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Alternative Funding Models for People with Intellectual and Developmental Disabilities:

Quality Outcomes and Measurement Metrics

IDD MLTSS workgroup

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AIMS

Alternative funding models (e.g., Medicaid managed care) are rapidly growing service delivery models in the United States. Managed Care aims to reduce program costs while providing better utilization of health services through the contracting of managed care organizations (MCOs). Although managed care has existed for decades, it has not commonly been utilized for the long-term services and supports (LTSS) of people with intellectual and developmental disabilities (IDD) – they have largely been carved out. As utilization of managed care for people with IDD is low, there is little research about quality standards for the managed LTSS of people with IDD, including value-based reimbursement models. Moreover, the majority of existing research about managed care for people with disabilities more broadly is about health care services and controlling costs, not about quality (Williamson et al., 2017). Yet, according to people with IDD themselves, both access and quality are important aspects of managed care (Gibbons, Owen, & Heller, 2016). Not only is quality managed care provision for people with IDD understudied, it may also be implemented without an appropriate evidence-base as a result. Because there is beginning to be an expansion of Medicaid managed care into the IDD LTSS system, evidenced-based quality standards and guidelines about managed care provision for people with IDD are more critical than ever.

About Our Workgroup

For these reasons, CQL | the Council on Quality and Leadership, The Institute on Public Policy for People with Disabilities, and Mosaic have organized a workgroup on Managed LTSS for people with IDD to help provide guidance regarding quality service and supports for people with IDD. The workgroup is composed of approximately 40 thought-leaders in the healthcare and LTSS industries. The workgroup stakeholders represent disability rights leaders, service providers, industry associations, MCOs, researchers, and other key leaders. The ultimate aim of our workgroup is to create a roadmap for the key measures which would support people with IDD to receive high quality services and supports in managed care. As such, our workgroup is designed to develop a common understanding of value-based quality measures for people with IDD to ensure that as the industry moves toward managed care, the quality metrics utilized are meaningful for, and to, people with IDD.

In October 2018, we held the first workgroup symposium. The result of this meeting was a report, *Building the Framework for IDD Quality Measures* (Friedman, 2018), which explores key measures that could support people with IDD to receive high quality services and supports. This report included not only a qualitative analysis of focus groups with the workgroup attendees but also a pilot study examining social determinants of health and value metrics, which was conducted with 28 Mosaic service agencies who supported approximately 3,000 people with IDD. As indicated in the findings, respect, meaningful days, staff training, and many more social determinants have an impact on hospitalizations, injuries, medication errors, and behavioral issues – by focusing on quality, it may be possible to impact more traditional health care and programmatic costs.

To continue this work regarding quality services for people with IDD, in March 2019, CQL| The Council on Quality and Leadership, The Institute on Public Policy for People with Disabilities, and Mosaic organized a second workgroup meeting, which resulted in the production of our second report, *The Move to Managed Care for Intellectual and Developmental Disability Services: Guidance for State Medicaid and DD Directors, and Payers* (Friedman, 2019b). The aim of this report was to provide a framework to ensure that as managed care moves into the IDD LTSS field, the right outcomes are utilized - services and supports that maximize quality. This report describes themes from a nominal group technique (NGT) session with our workgroup members regarding what quality services and supports for people with IDD entail. The themes included an emphasis on individualized person-centered services, informed choice, dignity and respect, resources are aligned with quality, and availability and continuity of well-trained support staff. The report also offered a number of practical steps regarding how to get to the ideal service system, including a discussion of quality standards, workforce issues, best practices, and stakeholder buy-in. Finally, we provided recommendations and resources aimed to assist with the sweeping changes which are required to promote quality services and supports.

While our think tank is committed to continuing this work to help create a roadmap towards quality services and supports for people with IDD, as the field moves to managed care, regardless of how we get there, it is critical that services maximize people with IDD's quality of life.

The Impetus for This Report

In 2019, the most prevalent performance measures in value-based payment contracts (not IDD specific) were: follow-up after hospitalization; hospital readmission rates; emergency room utilization; patient/consumer satisfaction; and, access to care models (Oss, 2019). Not only are these value-based payment measures more traditionally associated with acute health care than LTSS (Oss, 2019), the lifelong nature of LTSS, as well as the unique needs of people with IDD, require a different set of services and supports than other models (Carmody, 2019). In addition, for managed care for people with IDD in particular, there is a lack of agreement regarding measurable and meaningful outcomes (Carmody, 2019; Friedman, 2019b).

Our workgroup believes that while compliance and attention to regulations are important, they are not, in and of themselves, indicators of quality. Setting a clear regulatory floor is crucial, but quality measures should aim higher, with a focus on valued outcomes. We need a system that starts by defining quality and then determines the measures to get there. The most successful path forward is one that starts with quality at the center of its goals, rather than focusing on cost savings. Doing so demands moving beyond clinical and/or process measures to examining outcomes. As such, our workgroup and others have called for person-centered quality outcomes for managed LTSS for people with IDD (ANCOR, 2019; Friedman, 2019b, In press; Tallant & Dembner, 2019). We believe the move towards quality needs to be evidence-based and data-driven.

Intended Use of This Report

This report includes a set of recommendations regarding goals and outcomes related to managed LTSS and people with IDD. We have also completed a crosswalk matrix between our recommended outcomes and existing metrics which could be utilized to measure each outcome. In doing so, we focus on foundational and core components of quality, as well as those which should be recognized for their innovation.

States and MCOs can utilize our recommended outcomes for establishing value-based payments, monitoring, and/or quality improvement. Providers can also use these recommendations to help align their services and supports with managed care payment systems and structures, as well as for their own quality improvement efforts. While we recognize the Centers for Medicare and Medicaid Services (CMS) has issued a variety of regulations to advance quality, this report is meant to complement those efforts. In fact, we have incorporated existing and robust outcome metrics into our matrix.

Our recommendations are based on existing best-practices and evidence-base, including, but not limited to, our first two workgroup reports (Friedman, 2018, 2019b), the multiple peer-reviewed analyses we have conducted regarding manage care, quality, and people with IDD (Friedman, 2018, 2019a, 2020a, 2020b, 2020c, 2020d, 2020e, In press; Friedman & Rizzolo, 2020; Gibbons, Owen, & Heller, 2016; Yamaki, Wing, Mitchell, Owen, & Heller, 2018, 2019), and the combined 800 years of knowledge and experience of our workgroup members who represent a variety of different stakeholders including people with disabilities, human service providers, MCOs, government employees, family members, national disability organizations, and academics and researchers. Our recommendations also mirror a litany of existing research about quality of life, LTSS, and quality service provision.

GUIDANCE

This report is organized into three major categories: goals, outcomes, and metrics.

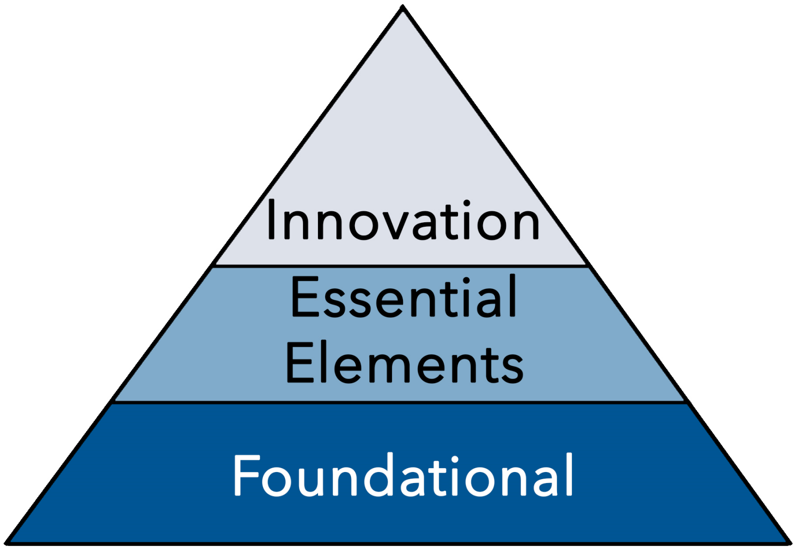
Goals

Goals are aspirational – we do not practically expect there will be 100% alignment. We recognize that in many ways the field has far to go before being able to achieve these goals – in fact, a number of systemic changes will be necessary. However, although these goals are aspirational, it does not mean they should not be utilized as benchmarks. We believe they are all necessary in order to have a quality LTSS system for people with IDD; more importantly, they are all necessary to promote the quality of life of people with IDD.

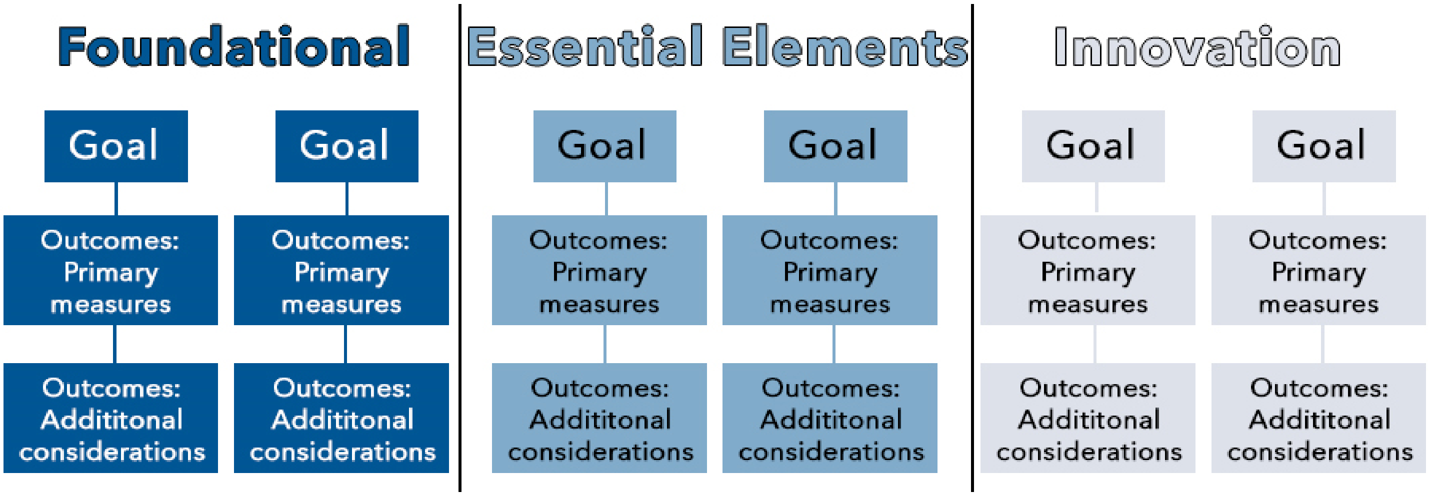
We have framed goals according to three levels:

1. The first level of goals are *foundational* goals. Foundational goals are building blocks upon which everything else is built.
2. The second level of goals are *essential element* goals. Although foundational building blocks are important, they alone do not represent quality. Once foundational building blocks are in place, it is important to ensure people have a meaningful life. Essential element goals are necessary for quality.
3. The third level of goals are *innovation* goals. Goals in this category represent excellence and innovation and, as such, should be rewarded. Despite being innovative for the current system, in an mature service system achievement of these goals should be commonplace.

Despite our recommendations being structured according to three different levels (foundational, essential elements, and innovation), meeting *all* of these goals is necessary for quality.



LEVELS OF GOALS



Outcomes

Within each of the goals, we suggest outcomes which can be measured to examine progress and/or achievement of the goals. Outcomes examine quality and should focus attention on the whole person. Moreover, it is important to recognize that compliance with rules and regulations are not the same as achievement of outcomes. While regulations are important and serve a purpose, they do not produce outcomes.

We have framed all outcomes according to two levels:

1. *Primary measures outcomes*. Primary measures are those outcomes we believe should be measured.
2. *Additional considerations outcomes.* Additional considerations are those outcomes we believe are also important aspects of each goal.

Metrics

In addition to recommending goals and outcomes, we have created a matrix which crosswalks all of the goals and outcomes with existing measures and metrics which can potentially be utilized to measure each outcome.

As the outcomes are applicable at individual, organizational, and systems levels, we have framed the metrics according to the following three categories:

1. *Individual.* Metrics that can be utilized to examine outcomes for individual people with IDD. (When aggregated these metrics may also be able to measure at the organizational, payer, and/or state levels.)
2. *Provider and/or Payer*. Metrics that can be utilized to examine outcomes at a provider and/or payer level.
3. *State.* Metrics that can be utilized to examine outcomes at a state level.

Core Philosophies

All of the goals and outcomes we have recommended should be understood through the lens of the following core philosophies which we believe should be embedded within *all* quality outcomes: dignity of risk is paramount; all choice should be informed choice; community integration should truly be integration; person-centered practices are not optional; services must be responsive to the life cycle; and attention must be drawn to social determinants of health.

Dignity of Risk Is Paramount

Avoidance of risk is often built into the physical and social environments of people with IDD (Perske, 1972). As a result, people with IDD have long been denied the opportunity to take risks like nondisabled people, or people with other disabilities (Hudson, 2003; Perske, 1972; Susman, 1994). If people with IDD are truly to have equal opportunities, this includes the opportunity to take risks and make mistakes. Providers must balance duty of care and dignity of risk – they should not over-support people or take away people's choices but rather support the person to understand the risks and benefits and/or to reduce or mitigate risk.

All Choice Should be Informed Choice

People with IDD must not only have choices, but these choices must also be informed. People with IDD being presented with only two options and being told to choose between them is not truly choice. Instead, people must have education, experience, and exposure; "to make meaningful choices, people need concrete life experiences. Organizations [must] provide people with training and opportunities to experience choice-making" (The Council on Quality and Leadership, 2017, p. 11). People with IDD must not only have the opportunity to try new things, but must also have a wide variety of options from which to choose. People with IDD should be supported, if needed, to make a wide range of decisions in their lives and grow as decision-makers – people should be supported to increase their self-determination.

Community Integration Should Truly Include Integration

Community integration is a critical component of quality. People with IDD are entitled to community integration. "Community time" is not community integration – community is not a place people go, but a place people belong. Community integration is about engagement and being embedded into the community; it is a place where people have connections and meaningful social roles. People with IDD should not only be spending time in their communities but should also be doing things they want and like to do, and developing social ties and natural support networks with unpaid people. People with IDD should also be integral community members themselves.

Person-Centered Practices Are Not Optional

All of our recommended outcomes should also be person-centered. Quality is not transferable between people - it differs from person to person and demands individualized person-centered practices. Quality necessitates person-centered services; any cultural shift or system transformation must be person-centered. Services must be responsive to the person and designed around personally defined outcomes; personally defined outcomes "are important because they put listening to and learning from the person at the center of organizational life" (The Council on Quality and Leadership, 2017, pp. 9-10).

Services Must Be Responsive to the Life Cycle

All services and supports should be responsive to the life cycle – changes in life circumstances and life stages. A life cycle approach is not only longitudinal, recognizing people go through different stages and transitions in their lives, but also recognizes the impact environments can have on people's health and lives.

Attention Must Be Drawn to Social Determinants of Health

Finally, as people's health is impacted not only by medical care, but also by the conditions of where they live, work, and play, attention to social determinants of health is crucial. Social determinants of health are conditions, environments, and settings that impact not only health, but also overall quality of life. Social determinants of health are critical for health equity.

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GOALS & OUTCOMES

Foundational

GOAL: People live, work, and recreate in places that are safe, and are free from abuse, neglect, mistreatment, and exploitation

Primary measures:

- There is an increase in clearly defined standards for the prevention of abuse, neglect, mistreatment, and exploitation of people with IDD (including between housemates and/or people receiving services)
- There is an increased number of robust and responsive systems to investigate, address, mitigate, and prevent abuse, neglect, mistreatment and exploitation (including between housemates and/or people receiving services)

Additional considerations:

- There is an increase in reporting response rates that are swift, trauma-informed, takes the person seriously
- There is an increased number of survivor/ victim support systems, which includes peer mentoring/support system
- There is an increased number of people with IDD who are educated and supported to communicate about abuse, neglect, exploitation, and mistreatment

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach

Primary measures:

- There is an increased number of people with IDD who have access to quality healthcare, including telehealth services and supports
- There is an increased number of people with IDD who have access to high quality trauma-informed mental health services
- There is an increase in access to cross-system support for people who have dual diagnosis (IDD and psychiatric disability)
- There is an increased number of people with IDD who have access to both preventative and maintenance oral healthcare

- There is a decrease in identified but unmet health needs, including all social determinants of health, and unmet health needs are increasingly identified and addressed
- There is an increased number of people with IDD who are supported to make their own healthcare decisions with informed consent and dignity of risk

Additional considerations:

- There is an increased number of coordination and case management services that work with the interdisciplinary health team in a person-centered way
- Psychiatric medications are utilized increasingly carefully, and only when appropriate, and are reviewed regularly
- There is an increased number of clearly defined person-centered definitions and standards for health, including social determinants of health
- There is an increased number of healthcare providers that are trained and supported to provide services to people with IDD, including people with different communication styles, people with dual diagnosis, etc.
- There is an increased number of people with IDD receiving healthcare services that have access to the full range of supports they need to feel comfortable, including, if desired, a support person of their choice (which may include direct support professionals (DSPs), to accompany them to medical appointments and provide support to make informed health care decisions)

GOAL: The workforce is sufficient, stable, and high-quality

Primary measures:

- There is an increase in continuity of the workforce and decreased turnover
- There is an increase in staff development practices that are shaped by best practices and people receiving services
- There is an increased prevalence of workforce rating their experience as being treated with dignity and respect
- There is a reduction in support staff vacancy rates

Additional considerations:

- There is an increased number of people with IDD who self-direct their workforce members (job matching)
- There is an increase in training opportunities for the workforce that prepares them for conflict resolution and autonomous decision-making

GOAL: People are treated with respect and dignity

Primary measures:

- There is an increased number of people with IDD who report being primarily and consistently treated with dignity and respect, including the frequency of respectful language utilization
- There is an increased number of people with IDD who have informed choice on any issue impacting them, and whose choices are honored
- There is an increased number of people with IDD who report that they have control of their day-to-day decisions and routines
- There is an increased number of services that are designed and delivered in a person-centered manner matching the person's goals and preferences
- There is an increased number of people with IDD who demonstrate an expectation of privacy (all kinds)
- There is a decrease in, or elimination of, the use of restraint, seclusion, aversives, or punishments of any kind
- There is no tolerance for human subject experimentation without fully informed consent

