Support Coordination Services Performance Report CY 2018

DBHDD

PROFESSIONAL
PREPARED
INSPIRED
ENGAGED INFORMED FLEXIBLE CARING
RESPECTFUL COMPASSIONATE
EXCEPTIONAL PROFESSIONAL ENGAGED
INSPIRED PREPARED ACCOUNTABLE
CONNECTED FLEXIBLE HOPEFUL INFORMED

Georgia Department of
Behavioral Health and Developmental Disabilities

June 2019

Table of Contents

Figures and Tables

Appendix A: Support Coordination Services, Agency Data

Appendix B: Coaching and Referrals, Agency Data

Appendix C: Quality Assurance of Individualized Service Plans, Agency Data

Appendix D: National Core Indicator, Agency Data

D·B·H·D·D

Support Coordination Services Performance Report for Calendar Year 2018

Purpose

The Department of Behavioral Health and Developmental Disabilities (DBHDD) seeks to review performance data regarding support coordination services, which includes two distinct waiver services entitled support coordination (SC) and intensive support coordination (ISC).[1] This is a report of data analysis assessing the performance of support coordinators, their agencies, and Medicaid waiver support coordination service provision.

Scope

The Support Coordination Performance Report includes children and adults with a primary intellectual/developmental disability (IDD) diagnosis who received services funded by either the New Options Waiver (NOW) or Comprehensive Supports Waiver (COMP) during calendar year 2018 (CY18). Data within this report are from January 1, 2018 through December 31, 2018, except for health care level data, which extends back to December 31, 2017.

Performance review of support coordination occurs on an ongoing basis, and performance metrics are examined regularly (e.g., monthly or quarterly). Formal support coordination performance reports are issued annually. This is the first report to include a full calendar year's data, and it will serve as a baseline for subsequent reports. Provider-specific analyses are located in the Appendices.

Utilization of Findings

The observations and findings in this report will be presented to leadership of DBHDD and Division of Developmental Disabilities (DD) for consideration in identifying questions that may need additional analysis, investigation, and interpretation to improve the performance of support coordination services agencies.

The director of the Division of DD is responsible for using the information within this report. DBHDD's organizational alignment provides a platform for clarified roles and responsibilities in addressing support coordination performance issues for the DBHDD IDD population. This includes analysis, implementation of targeted action steps, and determination of the impact of selected initiatives. Both expertise and responsibility exist in other areas within the department to assist the Division of DD to accomplish improvement strategies; the Division of DD has the responsibility to utilize these resources. The Division of DD has at its disposal department resources to accomplish improvement initiatives with the assistance of support functions provided by the Divisions of Accountability and Compliance and Performance Management and Quality Improvement.

Intellectual and Developmental Disability Services

DBHDD is committed to supporting opportunities for individuals with intellectual and developmental disabilities to live in the most integrated and independent settings possible. A developmental disability is a chronic condition that develops before a person reaches age 22 and limits his or her ability to function mentally or

---

[1] The term "support coordination services" will be used when referring to the overall system of support coordination services and supports. Based on Medicaid guidelines and terminology, this report references "SC" and "ISC." SC will be used to reference the less-intensive level of the two service types, and ISC will be used for the more specialized type of service.

physically. DBHDD provides services to people with intellectual and other disabilities, such as cerebral palsy and autism, who require services similar to those needed by people with an intellectual disability. State-supported services help families continue to care for a relative at home or independently in the community when possible. DBHDD also contracts with external providers to provide home settings and care to individuals who do not live with their families.

DBHDD serves as the operating agency for two 1915c Medicaid waiver programs (NOW and COMP). Both waivers provide home and community-based services to individuals who, without these services, would require a level of care comparable to that provided in intermediate care facilities or skilled nursing facilities for people with intellectual and developmental disabilities. A complete description of waiver services can be found at DBHDD's website (www.dbhdd.ga.gov).

DBHDD Sampling Procedure

DBHDD carefully considers information and data to analyze to answer analytical questions. High quality, valid information and data are the basis of useful, practical, and valid research findings and conclusions. Ideally, analysis occurs from data on an entire population, and DBHDD strives to accomplish this when feasible; this produces maximum validity. However, when data on the entire population are not available or feasible, then DBHDD carefully considers how the analytic data sample is built, as the sampling procedure has great impact on the quality, validity, and generalizability of research findings.

DBHDD's sampling procedure proceeds in the following manner:
- First, when available, DBHDD utilizes data on the full population under study (e.g., all individuals who received services within a given period such as calendar or fiscal year).
- Second, if some individuals within the full population have missing data for variables being used for analysis, DBHDD considers widely-accepted procedures to address missing data. For example, individuals with missing data typically are excluded from analysis using listwise deletion,[2] resulting in a subset of the full population. DBHDD may consider other theoretically-sound methods and procedures to understand or address missing data.[3]
- Third, in some cases, DBHDD utilizes some form of random sampling[4] (e.g., a random subset of providers or random subset of all events that occurred). For this approach to be valid, one must be able to define the entire population from which it is being drawn, and each unit (e.g., individual, situation, etc.) must have an equal chance of being included in the sample. This method is unbiased, and the resulting sample is representative of the full population under study.
- Fourth, DBHDD also occasionally makes use of purposive sampling, a non-probability sampling method. This method is typically reserved for specific instances (e.g., identifying when a situation occurred, selecting specific cases, identifying specific errors, etc.). Purposive sampling is a selective, non-probabilistic method, and purposive sampling is not representative of the full population under study; therefore, findings or results based on purposive sampling are not generalizable to the full population, rather only to the cases from which data were sampled.
- Fifth, a goal of inferential statistics is to make inferences about the population based on a sample smaller than the population. DBHDD considers sample sizes carefully and analytically to create empirical samples

---

[2] Listwise deletion is a method for handling missing data, whereby an entire record is excluded from analysis if any single value is missing.

[3] Sensitivity analyses are conducted to evaluate the pattern of missing data, wherein missing data are determined to be either missing completely at random (MCAR) or missing at random (MAR). Data are determined to be MCAR when the probability of missing data on a variable is unrelated to any other measured variable and is unrelated to the variable with missing values itself. Data are determined to be MAR when the missingness can be explained by variables that do not contain missing values. DBHDD may use multiple imputation for data that are MCAR or MAR, which allows missing data to be accounted for in a statistically valid and unbiased way. Multiple imputation assumes that data are from a continuous multivariate distribution and contain missing values that can occur for any of the variables. If these key statistical assumptions are satisfied, then this method can be used for data that are missing completely at random or missing at random.

[4] The leading component of simple random sampling is that every case (e.g., individuals or providers) has the same probability of being selected for inclusion in analysis.

large enough to have sufficient statistical power to detect associations or differences and allow valid inferences to be drawn from and generalized about the population being studied.

Interpreting Statistical Tests

Some of the following sections report statistical analyses. Statistical analyses are useful to identify associations and trends among variables. Statistics commonly refers to "statistical significance." Sometimes associations or patterns occur due to random chance. A statistically significant difference for a result or relationship has a likelihood that it is caused by *something* other than mere random chance. It is a natural tendency to assume when there is a statistically significant difference or association that it *must* result from the *something* other than a random chance and that the difference *must* have a specific cause.

It is important to *exercise caution* when interpreting statistical significance in this manner, as sufficient facts may not necessarily be present to conclude a specific idea of what that *something* is. Statistical significance should be studied further by gathering additional information and by completing a more extensive analysis through additional steps. Also, statistical significance does not equate to *importance* or *meaningful significance*. Meaning and importance of findings can only be determined by more careful examination of additional information.

This report does not make conclusions about any differences or statistically significant findings. As such, the statistical findings will be presented to DBHDD to be considered along with other information for further exploration to understand the causes and implications of the statistical findings. Where there are specific information, findings, observations, cases, and issues that warrant additional investigation, analysis, consideration, and work is underway.

Support Coordination Services

Support coordination services are a set of interrelated activities for identifying, coordinating, and overseeing the delivery of services to enhance the health, safety, and general wellbeing of waiver participants within the context of the person's goals toward maximum independence. Support coordination services cover two distinct waiver services entitled support coordination (SC) and intensive support coordination (ISC).

During CY18, support coordination services were provided by seven agencies tasked with employing a sufficient number of support coordinators to meet the support coordination service needs of individuals receiving IDD waiver services. Support coordinators are responsible for monitoring the implementation of the individualized service plan (ISP), assisting in the coordination of ISP revisions, assisting the individual or representative in locating a service provider, direct observation, review of documents, and follow-up to ensure that service plans have the intended effect. Support coordinators are also responsible for the ongoing evaluation of the satisfaction of individuals and their families with the ISP and delivery of waiver services.

ISC includes all the activities of SC, with additional activities that reflect specialized coordination of waiver and medical and behavioral support services on behalf of individuals with complex medical and behavioral needs.

This report analyzes performance data from the perspective of the entire system of support coordination services ("system level") as well as from support coordination provider agencies ("provider level"). Since this is a "support coordination services" performance report, the content of this report is from the perspective of analyzing and reporting performance findings about the support coordination services "system" and "provider." DBHDD acknowledges that it may be more accurate to indicate that the performance of support coordination services and agencies, as well as the outcomes individuals experience, are dependent upon an entire system of DBHDD programs, administration, and providers of supports and services. For the purposes of this report, however, the findings and analyses are provided from the perspective of support coordination services providers and the system as a whole.

Georgia's Support Coordination Service Agencies

Benchmark
Carestar
Creative Consulting Services (Creative)
Columbus Community Services (Columbus)
Compass Coordination (Compass)
Georgia Support Services (Georgia Support)
Professional Case Management Services of America (PCSA)

Analysis of IDD Waiver Data

The following sections contain analyses on the performance of support coordination services agencies. Outcomes may be evaluated between time periods (bi-annually or quarterly) when appropriate. The purposes of this report are to provide data analysis and to quantify the performance of support coordinators, their agencies, and Medicaid waiver support coordination service provision.

Figure 1: SC and ISC Population, CY18
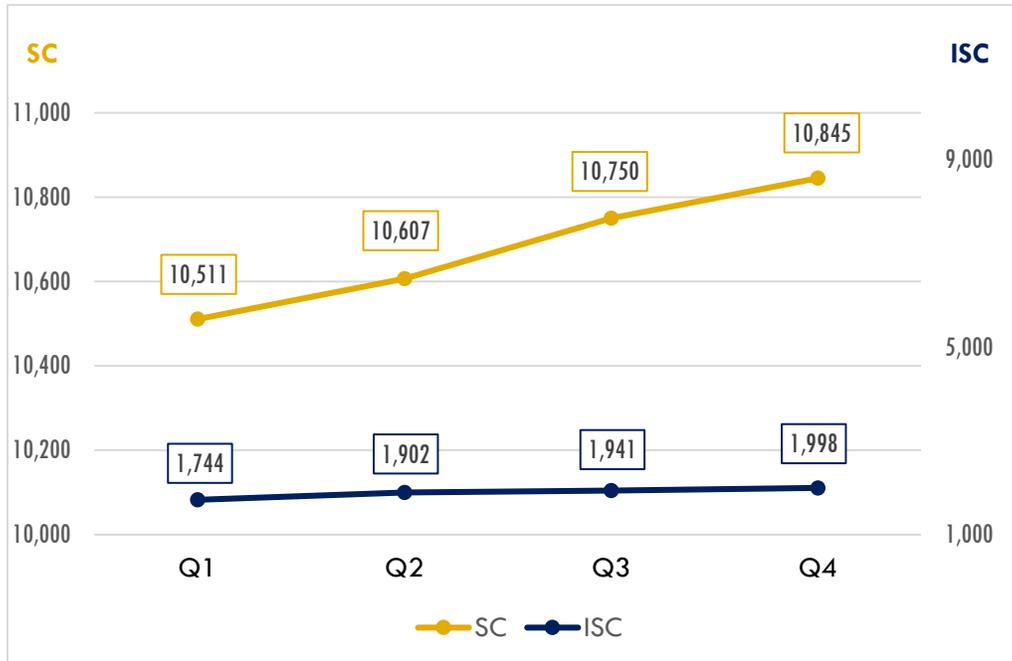
Figure 2: Percent of Individuals Receiving SC or ISC, CY18
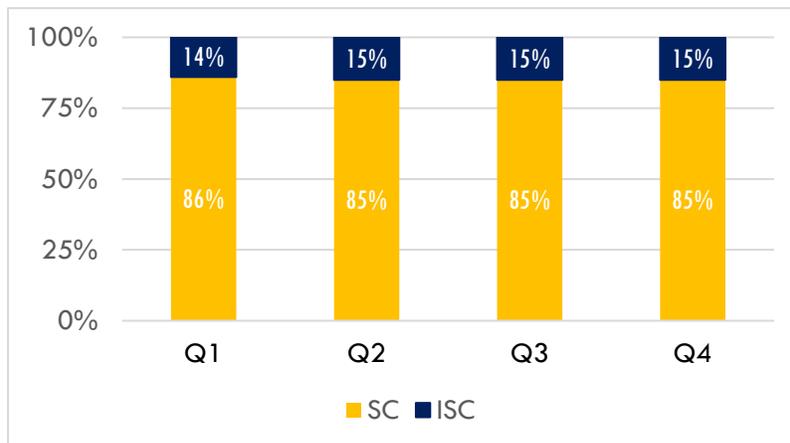
Health Care Level

The Health Care Level (HCL) is a risk level score on a scale of 1 (lowest score) to 6 (highest score) generated by the Health Risk Screening Tool (HRST). The HRST is designed to detect warning signs of health risks and signs of health destabilization. The risk level is directly related to an individual's or their caregiver's responses to a series of questions related to functional status, behavior, physiological condition, safety, and frequency of services.

