



## Measuring Service Quality: Final Environmental Scan Report

Developed for the Florida Developmental Disabilities Council, Inc.

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## I. Introduction

### Project background

On October 25, 2022, the Florida Developmental Disabilities Council, Inc. (FDDC) partnered with Mathematica to conduct the Measuring Service Quality (MSQ) project. The initial goal of the project was to plan the development of a tool (FDDC tool) that displays information regarding the quality of services provided to individuals with intellectual and developmental disabilities (I/DD). In mid-April, FDDC requested a pivot of the final project output from the FDDC tool to an instrument that clients, family members, and service providers could use to assess for themselves the quality of the service provider, referred to hereafter as FDDC's self-evaluation instrument. The intended audience and use of the FDDC self-evaluation instrument are two-fold, however we may focus on one of these audiences for the initial instrument: (a) individuals with I/DD and their families can use the instrument to select among service providers, and (b) service providers can use the instrument to understand the quality of their services. A subpopulation of interest for this instrument is individuals with I/DD and moderate-to-severe behavioral challenges. This project encompasses five streams of work:

1. Convene four (4) work group meetings to advise the project team on the topics and questions for use in the FDDC self-evaluation instrument; one of the four meetings will be in person and part of a broader site visit.
2. Conduct an environmental scan consisting of three activities: (1) identify existing measures and use those measures to generate draft instrument questions, (2) collect examples of self-evaluation instruments, and (3) analyze current performance on a subset of the identified measures.
3. Conduct a feasibility assessment with the work group members to evaluate the ability for the instrument users to collect answers to the questions included in the instrument.
4. Complete an implementation planning support activity that maps instrument users (clients, family members, and service providers) to future instrument training ideas.
5. Draft initial version of the FDDC self-evaluation instrument.

### Environmental scan overview

Since Mathematica submitted the draft environmental scan report to FDDC, the project's product has changed. As such, Mathematica shifted the environmental scan activities to make progress towards the revised product in the following ways:

- Use of identified existing measures. We identified over 270 existing measures that evaluated client outcomes and service quality related to topics prioritized by the work group members. Instead of selecting which measures should be considered for use in a publicly displayed dashboard, we used the measures to guide us in developing initial questions for the FDDC self-evaluation instrument.
- Identification of examples. We modified this part of the environmental scan by identifying self-evaluation instruments, rather than dashboards, to use as examples.
- Documentation of existing measure results. This part of the environmental scan did not change. It is still important to understand how service providers in Florida are performing on topics prioritized by the work group. We documented results of 24 measures as part of the environmental scan.

## Topics included in the environmental scan

The work group members identified the 13 topics included in Table 1 as important and, as such, we included these topics in the environmental scan. The process for selecting the 13 topics is documented in the work group meeting 2 notes memo.<sup>1</sup>

**Table 1. Topics workgroup members identified as important during the site visit**

Topics
Services aligned with best practices
Service provider integration
Care coordination
Family, client, and service provider communication
Positive staff and peer culture
Staff consistency
Staff are well trained
Client community and social engagement
Client feels respected
Client choice and preferences
Client independence
Client awareness of services
Client informed decision making

## II. Methods

### Methods: Existing measures scan

The project team focused our review on existing measures previously categorized as relevant to individuals with I/DD and their service providers. For each measure source included in Table 2, we reviewed the contextual information about the source to understand the goal and process used to select the included measures. We then reviewed and assessed each measure’s relevance to the 13 domains included in Table 1. Measures considered relevant to the 13 domains and a primary responsibility of the three service providers included in the FDDC self-assessment instrument (supported employment, adult day training, and residential providers) are included in the environmental scan results. For example, we did not assess measures related to activities that are the primary responsibility of service coordinators (such as measures focused on the service plan development process), as quality of coordinators is not addressed in the FDDC self-assessment instrument. This final report includes measures we identified from nine of the ten sources included in Table 2. We did not include the tenth source as it is a compilation of state tools and, as such, we only planned to use this source if we were unable to find relevant measures within the other nine sources.

**Table 2. Measure sources included in the environmental scan**

Measure source	Source overview
<a href="#">Medicaid Home and Community Based</a>	The Centers for Medicare & Medicaid Services (CMS) developed and broadcasted this measurement set to promote use of standardized quality measures by states to allow for

<sup>1</sup> Mathematica submitted the Measuring Service Quality project’s workgroup meeting 2 summary memo to Sue Kabot at FDDC on March 9, 2023.

