



INDIANA INDIVIDUAL EXPERIENCE SURVEY REPORT

Division of Disability and Rehabilitative Services
Family and Social Services Administration
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EXECUTIVE SUMMARY

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate their current Home and Community Based Services (HCBS) settings, including residential and non-residential settings, to demonstrate compliance with the new federal HCBS settings rule that go into effect as of March 17, 2019.

The final rule defines HCBS settings as more process and outcome oriented and guided by the waiver participant's person-centered plan which documents their choices based on the individual's needs and preferences. The purpose of the federal regulation, in part, is to ensure that people are receiving Medicaid HCBS in settings that are integrated in, and have support to access the greater community. This community access includes opportunities to seek employment, work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as people who do not receive HCBS. According to the HCBS this occurs by ensuring that settings:

- optimize individual initiative, autonomy, and independence in making life choices;
- ensure an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint;
- facilitate individual choice regarding services and supports, and who provides them;
- are integrated in and supports access to the greater community;
- provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources;

- ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid Home and Community Based Services; and
- are selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting.

Any modifications of the above criteria must be supported by a specific, assessed need and justified in the person-centered service plan.

Each state was required by CMS to review their current programs and services to measure where and how they provide services in compliance with this new HCBS rule, and to write a plan that shows how changes to their programs and services will be made in order to comply with the new rule. Indiana's [Statewide Transition Plan](#) outlines what changes will be made in order to come into compliance by March 17, 2019.

Indiana has eight programs, across three divisions (Division of Disability and Rehabilitative Services, Division of Aging and Division of Mental Health and Addiction) that provide HCB services. DDRS is responsible for services provided under the Community Integration and Habilitation (CIH) waiver and Family Supports (FS) waiver. Indiana submitted its Statewide Transition Plan to CMS on April 30th, 2015. The Individual Experience Survey (IES), a component of Indiana's Statewide Transition Plan, was used to gain an understanding of an individual's experience and choices in the CIH and FS waiver programs.

In an effort to obtain a quality assessment of Indiana's compliance with the HCBS rules, DDRS, through the Individual Experience Survey, identified and analyzed the experiences and choices individuals with intellectual and developmental disabilities have in their daily lives. DDRS contracted with the Center on Community Living and Careers (CCLC), a center of the

Indiana Institute on Disability and Community at Indiana University to develop, implement, and analyze the results from the survey for 17,857 individuals receiving services and supports through the Community Integration and Habilitation Waiver and the Family Support Waiver. The purpose of gathering the information through the survey was to allow DDRS to have a starting point for a more in-depth analysis and validation of the data through record reviews; provider surveys; site visits; and to have an understanding of “the people behind the data.”

This executive summary highlights key findings from the analysis of the 24-question secure, web-based survey. The body of the report describes the daily life experiences for people with intellectual and developmental disabilities (IDD) who received waiver services in Indiana as of July 2015. Key questions included:

- Are individuals with IDD living in integrated settings?
- Who do individuals with IDD spend their time with and how often?
- Do individuals with IDD have choices in their daily lives?
- How often do individual with IDD access community activities and with whom?
- Where do individuals with IDD spend their day?
- What is the guardianship status for individuals with IDD?

The data collected from the survey included information for 9,781 individuals receiving CIH services and 7,107 individuals receiving FS services for a total of 16,888 individuals. There were 969 instances of the original total 17,857 that were eliminated due to missing variables that rendered the responses inconclusive. The overarching results help understand potential systemic and individual concerns throughout Indiana. Key information that emerged from the data reported by individuals completing the survey included:

- Most individuals receiving CIH services reported living in an apartment/house (58%), whereas individuals receiving services through the FS live with their family/guardian (90%).
- For individuals using CIH services who lived in an apartment/house (5,362), 81% reported that they rented their apartment or house individually. Nineteen percent (19%) reported that they rented their apartment through a provider.
- Of the individuals who rented their apartment or house through a provider (1,022), 30% live on the same street with multiple locations owned by the provider, and 14% live within a complex where the majority of residents use waiver services.
- Overall, approximately 5% of individuals accessing CIH reportedly lived in some type of congregate settings.
- Individuals receiving CIH services were less likely to have interactions with family and friends (unpaid) than individuals using FS services. In a typical month, 23% of individuals reported that they did not communicate face to face with family or friends (unpaid).
- Thirty-seven percent (37%) reported that they did not use any technology (social media, phone, email, Skype) to connect with family/friends while 63% did access this technology sometime during a typical month.
- Choices in daily routines showed that almost 20% of individuals, regardless of the waiver services, reported that they may not have the opportunity to make decisions and choices in their daily routines (e.g., what to wear, what to eat, when to get-up).
- Almost 25% of the individuals reported that they may not have an opportunity to choose their daily schedules.

- Over half of the individuals invite guests or friends to their homes.
- Many individuals had limited access (52%, CIH; 68%, FS) to a computer.
- The majority of all individuals (74%) using waiver services on CIH and FS (excluding school-age students) reported that they spent the majority of their day either in their residences, activity centers, or sheltered workshops.

A few systemic themes emerged from the data reported to indicate there may be a need to ask additional questions to move toward having a more in-depth understanding of some of the results and the individuals who make up the results. These include:

- Individuals of all ages using waiver services tend to spend their day in segregated settings and/or their residences (77%, CIH; 71%, FS).
- If individuals rented their apartment from a provider (1,022 or 11%), they were more likely to live in an area with other individuals who also have disabilities (44%).
- Access to and knowledge of technology may impact the frequency of interactions and contacts with family, friends, and others through social media (52%, CIH; 68%, FS did not have access).

INTRODUCTION

Indiana Division of Disability and Rehabilitative Services (DDRS) contracted with the Center on Community Living and Careers, a center of the Indiana Institute on Disability and Community at Indiana University, to collaborate on developing a survey as part of Indiana's Statewide Transition Plan to assess the state's compliance with Center on Medicaid and Medicare Services (CMS), Home and Community-Based Services (HCBS) rules. In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate their current Home and Community-Based Services (HCBS) settings, including residential and non-residential settings, to demonstrate compliance with the new federal HCBS settings rule that went into effect as of March 17, 2014.

The final rule defines HCBS settings as more process and outcome oriented and guided by the waiver participant's person-centered plan that documents the options based on the individual's needs and preferences. The purpose of the federal regulation, in part, is to ensure that people are receiving Medicaid HCBS in settings that are integrated in and supports access to the greater community. This includes opportunities to seek employment, work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as people who do not receive HCBS. This occurs by ensuring settings:

- optimize individual initiative, autonomy, and independence in making life choices;
- ensure an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint;

- facilitate individual choice regarding services and supports, and who provides them;
- are integrated in and supports access to the greater community;
- provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources;
- ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid Home and Community-Based Services; and
- are selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting.

Any modifications of the above criteria must be supported by a specific assessed need which is justified in the person-centered service plan.

Each state is required to review their current programs and services to measure where and how they provide services in compliance with the new rule, and to write a plan that shows how changes to their programs and services will be made in order to comply with the new rule. The [Statewide Transition Plan](#) outlines what changes will be made in order to come into compliance by March 17, 2019.

In an effort to obtain a better assessment of Indiana's compliance with the HCBS rules, DDRS's identified and analyzed the experiences and choices individuals with intellectual and developmental disabilities make in their daily lives. DDRS wanted to utilize a broad array of questions in order to gain a more holistic view of how individuals live, work, and play in their communities.