Additional considerations:

- There is an increased number of supports provided on a day-to-day basis at the direction of the person with IDD, not for the convenience of staff
- There is an increase in daily schedules, agency policies, and DSP expectations supporting people to achieve their goals, rather than merely providing custodial care
- There is an increased number of direct support professionals who presume competence of people with IDD by: presenting information in accessible ways; supporting people to make choices and take risks throughout their day; supporting communication for people with communication disabilities or people who communicate without using words; and, doing these things even/especially with people who are nonspeaking or perceived as having the most intense needs
- There is an increased number of behavior support plans that are trauma-informed, person-centered, and focused on supporting staff to recognize that 'challenging behaviors' are typically understandable responses to difficult situations and/or a method of communication

GOAL: People choose where and with whom to live

Primary measures:

- There is an increased number of people with IDD choosing who they live with (all choices must be informed choices)
- There is an increased number of people with IDD choosing where they live (all choices must be informed choices)

- There is an increased number of people with IDD living in their own homes
- There is an increased number of people with IDD living in smaller settings

Additional considerations:

- There is an increased number of states that have the capacity for various housing options (non-disability specific) for people with IDD with limited income
- There is a reduction of the number of people with IDD on housing waiting lists

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion

Primary measures:

- There is an increased number of people with IDD exercising their rights
- There is an increased number of people with IDD that have meaningful and effective due process and have all rights restrictions/limitations go through a Human Rights Committee.
- There is a decreased number of people with IDD with rights restrictions
- There is an increased number of agency staff and people with IDD that know what people with IDD's rights are
- There is an increased number of agencies that have procedures to support people with IDD to exercise their rights and an increased number of staff that are familiar with these procedures

Additional considerations:

- Rights are increasingly presented to people with IDD in language they can understand
- There is an increased number of people with IDD that are supported to describe their rights, what rights are important to them, and how they are exercising those important rights
- There is an increased number of Human Rights Committees that are conflict-free, effectively ensure due process, and actively promote rights
- There is a decreased number of people with IDD under guardianship
- There is an increase in procedures that exist, and are followed, for when people with IDD and guardians disagree (with the person with IDD having the prevailing voice)
- There is an increase in existence of procedures for when people with IDD want to withdraw guardianship
- There is an increased number of people with IDD who report that they are actively supported to voice their concerns and state their opinions, and do not fear or face retaliation
- There is an increased number of people with IDD that are able to expect resolutions to their satisfaction

GOAL: People have access to effective communication, including communication supports

Primary measures:

- There is an increased number of people with IDD who have access to AAC devices, including mainstream technologies such as tablets and smart phones
- There is an increased number of people with IDD who are receiving ongoing services and supports to use their AAC device and expand their communication repertoires
- There is an increased number of organizations that provide translation and interpretation services to people with IDD whenever needed (e.g., ASL, cognitive interpretation, etc.)

Additional considerations:

- The number of people with IDD with communication difficulties is equal to, or lower than, the number of people with IDD receiving communication supports
- There is an increased number of people with IDD who have access to augmentative and alternative communication (AAC) evaluations
- There is an increased number of trainings for direct support staff to support people with IDD's communication, learn people's communication methods and systems, and improve their own skills as communication partners
- There is an increased number of people with IDD supported by people who speak their preferred language

GOAL: People have meaningful, reciprocal relationships

Primary measures:

- There is an increased number of people with IDD that have relationships with their family members, biological and chosen, to the extent they want
- There is an increased number of people with IDD that have friends, who are not paid staff
- There is an increased number of people with IDD that have intimate relationships, including, but not limited to, sexual and romantic relationships
- There is an increased number of people with IDD that have natural support networks

Additional considerations:

- There is an increased number of people with IDD that receive supports from natural supports first, then formal supports (though this should not be an effort to decrease the provision of necessary paid supports through unpaid family caregivers)
- There is an increase in supports in place to build social capital, community relationships, and capacity for emerging support networks based on people with IDD's preferences

Essential Elements

GOAL: People have *true* community integration and inclusion

Primary measures:

- There is an increased number of people with IDD that are engaged in, and contribute to, their communities in the ways they desire, and as documented in person-centered plans and daily schedules
- There is an increased number of people with IDD that have a sense of belonging in their communities – the communities in which they live, work, worship, recreate, etc.
- There is an increased number of people with IDD that have social capital
- There is an increased number of people with IDD that are supported to access, and are included in, virtual communities, social media, etc.
- There is an increase in supports provided for activities of daily living that reflect people with IDD's person-centered plans

GOAL: People have access to accessible, on-demand, low cost, and safe transportation

Primary measures:

- There is an increased number of people with IDD that have a means to get where they want to go, when they want to go and an increased number of people with IDD have the same access to transportation as everyone else (similar to the community at large)

Additional considerations:

- There is an increase in the number of states and programs that provide and fund transportation services beyond non-emergency medical transportation (NEMT)

GOAL: People have a meaningful day of their choosing, including integrated, competitive employment

Primary measures:

- There is an increased number of people with IDD choosing what they do during the day (individual choice)
- There is an increased number of people with IDD in competitive, integrated employment
- There is a decreased number of people with IDD in congregate care (day programming) and/or day habilitation services

- There is an increased number of people with IDD that are paid fairly (minimum wage or above) and commensurate with everyone else doing similar work

Additional considerations:

- There is an increased number of people with IDD that are working jobs that they want, not jobs that they are assigned to
- There is an increased number of people with IDD that are working the number of hours per week they want
- There is an increased number of people with IDD that are provided with meaningful options and opportunities for continuing education and/or retirement

GOAL: Family members and caregivers are supported

Primary measures:

- There is an increase in availability of family supports (e.g., training, respite, crisis, therapy)
- There is a reduction in the number of people with IDD on waiting lists for services, including residential as well as intermittent services
- There is a decreased number of families providing unpaid support, if they do not desire to do so

Additional considerations:

- There is an increased number of caregivers that are paid for providing support
- There is an increased number of caregivers who, as a result of support, can remain in the workforce (i.e., they don't need to drop out of their job, lose out on promotions/benefits, go down to part time, as a result of their caregiving duties)
- There is a reduction in caregiver stress, and a reduction in health and wellness concerns that are directly tied to caregiving

GOAL: There is an expansion of self-advocacy, self-determination, and empowerment

Primary measures:

- There is an increased number of people with IDD that are supported to make informed choice
- There is an increased number of organizations that ensure self-advocacy groups are more than social events, and instead people are actually advocating and advisors are providing support and guidance
- There is an increased number of people with IDD using self-direction
- There is an increased number of states that provide infrastructure and supports for self-direction that are accessible to people with IDD, and an increased number of people use these supports

Additional considerations:

- There is an increased number of systems for peer mentoring for self-advocacy

GOAL: Support providers and payers increase their business acumen regarding LTSS for people with IDD

Primary measures:

- There is an increased number of providers that have a system in place for effective data collection and analysis
- There is an increased number of providers that have an integrated quality management system, which guides the agency in data collection and responsiveness
- There is an increased number of collaborative and reciprocal educational partnerships between payers and providers regarding service provision and contracts

Additional considerations:

- There is an increased number of payers that utilize data to monitor performance, and reward innovation
- There is an increased number of payers that recognize the value of niche/specialty providers and their experience

GOALS: People have person-centered and directed goals

Primary measures:

- There is an increased number of people with IDD that choose their own goals
- There is an increased number of people with IDD that realize/achieve goals that are meaningful to them
- There is an increased number of people with IDD that direct their person-centered planning process (including attending their plan meeting, and actively directing and contributing to their plan; and people are supported to learn self-determination skills to assist them in directing their person-centered plan)

Additional considerations:

- There is an increased number of people with IDD's plans that are accessible (e.g., primary language of choice, plain language, format meaningful to person, people have access to it or a summary)
- There is an increased number of people with IDD that have choices about providers and services

Innovation

GOAL: Technology is leveraged, creatively

Primary measures:

- An increased number of people with IDD have access to communication and information technologies (e.g., cell phones, internet, email, social media)
- There is an increased number of people with IDD that have the same access to technology as everyone else
- There is an increased number of people with IDD that have access to high quality telehealth covered by medical insurance

Additional considerations:

- There is an increase in the use of remote technology to support people with IDD to the extent needed and to facilitate inter/independence

GOAL: Shared living is more readily available and utilized more frequently

Primary measures:

- There are an increased number of people with IDD utilizing shared living supports (typically a situation where the adult with IDD lives with a paid caregiver or foster family that assists with aspects of their care, while providing the person with IDD the benefits of a family environment)
- There is an increased availability of shared living options

Additional considerations:

- There is an increased number of people with IDD that choose the staff and agencies that provide their services
- There is an increased number of people with IDD that have control over how staff and agencies provide their services
- An increased number of HCBS waivers allow funding to support shared living as a residential option

GOAL: There is increased community capacity building and a strong community infrastructure

Primary measures:

- There is increased funding for HCBS
- There is a reduction in waiting lists for services for people with IDD
- There is an increase in capacity building investments by government in community-based providers that allow them to develop infrastructure and systems necessary to collect and analyze data to improve their operations and services

Additional considerations:

- There is an increased number of people who spend meaningful percentages of their day integrated into existing community structures
- There is an increased number of agencies that can demonstrate (and have demonstrated) effectiveness of programs that work to make community spaces more physically, socially, and culturally inclusive

GOAL: The direct support workforce is certified and recognized as a profession

Primary measures:

- There is an increase in the number of funding structures that pay DSPs a competitive, living wage
- There is an increased number of organizations that utilize core competencies and code of ethics in their DSP training and evaluation
- There is an increased number of comprehensive systems for developing DSP career ladders and lattices
- There is an increased number of people with IDD that are involved in hiring, firing, and evaluating DSPs

Additional considerations:

- There is an increased number of people with IDD that lead training of DSPs
- There is an increased number of staff who are certified in core competencies
- The United State Department of Labor recognizes DSPs as a distinct occupational code

GOAL: Providers of LTSS are accredited

Primary measures:

- There is an increased number of agencies providing LTSS that are accredited by an internationally or nationally recognized accrediting body

GOAL: Peer support and mentoring is utilized to increase people's quality of life and the quality of services

Primary measures:

- There is an increased number of organizations that utilize peer support and mentoring
- There is an increased number of trained peer-mentors

Additional considerations:

- There is an increased number of pathways for people with IDD to develop and build upon the skills needed to be a peer mentor
- There is increased funding for peer support services and peer support training
- There is an increase in training and curricula regarding successful peer support and mentoring, and they are developed in collaboration with people with IDD
- There is a reduction in policy/regulation barriers that restrict the scope and/or access of peer mentors
- There is an increased number of peer mentors with IDD employed as service providers and/or in leadership roles in agencies

Credit: The Gender Spectrum Collection

MEASUREMENT MATRIX

Foundational

GOAL: People live, work, and recreate in places that are safe, and are free from abuse, neglect, mistreatment, and exploitation

Outcome	Metrics		
	Individual	**Provider and/or Payer**	**State**
There is an increase in clearly defined standards for the prevention of abuse, neglect, mistreatment, and exploitation of people with IDD (including between housemates and/or people receiving services)		Basic Assurances®: • The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation. • Are definitions of abuse, neglect, mistreatment and exploitation comprehensive and specific? Do they comply with applicable requirements? • Does the policy expressly prohibit abuse, neglect, mistreatment and exploitation of people? • Do policies and procedures include screenings to prevent hiring people with a previous history of substantiated abuse or neglect?	State regulations
There is an increased number of robust and responsive systems to investigate, address, mitigate, and prevent abuse, neglect, mistreatment and exploitation (including	CAHPS Home- and Community-Based Services Survey: • In the last 3 months, was there a person you could talk to if someone hurt you or did something that you didn't like? • In the last 3 months, did any personal assistance/behavioral health staff/homemaker/case managers take your money or your things without asking you first? • In the last 3 months, did someone work with you to fix this problem (stealing money)? • In the last 3 months, did any staff yell, swear, or curse at you?	Basic Assurances®: • Do policies and procedures include prevention strategies, identification strategies and staff training requirements? • Are responsibilities and procedures for reporting allegations of abuse and neglect defined? • Are procedures for protecting people from potential further abuse, neglect, mistreatment or exploitation defined? • Does the organization define procedures for investigating possible abuse and neglect? Does it	National Core Indicators®: • Percentage of people who report that they have someone to go for help when they feel afraid • Percentage of people who report that they can contact their case manager/service coordinator when wanted

GOAL: People live, work, and recreate in places that are safe, and are free from abuse, neglect, mistreatment, and exploitation			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
between housemates and/or people receiving services)	• In the last 3 months, did someone work with you to fix this problem (verbal abuse)? • In the last 3 months, did any staff hit you or hurt you? • In the last 3 months, did someone work with you to fix this problem (physical abuse)? Money Follows the Person (MFP) Quality of Life Survey: • Have you ever been physically hurt by any of the people who help you now? • What happened when the people who help you now physically hurt you? • How many times have you been physically hurt by the people who help you now? • Are any of the people who help you now mean to you or do they yell at you? • How often are they mean to you? Would you say only sometimes or most of the time? • Have any of the people who help you now ever taken your money or things without asking first? • How many times have they taken your money or things without asking first? Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • Is there a person you can talk to if someone hurts your or does something to you that you don't like? • Do any of the personal assistance/behavioral health staff/homemakers/case mangers that you have now take your money or things without asking you first? • Is someone working with you to fix this problem? • Do any staff that you have now yell, swear or curse at you? • Is someone working with you to fix this problem?	also define how it will respond to the results of the inquiry? • The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths. • Are there policies and procedures that define the Incident Management system used to protect people from abuse, neglect, mistreatment and exploitation? • Is the Incident Management system used to identify patterns or isolated incidents that may be indicative of abuse, neglect, mistreatment or exploitation? Identify situations that may precipitate abuse or neglect? Determine what corrective actions or other interventions are needed? • Is there an Incident Management system for maintaining data on reports of allegations of abuse, neglect, mistreatment or exploitation that enables evaluation of both individual and organizational outcomes? • Is there an Incident Management system for maintaining data on injuries, of known and unknown origin, that enables evaluation of both individual and organizational outcomes? • Is there an Incident Management system for morbidity and mortality review that enables evaluation of both individual and organizational outcomes? • Is there an Incident Management system for review of intrusive and restrictive interventions that enables evaluation of both individual and organizational outcomes?	

GOAL: People live, work, and recreate in places that are safe, and are free from abuse, neglect, mistreatment, and exploitation			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	• Do any staff that you have now hit you or hurt you? • Is someone working with you to fix this problem? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Does anyone ever do mean things to you, such as yell at you? • What happens? Would you like to tell someone about this? • Does anyone ever hit you or hurt your body? • What happens? Would you like to tell someone about this? Personal Outcome Measures®: • Have there been any allegations of abuse, neglect, exploitation, and/or mistreatment by or on behalf of the person? • Is there any evidence that the person has been abused, neglected, exploited, and/or mistreated? • Is the person experiencing personal distress from any occurrence of abuse, neglect, exploitation, and/or mistreatment? • *Information gathering questions:* ○ Do you have any complaints about how you are treated by anyone? ○ Have you been hurt by anyone? ○ Has anyone taken advantage of you? ○ Does anyone yell or curse at you? If so, who do you tell? ○ What was done to address your concerns? ○ Who would you tell if someone hurt you or did something to you that you didn't like?	• Do staff receive orientation on what constitutes abuse, neglect, mistreatment and exploitation? On prevention, detection and reporting requirements? • Before providing supports to people, do staff demonstrate competency in defining abuse, neglect, mistreatment and exploitation, and on reporting procedures? • Does ongoing training in prevention, detection and reporting occur frequently enough to support both personal and organizational outcomes? • Does training on specific supports, services, policies, procedures and/or person-centered plans occur when support staff competency is identified as a (potential) causal factor? • Does the organization evaluate potential underreporting and screening of allegations of abuse, neglect, mistreatment and exploitation, and provide additional competency-based training as needed? Personal Outcome Measures®: • Does the organization know about the person's concerns regarding abuse, neglect, exploitation, and/or mistreatment? • Does the organization provide the person with information and education about abuse, neglect, exploitation, and/or mistreatment? • Does the organization provide support for the person if there have been concerns expressed or occurrences of abuse, neglect, exploitation, and/or mistreatment (recent or in the past)? • Does the organization provide support if the person is in danger or at risk of harm (e.g., threats of	

GOAL: People live, work, and recreate in places that are safe, and are free from abuse, neglect, mistreatment, and exploitation			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
	○ Have you been abused? Have you been neglected? Have you been a victim of exploitation or mistreatment? ○ Where are the safe places, people, or other resources that you can get in touch with if you have been abused, mistreated, or feel threatened? ○ Has the person ever indicated or reported concerns about how he or she was treated by others? ○ If so, to whom were those complaints reported? ○ What was done about the complaints? ○ If allegations were substantiated, what action was taken? ○ What is the area of greatest risk for the person? ○ If the person cannot verbalize concerns, what do you do to determine whether or not abuse or neglect has occurred? ○ What is done to inform people about abuse and neglect and what to do if it occurs?	suicide, threats of physical harm, inability to handle crisis without assistance)? • Are any/all allegations of abuse, neglect, exploitation, and/or mistreatment reported and investigated (regardless of the source) according to organizational policy and procedure, and applicable law? • *Information gathering questions:* ○ What activities/practices are in place for the person to prevent abuse and neglect, including any mistreatment or exploitation? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	
There is an increase in reporting response rates that are swift, trauma-informed, takes the person seriously		Basic Assurances®: • Is there an effective process for determining who will investigate an allegation or an injury? • Is there a procedure that details the conduct of the investigation of allegations and injuries? • Do people who are identified as responsible for investigations receive competency-based initial and refresher training on how to conduct investigations? • Are investigations completed within five working days? If not, is a status report filed as to why not? • Are people immediately protected from further potential abuse, neglect, mistreatment or exploitation during the course of the investigation? • Does the procedure for responding to substantiated allegations include a time frame that does not exceed ten working days?	National Core Indicators® Family/Guardian Survey: • Percentage of family respondents who know how to file a report of abuse and neglect related to their family member • The percentage of family respondents who reported that a report of abuse and neglect related to their family member was filed in the past year and that appropriate people responded to the report

GOAL: People live, work, and recreate in places that are safe, and are free from abuse, neglect, mistreatment, and exploitation