HCL Score Chart

| 1 | 2 | 3 | 4 | 5 | 6 |

Lower Risk   Higher Risk

The average HCL of all individuals for CY18 is approximately 2. Though a low HCL level indicates a relatively low risk level, it is important to note that most IDD individuals receiving support coordination services have at least one area of elevated risk. The average CY18 HCL for individuals receiving ISC is much higher, between 4 and 5. Increasing health risk levels may indicate a need for additional support and more frequent visits to support the health of individuals.

Caseload Size

This section takes a closer look at how support coordination services agencies are performing with caseload sizes. DBHDD policy regarding the caseload size of SC and ISC support coordinators specifies upper limits for each type of support coordination service.[5] The policy also specifies how caseload ratios may be adjusted to accommodate having both SC and ISC recipients on an individual support coordinator's caseload.

Support Coordinator's Caseload Responsibilities

| 40 SC MAX | 20 ISC MAX |
| Individuals | Individuals |

Mixed Caseload   1 = 1 1 1

IF Mixed Caseload   >10 → 20 MAX

---
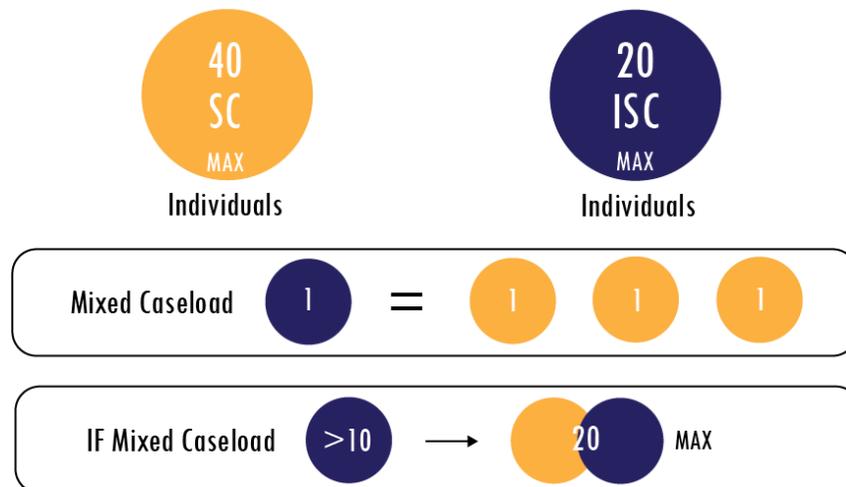
[5] DBHDD policy regarding the caseload size of support coordinators (Support Coordination Caseloads, Participant Admission, and Discharge Standards, 02-432) states that support coordinators providing intensive support coordination must have no more than 20 individuals in their caseload, and those providing standard support coordination must have no more than 40. If a support coordinator has a mixed caseload with both support coordination and intensive support coordination individuals, the 1:3 rule applies, counting each intensive support coordination individual as being equal to three support coordination individuals. If a mixed caseload has more than 10 individuals receiving intensive support coordination, then they may have no more than 20 individuals, and the 1:3 rule no longer applies. The aforementioned policy specifies how caseload ratios may be adjusted to accommodate having support coordination and intensive support coordination recipients on an individual support coordinator's caseload, which has been used for these analyses.

Regional Mapping

Georgia is made up of mostly low-density population areas, which results in extraordinary challenges for support coordinators in achieving caseload size and mix compliance.

Density Color Codes

Low Density ━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━ High Density

Figure 3: SC and ISC Waiver Population, CY18

Total Waiver Population	SC Waiver Population	ISC Waiver Population
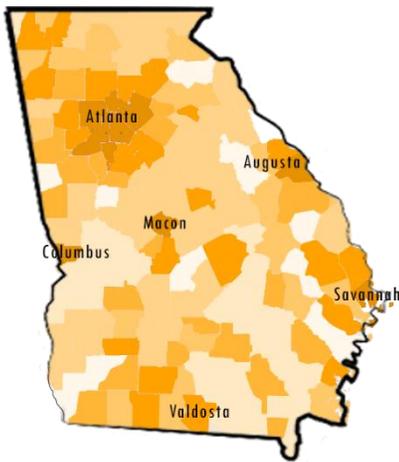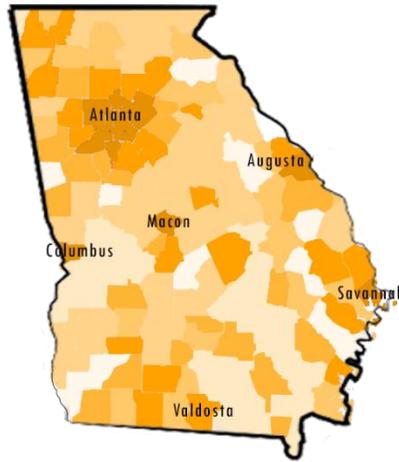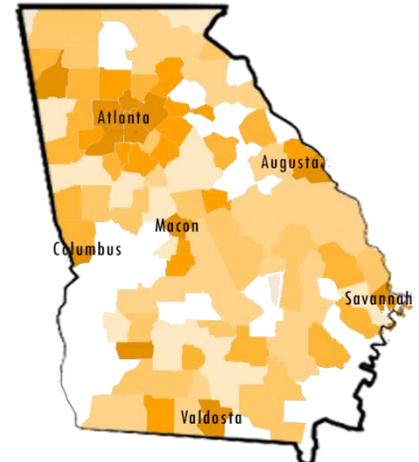
Georgia's IDD population is more concentrated in metropolitan areas such as Atlanta, Savannah, Augusta, and Columbus.

In densely-populated areas, support coordinators can more easily achieve caseload compliance.

Sometimes, ISC individuals reside 100+ square miles in-between metropolitan areas.

Caseload Compliance

It is important to remember the challenges of caseload size compliance given the differences in population density across Georgia. DBHDD's compliance standard is that 86[6] percent of support coordinator caseloads are in compliance. Support coordination services agency caseload compliance for CY18 was on average 89 percent. The vast majority of individuals are seen at the proper frequency according to policy. Additionally, analysis indicate that when not in compliance with caseload size, most support coordinators were out of compliance by a small number of individuals. DBHDD questioned, "Is being out of compliance with caseload size associated with negative outcomes?" Poisson regression analysis indicated caseload non-compliance is not significantly related to increased negative outcomes such as increased hospitalizations and emergency department visits.

It is critical to note the limitations of these findings. Most support coordinators are within caseload size compliance. For the few support coordinators out of compliance, the non-compliance is by only a few individuals. Therefore, these analyses can only be extended or interpreted as being non-compliant by a limited number of individuals on a caseload. It would be reasonable to assume that non-compliance beyond a few individuals could be related to negative outcomes, and that is not the case with the data analysis for DBHDD. Caseload non-compliance is not significantly related to increased negative outcomes such as increased hospitalizations and emergency department visits.

Figure 4: Support Coordination Services Caseload Compliance, CY18
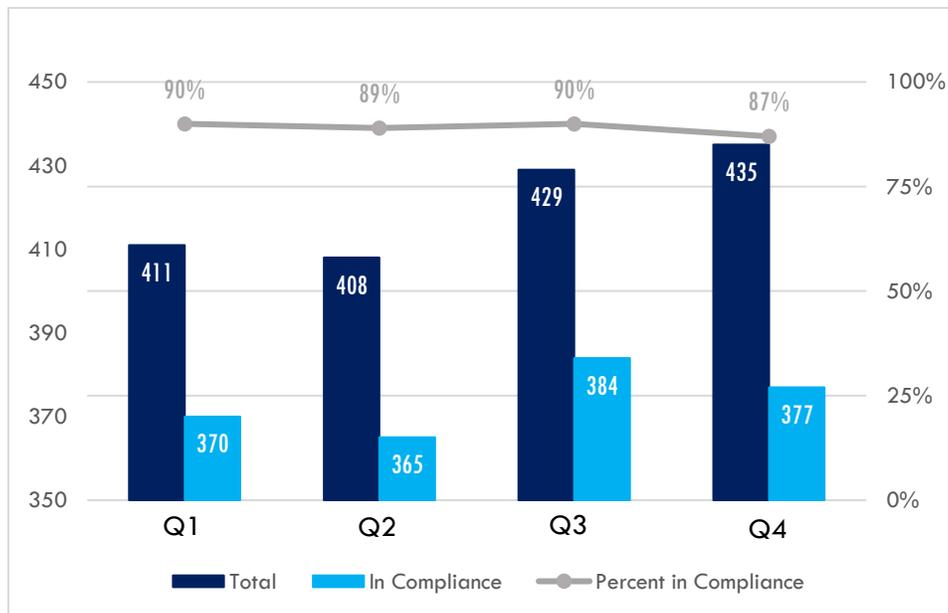
Caseload non-compliance is not significantly related to increased negative outcomes such as the number of increased hospitalizations and emergency department visits.

---

[6] DBHDD set the performance standard at 86 percent. The report was revised on July 24, 2019 changing 90 percent to 86 percent to reflect the correct performance standard.

SC and ISC

Individuals receiving support coordination services are to have a minimum number of face-to-face visits in a specific time period. The yellow lines in Figures 5 and 6 represent the minimum number of face-to-face visits required for individuals by support coordinators. Figure 5 indicates that overall, individuals receiving SC received on average more than the required number of face-to-face visits for each quarter. Figure 6 indicates that overall, individuals receiving ISC received on average more than the required number of face-to-face visits for each month. Therefore, from a compliance perspective, SC and ISC recipients are receiving the required number of visits.

Figure 5: SC Individual Average Visits per Quarter
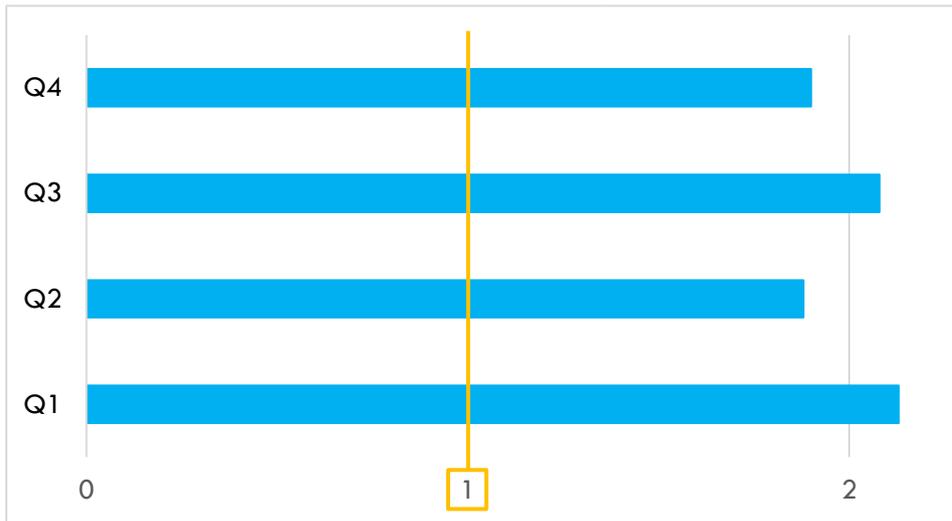
Figure 6: ISC Individual Average Visits per Month
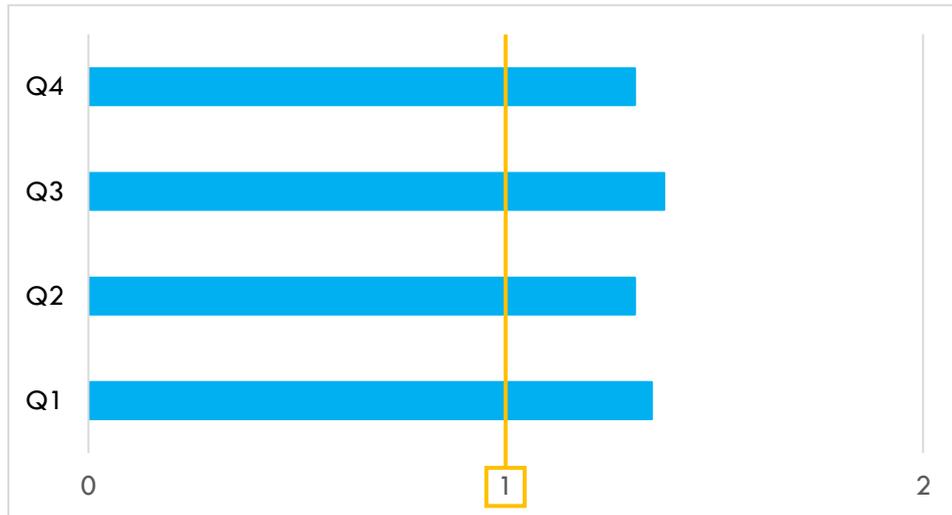
A question to consider beyond compliance is, "Is the number of face-to-face visits associated with individuals' level of need versus compliance with a standard number of face-to-face visits?" The answer is a resounding "yes."