**MSQ: Final Environmental Scan Report**

Measure source	Source overview
<a href="#">Services (HCBS) Quality Measurement Set</a>	comparative quality data to be collected on HCBS programs and promote improvements in quality of care and outcomes for HCBS clients. The measurement set is currently voluntary but may be incorporated into required reporting for certain federal programs in the future.
<a href="#">HCBS Consumer Assessment of Healthcare Providers and Systems® (CAHPS®)</a>	The HCBS CAHPS® is a questionnaire that evaluates client experience with Medicaid HCBS. CMS developed this survey for voluntary use by state Medicaid programs. The survey was developed to be conducted in-person or by telephone.
<a href="#">National Core Indicators® - IDD: (NCI®-IDD): Adult Family Survey 2020-2021 (Florida)</a> <a href="#">NCI® - IDD: In Person Survey (IPS) 2020-2021 (Florida)</a> <a href="#">NCI®-IDD: State of the Workforce Survey</a>	NCI®-IDD is a voluntary collaboration of state agencies and related organizations to collect, maintain, and use valid and reliable data about the performance of public I/DD systems and the outcomes experienced by participants in the systems to support improvements within these systems. The adult family survey is conducted through mail with families who have an adult family member living at home. The in-person survey is conducted either in-person or through a secure video meeting with individuals 18 years of age or older who receive at least one paid service from the state. The state of the workforce is an annual survey that collects data on the direct support professional workforce that provides services to adults with I/DD.
<a href="#">National Quality Forum's HCBS Project's Second Interim and Final Reports</a>	The National Quality Forum conducted a project to develop a conceptual measurement framework, identify measurement gaps, and generate new measure concepts within HCBS. The second interim report was a summary of their existing measurement scan and the final report summarized their full project's work and outlined measure concepts to fill gaps.
<a href="#">Florida Statewide Quality Assurance Program</a>	The State of Florida's Agency for Health Care Administration contracts with Qlarant to administer the quality assurance program for the Developmental Disabilities HCBS Waivers and Consumer Directed Care Plus program. Qlarant conducts person centered reviews and provider discovery reviews to gather information about the service quality in Florida and associated client outcomes. We included the following tools from this program in our environmental scan: <ul style="list-style-type: none"> <li>• Interview tools:                             <ul style="list-style-type: none"> <li>– Person Center Review (PCR) My Life Individual Interview Tool</li> <li>– Provider Discovery Review (PDR) Individual Interview Tool</li> </ul> </li> <li>• Service Specific Individual Record Review (SSRR):                             <ul style="list-style-type: none"> <li>– Life Skills Development 2 (Supported Employment)</li> <li>– Life Skills Development 3 (Adult Day Training)</li> <li>– Residential Habilitation (Standard)</li> <li>– Residential Habilitation (Behavior Focus)</li> <li>– Residential Habilitation (Enhanced Intensive Behavior)</li> <li>– Residential Habilitation (Intensive Behavior)</li> </ul> </li> </ul>
<a href="#">The Council on Quality and Leadership: Personal Outcome Measures®</a>	The Personal Outcome Measures® is a module that uses interviews with individuals and people who know the client the best to identify whether the client is achieving and is supported to achieve positive outcomes.
Resources FDDC shared	We reviewed twelve sources that FDDC shared with us. See Appendix A for references.
<a href="#">University of Minnesota: Rehabilitation Research and Training–Center on HCBS Outcome Measurement</a> <sup>1</sup>	Compilation of state tools on HCBS developed by the University of Minnesota

<sup>1</sup> Given this source is a compilation of state tools, many of the measures in this source will be repetitious of the other nine sources we reviewed. We only intended to search this source if there was a prioritized topic for which we were unable to find relevant measures within the other nine sources.

### Methods: Creating draft instrument questions

Through our environmental scan activity, we identified more than 270 existing measures or indicators that evaluated the 13 topics prioritized by the work group. To develop draft questions for the FDDC self-evaluation instrument, we first identified the unique subtopics evaluated by these existing measures in order to understand how current measures assessed the 13 prioritized quality topics. For example, we wanted to understand how current measures were evaluating the topic, termed client choice and preference. Did existing measures focus on client choice regarding the industry in which the client works or did they focus on choice regarding where and with whom the client lives?

Once we identified the subtopics related to each of the 13 prioritized topics, we drafted two sets of questions to support clients’ and family members’ evaluation of service providers’ quality in these areas. The first set of questions are those that clients or family members could answer through observation during a visit to the service provider’s organization. The second set of questions are those that clients or family members would likely need to ask service providers or existing clients as the answers are not observable during a visit to the provider’s facility.

Table 3 provides an example of this process and output for a few measures categorized under the topics “client choice and preference” and “client community and social engagement”. The first column in Table 3 provides the measure title and the measure source in parentheses. The second column is a common subtopic evaluated within the measures in the table. The third column includes a set of questions that a client or family member could answer by observing the service provider. The fourth column presents a set of questions that the client or family member would likely need to ask someone. The information in parentheses in the third and fourth columns lists the answer options.

**Table 3. Example of process used to develop questions for FDDC’s self-evaluation instrument**

Existing measure (measure source)	Subtopic topic	Observation questions	Direct questions
My social life: Choice and Self-Direction- I am part of and participate in my community (Qlarant MyLife Survey)	Personal choice in types and amount of community activity	• Are the clients on the service provider’s building or premises? (Yes/No)	• How frequently do clients get to go out into the community? (A lot, a little, none)
The provider documents ongoing efforts to assist the person in increasing community participation and involvement based on his/her interests (Qlarant provider discovery review)		• Are the clients out in the community? (Yes/No)	• What types of activities do they do outside of the organization’s physical space? (Open-ended)
Supporting well-being: The extent to which staff practices are directed towards enhancing the well-being of each resident (Group Home Culture Survey)		• Are the clients all doing the same activity? (Yes/No)	• How do clients get to choose their activities? (Open-ended)
Planning your time and activities (Consumer Assessment of Healthcare Providers and Systems Home and Community Based Services Survey)		• Do the clients look to be engaged in the activity? (Scale 1-10)	• What choices do clients have in their daily schedule? (Open-ended)

### Methods: Existing self-assessment instrument search

The project team sought to identify up to three instruments similar to the future FDDC self-evaluation instrument. The project team searched for instruments that (1) were developed for use by prospective clients and family members, (2) evaluate service quality, and (3) focus on providers of residential programs, adult day training, and supported employment. We conducted a targeted search of nine



organizational websites listed below to identify materials that met our inclusion criteria. We also conducted a Google search using the five search terms bulleted below.