Outcome	Metrics		
	Individual	Provider and/or Payer	State
		• Does the procedure require that the scope, severity and circumstances surrounding a substantiated case be thoroughly considered as the response is developed? • Do the actions taken in response to a substantiated case or for other relevant observations (possibly termination of employment) reduce the likelihood of reoccurrence of a similar incident? • Are responses documented, and data available to validate, that planned actions have been implemented? • Does the organization share the results of investigations and its responses with the people entitled to receive that information? Personal Outcome Measures®: • Does the organization provide support for the person if there have been concerns expressed or occurrences of abuse, neglect, exploitation, and/or mistreatment (recent or in the past)? • Does the organization provide support if the person is in danger or at risk of harm (e.g., threats of suicide, threats of physical harm, inability to handle crisis without assistance)? • Are any/all allegations of abuse, neglect, exploitation, and/or mistreatment reported and investigated (regardless of the source) according to organizational policy and procedure, and applicable law?	• Percentage of family respondents who reported that a report of abuse or neglect was filed on behalf of their family member in the past year, and they were notified of the report in a timely manner (if the reporter was someone outside of the family). • Percentage of family respondents who know how to file a complaint or grievance and are satisfied with the way complaints or grievances are handled.
There is an increased number of survivor/ victim support systems, which includes		Basic Assurances®: • When people have been subjected to abuse, neglect, mistreatment or exploitation, are they afforded supports to address the effects of the abuse even if	

GOAL: People live, work, and recreate in places that are safe, and are free from abuse, neglect, mistreatment, and exploitation			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
peer mentoring/support system		the abuse occurred before they entered into the organization’s system of services? • When people have been subjected to abuse, neglect, mistreatment or exploitation, are they afforded supports to address the effects of the abuse even if the perpetrator is another person who receives supports from the organization, regardless of the legal definition of abuse? • Do people who have been subjected to abuse, neglect, mistreatment or exploitation receive full supports to mitigate the effects? • Are people immediately protected from further potential abuse, neglect, mistreatment or exploitation during the course of the investigation?	
There is an increased number of people with IDD who are educated and supported to communicate about abuse, neglect, exploitation, and mistreatment	Personal Outcome Measures®: • Does the person understand the meaning of abuse, neglect, exploitation, and mistreatment? • *Information gathering questions:* ○ Do you know what abuse is? Do you know what neglect is? ○ Do you know what exploitation is? Do you know what mistreatment is?	Basic Assurances®: • Are people provided understandable information about their rights to be free from abuse, neglect, mistreatment and exploitation? • Are people supported to report allegations of abuse, neglect, mistreatment and exploitation? • Is there a complaint process that is understandable and easy to use? • Are the same reporting and investigating procedures used for allegations made by employees or others, followed for allegations reported by people supported by the organization? Personal Outcome Measures®: • Does the organization provide the person with information and education about abuse, neglect, exploitation, and/or mistreatment? • *Information gathering questions:*	

GOAL: People live, work, and recreate in places that are safe, and are free from abuse, neglect, mistreatment, and exploitation

	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		○ Does the person understand abuse, neglect, and exploitation? If yes, how do you know that? ○ What has been done to inform the person?	

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach

	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of people with IDD who have access to quality healthcare, including telehealth services and supports	CAHPS Home- and Community-Based Services Survey: • In the last 3 months, how often did you have a way to get to your medical appointments? Family and Individual Needs for Disability Supports (FINDS) Survey: • Is there a place that the person with IDD usually goes when she/he needs routine behavioral health care, such as a physical examination? • Where does the person typically go for routine, preventative health care? • A personal doctor or nurse is a health professional who knows the person with IDD will and is familiar with the person's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one person you think of as the personal doctor or nurse for the person with IDD? • How often does the person's primary healthcare provider, who you indicated above, take into account the wishes of the person with IDD and/or your wishes? Personal Outcome Measures®: • Does the person see health care professionals?	Basic Assurances®: • Do people have therapeutic and adaptive equipment, as needed, that fits them and is in good repair? • Are the frequency and type of health care evaluations and screenings defined in policy? Do they meet applicable requirements? Are they consistent with the standard of care for prevention, early detection and treatment? • Are there standardized protocols for regularly required evaluations and screenings? • Do people receive medical evaluations according to a protocol consistent with accepted medical practice? • Do people have current and relevant specialized health care assessments for seizure disorders; orthopedic or neuromuscular disorders; eating disorders, including dysphasia, gastroenterological disorders, and other nutrition concerns; psychiatric disorders; or any other health condition that typically requires evaluation by a licensed health care provider? • Do people routinely receive comprehensive physical examinations?	State plan • Services State waiver • Participant services National Core Indicators®: • Proportion of people 50 or over who had colonoscopy in the past 10 years • Proportion of people who were reported to have a primary care doctor • Proportion of people who were reported to have had a complete physical exam in the past year • Proportion of people who were reported to have had a flu vaccine in the past year • Proportion of people who were reported to have had a hearing test in the past five years

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
	• Have health care professionals identified the person's current best possible health situation, addressing any health care issues or concerns, and interventions? • Has health intervention been selected by the person in consultation with the health care professional? • Have health interventions, as desired by the person, been effective? • If the person needs devices or equipment such as glasses, hearing aids or dentures, are these available and in good repair? • Is the person receiving health care as recommended for their sex, age and health risks? • Information gathering questions o Do you feel healthy? If no, what bothers you? o What do you do to stay healthy? o What health concerns (physical and mental) do you have? o Do you discuss your health concerns with anyone? How are your questions or concerns addressed? o Are you seeing a doctor, dentist, and other health care professionals? o Do you receive regular exams? What kind? o Do you take any medication? If so, what is it and how does it help? o What advice has your health care professional given you? Are you following it? If yes, is it working? If no, what do you think the problem is? o If you think the medications, treatments, or interventions are not working, what is being done? o How has the person defined best possible health? o What preventive health care measures are in place for the person? o How is the person involved in his or her own health care?	Personal Outcome Measures®: • Does the organization know the person's definition of best possible health? • Are supports provided for the person to promote and maintain best possible health if needed and requested? • Does the organization assure that the person has support to obtain regular medical and health services? • Does the organization respond to the person's changing health needs and preferences? • Is the person supported to be aware of their medical issues and their impact? • Is the person supported to self-manage their health? • *Information gathering questions:* o How have you explored health issues with the person? o What supports does the person need to achieve or maintain best possible health? o Who provides the support? o How was this decided? o How do you assist the person to overcome barriers to this outcome? o What organizational practices, values, and activities support this outcome for the person?	• Proportion of people who were reported to have had an eye exam in the past year • Proportion of women over 40 who were reported to have had a mammogram test in the past two years • Proportion of women who were reported to have had a Pap test in the past three years National Core Indicators® Family/Guardian Survey: • Percentage of family respondents who report health service providers are available to their family member • Percentage of family respondents who report health service providers understand family member's disability-related needs. • Percentage of family respondents who report family member's medications are managed effectively. • Percentage of family respondents who report that their family member has the special equipment or accommodations that s/he needs.

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach

Outcome	Metrics		
	Individual	**Provider and/or Payer**	**State**
	○ Is the person following the health care professional's recommendations? If no, why do you think that is? ○ Do you think the person feels health interventions are working? ○ If not, what is being done about it? Performance Outcome Measurement Project (POMP): • Have you received health screenings such as blood pressure checks or mammograms other than those from your own doctor? • Have you received flu shots, pneumonia shots, or other immunizations other than those from your own doctor?		National Core Indicators® In-Person Survey: • Percentage of people reported to be taking medications for mood, anxiety, and/or psychotic disorders • Percentage of people reported to be taking medications for behavior challenges • Percentage of people who are reported to take medications for behavior challenges and are reported to have a behavior plan • Percentage of people who are reported not to be underweight, obese or overweight (BMI) • Percentage of people who are reported to use tobacco • Percentage of people who report engaging in regular physical activity • Percentage of people who report being in poor health
There is an increased number of people with IDD who have access to high quality trauma-informed mental health services	Personal Outcome Measures®: • *Information gathering questions:* ○ What health concerns (physical and mental) do you have?		State plan • Services State waiver • Participant services

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increase in access to cross-system support for people who have dual diagnosis (IDD and psychiatric disability)			
There is an increased number of people with IDD who have access to both preventative and maintenance oral healthcare	Personal Outcome Measures®: • Is the person receiving health care as recommended for their sex, age and health risks? | Dental exam • Information gathering questions o Are you seeing a doctor, dentist, and other health care professionals? o What preventive health care measures are in place for the person?		State plan • Services State waiver • Participant services National Core Indicators®: • Proportion of people who were reported to have had a dental exam in the past year
There is a decrease in identified but unmet health needs, including all social determinants of health, and unmet health needs are increasingly identified and addressed	Personal Outcome Measures®: • Have health care professionals identified the person's current best possible health situation, addressing any health care issues or concerns, and interventions? • Has health intervention been selected by the person in consultation with the health care professional? • Have health interventions, as desired by the person, been effective? • Information gathering questions o Do you feel healthy? If no, what bothers you? o What health concerns (physical and mental) do you have? o Do you discuss your health concerns with anyone? How are your questions or concerns addressed?	Basic Assurances®: • Do support staff recognize and promptly report physical or behavioral changes, complaints of illness, accidents and injuries, and other signs and symptoms of illness? • Does the organization have a process for ensuring acute health changes are assessed by a qualified health care practitioner in a timely manner? • Are supportive diagnostic studies, when indicated, obtained and acted upon in a timely manner? • Are standing orders used only after a full nursing assessment that includes clear parameters for when to contact people's primary physicians? • Do people's health care support staff recognize the need for timely transfer to a higher level of care?	

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach

	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ What advice has your health care professional given you? Are you following it? If yes, is it working? If no, what do you think the problem is? ○ If you think the medications, treatments, or interventions are not working, what is being done? ○ Do you think the person feels health interventions are working? If not, what is being done about it?	• Does the system for ongoing communication between people's health care support staff, and outside health care staff, promote continuity of care? • Do people's records document hospital summaries that include the discharge diagnosis, current health status, necessary follow-up instructions, and any restrictions or limitations? • Do records document acute health changes to provide a clear picture of the course of the illness or injury, the treatment provided, and the person's current status from the time of identification through resolution? • Are people's person-centered plans, including health care supports, modified in a timely manner based upon acute health changes? Personal Outcome Measures®: • Does the organization respond to the person's changing health needs and preferences?	
There is an increased number of people with IDD who are supported to make their own healthcare decisions with informed consent and dignity of risk	Family and Individual Needs for Disability Supports (FINDS) Survey: • How often does the person's primary healthcare provider, who you indicated above, take into account the wishes of the person with IDD and/or your wishes? Personal Outcome Measures®: • Has health intervention been selected by the person in consultation with the health care professional? • *Information gathering questions:* ○ What advice has your health care professional given you? Are you following it? If yes, is it working? If no, what do you think the problem is?	Basic Assurances®: • Do people choose their own health care providers? • Do people make and keep their own health care appointments and records? • Are people provided understandable information about their health, their medications and their treatments, including the purpose, intended outcomes, side effects or other risks and alternatives? Are they then supported in making choices regarding their medical care? Are people provided understandable information about advanced directives, including Psychiatric Advanced	

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ How has the person defined best possible health? ○ How is the person involved in his or her own health care? ○ Is the person following the health care professional's recommendations? If no, why do you think that is? ○ Do you think the person feels health interventions are working? ○ If not, what is being done about it?	Directive (PAD) and supported to develop one if desired? • Do people understand their medical and medication histories? • Are the person's preferences and ability to self-administer medications and treatments assessed at least annually? • Are people provided the level of support necessary to ensure that they take medications and complete treatments according to prescribed orders? • Do people self-administer medications, with support as necessary? • Do people know how to access medical emergency services? • Do people have therapeutic and adaptive equipment, as needed, that fits them and is in good repair? Personal Outcome Measures®: • Does the organization know the person's definition of best possible health? • Is the person supported to be aware of their medical issues and their impact? • Is the person supported to self-manage their health? • *Information gathering questions:* ○ How have you explored health issues with the person?	
There is an increased number of coordination and case management services that work			National Core Indicators® Family/Guardian Survey: • Percentage of family respondents that report that service providers for family

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach

Outcome	Metrics		
	Individual	**Provider and/or Payer**	**State**
with the interdisciplinary health team in a person-centered way			member work together to provide support
Psychiatric medications are utilized increasingly carefully and only when appropriate, and are reviewed regularly	Personal Outcome Measures®: • *Information gathering questions:* ○ Do you take any medication? If so, what is it and how does it help? ○ If you think the medications, treatments, or interventions are not working, what is being done?	Basic Assurances®: • Is the use of psychoactive/psychotropic medication based on specific psychiatric diagnoses? • Does a psychiatric diagnosis result from a thorough psychiatric evaluation by a qualified professional that includes the person's symptoms and their relationship to the diagnosis, and through the use of standardized psychopathology screening tools? • Does the medication prescribed correspond to known standards for effectiveness related to the specific diagnosis, symptom or behavior? • Are people monitored for drug side effects on a regular, systematic basis using a standardized tool or other accepted standard of care? • Do people receive the fewest psychotropic medications possible, at the lowest effective dosage possible? • Does the organization have a system to ensure regular review of the effectiveness of psychotropic medications by a licensed health care provider at intervals that meet all applicable laws and regulations and that is consistent with the national standard of care?	National Core Indicators®: • Percentage of people reported to be taking medications for mood, anxiety, and/or psychotic disorders • Percentage of people reported to be taking medications for behavior challenges • Percentage of people who are reported to take medications for behavior challenges and are reported to have a behavior plan
There is an increased number of clearly defined person-centered definitions and standards for	Personal Outcome Measures®: • *Information gathering questions:* ○ How has the person defined best possible health?	Basic Assurances®: • Do people's person-centered plans include a description of health care support needed? Personal Outcome Measures®:	

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
health, including social determinants of health		- Does the organization know the person's definition of best possible health?	
There is an increased number of healthcare providers that are trained and supported to provide services to people with IDD, including people with different communication styles, people with dual diagnosis, etc.			National Core Indicators® In-Person Survey: - Percentage of family respondents who report health service providers understand family member's disability-related needs
There is an increased number of people with IDD receiving healthcare services that have access to the full range of supports they need to feel comfortable, including, if desired, a support person of their choice (which may include DSPs to accompany them to medical			

GOAL: People are healthy, and health and wellness services are person-centered, self-directed, and follow a whole person approach			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
appointments and provide support to make informed health care decisions)			

GOAL: The workforce is sufficient, stable, and high-quality			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
There is an increase in continuity of the workforce and decreased turnover	Personal Outcome Measures®: • For each of the items below, indicate whether any changes occurred over the past 2 years | Change in direct support staff | Did a change occur? • *Information gathering questions:* ○ How long have your support staff worked with you? ○ Do you have the consistency you need in the staff who work with you?	Basic Assurances®: • Are there systems for managing staff assignments so that people will have continuity and consistency of needed services and supports when their regularly assigned staff are absent? Personal Outcome Measures®: • *Information gathering questions:* ○ How is the importance of staff continuity defined for the person and addressed through the support process?	National Core Indicators®: • Proportion of people who reported support workers come and leave when they are supposed to • Direct contact staff turnover ratios and recruitment and training absentee rates are low enough to maintain continuity of supports and efficient use of resources. National Core Indicators® Staff Stability Survey: • Turnover rate
There is an increase in staff development practices that are shaped by best practices and		Basic Assurances®: • Are support staff trained to promote dignity and respect and to recognize each person as a unique individual? • Is the organization’s in service staff training program developed based on input from support staff, input	National Core Indicators®: • Proportion of people who reported their staff have adequate training to meet their needs

GOAL: The workforce is sufficient, stable, and high-quality			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
people receiving services		from people supported, and the results of internal and external findings?	
There is an increased prevalence of workforce rating their experiences as being treated with dignity and respect		Basic Assurances®: • The organization treats its employees with dignity, respect and fairness.	
There is a reduction in support staff vacancy rates			National Core Indicators®: • Direct contact staff turnover ratios and recruitment and training absentee rates are low enough to maintain continuity of supports and efficient use of resources. National Core Indicators® Staff Stability Survey: • Vacancy rates
There is an increased number of people with IDD who self-direct their workforce members (job matching)	Personal Outcome Measures®: • Does the person have choices about direct support professionals/staff? | Residential/In-home • Does the person have choices about direct support professionals/staff? | Employment/Day	Basic Assurances®: • Does the organization have a system that addresses people's preferences and choices when hiring or identifying regularly assigned staff for them? Personal Outcome Measures®: • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/STAFF? | Residential/In-home • Does the organization actively solicit the person's preferences, provide options to the person, and	State waiver • Participant direction of services National Core Indicators®: • Proportion of people self-directing who reported they hire and manage their staff • Percentage of people who report having choice in their staff

GOAL: The workforce is sufficient, stable, and high-quality			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		honor the person's choices about DIRECT SUPPORT PROFESSIONALS/STAFF? | Employment/Day • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/STAFF? | Health • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/STAFF? | Case Management • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/STAFF? | Generic Community	• Percentage of people who report they can change their service coordinator/case manager if they want to
There is an increase in training opportunities for the workforce that prepares them for conflict resolution and autonomous decision-making			

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased in the number of people with IDD who report being primarily and	CAHPS Home- and Community-Based Services Survey: • In the last 3 months, how often did personal assistance/behavioral health staff/homemakers treat you with courtesy and respect?	Basic Assurances®: • People are treated as people first. • Are people called by their preferred names? • Do staff refrain from referring to people by their disability, diagnosis or condition?	National Core Indicators®: • Proportion of people who reported their staff treat them with respect

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
consistently treated with dignity and respect, including the frequency of respectful language utilization	• In the last 3 months, how often did personal assistance/behavioral health staff/homemakers treat you the way you wanted them to? Money Follows the Person (MFP) Quality of Life Survey: • Do the people who help you treat you the way you want them to? • How often do they not treat you the way you want the to? Would you say only sometimes or most of the time? Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • How often are personal assistance/behavioral health staff/homemakers/job coach nice and polite to you? • How often do personal assistance/behavioral health staff/homemakers treat you the way you want them to? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Do the support staff who come to your home respect you? • Do the support staff who come to your home say "please" and "thank you" when they ask you for something? • Do the support staff who come to your home listen carefully to what you ask them to do? • Do the support staff in other places, such as at work, or at a day program, respect you? • Do the support staff in other places, such as at work, or at a day program, say "please" and "thank you" when they ask for something?	• Are people extended the same common courtesies anyone would expect? • Do the organization's name, letterhead and internal and public communications promote a positive image of people, services and supports? • Are support staff trained to promote dignity and respect and to recognize each person as a unique individual? • Supports and services enhance dignity and respect. Personal Outcome Measures®: • Does the organization act to ensure that interactions with the person are respectful?	