The reason for the development and implementation of the Individual Experience Survey (IES) was to better understand how individuals spend their time and access their

communities. Through the IES, DDRS wanted to determine if services provided lead to greater community integration and use of natural supports. The results would be the starting point for DDRS to conduct a more in-depth analysis of the data through provider surveys, record reviews and site visits, as needed.

The Individual Experience Survey was designed to:

- provide information about the choices, experiences and outcomes achieved by individuals receiving Medicaid waiver services. For example, the system includes measures related to integration and where individuals spend most of their time;
- collect and report on measures as a “snapshot,” allowing for a more in-depth analysis, as warranted;
- collect data on an individual service recipient basis, rather than at a program level;
- and
- provide DDRS with sufficient data to assist with additional analysis, and validate the data and experiences as required by CMS.

METHODOLOGY

Sample

The Division of Disability and Rehabilitative Services (DDRS) prepopulated the database with data for 17,857 individuals receiving the Community Integration and Habilitation (CIH) Waiver and the Family Support Waiver (FS). Information in the database included each individual’s unique ID, case manager company, and case manager. DDRS only identified those individuals who had been receiving wavier services for at least three months as of July 2015.

The Center on Community Living and Careers (CCLC) was responsible for adding new case managers to the system and/or changing case management companies. CCLC oversaw the data entry and troubleshooting with individual case managers' user issues. Data collection occurred from July 1, 2015 through January, 30, 2016, through the quarterly Individual Support Plan (ISP) meetings with case managers and team members.

Survey

The survey was developed in collaboration with DDRS and CCLC staff based on information needed to guide Indiana's Statewide Transition Plan for compliance with the CMS and HCBS and in response to the criteria CMS used in the final HCBS rules. The 24-question closed-ended survey was piloted with three different disability provider organizations with 15 individuals receiving waiver services, in order to determine the clarity of questions, ease of use of survey, length of the questions, and time required for administering the survey. Based on the feedback, DDRS and CCLC revised the survey and developed a final web-based version.

The intent of the survey was to allow DDRS a beginning point or baseline data to determine what was occurring across the state and to determine an individual's experiences receiving wavier services and supports in response to CMS' criteria with the new regulations. Ultimately, the validity of the survey was to determine if people receiving Medicaid HCBS are in settings that are integrated in and support full access to the greater community and relationships. Due to capacity and costs, inter-rater reliability was not conducted among the case managers, that is, to ensure agreement among two or more raters while administering the survey. The reliability of the data will be assessed as DDRS staff conduct record reviews and

onsite visits to verify the responses as part of the HCBS Transition Plan. This will allow for a more in-depth review.

The 24-question survey was administered by case managers during quarterly Individual Support Plan (ISP) team meetings. The questions were directed to the consumer and family members/guardians, although other team members offered information as needed.

Training for Data Collection

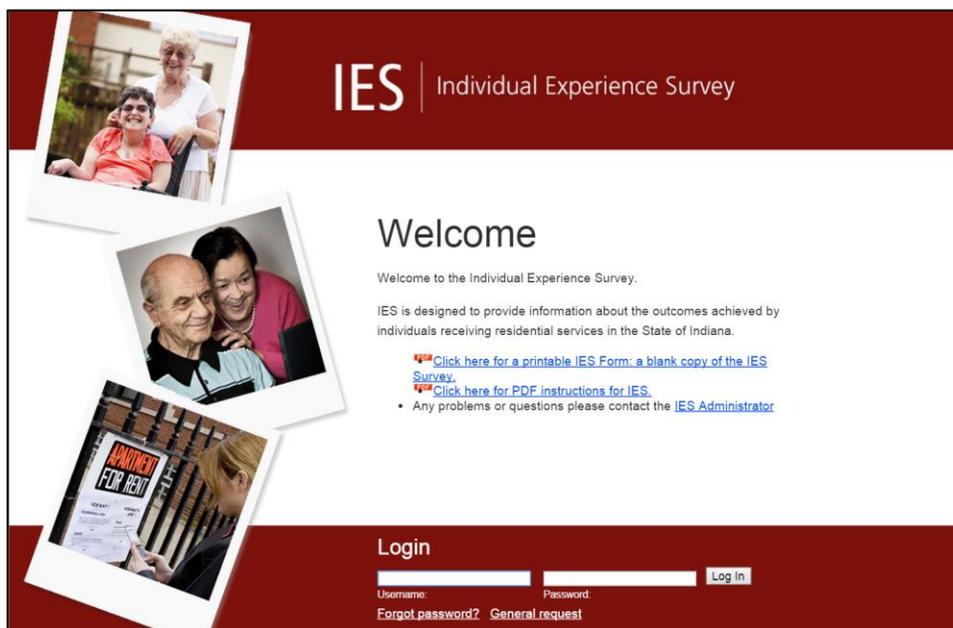
Case managers were responsible for conducting the survey during a quarterly meeting with each individual on their caseload who met the criteria of receiving waiver services for at least three months prior to July 1, 2015. DDRS met with each case management company over several months to agree upon the logistics of the data collection methodology. Training consisted of:

- a series of three webinars for case managers to participate in to learn about the system, including verification of participation (see Appendix A for training slides). The webinar trainings included background information on the “why” the survey was occurring, CMS criteria and requirements, DDRS expectations of the logistics (e.g. during an ISP quarterly meeting to avoid additional scheduling), and a “walk-through” of the online system, discussion of each question with explanations, and example scripted probes to ensure understanding;
- an instructional booklet (see Appendix B) and data form (see Appendix C), to refer to as the data system was demonstrated, on how to access the system, and identify username and password;

- a “Frequently Asked Questions” (FAQs), section was summarized after each webinar and posted on the DDRS website;
- a “script” with probing questions and examples to assist case managers in the conversation with the consumers, family members/guardians, and team members; and
- a follow-up webinar for case managers who wanted a refresher, or for those who were new to the case management system, and/or who did not participate in prior trainings.

During the training, case managers were instructed on how to access the web-based data system and on where additional instructional information was located (Figure 1).

Figure 1. Individual Experience Survey Screenshot



RESULTS

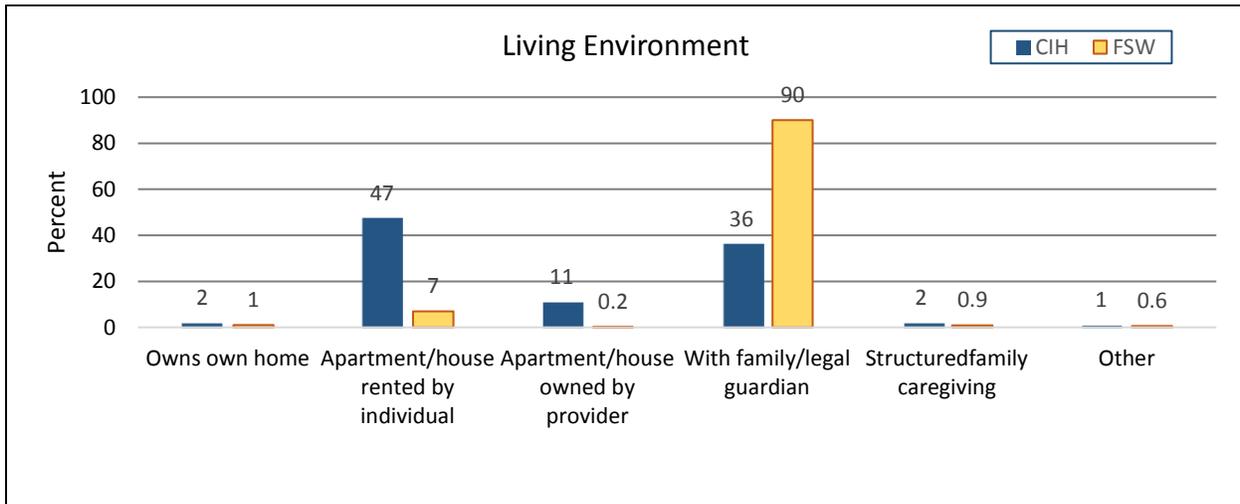
These findings are based upon the overall experiences of 16,888 individuals receiving services through the either the CIH or FS waivers. There were 969 entries of the original total 17,857 that were eliminated due to missing variables that rendered the responses inconclusive.. This report summarizes information for 9,781 individuals receiving CIH services and 7,107 individuals receiving FS services.

