the individuals interviewed reported participation in group-supported employment, facility-based employment, or facility-based non-work activities.

As Table 48 shows, there were only two significant differences between CBA not using the CDS option and CBA using the CDS option.

Table 48: Differences between individuals receiving CBA not using the CDS option and those receiving CBA using the CDS option
More individuals receiving CBA not using the CDS option reported: <ul style="list-style-type: none">➤ the case manager helps when asked than individuals using the CDS option.
More individuals receiving CBA using the CDS option reported: <ul style="list-style-type: none">➤ they know they can change staff than individuals not using the CDS option.

3.1 Summary: Adult Face-to-Face Surveys

A selection of results from the adult face-to-face surveys is summarized in this section.

NCI Consumer Survey Results

Overall, the NCI Consumer Surveys identified many positive outcomes and some opportunities for improvement. The following presents a sample of these findings.

Positive Outcomes:

- Individuals reported overwhelming satisfaction with their residence (84% to 99%), jobs, and day programs (89% to 96%).
- Most individuals (83% to 100%) had a physical exam in the past year.
- The majority of individuals reported that their rights are respected, they are respected by support staff, they are satisfied with their privacy, and they feel safe in their homes and neighborhoods.
- Over 75% of the participants in all programs reported they know their service coordinators (91% to 95%), and they are satisfied with service availability (76% to 95%).
- The vast majority of individuals across services report service coordinators help them get what they want and need.
- A majority of the women interviewed had received gynecological exams within the past year.

Opportunities for Improvement:

- Between 21% and 62% of adults in all programs, reported control over their transportation.
- Eighteen percent of those individuals receiving MRA-GR services reported they have the opportunity to participate in self-advocacy processes.
- About half of the individuals interviewed reported they earn enough money to buy the things they want.
- Fifty percent of the women in state mental retardation facilities received gynecological exams within the past year.
- Individuals in ICF/MR facilities (small and medium 46% and large 35%) and individuals in state mental retardation facilities (23%) reported they have options regarding choice of residence.

NCI Consumer Survey Sub-Domain Outcomes:

The NCI Consumer Survey sub-domain areas of Community Inclusion, Life Decisions, and Everyday Choices show generally positive outcomes.

Community Inclusion assesses the individual's participation in activities and events of their choice outside of their homes.

- Ninety percent of the individuals reported participating in shopping, errands and appointments, entertainment and eating out.
- Areas with lower participation included religious services 59% to 81% and community meetings 10% to 33%.
- Participation in exercise and sports in the community ranged from 12% to 34%.

Life Decisions assesses the individuals input in choosing their home, staff, place of employment, and their case manager.

- Individual input in choosing staff and home were highest for CLASS, both not using CDS and using CDS, (80% to 90%).
- Approximately 23% of the residents in state mental retardation facilities had input in deciding where to live.
- Approximately 35% for those living in large ICFs/MR had input in deciding where to live.

Everyday Choices assesses the individuals input in choosing their schedules, people they live with, and finances.

- All individuals participating in the CLASS program, those using and those not using the CDS option, reported averages in the high 90% for input in choosing roommates, daily schedules, free time, and spending money.
- Over 35% of the individuals residing in ICFs/MR reported input in choice of roommates.
- Twenty-one percent of the people living in state mental retardation facilities reported some input in their choice of roommates.

Differences between CLASS not using CDS and CLASS using CDS: More adults who received CLASS using the CDS option reported that they wanted to participate in self-advocacy, saw friends whenever they like, and were free to take risks and to make mistakes.

PES E/D Survey Results

Adults participating in the CBA program, both using and not using the CDS option, reported many positive outcomes and some opportunities for improvement. Listed below are examples of these findings.

Positive Outcomes:

- Ninety-seven percent of the individuals participating in CBA programs, those not using and using CDS, reported home care staff treated them with respect.
- Over 90% of all individuals using the CBA program, both not using and using CDS, reported that they have the help they need to complete activities of daily living.
- About 90% of the time individuals reported health, well-being, and personal goals were satisfied.
- Eighty-five percent of the individuals participating in CBA reported transportation was available as needed.
- Over 60% of individuals receiving CBA not using the CDS option reported they chose their care staff.

Opportunities for Improvement:

- Ninety-five percent of people receiving CBA not using the CDS option and 86% of those using the CDS option wanted to help direct their staff.
- Of those under 65 years old, 34% of those receiving CBA using the CDS option and 29% of those not using the CDS option reported they would like to be competitively employed.
- Less than 50% of individuals participating in the CBA program reported they earned enough money to buy the things they want.

Differences between CBA not using CDS and CBA using CDS: More individuals who received CBA using the CDS option reported they knew they could change staff than individuals not using the CDS option. More individuals

receiving CBA not using the CDS option reported that the case manager helps when asked than those individuals using the CDS option.

3.2 Significant Trends: Adult Face-to-Face Surveys

QAI staff compared individual program results from 2005, 2006, and 2007 to the 2008 surveys. Trend data were available for five of the adult programs surveyed this year: CLASS with and without the CDS option, ICF/MR (small and medium), ICF/MR (large), state mental retardation facilities, and CBA not using the CDS option. This was the first year that MRA-GR and CBA using the CDS option were included in the LTSSQR and trend data was not available for these programs. Different methodologies were used from year to year for ICFs/MR and state mental retardation facilities. As a result, comparisons across these programs using existing data required additional analysis to have equivalent data for the yearly trend comparisons.

The selection below shows statistically significant trends that changed from the previous LTSSQR to 2008.

CLASS not using the CDS option

- In 2008, fewer individuals reported they learned or did new things than in 2006.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
80%	87%	No data	72%

CLASS using the CDS option

- In 2008, fewer individuals reported they knew they could change who helps them at work than in 2006.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
83%	96%	No data	62%

- In 2008, fewer individuals reported they knew they could change their case manager than in 2006.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
94%	93%	No data	77%

ICFs/MR (Small and Medium)

- In 2008, fewer individuals reported they knew they could change staff at home than in 2005, 2006, and 2007.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
70%	67%	66%	48%

- In 2008, fewer individuals reported they knew they could request a change in case manager than in 2005, 2006, and 2007.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
72%	61%	58%	40%

ICFs/MR (Large)

- In 2008, more individuals reported they decided who comes in and out of their home than in 2007.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
60%	55%	43%	66%

- In 2008, more individuals reported they had control over transportation than in 2007.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
63%	53%	50%	73%

- In 2008, more individuals reported they exercised or played sports in any setting than in 2007.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
89%	74%	68%	85%

- In 2008, more individuals reported they wanted to participate in a self-advocacy group meeting, conference or event than in 2007.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
No data	No data	24%	58%

State Mental Retardation Facilities

- In 2008, more individuals reported they had notice before someone entered their home or bedroom than in 2007.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
50%	73%	51%	70%

- In 2008, more individuals reported they had friends they like to talk to and do things with than in 2005 or 2007.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
55%	87%	65%	83%

CBA not using the CDS option

- In 2008, more individuals had a dental exam within the past six months than in 2005 or 2006.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
17%	23%	No data	45%

- In 2008, more individuals reported they wanted to tell their paid staff the things they want help with than in 2005 or 2006.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
50%	74%	No data	95%

Children/Family Mail Out Surveys



4.0 Introduction: Children/Family Mail Out Surveys

The LTSSQR provides summary results from the NCI Children/Family Surveys completed in 2008. NACES mailed surveys to families of children receiving services from DADS and obtained information from family members about their experiences.