GOAL: People are treated with respect and dignity

Outcome	Metrics		
	Individual	**Provider and/or Payer**	**State**
	• Do the support staff in other places, such as at work, or at a day program, listen carefully to what you ask them to do? • Do the support staff on the van respect you? • Do the support staff on the van say "please" and "thank you" when they ask for something? • Do the support staff on the van listen carefully to what you ask them to do? Personal Outcome Measures®: • Is this person treated with respect by: family members; residential support staff; roommates/ housemates; employment support staff; day staff; co-workers; medical professionals; adult education staff; classmates; business community members; therapists/counselors; neighbors; others? • Do interactions with others reflect concern for the person's opinions, feelings, and preferences? • *Information gathering questions:* ○ How do people talk to and about you? ○ Do people call you by your preferred name?		
There is an increased number of people with IDD who have informed choice on any issue impacting them, and whose choices are honored	CAHPS Home- and Community-Based Services Survey: • In the last 3 months, how often did personal assistance/behavioral health staff/homemakers listen carefully to you? Money Follows the Person (MFP) Quality of Life Survey: • Do the people who help you listen carefully to what you ask them to do? • How often do they not listen to you? Would you say only sometimes or most of the time?	Basic Assurances®: • Do people have autonomy and independence in making life choices, including control over their own schedules and routines? • Do people receive the support needed to make choices about the kinds of work and activities they prefer? Personal Outcome Measures®: • Does the organization actively solicit the person's preferences about services, provider organizations, and direct support professionals/staff in:	National Core Indicators®: • Of people who do not live in the family home, the percentage of people who reported having input in choosing where they live. • Of people who do not live in the family home, the percentage of people who reported having input in choosing housemates

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • How often do personal assistance/behavioral health staff/homemakers/job coach listen carefully to you? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Do the support staff who come to your home listen carefully to what you ask them to do? • Do the support staff in other places, such as at work, or at a day program, listen carefully to what you ask them to do? • Do the support staff on the van listen carefully to what you ask them to do? Personal Outcome Measures®: • Does the person select the services and/or supports that they receive? (For example, residential/in-home, employment/day, health, case management, generic community [dentist, doctor, bank, stores, etc.]) • Do the services and/or supports focus on the person's goals? (For example, residential/in-home, employment/day, health, case management; generic community) • Does the person have choices about service provider organizations? (For example, residential/in-home, employment/day, health, case management, generic community) • Does the person have choices about direct support professionals/staff? (residential/in-home; employment/day) • *Information gathering questions:* ○ What services are you receiving?	residential/in-home, employment/day, health, case management, other? • Does the organization provide options to the person about services, provider organizations, and direct support professionals/staff in: residential/in-home, employment/day, health, case management, other? • Does the organization honor the person's choices about services, provider organizations, and direct support professionals/staff in: residential/in-home, employment/day? • *Information gathering questions:* ○ How do you determine the services desired by the person? ○ How were options for services and providers presented to the person? ○ How were the person's preferences considered when presenting options? ○ If the person has limited ability to make decisions or limited experience in decision-making, what do you do? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	• The percentage of people who report having input in choosing daily schedule • Percentage of people who report having enough choice about their daily schedule • Percentage of people who report having input in choosing what to do in free time • Percentage of people who report having enough choice about what to do in their free time • Of those with a paid community job, the percentage of people who report having input in choosing paid community job • Percentage of people who report having input in choosing day activities (in addition to or instead of paid community job) • Percentage of people who report having input in how they spend their money • Percentage of people reported to be using a self-directed supports option who report having enough help in deciding how to use their individual budget/services

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ When, where, and from whom do you receive the services? ○ Who decided what services you would receive? ○ If you did not decide, what was the reason? ○ How did you decide who would provide the service? ○ Are these the services you want? ○ Do you have enough services? Are they meeting your needs and expectations? ○ Can you change services or providers if you so choose? ○ What services does the person use? ○ What services were identified as beneficial by the person? ○ What options for services were presented to the person?		
There is an increased number of people with IDD that report who they have control of their day-to-day decisions and routines		Basic Assurances®: • Do people have autonomy and independence in making life choices, including control over their own schedules and routines?	
There is an increased number of services that are designed and delivered in a person-centered manner matching the person's goals and preferences	CAHPS Home- and Community-Based Services Survey: • In the last 3 months, did your service plan include things that are important to you? • In the last 3 months, did you feel personal assistance/behavioral health staff knew what's on your service plan, including the things that are important to you? Personal Outcome Measures®: • Do the services and/or supports focus on the person's goals? | Residential/In-home	Basic Assurances®: • Are services and supports focused on assisting people to achieve their goals and desires? • Do people have person-centered plans that they develop with individual support teams that are chosen by them? Do teams include both paid and natural supports? • Do people receive information and support to direct the development of the plans, or are they supported to do so? • Do person-centered plans incorporate the results of assessments, evaluations and screenings required by	National Core Indicators®: • Percentage of people who report having input in choosing daily schedule • Percentage of people who report having enough choice about their daily schedule • Percentage of people who report having input in choosing what to do in free time

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	• Do the services and/or supports focus on the person's goals? | Employment/Day • Do the services and/or supports focus on the person's goals? | Health • Do the services and/or supports focus on the person's goals? | Case Management • Do the services and/or supports focus on the person's goals? | Generic Community (bank, stores, dentist, doctor, etc.)	the organization and by the person based on individual strengths and needs? • Do assessments, evaluations and screenings focus on the skills and supports present, those preferred and desired by the person, and those needed to realize personal goals? • Do person-centered plans include goals, action steps designed to achieve those goals, and methods to achieve the objectives? • Do people choose their goals and services, including where they work (or spend their day), and where and with whom they live? • Are person-centered plans written in plain language and accessible to the person? • Are person-centered plans modified by people with their individual support teams as goals and objectives are or are not realized? • Is the plan agreed to, with informed consent of the person in writing? Do all team members responsible for implementation sign the plan?	• Percentage of people who report having enough choice about what to do in their free time • Percentage of people who report having taken part in their last service planning meeting (or had the option to take part but chose not to) • Percentage of people who report having been able to choose what services were included in their service plan
There is an increased number of people with IDD who demonstrate an expectation of privacy (all kinds)	Money Follows the Person (MFP) Quality of Life Survey: • Can you talk on the telephone without someone listening in? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Do people ever come into your room when you don't want them to? Personal Outcome Measures®: • Indicate whether the person exercises their rights in the following areas: Privacy	Basic Assurances®: • Is personal information shared only with people's permission or that of their legally authorized representatives? • Do people have the space and opportunity to speak on the telephone, open and read mail, and visit with others, privately? • Are entrance doors lockable by the person? • Do people have a place and the opportunity to be by themselves during the day? • Do people have an option to choose a private bedroom if receiving residential support?	National Core Indicators®: • Percentage of people who report that they have a key to their home • Of those who report not having a key to their home, the percentage who want a key to their home • Percentage of people who report being able to lock their bedroom • Of those who don't live alone, the percentage of people who

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
	• For each of the rights the person does not exercise, who most limits their ability to exercise each of these rights (guardian, family, provider organization/support staff, employer/co-worker, other, person elects not to exercise this right through informed personal choice)? | Privacy • For each item where rights limits were noted, was adequate due process provided? | Right to privacy	• Do people have a choice of roommates (if applicable)? • Do support staff demonstrate respect for people's privacy when providing needed supports for dressing and personal hygiene and when entering people's rooms? • Do visitors respect people's privacy?	report they can stay home if they choose when others in their house/home go somewhere
There is a decrease in, or elimination of, the use of restraint, seclusion, aversives, or punishments of any kind	Personal Outcome Measures®: • Indicate whether the person exercises their rights in the following areas: Freedom from coercion and restraint • For each of the rights the person does not exercise, who most limits their ability to exercise each of these rights (guardian, family, provider organization/support staff, employer/co-worker, other, person elects not to exercise this right through informed personal choice)? | Freedom from coercion and restraint • For each item where rights limits were noted, was adequate due process provided? | Right to freedom from coercion and restraint	Basic Assurances®: • Do people receive only the amount of behavioral and medical support necessary to prevent harm to themselves or others? • Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating highly restrictive/intrusive procedures into the behavior support or treatment plan – procedures including, but not limited to, involuntary commitment, physical restraint, psychotropic medication and/ or time out rooms? • Does the organization have an effective procedure for reviewing technical aspects of intrusive or restrictive procedures, including involuntary commitment, prior to implementation? • Does the organization's Rights Committee review and approve any highly restrictive/intrusive procedures incorporated into a behavior support plan before implementation? • Are behavior intervention plans that include highly intrusive procedures or other restrictive techniques implemented only with the prior written, informed consent of the person or the person's legally authorized representative?	National Core Indicators®: • Percentage of people reported to be taking medications for behavior challenges • Percentage of people who are reported to take medications for behavior challenges and are reported to have a behavior plan State waiver • Participant safeguards: safeguards concerning restraints, restrictive interventions, and seclusion

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
		• Are emergency or unplanned behavior interventions that are highly intrusive not used more than three times in a six-month period without a team meeting to determine needed changes in the person's plan? • Are restraint devices and other restraint procedures applied only by staff with demonstrated competency for the device or procedure used? • Do the organization's restraint policies and procedures detail how people are safeguarded? Do they prohibit floor restraints, "take downs" and standing orders for restraint? • Do the organization's restraint policies and procedures comply with all applicable laws, rules and regulations? • Does the organization prohibit the use of time-out rooms? • Is the use of psychotropic medications for behavior support recognized as a chemical restraint and considered highly intrusive/restrictive? • Do behavioral-psychopharmacologic hypotheses result from a functional analysis of behaviors, including a thorough investigation of the communicative intent of the behavior? Are these hypotheses developed by the team? • Do behavior support plans integrate psychopharmacologic and behavioral supports? Do the plans include defined behaviors and symptoms and identify the data to be collected pertaining to them? • Does the organization regularly and systematically monitor people for adverse effects of all intrusive/restrictive procedures, including drug side	

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		effects, using a standardized tool or other accepted standard of care? • Does the organization ensure that people are not subjected to highly intrusive behavior interventions or punishment for the convenience of staff, or in lieu of a behavior support plan? • Does the organization prohibit the use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise, as needed orders for psychotropic medications, and denial of food or liquids that are part of a person's nutritionally adequate diet?	
There is no tolerance for human subject experimentation without fully informed consent			
There is an increased number of supports provided on a day-to-day basis at the direction of the person with IDD, not for the convenience of staff			
There is an increase in daily schedules, agency policies, and DSP expectations supporting people to achieve their		Basic Assurances®: • Are staff who complete assessments trained to honor people's goals and to support attainment of those goals in the best way possible? • Are services and supports focused on assisting people to achieve their goals and desires?	

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
goals, rather than merely providing custodial care			
There is an increased number of direct support professionals who presume competence by: presenting information in accessible ways; supporting people to make choices and take risks throughout their day; supporting communication for people with communication disabilities or people who communicate without using words; and, doing these things even/especially with people who are nonspeaking or perceived as having the most intense needs	CAHPS Home- and Community-Based Services Survey: • In the last 3 months, how often did personal assistance/behavioral health staff explain things in a way that was easy to understand? Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • How often do personal assistance/behavioral health staff explain things in a way that is easy to understand?	Basic Assurances®: • Do people receive information about their supports and services in plain language that is accessible and reflects cultural considerations?	
There is an increased number		Basic Assurances®:	

GOAL: People are treated with respect and dignity			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
of behavior support plans that are trauma-informed, person-centered, and focused on supporting staff to recognize that ‘challenging behaviors’ are typically understandable responses to difficult situations and/or a method of communication		• Do the policies and procedures reflect the organization’s commitment to positive behavioral approaches? Does the document outline the specific behavioral supports that may and may not be used? • Are behavior supports developed by a qualified professional and/or someone who knows the person well? Are they based on an assessment of the function of the behavior, including, but not limited to, the communicative intent of behavior? • Are formal behavior support plans implemented only after the team has ruled out physical and environmental issues contributing to a person’s behavior? • Do behavior support plans include teaching alternative communication and coping strategies?	

GOAL: People choose where and with whom to live			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
There is an increased number of people with IDD choosing who they live with (all choices must be informed choices)	Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Did you choose to live alone? • Would you rather live with other people? • Do you like the people you live with? • Did you help pick the person who shares your bedroom? Personal Outcome Measures®: • Does the person have options about where and with whom to live? • Does the person select with whom they live? • *Information gathering questions:*	Basic Assurances®: • Do people have a choice of roommates (if applicable)? • Do people have an option to choose a private bedroom if receiving residential support? Personal Outcome Measures®: • Does the organization know where and with whom the person wants to live or are there efforts being made to learn about the person's preferences? • Does the organization support the person to explore all options so he or she can make informed choices?	National Core Indicators™: • Percentage of people who report that they would like to live somewhere else State policies/procedures • State’s risk policies (i.e. do they set limits on access) • State regulations set expectations in accordance with the HCBS Settings Rule’s principles

GOAL: People choose where and with whom to live			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
	○ How did you choose where to live? ○ What options did you have to choose from? ○ How did you decide who would live with you? ○ What do you like about your living situation? ○ What would you like to be different?	• Does the organization acknowledge the person's preferences and support the person to address any barriers that prevent him/her from choosing where and with whom to live? • *Information gathering questions:* ○ How do you learn about the person’s preferences for type of living situation? ○ How do you present options to the person so he or she can make informed choices? ○ Is the person living where and with whom he or she wishes? If not, what is the barrier? ○ What are you doing to overcome this barrier? ○ What organizational practices, values, and activities support the person to maintain or achieve this outcome?	State waiver • State funding/rates for staffing community services/access • State service definitions for community access
There is an increased number of people with IDD choosing where they live (all choices must be informed choices)	Money Follows the Person (MFP) Quality of Life Survey: • Did you help pick this place to live? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Do you like where you live? • Did you help pick this/that place to live? Personal Outcome Measures®: • Does the person have options about where and with whom to live? • If YES, do the options include generic (non-disability specific) community settings? • If YES, do the options include options for a private unit in a residential setting, and respect the person's choice? • Does the person decide where to live? • *Information gathering questions:* ○ How did you choose where to live?	Basic Assurances®: • Are people provided options for support settings that include generic settings? • Are setting options identified and documented in the person-centered plans? Are they chosen by the person? • Do people choose their goals and services, including where they work (or spend their day) and where and with whom they live? Personal Outcome Measures®: • Were the person's preferences and unique characteristics used as the home was selected? • Does the organization acknowledge the person's preferences and support the person to address any barriers that prevent him/her from choosing where and with whom to live? • Information gathering questions	National Core Indicators®: • Proportion of people who reported they chose or had some input in choosing where they live if not living in the family home State policies/procedures • State’s risk policies (i.e., do they set limits on access) • State regulations set expectations in accordance with the rule’s principles State waiver • State funding/rates for staffing community service/access • State service definitions for community access

GOAL: People choose where and with whom to live

	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ What options did you have to choose from? ○ How did you decide who would live with you? ○ What do you like about your living situation? ○ What would you like to be different?	○ How do you learn about the person's preferences for type of living situation? ○ How do you present options to the person so he or she can make informed choices? ○ Is the person living where and with whom he or she wishes? If not, what is the barrier? ○ What are you doing to overcome this barrier? ○ What organizational practices, values, and activities support the person to maintain or achieve this outcome?	
There is an increased number of people with IDD living in their own homes	Personal Outcome Measures®: • Type of Residence (Select one): Own house/apartment	Basic Assurances®: • Are people provided options for support settings that include generic settings? • Are supports provided in integrated settings?	Residential Information Systems Project (RISP) • People served by the IDD Agency by residence size and type • People in individualized settings State waiver • Spending trends • Participant services
There is an increased number of people with IDD living in smaller settings	CAHPS Home- and Community-Based Services Survey: • How many adults live at your home, including you? Personal Outcome Measures®: • Number of Housemates: | Receiving paid services/supports (e.g., with disabilities, INCLUDE person interviewed) • Number of Housemates: | Not receiving paid services/supports (e.g., without disabilities) • Number of Housemates: | TOTAL number in household (including person interviewed)		National Core Indicators®: • Size of setting Residential Information Systems Project (RISP) • People served by the IDD Agency by residence size and type • People in individualized settings • People in congregate settings

GOAL: People choose where and with whom to live

Outcome	Metrics		
	Individual	Provider and/or Payer	State
			State of the States in Developmental Disabilities • People with IDD by side of setting State waiver • Spending trends • Structure and funding of residential services Waiting lists
There is an increased number of states that have the capacity for various housing options (non-disability specific) for people with IDD with limited income			
There is a reduction of the number of people with IDD on housing waiting lists			Waiting lists

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of people with IDD exercising their rights	Personal Outcome Measures®: • Indicate whether the person exercises their rights for the following categories: personal possessions; fair wages; voice and opinion; vote; practice religion; privacy; freedom from coercion and restraint; access to money – as a possession; personal-decision making; move about the community; file complaints about services; access to food; have visitors at any time; other rights. • *Information gathering questions:* ○ What do you know about your rights as a citizen? ○ Do you have access to information about your rights as a citizen? As an employee? As a person receiving services? ○ What rights are most important to you? ○ Are you able to exercise your rights without difficulty? ○ What information or support do you need to help you to exercise your rights? ○ With whom can you talk about your questions or concerns regarding rights? ○ What rights are important to the person? ○ How do you know that? ○ What rights does the person exercise most?	Basic Assurances®: • The organization implements policies and procedures that promote people's rights. • Does the policy define the organization's commitment to protect and promote people's rights? • Does the policy contain a listing of rights afforded all citizens as indicated by the United Nation's Declaration of Human Rights and by the constitution and laws of the country in which people reside? • Does the policy describe the organization's due process procedures? • Does the policy describe the organization's procedures for individual rights reviews and documentation? • Does the policy describe procedures for restricting a person's rights? • Does the policy prohibit use of a restrictive or intrusive medical or behavioral intervention without prior informed consent? • Does the policy prohibit standing policies and practices that restrict people's rights? • The organization supports people to exercise their rights and responsibilities. • Are people provided needed supports to exercise the rights that are important to them? • Does the organization assess people's abilities to exercise their rights, especially those rights that are most important to them? • Does the assessment address people's civil and legal rights and personal freedoms? Examples include, but are not limited to the ability to do the following: move freely; manage money; send and receive mail;	National Core Indicators®: • Percentage of people who report having voted in a local, federal or state election or were given opportunity to vote or register to vote and chose not to • Percentage of people who report being able to lock their bedroom • Percentage of people who report that no one reads their mail/email without permission • Percentage of people who report that they can use phone/internet whenever they want • Percentage of people who report being able to be alone with guests at home • Percentage of people who report that there are rules about having friends or visitors at home • Of those who don't live alone, the percentage of people who report they can stay home if they choose when others in their house/home go somewhere

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
		make and receive telephone calls and use other means of communication; visit and be visited by whomever they choose; access personal possessions; vote. • Staff recognize and honor people's rights. • Are staff trained to recognize and respect people's rights? • Are staff trained to recognize and honor preferences in regard to how people choose to exercise their rights? • Do staff demonstrate respect for and honor people's rights? Personal Outcome Measures®: • Are the person's preferences and desires about exercising of rights solicited by the organization? • Have the rights that are important to the person been identified or are there efforts being made to learn about the person's preferences? • Is the person provided with the support needed to exercise his or her rights? • *Information gathering questions:* o How is the person supported to learn about his or her rights? o Does the person need support to exercise rights? o If so, what are the supports and who provides them? o Are there any barriers that affect the outcome for the person? o How do you assist the person to overcome barriers to this outcome? o What organizational practices, values, and activities support this outcome for the person?	