The following summary report is divided into four sections. Part One summarizes information about the individual's living environment. Part Two provides information about the individual's choices, activities, and who they spend time with in these activities. Part Three describes primary daytime activities. And finally, Part Four summarizes demographic and guardianship information.

Part I. Living Environment

The results are presented by individual waiver (CIH vs. FS) with some questions more relevant to those individuals receiving CIH services due to the residential nature of the services on CIH. Understanding the environment where someone lives was the starting question. As shown in Figure 2, the majority of individuals (90%) using FS services live with their family/guardian compared to those on CIH (36%). Over half of the individuals (58%) receiving CIH services live in an apartment/house either rented by the individual with IDD or owned by the provider.

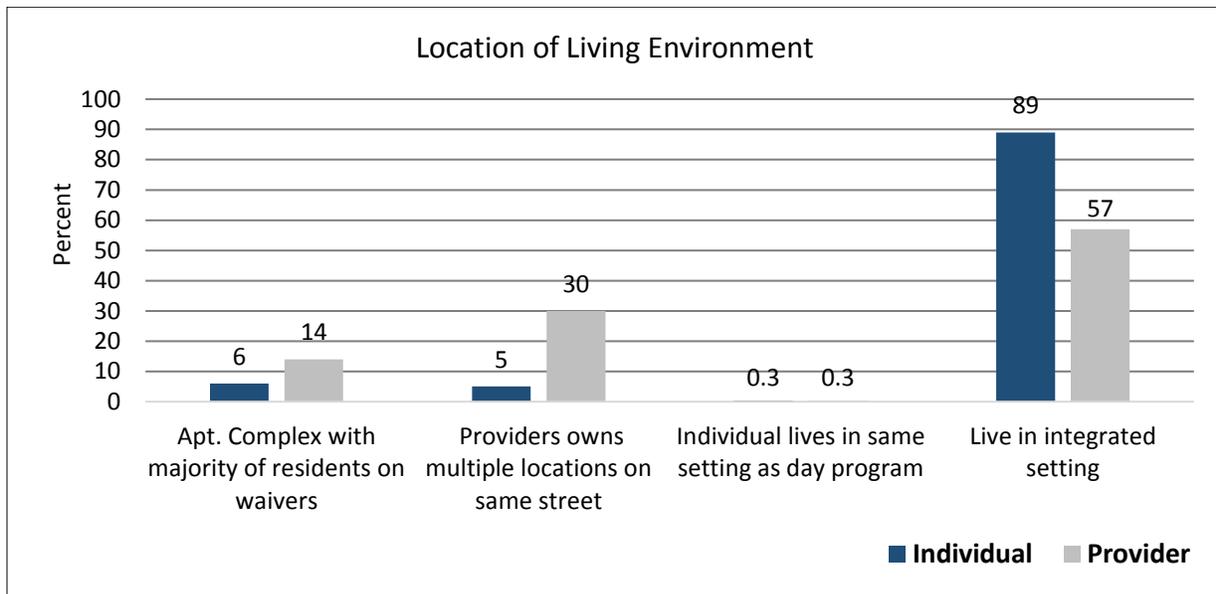
Figure 2. Living Environment



Most individuals receiving CIH waiver services reported living in an apartment or house rented by the individual or owned by the provider (5,362) as shown in Figure 3. The majority of those who rented an apartment/house individually (4,340) indicated that they lived in integrated settings; 11% lived in an apartment, townhouse or other complex with the majority of residents on waivers or on a street with multiple locations owned by a provider. For those apartments or houses owned by a provider (1,022), 30% lived on the same street with multiple locations owned by the provider; while 14% lived within a complex where the majority of residents received waiver services.

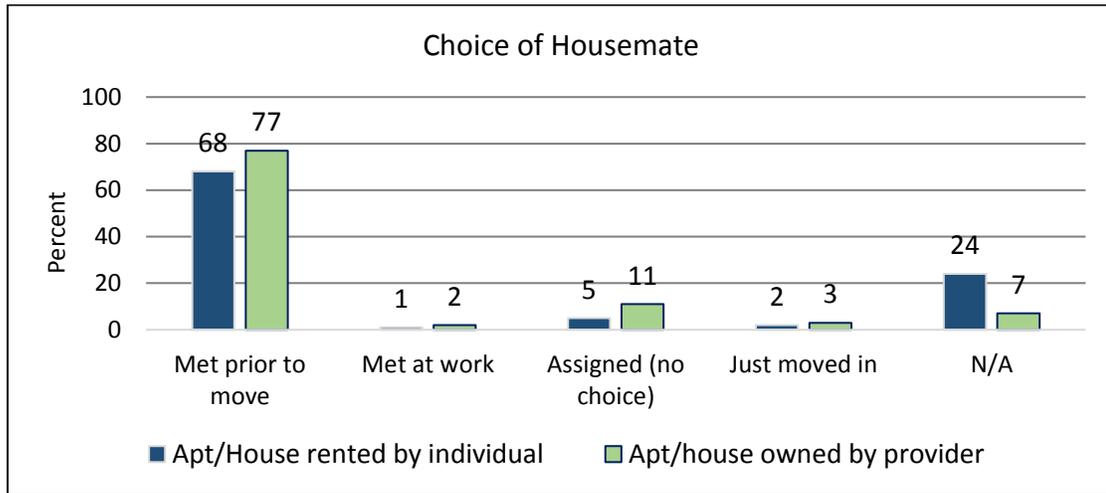


Figure 3. Location of Living Environment



Residents who rented their apartment/house individually or who lived in an apartment/house owned by a provider were asked if they had a choice in housemates prior to moving in together. Figure 4 shows the majority of individuals receiving CIH services reported that they had met prior to moving in together.

Figure 4. Choice of Housemate



Two questions in the survey focused on if individuals receiving waiver services shared a bedroom and the number of people without disabilities living in the residence for both waiver services. Table 1 shows the majority of individuals reported having their own bedroom regardless of the type of waiver services (CIH vs FS). Sixty-one percent (61%) of residents using CIH services reported that they did not live with individuals *without* disabilities (Table 2).