### Organization websites

- Administration for Community Living
- American Association on Intellectual and Developmental Disabilities
- Institute on Community Integration
- The Arc
- The Council on Quality and Leadership
- The National Association of State Directors of Developmental Disabilities Services
- National Association of Councils on Developmental Disabilities
- National Center on Advancing Person-Centered Practices and Systems
- Rehabilitation Services Administration

### Google search terms

- “I/DD self-assessment service quality”
- “I/DD participant survey service quality”
- “Picking an I/DD service provider checklist”
- “I/DD provider selection checklist”
- “Client checklist selecting an I/DD provider”

## Methods: Performance assessment

We documented data for the 17 National Core Indicator<sup>®</sup>–Intellectual and Development Disabilities (NCI-IDD<sup>®</sup>) In-Person Survey (IPS) indicators listed in Table 4, as approved by FDDC. NCI-IDD<sup>®</sup> is a voluntary collaboration of state agencies and related organizations to collect, maintain, and use valid and reliable data about the performance of public I/DD systems and the outcomes experienced by participants in the systems to support improvements within these systems. The in-person survey is conducted either in-person or through a secure video meeting with individuals 18 years of age or older, who receive at least one paid service from the state. We documented data from all of Florida’s publicly available reports posted to the NCI-IDD<sup>®</sup> site, which is 6 years of data covering periods beginning from 2014-2015 and up to 2020-2021. There was no 2019-2020 report for Florida as survey collection was stopped in March 2020 due to COVID-19 and, as such, NCI made posting the 2019–2020 report optional. We also documented national data for these measures which were included in Florida’s reports. Additional details regarding the years for which each measure is available, measure description changes, and risk adjustment is included in Appendices B and C.

We focused on measures that (a) had data available for Florida, (b) captured the prioritized topics, and (c) included one relevant satisfaction measure per service provider type, shown in Table 4. The resulting 17 measures address 9 of the 13 priority topics, and ten have been endorsed by the National Quality Forum (NQF), which is an organization that specializes in evaluating the quality of measures. Three of the NQF endorsed measures include multiple questions from the NCI-IDD<sup>®</sup> survey but are not currently part of the

NCI-IDD® reports. Therefore, for these three measures, instead of reporting the endorsed measure, we reported the results for the survey questions included in the endorsed measure.

**Table 4. Measures included in data documentation activity**

Measure title	Prioritized topic
Access: Staff have right training to meet person's needs	Staff are well trained
Service Coordination: Knows who to ask if s/he wants to change something about services	Care coordination; Family, client, and service provider communication
Service Coordination: Staff come and leave when they are supposed to	Staff consistency
Chose Staff: The proportion of people who reported they chose or were aware they could request to change their staff <sup>1</sup>	Client choice and preferences; Client awareness of services
Respect for Personal Space Scale: The proportion of people who report that their personal space is respected in the home (Other people let respondents know before they come into their home; Other people let respondents know before coming into their bedroom; Respondent has a place to be alone in their home) <sup>1,2</sup>	Client feels respected
Can Stay Home When Others Leave: The proportion of people who live with others who report they can stay home if they choose when others in their house/home go somewhere <sup>1</sup>	Client choice and preferences; Client independence
Life Decisions Scale: The proportion of people who report making choices (independently or with help) in life decisions <sup>1</sup>	Client choice and preferences
Lifelong Learning: The proportion of people who report they get help to learn new things <sup>1</sup>	Client community and social engagement
Transportation Availability Scale: The proportion of people who report adequate transportation (Person has a way to get places they need to go (e.g. work, appointments, etc.); Person is able to get places when they want to do something outside their home, e.g., going out to see friends, for entertainment, or to do something fun) <sup>1,2</sup>	Client community and social engagement
Community Inclusion Scale: The proportion of people who engage in activities outside the home <sup>1</sup>	Client community and social engagement
Has Friends: The proportion of people who reported that they have friends who are not staff or family members <sup>1</sup>	Client community and social engagement
Social Connectedness: The proportion of people who reported that they do not feel lonely often <sup>1</sup>	Client community and social engagement
Satisfaction with Community Inclusion Scale: The proportion of people who report satisfaction with the level of participation in community inclusion activities (Person is satisfied with how often they went on shopping in the past month; Person is satisfied with how often they went out for entertainment in the past month; Person is satisfied with how often they went to a restaurant or coffee shop in the past month; Person is satisfied with how often they went to a religious service or spiritual practice in the past month; Person is satisfied with the level of community group participation) <sup>1,2</sup>	Client community and social engagement; Client choice and preferences;
Satisfaction: Services and supports help a person live a good life	Service satisfaction
Satisfaction: Likes home or where lives	Service satisfaction; Client choice and preferences
Satisfaction: Likes paid community job (among those reported to have a paid community job from administrative records)	Service satisfaction; Client choice and preferences, Client community and social engagement

Measure title	Prioritized topic
Satisfaction: Attends a day program or workshop and wants to go more, less, or the same amount of time	Service satisfaction; Client community and social engagement; Client choice and preferences

<sup>1</sup> These measures are endorsed by NQF.

