

# **Florida Statewide Quality Assurance Program**

**Quality Improvement Study**

**Contract Year 7**

**Outcome Results Analysis**

**Difference in Outcomes for Individuals on DD vs. FSL Waiver**

**Florida DD HCBS Waiver**

**Prepared by the Delmarva Foundation**

**Submitted to the Agency for Health Care Administration**

**And**

**The Agency for Persons with Disabilities**

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## Executive Summary

This study examines the effectiveness of the Home and Community-Based Services (HCBS) Family and Supported Living (FSL) Waiver in supporting outcomes for individuals. The impact on individual outcomes of receiving services through the FSL Waiver is compared to the impact of receiving services through the Medicaid HCBS Developmental Disabilities (DD) Waiver. The purpose of the study is to determine whether the FSL Waiver is as effective as the DD Waiver in supporting outcomes of individuals. Analyses are based on a random sample of 2,000 individuals who received services through the FSL or DD Waiver, completed a Personal Outcome Measures (POM) interview between January 1, 2006, and December 31, 2007, and lived in a family or foster home, or an independent/supported living setting. Regression analyses examine the impact of Waiver type and a set of control variables on the likelihood that 13 or more POM outcomes are present, on the percent of outcomes present, and on the likelihood that individual outcomes are present.

In this analysis, individuals who receive services through the FSL Waiver are as likely as individuals who receive services through the DD Waiver to have 13 or more outcomes present. Amongst persons under 21 years of age, individuals on the FSL Waiver are likely to have a greater percent of outcomes present than individuals on the DD Waiver. However, as children approach age 21, the percent of outcomes present in their lives decreases, and we were unable to determine the intensity of need for individuals. Persons on the FSL who are 21 or over do not differ from those on the DD Waiver in the percent of outcomes present, as measured through the POM interview process. However, a much greater proportion of individuals on the FSL Waiver are young (less than 21 years of age), 43.1 percent compared to only 14.1 percent of individuals on the DD Waiver.

Recommendations include the following:

- APD and AHCA could expand the use of the FSL Waiver to young children, in particular those who receive additional supports through the school system and do not require intensive service needs.
- APD should assess the severity of disability of persons not yet receiving services as well as those receiving services through the FSL or DD Waiver, and use the results in their screening process to determine which Waiver is appropriate based on the need for type and number of services, and not necessarily on where they live.
- APD and AHCA should also consider whether any current recipients of DD Waiver services might be as adequately served by the FSL Waiver.
- APD should investigate whether, and how many, FSL Waiver recipients feel a need to receive services not available to them through the FSL Waiver.
- Research should examine outcomes separately for persons less than and over 21 years of age.

## Introduction and Background

Funding for over 30,000 individuals with developmental disabilities in Florida is provided through two Medicaid Home and Community-Based Services (HCBS) Waivers, the Developmental Disabilities (DD) Waiver and the Family and Supported Living (FSL) Waiver. Administered by the Florida Agency for Healthcare Administration (AHCA), these HCBS waivers allow for the provision of services in community-based settings as an alternative to institutional care. The Delmarva Foundation, through a contract with AHCA, provides a quality assurance program for persons served through the DD and FSL HCBS waivers, called the Florida Statewide Quality Assurance Program (FSQAP).

The waivers offer up to 33 services (currently 28 services are available after the elimination of 5 services in 2007) to eligible individuals. Individuals may receive services at home, in community centers, in businesses, in a therapist's office, or in other community settings. Services must meet criteria for being "medically necessary" and individuals must receive prior authorization before expending allocated dollars. All individuals on the waiver receive Waiver Support Coordination which provides a support coordinator to assist individuals in getting the services they need. Waiver services are provided to ensure individuals with developmental disabilities have access to resources to be healthy, live well, and avoid institutional placement.

Provision of the FSL Waiver was implemented in July 2005 to offer a subset of services to individuals on the waiting list for DD Waiver services. Individuals who are deemed eligible for the DD Waiver, and are on the waiting list to receive these services are eligible for the FSL Waiver. The FSL Waiver provides services only to eligible persons living in their own home or a family home. The FSL Waiver offers support for a more limited set of services than the DD Waiver – 12 of the 33 offered through the DD Waiver<sup>1</sup> – and has a lower limit on total funding than the DD Waiver.