Table 1. Number of People Sharing Bedrooms

		Number of people who share a bedroom	N
Response		% Respondents	
CIH	Do Not Share	95	9781
	Two People Share	4	
	Three People Share	0.3	
	Three or More People Share	0.2	
FS	Do Not Share	90	7107
	Two People Share	9	
	Three People Share	1	
	Three or More People Share	0.4	

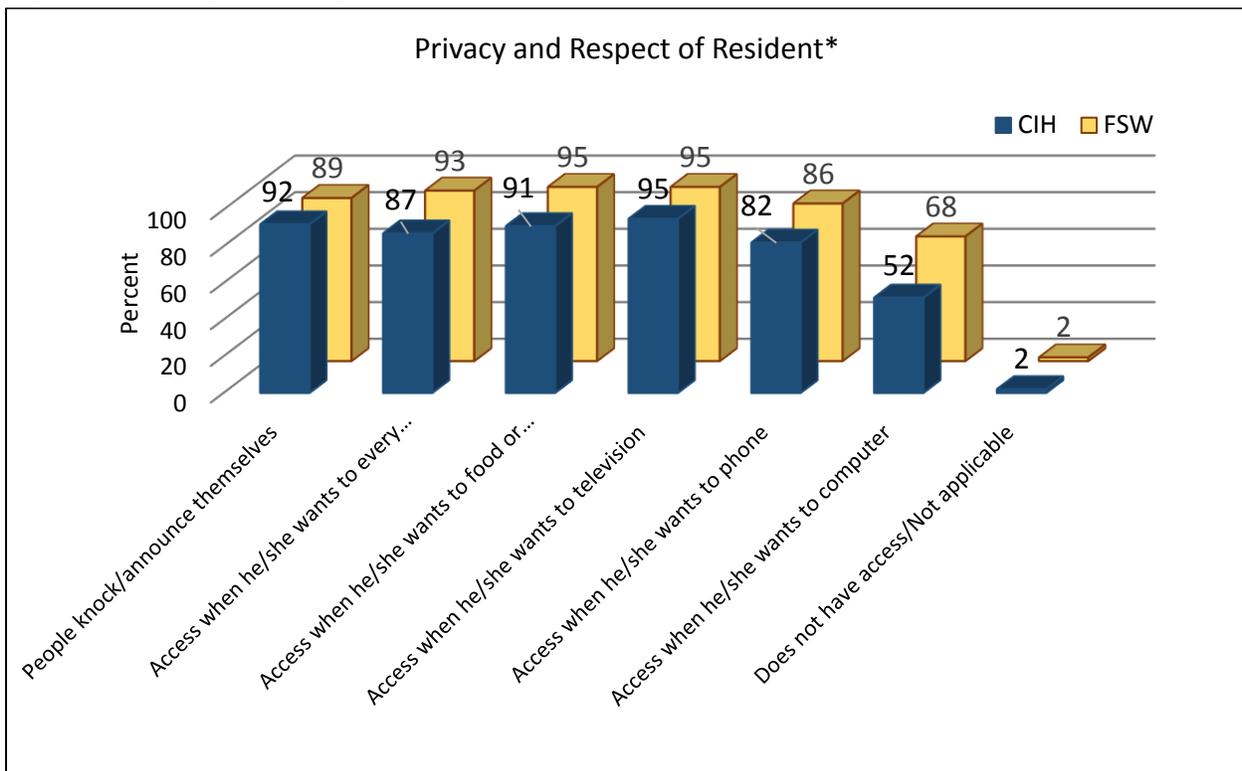
Table 2. Number of People without Disabilities Living in Residence

		No. of individuals <i>without</i> disabilities living in residence (nonpaid)	
Response		% Respondents	N
CIH	No Individuals	61	9781
	1 Individual	9	
	2 Individuals	17	
	3 or more Individuals	13	
FS	No Individuals	12	7107
	1 Individual	16	
	2 Individuals	35	
	3 or more Individuals	37	

The data indicated that most school-age children lived with their families or guardians therefore, school-age individuals' data was removed from the following analysis (4,395) to explore privacy/respect adult residents have within their home.

The responses of those who indicated they were not attending school (a total of 12,494; 8,241, CIH; and 4,253, FS) in Figure 5 shows that 45% of individuals using the CIH waiver and 60% using FS services had access to all areas/items within their home. Many individuals have access (52%, CIH; 68%, FS) to a computer. Although there was a high percentage for both groups (95%) having access to a television, the survey did not ask if there was a choice in viewing favorite TV shows.

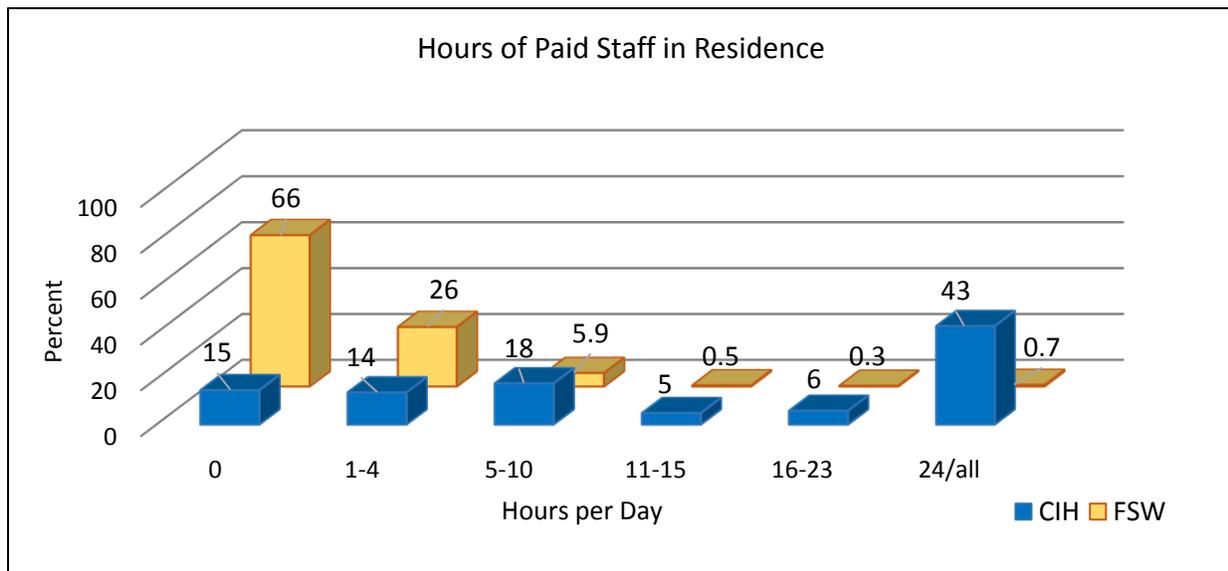
Figure 5. Privacy and Respect of Resident



*School-age children removed from analysis

Figure 6 shows the hours of paid staff in the residence supporting individuals who receive waiver services. Almost half (49%) of the residents who have CIH Waiver services receive 16-24 hours of daily support for seven days a week, while the majority of the remaining individuals (47%) with CIH services receive 0-10 hours a day seven days a week.