Mortality analyses over the past several years have demonstrated the importance that should be focused on a person's health risk level and age to understand the intensity of services they should receive. In other words, people with higher health care levels or ages should be receiving more frequent visits, while those with lower health care levels or are indicated to have less measured health risk and may need fewer visits (and the same for younger ages).

A Poisson regression model was generated to show that age and HCL are associated with the number of face-to-face visits received by individuals enrolled in support coordination and intensive support coordination.[7]

Poisson distribution modeling indicated that the number of face-to-face visits increased with increasing need, which indicates a level of performance and quality beyond compliance standards. These are very positive findings that have been evidenced across all support coordination performance reports: as age and health risk levels increased, the number of face-to-face visits also generally increased.

Using the results from the abovementioned statistical model, the number of SC or ISC visits each person would be "expected" to have based on her or his risk level and age was calculated and compared with the actual number of visits she or he received. Table 1 shows, on average, support coordination agencies are delivering support coordination services as expected—the expected number needed based on need (age and HCL). On average, the support coordination agencies are within one visit of what would be expected when you take into consideration a person's age and HCL (after adjusting for what type of support coordination services the person received).

Recall that previous analytical findings in this report demonstrating that support coordination service providers exceed the required number of face-to-face visits; therefore, the negative difference listed in Table 1 do not indicate too few visits. These analyses demonstrate, moreover, as the level of health risk and age increase the number of face-to-face visits also increase, oftentimes in excess of what is required.

Table 1: Agency Face-to-Face Visits, Mean Difference Between Expected and Observed, CY18

Agency	Difference
Benchmark	-0.69
CareStar	-0.04
Columbus	0.20
Compass	-0.44
Creative	0.01
Georgia Support	-0.07
PCSA	-0.16

Support coordination agencies have positive performance not only for delivering the expected number of face-to-face visits but also for visiting individuals more frequently as their health risk and age increases.

---

[7] These analyses are available upon request.

Individual Quality Outcome Measures Review

The individual quality outcome measures review (IQOMR) is the services and support evaluation tool used for support coordination services. The IQOMR is divided into seven focus areas: Appearance and Health, Behavioral and Emotional, Environment, Financial, Home and Community Opportunities, Satisfaction, and Supports and Services. Each focus area contains one or more questions that guide the support coordinator to do the following:

- Observe and interact with the participant as it relates to the elements of the item reviewed;
- Observe the setting for evidence pertaining to the item reviewed;
- Review any pertinent documentation relating to the item reviewed;
- Engage in discussion with staff members or natural supports who may have information on the item reviewed; and
- Observe staffs' or natural supports' interaction with the individual as it relates to the item reviewed.

Based on the support coordinator's completion of the above steps, each focus area question is evaluated based on the following standards:

- Acceptable standards are reached when elements of the focus area question have been fully evaluated by the support coordinator, and there are no concerns to report. All elements of the focus area question have been met satisfactorily and services/supports are being provided in an adequate manner; or
- Coaching is required when a concern, issue, or deficit is discovered in an element of a focus area question, and, in the support coordinator's professional judgment, he/she determines that the concern/issue/deficit can be resolved in collaboration with the staff members or natural supports without intervention by the field office or clinical staff; or
- Referrals are made to DBHDD or clinical staff to address serious concerns or untimely responses to coaching in the areas of the IQOMR.

IQOMR Positive Answers and Coaching and Referral Outcomes

In this section, DBHDD analyzed IQOMR response data and activity related to coaching and referrals. In CY18, support coordination services recipients sustained at least 90 percent positive outcomes in five of six of the IQOMR focus areas across CY18. The Behavioral and Emotional focus area was the only area that fell below the threshold of 90 percent for both the first and second halves of CY18.

Figure 7 compares the IQOMR positive answer rates for the first half (1H) and second half (2H) of CY18. The grey line indicates 90 percent positive response for support coordination services, and it indicates sustained positive outcomes in five of six areas for CY18. (The IQOMR Financial is not scored for positive compliance.)

Figure 7: Support Coordination Services IQOMR Positive Answers, CY18
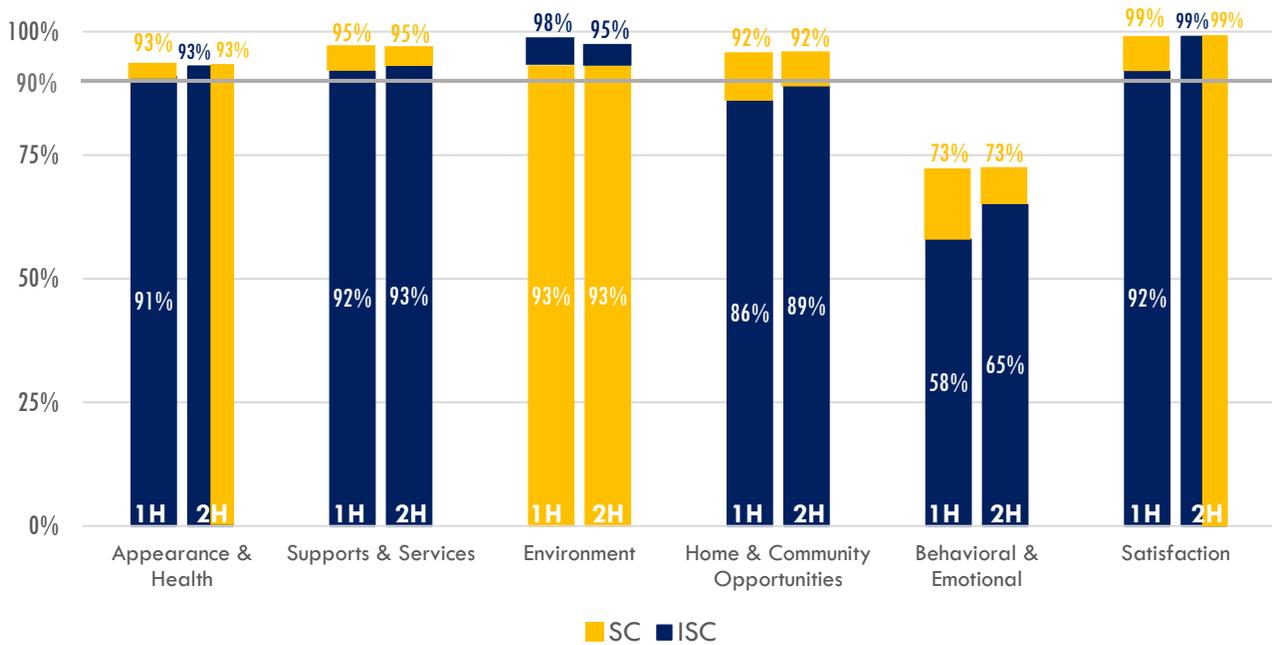
Coaching and Referral Activities

Previous analyses indicated that the vast majority of individuals are receiving the required number of face-to-face visits, and the face-to-face visits are based on increasing risk posed by increasing age and increasing health risk levels. These findings underline the support coordinators' workload in delivering at least the required number of visits, tailored to increasing risk. Beyond the number of visits individuals receive, another way of understanding better the productivity and workload performance of support coordination agencies is to examine a key component of support coordinator value that they deliver: coaching and referrals.

According to DBHDD policy, support coordinators can report and record concerns within the IQOMR using coaching and referrals.[8] Analyzing coaching and referrals provides a better understanding of activities support coordinators deliver to individuals to effect positive outcomes for individuals.

Coaching

Required when a concern/issue/deficit is discovered in an element of a focus area question, and, in the support coordinator's professional judgment, (s)he determines that the concern/issue/deficit can be resolved in collaboration with the staff members or natural supports without intervention by the field office or clinical staff.

Referrals

Required for more serious risks than those addressed by coaching. Referrals are made to DBHDD or clinical staff to address serious concerns in the areas of the IQOMR. Referrals can also be used to escalate the urgency of a coaching due to slow response or worsening circumstances.

Table 2 highlights the amount of effort and productivity of support coordinators in working with providers to assist individuals. When taken together, support coordination agencies provided 17,095 coaching sessions aimed at addressing issues to provide improved outcomes for individuals from January through December 2018. Support coordinators also provided 5,264 referrals in response to individuals' needs in order to facilitate positive outcomes. To understand more fully the tremendous efforts beyond achieving face-to-face requirements, consider that combined, support coordinators initiated and followed up on 22,359 coachings and referrals to improve the services, supports, and outcomes of individuals they serve. See Appendix B for the coaching and referral activity of each support coordination services agency.

Table 2: Coaching and Referral Activities by IQOMR Area, CY18

Coaching and Referrals Activity Ordered by Volume	Number of Coachings	Number of Referrals	Number of Referrals Open Beyond Intended Close Date	Percent of Referrals Open Beyond Intended Close Date
Appearance and Health	9,326	3,512	476	14%
Supports and Services	3,596	752	108	14%
Environment	1,475	366	50	14%
Home and Community Opportunities	1,023	162	27	17%
Financial	665	141	27	19%
Behavioral and Emotional	830	307	53	17%
Satisfaction	180	24	1	4%
Total	17,095	5,264	742	14%

---

[8] DBHDD Policy: Outcome Evaluation "Recognize, Refer, and Act" Model, 02-435

Support coordinators initiated and followed up on 22,359 coachings and referrals to improve the services, supports, and outcomes of individuals they serve.

T-test analyses indicated that there is no significant difference in the number of coachings between the first and second halves of CY18. between the first and second half of CY18. The number of referrals opened remained consistent throughout the year. Additionally, the number of referrals open beyond their intended close date showed no significant decrease between the first and second halves of the year.

Recall that the IQOMR data remained above 90 percent for five of six focus areas, indicating the significant decrease in number of coachings, steady number of referrals, and significant decrease in referrals open beyond the expected close date are associated with positive outcomes. Therefore, the reduction in coaching can be seen as a positive indicator that individuals, their families, and providers are benefitting from support coordination services. Also, when an issue must be raised to a higher level of urgency, those issues are being addressed in a timely and efficient manner. Figure 8 provides the data related to the above findings.