Since the FSL Waiver was created to provide services to persons waiting (and therefore currently unable) to receive the full set of DD Waiver services, the question arises as to how effective the limited number of services offered through the FSL Waiver has been in meeting the needs of persons with developmental disabilities. Now that the FSL Waiver has been in use for several years, we can assess how effective it has been in supporting outcomes for persons who would otherwise be on the

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<sup>1</sup> Services available through the FSL Waiver include: Adult Day Training, In-Home Support Services, Supported Living Coaching, Supported Employment, Transportation, Respite Care, Environmental Accessibility Adaptations, Support Coordination, Personal Emergency Response Systems, Consumable Medical Supplies, Behavior Analysis and Behavior Assistant Services, and Durable Medical Equipment.

waiting list for the DD Waiver. Has the FSL Waiver been as effective in supporting outcomes as the DD Waiver? Should APD consider expanding services offered through the FSL Waiver?

The effectiveness of the FSL Waiver can be assessed in part by examining results from the Personal Outcome Measures (POM) interviews. The POM is a survey tool developed by the Council on Quality and Leadership (CQL), and is designed to assess 25 different outcomes and supports in the lives of persons with developmental disabilities. CQL has participated as a subcontractor with Delmarva in the program since its inception, and as part of their responsibilities have trained Delmarva consultants in the interview techniques specific to their Personal Outcome Measures (POM).<sup>2</sup> The purpose of the interviews is to help determine the degree to which the participants in the program have supports in place to improve their quality of life and to measure how well they are achieving outcomes in their lives that are important to them. Staff from CQL regularly monitor the reviewers and also provide reliability oversight.

Having 13 or more POM outcomes Present has been established as an important indicator of quality of life. While it is unrealistic to assume any individual should achieve *all* of the outcomes measured, it was determined that having at least 13 present was a minimum standard to attain, a level providers must achieve in order to be considered for accreditation by CQL. CQL has defined seven of the twenty-five POM outcomes as foundational for assuring the basic health, safety, and welfare of people receiving services. While the personal outcomes emphasize the importance of personal choice and control, service providers are first obligated to protect the health, safety, welfare, respect, and stability of recipients. The seven foundational outcomes measure these fundamental needs.

The purpose of this study is to determine whether receiving services via the FSL Waiver is as effective in supporting outcomes as receiving services through the DD Waiver, as measured through the POM interview, for individuals with developmental disabilities in HCBS waiver programs.

- Regression analysis is used to examine the impact of FSL Waiver service receipt on the likelihood that a person has 13 or more outcomes present. Are persons who receive services through the FSL Waiver any more or less likely than persons who receive services through the DD Waiver to have 13 or more outcomes present in their lives?
- Regression analysis is also used to examine the impact of FSL Waiver service receipt on the percent of outcomes present in a person's life. Do persons who receive services through the FSL Waiver have a greater or lesser amount of outcomes present in their lives than persons who receive services through the DD Waiver?

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<sup>2</sup> See Attachment 1 for a list of the POM indicators, within each of the seven POM domains.

- The impact of FSL Waiver receipt on individual POM outcomes is also assessed. Are persons who receive services through the FSL Waiver any more or less likely than persons who receive services through the DD Waiver to achieve any of the individual POM outcomes?

## **Data and Methods**

### **Sample**

Data for this study were taken from a random sample of 2,000 persons who received services through the DD or FSL Waiver, completed a POM interview between January 2006 and December 2007, and lived in a family home or independent/supported living setting. Below, descriptive statistics show the percent of persons by sex, age, home-type, disability, area-size, Waiver type, and the number of supports present.

### **Methods**

We developed several regression models to test the net impact of Waiver type and control variables on POM's. We use two general measures of POM's as dependent variables: the likelihood that 13 or more outcomes are present and the percent of outcomes present. These general measures allow us to test the impact of Waiver type and controls on the odds that more than half of outcomes are present, and on the percent of outcomes present. We also test the impact of Waiver type and other variables on each of the twenty-five POM elements. In each of these twenty-five regression models, a measure indicates whether the individual outcome is present.