Figure 6. Hours of Paid Staff in the Residence

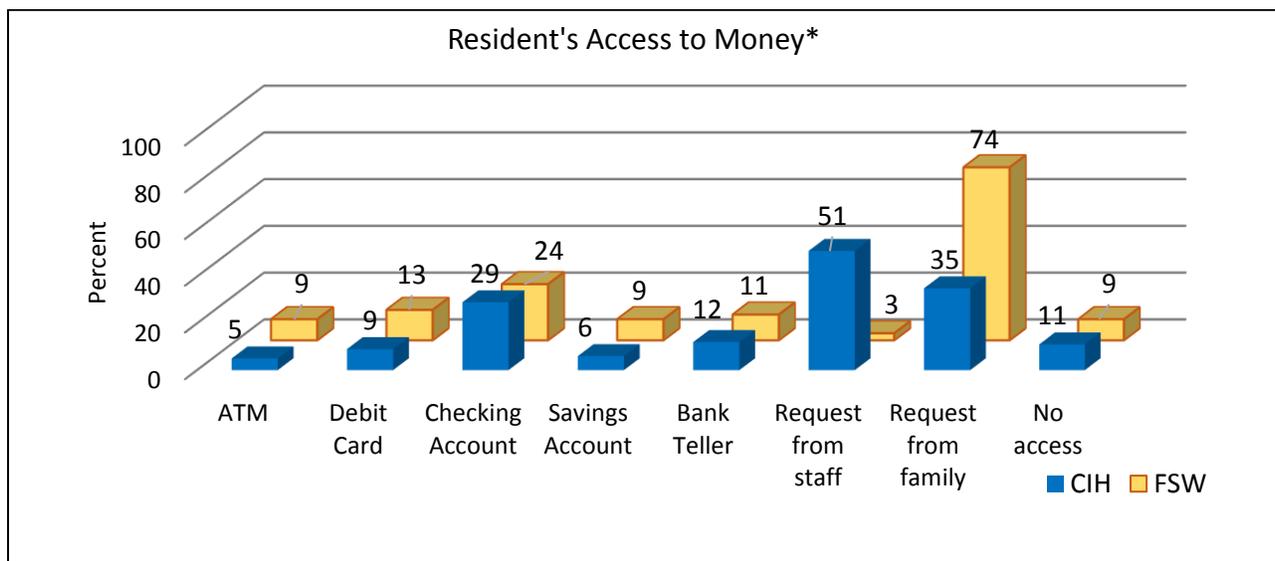


**School-age children removed from analysis*

Part II. Choices, Activities and Relationships

This next section focuses on the type of choices individuals make, as well as access to activities and relationships. When determining how individuals accessed their money for purchases or activities, school-age children were removed from this portion of the analysis (4,395) under the assumption that children and youth would most likely access money through their families/guardians. There were a total of 12,494 responses to these questions (8,241, CIH; and 4,253, FS). The majority (74%) of individuals receiving FS services received their money from their families; residents with CIH services (51%) obtained their money through the staff. Ten percent (10%) of these individuals did not have access to their money. For those individuals (904) who did not have access to money, 88% spent their day in their residence or activity center/day program; and the majority had a court-appointed guardian (75%).

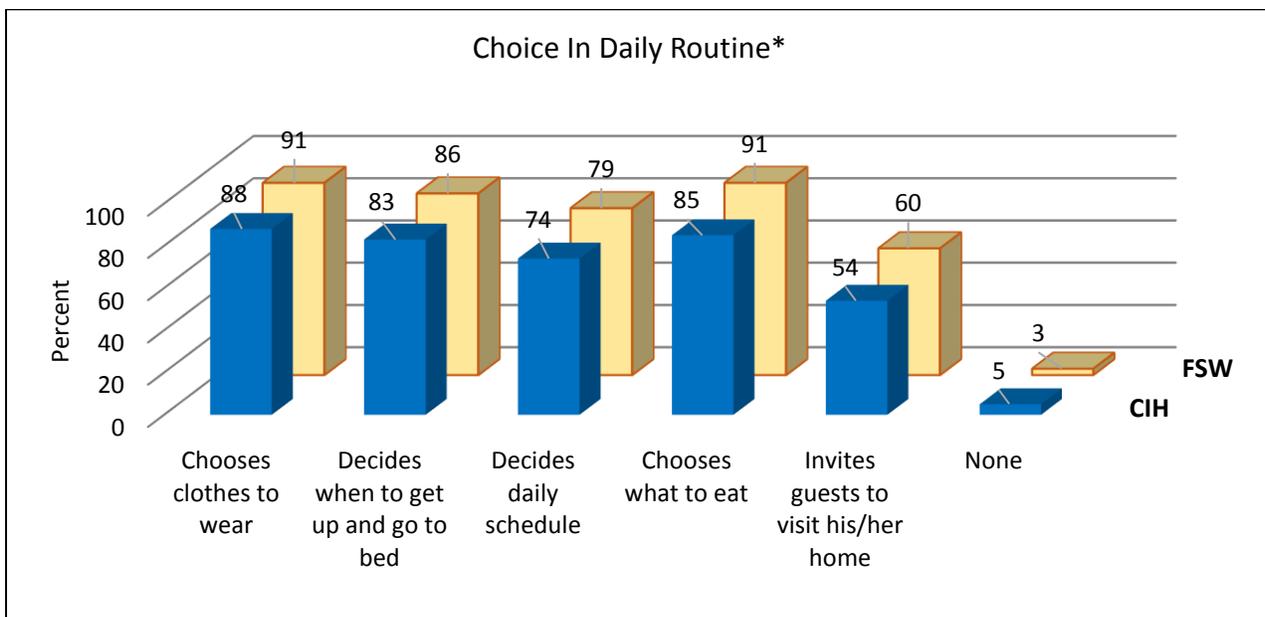
Figure 7. Access to Money



*School-age children removed from analysis

Control over one’s daily life is important for all individuals, whether or not they are receiving HCBS. Comparing choices in daily routines between individuals receiving the two waiver services is shown in Figure 8. The responses reflected that there is a group of individuals (approximately 20%) who reportedly do not make independent decisions about what to wear, when to get up or go to bed, and what to eat. Almost 25% of the individuals reported they do not have choice in their daily schedules. Just over half of the individuals invited guests or friends to their homes.

Figure 8. Choice in Daily Routines



**School-age students removed from analysis*

Several questions focused on who the individuals spent their time with and the amount of communication they reported having with paid staff within a typical month. The majority of individuals using FS services spent time with and communicated with family and friends, as shown in Table 3. It should be noted that an average of 23% of individuals using CIH services did not spend face-to-face time with family or friends (unpaid).

Table 3. Time Spent and Communication with Family and Friends in a Typical Month

		Spends time face to face with family (unpaid)	Spends time face to face with friends (unpaid)	Remote (social media) contact with family/friends	
	Response	% Respondents			N
CIH	No Time	23.6	23.2	37.3	9781
	1-3 Times per Month	47.9	43.3	42.8	
	4 or more Times per Month	28.5	28.5	19.9	
FS	No Time	1.1	16.3	33.9	7107
	1-3 Times per Month	38.7	40	36.6	
	4 or more Times per Month	60.2	43.7	29.5	

**School-age students removed from analysis*

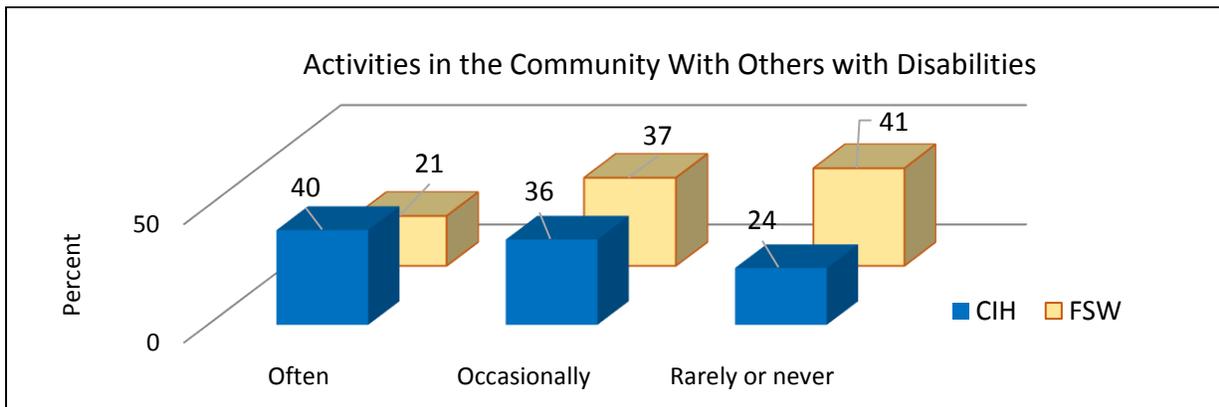
The number of activities respondents participated in, in the community during a typical week shows no difference between the type of Waiver, CIH or FS:

- Over half of the individuals (59% and 58%, respectively), reported participating in 1-3 activities per week.
- Twenty-five percent (25%) participated in 4-6 activities weekly.
- Twelve percent (12%) participated in activities every day.
- Less than 4% did not participate in any weekly activity.