Figure 8: Support Coordination Services, Coaching and Referrals, CY18
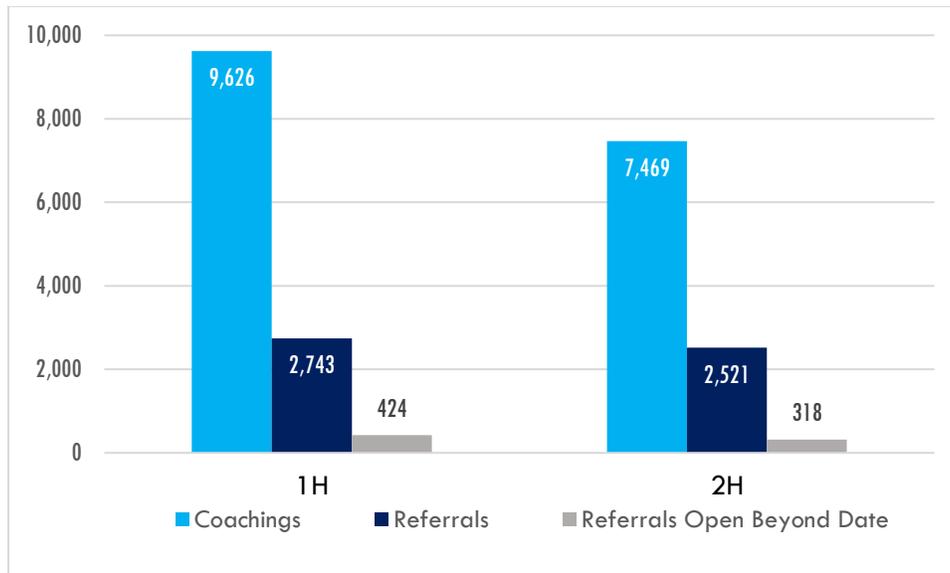
Other Outcomes

DBHDD also investigated other areas to determine how support coordination activities, as well as the combination of other services and supports, produced other results.

HCL Scores

Though measured health risk level is not a direct measure of outcomes, the analyses below reports on changes over time. Below, Figures 9 and 10 indicate that the average HCL has increased over time for those receiving support coordination services. Though small, increases were found to be statistically significant for both SC and ISC. These findings substantiate previously-completed analyses that showed the IDD population health risk is increasing.

Though it may seem that health risk should decrease over time with more intensive support coordination services, one must keep in mind that there is a difference between "health risk" and "health status." The HCL is a measure of risk; when one becomes at risk for adverse health, the risk tends to persist, especially in this population. Health status (e.g., symptoms, functioning, physiological outcomes, diagnosis, etc.) are more likely to vary over time, and DBHDD continues to investigate opportunities to identify and operationally define population-level health status indicators for analysis. Health risk is a critical factor for managing service provision to these populations, and health risk will remain prominent in DBHDD analyses and planning.

Figure 9: SC HCL Scores, CY17 to CY18

SC HCL Scores

1.98
CY18

↑

1.67
CY17
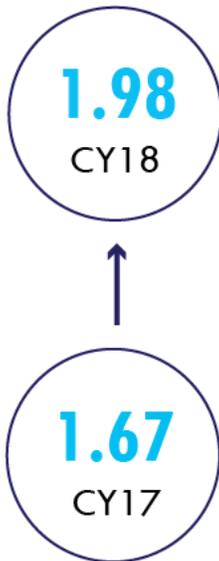
Change is statistically significant

Figure 10: ISC HCL Scores, CY17 to CY18

ISC HCL Scores

4.80
CY18

↑

4.72
CY17
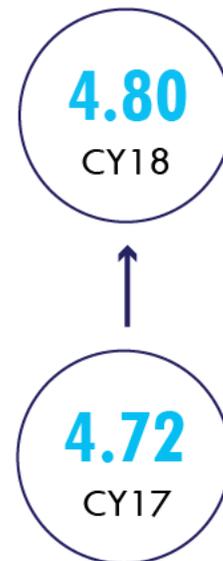
Change is statistically significant

Individualized Service Plan Quality Assurance

DBHDD is committed to providing high-quality care to individuals receiving IDD services. Support coordinators are responsible for the development of individualized service plans (ISP) as described in policy.[9] An approved ISP authorizes the provision of safe, secure, and dependable support and assistance in areas that are necessary for the individual to achieve full social inclusion, independence, and personal and economic well-being. This plan is developed based on assessed needs identified through the HRST, Supports Intensity Scale, clinical assessments, and additional documentation as needed. It identifies the individual's personally defined outcomes and planning goals and describes the services and supports needed to assist the individual in attaining those outcomes and goals.

Support coordinators are responsible for the development of individualized service plans with input from the individual and the individual's support team, monitoring of the implementation of the plans, recognizing the individual's needs and risks (if any), promoting community integration, and responding by referring, directly linking, or advocating for resources to assist the individual in gaining access to needed services and supports.

The Georgia Collaborative Administrative Service Organization (ASO), as part of the DBHDD quality management system, carries out specific quality review processes. The quality review processes for IDD services determine whether the current service delivery systems are promoting positive outcomes and independence through person-centered practices.

The individualized service plan quality assurance (ISP QA) checklist was developed by the Division of DD to assess the support plan. The ISP QA checklist helps to determine an overall rating of the ISP, monitor certain specific requirements, and determine the extent to which the ISP addresses different aspects of the person's life. ASO reviewers complete the ISP QA checklist as part of their quality review process.

ISP Quality Expectations

The ASO collects information from a stratified, randomly-selected sample of individuals across the DBHDD delivery system to be representative of the population served by DBHDD. Data presented in this section are indicators from the ISP QA checklist that were selected as approximate indicators of support coordination quality for creating ISPs. The current tool does not allow for delineation between support coordination and intensive support coordination. Due to the current ISP QA checklist being implemented January 1, 2018, only 35 of the new ISP QA checklists, however, were completed using the new ISP QA checklist during the first quarter of 2018; therefore, the analyses presented here are limited to quarters with sufficient sample sizes necessary for valid analyses (April through December 2018).

ISPs created by support coordinators met or exceeded quality expectations 91 percent of the time.

Figure 11 shows the averages for all ISP QA scales for the last three quarters of CY18. Support coordinators met or exceeded 85 percent on six of the seven ISP QA quality expectation indicators. The state average in Figure 11 indicates support coordinators met or exceeded overall quality expectations 91 percent of the time. Individual agency ISP QA scales are reported in Appendix C.

---

[9] DBHDD Policy: The Service Planning Process and Individual Service Plan Development, 02-438

(N = 386)

Category	Needs Improvement	Met	Exceeding
Community map demonstrates the person is connected to the community.	7%	57%	36%
Communication chart provides meaningful information staff can use to support the person best.	2%	70%	29%
Profile is detailed and includes person-centered information.	14%	52%	35%
Summary describes changes in the person's life in the last year and the supports/plans needed to address the change with the person.	2%	69%	29%
Summary reflects the person's community life.	23%	70%	7%
Health and Safety section includes how all current issues, needs, and risks are addressed.	4%	57%	39%
Goals and objectives are person-centered.	11%	52%	37%
State Average	9%	61%	30%

■ Needs Improvement ■ Met ■ Exceeding

National Core Indicator Data

Whenever possible, DBHDD attempts to cross-validate and combine findings from multiple areas and data systems to create a more complete understanding of the performance and outcomes of support coordination. Some findings in this report have relied on DBHDD data, much of which are self-reported, and self-reported data have limitations. To overcome some of these limitations, as well as cross-validate findings, DBHDD incorporated benchmark data from a nationally-recognized Centers for Medicare and Medicaid Services-approved survey called the National Core Indicator Survey (NCI). Statewide findings are presented below. Support coordination-agency specific data can be found in Appendix D.

DBHDD participates in the NCI survey annually.[10] The core indicators are used to assess the outcomes of intellectual and developmental disability services provided to individuals and families. They address key areas including employment, rights, service planning, community inclusion, choice, and health and safety. An example of a national core indicator is, "The proportion of people who have a paid job in the community." A great deal of overlap exists between the NCI areas and the areas measured by the IQOMR and other data in this report. The core indicators also provide information for quality improvement and programmatic management. They are intended to be used in conjunction with other state data sources.

A component of the NCI survey is the Adult In-Person Survey (AIS). The AIS was developed for the purposes of collecting information directly, yet anonymously, from individuals; these data do not allow for comparison between SC and ISC. In Georgia, the AIS is administered by the ASO as part of the DBHDD quality management system.

NCI Data Analysis

The following section looks at how DBHDD and support coordination agencies are performing compared to national NCI averages. The indicators within the NCI areas were selected as approximate indicators of the IQOMR items, in order to validate IQOMR items.[11] Scores are also included for seven survey questions directly related to the provision of support coordination services. Support coordination-specific items were chosen because they are national indicators of support coordination performance, allowing for national benchmark comparisons on the important functions, processes, and outcomes associated with support coordination.

For individual NCI areas, each state's percentage was compared to the weighted NCI average, and the differences between the two were tested for both statistical significances, as well as effect sizes. Effect sizes are used in addition to statistical significance because statistical significance of a state's result depends, in part, on the size of the state's sample: the larger the sample, the more likely it is that even a small difference will be found statistically significant.

T-test analyses established whether the state's percentage was:

1. Higher than the NCI average, and the difference was statistically significant;
2. Within the average range (i.e., not statistically different from the NCI average); or
3. Lower than the NCI average, and the difference was statistically significant.

---

[10] National Core Indicators
[11] To reduce threats to internal and external validity and to allow for validation and comparison of findings of DBHDD and NCI items, DBHDD presented the IQOMR to the ASO quality management team, who are expert, NCI assessors. DBHDD requested that the ASO quality management team identify NCI items that would be indicative of the IQOMR areas or items. The ASO quality management team was unaware that DBHDD would use the items selected by the ASO to compare IQOMR findings. The ASO produced the identified NCI data.

Statistical significance was determined at the p ≤ .01 level. Within each figure:

▲ Indicates where Georgia's percentage score was significantly higher than the national average;

▼ Indicates Georgia's percentage score was significantly lower than the national average.

If there is no figure, Georgia's percentage is not significantly different from the national average.

Figure 12 shows the aggregate responses for all NCI questions analyzed for this report. One can see that support coordination services perform as well as or above the national average 95 percent of the time. In fact, Georgia's data indicated a "poorer" score than the national average on two items only. This is a very positive performance finding. Moreover, this nationally-benchmarked and nationally-accepted tool also validates the high level of performance reported in other similar areas of this report.

Figure 12: Georgia NCI Item Responses Compared to National Averages, CY18
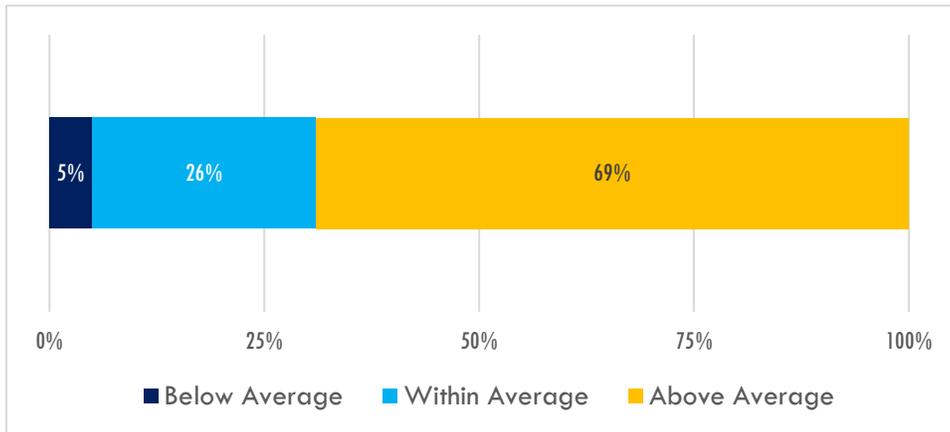
Figures 13 through 20 present state and national averages for the 477 stratified, randomly-sampled, representative NCI reviews that were conducted in 2018.

Health

Georgia met or exceeded the national average in this area 100 percent of the time. Only one indicator, "Person reports being in poor health," was utilized to assess the level of performance for the Health. Figure 13 shows that the majority of individuals did not report as being in poor health. This mirrors the national average with only two percent of individuals reporting that they were in poor health. This indicates that support coordinators are successfully advocating for individuals to maintain good health.

Figure 13: NCI Data Analysis, Health, CY18
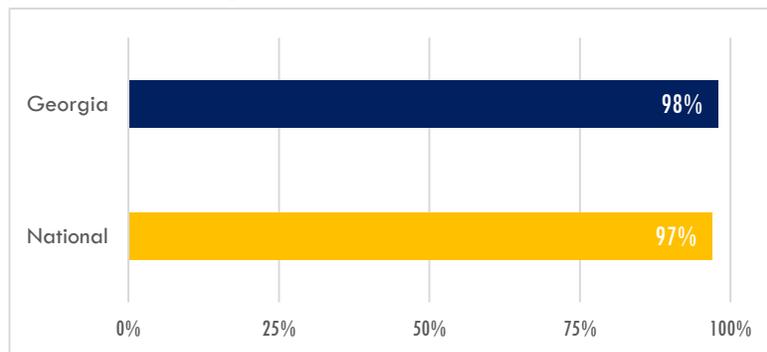
Safety

Georgia met or exceeded the national average in this area 100 percent of the time. Safety was assessed related to a person's feeling afraid while at home, in the community, at work, at their day program, or while being transported. An additional indicator asked specifically if the individual had someone to talk to when they were afraid. Most individuals receiving support coordination services reported not being afraid while at home or in the community. Another positive outcome is that when individuals do feel afraid, the percent of individuals who have someone to talk to about it was significantly higher than the national average. Support coordinators are promoting and assuring safety for those they support. Though this question is meant to measure safety, this item is a positive indicator that support coordinators are supporting individuals to be connected to and engage with family and friends in the community.