LTSSQR used the NCI Children/Family Survey to gather feedback from families from five programs. The data was analyzed and reviewed separately for each of the five programs. Results of the 2005 and 2006 quality reviews are presented along with the 2008 data for selected indicators. A comparison of differences between CLASS using the CDS option and not using the CDS option was also conducted. The review included a comparison of program trends over three years for all of the programs with the exception of CLASS using CDS option. All statistically significant trends are reported.

4.1 Quality Indicators

The NCI Children/Family Survey asked families about their overall level of satisfaction with the services and supports they use. The survey has three parts: Part 1 asked about the services and supports available to the child with a disability and about financial and community resources. Part 2 included questions from six domains: Information and Planning; Access and Delivery of Supports; Choice and Control; Community Connections; Satisfaction; and Family Outcomes. In Part 3 there is a separate open-ended section for comments.

By combining and grouping the individual responses to all 46 questions, researchers developed 16 quality indicators. For example, answers to questions 37, 38, and 39 were combined into one score representing participation in integrated community activities. A five-point Likert scale determined the level of agreement families had with each of the 16 indicators : 1 - indicating “always or usually”, 2 - indicating “sometimes”, 3 - indicating “seldom or never”, 4 - indicating “don’t know”, and 5 - indicating “not applicable.”

A three-point scale was used to show the level of agreement that each respondent had with each quality indicator in the NCI Children/Family Mail Out Survey. In the scale, number 1 represented “seldom or never” or low agreement, number 2 was coded “sometimes” or moderate agreement, and 3 was coded to represent “always or usually” or high agreement. The higher number correlated with greater agreement with the indicator. Each person’s survey responses were combined and averaged to create a summary score for each indicator for each program. Staff developed summary scores for each of the 16 indicators by taking a group average for each indicator. The averages of this information provided an overall picture of family satisfaction for each of the five programs reviewed this year.

4.2 Survey Methods

NACES Plus Foundation, Inc. mailed the surveys, provided follow-up to families, and collected the data. QAI completed the data analysis.

The project employed a three-phased mail out strategy to obtain the highest survey return rate possible. All of the mail-outs were provided in English and Spanish. The first mail out phase began on March 12, 2008, and included a letter describing the survey and the importance of the results. The second phase began two weeks later on March 26, 2008 and included the NCI Children/Family Surveys in English and Spanish and a self-addressed, stamped, return envelope. On April 9, 2008, NACES sent the final mailing to remind families to complete the survey.

QAI staff chose six indicators, prior to the time that data was received, to represent each of the six sub-domains in the survey. The report displays the selected indicators from the NCI Children/Family Survey with the average of each

program's results on a bar graph continuum from 1 (low agreement), to 2 (moderate agreement), to 3 (high agreement).

4.3 Participants

NACES mailed 1,314 NCI Children/Family Surveys to families in five programs. DADS received 888 completed surveys that are included in this report. Sixty-eight percent of the surveys were returned.

Table 49: Programs Surveyed with NCI Children/ Family Survey		
Program Surveyed	Surveys Mailed	Surveys Returned
1. Community Living Assistance and Support Services (CLASS)		
(CLASS not using the CDS option)	272	167
(CLASS using the CDS option)	246	194
2. Medically Dependent Children Program (MDCP)	343	233
3. Home and Community-Based Services (HCS)	261	206
4. Texas Home Living Waiver (TxHmL)	136	65
5. Consolidated Waiver Program (CWP)	56	23
Total	1,314	888

5.0 Individual Program Results: NCI Children/Family Survey

The individual program results section describes each of the children's programs included in the LTSSQR in 2008. In addition, information is provided regarding the services offered by each program, the size of the survey population, demographics of the children in each survey group, and survey outcomes on selected indicators for 2008 as well as for the previous years that data was collected. In addition, demographics of the families completing the surveys, a summary of the comments families wrote, comparisons between CLASS service components, and trend analysis of statistically significant results are shown in each program section. For a complete list of findings of the NCI Children/Family Survey results, see Appendix C.

Community Living Assistance and Support Services (CLASS)

The CLASS program provides home and community-based services to adults and children with “related conditions” as a cost-effective alternative to ICF/MR/RC institutional placement. Qualifying disabilities include cerebral palsy, autism etc., not intellectual disabilities, originating before age 22 and affecting ability to function in daily life. Individuals served typically have substantial limitations in at least three of the following areas: self-care, language, learning, mobility, self-direction, and capacity for independent living. The CLASS program is funded by Title XIX Medicaid 1915(c) Home and Community-Based Services waiver and state funds.

Consumer Directed Services (CDS) is a long-term service option used in several of the state waiver programs. In this option, the individual, the guardian, or a designated representative is able to hire, train, supervise and, if necessary, terminate service workers.

Services include:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Specialized Therapies • Adaptive Aids and Medical Supplies • Habilitation and Respite Care • Transition Assistance Services • Case Management | <ul style="list-style-type: none"> • Minor Home Modifications • Nursing Services • Prescription Drugs • Psychological Services |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CLASS not using the CDS option

There were **925** children receiving CLASS not using the CDS option when the sample was taken. The sample size was **167**.

Table 50: Demographics Table

Gender	Age	Ethnicity		Assistance Needed with Daily Activities	
Male 65%	Range 7-18	Caucasian 39%	African American 11%	None 2%	Moderate 37%
Female 35%	Average 13	Hispanic 46%	Other 4%	Little 7%	Complete 54%

Table 51 shows the level of agreement with selected NCI Children/Family Survey indicators on a continuum from 1 (low agreement) to 3 (high agreement).

Table 51: Agreement with Selected Indicators (CLASS not using the CDS option) NCI Children/ Family Survey				
Indicator	2005	2006	2007	2008
Information Available/ Family Participates in Plans	2.22	2.38	No Data collected for this year	2.21
Supports Available When Family Needs Them	2.39	2.41		2.33
Family Decides How DADS Money Is Spent	2.32	2.28		2.40
Child Participates in Community Activities	1.83	1.83		1.75
Satisfaction with Services and Supports	2.59	2.63		2.52
Family Supports Improved Ability to Care for Child	2.69	2.77		2.64

Table 52: Characteristics of Families (CLASS not using the CDS option) Table					
Percentage of Respondents writing Comments	Relationship of Respondent to Child		Age of Respondent		More than one child with a disability living at home
50%	Parents	93%	Under 35	15%	11%
	Grandparents	5%	35-54	78%	
	Other	2%	55-74	7%	

Table 53 shows representative comments written on Part 3 of the NCI Children/Family Survey.