Linear Regression analyses using the percent of outcomes present as the dependent variable use ordinary least squares techniques. A positive (or negative) impact of a variable on the percent of outcomes present indicates the variable increases (or decreases) the percent of outcomes present. Because the measure of the likelihood that 13 or more outcomes are present is a categorical measure (scored present vs. not present), regression analyses rely on logistic regression techniques. A significant positive (or negative) impact of a variable on the indicator tells us the variable increases (or decreases) the likelihood that more than half of outcomes are present. Regression models are analyzed separately for persons under 21 years of age and persons 21 or over to allow for effects on outcomes that vary by age.

### **Dependent Variables**

The dependent variables include an indicator of the percent of outcomes present, an indicator of whether 13 or more outcomes are present, and twenty-five indicators of whether each individual outcome is present. The following table shows that across the 2,000 persons in the sample, the average 53 percent of outcomes were present. In addition, almost 55 percent of persons had more

than half of the outcomes present. A greater percent of persons under 21 years of age than persons 21 or over had more than half of the outcomes present (60% compared to 53 percent).

<b>Table 1</b>			
<b>Percent with 13 or More Outcomes Present and Average Percent of Outcomes Present</b>			
<i>January 1, 2006 - December 31, 2007</i>			
	Total	Age < 21 Yrs	Age 21+ Yrs
Percent with 13 or More Outcomes Present	54.7%	59.5%	53.1%
Average Percent of Outcomes Present	52.9%	54.4%	52.5%
Number of Interviews	2,000	484	1,516

### Independent Variables

Multiple situations and factors influence the extent to which individuals are able to achieve outcomes and goals that are important to them. We are limited to the factors available in the Delmarva data collected during the interview process: sex, age, home type, type of disability, area size, and number of supports present are available for analysis. The variable of primary interest to us in this study is Waiver type (DD vs. FSL).

In this study we are able to determine the impact each of these independent variables has on the likelihood that 13 or more outcomes are present, the percent of outcomes present, and the likelihood that each of the 25 POM outcomes is present. We then “control” for other factors (independent variables) when determining the net effect of Waiver type on outcomes. The independent variables used in the analysis are measured as follows:

- Gender: Male (coded 0) and Female (coded 1).
- Age: Regression models are analyzed separately for persons under 21 years of age and persons 21 or over. We show descriptive results for various age groups and analyze age as a continuous variable (without breaking it down by age groups) in the regression models.
- Area Size: The Medicaid Claims data from AHCA were used to identify the number of consumers living in each area during the study period. Areas with over 2,000 consumers on the DD HCBS waiver were categorized as Large. These include the Broward, Orlando, Miami-Dade and Suncoast areas. Medium size areas had from 1,000 to 1,999 consumers (e.g., Jacksonville, Pensacola, Tallahassee) and Small areas fewer than 1,000 consumers. The categories contain the following areas:
  - Large—7, 10, 11, 23

- Medium—1, 2, 3, 4, 9, and 13
- Small—8, 12, 14 and 15
- Home Type: There are several types of living arrangements available to people who receive services on the DD HCBS waiver. However, because FSL Waiver services are available only to persons living in a family home or independent/supported living setting, we limit the analyses to persons living in a family home or independent/supported living setting. Persons living in a group home or other institutional setting are excluded from these analyses. The categories are:
  - Family—family home and foster care
  - Independent—Independent Living and Supported Living
- Disability: Consumers with six different disabilities are included in the sample. These are grouped as follows:
  - Intellectual Disability
  - Cerebral Palsy
  - Autism
  - Other/Unknown—includes Epilepsy, Spina Bifida, Prader Willi, and Other<sup>3</sup>
- POM Support Items: Individuals receive a score ranging from 0 to 25 indicating how many of the following supports are available to assist them:<sup>4</sup>
  - Chooses personal goals
  - Chooses where and with whom they live
  - Chooses where they work
  - Has intimate relationships
  - Satisfied with services
  - Satisfied with personal life situations
  - Chooses daily routine
  - Has Privacy
  - Decides when to share personal info
  - Uses their environment
  - Lives in integrated environments
  - Participates in the life of community
  - Interacts with members of the community
  - Performs different social roles
  - Has friends

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<sup>3</sup> There were six individuals coded as “other” for the primary disability, in APD’s ABC database. Given the small number of individuals in the Epilepsy, Spina Bifida, Prader Willi, and ‘Other’ categories, they are grouped together for our analyses.