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of people with IDD that have meaningful and effective due process and have all rights restrictions/limitations and go through a Human Rights Committee.	Personal Outcome Measures®: • Have fair treatment or rights limitations been identified? • If the answer is Yes, for each rights limitation (personal possessions; fair wages; voice and opinion; vote; practice religion; privacy; freedom from coercion and restraint; access to money – as a possession; personal-decision making; move about the community; file complaints about services; access to food; have visitors at any time; other rights) was adequate due process provided? • For any fair treatment issue, was the issue addressed so the person's concerns were resolved to their satisfaction? • *Information gathering questions:* ○ Have there been times when you thought you were treated unfairly or that your rights were violated? ○ With whom can you talk when you have concerns about your rights or how you are treated? ○ Are any of your rights formally limited? ○ If yes, did you agree to the limitation? ○ What is being done to change the situation? ○ What assistance are you getting so that you can exercise this right in the future? ○ Has the person shared any concerns about his or her treatment or violation of rights? ○ What recourse does the person have when he or she has concerns? ○ Have any rights limitations been imposed on this person? ○ What is the reason for the limitation (Individual need; Staff practices; Organizational policy)? ○ Who consented to the limitation?	Basic Assurances®: • Does the organization have, or have access to, a working and effective Rights Committee? • Do the policies and procedures define Rights Committee membership, training, roles, responsibilities and procedures? • Does the Rights Committee oversee the use of restrictive or intrusive interventions that are part of a plan of behavioral or medical supports? • When restrictive or intrusive interventions are reviewed, is at least one-third of the Rights Committee membership present not affiliated with the organization? • Does the Rights Committee review policies, procedures and practices that have the potential for rights restrictions without an individualized assessment (such as blanket restrictions that affect more than 1 person)? • Does the Rights Committee review all individual rights restrictions? • Does the Rights Committee review the frequencies and reasons surrounding the use of restraint for behavioral or medical purposes? • Does the Rights Committee review reports of substantiated allegations of abuse, neglect, mistreatment, exploitation and other data that reveal the organization's practices with respect to human, civil and legal rights? • Does it make recommendations to the organization for promoting people's rights? • Does the Rights Committee proactively promote and protect people's rights, such as direct interactions	State regulations State waiver

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		with people served to discuss issues surrounding rights and basic protections? • Does the Rights Committee maintain a record of its activities and document issues reviewed, actions taken and requested follow-up? • Are people supported to attend Rights Committee meetings and provide input? • Does the Rights Committee review behavior support plans that include restrictive/intrusive procedures? • Does the policy prohibit standing policies and practices that restrict people's rights? Personal Outcome Measures®: • Does the organization respond to the person's fair treatment issues to address any concerns? • Has the organization solicited information about rights violations or fair treatment issues from the person? • Have procedures for due process for identified rights limitations been implemented? • Are the procedures used by the organization consistent with due process principles? • For any fair treatment issues, was the issue(s) addressed so that the person's concerns were resolved to their satisfaction? • *Information gathering questions:* ○ Does the person have rights limitations? ○ What is the reason for the limitation? ○ How was it decided that the limitation was necessary? ○ Who consented to the limitation?	

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		○ Who reviewed the limitation? What is the plan to remove the limitation (training; support; change in policy or practice)? ○ How long will the limitation be in place? ○ What are the barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	
There is a decreased number of people with IDD with rights restrictions	Personal Outcome Measures®: • Indicate whether the person exercises their rights for the following categories: personal possessions; fair wages; voice and opinion; vote; practice religion; privacy; freedom from coercion and restraint; access to money – as a possession; personal-decision making; move about the community; file complaints about services; access to food; have visitors at any time; other rights. • Have fair treatment or rights limitations been identified? • If the answer is Yes, for each rights limitation (personal possessions; fair wages; voice and opinion; vote; practice religion; privacy; freedom from coercion and restraint; access to money – as a possession; personal-decision making; move about the community; file complaints about services; access to food; have visitors at any time; other rights) was adequate due process provided? • For any fair treatment issue, was the issue addressed so the person’s concerns were resolved to their satisfaction? • *Information gathering questions:* ○ What do you know about your rights as a citizen? ○ Do you have access to information about your rights as a citizen? As an employee? As a person receiving services?	Basic Assurances®: • Does the Rights Committee review policies, procedures and practices that have the potential for rights restrictions without an individualized assessment (such as blanket restrictions that affect more than 1 person)? • Does the Rights Committee review all individual rights restrictions? • Does the Rights Committee review the frequencies and reasons surrounding the use of restraint for behavioral or medical purposes? Does the Rights Committee review reports of substantiated allegations of abuse, neglect, mistreatment, exploitation and other data that reveal the organization’s practices with respect to human, civil and legal rights? Does it make recommendations to the organization for promoting people’s rights? Personal Outcome Measures®: • Are the person’s preferences and desires about exercising of rights solicited by the organization? • Have the rights that are important to the person been identified or are there efforts being made to learn about the person’s preferences?	

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
	○ What rights are most important to you? ○ Are you able to exercise your rights without difficulty? ○ What information or support do you need to help you to exercise your rights? ○ With whom can you talk about your questions or concerns regarding rights? ○ What rights are important to the person? ○ How do you know that? ○ What rights does the person exercise most? ○ Have there been times when you thought you were treated unfairly or that your rights were violated? ○ With whom can you talk when you have concerns about your rights or how you are treated? ○ Are any of your rights formally limited? ○ If yes, did you agree to the limitation? ○ What is being done to change the situation? ○ What assistance are you getting so that you can exercise this right in the future? ○ Has the person shared any concerns about his or her treatment or violation of rights? ○ What recourse does the person have when he or she has concerns? ○ Have any rights limitations been imposed on this person? ○ What is the reason for the limitation (Individual need; Staff practices; Organizational policy)? ○ Who consented to the limitation?	• Is the person provided with the support needed to exercise his or her rights? • Does the organization respond to the person's fair treatment issues to address any concerns? • Has the organization solicited information about rights violations or fair treatment issues from the person? • Have procedures for due process for identified rights limitations been implemented? • Are the procedures used by the organization consistent with due process principles? • For any fair treatment issues, was the issue(s) addressed so that the person’s concerns were resolved to their satisfaction? • *Information gathering questions:* ○ How is the person supported to learn about his or her rights? ○ Does the person need support to exercise rights? ○ If so, what are the supports and who provides them? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person? ○ Does the person have rights limitations? ○ What is the reason for the limitation? ○ How was it decided that the limitation was necessary? ○ Who consented to the limitation? ○ Who reviewed the limitation? What is the plan to remove the limitation (training; support; change in policy or practice)?	

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
		○ How long will the limitation be in place? ○ What are the barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	
There is an increased number of agency staff and people with IDD that know what people with IDD's rights are		Basic Assurances®: • Are staff trained to recognize and respect people's rights? • Are staff trained to recognize and honor preferences in regard to how people choose to exercise their rights? • Are staff who complete assessments trained to honor people's goals and to support attainment of those goals in the best way possible? • Are staff trained in due process procedures? • Are staff trained in procedures for placing a limitation or restriction on a person's rights? • Do staff demonstrate respect for and honor people's rights?	
There is an increased number of agencies that have procedures to support people with IDD to exercise their rights and an increased number of staff that are familiar with these procedures		Basic Assurances®: • Are people provided needed supports to exercise the rights that are important to them? • Are people provided supports only to the extent needed? • Are people supported to advocate for themselves? • Does the organization assess people's abilities to exercise their rights, especially those rights that are most important to them? • Does the assessment address people's civil and legal rights and personal freedoms? Examples include, but are not limited to the ability to do the following:	

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		• move freely • manage money • send and receive mail • make and receive telephone calls and use other means of communication • visit and be visited by whomever they choose • access personal possessions • vote • Does the person-centered plan document assessment results, including supports needed to protect and promote the person's rights? • Are the assessments of people's rights ongoing and reviewed at least annually? • Does the organization share information about people only with their written, informed consent or that of their legally authorized representatives?	
Rights are increasingly presented to people with IDD in language they can understand			Notification of rights in plain language
There is an increased number of people with IDD that are supported to describe their rights, what rights are important to them, and how they are exercising those important rights		Basic Assurances®: • Are people supported to advocate for themselves?	

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion

	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of Human Rights Committees that are conflict-free, effectively ensure due process, and actively promote rights		Basic Assurances®: • Does the organization have, or have access to, a working and effective Rights Committee? • Do the policies and procedures define Rights Committee membership, training, roles, responsibilities and procedures? • Does the Rights Committee oversee the use of restrictive or intrusive interventions that are part of a plan of behavioral or medical supports? • When restrictive or intrusive interventions are reviewed, is at least one-third of the Rights Committee membership present not affiliated with the organization? • Does the Rights Committee proactively promote and protect people’s rights, such as direct interactions with people served to discuss issues surrounding rights and basic protections? • Are people supported to attend Rights Committee meetings and provide input?	
There is a decreased number of people with IDD under guardianship	Personal Outcome Measures®: • Decision-Making Authority Guardianship – What type of decision-making support does the person have?	Basic Assurances®: • Do people receive only the level of support needed to make their own decisions? • Does the organization review the need for advocacy, guardianship, representative payee, and alternatives to guardianship and/ or representative payee, including supported decision-making options? • Does the organization review the scope of advocacy, guardianship, representative payee, and alternatives to guardianship and/or representative payee needed and desired by each person? • Does the person-centered plan document the need for and scope of advocacy, guardianship, representative payee, and alternatives to	National Core Indicators®: • Guardianship data State data on guardianship • Number of people with limited guardianship, power of attorney, full guardianship State rules/regulations • Regarding supported decision making

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		guardianship and/or representative payee, including supported decision-making options? Is the plan then reviewed annually? • Is there a written plan to obtain advocacy, guardianship, representative payee, and alternatives to guardianship and/or representative payee if those supports are needed?	
There is an increase in procedures that exist, and are followed, for when people with IDD and guardians disagree (with the person with IDD having the prevailing voice)			
There is an increase in existence of procedures for when people with IDD want to withdraw guardianship			Justice system data
There is an increased number of people with IDD who report that they are actively supported to voice their concerns and state their	Personal Outcome Measures®: • Indicate whether the person exercises their rights in the following areas: File complaints about services • For each of the rights the person does not exercise, who most limits their ability to exercise each of these rights (guardian, family, provider organization/support staff, employer/co-worker, other, person elects not to exercise	Basic Assurances®: • Do people receive needed supports to report complaints, problems or concerns? • Is there a complaint process that is understandable and easy to use? • Are people supported to advocate for themselves?	National Core Indicators® Family/Guardian Survey: • Percentage of family respondents who know how to file a complaint or grievance and are satisfied with the way complaints or grievances are handled

GOAL: There is a proactive approach to rights (human, legal, civil, etc.) protection and promotion

Outcome	Metrics Individual	 Provider and/or Payer	 State
opinions, and do not fear or face retaliation	this right through informed personal choice)? | File complaints about services • For each item where rights limits were noted, was adequate due process provided? | File complaints about services		
There is an increased number of people with IDD that are able to expect resolutions to their satisfaction		Basic Assurances®: • Are the same reporting and investigating procedures used for allegations made by employees or others, followed for allegations reported by people supported by the organization? • Does the organization share the results of investigations and its responses with the people entitled to receive that information?	

GOAL: People have access to effective communication, including communication supports

Outcome	Metrics Individual	 Provider and/or Payer	 State
There is an increased number of people with IDD who have access to AAC devices, including mainstream technologies such as tablets and smart phones		Basic Assurances®: • Is there an effective system for researching and implementing augmentative communication options?	National Core Indicators®: • Percentage of people who report that they have a cell phone or smart phone • Of those without a cellphone or smart phone, the percentage of people who report that they want a cell phone or smart phone National Core Indicators® Family/Guardian survey: • The percentage of family respondents who report that their family member has the

GOAL: People have access to effective communication, including communication supports			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
			special equipment or accommodations that s/he needs. State plan • Services State waiver • Participant services • Funding for services
There is an increased number of people with IDD who are receiving ongoing services and supports to use their AAC device and expand their communication repertoires		Basic Assurances®: • Is there an effective system for researching and implementing augmentative communication options?	State plan • Services State waiver • Participant services • Funding for services
There is an increased number of organizations that provide translation and interpretation services to people with IDD whenever needed (e.g., ASL, cognitive			National Core Indicators® Family/Guardian survey: • Percentage of family respondents reporting that staff or translators are available to provide information, services and supports in the family/family member's primary language/method of communication.

GOAL: People have access to effective communication, including communication supports			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
interpretation, etc.)			
The number of people with IDD with communication difficulties is equal to, or lower than, the number of people with IDD receiving communication supports			
There is an increased number of people with IDD who have access to augmentative and alternative communication (AAC) evaluations			State plan • Services State waiver • Participant services
There is an increased number of trainings for direct support staff to support people with IDD's communication, learn people's communication methods and systems, and improve their own skills as			

GOAL: People have access to effective communication, including communication supports			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
communication partners			
There is an increased number of people with IDD supported by people who speak their preferred language			National Core Indicators® Family/Guardian survey: • The percentage of family respondents reporting that staff or translators are available to provide information, services and supports in the family/family member's primary language/method of communication.

GOAL: People have meaningful, reciprocal relationships			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of people with IDD that have relationships with their family members, biological and chosen, to the extent they want	CAHPS Home- and Community-Based Services Survey: • Do you have any family members who live nearby? • In the last 3 months, when you wanted to, how often could you get together with these family members who live nearby? Money Follows the Person (MFP) Quality of Life Survey: • Can you see your friends and family when you want to see them? • How often do you see your friends and family when you want to see them? Would you say only sometimes or most of the time? Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS)	Basic Assurances®: • Do people choose the extent and frequency of contact with their natural support networks? • Does the organization maintain names, addresses and phone numbers of family and friends who are important to people? • Are people provided the supports they need to remain connected to those important to them? Are they supported to make phone calls, write letters, remember special days, or maintain photo albums and pictures?	National Core Indicators®: • Proportion of people who reported they have family they see and the support needed to see their family when they want to State person centered planning requirements State regulations • Regulations further rather than detract from goals of community integration [note: this is an element of the

GOAL: People have meaningful, reciprocal relationships			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	• Do you have any family members who live nearby? • When you want to, how often can you get together with these family members who live nearby? Personal Outcome Measures®: • Does the person feel they have enough contact with each group of people in their network? | Family • *Information gathering questions:* ○ Have you lost contact with family members or others? ○ Is the contact you have enough for you? If not, what is the reason? ○ What type or frequency of contact would you prefer? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Are there people you like to visit with? • Can you see this person/these people when you want? Performance Outcome Measurement Project (POMP): • During an average week, how many days are you in touch by phone, Internet (email), or in person with a friend, neighbor, or relative who does not live with you? • Thinking about how often you are in touch with friends, neighbors, and relatives is this: not enough; about enough; too much?		systemic review included in the STP process (in theory)] State waiver • State service definitions that include helping build natural supports • State services and supports include strong elements for opportunities for individuals to build community connections
There is an increased number of people with IDD that have friends, who are not paid staff	CAHPS Home- and Community-Based Services Survey: • Do you have friends who live nearby? • In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby? Money Follows the Person (MFP) Quality of Life Survey:	Basic Assurances®: • Do people choose the extent and frequency of contact with their natural support networks? • Does the organization maintain names, addresses and phone numbers of family and friends who are important to people? • Are people provided the supports they need to remain connected to those important to them? Are	National Core Indicators®: • Proportion of people who reported they have friends who are not staff or family members

GOAL: People have meaningful, reciprocal relationships			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	• Can you see your friends and family when you want to see them? • How often do you see your friends and family when you want to see them? Would you say only sometimes or most of the time? Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • Do you have any friends who live nearby? • When you want to, how often can you get together with these friends who live nearby? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Are there people you like to visit with? • Can you see this person/these people when you want? Personal Outcome Measures®: • Does the person have friends? • Is the person satisfied with the number of friends they have? • Is the person satisfied with the amount of contact with their friends? • does the person feel they have enough contact with each group of people in their network? | Friends • *Information gathering questions:* ○ How do you define friendship? Who are your friends? ○ With whom do you like to spend time? ○ What do you like to do with friends? ○ How often do you see your friends? ○ Do you spend enough time with them? ○ Besides seeing your friends, what other kinds of things do you do to stay in contact?	they supported to make phone calls, write letters, remember special days, or maintain photo albums and pictures? Personal Outcome Measures®: • Does the organization know the person's preference and need for friends? • Are supports provided to assist the person with developing, maintaining, and enhancing friendships, if needed? • *Information gathering questions:* ○ How do you determine the importance of friendship to the person? ○ How do you know if the person needs support to develop or maintain friendships? ○ How do you determine satisfaction with the extent and frequency of contact? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	