Table 53: Comments on NCI Children/Family Survey (CLASS not using the CDS option)	
Domain	Comments
Information and Planning	<ul style="list-style-type: none"> • Several families wanted information regarding the role of DADS. • Many comments related to a need for transition planning after age 18.
Access and Delivery of Supports	<ul style="list-style-type: none"> • A few families reported obstacles to medical care, respite care, yoga therapy, and physical, occupational, and speech therapies. • Respondents commented on limited access to services in rural areas and lack of Spanish speaking case managers and providers. • A few families noted service needs for children with autism. • Some respondents noted long interest lists.
Choice and Control	<ul style="list-style-type: none"> • More choices for day habilitation providers were suggested.
Community Connections	<ul style="list-style-type: none"> • “Summer recreation is needed.”
Satisfaction	<ul style="list-style-type: none"> • Staffing concerns included low pay for attendants and staff. • “Without this program I could not continue working.”
Outcomes	<ul style="list-style-type: none"> • “My child is a very happy person.”

After a complete trend analysis of the CLASS not using the CDS option, one indicator was found to be statistically significant. Table 54 shows the one statistically significant trend for CLASS not using the CDS option.

Table 54: Significant Trends for CLASS not using CDS			
Statistically Significant Findings	2005	2006	2008
In 2008, fewer caregivers were likely to agree with the statement that “they could contact the staff who assists them with planning whenever they wanted” than in 2006.	2.69	2.80	2.57

CLASS using the CDS option

Approximately 50% of the children receiving CLASS used the CDS option in 2008. There were 683 children receiving CLASS using the CDS option when the sample was taken. The sample size was 194.

Table 55: Demographics Table

Gender	Age	Ethnicity		Assistance Needed with Daily Activities	
		Male 65%	Range 6-19	Caucasian 65%	African American 9%
Female 35%	Average 14	Hispanic 18%	Other 8%	Little 7%	Complete 53%

Table 56 shows the level of agreement with selected NCI Children/Family Survey indicators on a continuum from 1 (low agreement) to 3 (high agreement).

**Table 56: Agreement with Selected Indicators (CLASS using the CDS option)
NCI Children/ Family Survey**

Indicator	2005	2006	2007	2008
Information Available/ Family Participates in Plans	2.29	2.20	No Data collected for this year	2.29
Supports Available When Family Needs Them	2.40	2.38		2.43
Family Decides How DADS Money Is Spent	2.39	2.49		2.47
Child Participates in Community Activities	1.82	1.83		1.90
Satisfaction with Services and Supports	2.61	2.61		2.69
Family Supports Improved Ability to Care for Child	2.75	2.85		2.75

Table 57: Characteristics of Families (CLASS using the CDS option)			
Percentage of Respondents writing Comments	Relationship of Respondent to Child	Age of Respondent	More than one child with a disability living at home
53%	Parent 95%	Under 35 9%	12%
	Grandparent 3%	35-54 84%	
	Other 2%	55-74 7%	

Table 49 shows representative comments written on the NCI Children/Family Survey.

Table 58: Comments on NCI Children/Family Survey (CLASS using the CDS option)	
Domain	Comments
Information and Planning	<ul style="list-style-type: none"> Families reported the need for transition planning when a child becomes 18. For some families, the enrollment process was confusing “and had too much red tape.”
Access and Delivery of Supports	<ul style="list-style-type: none"> Families noted long program interest lists, difficulties finding adequate staff, and both favorable and unfavorable performance by case managers. In particular, five families reported a long wait for durable medical equipment and home modifications.
Choice and Control	<ul style="list-style-type: none"> “Would like more control of the money.”
Community Connections	<ul style="list-style-type: none"> Several families would like more out of school activities and day camps and general accessibility to public services.
Satisfaction	<ul style="list-style-type: none"> Many families thought that respite services were particularly helpful. Single parents were especially appreciative of this program.
Outcomes	<ul style="list-style-type: none"> “Thank you for giving my son the help he needs.”

After a complete trend analysis covering multiple years of data, two indicators were found to be statistically significant for the CLASS using the CDS option. Table 59 shows the two statistically significant trends found for CLASS using the CDS option. They both show an upward trend from 2006 to 2008.

Table 59: Significant Trends for CLASS using the CDS option			
Statistically Significant Findings	2005	2006	2008
In 2008, more caregivers were likely to agree that “they could contact staff to assist with planning whenever they wanted” than in 2005.	2.16	2.40	2.50
In 2008, more caregivers were likely to agree that “they have access to health services for their child” than in 2006.	2.94	2.81	2.96

Comparisons found significant differences between outcomes for participants using the CDS option and those that did not. Each of the seven indicators listed in Table 60 achieved statistical significance.

Table 60: Differences between CLASS not using the CDS option and CLASS using the CDS option
<p>Families of individuals receiving CLASS using the CDS option reported they were more likely to:</p> <ul style="list-style-type: none"> • contact staff to assist with planning whenever they want. • choose their support workers. • have control and/or have input over the hiring and management of support workers. • want control and/or have input over the hiring and management of support workers. • have satisfaction with the services and supports received. • have family supports that make a positive difference in the life of their family. • have family supports that help keep their child at home.

Medically Dependent Children Program (MDCP)

The MDCP program provides a variety of services to support families caring for children (under the age of 21) who are medically dependent. The program encourages de-institutionalization of children in nursing facilities. Participants must meet disability criteria, be Medicaid eligible, and have medical necessity. MDCP is financed by Title XIX Medicaid 1915(c) Home and Community-Based services waiver and state funds.

There were **3,205** children receiving MDCP services when the sample was taken. The sample size was **233**.

Services Include:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Adaptive Aides • Adjunct Support Services • Financial Management Services | <ul style="list-style-type: none"> • Respite Care • Minor Home Modifications • Transition Assistance Services |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

Table 61: Demographics

Gender	Age	Ethnicity		Assistance Needed with Daily Activities	
Male 58%	Range 6-21	Caucasian 43%	African American 15%	None 3%	Moderate 21%
Female 42%	Average 13	Hispanic 37%	Other 5%	Little 3%	Complete 73%

Table 62 shows the family level of agreement with selected NCI Children/Family Survey indicators on a continuum from 1 (low agreement) to 3 (high agreement).

Table 62: Agreement with Selected Indicators (MDCP) NCI Children/ Family Survey				
Indicator	2005	2006	2007	2008
Information Available/ Family Participates in Plans	2.06	2.12	No Data collected for this year	1.96
Supports Available When Family Needs Them	2.28	2.29		2.16
Family Decides How DADS Money Is Spent	2.15	2.20		2.00
Child Participates in Community Activities	1.59	1.65		1.48
Satisfaction with Services and Supports	2.55	2.53		2.45
Family Supports Improved Ability to Care for Child	2.68	2.70		2.64

Table 63: Characteristics of Families (MDCP) Table

Percentage of Respondents writing Comments	Relationship of Respondent to Child	Age of Respondent	More than one child with a disability living at home
58%	Parent 88%	Under 35 25%	13%
	Grandparent 10%	35-54 65%	
	Other 2%	55 and older 10%	

Table 64 shows representative comments written on the NCI Children/Family Survey.