<sup>4</sup> These 25 indicators are the same for which outcomes are measured. A measure of whether the Outcome is present and a measure of whether the Support is present is created for each of the 25 indicators. This variable sums the number of indicators (out of a total of 25) with supports present for each individual.

- Is respected
- Chooses services
- Realizes personal goals
- Is connected to natural support networks
- Is safe
- Exercises rights
- Is treated fairly
- Has the best possible health
- Is free from abuse and neglect
- Experiences continuity and security

Descriptive statistics for each of the independent variables are presented in Table 2.<sup>5</sup> Data show the percent of persons in each demographic category for all persons in the sample, and separately for persons under 21 years of age and persons 21 or over. The ratio of male to female consumers shows a higher proportion of men than women. Almost 57 percent of the sample is male and 44 percent is female. This ratio is somewhat more pronounced amongst persons under 21 years of age. Children aged 17 years or younger are a sizable portion of the sample at 19 percent. The majority of individuals in the sample fall between 26 and 54 years of age. Data not shown here also indicate that 43.1 percent of individuals on the FSL Waiver are 17 or younger, compared to only 14.1 percent of individuals on the DD Waiver.

Most individuals in the sample live in family or foster homes, almost 74 percent compared to just over 26 percent in independent or supported living arrangements. It is not surprising the overwhelming majority of individuals under 21 years of age (98%) live in a family or foster home. The largest percent of consumers in the sample have an intellectual disability as their primary disability (73%). The total percent of people with Cerebral Palsy, Autism, or one of the “other” disabilities as their primary disability is quite small compared to those with an intellectual disability. However, a much smaller proportion of individuals amongst persons under 21 years of age have an intellectual disability as their primary disability (49%). The average number of supports is the same for both age groups. While not shown on this table, the average number of supports for individuals on the FSL Waiver is 14 compared to 14.2 for the DD Waiver, also quite similar.

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<sup>5</sup> See FSQAP Year Four Annual Report, submitted to AHCA September 15, 2005, for population characteristics by gender, age, disability and home type.



<b>Table 2</b>			
<b>Sample by Demographic Characteristic<sup>6</sup></b>			
<b>January 1, 2006 - December 31, 2007</b>			
Demographic Characteristic	Total	Age < 21 Yrs	Age 21+ Yrs
<b>Gender</b>			
Female	43.5%	38.6%	45.0%
Male	56.6%	61.4%	55.0%
<b>Age Group</b>			
17 and under	18.7%	77.1%	0.0%
18 to 21	7.6%	22.9%	2.6%
22 to 25	10.0%	0.0%	13.2%
26 to 44	43.2%	0.0%	56.9%
45 to 54	13.5%	0.0%	17.8%
55 to 64	6.0%	0.0%	7.9%
65 and over	1.2%	0.0%	1.6%
<b>Home Type</b>			
Family/Foster	73.5%	97.7%	65.8%
Independent/Supported	26.5%	2.3%	34.2%
<b>Disability</b>			
Intellectual Disability	73.1%	49.4%	80.7%
Cerebral Palsy	15.0%	22.3%	12.7%
Autism	7.5%	22.1%	2.8%
Other	4.5%	6.2%	3.9%
<b>Area Size</b>			
Large	49.2%	53.9%	47.6%
Medium	37.1%	33.9%	38.1%
Small	13.8%	12.2%	14.3%
<b>Waiver Type</b>			
DD Waiver	84.4%	67.2%	89.8%
FSL Waiver	15.7%	32.9%	10.2%
Average # of Supports	14.2	14.2	14.2
Number of Interviews	2,000	484	1,516

A greater percent of individuals in the sample receive services through the DD Waiver (84%) than through the FSL Waiver (16%). However, this discrepancy is reduced amongst individuals under 21 years of age. Almost 33 percent of persons under 21 receive FSL Waiver services as compared to 10 percent of individuals 21 or over. Clearly the FSL Waiver often functions to help meet the needs of young people on the waiting list for the DD Waiver.