Figure 14: NCI Data Analysis, Safety, CY18

*Lower percentage equals positive indicator
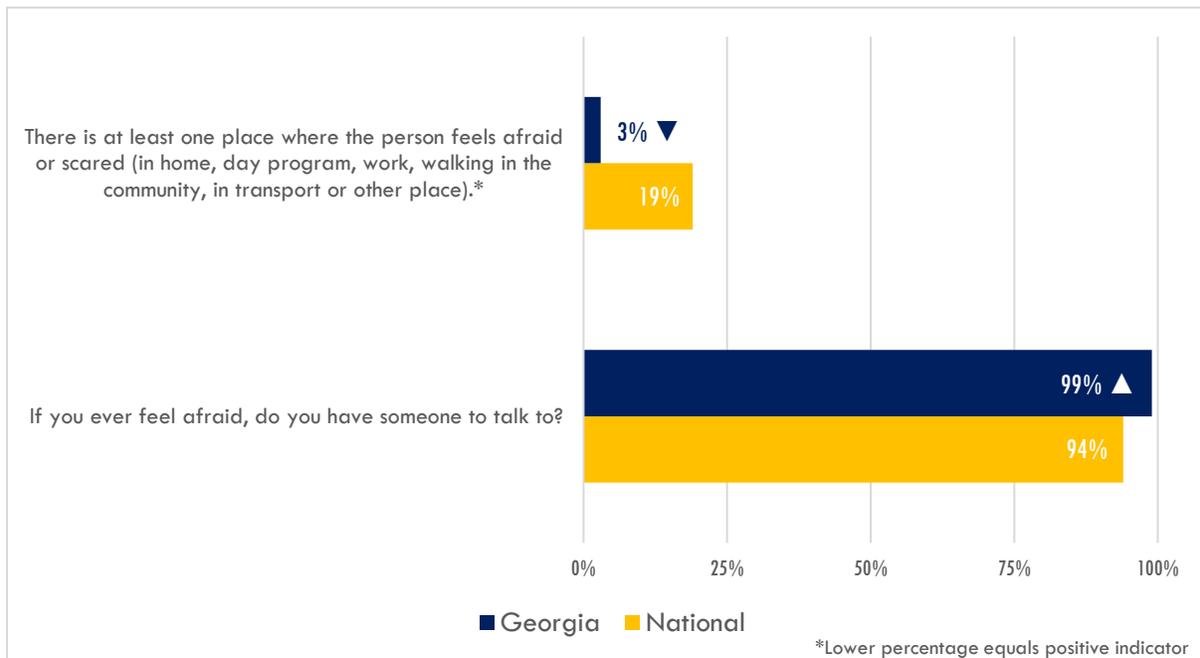
Community Life

Georgia scored at or above the national average on five of the six items measuring community life. Community life was assessed using six indicators related to employment, friendships, and availability of transportation. Recall that Georgia scored more poorly than the national average on two NCI items; community life included the "poorest positive" performance indicator (6%), which is related to individuals having a job in their community. These findings suggest support coordinators may require additional resources to support individuals to obtain and maintain gainful employment in their community.

Figure 15: NCI Data Analysis, Community Life, CY18
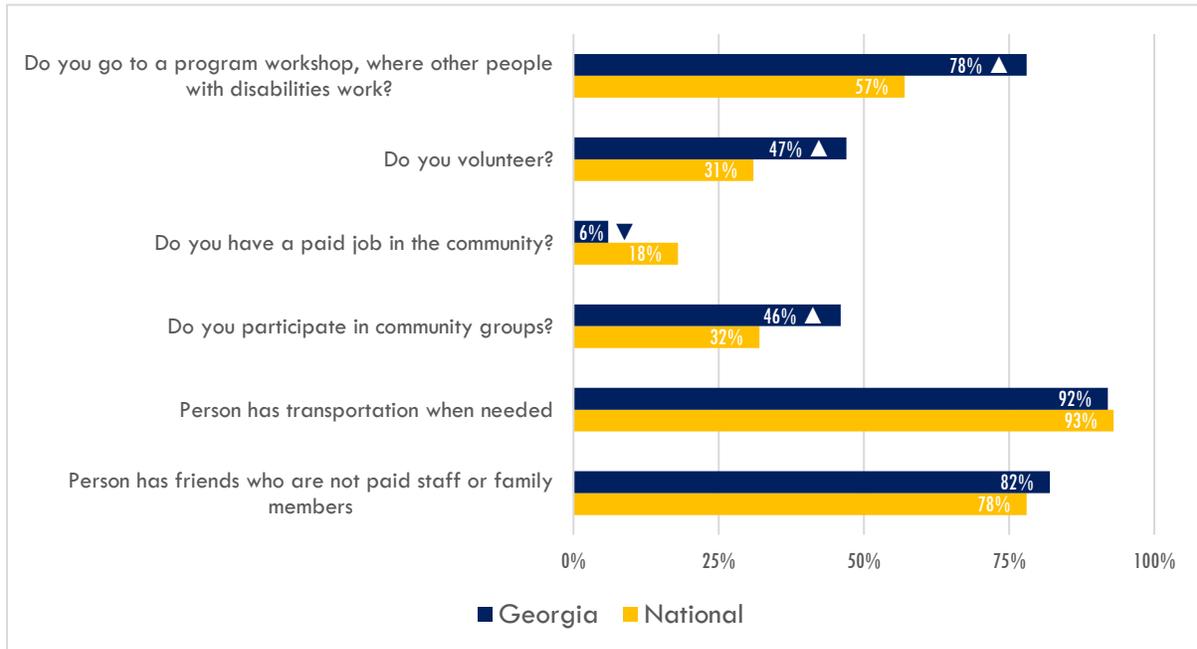
Person-Centered

Georgia performed as well as or better than the national average on 100 percent of items in this area. The person-centered area was assessed using two indicators related to individuals' satisfaction with employment and two indicators related to individuals' satisfaction with their living arrangements. When individuals reported that they had a job, a high percent reported that they are happy with their job, and a significantly higher percent than the national average reported they like where they live. These are two positive indicators that support coordinators are helping individuals to achieve positive home and community lives.

Figure 16: NCI Data Analysis, Person-Centered, CY18

*Lower percentage equals positive indicator
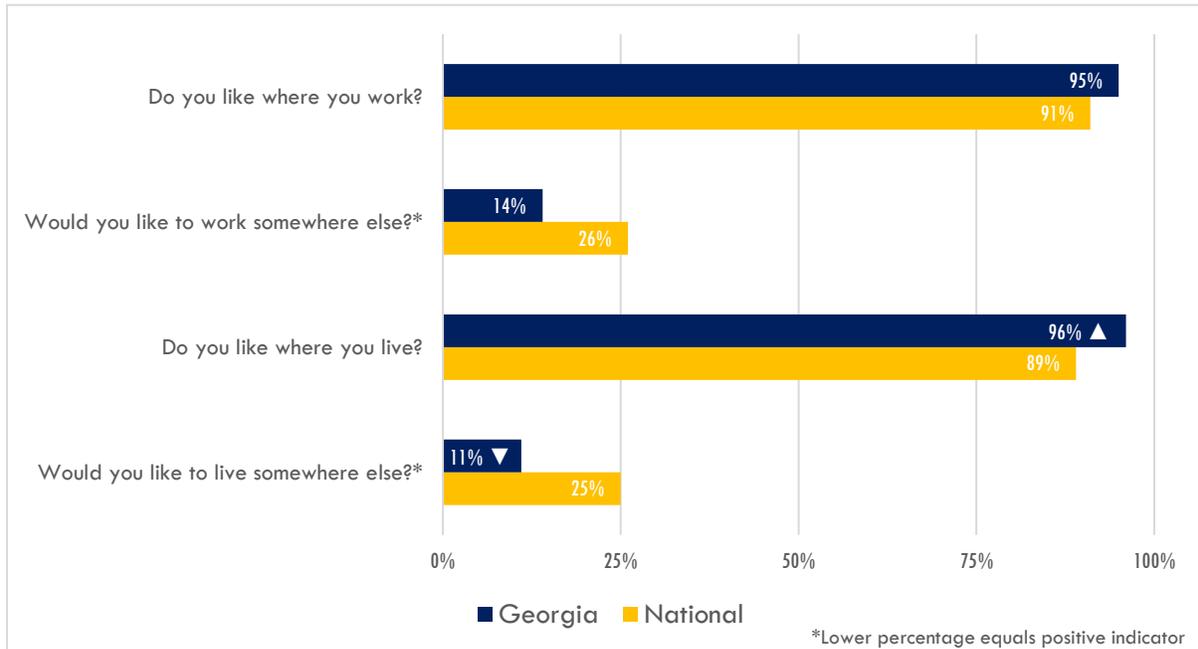
Community Outings

Georgia scored at or above the national average for three of four items used to measure community outings. Community outings were assessed using four indicators related to types of outings. This area contained the only other indicator that differed negatively from the national average. Overall, the findings in this area indicate support coordinators are promoting individuals' involvement in their communities and daily activities.

Figure 17: NCI Data Analysis, Community Outings, CY18
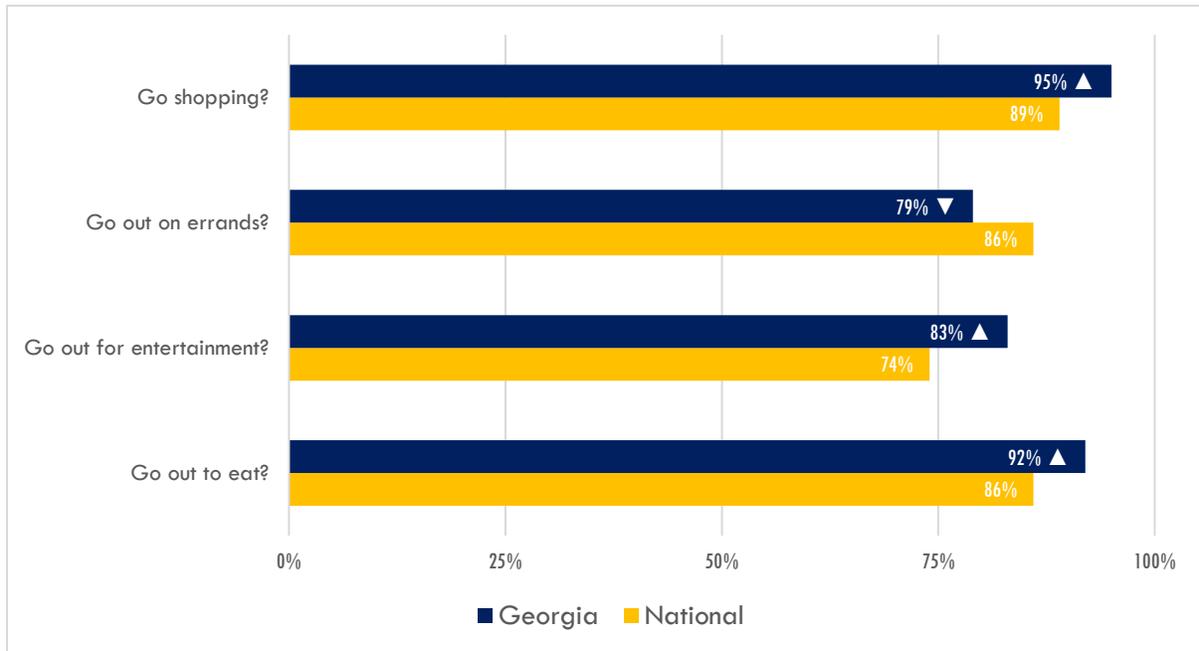
Rights

Georgia scored at or above the national averages for items in the rights area 100 percent of the time. Respect of persons' rights was assessed using seven indicators. Questions were related to people entering an individual's home or bedroom without prior notice, privacy, dating, and phone/internet use. One indicator related to the amount of privacy a person has does not have a national average reported; therefore, it was not noted in the comparison, but is reported below. In 2018, individuals reported positively within or above the national average on all seven indicators. These findings show that support coordinators are achieving success in educating provider staff and the individuals they serve how to recognize, respect, and advocate for individual rights.