<sup>2</sup> These measures include multiple questions from the NCI-IDD® survey and are not currently part of the NCI-IDD® reports. Therefore, instead of reporting the endorsed measure, we reported the results for the survey questions included in the measure.

## IV. Results

### Results: Existing measure scan

The team’s review of the nine measure sources identified 271 existing measures relevant to the 13 prioritized topics, which are documented in Appendix D. During our review of these measure sources, we found ten measures that evaluate service satisfaction overall. While these ten measures were not specifically related to the 13 domains, we felt these satisfaction measures could provide useful information to our work and thus we included them in our results. We identified at least two existing measures for each topic area. We found the most measures for the topic client community and social engagement (85 measures), followed by client choice and preference (76 measures).

Additionally, we identified 18 relevant measures that have received the NQF endorsement (Table 5). To obtain NQF endorsement, a measure must meet minimum quality thresholds on a set of five evaluation criteria: (1) importance to measure, (2) feasibility to collect the data required to calculate the measure, (3) validity (accuracy) and (4) reliability (consistency) of the measure’s score, and (5) the usability of the measure. However, not all of these measures have been endorsed for reporting at the service provider level. For example, the NCI® measures have been endorsed for regional and state reporting.

**Table 5. NQF endorsed measures identified in final environmental scan**

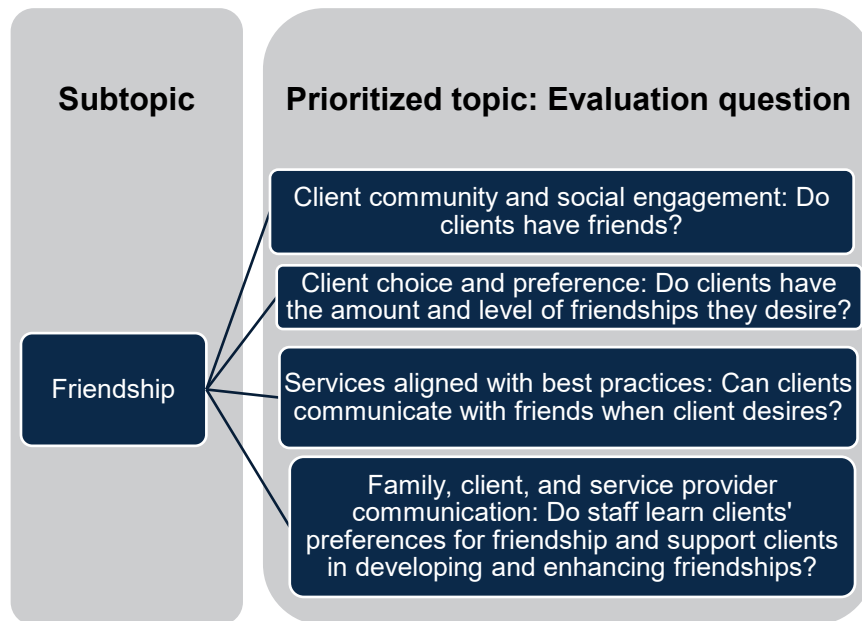
NQF measures	Reporting level	Topics
10 measures from the National Core Indicator® survey	State and regional	Client community and social engagement Client feels respected Client choice and preference Client independence Client awareness of services
6 measures from the HCBS CAHPS® survey	State Medicaid HCBS program	Family, client, and service provider communication Staff consistency Staff are well trained Client community and social engagement Client feels respected Client choice and preference Client independence
1 measure from the service provider information	Facility, Clinician: Group/Practice	Staff consistency
1 measure from a survey RAND developed	Facility, Health plan, Integrated Delivery System	Services aligned with best practices

### Results: Creating draft instrument questions

We reviewed all 271 measures and captured subtopics that could be assessed by observation or direct questions to the service providers or current clients. From these measures, we identified 48 subtopics and created 0 to 4 observation questions per subtopic and 1 and 17 direct questions per subtopic, all of which appear in Appendix E. The result is a total of 49 observation questions and 189 direct questions. As the numbers illustrate, we found it easier to create direct questions rather than observation questions to assess the subtopics.

As we identified the subtopics evaluated through the existing measures and began generating associated draft questions, we noticed overlap in the subtopics. Existing measures were evaluating different dimensions of these subtopics, thus assessing several topics prioritized by the workgroup. For example, one subtopic we identified was friendships. As shown in Figure 1, existing measures evaluated this subtopic through different lenses to assess four topics prioritized by the workgroup. To evaluate the topic of client community and social engagement, the existing measures focused on whether clients had friends, including those outside of family and paid staff. To evaluate client choice and preference, existing measures assessed whether clients had the desired amount and level of friendship. To assess if services were aligned with best practices, existing measures evaluated the types of restrictions placed on clients’ communications with friends. To assess family, client, and service provider communication, existing measures evaluated what types of information staff solicited about client preferences for friendships and how staff supported clients in developing, maintaining, and enhancing those friendships.

Figure 1. Example of relationships between subtopics and topics prioritized by the work group



To organize and streamline our questions, we grouped together all questions on a subtopic and developed a summary statement for each subtopic that explains the aspects of the subtopic that our questions are designed to evaluate. To continue with the friendship example, we developed the following summary statement for this subtopic:

- Friendships. Clients have friends, including those outside of family and staff, if clients desire. Clients can see and communicate with friends as clients desired. Staff learn about clients' preferences regarding friendship and support clients in making and maintaining friendships, as desired by the clients.