<sup>6</sup> Some categories sum to slightly more than 100% due to rounding.

To further examine the differences in Waiver type by age, we present the percent of each Waiver’s recipients who are over and under 21 years of age in Table 3. Data indicate that while just under 25 percent of the total sample is under 21 years of age, over half of FSL Waiver recipients are under 21 years old. Similarly, persons 21 years or older comprise over 75 percent of the sample but less than half of the sample of FSL Waiver recipients.

<b>Table 3</b>			
<b>Percent of Waiver Recipients</b>			
<b>Over and Under 21 Years of Age</b>			
<i>January 1, 2006 - December 31, 2007</i>			
	FSL Waiver	DD Waiver	Total
Under Age 21	50.8%	19.3%	24.2%
21 Years or Older	49.2%	80.7%	75.8%

## Results

### Regression Analysis Results

Regression results present the coefficients, odds ratio, and p-values for each variable in the regression models. The coefficient (Linear Regression) indicates the direction of the relationship between the independent and dependent variable. A positive coefficient indicates that increasing values of the independent variable result in increasing values of the dependent variable. A negative coefficient indicates that increasing values of the independent variable result in decreasing values of the dependent variable. In fact, the coefficient tells us the size of the change in the dependent variable for a unit change in the independent variable. For example, the coefficient for number of supports present for persons under 21 years old in Table 5 tells us that when the number of supports present increases by one, the percent of outcomes present increases by .03.

The odds ratio (logistic regression) tells us the percent change in the odds of having 13 or more outcomes present (or in the odds of having an outcome present for models examining individual POM outcomes) for a unit change in the independent variable. So the odds of having more than half of outcomes present is 25 percent higher (odds ratio  $(1.25) - 1 * 100 =$  percent change) for persons who receive services through the FSL Waiver than for persons who receive services through the DD Waiver for persons under 21 years of age (Table 4). The p-value reflects the statistical significance of the relationship between each variable and the dependent variable. A p-value of .05 or smaller is often used in the social sciences to indicate that there is a real impact of the variable on the dependent variable—5% chance or less the result is due to error. P-values for coefficients and odds ratios are presented in each table.

Gender, Area size, home type, and disability are examined in the form of discrete variables. This means they are grouped into several categories, and the results are interpreted in terms of the reference group. For example, the results for consumers living in independent/supported living settings are relative to the reference group, people living in family or foster homes. The reference group for sex is male, for area size is Small-Size Areas, and for disabilities is Intellectual Disability.

**Results for 13+ Outcomes**

Table 4 presents results from two regression models that assess the impact of variables on the odds of having 13 or more (more than half) outcomes present.

<b>Table 4</b>				
<b>Regression Results: 13+ Outcomes Present</b>				
<i>January 1, 2006 - December 31, 2007</i>				
Independent Variables	< 21 Years Old		21+ Years Old	
	Odds Ratio	P-Value	Odds Ratio	P-Value
FSL Waiver	1.25	0.488	0.95	0.853
Gender	1.11	0.720	0.64	0.010
Age	0.86	0.001	1.00	0.916
Independent/Supported Living	0.30	0.169	1.86	0.001
Cerebral Palsy	0.59	0.153	1.23	0.445
Autism	0.88	0.748	1.43	0.600
Other Disability	1.15	0.826	2.49	0.041
Medium-Size Area	3.68	0.005	2.81	0.000
Large-Size Area	2.17	0.085	1.19	0.492
Number of Supports Present	1.46	0.000	1.64	0.000
Number in Sample	484		1,516	

Results show:

- The odds of having 13 or more outcomes present does not differ for persons who receive services through the FSL Waiver and persons who receive services through the DD Waiver. There is no effect of waiver type for persons under 21 years of age or for persons 21 and over, controlling for other factors, including the number of supports.
- There are no differences between male and female recipients in the odds of having 13 or more outcomes present for persons less than 21 years old. However, amongst persons 21 or older, women are less likely to have 13 or more outcomes present than are men, controlling for Waiver type.