GOAL: People have meaningful, reciprocal relationships			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ Do you have enough friends? Would you like more? ○ With whom does the person choose to spend time? ○ Who are the person's friends? How do you know? ○ What contact does the person have with his or her friends? ○ Are the interactions and contacts the person has with friends similar to typical friendships that you or people you know have? Are they voluntary, mutual, and interactive? Performance Outcome Measurement Project (POMP): • During an average week, how many days are you in touch by phone, Internet (email), or in person with a friend, neighbor, or relative who does not live with you? • Thinking about how often you are in touch with friends, neighbors, and relatives is this: not enough; about enough; too much?		
There is an increased number of people with IDD that have intimate relationships, including, but not limited to, sexual and romantic relationships	Personal Outcome Measures®: • Does the person have intimate relationships? • If yes, are they satisfied with the type and scope of intimate relationships? • *Information gathering questions:* ○ Who are you closest to? ○ Is there someone with whom you share your personal thoughts or feelings? ○ Whom do you trust to talk with about private concerns and feelings? ○ Who is there for you when you need to talk? ○ With whom do you share your good and bad feelings? ○ Is this enough for you? ○ Do you know how the person defines intimacy? ○ What is that definition? ○ Do you know if the person has the type and degree of intimacy desired?	Basic Assurances®: • Do people choose the extent and frequency of contact with their natural support networks? • Does the organization maintain names, addresses and phone numbers of family and friends who are important to people? • Are people provided the supports they need to remain connected to those important to them? Are they supported to make phone calls, write letters, remember special days, or maintain photo albums and pictures? Personal Outcome Measures®: • Does the organization know and understand the person's preferences for intimate relationships?	National Core Indicators®: • Percentage of people who report being able to go on a date if they want to or report being married and/or living with partner

GOAL: People have meaningful, reciprocal relationships			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ How do you support the person's choices for intimate relationships?	• Does the organization assist the person to explore and evaluate experiences in order to make informed choices about intimate relationships? • Does the organization provide support for the person to pursue, form, and maintain intimate relationships? • Has the organization addressed any barriers to the person having intimate relationships? • *Information gathering questions:* ○ How do you learn about the person's desires for intimacy? ○ How do you know if the person needs support to develop or maintain intimate relationships? ○ If the person needs support, what has been arranged? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to forming intimate relationships with others? ○ What organizational practices, values, and activities support this outcome for the person?	
There is an increased number of people with IDD that have natural support networks	Personal Outcome Measures®: • Does the person have a natural support network? • If YES, does the person feel they have enough contact with each group of people in their network? | Family • If YES, does the person feel they have enough contact with each group of people in their network? | Friends • If YES, does the person feel they have enough contact with each group of people in their network? | Others in community • If the individual does NOT have a natural support network, what is it due to? • *Information gathering questions:*	Basic Assurances®: • Do people choose the extent and frequency of contact with their natural support networks? • Does the organization maintain names, addresses and phone numbers of family and friends who are important to people? • Are people provided the supports they need to remain connected to those important to them? Are they supported to make phone calls, write letters, remember special days, or maintain photo albums and pictures? Personal Outcome Measures®:	State person centered planning requirements State regulations • Regulations further rather than detract from goals of community integration [note: this is an element of the systemic review included in the STP process (in theory)] State services and supports include strong elements for

GOAL: People have meaningful, reciprocal relationships			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
	○ Who are the people in your life that you can count on? ○ Who do you want to talk to or be with when you go through tough times? ○ Who do you want to share your successes with? How do you maintain contact with these people? ○ Have you lost contact with family members or others? ○ Is the contact you have enough for you? If not, what is the reason? ○ What type or frequency of contact would you prefer? ○ What do you think could be done to change the situation? ○ Where do you get emotional strength? ○ Do you know who is part of the person's natural support network? ○ Do you know if the person is satisfied with his or her contact with these people? ○ What assistance is provided to maintain the person's contact with his or her family and others who provide emotional support?	• Has the person's natural support network been identified by the organization? • Does the organization know the status of relationships within the person's support network? • Does the organization provide support for the person's relationships within the network, if needed and requested? • Does the organization recognize and promote opportunities for people to develop natural support networks? • *Information gathering questions:* ○ How do you learn about the person's support network? ○ What do you do to support contact? ○ If there is no contact, what is done to assist the person to re-establish contact if desired? ○ If contact is with parents only, what do you do to expand the network to extended family? ○ What do you do if the extent and frequency of contact is unsatisfactory to the person? ○ Are there any barriers that prevent the person from remaining connected with the people he or she identifies as part of their support network? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	opportunities for individuals to build community connections State waiver • State service definitions that include helping build natural supports
There is an increased number of people with IDD that receive supports from natural supports first, than formal		Basic Assurances®: • Do people have person-centered plans that they develop with individual support teams that are chosen by them? Do teams include both paid and natural supports?	

GOAL: People have meaningful, reciprocal relationships

Outcome	Metrics		
	Individual	**Provider and/or Payer**	**State**
supports (though this should not be an effort to decrease the provision of necessary paid supports through unpaid family caregivers)			
There is an increase in supports in place to build social capital, community relationships, and capacity for emerging support networks based on people with IDD's preferences	Personal Outcome Measures®: • Is there direct interaction between the person and others in the community? • Is the type of interaction satisfactory to the person? • Is the frequency of interaction satisfactory to the person? • Does the person have a social role(s)? • Does the person fill a variety of social roles? • Is the person satisfied with the type of social roles they have? • *Information gathering questions:* ○ Who do you know in your community? ○ With whom do you like to spend time? With whom do you spend most of your time? ○ When you go places, whom do you meet? Talk with? ○ What kinds of interactions do you have with people (order food in restaurants; pay for purchases; talk with people at church, synagogue, or other places of worship; visit with neighbors)? ○ If you work, what kinds of social contacts do you have there (lunches, breaks, parties after work)? ○ What barriers do you face? With whom do you talk about this? ○ What opportunities does the person have to interact with others?	Basic Assurances®: • The organization recognizes emerging support networks. • Are existing and potential natural supports identified for each person? • Are people assisted to overcome barriers that prevent them from remaining connected to their natural supports? • Does the organization build the capacity for natural supports based on people's choices and preferences? • Does the organization use volunteers to build capacity for potential natural supports? • Does the organization use community resources, including local organizations, clubs, places of worship and schools, to build capacity for potential natural supports? • Does the organization support the inclusion of family members or close personal friends for people who need assistance with decision making? Personal Outcome Measures®:	

GOAL: People have meaningful, reciprocal relationships			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
	○ Do you know if the person’s current situation is satisfactory to him or her? ○ Is there anything the person needs to support current relationships or develop new ones? ○ What is the person’s preference for interaction? ○ Do you know about different groups, clubs, organizations, etc., to be involved in? ○ What kinds of involvement and responsibilities do you have in your neighborhood or community (neighborhood watch, civic groups, social clubs, volunteer, church, synagogue, other place of worship)? ○ What kinds of things do you do with other people? ○ Is there something you would like to be doing that you don’t do now? ○ What social roles do you think the person performs? ○ Why do you think these are social roles for the person? ○ What roles do you see the person having the potential or interest to perform? ○ If the person stopped participating, would he or she be missed?	• Has the organization assessed the type of interactions the person has with other members of the community? • Has the organization assessed the frequency of the person’s interaction with other members of the community? • Does the organization know the person’s preferences for interaction, or are efforts being made to learn about the person’s preferences? • Does the organization provide support for the person to access opportunities for interaction with others, if needed and requested? • Does the organization know what social roles the person currently fills? • Has the organization assessed the person’s interests in assuming additional roles or expanding current roles and responsibilities? • Are supports provided to assist the person with performing chosen social roles if needed and requested? • *Information gathering questions:* ○ How do you support the person to have opportunities to meet and interact with others? ○ How do you determine the person’s preferences for interactions? ○ How do you know if the type and frequency of interactions are satisfactory to the person? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this and encourage the person to interact with others?	

GOAL: People have meaningful, reciprocal relationships			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
		○ How have the person's interests been identified? ○ How do you know what social roles the person would like to perform? ○ What opportunities have been provided? ○ What supports does the person need to develop or maintain social roles? ○ Have those supports been provided? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	

GOAL: People have *true* community integration and inclusion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of people with IDD that are engaged in, and contribute to, their communities in the ways they desire, and as documented in person-centered plans and daily schedules	CAHPS Home- and Community-Based Services Survey: • In the last 3 months, when you wanted to, how often could you do things in the community that you like? • In the last 3 months, did you take part in deciding what you do with your time each day? • In the last 3 months, did you take part in deciding when you do things each day? Money Follows the Person (MFP) Quality of Life Survey: • Do you go out to do fun things in your community? • When you want to go somewhere, can you just go, do you have to make arrangements, or do you have to plan many days ahead and ask people for help? Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • When you want to, how often can you do things in the community that you like, such as shopping or going out to eat? • Do you need more help than you get now from personal assistance/behavioral health staff to do things in your community? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Do you like to go shopping, for things like clothes, books, or music? • Do you go shopping? • Do you help pick where to go shopping?	Basic Assurances®: • Are people actively supported to engage in community life? • Are transportation and other supports provided so people can access community services similar to those used by the community at large? • Do people receive the support needed to make choices about the kinds of work and activities they prefer? Personal Outcome Measures®: • Does the organization know what the person would like to do in the community or are efforts being made to learn about the person's preferences? • Does the organization know what integration means to the person, or are efforts being made to learn about the person's preferences? • Does the organization know the person's preferences for interaction or are efforts being made to learn about the person's preferences? • Does the organization provide support for the person to access opportunities for interaction with others, if needed and requested? • Does the organization provide the person with access to information about options for community participation? • Does the organization provide support for the person to do the things he or she wants to do? • *Information gathering questions:*	National Core Indicators®: • Percentage of people who report doing things in their communities that they like to do, as often as they want • Percentage of people who report satisfaction with their level of participation in various community activities • Percentage of people who report that they would like to be involved in more groups in their community State waiver • Participant services • Participant direction • Funding for services

GOAL: People have *true* community integration and inclusion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	• Do you like to go out to eat? • Do you go out to eat? • Do you help pick where you eat out? Personal Outcome Measures®: • Does the person participate in the life of the community? • If YES, is the person satisfied with the type of their participation? • If YES, is the person satisfied with the frequency of their participation? • Does the person use the same environments used by people without disabilities? • Is there direct interaction between the person and others in the community? • Is the type of interaction satisfactory to the person? • Is the type of interaction satisfactory to the person? • *Information gathering questions:* ○ What kinds of things do you do in the community (shopping, banking, church, synagogue, mosque, school, hair care)? How often? ○ What kinds of recreational or fun things do you do in your community (movies, sports, restaurants, special events)? How often? ○ How do you know what there is to do? ○ Who decides where and with whom you go? ○ Is there anything you would like to do in your community that you don't do now? What do you need to make this happen? ○ What supports do you need to participate as often as you'd like in community activities? ○ Who do you know in your community? ○ With whom do you like to spend time? With whom do you spend most of your time?	○ How is the person informed of options available in his or her community? ○ How do you learn about what the person prefers to do? ○ How do you learn about how often the person likes to be involved in community activities? ○ What supports does the person need to participate in community activities? How are those provided? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person? ○ How do you support the person to have opportunities to meet and interact with others? ○ How do you determine the person's preferences for interactions? ○ How do you know if the type and frequency of interactions are satisfactory to the person? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this and encourage the person to interact with others?	

GOAL: People have *true* community integration and inclusion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ When you go places, whom do you meet? Talk with? ○ What kinds of interactions do you have with people (order food in restaurants; pay for purchases; talk with people at church, synagogue, or other places of worship; visit with neighbors)? ○ If you work, what kinds of social contacts do you have there (lunches, breaks, parties after work)? ○ What barriers do you face? With whom do you talk about this? Performance Outcome Measurement Project (POMP): • During an average week, how many days do you leave home to go to a movie, sports event, club meeting, class, or place of worship? • Regarding your present social activities, do you feel that you are doing not enough, about enough, too much?		
There is an increased number of people with IDD that have a sense of belonging in their communities – the communities in which they live, work, worship, recreate, etc.	Personal Outcome Measures®: • Does the person have a social role(s)? • Does the person fill a variety of social roles? • Is the person satisfied with the type of social roles they have? • Does the person participate in the life of the community? • If YES, is the person satisfied with the type of their participation? • If YES, is the person satisfied with the frequency of their participation? • Does the person use the same environments used by people without disabilities? • Is there direct interaction between the person and others in the community? • Is the type of interaction satisfactory to the person? • Is the type of interaction satisfactory to the person? • *Information gathering questions:*	Personal Outcome Measures®: • Does the organization know what social roles the person currently fills? • Has the organization assessed the person's interests in assuming additional roles or expanding current roles and responsibilities? • Are supports provided to assist the person with performing chosen social roles if needed and requested? • Does the organization know what the person would like to do in the community or are efforts being made to learn about the person's preferences? • Does the organization know what integration means to the person, or are efforts being made to learn about the person's preferences?	National Core Indicators®: • Percentage of people who report satisfaction with their level of participation in various community activities • Percentage of people who report that they would like to be involved in more groups in their community

GOAL: People have *true* community integration and inclusion			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
	○ Do you know about different groups, clubs, organizations, etc., to be involved in? ○ What kinds of involvement and responsibilities do you have in your neighborhood or community (neighborhood watch, civic groups, social clubs, volunteer, church, synagogue, other place of worship)? ○ What kinds of things do you do with other people? ○ Is there something you would like to be doing that you don't do now? ○ What social roles do you think the person performs? ○ Why do you think these are social roles for the person? ○ What roles do you see the person having the potential or interest to perform? ○ If the person stopped participating, would he or she be missed? ○ What kinds of things do you do in the community (shopping, banking, church, synagogue, mosque, school, hair care)? How often? ○ What kinds of recreational or fun things do you do in your community (movies, sports, restaurants, special events)? How often? ○ How do you know what there is to do? ○ Who decides where and with whom you go? ○ Is there anything you would like to do in your community that you don't do now? What do you need to make this happen? ○ What supports do you need to participate as often as you'd like in community activities? ○ Who do you know in your community? ○ With whom do you like to spend time? With whom do you spend most of your time? ○ When you go places, whom do you meet? Talk with? ○ What kinds of interactions do you have with people (order food in restaurants; pay for purchases; talk with	• Does the organization know the person's preferences for interaction or are efforts being made to learn about the person's preferences? • Does the organization provide support for the person to access opportunities for interaction with others, if needed and requested? • Does the organization provide the person with access to information about options for community participation? • Does the organization provide support for the person to do the things he or she wants to do? • *Information gathering questions:* ○ How have the person's interests been identified? ○ How do you know what social roles the person would like to perform? ○ What opportunities have been provided? ○ What supports does the person need to develop or maintain social roles? ○ Have those supports been provided? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person? ○ How is the person informed of options available in his or her community? ○ How do you learn about what the person prefers to do? ○ How do you learn about how often the person likes to be involved in community activities? ○ What supports does the person need to participate in community activities? How are those provided?	

GOAL: People have *true* community integration and inclusion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	people at church, synagogue, or other places of worship; visit with neighbors)? o If you work, what kinds of social contacts do you have there (lunches, breaks, parties after work)? o What barriers do you face? With whom do you talk about this?	o Are there any barriers that affect the outcome for the person? o How do you assist the person to overcome barriers to this outcome? o What organizational practices, values, and activities support this outcome for the person? o How do you support the person to have opportunities to meet and interact with others? o How do you determine the person's preferences for interactions? o How do you know if the type and frequency of interactions are satisfactory to the person? o Are there any barriers that affect the outcome for the person? o How do you assist the person to overcome barriers to this outcome? o What organizational practices, values, and activities support this and encourage the person to interact with others?	
There is an increased number of people with IDD that have social capital	Personal Outcome Measures®: • CQL Social Capital Index • Does the person have a social role(s)? • Does the person fill a variety of social roles? • Is the person satisfied with the type of social roles they have? • *Information gathering questions:* o Do you know about different groups, clubs, organizations, etc., to be involved in? o What kinds of involvement and responsibilities do you have in your neighborhood or community (neighborhood watch, civic groups, social clubs, volunteer, church, synagogue, other place of worship)? o What kinds of things do you do with other people?	Personal Outcome Measures®: • Does the organization know what social roles the person currently fills? • Has the organization assessed the person's interests in assuming additional roles or expanding current roles and responsibilities? • Are supports provided to assist the person with performing chosen social roles if needed and requested? • *Information gathering questions:* o How have the person's interests been identified? o How do you know what social roles the person would like to perform? o What opportunities have been provided?	