Table 64: Comments on NCI Children/Family Survey (MDCP)

Domain	Comments
Information and Planning	<ul style="list-style-type: none"> Some families requested easily understood information about services. Five individuals wanted transition planning to prepare for their child after 21.
Access and Delivery of Supports	<ul style="list-style-type: none"> A few parents wanted programs for children with autism. Several families noted a need for further advertising of resources.
Community Connections	<ul style="list-style-type: none"> Families reported the need for greater community accessibility and transportation.
Satisfaction	<ul style="list-style-type: none"> Five families appreciated the respite care program. Several single moms were especially grateful for the MDCP service.
Outcomes	<ul style="list-style-type: none"> MDCP Program was instrumental in giving the family a sense of normalcy.

After a complete trend analysis covering multiple years of data, three indicators were found to be statistically significant. Table 65 reveals the two statistically significant trend outcomes for MDCP.

Table 65: Significant Trends for MDCP			
Statistically Significant Findings	2005	2006	2008
In 2008, fewer families were likely to agree that “they had a service plan and that they helped develop the plan” than in 2006.	2.54	2.60	2.36
In 2008, fewer families were likely to agree that “they could contact staff to assist with planning whenever they wanted” than in 2006.	2.57	2.62	2.40

Home and Community-Based Services (HCS)

The HCS program is the largest Texas waiver program serving individuals with intellectual or developmental disabilities. The same provider agency delivers both case management and direct services. With this service, individuals may live in a foster/companion care setting; or a small group home where no more than four individuals live, as an alternative to residing in an ICF/MR. The HCS Program receives funding from Title XIX Medicaid 1915(c) and state funds.

There were **814** children receiving HCS services when the sample was taken. The sample size was **206**.

Services Include:

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

Table 66: Demographics

Gender	Age	Ethnicity		Assistance with Daily Living	
Male 67%	Range 7-22	Caucasian 53%	African American 20%	None 6%	Moderate 37%
Female 33%	Average 15	Hispanic 26%	Other 1%	Little 17%	Complete 40%

Table 67 shows the family level of agreement with selected NCI Children/Family Survey indicators on a continuum from 1 (low agreement) to 3 (high agreement).

Table 67: Agreement with Selected Indicators (HCS) NCI Children/ Family Survey				
Indicator	2005	2006	2007	2008
Information Available/ Family Participates in Plans	2.22	2.21	No Data collected for this year	2.11
Supports Available When Family Needs Them	2.31	2.41		2.21
Family Decides How DADS Money Is Spent	1.64	1.73		1.87
Child Participates in Community Activities	1.92	1.94		1.93
Satisfaction with Services and Supports	2.44	2.55		2.43
Family Supports Improved Ability to Care for Child	2.64	2.64		2.60

Table 68: Characteristics of Families (HCS) Table			
Percentage of Respondents writing Comments	Relationship of Respondent to Child	Age of Respondent	More than one child with a disability living at home
65%	Parent 90%	Under 35 7%	23%
	Grandparent 7%	35- 54 77%	
	Other 3%	55-74 16%	

Table 69 shows representative comments written on the NCI Children/Family Survey.

Table 69: Comments on NCI Children/Family Survey (HCS)	
Domain	Comments
Information and Planning	<ul style="list-style-type: none"> A few families wanted training for managing in-home support, found paperwork unreasonable, and noted long interest lists.
Access and Delivery of Supports	<ul style="list-style-type: none"> Families asked for services closer to home, physical therapy, more respite care services, and special therapies for autism.
Choice and Control	<ul style="list-style-type: none"> A few families wanted more choices for day habilitation.
Community Connections	<ul style="list-style-type: none"> Families wanted recreational programs, church programs, and summer camps.
Satisfaction	<ul style="list-style-type: none"> Several families wanted higher wages for direct care staff.
Outcomes	<ul style="list-style-type: none"> “My daughter is very happy and content.”

Texas Home Living Waiver (TxHmL)

The TxHmL waiver program provides selected essential services and supports to people with an intellectual disability who live in their family homes or their own homes. Two separate agencies provide case management and direct services. Eligibility includes diagnosis, financial requirements, own home or family residence, and service needs that do not exceed the program cap. TxHmL program is supported by Title XIX Medicaid 1915 (c) Home and Community-Based Services Waiver and state funds.

There were **210** children receiving TxHmL services when the sample was taken. The sample size was **65**.

Services include:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Adaptive Aids and Minor Home Modifications • Behavioral Support • Community Support • Day Habilitation • Dental Treatment | <ul style="list-style-type: none"> • Employment Assistance and Supported Employment • Nursing • Respite • Specialized therapies |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 70: Demographics Table

Sex	Age	Ethnicity		Assistance with Daily Living	
Male 71%	Range 5-19	Caucasian 32%	African American 33%	None 10%	Moderate 40%
Female 29%	Average 14	Hispanic 33%	Other 2%	Little 24%	Complete 26%

Table 71 shows the level of agreement with selected NCI Children/Family Survey indicators on a continuum from 1 (low agreement) to 3 (high agreement).

Table 71: Agreement with Selected Indicators (TxHmL) NCI Children/ Family Survey				
Indicator	2005	2006	2007	2008
Information Available/ Family Participates in Plans	2.06	2.03	No Data collected for this year	2.14
Supports Available When Family Needs Them	2.35	2.13		2.17
Family Decides How DADS Money Is Spent	2.30	2.22		2.31
Child Participates in Community Activities	1.84	1.85		1.93
Satisfaction with Services and Supports	2.51	2.31		2.40
Family Supports Improved Ability to Care for Child	2.38	2.38		2.48

Table 72: Characteristics of Families (TxHmL)

Percentage of Respondents Writing Comments	Relationship of Respondent to Child	Age of Respondent	More than one child with a disability living at home
55%	Parent 85%	Under 35 18%	22%
	Grandparent 11%	35- 54 68%	
	Other 4%	55-74 14%	

Table 73 shows representative comments written on the NCI Children/Family Survey.

Table 73: Comments on NCI Children/Family Survey (TxHmL)

Domain	Comments
Information and Planning	<ul style="list-style-type: none"> Some respondents reported a need for training for themselves and providers.
Access and Delivery of Supports	<ul style="list-style-type: none"> Several families expressed the need for respite care in rural areas and services for children with autism. Families requested shorter interest lists.
Choice and Control	<ul style="list-style-type: none"> In one instance, change in service continuity without family input was noted.
Community Connections	<ul style="list-style-type: none"> Several families reported a need for more community activities.
Satisfaction	<ul style="list-style-type: none"> Satisfaction was generally positive.
Outcomes	<ul style="list-style-type: none"> “Overall I am happy with the services. Our situation is just overwhelming sometimes, and there is never enough at those times, but I do appreciate what we do receive.”

Consolidated Waiver Program (CWP)

The CWP program is a Medicaid waiver program that began operations in Bexar County in November 2001 and continues to operate only in Bexar County. The program provides home and community-based services to people who are eligible for nursing facility care or ICF/MR or a Related Condition (ICF/MR/RC). DADS staff provides case management. It is a cost-effective alternative to institutional placement for those individuals who are on the interest lists for several other waiver programs. The CWP is supported by Title XIX Medicaid 1915 (c) Home and Community-Based Services waiver and state funds.