Figure 18: NCI Data Analysis, Rights, CY18
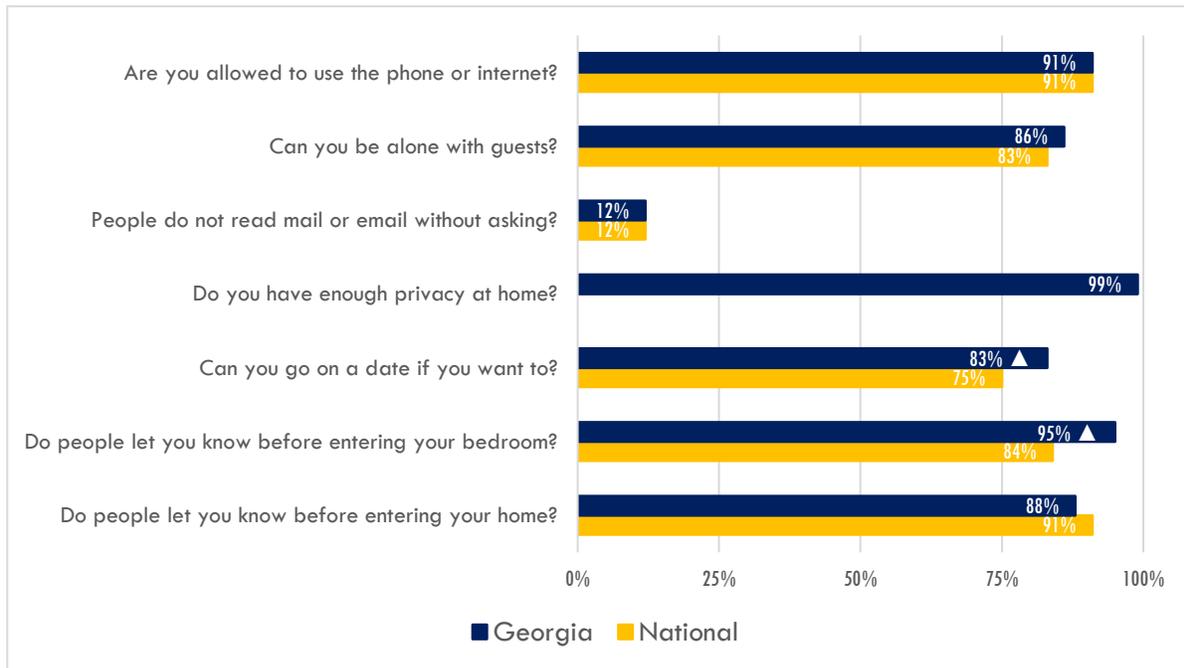
Choice

Georgia scored at or above national averages on 100 percent items used to measure choice. The level of choice a person has in making life decisions was assessed using eight indicators related to what they buy with their money, how to spend free time, day activities, etc. States are not evaluated to determine if they are significantly above, within, or significantly below the national average for these indicators; however, state averages are used to rank the 35 states that participated in the AIS. Georgia ranked within the top 10 of states 88 percent of the time, and within the top 20 states 100 percent of the time.

Figure 19: NCI Data Analysis, Choice, CY18
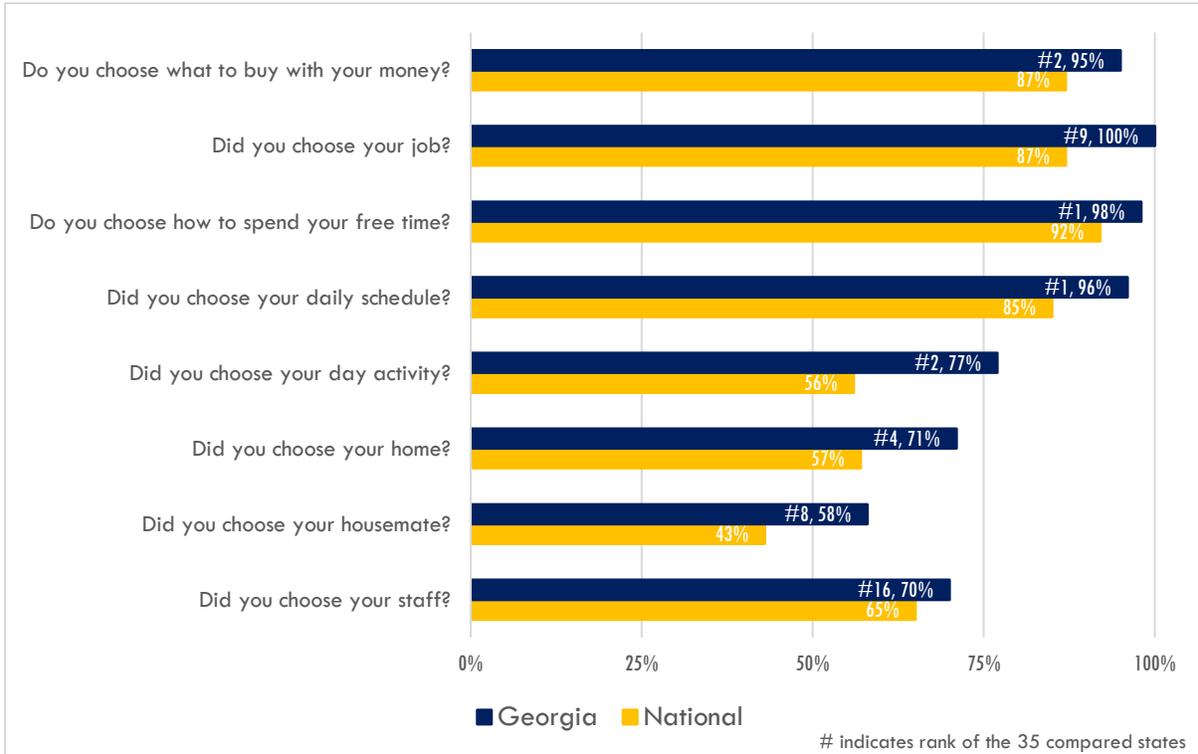
Support Coordination-Specific

Individuals responded at or above national averages on support coordination-specific items 100 percent of the time; moreover, support coordinators performed significantly above the national average 83 percent of the time. The provision of support coordination services was assessed using seven indicators related to an individual's familiarity with their support coordinator, support coordinator responsiveness, and ISP development. One indicator does not have a national average reported for comparison. These findings are additional indicators that support coordinators are meeting the requirements of the services they provide and are responsive to the needs and goals of the individuals they serve.

Figure 20: NCI Data Analysis, Support Coordination, CY18
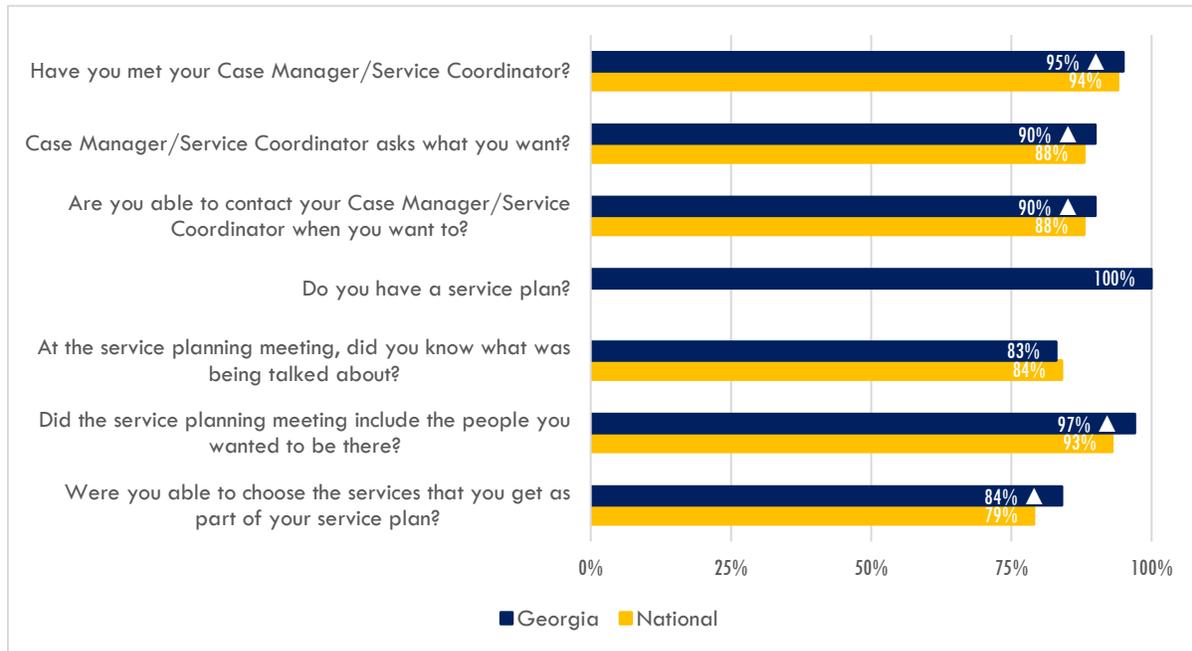
IQOMR is a Valid Measure of Outcomes

The NCI data analysis is important for several reasons. First, the NCI items have demonstrated reliability, validity, and have been accepted nationally as benchmarks for performance. Second, it is important to note that the NCI data are collected independent of other DBHDD data in this report. The NCI data provide not only information from a different perspective, but also, whenever NCI and DBHDD indicate similar findings, the findings can be considered more likely to be valid.

In comparing NCI to IQOMR data, the IQOMR reported high health outcomes data for most individuals; the NCI data do also. The NCI data provide additional outcomes information that are not captured by other DBHDD data sources.

Though percentages are not exact matches and some variances exist across specific performance data, the NCI and DBHDD data analyses converge to similar findings. In this manner, the NCI data validate many of DBHDD findings, as well as provide additional support for the positive performance for support coordination. This is the second year that NCI data have validated the IQOMR data findings. This is substantial evidence that the IQOMR is a valid measure of individual outcomes.

This is the second year that NCI data have validated the IQOMR data findings. This is substantial evidence that the IQOMR is a valid measure of individual outcomes.

Summary of Analytic Findings

Caseload sizes are, by large measure, aligned with requirements; analyses also indicated that being out of compliance with caseload size requirements by a small amount was not associated with adverse outcomes. Furthermore, not only are the vast majority of individuals receiving the required face-to-face-visits, but also the number of face-to-face visits is positively associated with the level of need indicated by risk factors such as age and health risk. IQOMR data also indicate that support coordinator processes and procedures are being followed and producing positive outcomes in most areas; however, improvement can be made, especially in the Behavioral and Emotional outcomes area, and support coordinators could use additional supports in resolving some referrals that remain open past their expected close date.

Analysis of scores on the ISP QA checklist indicate support coordination agencies are performing at a high level in assuring that ISPs contain specific requirements such as community integration and are addressing an individual's goals and needs. What's more, support coordinators were performing as well as or better than national averages on questions from the NCI 95 percent of the time.

Overall, data and analyses indicate that support coordinators perform well in assisting individuals receiving quality services, supports, and outcomes.