For the friendship subtopic, we developed one observation question and nine direct questions to support clients' and family members' evaluation of this subtopic and the associated topics prioritized by the workgroup (for example, client choice and preference). We developed some of the questions to be relevant to all three services planned for evaluation through the FDDC self-evaluation instrument (residential programs, adult-day training, and supported employment); others are relevant to a subset of the services. Appendix E notes the relevant service types at the start of each question.

### Results: Existing self-assessment instrument search

Our review for existing self-assessment instruments identified three instruments. The first instrument is the set of case management competency tools Mathematica developed for FDDC under the Best Practices in Case Management project. The tool package includes a case management competency matrix that clearly defines case managers' core competencies and describes three levels of performance for each competency standard (Figure 2). The tool package also includes four survey tools that different user types, including case management supervisors, case managers, family members, and clients, can use to assess a case manager's performance.

Figure 2. Example of competency matrix in the Best Practices in Case Management’s tool package

Table III.1. Case Management Competency Matrix

Competency		Level 1	Level 2	Level 3
		DOES NOT MEET THE COMPETENCY STANDARD	MEETS THE COMPETENCY STANDARD	EXCEEDS THE COMPETENCY STANDARD
1. COMMUNICATION AND MEETING FACILITATION	1a. Communicates clearly	Individuals and caregivers have <b>difficulty understanding</b> the information presented by the case manager.  - Case manager uses technical terms and acronyms that are difficult for individuals and caregivers to understand. - Case manager does not make efforts to involve translation services for people who need them.	Individuals and caregivers <b>generally understand the options, ideas, and plans</b> presented by the case manager.  - Case manager speaks to individuals and caregivers using language that they generally understand, though caregivers/individuals may need to ask some follow-up clarifying questions. - Case manager offers interpretation services or tools so individuals and caregivers can understand the information shared.	Individuals and caregivers <b>clearly understand the options, ideas, and plans</b> presented by the case manager.  - Case manager uses language easily understood by individuals and their caregivers. - Case manager communicates options, ideas, and plans in ways that individuals and caregivers can clearly/always understand. - Case manager incorporates handouts, written notes, or other visuals to improve comprehension. - Case manager recognizes need for interpretation services or tools and proactively prepares service/tools before meeting.
	1b. Clarifies roles and responsibilities	Individuals and caregivers <b>are unclear</b> about the case manager’s roles and responsibilities.  - Case manager has not clearly explained their role or responsibilities to program participants and their caregivers. - Case manager is unclear about their responsibilities in relation to the rest of the support team, and they may attempt tasks outside of their expertise or professional scope.	Individuals and caregivers understand the case manager’s <b>role on the support team</b> . They know what tasks they can expect the case manager to perform.  - Case manager communicates their role and responsibilities to program participants and their caregivers. - Case manager articulates when they do not have expertise to help with a question or concern and identifies others who can help individuals and their caregivers when a request falls outside of their expertise.	Individuals and caregivers understand the case manager’s <b>role on the support team</b> . They know what tasks they can expect the case manager to perform. When they don’t know who can help them with something, they feel confident their case manager can help or link them to the right person.  - Case manager clearly communicates their role and responsibilities to program participants and their caregivers. - Case manager articulates when they don’t have expertise to help with a question or concern and facilitates access to others to ensure question or concern is addressed.
	1c. Plans	Individuals and caregivers are <b>unclear about</b>	Individuals and caregivers	Individuals and caregivers <b>understand the purpose</b>

Source: DRAFT: Competency Tools for Case Management Professionals Supporting People with Intellectual and Developmental Disabilities developed by Mathematica and submitted to FDDC on April 14, 2023.

The second instrument is a provider selection guide developed by [New Mexico’s Developmental Disabilities Support Division \(DDSD\)](#). The DDSD guide is a website that offers information relevant to clients and individuals searching for new service providers. The website includes a list of providers in the user’s region, a link to a 336-page document that outlines expectations of service providers, and a link to a document that offers interview questions individuals can ask service providers. The linked questionnaire provides questions but does not offer information on expected responses of high-quality service providers.

The third instrument is a [checklist created by Informing Families](#), a resource provided by the Washington State Developmental Disabilities Council. This instrument is designed for adults with developmental disabilities who are selecting a residential care provider. It is a checklist of questions to support residential program selection. It includes questions on the following topics: agency information, support services, community activities, and choice, staff training, and the home environment. Similar to the New Mexico questionnaire, it does not offer information on expected responses of high-quality service providers.