There were **65** children receiving CWP program services when the sample was taken. The sample size was **23**.

Services Include:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Adaptive Aids • Audiology • Behavior Communication • Child Support Services • Consumer Directed Services • Medical Supplies • Adult Foster Care • Assisted Living/ Residential Care • Dental • Dietary • Habilitation • Home Delivered Meals | <ul style="list-style-type: none"> • Independent Advocacy • Minor Home Modifications • Nursing Services • Orientation and Memory Services • Personal Assistant Services • Prescription Medications, if not covered by Medicare • Psychological Services • Respite Care • Social Work • Therapist • 24-Hour Residential Habitation • Transition Assistant Services |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 74: Demographics

Gender	Age	Ethnicity		Assistance with Daily Living	
Male 71%	Range 5-19	Caucasian 32%	African American 33%	None 0%	Moderate 36%
Female 29%	Average 14	Hispanic 33%	Other 2%	Little 14%	Complete 50%

Table 75 presents the level of agreement with selected NCI Children/Family Survey indicators on a continuum from 1 (low agreement) to 3 (high agreement).

Table 75: Agreement with Selected Indicators (CWP) NCI Children/ Family Survey				
Indicator	2005	2006	2007	2008
Information Available/ Family Participates in Plans	2.36	2.47	No Data collected for this year	2.27
Supports Available When Family Needs Them	2.48	2.50		2.48
Family Decides How DADS Money Is Spent	2.23	2.27		2.40
Child Participates in Community Activities	1.50	1.79		1.68
Satisfaction with Services and Supports	2.60	2.53		2.52
Family Supports Improved Ability to Care for Child	2.84	2.61		2.68

Table 76: Characteristics of Families (CWP) Table					
Percentage of respondents writing comments	Relationship of respondent to child		Age of respondent		More than one child with a disability living at home
39%	Parent	91%	Under 35	13%	9%
	Grandparent	9%	35-54	78%	
	Other	0%	55-74	9%	

Table 77 shows representative comments written on the NCI Children/Family Survey.

Table 77: Comments on NCI Children/Family Survey (CWP)	
Domain	Comments
Information and Planning	<ul style="list-style-type: none"> • Several individuals responding to the survey want transition services for older children.
Access and Delivery of Supports	<ul style="list-style-type: none"> • Families gave positive and negative comments about case managers.
Choice and Control	<ul style="list-style-type: none"> • A few families want the CDS option.
Community Connections	<ul style="list-style-type: none"> • Several respondents requested Spanish-speaking providers in the community.
Satisfaction	<ul style="list-style-type: none"> • “We are very happy with the services that this program has provided. They are always on top of things.”
Outcomes	<ul style="list-style-type: none"> • “I just want to say that this program has helped a lot....we get a break and it’s very good.”

5.1 Summary: Children/Family Mail Out Surveys

Results from the Children/Family Mail Out Surveys are summarized in this section. In the five children's programs surveyed this year, family satisfaction was generally very high although there were opportunities for improvement revealed as well. The lists that follow are a sample of results.

Positive Outcomes:

- All families reported high agreement regarding "family supports improved their ability to care for their child".
- In all programs, families were satisfied with supports and services.
- Across all programs, families showed strong agreement regarding "children have access to necessary medications, health services, and dental services".
- Most families agreed that they chose how money is spent. Most families agreed that staff assisted with planning and was generally respectful and courteous.
- Most families agreed they have choice of the agencies or providers who work with them.
- Most families across programs wanted to have control and input to hire and manage staff.
- Families felt their children are happy, family supports have made a positive difference in their lives and have helped families keep their children at home.

Opportunities for Improvement:

Across all programs there was:

- low to moderate agreement regarding help in using typical supports in the community.
- low to moderate agreement regarding participation in community activities.
- low to moderate awareness of how DADS spent money for their child.
- low to moderate agreement with the control over the hiring and management of support workers.

Comments Section on NCI Children/Family Survey:

Between 39% and 65% of families who completed the NCI Children/Family Survey also wrote open-ended comments. The comments echoed the results from closed response questions and gave specific examples of family experiences with the programs.

Information and Planning: Some families wanted more information about DADS programs and the enrollment process; in addition, families wanted help with transition planning as their child ages out of the various programs.

Access and Delivery of Supports: Many families appreciate and want more respite care. They also want shorter interest lists, more help for children with autism, Spanish-speaking staff, and more choice of programs.

Choice and Control: Some respondents want help with staff management, more choice of day habilitation programs, and increase wages for staff.

Community Connections: Some respondents asked for more community supports and assistance with typical community activities, better transportation, and improved accessibility to services.

Satisfaction: Overall satisfaction with services and supports was very positive. Aside from the desire for higher staff wages and additional attention from case managers, families were extremely satisfied with, and grateful for, the programs offered.

Outcomes: Overall, comments about the outcomes of the varied programs reflected family contentment and improved quality of life for the families and children receiving services.

Differences between CLASS not using CDS and CLASS using CDS: The comparison of CLASS not using the CDS option with CLASS using the CDS option confirmed that CLASS using the CDS option is accomplishing its goals. Results pointed to increased control and choice of staff and services for individuals choosing the CDS option.

5.2 Significant Trends: Children/Family Mail Out Surveys

For the first time since the LTSSQR process began in 2005, three years of review data were available for the children’s programs reviewed in 2008. There were no significant trends found for the HCS, TxHmL, or CWP programs. A selection of the statistically significant trends in 2008 that differed from the previous review of children’s programs completed (in 2006) is described below.

CLASS not using the CDS option

- In 2008, fewer caregivers were likely to agree with the statement “they could contact the staff who assists them with planning whenever they want” than in 2006.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
2.69	2.80	No data	2.57

CLASS using the CDS option

- In 2008, more caregivers were likely to agree that “they have access to health services for their child” than in 2006.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
2.94	2.81	No data	2.96

Medically Dependent Children Program

- In 2008, fewer families were likely to agree that “they have a service plan and that they helped to develop the plan” than in 2005.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
2.54	2.60	No data	2.36

- In 2008, fewer families of children were likely to agree that “they could contact staff to assist with planning whenever they wanted” than in 2006.

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
2.57	2.62	No data	2.40

Conclusion



6.0 Conclusion

The annual quality review process is a component of the DADS broader quality improvement strategy that uses data to identify trends and areas for improvement. 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 2008, the QAI staff selected ten programs to include in the quality review process. Five of these programs served adults and five of the programs served children. Two adult programs were reviewed for the first time this year: MRA-GR and CBA-CDS. A majority of the adults interviewed with the NCI Consumer Survey were satisfied with their residence and their job or day activity program. The responses from people interviewed with the PES E/D survey were generally favorable as well. Over 90% of the adults in the CBA programs reported having access to care, health and well-being, and the ability to meet their personal goals.

Across programs, the majority of individuals reported that their support staff treats them with respect and dignity.