- Amongst persons under 21 years of age, aging reduces the likelihood of having more than half of outcomes present. As individuals approach their 21<sup>st</sup> birthday, their odds of having more than half of outcomes present declines regardless of Waiver type.
- Age does not significantly impact the odds of having 13 or more outcomes present among persons over 21 years of age on either Waiver.
- Home type does not impact the odds of having 13 or more outcomes present for persons under 21 years of age. However, this result is likely effected by the very small number of children under 21 who live in an independent or supported living environment (n=11). For persons 21 or older on either Waiver, living in an independent or supported living arrangement significantly increases the chance of having more than half of outcomes present.
- Similarly, type of disability has no impact on outcomes for persons under 21 years of age. However, having a disability categorized here as other (Epilepsy, Spina Bifida, Prader Willi, or other qualifying disabilities) increases the odds that persons 21 years or older on either Waiver will have 13 or more outcomes present.
- Compared to persons who live in Small-size Areas, persons in Medium-size Areas are more likely to have 13 or more outcomes present.
- Across all ages, persons who have more supports present are more likely to have more than half of outcomes present regardless of Waiver Type.

### Results for Percent of Outcomes

The following table presents results from two regression models which assess the impact of variables on the percent of outcomes present for persons less than 21 years old and person 21 and over.

<b>Table 5</b>				
<b>Regression Results: Percent of Outcomes Present</b>				
<i>January 1, 2006 - December 31, 2007</i>				
Independent Variables	< 21 Years Old		21+ Years Old	
	Coefficient	P-Value	Coefficient	P-Value
FSL Waiver	0.031	0.007	0.003	0.701
Gender	-0.002	0.857	-0.009	0.098
Age	-0.004	0.009	0.000	0.764
Independent/Supported Living	-0.043	0.233	0.030	0.000
Cerebral Palsy	0.010	0.461	0.000	0.953
Autism	0.017	0.218	0.014	0.396
Other Disability	-0.006	0.789	0.037	0.007
Medium-Size Area	0.053	0.003	0.047	0.000
Large-Size Area	0.028	0.102	0.003	0.725
Number of Supports Present	0.026	0.000	0.030	0.000
Number in Sample	484		1,516	

Results show:

- For persons under 21 years of age, receiving services through the FSL Waiver rather than the DD Waiver increases the percent of outcomes present.
- Waiver type does not significantly impact the percent of outcomes present for persons 21 years or older.
- Amongst persons under 21 years of age, aging reduces the percent of outcomes present. As persons on either Waiver approach their 21<sup>st</sup> birthday, they experience a decline in the percent of outcome present in their lives.
- For persons 21 or older on either Waiver, living in an independent or supported living arrangement significantly increases the percent of outcomes present.
- Having a disability categorized here as other (Epilepsy, Spina Bifida, Prader Willi, or other qualifying disabilities) increases the percent of outcomes present for persons 21 or older on either Waiver.
- Compared to persons who live in Small-size Areas, persons in Medium-size Areas have a higher percent of outcomes present regardless of Waiver type.
- Across all ages and Waiver types, persons who have more supports present have a higher percent of outcomes present.

### Results for Individual POM Elements

Table 6 presents coefficients and p-values for the FSL Waiver variable from ten regression models that assess the impact of variables on the odds that individual POM outcomes are present separately for persons under 21 years old and 21 and over. A positive result (Odds Ratio  $\geq 1$ ) indicates individuals receiving services through the FSL Waiver were more likely to have the outcome present than were individuals on the DD Waiver. For simplicity, we do not present results for other variables in the models, or for models in which the FSL Waiver variable is not significant. Blank cells indicate the FSL Waiver variable was not significant in the model. However, models include all variables presented in Tables 4 and 5.