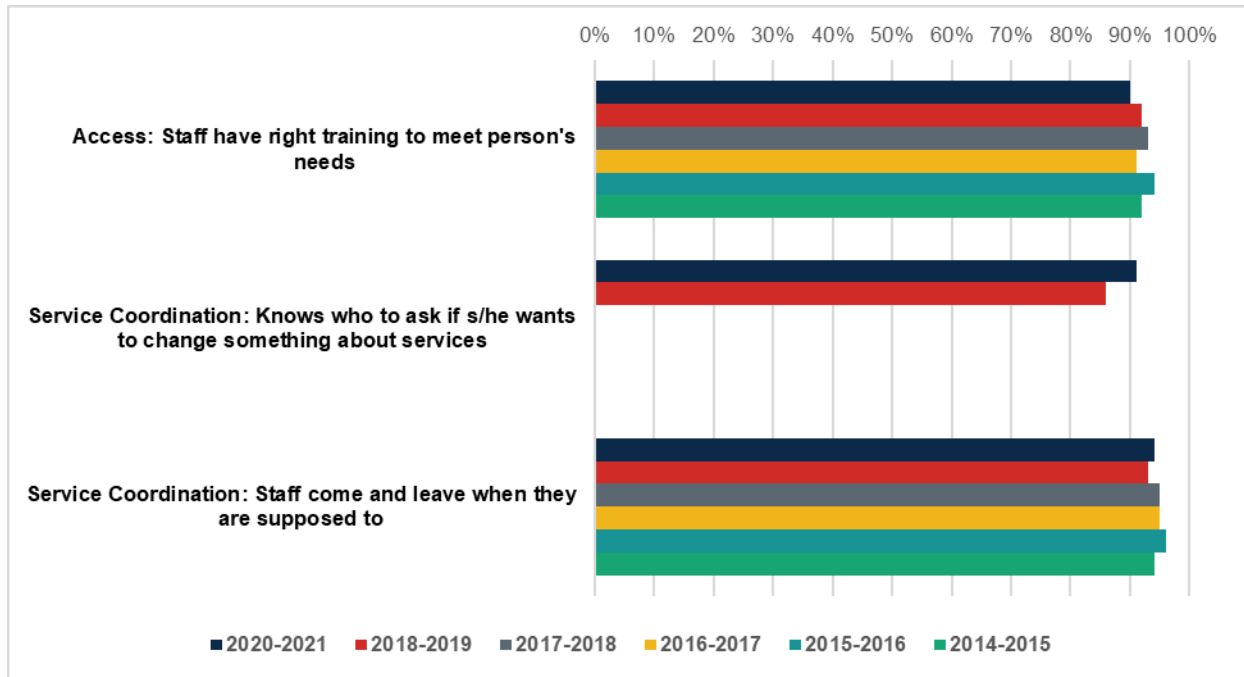
### Results: Performance assessment

Most of the NCI-IDD data that we collated indicated that survey respondents experienced positive outcomes and felt good about their services. While most measure results were above 80 percent, there were a few notable exceptions, particularly among the client community and social engagement measures. (The full dataset for Florida data can be found in Appendix B and national results can be found in Appendix C.)

The three measures related to service provider characteristics all had results over 80 percent, with most over 90 percent (Figure 3). Survey respondents reported that they know who to ask if they want to change

something about their services and that staff are well trained and come and leave when they are supposed to.

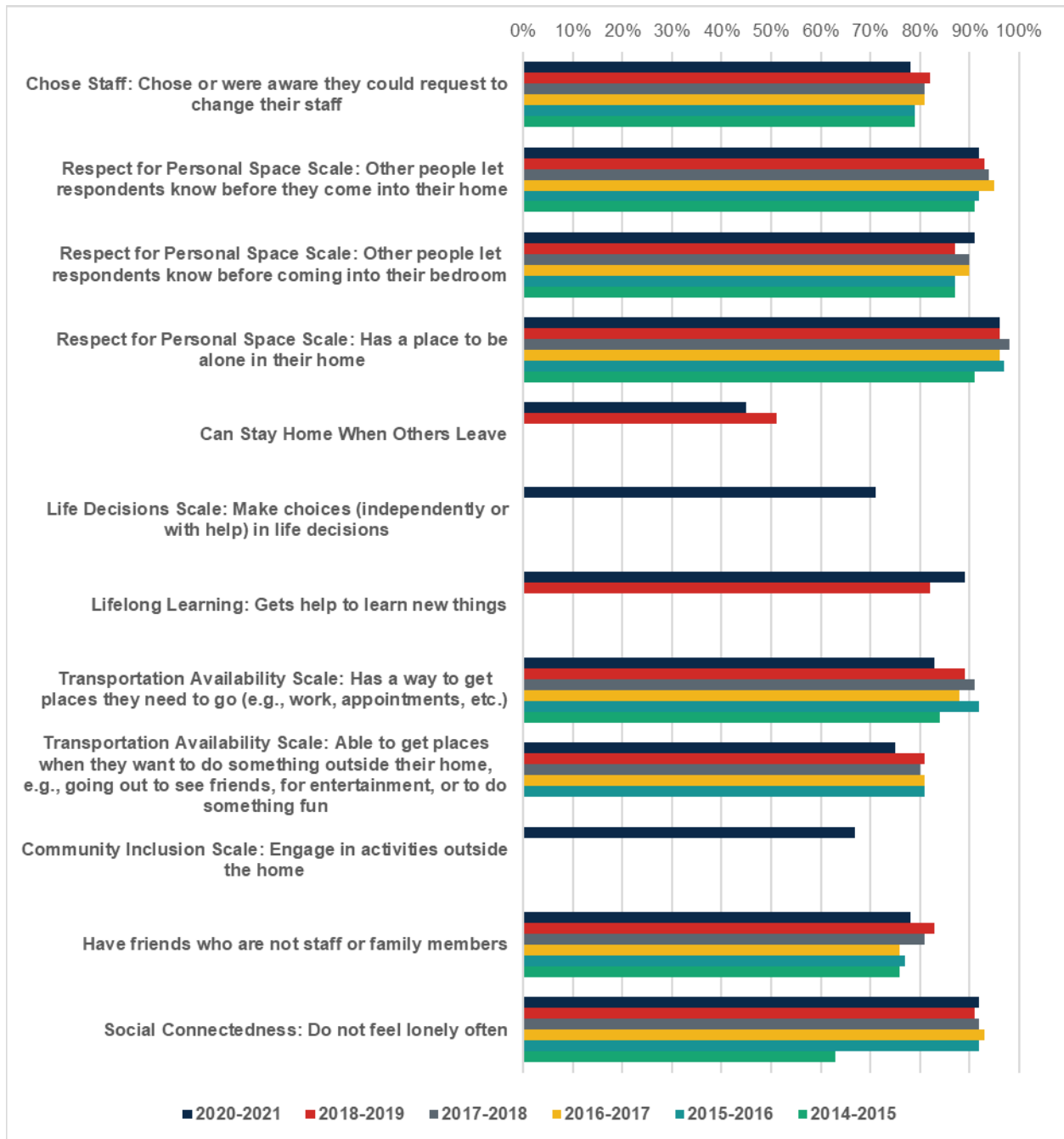
**Figure 3. Service provider characteristics measure results**