An area that received highly favorable responses across adult programs was the domain for health, welfare, and rights. The majority of individuals reported their support staff treats them with respect and dignity. While the majority of findings for adults were generally positive, the analysis suggests there are opportunities for improvements, particularly in the area of control over transportation.

In all five programs reviewed that serve children, people reported that program staff were generally respectful and courteous. There was strong agreement on family ratings from the NCI Children/Family Survey regarding satisfaction and outcomes. Families agreed their child was happy and family supports and services have made a positive difference in their lives. In addition, families reported children have access to necessary medications, health care, and dental care.

There is room for improvement in the area of access to supports in the community. Related to this need, DADS Center for Policy and Innovation has collaborated with the Center on Disability and Development at Texas A&M University to enhance its statewide Directory of Community Resources (DCR). The DCR includes increased capabilities to search for providers (including those serving individuals with autism), a Wiki-based interactive database, and the ability for individuals, family members, and providers to learn about evidence-based practice. At the present time this includes finding therapies for individuals with autism. In addition, the comments and results from LTSSQR will be shared with the Texas Council on Autism and Pervasive Developmental Disorders to help inform their 2009 strategic plan to deliver services to individuals with autism throughout Texas.

To support choice and control for people receiving services, the agency continues to expand the CDS option. Using the CDS option appears to have a beneficial impact for individuals who want to enhance choice and control in their lives. Findings indicate very positive outcomes in the CLASS program using the CDS option for both adults and children.

Texas is one of 16 states that have joined the State Employment Leadership Network (SELN), a cross-state cooperative venture of developmental disability (MR/DD) agencies that are committed to improving employment outcomes for individuals with developmental disabilities. SELN has assisted Texas in developing recommendations for increasing the provision of employment services and improving employment and community inclusion outcomes for individuals enrolled in DADS programs. The data collected for the Day/Vocational/Educational Support Supplement is used to inform program decisions to increase community employment and community integration. In addition, DADS, in cooperation with Department of Assistive and Rehabilitative Services (DARS), has implemented a supported employment pilot program to increase supported employment in two of the state mental retardation facilities. While supported employment services are currently available to all state mental retardation facility

residents, the pilot involves targeted training for facility staff and active recruitment of individuals in the two facilities to increase the use of those services.

DADS' efforts to continually improve its programs includes the expansion of the Quality Monitoring Program (QMP), annual symposia, and consumer and provider portals. Through multi-media approaches, the QMP now promotes evidence-based best practices and provides technical assistance to increase positive outcomes for individuals residing in state mental retardation facilities, assisted living facilities, community ICFs/MR, and home and community-based service providers. The QMP staff will review the data from this report and other data systems to help inform program decisions in both clinical and quality assurance areas.

To promote best practices, QAI conducts annual symposia to address various topics including behavior supports and geriatric issues 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, or families, based on the analysis of the results.

In addition, DADS has developed a consumer portal that is currently available to provide information geared toward the needs of people receiving and applying for services. It contains various links to program information, a calendar of events, and other related links. A similar portal was designed to help providers find the tools they need to do business with DADS. In addition to the DADS website enhancements, QAI has developed a quality information website, www.texasqualitymatters.org, to provide a centralized forum for quality-related news and information pertaining to programs administered by DADS. The website is a resource with links to evidence-based best practices compiled from systematic literature reviews and links to related web sources.

The results of the LTSSQR 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.

Finally, these results reflect the opinions and perceptions of the individuals and families 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 and vision of DADS. By gauging program performance through direct feedback, DADS can identify areas where services and supports are creating 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 quality review to implement changes to improve upon long-term services and supports.

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

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)	CLASS	CLASS w/ CDS	MRA GR	ICF/MR S/M	ICF/MR LG	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	80%	81%	63%	46%	35%	23%
		78%	79%	54%	40%	54%	62%
<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.	75%	76%	71%	74%	71%	83%
	► The proportion of people who have a close friend, someone they can talk to about personal things.	77%	85%	80%	90%	86%	85%
	► The proportion of people who are able to see their friends and families when they want: 1. friends 2. families	73% 89%	85% 85%	70% 89%	78% 70%	92% 82%	91% 66%
	► The proportion of people who feel lonely.	57%	62%	52%	46%	40%	45%
<i>People are satisfied with the services and supports they receive.</i>	► The proportion of people who are satisfied with where they live.	99%	97%	97%	93%	84%	83%
	► The proportion of people who are satisfied with their job or day program.	89%	92%	96%	93%	96%	93%

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)	CLASS	CLASS w/ CDS	MRA GR	ICF/MR S/M	ICF/MR LG	State School
	► The proportion of people who are satisfied with [life in general, personal life].	83%	83%	76%	77%	75%	76%

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)	CLASS	CLASS w/ CDS	MRA GR	ICF/MR S/M	ICF/MR LG	State School
<i>Service coordinators are accessible, responsive, and support the person's participation in service planning.</i>	The proportion of people reporting that service coordinators help them get what they need.	87%	87%	77%	85%	90%	90%
	The proportion of people who know their service coordinators.	95%	92%	93%	94%	91%	91%
	The proportion of people who report that their service coordinators asked about their preferences.	89%	87%	75%	74%	83%	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.	72%	80%	74%	75%	80%	91%
	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.	58%	64%	70%	59%	71%	68%
	The proportion of people who report having adequate transportation when they want to go somewhere.	77%	83%	58%	59%	75%	40%

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)	CLASS	CLASS w/ CDS	MRA GR	ICF/MR S/M	ICF/MR LG	State School
	The proportion of people reporting services were not available.	24%	14%	23%	10%	10%	5%
	The proportion of people who are satisfied with the information received regarding available services.	94%	90%	94%	86%	90%	85%
	The proportion of people who are satisfied with the information provided regarding how to apply for services.	95%	88%	93%	85%	93%	76%
	The proportion of people who reported the determination/enrollment process was understandable and user friendly.	89%	90%	90%	83%	93%	86%