Appendix A: Support Coordination Services, Agency Data

A 1: Support Coordination Agency Individuals Served, CY18

Agency	Q1	Q2	Q3	Q4
Benchmark	425	547	615	680
CareStar	155	179	197	211
Columbus	4014	4049	4075	4095
Compass	184	198	211	237
Creative	3526	3572	3608	3640
Georgia Support	1538	1555	1574	1582
PCSA	2413	2409	2411	2398

A 2: Support Coordination SC and ISC Proportions, CY18

Service	Average
ISC	15%
SC	85%

A 3: Support Coordination SC and ISC HCL Scores, CY18

Agency	SC HCL	ISC HCL
Benchmark	2.26	4.38
CareStar	2.25	4.73
Columbus	1.97	4.86
Compass	2.27	4.35
Creative	1.99	4.98
Georgia Support	2.02	5.04
PCSA	1.93	4.94

A 4: Support Coordination Agency HCL Scores Comparisons Over Time, CY18

Agency	Mean Before	Mean After	SD Before	SD After	Median Before	Median After
Benchmark	3.51	3.56	1.78	1.77	3	3
CareStar	4.10	4.21	1.67	1.74	4	5
Columbus	2.19	2.29	1.37	1.40	2	2
Compass	3.81	3.86	1.71	1.70	4	4
Creative	2.23	2.38	1.40	1.45	2	2
Georgia Support	2.27	2.39	1.35	1.44	2	2
PCSA	2.15	2.21	1.35	1.38	2	2
				Mean, SD and Median compare Dec 31, 2017 to Dec 31, 2018		

A 5: Support Coordination Agency HCL Score Sections, CY18

Agency	Mean Difference (Increase) in HCL	Standard Deviation	Median
Benchmark	0.05	0.93	0
CareStar	0.11	0.82	0
Columbus	0.10	0.77	0
Compass	0.05	1.01	0
Creative	0.15	0.74	0
Georgia Support	0.11	0.80	0
PCSA	0.06	0.74	0

A 6: Compliance SC Face-to-Face Visits, CY18

Agency	Percent
Benchmark	74%
CareStar	86%
Columbus	91%
Compass	91%
Creative	97%
GA Support	97%
PCSA	92%

A 7: Compliance ISC Face-to-Face visits, CY18

Agency	Percent
Benchmark	93%
CareStar	97%
Columbus	92%
Compass	98%
Creative	97%
GA Support	95%
PCSA	93%

Support Coordination Agency	Rating	
Benchmark	**SC**	**ISC**
Appearance and Health	93%	93%
Behavioral and Emotional	75%	61%
Environment	87%	98%
Home and Community Opportunities	80%	86%
Satisfaction	97%	98%
Supports and Services	86%	92%
CareStar	**SC**	**ISC**
Appearance and Health	96%	95%
Behavioral and Emotional	81%	73%
Environment	78%	95%
Home and Community Opportunities	82%	88%
Satisfaction	97%	98%
Supports and Services	90%	93%
Columbus	**SC**	**ISC**
Appearance and Health	94%	93%
Behavioral and Emotional	84%	62%
Environment	84%	97%
Home and Community Opportunities	90%	90%
Satisfaction	99%	99%
Supports and Services	97%	94%
Compass	**SC**	**ISC**
Appearance and Health	91%	96%
Behavioral and Emotional	43%	82%
Environment	100%	95%
Home and Community Opportunities	84%	86%
Satisfaction	100%	98%
Supports and Services	94%	90%
Creative	**SC**	**ISC**
Appearance and Health	93%	87%
Behavioral and Emotional	67%	49%
Environment	99%	96%
Home and Community Opportunities	90%	81%
Satisfaction	99%	96%
Supports and Services	94%	85%
Georgia Support	**SC**	**ISC**
Appearance and Health	93%	95%
Behavioral and Emotional	81%	58%
Environment	97%	99%
Home and Community Opportunities	95%	88%
Satisfaction	100%	98%
Supports and Services	96%	94%
PCSA	**SC**	**ISC**
Appearance and Health	91%	94%
Behavioral and Emotional	65%	51%
Environment	93%	99%
Home and Community Opportunities	96%	91%
Satisfaction	99%	99%
Supports and Services	95%	93%

Appendix B: Coaching and Referrals, Agency Data

B 1: Benchmark, CY18

IQOMR Coaching and Referral Activities by Volume	Coachings	Referrals	Referrals Open Beyond Intended Close Date	
			N	%
Appearance and Health	327	97	5	5%
Supports and Services	141	33	2	6%
Environment	92	23	4	17%
Home and Community	70	17	0	0%
Finance	40	20	2	10%
Behavioral and Emotional	84	12	0	0%
Satisfaction	2	0	0	0%
Overall	756	202	13	6%

B 2: Carestar Consulting Services, CY18

IQOMR Coaching and Referral Activities by Volume	Coachings	Referrals	Referrals Open Beyond Intended Close Date	
			N	%
Appearance and Health	116	77	3	4%
Supports and Services	20	11	0	0%
Environment	16	6	0	0%
Home and Community	14	6	1	17%
Finance	1	1	0	0%
Behavioral and Emotional	5	10	1	10%
Satisfaction	1	0	0	0%
Overall	173	111	5	5%

B 3: Columbus Community Services, CY18

IQOMR Coaching and Referral Activities by Volume	Coachings	Referrals	Referrals Open Beyond Intended Close Date	
			N	%
Appearance and Health	1497	378	31	8%
Supports and Services	697	91	6	7%
Environment	423	66	9	14%
Home and Community	124	29	0	0%
Finance	87	22	4	18%
Behavioral and Emotional	132	42	6	14%
Satisfaction	52	9	0	0%
Overall	3012	637	56	9%

B 4: Compass Coordination, CY18

IQOMR Coaching and Referral Activities by Volume	Coachings	Referrals	Referrals Open Beyond Intended Close Date	
			N	%
Appearance and Health	274	60	8	13%
Supports and Services	90	21	3	14%
Environment	53	12	3	25%
Home and Community	98	12	3	25%
Finance	37	5	2	40%
Behavioral and Emotional	58	21	5	24%
Satisfaction	16	3	0	0%
Overall	626	134	24	18%

B 5: Creative Consulting Services, CY18

IQOMR Coaching and Referral Activities by Volume	Coachings	Referrals	Referrals Open Beyond Intended Close Date	
			N	%
Appearance and Health	2810	1937	307	16%
Supports and Services	1401	373	69	18%
Environment	342	145	28	19%
Home and Community	315	62	18	29%
Finance	104	28	10	36%
Behavioral and Emotional	195	117	32	27%
Satisfaction	52	7	1	14%
Overall	5219	2669	465	17%

B 6: Georgia Support Services, CY18

IQOMR Coaching and Referral Activities by Volume	Coachings	Referrals	Referrals Open Beyond Intended Close Date	
			N	%
Appearance and Health	1376	667	72	11%
Supports and Services	668	177	21	12%
Environment	148	83	5	6%
Home and Community	171	19	3	16%
Finance	116	41	4	10%
Behavioral and Emotional	197	68	5	7%
Satisfaction	24	4	0	0%
Overall	2700	1059	110	10%

IQOMR Coaching and Referral Activities by Volume	Coachings	Referrals	Referrals Open Beyond Intended Close Date	
			N	%
Appearance and Health	2926	296	50	17%
Supports and Services	579	46	7	15%
Environment	401	31	1	3%
Home and Community	231	17	2	12%
Finance	280	24	5	21%
Behavioral and Emotional	159	37	4	11%
Satisfaction	33	1	0	0%
Overall	4609	452	69	15%

Appendix C: Quality Assurance of Individualized Service Plans, Agency Data

C 1: Benchmark, ISP QA Average Ratings, CY18

N = 34

Category	Needs Improvement	Met	Exceeding
Community map demonstrates the person is connected to the community	16%	73%	11%
Communication chart provides meaningful information staff can use to best support the person	5%	91%	4%
Profile is detailed and includes person-centered information	20%	69%	11%
Summary describes changes in the person's life in the last year and the supports/plans needed to address the change with the person		100%	
Summary reflects the person's community life	44%	51%	5%
Health and Safety section includes how all current issues, needs and/or risks are addressed	2%	67%	31%
Goals and objectives are person-centered	11%	74%	15%
Agency Average	14%	75%	11%

■ Needs Improvement ■ Met ■ Exceeding

C 2: Carestar, ISP QA Average Ratings, CY18

N = 10

Category	Needs Improvement	Met	Exceeding
Community map demonstrates the person is connected to the community	28%	53%	19%
Communication Chart provides meaningful information staff can use to best support the person		83%	17%
Profile is detailed and includes person-centered information	17%	53%	31%
Summary describes changes in the person's life in the last year and the supports/plans needed to address the change with the person	8%	81%	11%
Summary reflects the person's community life	50%	39%	11%
Health and Safety section includes how all current issues, needs and/or risks are addressed		42%	58%
Goals and objectives are person-centered	17%	61%	22%
Agency Average	17%	59%	24%

Legend: ■ Needs Improvement ■ Met ■ Exceeding

C 3: Columbus Community Services, ISP QA Average Ratings, CY18

N = 110

	Needs Improvement	Met	Exceeding
Community map demonstrates the person is connected to the community	8%	58%	34%
Communication Chart provides meaningful information staff can use to best support the person	3%	68%	29%
Profile is detailed and includes person-centered information	20%	53%	27%
Summary describes changes in the person's life in the last year and the supports/plans needed to address the change with the person	5%	75%	20%
Summary reflects the person's community life	39%	57%	4%
Health and Safety section includes how all current issues, needs and/or risks are addressed	5%	58%	37%
Goals and objectives are person-centered	14%	53%	33%
Agency Average	13%	60%	26%

■ Needs Improvement ■ Met ■ Exceeding

C 4: Creative Consulting Services, ISP QA Average Ratings, CY18

N = 98

Category	Needs Improvement	Met	Exceeding
Community map demonstrates the person is connected to the community	8%	61%	31%
Communication Chart provides meaningful information staff can use to best support the person	2%	72%	26%
Profile is detailed and includes person-centered information	5%	43%	52%
Summary describes changes in the person's life in the last year and the supports/plans needed to address the change with the person		59%	41%
Summary reflects the person's community life	13%	77%	10%
Health and Safety section includes how all current issues, needs and/or risks are addressed	2%	53%	45%
Goals and objectives are person-centered	8%	51%	41%
Agency Average	5%	60%	35%

■ Needs Improvement ■ Met ■ Exceeding

C 5: Compass Coordination, ISP QA Average Ratings, CY18

N = 16

Category	Needs Improvement	Met	Exceeding
Community map demonstrates the person is connected to the community	3%	90%	7%
Communication Chart provides meaningful information staff can use to best support the person	3%	97%	
Profile is detailed and includes person-centered information	7%	93%	
Summary describes changes in the person's life in the last year and the supports/plans needed to address the change with the person		97%	3%
Summary reflects the person's community life	70%	30%	
Health and Safety section includes how all current issues, needs and/or risks are addressed	3%	90%	7%
Goals and objectives are person-centered	63%	27%	10%
Agency Average	57%	39%	4%

■ Needs Improvement ■ Met ■ Exceeding

C 6: Georgia Support Services, ISP QA Average Ratings, CY18

N = 51

Category	Needs Improvement	Met	Exceeding
Community map demonstrates the person is connected to the community		49%	51%
Communication Chart provides meaningful information staff can use to best support the person		53%	47%
Profile is detailed and includes person-centered information	14%	47%	39%
Summary describes changes in the person's life in the last year and the supports/plans needed to address the change with the person	4%	70%	26%
Summary reflects the person's community life	12%	82%	6%
Health and Safety section includes how all current issues, needs and/or risks are addressed	7%	57%	36%
Goals and objectives are person-centered	10%	37%	52%
Agency Average	7%	57%	37%

0%   25%   50%   75%   100%

■ Needs Improvement   ■ Met   ■ Exceeding

C 7: Professional Case Management Services, ISP QA Average Ratings, CY18

N = 67

Measure	Needs Improvement	Met	Exceeding
Community map demonstrates the person is connected to the community	3%	50%	47%
Communication Chart provides meaningful information staff can use to best support the person		67%	33%
Profile is detailed and includes person-centered information	12%	55%	33%
Summary describes changes in the person's life in the last year and the supports/plans needed to address the change with the person	2%	61%	37%
Summary reflects the person's community life	4%	87%	9%
Health and Safety section includes how all current issues, needs and/or risks are addressed	2%	62%	36%
Goals and objectives are person-centered	7%	57%	36%
Agency Average	4%	63%	33%

■ Needs Improvement ■ Met ■ Exceeding

Appendix D: National Core Indicator, Agency Data

D 1: Participants in NCI In-Person Survey, CY18

Support Coordination Agency	N
Benchmark	14
Carestar	7
Columbus Community Services	124
Compass Coordination	10
Creative Consulting Services	123
Georgia Support Services / MGBS	54
Professional Case Management Services of America	91
Total	**423**

D 2: Participants Needing Proxy at Point in Time, CY18

Support Coordination Agency	N
Benchmark	11
Carestar	6
Columbus Community Services	81
Compass Coordination	7
Creative Consulting Services	73
Georgia Support Services / MGBS	36
Professional Case Management Services of America	62
Total	**276**

D 3: NCI, Health Question, CY18

Support Coordination Agency	N = 423	
How would you describe your health?	Very Good	Excellent
Benchmark	57.1%	14.3%
Carestar	14.3%	42.9%
Columbus Community Services	61.8%	14.6%
Compass Coordination	20.0%	0.0%
Creative Consulting Services	56.0%	14.7%
Georgia Support Services / MGBS	40.4%	26.9%
Professional Case Management Services of America	54.7%	14.0%
Health Average	**53.9%**	**16.2%**

Note: Questions in D3, D5, D6, D7, D9, D10 may only be answered by the person, not a proxy, often resulting in fewer applicable responses. To protect respondents' anonymity, results for questions with less than five applicable responses have been omitted.