Source: Data from annual NCI-IDD® Florida In-Person and Adult Consumer Survey Reports from 2014–2019 and 2020–2021.

Survey responses were also generally positive for client outcomes (Figure 4), with most results around 80 to 90 percent. The three results that were below 75 percent included the respondent can stay at home when others leave, life decision scale, and community inclusion scale, which were 45, 71, and 67 percent respectively, during the 2020–2021 measurement period. These results are similar to or higher than the national results for these measures, which were 42, 64, and 59 respectively (data not shown in graphic). These results indicate that there are areas within client independence, client choice and preferences, and client community and social engagement where there may be room for improvement both nationally and in Florida.

Figure 4. Client outcome measure results

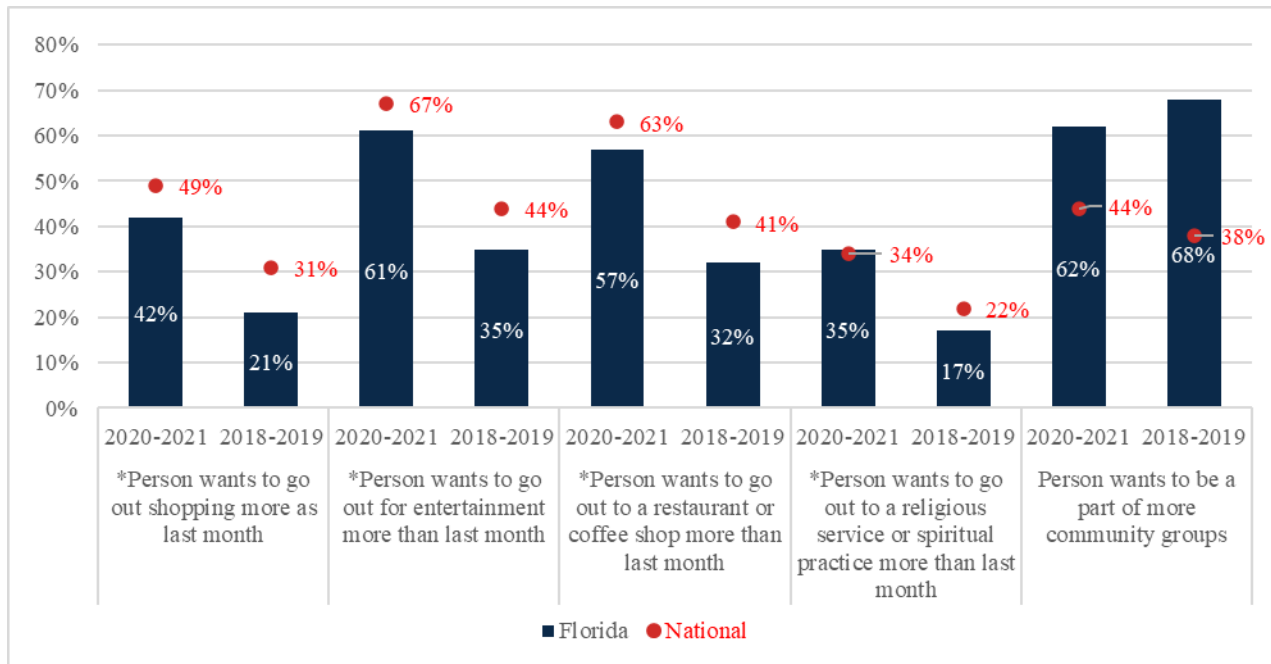


Source: Data from annual NCI-IDD® Florida In-Person and Adult Consumer Survey Reports from 2014–2019 and 2020–2021

Clients also report wanting more community and social engagement (Figure 5) nationally and in Florida. The desire for more engagement has increased since the COVID-19 pandemic, which, based on our discussions during the site visit, may be a result of staffing constraints stemming from the pandemic or may indicate that providers should consider winding down community engagement Covid policy restrictions.