GOAL: People have *true* community integration and inclusion			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	o Is there something you would like to be doing that you don't do now? o What social roles do you think the person performs? o Why do you think these are social roles for the person? o What roles do you see the person having the potential or interest to perform? o If the person stopped participating, would he or she be missed?	o What supports does the person need to develop or maintain social roles? o Have those supports been provided? o Are there any barriers that affect the outcome for the person? o How do you assist the person to overcome barriers to this outcome? o What organizational practices, values, and activities support this outcome for the person?	
There is an increased number of people with IDD that are supported to access, and are included in, virtual communities, social media, etc.	Family and Individual Needs for Disability Supports (FINDS) Survey: • Does the person have access to broadband internet at their place of residence? • Does the person with IDD use the following websites or online services? (email, web search, social media, news or weather websites, online shopping, online maps, online games, online job applications, online dating)		National Core Indicators®: • Percentage of people who report that they can use phone/internet whenever they want
There is an increase in supports provided for activities of daily living that reflect people with IDD's person-centered plans		Basic Assurances®: • Do staff document that they have provided services and supports in accordance with the person-centered plan and the organization's policies and procedures? • Does the organization have a system to monitor implementation of person-centered plans? Does it include direct observation of services and supports as well as assessment of the reliability of data used to evaluate people's progress?	National Core Indicators®: • Percentage of people who report that they want to increase independence in functional skills (ADLs) who are reported to have a related goal in their service plan • Percentage of people who report that they want a job who are reported to have a related goal in their service plan

GOAL: People have access to accessible, on-demand, low cost, and safe transportation			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of people with IDD that have a means to get where they want to go, when they want to go and an increased number of people with IDD have the same access to transportation as everyone else (similar to the community at large)	CAHPS Home- and Community-Based Services Survey: • How often do you have a way to medical appointments? • In the last 3 months, did you use a van or transportation service? • In the last 3 months, were you able to get in and out easily? • In the last 3 months, how often did this ride arrive on time to pick you up? Cash and Counseling Demonstration Baseline Instrument • During the last week, has anyone who was *paid,* driving you/client somewhere or helped you/them ride public transportation, such as a bus, taxi, or special van? • How hard is it to get public transportation where you/client live? Money Follows the Person (MFP) Quality of Life Survey: • Can you get to the places you need to go, like work, shopping, or the doctor's office? • How often do you get to the places you need to go, like work, shopping, or doctor's office? • Do you miss things or have to change plans because you don't have a way to get around easily? • Is there any medical care, such as a medical treatment or doctor's visit which you have not received or could not get to within the past month? Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • Medical appointments include seeing a doctor, a dentist, a therapist, or someone else who takes care of your health. How often do you have a way to get to your medical appointments?	Basic Assurances®: • Are transportation and other supports provided so people can access community services similar to those used by the community at large?	ADA PARC Walkability & Transit cores Funding for public transportation National Core Indicators®: • Percentage of people who report that they have a way to get places when they want to do something outside of the home • Percentage of people who report that they have a way to get places they need to go State plan • Services State waiver • Participant services • Funding for services

GOAL: People have access to accessible, on-demand, low cost, and safe transportation			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	• Do you use a van or some other transportation service? Do not include a van you own. • Are you able to get in and out of this ride easily? • How often does this ride arrive on time to pick you up? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Do you use a van to get to the places you need to go, such as work or the doctor's office? • Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house? Personal Outcome Measures®: • Does the person have maximum access to each physical environment they frequent? (home | work | community) If no…What, if anything, MOST limits their ability to access the environment? (lack of transportation) • Services the Individual Currently Receives | Transportation | Currently receives this service • *Information gathering questions:* ○ Is there something you wish you could do, but can't? ○ Is transportation available when you want to go somewhere? Performance Outcome Measurement Project (POMP): • In the past year, have you received transportation services? • How long have you been receiving transportation services? • How often do you use the transportation services? • In an average month, would you say you rely on this transportation service for: just a few of your local trips; about ¼ of all your local trips; about ½ of all your local		

GOAL: People have access to accessible, on-demand, low cost, and safe transportation			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	trips; nearly ¾ of all your local trips; nearly all of your local trips? • The drivers pick me up when they are supposed to: always; usually; sometimes; rarely; never. • The transportation service takes me to the places I want or need to go: always; usually; sometimes; rarely; never. • I get rides at the times and on the days I need them: always; usually; sometimes; rarely; never. • Do you get around more than you did before you had this transportation service? • In general, would you say that the transportation service has helped you? • Is there a car or other personal motor vehicle in working condition in this household? • Excluding taxi services, is public transportation service available in this community, such as a regular bus line, rapid transit, subway, or street car? • Do you ever use public transportation?		
There is an increase in the number of states and programs that provide and fund transportation services beyond non-emergency medical transportation (NEMT)			State plan • Services State waiver • Participant services • Funding for services

GOAL: People have a meaningful day of their choosing, including integrated, competitive employment			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of people with IDD choosing what they do during the day (individual choice)	CAHPS Home- and Community-Based Services Survey: • In the last 3 months, did you take part in deciding what you do with your time each day? • In the last 3 months, did you take part in deciding when you do with your time each day? • Do you have a job in the community? Did you choose your job? Do you like your job? • Is employment a goal in the plan? • If person wants a job a job in person-centered plan? Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • Do you take part in deciding what you do each day—for example, what you do for fun at home or in your community? • Do you take part in deciding when you do each day—for example, deciding when you get up, eat, or go to bed? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • When you are at home, can you eat when you want to? • Can you watch TV when you want to? • Can you go to bed when you want to? • Can you be by yourself when you want to? • Do you like your job/day program/volunteer program? • Did you help pick the job/day program/volunteer work you go to now? • Do you want to work? • Would you like to go to a day program? • Would you like to do volunteer work? • What other kinds of things do you like to do? • Do you get to do these things when you want?	Basic Assurances®: • Do people receive the support needed to make choices about the kinds of work and activities they prefer? • Do people have autonomy and independence in making life choices, including control over their own schedules and routines? Personal Outcome Measures®: • Does the organization know the person's interests for work, or are efforts being made to learn what the person would like to do? • Does the organization provide the person with access to varied job experiences and options? • Do the options include generic non-disability specific community work/day activities? • Has the organization responded to the person's desires for pursuing specific work or career options with supports?	State policies and procedures • State's risk policies (do they limit access) State waiver • Participant services • Funding for services National Core Indicators®: • Percentage of people who report having input in choosing daily schedule • Percentage of people who report having enough choice about their daily schedule • Percentage of people who report having input in choosing what to do in free time • Percentage of people who report having enough choice about what to do in their free time • Of those with a paid community job, the percentage of people who report having input in choosing paid community job • Percentage of people who report having input in choosing day activities (in addition to or instead of paid community job)

GOAL: People have a meaningful day of their choosing, including integrated, competitive employment			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
	Personal Outcome Measures®: • What does the person do for work and/or other daytime activities? • Does the person have opportunities to experience different options? • If YES, do the options include generic community work/day activities? • Does the person have the opportunity to participate in challenging and interesting activities? • *Information gathering questions:* ○ What do you do for work or your career? ○ What options did you have? ○ Who chose what you do? ○ Can you do something different if you want to? ○ How did others help you with this? ○ Are you satisfied with the decision either you or others made? ○ If not, what would you like instead?		
There is an increased number of people with IDD in competitive, integrated employment	Family and Individual Needs for Disability Supports (FINDS) Survey: • What does the person you support do during the day/typical work hours? • What type of job does this person have? Personal Outcome Measures®: • Does the person decide where to work or what to do (e.g., type of job/employer or daytime activity)? • Does the organization know the person's interests for work, or are efforts being made to learn what the person would like to do? • Does the organization provide the person with access to varied job experiences and options?	Basic Assurances®: • Are people supported to generate income to be used for needs and wants not covered by public assistance? • Are people actively supported to seek employment, and work in competitive and integrated settings? Personal Outcome Measures®: • Does the organization know the person's interests for work, or are efforts being made to learn what the person would like to do? • Does the organization provide the person with access to varied job experiences and options? • Do the options include generic (non-disability) community work/day activities?	National Core Indicators®: • Percentage of people who are reported to have a paid job in the community • Percentage of people reported to have a paid job in the community who report that they are satisfied with their job • Percentage of people reported to have a paid job in the community who report that they would like to work somewhere else

GOAL: People have a meaningful day of their choosing, including integrated, competitive employment

Outcome	Metrics		
	Individual	**Provider and/or Payer**	**State**
	• Do the options include generic (non-disability) community work/day activities? • Has the organization responded to the person's desires for pursuing specific work or career options with supports? • Has the organization supported the person to address any identified barriers to achieving this outcome (choosing where to work)? • *Information gathering questions:* ○ What do you do for work or your career? ○ What options did you have? ○ Who chose what you do? ○ Can you do something different if you want to? ○ How did others help you with this? ○ Are you satisfied with the decision either you or others made? ○ If not, what would you like instead?	• Has the organization responded to the person's desires for pursuing specific work or career options with supports? • Has the organization supported the person to address any identified barriers to achieving this outcome (choosing where to work)? • *Information gathering questions:* ○ How do you learn about the person's preferences for work? ○ How do you present options to the person so he or she can make informed choices? ○ Is the person working where he or she wishes? If not, what is the barrier? ○ What are you doing to overcome the barrier? ○ How do you learn about the person's job satisfaction? ○ What organizational practices, values, and activities support the person to maintain or achieve this outcome?	StateData: The National Report on Employment Services and Outcomes • Number of people served in integrated employment (IDD) • Percentage of people served in integrated employment (IDD) • Integrated employment funding (IDD) • Percentage of total funding to integrated employment (IDD) State of the States in Developmental Disabilities • Supported employment spending • Supported employment participants State waiver • Participant services • Funding for services
There is a decreased number of people with IDD in congregate care (day programming) and/or day habilitation services	Personal Outcome Measures®: • What does the person do for work and/or other daytime activities? (select all) | Sheltered work | Enclave Work | Day program/activities | Community-based day activities Performance Outcome Measurement Project (POMP): • In the past year, have you received adult day care services?	Basic Assurances®: • Are the activity and work options available to people age appropriate and culturally normative? Do these options promote a positive self-image? • Are people paid fairly for work they perform? • Are people actively supported to seek employment, and work in competitive and integrated settings? Personal Outcome Measures®:	State of the States in Developmental Disabilities • Federal Medicaid funding for day programs • Total day/ work participants State waiver • Participant services • Funding for services

GOAL: People have a meaningful day of their choosing, including integrated, competitive employment			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		• Services the Individual Currently Receives | Day program/activities | Receives service from THIS organization; Community-based day activities | Receives service from THIS organization; Sheltered work | Receives service from THIS organization	StateData: The National Report on Employment Services and Outcomes • Number of people served in facility-based work (IDD) • Percentage of people served in facility-based work (IDD) • Number of people served in facility-based non-work (IDD) • Percentage of people served in facility-based non-work (IDD) • Facility-based work funding (IDD) • Facility-based non-work funding (IDD)
There is an increased number of people with IDD that are paid fairly (minimum wage or above) and commensurate with everyone else doing similar work	Family and Individual Needs for Disability Supports (FINDS) Survey: • Does the person receive at least minimum wage or above? • What is the person’s hourly wage? Money Follows the Person (MFP) Quality of Life Survey: • Are you working for pay right now? Do you get any money for doing work? • Are you doing volunteer work or working without getting paid? Are you doing work but not getting any money for it? Personal Outcome Measures®: • Indicate whether the person exercises their rights for the following categories | Right to fair wages	Basic Assurances®: • Are people paid fairly for work they perform?	Department of Labor data on special wage certificates National Core Indicators®: • Average wage data StateData: The National Report on Employment Services and Outcomes • Mean annual earnings from work for people with a cognitive disability

GOAL: People have a meaningful day of their choosing, including integrated, competitive employment			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	• Who, if anyone, most limits their ability to exercise this right | Right to fair wages • For each item where rights limits were noted, was adequate due process provided? | Right to fair wages		
There is an increased number of people with IDD that are working jobs that they want, not jobs that they are assigned to	Family and Individual Needs for Disability Supports (FINDS) Survey: • Does the person want a job for which they receive pay? • How satisfied is the person with their current work setting? Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • Did you help to choose the job you have now? Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Did you help pick the job you go to now? • Do you want to work? Personal Outcome Measures®: • Does the person decide where to work or what to do (e.g., type of job/employer or daytime activity)? • Does the organization know the person's interests for work, or are efforts being made to learn what the person would like to do? • *Information gathering questions:* ○ What do you do for work or your career? ○ What options did you have? ○ Who chose what you do? ○ Can you do something different if you want to? ○ How did others help you with this? ○ Are you satisfied with the decision either you or others made?	Basic Assurances®: • Do people choose their goals and services, including where they work (or spend their day), and where and with whom they live? • Do personal preference assessments identify the kinds of work and recreational activities people want? • Do people receive the support needed to make choices about the kinds of work and activities they prefer? Personal Outcome Measures®: • Does the organization know the person's interests for work, or are efforts being made to learn what the person would like to do? • Does the organization provide the person with access to varied job experiences and options? • Do the options include generic (non-disability) community work/day activities? • Has the organization responded to the person's desires for pursuing specific work or career options with supports? • Has the organization supported the person to address any identified barriers to achieving this outcome (choosing where to work)? • *Information gathering questions:* ○ How do you learn about the person’s preferences for work?	National Core Indicators®: • Percentage of people reported to have a paid job in the community who report that they would like to work somewhere else

GOAL: People have a meaningful day of their choosing, including integrated, competitive employment			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ If not, what would you like instead?	○ How do you present options to the person so he or she can make informed choices? ○ Is the person working where he or she wishes? If not, what is the barrier? ○ What are you doing to overcome the barrier? ○ How do you learn about the person's job satisfaction? ○ What organizational practices, values, and activities support the person to maintain or achieve this outcome?	
There is an increased number of people with IDD that are working the number of hours per week they want		Basic Assurances®: • Do personal preference assessments identify the kinds of work and recreational activities people want?	
There is an increased number of people with IDD that are provided with meaningful options and opportunities for continuing education and/or retirement	Personal Outcome Measures®: • What does the person do for work and/or other daytime activities? | School/Education • What does the person do for work and/or other daytime activities? | Retirement		National Core Indicators®: • Percentage of people who are supported to learn new things State waiver • Participant services

GOAL: Family members and caregivers are supported			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increase in availability of family supports (e.g., training, respite, crisis, therapy)	Performance Outcome Measurement Project (POMP): • When was the last time you received caregiver support services? • Has someone from the agency helped you or given you information to connect you to the services and resources you need as a caregiver? • Have you received respite care, which allows you a brief break while temporary care is provided, either in your home or someplace else? • Have you received caregiver training or education, including participation in support groups, to help you make decisions and solve problems in your role as a caregiver?		State of the States in Developmental Disabilities • Family support spending • Family support participants State waiver • Participant services • Funding for services
There is a reduction in the number of people with IDD on waiting lists for services, including residential as well as intermittent services			State waiver • Funding structures Waiting lists
There is a decreased number of families providing unpaid support, if they do not desire to do so	Cash and Counseling Demonstration Baseline Instrument • During the last week have you/client received help with personal care/transportation/health care/household tasks from people who were not paid to help? • Please think about all the different family members, friends, or others who were not paid and who helped you/client in the last week? How many different people is that? • Have the caregiver services enabled you to provide care for a longer period of time than would have been possible without these services?		State of the States in Developmental Disabilities • Estimated number of IDD caregiving families and families supported by IDD agencies

GOAL: Family members and caregivers are supported			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of caregivers that are paid for providing support			National Core Indicators® Family/Guardian Survey: • Percentage of family members paid to provide support State waiver • Participant services (provider specifications for service)
There is an increased number of caregivers who, as a result of support, can remain in the workforce (i.e., they don't need to drop out of their job, lose out on promotions/benefits, go down to part time, as a result of their caregiving duties)	Family and Individual Needs for Disability Supports (FINDS) Survey: • As a result of caregiving, did you ever experience any of these work related activities? (Went in late, left early, or took time off during the day to provide care; Took a leave of absence; Went from working full-time to part-time or cut back your hours; Turned down a promotion; Lost any of your job benefits; Turned down an opportunity for career advancement requiring a move to another state due to concerns about portability of Medicaid benefits across state lines; Gave up working entirely; Retired early; Received a warning about your performance or attendance at work) Performance Outcome Measurement Project (POMP): • In your experience as a caregiver, how often do you feel that caregiving creates a financial burden for you? Caregiving interferes with your work? • Did your caregiving responsibilities cause you to quit work or retire early? • Has providing care for the person you care for ever interfered with your employment? • Because of providing care for the person you care for, have you: taken a less demanding job; changed from full-time to part-time work; reduced your official working hours; lost some of your employment fringe benefits;		

GOAL: Family members and caregivers are supported			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	had time conflicts between working and caregiving; used your vacation time to provide care; taken a leave of absence to provide care; lost a promotion; worked less than your normal number of hours last month.		
There is a reduction in caregiver stress, and a reduction in health and wellness concerns that are directly tied to caregiving	Family and Individual Needs for Disability Supports (FINDS) Survey: • How would you describe your (caregiver) own health? • How would you say taking care of the person with IDD has affected your health? • On average, how would you describe your stress level? • How would you say taking care of the person with IDD has affected your stress level? Performance Outcome Measurement Project (POMP): • As a result of the caregiver services, do you feel less stress? • In your experience as a caregiver, how often do you feel that caregiving negative affects your health? Causes you stress? • Have your caregiving activities created or worsened any of these conditions, problems, or disabilities?		

GOAL: There is an expansion of self-advocacy, self-determination, and empowerment			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of people with IDD that are supported to make informed choices		Basic Assurances®: • Do people have autonomy and independence in making life choices, including control over their own schedules and routines?	