D 4: NCI, Support Coordination Questions, CY18

Support Coordination Agency	N = 423
Have you met your Case Manager/Service Coordinator?	Positive
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	93.8%
Compass Coordination	N/A
Creative Consulting Services	87.8%
Georgia Support Services / MGBS	100.0%
Professional Case Management Services of America	91.5%
Case Manager/Serivce Coordinator asks what you want?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	91.9%
Compass Coordination	N/A
Creative Consulting Services	82.8%
Georgia Support Services / MGBS	94.7%
Professional Case Management Services of America	79.5%
Are you able to contact your Case Manager/Service Coordinator when you want to?	
Benchmark	80.0%
Carestar	N/A
Columbus Community Services	92.8%
Compass Coordination	N/A
Creative Consulting Services	89.1%
Georgia Support Services / MGBS	94.3%
Professional Case Management Services of America	84.2%
Do you have a service plan?	
Benchmark	80.0%
Carestar	N/A
Columbus Community Services	97.4%
Compass Coordination	N/A
Creative Consulting Services	94.2%
Georgia Support Services / MGBS	94.6%
Professional Case Management Services of America	93.8%
At the service planning meeting, did you know what was being talked about?	
Benchmark	80.0%
Carestar	N/A
Columbus Community Services	73.0%
Compass Coordination	N/A
Creative Consulting Services	85.5%
Georgia Support Services / MGBS	91.7%
Professional Case Management Services of America	88.6%
Did the service planning meeting include the people you wanted to be there?	
Benchmark	80.0%
Carestar	N/A
Columbus Community Services	97.3%
Compass Coordination	N/A
Creative Consulting Services	93.8%
Georgia Support Services / MGBS	92.1%
Professional Case Management Services of America	100.0%
Support Coordination Average	**89.7%**

Support Coordination Agency	N = 423
Do you like your job in the community?	Positive
Benchmark	N/A
Carestar	N/A
Columbus Community Services	100.0%
Compass Coordination	N/A
Creative Consulting Services	87.5%
Georgia Support Services / MGBS	N/A
Professional Case Management Services of America	N/A
Would you like to work somewhere else?	
Benchmark	N/A
Carestar	N/A
Columbus Community Services	60.0%
Compass Coordination	N/A
Creative Consulting Services	62.5%
Georgia Support Services / MGBS	N/A
Professional Case Management Services of America	N/A
Do you like where you live?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	96.5%
Compass Coordination	N/A
Creative Consulting Services	96.4%
Georgia Support Services / MGBS	95.2%
Professional Case Management Services of America	98.0%
Would you like to live somewhere else?	
Benchmark	80.0%
Carestar	N/A
Columbus Community Services	83.8%
Compass Coordination	N/A
Creative Consulting Services	82.9%
Georgia Support Services / MGBS	80.0%
Professional Case Management Services of America	91.3%
Person Centered Practices Average	**89.9%**

D 6: NCI, Safety Questions, CY18

Support Coordination Agency	N = 423
Ever afraid at home?	Positive
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	100.0%
Compass Coordination	100.0%
Creative Consulting Services	100.0%
Georgia Support Services / MGBS	100.0%
Professional Case Management Services of America	98.4%
Ever afraid of walking in the community?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	100.0%
Compass Coordination	100.0%
Creative Consulting Services	100.0%
Georgia Support Services / MGBS	97.7%
Professional Case Management Services of America	96.8%
Ever afraid at day program?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	100.0%
Compass Coordination	100.0%
Creative Consulting Services	100.0%
Georgia Support Services / MGBS	100.0%
Professional Case Management Services of America	100.0%
Ever afraid while being transported?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	100.0%
Compass Coordination	100.0%
Creative Consulting Services	100.0%
Georgia Support Services / MGBS	100.0%
Professional Case Management Services of America	98.4%
Ever afraid at work?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	100.0%
Compass Coordination	100.0%
Creative Consulting Services	100.0%
Georgia Support Services / MGBS	100.0%
Professional Case Management Services of America	100.0%
If you are ever feel afraid, do you have someone to talk to?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	100.0%
Compass Coordination	N/A
Creative Consulting Services	100.0%
Georgia Support Services / MGBS	100.0%
Professional Case Management Services of America	93.6%
Safety Average	**99.6%**

D 7: NCI, Community Life Questions, CY18

Support Coordination Agency	N = 423
Person has friends	**Positive**
Benchmark	80.0%
Carestar	N/A
Columbus Community Services	85.4%
Compass Coordination	N/A
Creative Consulting Services	75.7%
Georgia Support Services / MGBS	79.5%
Professional Case Management Services of America	82.2%
Person has transportation when needed	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	95.2%
Compass Coordination	N/A
Creative Consulting Services	86.7%
Georgia Support Services / MGBS	100.0%
Professional Case Management Services of America	80.9%
Do you participate in community groups?	
Benchmark	53.8%
Carestar	28.6%
Columbus Community Services	52.5%
Compass Coordination	30.0%
Creative Consulting Services	35.7%
Georgia Support Services / MGBS	48.1%
Professional Case Management Services of America	44.2%
Do you have a paid job in the community?	
Benchmark	N/A
Carestar	N/A
Columbus Community Services	6.1%
Compass Coordination	N/A
Creative Consulting Services	10.1%
Georgia Support Services / MGBS	2.4%
Professional Case Management Services of America	6.1%
Do you volunteer?	
Benchmark	40.0%
Carestar	N/A
Columbus Community Services	47.0%
Compass Coordination	N/A
Creative Consulting Services	58.7%
Georgia Support Services / MGBS	39.5%
Professional Case Management Services of America	48.9%
Do you go to a program or workshop (where other people with disabilities work)?	
Benchmark	80.0%
Carestar	N/A
Columbus Community Services	84.1%
Compass Coordination	N/A
Creative Consulting Services	81.7%
Georgia Support Services / MGBS	75.0%
Professional Case Management Services of America	75.0%
Community Life Average	**57.1%**

D 8: NCI, Community Outings Questions, CY18

Support Coordination Agency	N = 423		
In the past month, how many times did you go out to eat?	1-2	3-4	5+
Benchmark	21.4%	42.9%	14.3%
Carestar	28.6%	71.4%	0.0%
Columbus Community Services	37.7%	37.7%	18.9%
Compass Coordination	50.0%	10.0%	10.0%
Creative Consulting Services	33.6%	36.2%	20.7%
Georgia Support Services / MGBS	46.2%	30.8%	13.5%
Professional Case Management Services of America	41.4%	36.8%	18.4%
In the past month, how many times did you go out for entertainment?			
Benchmark	42.9%	21.4%	21.4%
Carestar	28.6%	57.1%	0.0%
Columbus Community Services	36.7%	35.8%	17.5%
Compass Coordination	30.0%	10.0%	10.0%
Creative Consulting Services	34.5%	31.9%	10.3%
Georgia Support Services / MGBS	38.0%	30.0%	12.0%
Professional Case Management Services of America	38.4%	33.7%	14.0%
In the past month, how many times did you go out on errands?			
Benchmark	61.5%	23.1%	7.7%
Carestar	42.9%	0.0%	14.3%
Columbus Community Services	56.8%	22.0%	3.4%
Compass Coordination	20.0%	10.0%	0.0%
Creative Consulting Services	45.0%	17.4%	5.5%
Georgia Support Services / MGBS	60.0%	20.0%	8.0%
Professional Case Management Services of America	69.5%	14.6%	3.7%
In the past month, how many times did you go shopping?			
Benchmark	50.0%	28.6%	14.3%
Carestar	71.4%	28.6%	0.0%
Columbus Community Services	33.1%	34.7%	29.7%
Compass Coordination	60.0%	20.0%	0.0%
Creative Consulting Services	47.4%	25.0%	19.8%
Georgia Support Services / MGBS	28.0%	38.0%	28.0%
Professional Case Management Services of America	39.3%	36.9%	20.2%
Community Outings Average	**42.3%**	**30.0%**	**14.9%**

D 9: NCI, Choice Questions, CY18

Support Coordination Agency	N = 423
Person chooses what to buy with his/her money	Positive
Benchmark	50.0%
Carestar	71.4%
Columbus Community Services	55.4%
Compass Coordination	50.0%
Creative Consulting Services	50.9%
Georgia Support Services / MGBS	59.6%
Professional Case Management Services of America	57.0%
Person chose job	
Benchmark	N/A
Carestar	N/A
Columbus Community Services	66.7%
Compass Coordination	N/A
Creative Consulting Services	53.8%
Georgia Support Services / MGBS	60.0%
Professional Case Management Services of America	50.0%
Person chooses how to spend free time	
Benchmark	78.6%
Carestar	57.1%
Columbus Community Services	67.5%
Compass Coordination	60.0%
Creative Consulting Services	73.3%
Georgia Support Services / MGBS	76.9%
Professional Case Management Services of America	72.4%
Person chooses daily schedule	
Benchmark	50.0%
Carestar	28.6%
Columbus Community Services	51.3%
Compass Coordination	40.0%
Creative Consulting Services	54.7%
Georgia Support Services / MGBS	55.8%
Professional Case Management Services of America	53.4%
Person chooses day activity	
Benchmark	27.3%
Carestar	20.0%
Columbus Community Services	30.0%
Compass Coordination	25.0%
Creative Consulting Services	18.4%
Georgia Support Services / MGBS	47.4%
Professional Case Management Services of America	19.7%
Person chose home	
Benchmark	20.0%
Carestar	N/A
Columbus Community Services	38.4%
Compass Coordination	10.0%
Creative Consulting Services	18.4%
Georgia Support Services / MGBS	48.0%
Professional Case Management Services of America	30.6%
Person chose housemate	
Benchmark	22.2%
Carestar	N/A
Columbus Community Services	29.4%
Compass Coordination	0.0%
Creative Consulting Services	12.5%
Georgia Support Services / MGBS	28.0%
Professional Case Management Services of America	28.3%
Person chose staff	
Benchmark	21.4%
Carestar	0.0%
Columbus Community Services	12.4%
Compass Coordination	10.0%
Creative Consulting Services	4.5%
Georgia Support Services / MGBS	16.0%
Professional Case Management Services of America	6.2%
Choice Average	**41.1%**

D 10: NCI, Rights Questions, CY18

Support Coordination Agency	N = 423
Do people let you know before entering your home?	Positive
Benchmark	60.0%
Carestar	N/A
Columbus Community Services	82.7%
Compass Coordination	N/A
Creative Consulting Services	91.7%
Georgia Support Services / MGBS	86.8%
Professional Case Management Services of America	89.6%
Do people let you know before entering your bedroom?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	95.1%
Compass Coordination	N/A
Creative Consulting Services	93.1%
Georgia Support Services / MGBS	95.0%
Professional Case Management Services of America	91.5%
Can you go on a date if you want to?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	81.7%
Compass Coordination	N/A
Creative Consulting Services	76.0%
Georgia Support Services / MGBS	91.4%
Professional Case Management Services of America	82.9%
Do you have enough privacy at home?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	98.8%
Compass Coordination	N/A
Creative Consulting Services	98.8%
Georgia Support Services / MGBS	100.0%
Professional Case Management Services of America	100.0%
People do not read your mail or email without asking?	
Benchmark	100.0%
Carestar	N/A
Columbus Community Services	90.7%
Compass Coordination	N/A
Creative Consulting Services	89.4%
Georgia Support Services / MGBS	91.7%
Professional Case Management Services of America	84.1%
Can you be alone with guests?	
Benchmark	80.0%
Carestar	N/A
Columbus Community Services	90.1%
Compass Coordination	N/A
Creative Consulting Services	85.2%
Georgia Support Services / MGBS	84.2%
Professional Case Management Services of America	79.5%
Are you allowed to use the phone or internet?	
Benchmark	80.0%
Carestar	N/A
Columbus Community Services	87.2%
Compass Coordination	N/A
Creative Consulting Services	92.8%
Georgia Support Services / MGBS	91.7%
Professional Case Management Services of America	97.8%
Rights Average	**90.1%**