Some individuals participated in a variety of activities (e.g., movies, grocery shopping, church). Figures 9 and 10 show the percentage of time spent and with whom an individual performed these activities within a typical week (with and without disabilities). Most individuals receiving FS supports spent most of their time with individuals without disabilities (family and friends) involved in community activities.

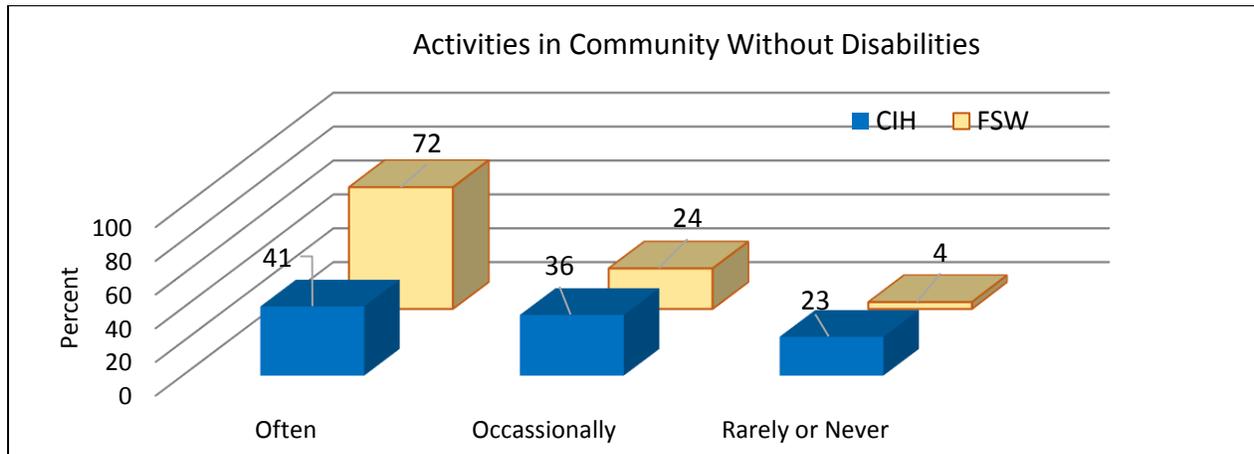


Figure 9. Participating in Activities in the Community with Other Individuals with Disabilities



**School-age students removed from analysis*

Figure 10. Participating in Activities in the Community with Other Individuals without Disabilities

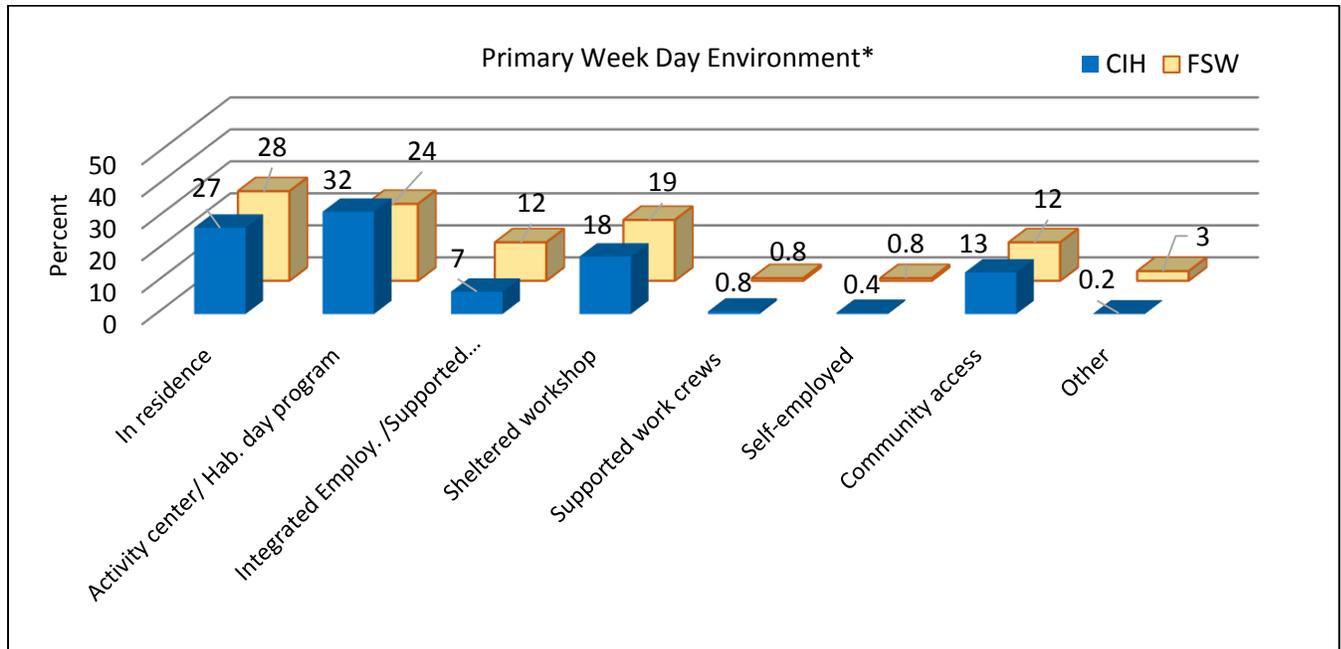


**School-age children removed from analysis*

Part III. Primary Day Environment

Where individuals spend a large portion of their day is important, because it may determine their ability to participate in life and contribute to social interactions. For individuals receiving waiver services, over 26% (4,394) were children in schools. Figure 11 shows where individuals spent their weekday, excluding those children who attended school. Regardless of the waiver services received (12,494), 9% (1,078) reported being employed through integrated and supported employment. The data also shows that an individual doubled the likelihood of having the opportunity to work competitively if he/she received FS services. There was a higher percentage of individuals (45% for CIH; 47% for FS) who reported spending their day in their residence or a sheltered workshop. Individuals who received the CIH waiver services were more likely (32%) to spend their day in an Activity Center or Day Program compared to those receiving FS services (24%).