GOAL: There is an expansion of self-advocacy, self-determination, and empowerment			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of organizations that ensure self-advocacy groups are more than social events, and instead people are actually advocating and advisors are providing support and guidance			National Core Indicators®: • Proportion of people who reported they have attended a self advocacy event, or chose not to State waiver • Participant services • Funding for services
There is an increased number of people with IDD using self-direction		Basic Assurances®: • Do people supported by the organization participate in the organization's staff recruitment and retention programs? • Is a single team identified by each person that includes the person and others critical to assessing and providing needed supports? • Do people receive information and support to direct the development of the plans, or are they supported to do so?	National Core Indicators®: • Percentage of people reported to be using a self-directed supports option State waiver • Participant direction
There is an increased number of states that provide infrastructure and supports for self-direction that are accessible to people with IDD, and an increased			State waiver • Participant direction

GOAL: There is an expansion of self-advocacy, self-determination, and empowerment			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
number of people use these supports			
There is an increased number of systems for peer mentoring for self-advocacy			

GOAL: Support providers and payers increase their business acumen regarding LTSS for people with IDD			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of providers that have a system in place for effective data collection and analysis		Basic Assurances®: • Are measures identified that indicate the presence or absence of important elements? • Are the data sources and methods of collection identified for each measure? • Are the methods of data analysis and evaluation identified for each of the elements? • Are people responsible for implementing the plan identified, including those responsible for collecting, organizing and evaluating data? • Do the methods used enable the analysis of both a single critical event or incident (sentinel review) and system outcomes? • Does the plan describe how to use feedback from other sources including satisfaction surveys, complaints, audits and/or other applicable regulatory reviews?	
There is an increased number of providers that have an integrated			

GOAL: Support providers and payers increase their business acumen regarding LTSS for people with IDD			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
quality management system, which guides the agency in data collection and responsiveness			
There is an increased number of collaborative and reciprocal educational partnerships between payers and providers regarding service provision and contracts			
There is an increased number of payers that utilize data to monitor performance, and reward innovation.			
There is an increased number of payers that recognize the value of niche/specialty providers and their experience			

GOAL: People have person-centered and directed goals			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increased number of people with IDD that choose their own goals	Personal Outcome Measures®: • Have the person's priorities regarding goals been solicited? • Does the person choose personal goals? • Are these the goals the person is working toward? • *Information gathering questions:* ○ How do you want your life to be in the future? ○ What is important to you to accomplish or learn? ○ Whom do you talk with about your future? ○ What are your hopes and dreams for yourself? ○ What assistance (if any) do you need to make these things happen? ○ What are the person's goals? ○ What leads you to think that? ○ How is the person working toward the attainment of personal goals?	Basic Assurances®: • Do people choose their goals and services, including where they work (or spend their day), and where and with whom they live? Personal Outcome Measures®: • Does the organization know the goals the person has identified for him or herself or are efforts being • made to learn about the person's goals? • Does the organization provide supports and services to assist the person in pursuing personal goals? • *Information gathering questions:* ○ How have you explored hopes, dreams, and desires for the future with the person? ○ What are you doing to support the person? ○ Why did you select this action? ○ How do you learn if the supports/activities are effective? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	National Core Indicators®: • Percentage of people who report having been able to choose what services were included in their service plan State person-centered planning requirements
There is an increased number of people with IDD that realize/ achieve goals that are meaningful to them	Personal Outcome Measures®: • Has the person accomplished something that is significant to him or her, in the past year or two? • *Information gathering questions:* ○ What have you done that you feel good about? ○ What have you accomplished over the past few (one or two) years that has made you feel good about yourself? ○ What accomplishments have pleased you most? ○ Sometimes things happen that make life better. Has that happened to you? ○ If you did not accomplish something important to you, what got in your way?	Basic Assurances®: • Do people realize/achieve personal goals? Personal Outcome Measures®: • Has the organization identified accomplishments the person sees as significant? • Does the organization assist the person to celebrate the achievement of personal milestones? • *Information gathering questions:* ○ How do you know if the person accomplished something personally significant?	State person-centered planning requirements

GOAL: People have person-centered and directed goals			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ What assistance or support do you think you need?	○ What did you do to assist the person to experience personal success? ○ What barriers to goal attainment does the person face? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	
There is an increased number of people with IDD that direct their person-centered planning process (including attending their plan meeting, and actively directing and contributing to their plan; and people are supported to learn self-determination skills to assist them in directing their person-centered plan)	Participant Experience Survey Home- and Community Based Services Experience Survey (PES-HCBS) • A service plan lists the services you need and who will provide them. Did you work with someone to develop your plan? • Does your service plan include: none of the things that are important to you; some of the things that are important to you; most of the things that are important to you; or, all of the things that are important to you?	Basic Assurances®: • Do people receive information and support to direct the development of the plans, or are they supported to do so?	National Core Indicators®: • Proportion of people who reported that service planning meeting included people the person wanted to be there State person-centered planning requirements
There is an increased number of people with IDD's plans that are accessible (e.g., primary language of choice, plain		Basic Assurances®: • Are person-centered plans written in plain language and accessible to the person?	State person-centered planning requirements

GOAL: People have person-centered and directed goals			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
language, format meaningful to person, people have access to it or a summary)			
There is an increased number of people with IDD that have choices about providers and services	Personal Outcome Measures®: • Does the person select the services and/or supports that they receive? | Residential/In-home • Does the person select the services and/or supports that they receive? | Employment/Day • Does the person select the services and/or supports that they receive? | Health • Does the person select the services and/or supports that they receive? | Case Management • Does the person select the services and/or supports that they receive? | Generic Community (bank, stores, dentist, doctor, etc.) • Do the services and/or supports focus on the person's goals? | Residential/In-home • Do the services and/or supports focus on the person's goals? | Employment/Day • Do the services and/or supports focus on the person's goals? | Health • Do the services and/or supports focus on the person's goals? | Case Management • Do the services and/or supports focus on the person's goals? | Generic Community (bank, stores, dentist, doctor, etc.) • Does the person have choices about service provider organizations? | Residential/In-home • Does the person have choices about service provider organizations? | Employment/Day	Basic Assurances®: • Do people choose their goals and services, including where they work (or spend their day), and where and with whom they live? • Do people choose their own health care providers? • Do people receive only the level of support needed to make their own decisions? Personal Outcome Measures®: • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about SERVICES? | Residential/In-home • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about SERVICES? | Employment/Day • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about SERVICES? | Health • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about SERVICES? | Case Management • Does the organization actively solicit the person's preferences, provide options to the person, and	National Core Indicators®: • Percentage of people who report having been able to choose what services were included in their service plan

GOAL: People have person-centered and directed goals			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	• Does the person have choices about service provider organizations? | Health • Does the person have choices about service provider organizations? | Case Management • Does the person have choices about service provider organizations? | Generic Community (bank, stores, dentist, doctor, etc.) • Does the person have choices about direct support professionals/staff? | Residential/In-home • Does the person have choices about direct support professionals/staff? | Employment/Day • *Information gathering questions:* ○ What services are you receiving? ○ When, where, and from whom do you receive the services? ○ Who decided what services you would receive? ○ If you did not decide, what was the reason? ○ How did you decide who would provide the service? ○ Are these the services you want? ○ Do you have enough services? Are they meeting your needs and expectations? ○ Can you change services or providers if you so choose?	honor the person's choices about SERVICES? | Generic Community • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Residential/In-home • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Employment/Day • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Health • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Case Management • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Generic Community • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Residential/In-home • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Employment/Day • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Health	

GOAL: People have person-centered and directed goals			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		• Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Case Management • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Generic Community • *Information gathering questions:* o How do you determine the services desired by the person? o How were options for services and providers presented to the person? o How were the person's preferences considered when presenting options? o If the person has limited ability to make decisions or limited experience in decision-making, what do you do? o How do you assist the person to overcome barriers to this outcome? o What organizational practices, values, and activities support this outcome for the person?	

Innovation

GOAL: Technology is leveraged, creatively			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
An increased number of people with IDD have access to communication and information technologies (e.g., cell phones, internet, email, social media)	Family and Individual Needs for Disability Supports (FINDS) Survey: • Which of the following technology devices does the person own? (smartphone, laptop/desktop computer, tablet, smart home technology, picture communication software, wearable technology, console video games system) • Does the person have access to broadband internet at their place of residence? • Does the person with IDD use the following websites or online services? (email, web search, social media, news or weather websites, online shopping, online maps, online games, online job applications, online dating)		National Core Indicators®: • Percentage of people who report that they have a cell phone or smart phone • Of those without a cellphone or smart phone, the percentage of people who report that they want a cell phone or smart phone State waiver • Participant services • Funding for services
There is an increased number of people with IDD that have the same access to technology as everyone else	Family and Individual Needs for Disability Supports (FINDS) Survey: • Which of the following technology devices does the person own? (smartphone, laptop/desktop computer, tablet, smart home technology, picture communication software, wearable technology, console video games system) • Does the person with IDD use the following websites or online services? (email, web search, social media, news or weather websites, online shopping, online maps, online games, online job applications, online dating)		State waiver • Participant services • Funding for services
There is an increased number of people with IDD that have access to high quality			State waiver • Participant services • Funding for services

GOAL: Technology is leveraged, creatively

	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
telehealth covered by medical insurance			
There is an increase in the use of remote technology to support people with IDD to the extent needed and to facilitate inter/ independence			

GOAL: Shared living is readily available and utilized more frequently

	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There are an increased number of people with IDD utilizing shared living supports (typically a situation where the adult with IDD lives with a paid caregiver or foster family that assists with aspects of their care, while providing the person with IDD the benefits of a	Personal Outcome Measures®: • Type of Residence: Host family/family foster care	Basic Assurances®: • Are people provided options for support settings that include generic settings? • Are supports provided in integrated settings?	National Core Indicators®: • Residence type: Host family/foster care State waiver • Participant services • Funding for services

GOAL: Shared living is readily available and utilized more frequently			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
family environment)			
There is an increased availability of shared living options			State waiver • Participant services • Funding for services
There is an increased number of people with IDD that choose the staff and agencies that provide their services	Personal Outcome Measures®: • Does the person have choices about service provider organizations? | Residential/In-home • Does the person have choices about service provider organizations? | Employment/Day • Does the person have choices about service provider organizations? | Health • Does the person have choices about service provider organizations? | Case Management • Does the person have choices about service provider organizations? | Generic Community (bank, stores, dentist, doctor, etc.) • Does the person have choices about direct support professionals/staff? | Residential/In-home • Does the person have choices about direct support professionals/staff? | Employment/Day • *Information gathering questions:* ○ When, where, and from whom do you receive the services? ○ How did you decide who would provide the service? ○ Can you change services or providers if you so choose?	Basic Assurances®: • The support needs of individuals shape the hiring, training and assignment of all staff. • Is a single team identified by each person that includes the person and others critical to assessing and providing needed supports? • Do people coordinate the teams and their plans, with supports as necessary from within the organization? • Do people have sufficient professional and direct support staff to provide needed services and supports in accordance with their plans? Personal Outcome Measures®: • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Residential/In-home • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Employment/Day • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Health	

GOAL: Shared living is readily available and utilized more frequently			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
		• Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Case Management • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about PROVIDER ORGANIZATIONS? | Generic Community • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Residential/In-home • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Employment/Day • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Health • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Case Management • Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about DIRECT SUPPORT PROFESSIONALS/ STAFF? | Generic Community	
There is an increased number of people with IDD that have control over how staff and		Basic Assurances® • The support needs of individuals shape the hiring, training and assignment of all staff.	

GOAL: Shared living is readily available and utilized more frequently			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
agencies provide their services		• Is a single team identified by each person that includes the person and others critical to assessing and providing needed supports? • Do people coordinate the teams and their plans, with supports as necessary from within the organization? • Do people have sufficient professional and direct support staff to provide needed services and supports in accordance with their plans?	
An increased number of HCBS waivers allow funding to support shared living as a residential option			State waiver • Participant services • Funding for services

GOAL: There is increased community capacity building and a strong community infrastructure			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
There is increased funding for HCBS			State of the States in Developmental Disabilities • Fiscal effort for IDD services • Federal IDD Medicaid spending by revenue source • Federal-state-local Medicaid as a percentage of total IDD spending State waiver • Funding for services
There is a reduction in			Waiting list data

GOAL: There is increased community capacity building and a strong community infrastructure

	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
waiting lists for services for people with IDD			
There is an increase in capacity building investments by government in community-based providers that allow them to develop infrastructure and systems necessary to collect and analyze data to improve their operations and services			State funding
There is an increased number of people who spend meaningful percentages of their day integrated into existing community structures	Personal Outcome Measures®: • Does the person have maximum access to each of the physical environments they frequent: at home; at work; in the community? • Does the person use the physical environments he or she frequents? • Does the person use the same environments used by people without disabilities? (for living, work, school, community [leisure, shopping, banking, places of worship, other])? • Is there direct interaction between the person and others in the community? • Is the type of interaction satisfactory to the person? • Is the frequency of interaction satisfactory to the person?	Personal Outcome Measures®: • Does the organization know if the person can access his or her environments at home, at work, and in the community? • Has the organization assessed the person's interest and ability for personal access and use of environments at home, at work, and in the community? • Have modifications been made to promote maximum access and use for the person, if needed and requested, at home, at work, and in the community? • Does the organization know what integration means to the person, or are efforts being made to learn about the person's preferences?	

GOAL: There is increased community capacity building and a strong community infrastructure			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
	• Does the person participate in the life of their community? • Is the person satisfied with the type of participation they have? • Is the person satisfied with the frequency of their participation? • *Information gathering questions:* ○ Is there something you wish you could do, but can't? ○ Is there anything that would make it easier for you to get around your home, school, place of work, or community? ○ Is transportation available when you want to go somewhere? ○ What resources are available within the organization and the community when modifications and adaptations are needed? ○ Is transportation available to help the person access places and activities? ○ Where do you live and work? ○ Do other people receiving services live and work with or near you? ○ Where do you go to have fun? ○ Are these places where other people living in your community would go? ○ Do you spend time in other places used by people in your community? ○ How did you select these places? ○ Does the person live in typical community housing? ○ Does the person work in a building in which people from their community work? ○ Do leisure activities take place in settings used by people from their community? ○ Do sports and work teams consist of a diverse group of people from their community?	• Do services and supports for the person promote opportunities for integration (for living, work, school, and community [leisure, shopping, banking, places of worship, other])? • Has the organization assessed the type of interactions the person has with other members of the community? • Has the organization assessed the frequency of the person's interaction with other members of the community? • Does the organization know the person's preferences for interaction, or are efforts being made to learn about the person's preferences? • Does the organization provide support for the person to access opportunities for interaction with others, if needed and requested? • Does the organization know what the person would like to do in their community or are efforts being made to learn about the person's preferences? • Does the organization know how often the person would like to engage in community activities or are efforts being made to learn about the person's preferences? • Does the organization provide the person with access to information about options for community participation? • Does the organization provide support for the person to do the things he or she wants to do? • *Information gathering questions:* ○ Are there rules, practices, or staff behaviors that interfere with the person using his or her environments?	

GOAL: There is increased community capacity building and a strong community infrastructure			
Outcome	**Metrics**		
	Individual	**Provider and/or Payer**	**State**
	○ Who do you know in your community? ○ With whom do you like to spend time? With whom do you spend most of your time? ○ When you go places, whom do you meet? Talk with? ○ What kinds of interactions do you have with people (order food in restaurants; pay for purchases; talk with people at church, synagogue, or other places of worship; visit with neighbors)? ○ If you work, what kinds of social contacts do you have there (lunches, breaks, parties after work)? ○ What barriers do you face? With whom do you talk about this? ○ What opportunities does the person have to interact with others? ○ Do you know if the person’s current situation is satisfactory to him or her? ○ Is there anything the person needs to support current relationships or develop new ones? ○ What is the person’s preference for interaction? ○ What kinds of things do you do in the community (shopping, banking, church, synagogue, mosque, school, hair care)? How often? ○ What kinds of recreational or fun things do you do in your community (movies, sports, restaurants, special events)? How often? ○ How do you know what there is to do? ○ Who decides where and with whom you go? ○ Is there anything you would like to do in your community that you don’t do now? What do you need to make this happen? ○ What supports do you need to participate as often as you’d like in community activities? ○ Do you know what the person would like to do in his or her community?	○ How are barriers to this outcome being addressed through supports for the person? ○ What organizational practices, values, and activities support this outcome for the person? ○ How have you determined what integration means to and for the person? ○ How do services, supports, and activities promote and encourage integration? ○ What supports are provided to increase efforts toward physical integration in public education programs, work, social activities and/or leisure activities? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person? ○ How do you support the person to have opportunities to meet and interact with others? ○ How do you determine the person’s preferences for interactions? ○ How do you know if the type and frequency of interactions are satisfactory to the person? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this and encourage the person to interact with others? ○ How is the person informed of options available in his or her community?	

GOAL: There is increased community capacity building and a strong community infrastructure			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
	○ Is the person encouraged and assisted to use a broad variety of community resources? ○ Is training provided if the person needs it? ○ Is support provided if the person needs it?	○ How do you learn about what the person prefers to do? ○ How do you learn about how often the person likes to be involved in community activities? ○ What supports does the person need to participate in community activities? How are those provided? ○ Are there any barriers that affect the outcome for the person? ○ How do you assist the person to overcome barriers to this outcome? ○ What organizational practices, values, and activities support this outcome for the person?	
There is an increased number of agencies that can demonstrate (and have demonstrated) effectiveness of programs that work to make community spaces more physically, socially, and culturally inclusive			

GOAL: The direct support workforce is certified and recognized as a profession			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is an increase in the number of funding			Bureau of Labor Statistics wage data

GOAL: The direct support workforce is certified and recognized as a profession			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
structures that pay DSPs a competitive, living wage			National Core Indicators® Staff Stability Survey: • Hourly wages State waiver • Funding for services/ reimbursement rates
There is an increased number of organizations that utilize core competencies and code of ethics in their DSP training and evaluation		Number of organizations utilizing core competencies and code of ethics	National Core Indicators® Staff Stability Survey: • Train on code of ethics
There is an increased number of comprehensive systems for developing DSP career ladders and lattices			National Core Indicators™ Staff Stability Survey: • DSP latter to retain highly skilled workers
There is an increased number of people with IDD that are involved in hiring, firing, and evaluating DSPs	Participant Experience Survey Mental Retardation/ Developmental Disabilities Version (PES-MRDD) • Did you help pick your support staff? • Did you know you can change your support staff if you want?	Basic Assurances® • Do people supported by the organization participate in the organization's staff recruitment and retention programs?	National Core Indicators®: • Percentage of people who report having choice in their staff • Percentage of people who report they can change their service coordinator/case manager if they want to State waiver • Participant direction

GOAL: The direct support workforce is certified and recognized as a profession			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
There is an increased number of people with IDD that lead training of DSPs			
There is an increased number of staff who are certified in core competencies		Number of staff who are certified at organization	National Core Indicators® Staff Stability Survey: • Staff supported to acquire credentials
The United State Department of Labor recognizes DSPs as a distinct occupational code			

GOAL: Providers of long-term services and supports are accredited			
	Metrics		
Outcome	Individual	Provider and/or Payer	State
There is an increased number of agencies providing LTSS that are accredited by an internationally or nationally recognized accrediting body			

<table>
<tr><th colspan="4">GOAL: Peer support and mentoring is utilized to increase people’s quality of life and the quality of services</th></tr>
<tr><th rowspan="2">Outcome</th><th colspan="3">Metrics</th></tr>
<tr><th>Individual</th><th>Provider and/or Payer</th><th>State</th></tr>
<tr><td>There is an increased number of organizations that utilize peer support and mentoring</td><td></td><td></td><td></td></tr>
<tr><td>There is an increased number of trained peer-mentors</td><td></td><td></td><td></td></tr>
<tr><td>There is an increased number of pathways for people with IDD to develop and build upon the skills needed to be a peer mentor</td><td></td><td></td><td></td></tr>
<tr><td>There is increased funding for peer support services and peer support training</td><td></td><td></td><td>State waiver
• Participant services
• Funding for services</td></tr>
<tr><td>There is an increase in training and curricula regarding successful peer support and mentoring, and they are developed in collaboration with people with IDD</td><td></td><td></td><td>State waiver</td></tr>
</table>

GOAL: Peer support and mentoring is utilized to increase people's quality of life and the quality of services			
	Metrics		
Outcome	**Individual**	**Provider and/or Payer**	**State**
There is a reduction in policy/regulation barriers that restrict the scope and/or access of peer mentors			
There is an increased number of peer mentors with IDD employed as service providers and/or in leadership roles in agencies			

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