Table 6 Regression Results: Significant Odds Ratios for FSL Waiver for Individual POM Models January 1, 2006 - December 31, 2007				
Dependent Variable	< 21 Years Old		21+ Years Old	
	Odds Ratio	P-Value	Odds Ratio	P-Value
Chooses where and with whom they live	1.87	0.027		
Satisfied with services			0.68	0.042
Satisfied with personal life situations	2.05	0.013		
Chooses daily routine	1.93	0.006		
Decides when to share personal info	0.59	0.025		
Uses their environment	1.59	0.049		
Lives in integrated environments			1.44	0.049
Performs different social roles			1.84	0.005
Has friends	1.74	0.028		
Is respected	1.97	0.009		
Experiences continuity and security			0.65	0.037

Results show:

- Persons under 21 years old and persons 21 and over share no outcomes in common that are significantly impacted by Waiver type. Seven outcomes for those under 21 years old are significantly impacted by the FSL Waiver. None of these seven outcomes is impacted by the FSL Waiver amongst those 21 and older. Similarly, four outcomes of those 21 and over are significantly impacted by the FSL Waiver. However, none of these four outcomes is impacted by the FSL Waiver amongst those under 21 years of age.
- Persons under 21 years old who receive services through the FSL Waiver are more likely than their counterparts who receive services through the DD Waiver to *Choose where and with whom they live*, feel *Satisfied with personal life situations*, *Choose their daily routine*, and *Use their environment*. They are also less likely to *Decide when to share personal information*.
- Persons 21 years and over who receive services through the FSL Waiver are more likely than their counterparts who receive services through the DD Waiver to *Live in integrated environments*<sup>7</sup> and *Perform different social roles*. Individuals on the FSL Waiver are also less likely to feel *Satisfied with services* and *Experience continuity and security*.

<sup>7</sup> This study includes only individuals living in a family home or independent/supported living setting. Most likely, the impact of Waiver type on the POM outcome *Lives in an Integrated Setting* indicates the independent/supported living setting of FSL Waiver recipients is more integrated than the independent/supported living setting of DD Waiver recipients.

## Discussion and Recommendations

The purpose of this study is to assess the effectiveness of the FSL Waiver in supporting outcomes of individuals. The impact of the FSL Waiver on outcomes is compared to the DD Waiver, using the POM interview elements to measure outcomes. Individuals living in a family or foster home or in independent or supported living are included in the analysis. The effect of Waiver type and a set of demographic characteristics on outcomes are examined using regression analysis.

Persons who receive services through the FSL Waiver achieve outcomes on par with persons who receive services through the DD Waiver. There is no difference between them in the likelihood of having 13 or more outcomes present in their lives. However, amongst persons under 21 years of age, those who receive services through the FSL Waiver are likely to have more outcomes present on average than those who receive services through the DD Waiver, controlling for other factors. This is true at all levels of outcomes present in their lives.

The greater number of outcomes among young FSL Waiver recipients as compared to young DD Waiver recipients is somewhat surprising. The FSL and DD Waivers provide funding for similar services, but the FSL Waiver has stricter limitations on total funding and services offered. Therefore it seems unlikely the FSL Waiver has a more effective impact on outcomes than the DD Waiver. A few other factors may be impacting results.

- It is possible that selection of somewhat different populations into the two waivers may be creating the effect. The financial cap on FSL Waiver services, and the limited number of services offered, may exclude individuals with more intensive (and expensive) needs, and these intensive needs also create more challenging barriers to achieving outcomes. If individuals with more intensive needs and barriers to outcomes tend to receive services through the DD as opposed to the FSL Waiver, it may explain the lesser outcomes among DD as opposed to FSL Waiver recipients.
- There is also a larger proportion of children age 17 and younger on the FSL Waiver. These individuals are more likely to be in school and receiving services and supports that help improve their outcomes.
- We also know that for persons under 21 years old, outcomes decline as they age. Holding constant waiver type, sex, home type, disability, Area size, and the number of supports present, outcomes decrease as individuals approach their 21st birthday. As noted above, as children age they are less likely to be in school. Previous Delmarva studies have shown that children tend to have more outcomes than adults. The results of the current study suggest that there is a threshold level as they near age 21, beyond which age no longer impacts outcomes.