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)	CLASS	CLASS w/ CDS	MRA GR	ICF/MR S/M	ICF/MR LG	State School
<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	83% 88%	86% 85%	83% 81%	81% 79%	76% 75%	67% 73%
<i>People secure needed health services.</i>	The proportion of people who have had a physical exam in the past year.	93%	94%	83%	100%	99%	98%
	The proportion of women who have had a gynecological exam in the past year.	65%	61%	79%	84%	84%	50%
	The proportion of people who have had a routine dental exam in the past six months.	41%	51%	37%	90%	76%	80%
<i>Medications are managed effectively and appropriately.</i>	The proportion of people taking medications for mood, anxiety, or behavior problems.	10%	15%	30%	54%	52%	70%
<i>People receive the same respect and protections as others in the community.</i>	The proportion of people who know their "advocate" or guardian.	90%	97%	93%	86%	82%	84%
	The proportion of people whose basic rights are respected by others:						
	1. knocking before entering home	1. 90%	1. 96%	1. 87%	1. 77%	1. 63%	1. 77%
	2. knocking before entering bedroom	2. 86%	2. 89%	2. 77%	2. 74%	2. 80%	2. 70%
3. Reading mail	3. 91%	3. 98%	3. 83%	3. 94%	3. 83%	3. 96%	
4. alone with friends	4. 97%	4. 94%	4. 93%	4. 84%	4. 90%	4. 86%	
5. use of phone	5. 96%	5. 97%	5. 96%	5. 84%	5. 95%	5. 89%	
	The proportion of people who report satisfaction with the amount of privacy they have.	96%	95%	92%	87%	88%	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)	CLASS	CLASS w/ CDS	MRA GR	ICF/MR S/M	ICF/MR LG	State School
	The proportion of people, who have support staff treat them with respect: 1. home staff 2. day program staff	98% 97%	98% 100%	92% 94%	90% 95%	90% 96%	93% 96%
	The proportion of people who had the opportunity to participate in activities of self-advocacy groups or other groups that address rights.	28%	38%	18%	28%	40%	69%
	The proportion of people who would like to participate in a self-advocacy group meeting, conference or event.	26%	44%	29%	49%	58%	55%
<i>People are supported to maintain healthy habits.</i>	The proportion of people who maintain healthy habits in such areas as smoking.	97%	96%	90%	91%	91%	77%
	The proportion of people who exercise or play sports: 1. Non-integrated Setting 2. Community Setting	50% 19%	47% 26%	43% 27%	48% 34%	61% 23%	68% 13%

NCI Self-Determination

DOMAIN Self-Determination

The goal of self-determination is “crafting a meaningful life deeply imbedded in one’s own community.”¹⁸

Concern	Quality Indicator(s) ¹⁹	CLASS	CLASS w/ CDS	MRA GR	ICF/MR S/M	ICF/MR LG	State School
<i>People are able to have more choice and control over their everyday lives.</i>	Proportion of people who get to help other people.	66%	77%	66%	70%	80%	84%
	Proportion of people who are able to have a close relationship, such as a boyfriend or girlfriend, if they want one.	85%	92%	84%	79%	85%	86%
	Proportion of people who earn enough money to buy the things they want.	66%	59%	58%	77%	87%	78%
	Proportion of people who are free to take risks when they want.	76%	89%	72%	65%	80%	75%
	Proportion of people who have control over their transportation	59%	62%	34%	35%	55%	21%
	Proportion of people who decide who comes in and out of their home.	65%	78%	48%	35%	52%	37%

¹⁸ Nerney, Thomas. *The System of the Future*. Center for Self-Determination. www.self-determination.com (2004)

¹⁹ 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.

Appendix B – Program Results from the Participant Experience Survey (PES E/D)

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

Appendix B - PES Indicators			
Indicator Number	Indicator	CBA not using CDS	CBA using CDS
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.	8%	10%
2	Dressing – The proportion of people receiving services who are sometimes unable to dress because there is no one there to help them.	4%	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.	5%	6%
4	Eating – The proportion of people receiving services who are sometimes unable to eat because there is no one there to help them.	1%	5%
5	Meal Preparation – The proportion of people receiving services who sometimes go without a meal because there is no one there to help them.	3%	8%
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%	8%
7	Housework – The proportion of people receiving services whose housework is not done sometimes because there is no one there to help them.	6%	9%
8	Laundry – The proportion of people receiving services whose laundry is not done sometimes because there is no one there to help them.	3%	7%
9	Transportation – The proportion of people receiving services who report not always having transportation when needed.	15%	16 %
10	Medication – The proportion of people receiving services who sometimes go without taking medications because there is no one there to help them.	2%	6%
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.	5%	8%

Appendix B - PES Indicators

Indicator Number	Indicator	CBA not using CDS	CBA using CDS
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.	5%	3%
12a ²⁰	Health and Well Being – The proportion of people receiving services whose services and supports are not addressing their health and well-being.	7%	8%
12b	Personal Goals – The proportion of people receiving services who report their services and supports do not help to achieve their personal goals.	7%	9%
13	Adaptive Equipment or Environmental Modifications – The proportion of people receiving services who requested special equipment or environmental modifications who report not receiving them.	11%	25%
30a ²¹	Information Regarding Services – The proportion of people receiving services who report being dissatisfied with the information provided regarding available services.	4%	10%
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.	6%	13%
30c	Determination/Enrollment Process – The proportion of people receiving services who report the determination and enrollment process is not understandable and user friendly.	5%	13%

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.	60%	63%
15	Changing Staff – The proportion of people receiving services who did not know they could change their paid staff.	16%	1%
16	Directing Staff – The proportion of people receiving services who do not help direct their staff, but would like to do so.	95%	86%

²⁰ Indicators 12a and 12b were added in 2007 using questions 32a and 32b on the modified PES E/D Survey.

²¹ Indicators 30a, 30b, 30c were included by DADS staff to correspond to questions 61, 61a and 61b of the PES E/D survey.

Appendix B - PES Indicators

Indicator Number	Indicator	CBA not using CDS	CBA using CDS
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%	8%
18	Ability to Identify Case Manager – The proportion of people receiving services who are unable to identify their case manager when asked.	39%	30%
19	Ability to contact Case Manager – The proportion of people receiving services who report they cannot always talk with their case manager when needed.	11%	23%
19a	Discusses Preferences – The proportion of people receiving services who report their case manager or service coordinator does not always ask about their preferences.	8%	15%
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.	12%	27%
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%	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.	4%	3%
23	Physical Abuse by Staff – The proportion of people receiving services who report being injured by current staff.	1%	4%
24	Verbal Abuse by Staff – The proportion of people receiving services who report being verbally abused by current staff.	3%	2%
25	Theft by Staff – The proportion of people receiving services who report theft by current staff.	4%	9%
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.	16%	0%

Appendix B - PES Indicators			
Indicator Number	Indicator	CBA not using CDS	CBA using CDS
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.	8%	0%
28	Respect by Transportation Staff – The proportion of people receiving services who report transportation staff do not treat them respectfully while using these services.	5%	14%
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.	7%	18%
Community Integration/Inclusion			
30	Community Involvement – The proportion of people receiving services who report an unmet need for community involvement.	31%	41%
31	Demand for Employment – The proportion of non-elderly people receiving services who are not currently working, but would like to work.	29%	34%
32	Choice in Employment – The proportion of working, non-elderly people receiving services who did not choose their current job.	0%	0%
33	Satisfaction with Employment – The proportion of working, non-elderly people receiving services who do not like their current job.	0%	0%
Self Determination			
34 ²²	Helping Others – The proportion of people receiving services who get to help other people.	37%	40%

²² Indicators 34 – 39 were developed by the QA/QI Task Force and have not been validated.


Appendix B - PES Indicators


Indicator Number	Indicator	CBA not using CDS	CBA using CDS
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.	77%	76%
36	Earning Money – The proportion of people receiving services who earn enough money to buy the things that they want.	48%	47%
37	Risks – The proportion of people receiving services who are free to take risks when they want.	66%	61%
38	Transportation Control – The proportion of people receiving services who have control over their transportation.	54%	60%
39	Home Privacy – The proportion of people receiving services who decide who comes in and out of their home.	76%	83%
39a	Option to Direct Attendants – The proportion of people receiving services who are aware of the option to direct their attendants.	55%	87%
39b	Self-Advocacy Active Participation – The proportion of people receiving services who participated in self-advocacy group meetings, conferences or events.	8%	15%
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.	14%	22%


Appendix C: Program Results from the NCI Children/Family Mail Out Survey


QUESTIONS ABOUT SERVICES AND SUPPORTS


The outcome numbers recorded below give the average of family agreement ratings from 1 (low) to 3 (high) for each of the five programs reviewed with the NCI Children/Family Survey in 2008.