Figure 11. Comparison of the Type of Weekday Environment and Waiver Services



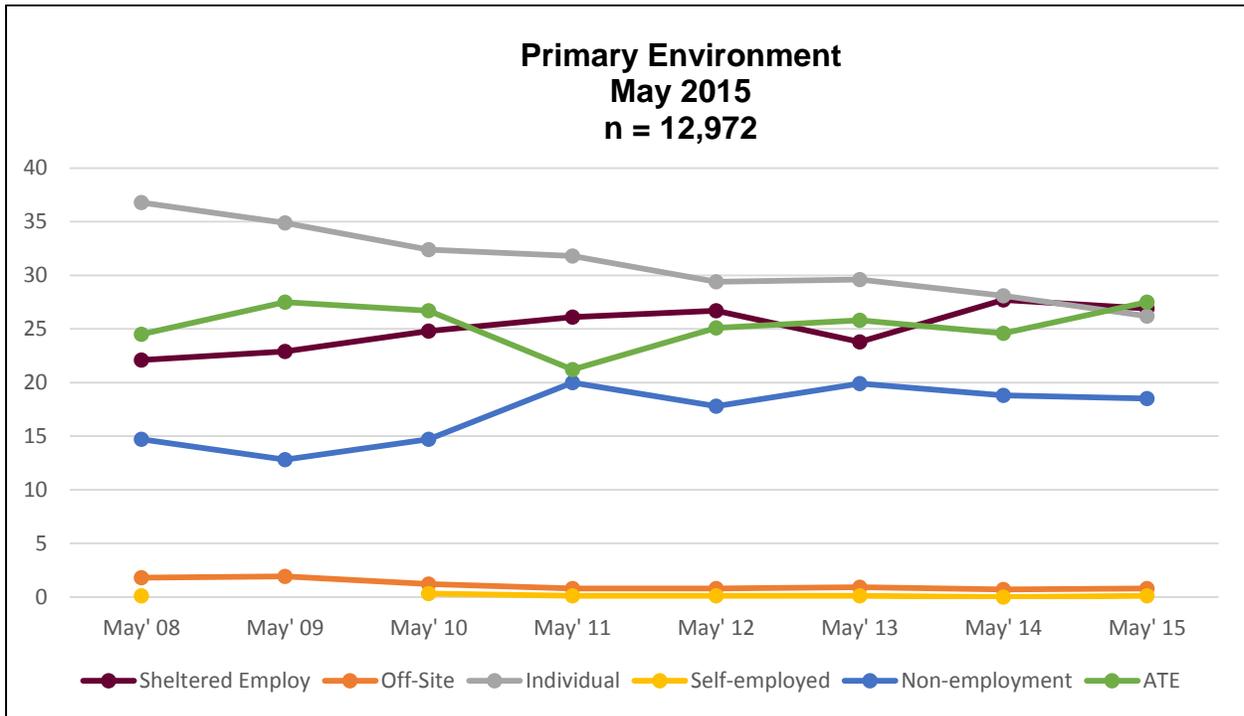
*School-age children removed from analysis

The [Indiana Day and Employment Services Outcome System Report](#) (DESOS) is a yearly online data collection system where disability providers enter data which reflects the current primary day environment for individuals they support. A primary objective of the DESOS report is to provide a snapshot which can be used to reflect where individuals spend their day. As with the IES, DESOS information is collected on an individual service recipient basis, rather than at a program level.

There were 12,972 (98%) individuals represented in the 2015 DESOS data. As Figure 12 and Table 4 indicate, individual employment has had a slow gradual decline from 2008 from 32% to 26%. It should be noted that more than individuals who receive waiver services are reflected in the DESOS data, that is, some receive only Vocational Rehabilitation Services

funding. Alternative to Employment (ATE) is defined as those individuals who may be looking for work, retired, choice, volunteering or participating in community access activities.

Figure 12. DESOS Primary Environment Data from 2008-2015



Of the 12,972 (98%) individuals represented in the data:

- 3,489 (26%) were served through sheltered employment,
- 100 (1%) through off-site group employment,
- 3,403 (27%) through individual competitive jobs,
- 8 (.01%) through self-employment,
- 2,399 (18%) through non-employment day programs,
- 3,573 (28%) through alternatives to employment (ATE).

Table 4 shows a different representation of the same data. As shown, individual competitive employment, including supported employment has remained relatively stagnant since 2008.

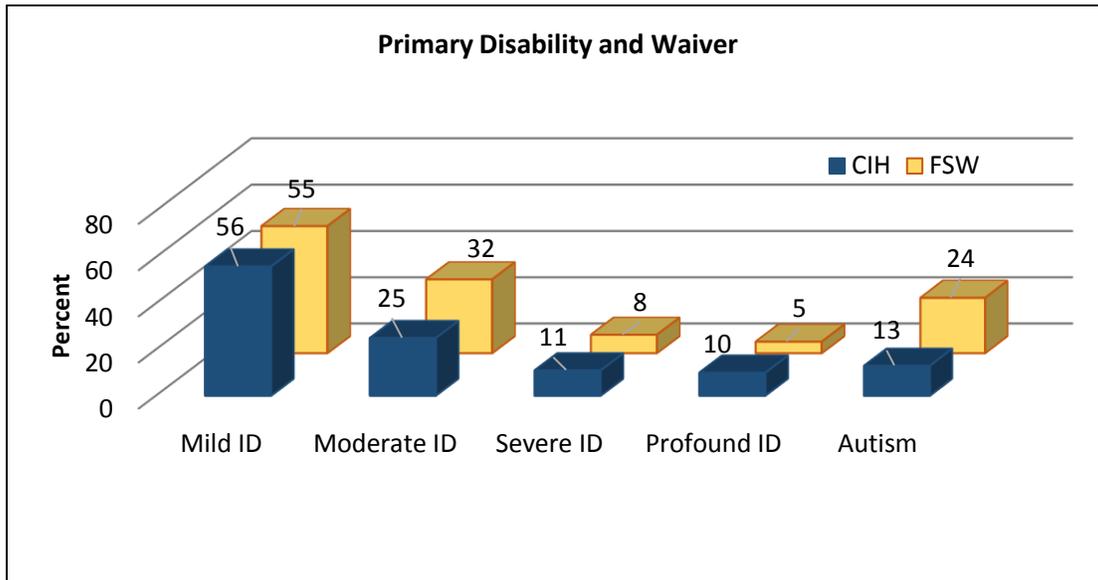
Table 4. DESOS Primary Environment Data from 2008-2015

Time Period	Sheltered Employment	Off-Site Group	Individual	Self-employed	Non-Employment Day	Alternatives To Employment
May '08	28%	2%	32%	0.10%	17%	22%
May '14	28%	1%	27%	0.04%	20%	25%
May '15	27%	.8%	26%	.01%	18%	28%

Part IV. Demographics and Guardianship Status

Given the criteria and requirements for receiving Medicaid Waiver services, it was expected that the majority of individuals reflected in the data would be individuals with intellectual and developmental disabilities (I/DD) including autism. The majority of those identified as I/DD, over half, were classified in the mild range (54%), and 25% were in the moderate range of intellectual disabilities. There is a slightly higher percentage of individuals in the severe and profound range (21%, CIH; 13%, FS), as shown in Figure 13. There was also a higher percentage of individuals with autism served with the FS Waiver (24%) than the CIH Waiver (13%).