Expanding the FSL Waiver is one avenue to providing supports and improving outcomes for children and teens with developmental disabilities who are not already receiving services. Results here indicate the FSL Waiver is effective for children, particularly younger children. It also appears to offer a more cost-effective means of improving outcomes for persons with developmental disabilities whose needs can be met within the limitations of the waiver.

*Recommendation 1: APD has developed, but not yet fully implemented, a needs assessment tool. Results from the assessment will determine the level of services individuals require. Based on results of this study, APD should consider offering the FSL Waiver only to children who are in school where other supports are offered. The children should not have intensive needs that are better covered through the DD Waiver. Proper screening could help additional children receive the minimum amount of services they need and leave room on the DD Waiver for children with more intensive needs.*

Persons under 21 years of age on the FSL Waiver are more likely than young persons on the DD Waiver to *Choose where and with whom they live*, feel *Satisfied with personal life situations*, *Choose their daily routine*, and *Use their environment*. Persons 21 years and over on the FSL Waiver are more likely than those on the DD Waiver to *Live in integrated environments* and *Perform different social roles*. If persons with more intensive developmental disabilities receive services through the DD Waiver as opposed to the FSL Waiver, it could explain the greater likelihood of persons receiving services through the FSL Waiver to achieve these outcomes. On average, we might expect persons with less intensive disabilities to experience greater choice in living arrangements and in day-to-day activities, feel more satisfaction about life, face fewer obstacles in using their environment, and experience more social opportunities than persons with more severe disabilities. Living in integrated environments and performing different social roles are likely outcomes that are more relevant to the lives of adults than children.

*Recommendation 2: APD and AHCA should consider examining the severity of disability of persons receiving services through the FSL as opposed to the DD Waiver, and not yet receiving services. Results could be used in the screening process, as noted in Recommendation 1 above, to help ensure individuals are placed on the proper Waiver based on need for the type and number of services, rather than where they live.*

*Recommendation 3: When the process is complete, APD and AHCA should consider whether there are any individuals currently receiving services through the DD Waiver*



*who might be adequately served by the more limited services and funds of the FSL Waiver.*

Young individuals on the FSL Waiver are also less likely to *Decide when to share personal information* than are young individuals on the DD Waiver. Similarly, persons 21 and over on the FSL Waiver are less likely to feel *Satisfied with services* and *Experience continuity and security*. This may suggest that persons 21 or over who receive services through the FSL Waiver feel that they would benefit from more services than they can receive within the limitations of the FSL Waiver.

*Recommendation 4: APD should investigate whether, and how many, FSL Waiver recipients feel a need to receive services not available to them through the FSL Waiver.*

When individual POM outcomes are examined, we see that waiver type does not significantly impact the same outcomes for persons under 21 years of age and persons 21 and over. In fact, when examining the likelihood of having 13 or more outcomes present and the percent of outcomes present, only living in a medium-size area and the number of supports present impact outcomes similarly for persons in both age groups. Age negatively impacts outcomes only for persons under 21 years of age. Living in an independent/supported living setting and having a disability classified as Other (Epilepsy, Spina Bifida and Prader Willi) both positively impact outcomes only for persons over 21 years of age. All of these results suggest the relationship between outcomes and other factors varies significantly for persons under and over 21 years old.

*Recommendation 5: It is clear the dynamics effecting outcomes differs significantly for persons over and under 21 years of age. Delmarva and APD studies should examine outcomes separately for persons in these two age groups.*

## Attachment 1 Personal Outcome Measures

### Identity

- People choose personal goals.
- People choose where and with whom they live.
- People choose where they work.
- People have intimate relationships.
- People are satisfied with services.
- People are satisfied with their personal life situations.

### Autonomy

- People choose their daily routine.
- People have time, space and opportunity for privacy.
- People decide when to share personal information.
- People use their environments.

### Affiliation

- People live in integrated environments.
- People participate in the life of the community.
- People perform different social roles.
- People have friends.
- People are respected.

### Attainment

- People choose services.
- People realize personal goals.

### Safeguards

- People are connected to natural support networks.
- People are safe.

### Rights

- People exercise rights.
- People are treated fairly.

### Health and Wellness

- People have the best possible health.
- People are free from abuse and neglect.
- People experience continuity and security.