 INFORMATION & PLANNING		CLASS	CLASS with CDS	MDCP	HCS	TxHmL	CWP
1.	Do you receive information about the services and supports that are available to your child and family?	2.08	2.19	1.93	2.13	2.25	2.14
2.	If you receive information, is it easy to understand?	2.42	2.47	2.27	2.35	2.19	2.32
3.	Do you receive information about the status of your child's development?	2.22	2.01	2.09	2.00	2.03	2.14
4.	If yes, is this information easy to understand?	2.49	2.47	2.47	2.49	2.13	2.53
5.	Do you get enough information to help you participate in planning services for your family?	2.21	2.29	1.97	2.11	2.14	2.27
6.	If your family has a service plan, did you help develop the plan?	2.66	2.75	2.37	2.65	2.38	2.62
7.	If your family has a service plan, does the plan include things that are important to you?	2.66	2.76	2.49	2.59	2.48	2.62
8.	Do the staff who assist you with planning help you figure out what you need as a family to support your child?	2.46	2.51	2.17	2.32	2.34	2.41
9.	Do the staff who assist you with planning respect your choices and opinions?	2.71	2.80	2.52	2.68	2.54	2.60
10.	Does someone talk to you about the public benefits that are available to you? (e.g. food stamps, Texas Health Steps, Supplemental Security Income, etc.)	1.99	1.85	2.00	1.97	2.25	2.19
11.	Are the staff who assist you with planning generally respectful and courteous?	2.79	2.87	2.72	2.72	2.79	2.77
12.	Are the staff who assist you with planning generally effective?	2.46	2.62	2.48	2.37	2.46	2.48
13.	Can you contact the staff who assist you with planning whenever you want to?	2.58	2.81	2.40	2.58	2.57	2.43

	ACCESS & DELIVERY OF SUPPORTS	CLASS	CLASS with CDS	MDCP	HCS	TxHmL	CWP
14.	When you ask your case manager/service coordinator for assistance, does s/he help you get what you need?	2.61	2.71	2.48	2.50	2.53	2.61
15.	Does your family get the services and supports you need?	2.44	2.53	2.29	2.34	2.40	2.45
16.	Do the services and supports offered meet your family's needs?	2.42	2.54	2.30	2.32	2.33	2.27
17.	Are supports available when your family needs them?	2.33	2.43	2.16	2.21	2.17	2.48
18.	Do families in your area request that different types of services and supports be made available in your area?	2.35	2.41	2.11	2.19	2.03	2.27
19.	If yes, does either the state agency or provider agency respond to their requests?	2.20	1.96	2.08	2.14	2.06	2.30
20.	If you have ever asked for services or supports in an emergency or crisis, was help provided to you right away?	2.10	1.81	1.90	2.06	2.07	2.29
21.	If English is <u>not</u> your first language, are there support workers or translators available to speak with you in your preferred language?	2.63	2.57	2.65	2.44	2.59	2.71
22.	If your child does not speak English or uses a different way to communicate (for example, sign language), are there enough support workers available who can communicate with him/her?	2.21	1.89	1.94	2.15	2.28	2.67
23.	Does your child have access to the special equipment or accommodations that s/he needs (e.g., wheelchair, ramp, communication board)?	2.57	2.37	2.43	2.35	2.06	2.58
24.	Do you have access to health services for your child?	2.90	2.96	2.89	2.83	2.82	2.96
25.	Do you have access to dental services for your child?	2.88	2.90	2.79	2.84	2.92	2.91
26.	Do you have access to necessary medications for your child?	2.92	2.96	2.95	2.93	2.89	2.96
27.	Are frequent changes in support staff a problem for your family?	2.03	2.20	2.05	2.06	1.86	1.81
28.	Are support staff generally respectful and courteous?	2.81	2.86	2.74	2.79	2.82	2.82

 CHOICE & CONTROL		CLASS	CLASS with CDS	MDCP	HCS	TxHmL	CWP
29.	Do you choose the agencies or providers who work with your family?	2.75	2.76	2.71	2.77	2.68	2.86
30.	Do you choose the support workers who work with your family?	2.49	2.74	2.50	2.37	2.28	2.48
31.	Do you have control and/or input over the hiring and management of your support workers?	2.41	2.81	2.45	2.18	2.23	2.05
32.	Do you <u>want</u> to have control and/or input over the hiring and management of your support workers?	2.65	2.83	2.75	2.66	2.59	2.60
33.	Do you know how much money is spent by the Department of Aging and Disability Services on behalf of your child with a developmental disability?	2.46	2.68	2.21	1.90	2.40	2.36
34.	Do you get to decide how this money is spent?	2.40	2.47	1.99	1.87	2.31	2.40

 COMMUNITY CONNECTIONS		CLASS	CLASS with CDS	MDCP	HCS	TxHmL	CWP
35.	If you want to use typical supports in your community (for example, through recreation departments or churches), do either the staff who help you plan or who provide support help connect you to these supports?	1.78	1.81	1.58	1.88	1.83	1.73
36.	If you would like to use family, friends, or neighbors to provide some of the supports your family needs, do either the staff who help you plan or who provide support help you do this?	2.21	2.15	2.11	2.03	2.07	2.00
37.	Do you feel that your child has access to community activities?	1.99	2.12	1.87	2.18	2.16	2.05
38.	Does your child participate in community activities?	1.75	1.90	1.47	1.93	1.93	1.68
39.	Does your child spend time with children who do not have developmental disabilities?	2.40	2.33	2.36	2.31	2.29	2.52

 SATISFACTION		CLASS	CLASS with CDS	MDCP	HCS	TxHmL	CWP
40.	Overall, are you satisfied with the services and supports your child and family currently receive?	2.52	2.69	2.45	2.43	2.40	2.52
41.	Are you familiar with the process for filing a complaint or grievance regarding services you receive or staff who provide them?	2.52	2.60	2.38	2.59	2.32	2.59
42.	Are you satisfied with the way complaints or grievances are handled and resolved?	2.41	2.43	2.35	2.44	2.25	2.36

 OUTCOMES		CLASS	CLASS with CDS	MDCP	HCS	TxHmL	CWP
43.	Do you feel that family supports have made a positive difference in the life of your family?	2.63	2.79	2.59	2.64	2.60	2.61
44.	Do you feel that family supports have improved your ability to care for your child?	2.64	2.75	2.64	2.60	2.48	2.68
45.	Do you feel that family supports have helped you to keep your child at home?	2.67	2.87	2.65	2.70	2.60	2.71
46.	Overall, do you feel that your child is happy?	2.86	2.88	2.84	2.80	2.77	2.83



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