Figure 13. Primary Disability and Waiver



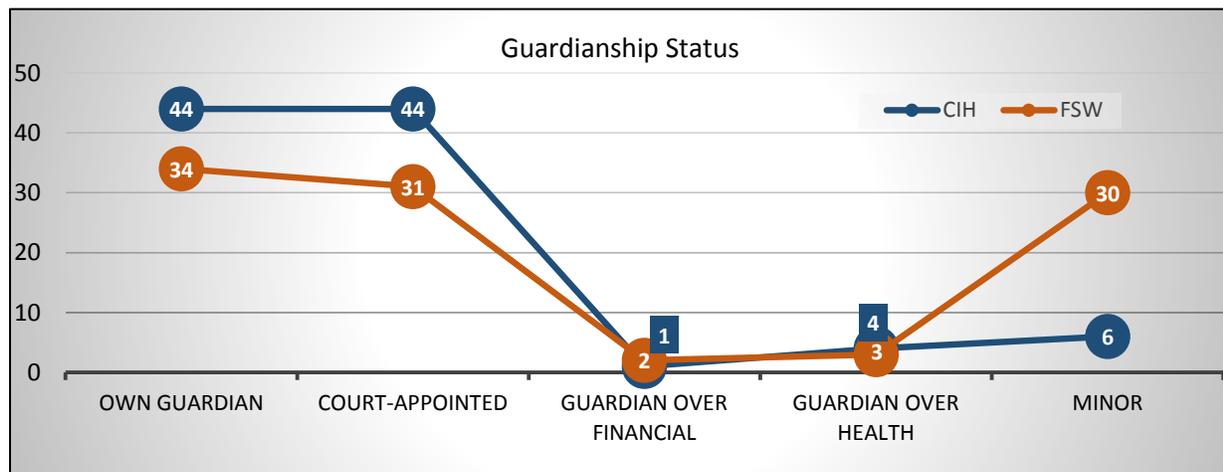
For individuals receiving a CIH waiver, 70% had a secondary disability label. The top three secondary disability labels included Other Health Impairments (16%), Mental Illness (13%) and Seizure Disorder (11%). For individuals receiving the FS Waiver, the top three secondary labels included Other Health Impairments (18%), Seizure Disorder (9%) and both Cerebral Palsy and Mental Illness at 6%.

Over 70% of the individuals receiving services were ambulatory (70% CIH; 78% FS). The percentage of individuals and the level of behavioral challenges is shown in Figure 14. For those on the CIH waiver, 32% of the individuals needed continuous support, and 20% needed intermittent support compared to those individuals on the FS Waiver requiring continuous support (17%) and intermittent support (13%). Over 70% of individuals receiving either waiver

were verbal or had limited verbal communication skills. The other individuals used sign language (17%), augmentative devices 1% or were non-verbal (.6%).

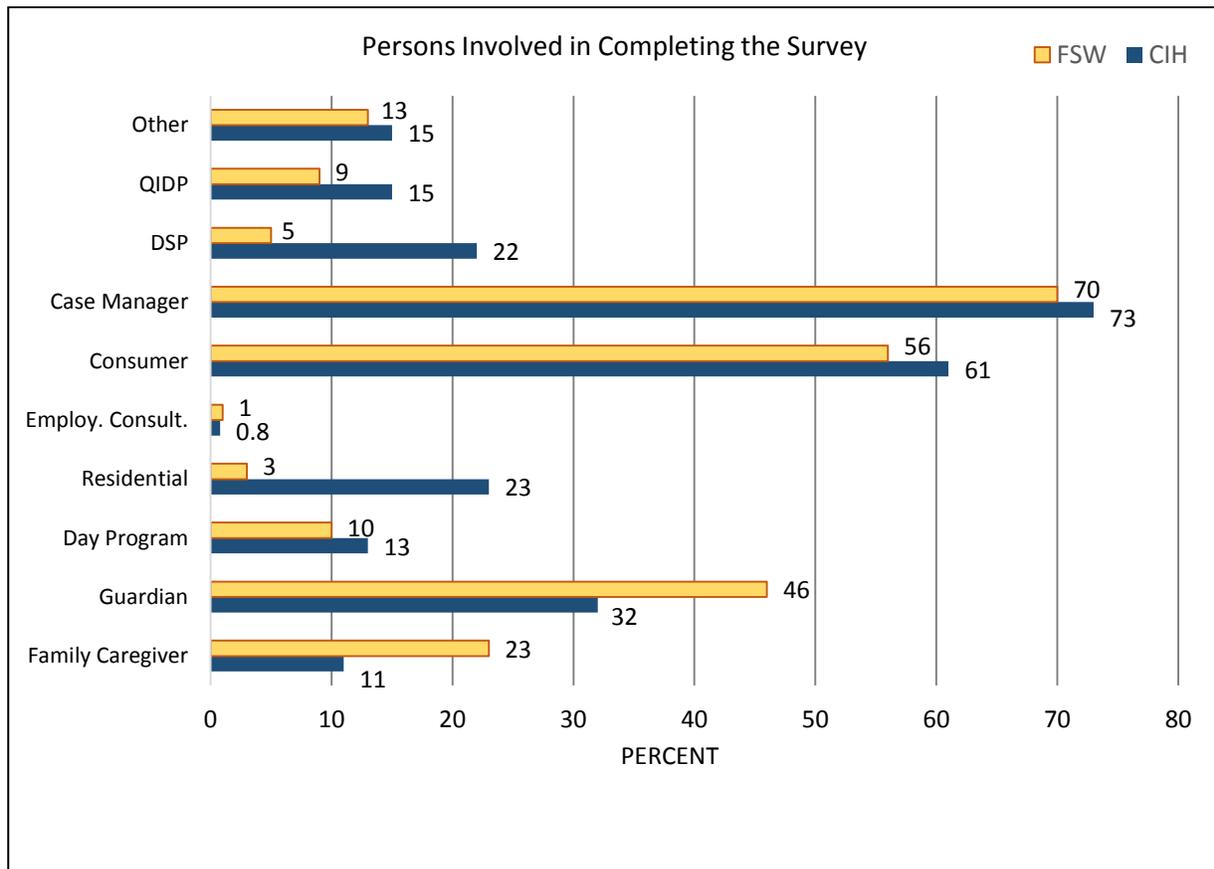
Regardless of the waiver services received, there was an equal percentage of individuals who were their own guardian versus those with a court-appointed guardian. Forty-four percent (44%) of individuals receiving CIH services were their own guardian and 44% had a court-appointed guardian. Figure 15 shows the comparison of guardianship and the waiver service. Not surprisingly, 30% using the FS Waiver were minors, 34% were their own guardian, and 31% had a court-appointed guardian.

Figure 14. Guardianship Status of Waiver Recipients



Lastly, participation in completing the Individual Experience Survey (IES) is shown in Figure 16. The data collected shows that slightly over half of the consumers attended their own quarterly meeting and/or participated in completing the survey. There was a higher percentage of family members/guardians participating for individuals served through the FS (69%, FS; 43%, CIH). Most of the surveys (70%) were completed with the case managers.

Figure 15. Persons Involved in Completing Survey



SUMMARY

The Indiana Individual Experience Survey was administered to 16,888 individuals receiving the Community Integration and Habilitation Waiver and the Family Support Waiver services. This survey from DDRS was the first step in determining Indiana’s compliance with Center on Medicaid and Medicare Services (CMS), Home and Community Based Services (HCBS) rules. The purpose is to ensure that people are receiving Medicaid HCBS in settings that are integrated in and support access to the greater community. This includes opportunities to seek employment, work in competitive and integrated settings, engage in community life, control personal resources and receive services in the community to the same degree as people who do not receive HCBS. Additional verification of the data is warranted to validate both systemic and individual issues.

The information gathered from this survey will be used by DDRS, with input and feedback from stakeholders, to assess potential areas of analysis. The information will also be used to identify additional support or technical assistance efforts which will be needed for the HCBS Statewide Transition Plan.