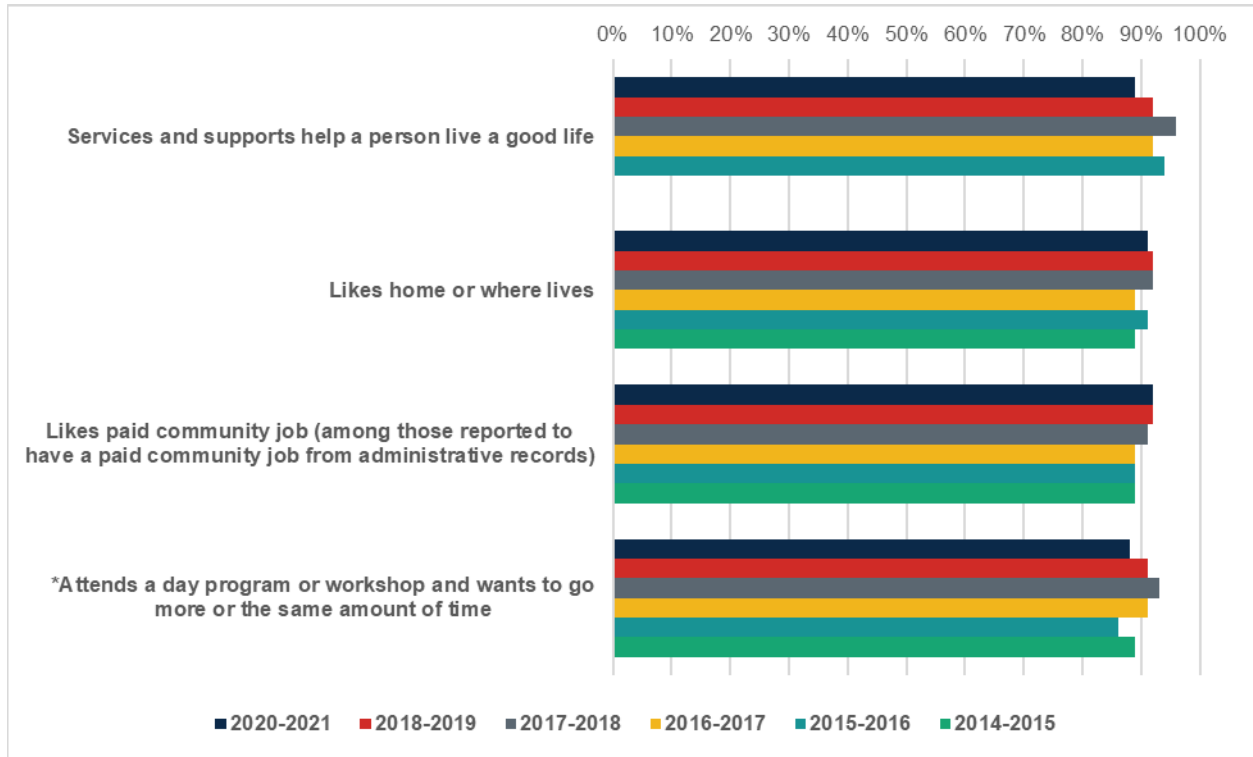
Figure 5. Percent of respondents wanting more community and social engagement activities



Source: Data from annual NCI-IDD® Florida In-Person and Adult Consumer Survey Reports from 2018–2019 and 2020–2021.

Client satisfaction is high for service providers overall and those specifically included within the FDDC self-evaluation instrument (Figure 6). Close to 90 percent of respondents indicated that they felt their services helped them live a good life, that they like where they live, and that they like their job. Additionally, nearly 90 percent of respondents indicated that they wanted to participate in their day program either the same amount as the currently do or they wanted to spend more time there which we assume indicates that they enjoy this service.

**Figure 6. Client satisfaction with service providers**



Source: Data from annual NCI-IDD® Florida In-Person and Adult Consumer Survey Reports from 2014–2019 and 2020–2021. Note: these questions are measures with a multi-choice outcome (e.g., more, less, same). The reported percentages here refer to the percentage of clients who report “want to attend more” or “as much”.

## V. Conclusion and next steps

Through the environmental scan, we generated a list of questions for potential use in the draft FDDC self-evaluation instrument, identified areas where service provider quality in Florida could be improved, and collected three self-evaluation instrument examples. Our next steps are to gather FDDC and the workgroup members’ insights on the following proposals and questions by early June to support our work in drafting the initial FDDC self-evaluation instrument.

### Proposals

- Develop a base instrument that is applicable to all three service types. Save subtopics and questions that are specific to a particular service type for potential supplemental question sets that could be developed in the future.
- Create the base instrument for clients and family members evaluating new service providers. This set of instrument users have a similar set of information available to them compared to service providers and current clients and family members.
- Structure the tool similarly to the Best Practices in Case Management tool. For each subtopic included, the instrument would have a description of three levels of service quality (i.e., high, average, and low) and the instrument would provide probing questions clients and family members could use to support their self-rating of the service provider.

### Questions

- Which subtopics should we prioritize in the draft FDDC self-evaluation instrument? Should we focus on community and social engagement given that the data we reviewed indicated this is an area where there may be a quality gap in Florida?
- Do you expect that prospective clients and family members can collect information needed to answer the questions we drafted? Are there strategies to reduce the bias that could result from relying on information from service providers? Do service providers allow for prospective clients and family members to connect with current clients and family members prior to enrolling in their services?

## **Appendix A.**

### **References shared by FDDC**

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See the associated workbook for Appendix information.

## **Appendix B.**

### **NCI-DD<sup>®</sup> Measure Results for Florida**

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See the associated workbook for Appendix information.

## **Appendix C.**

### **NCI-IDD<sup>®</sup> Measure Results Nationally**

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## **Appendix D.**

### **Existing measures**

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## **Appendix E.**

### **Draft Instrument Questions**



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