

DDS Quality Outcomes

CHOICE & DECISION MAKING

People have choices and are supported in making important decisions in their everyday lives

Staff support people to make informed decisions

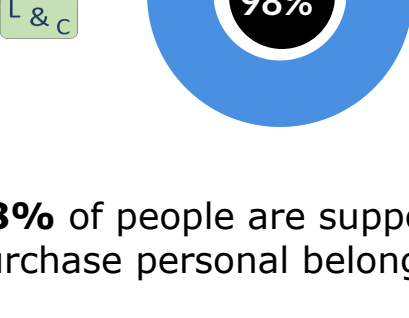


100% of people reported that staff provided appropriate support to enhance their knowledge and ability to make decisions, demonstrating an understanding of their capabilities.



People decide how to spend their money

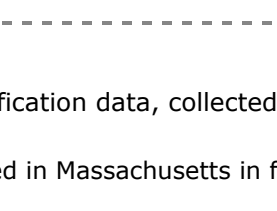
The purchase of personal belongings, however small, can hold much meaning for individuals. People are encouraged to select and purchase items they want and need.



98% of people are supported to purchase personal belongings.



87% of people reported having choice in spending their own money.



Data Sources:
 L & C Massachusetts DDS Licensure and Certification data, collected in 2018 and 2019
 NCI National Core Indicators, surveys collected in Massachusetts in fiscal year 2018

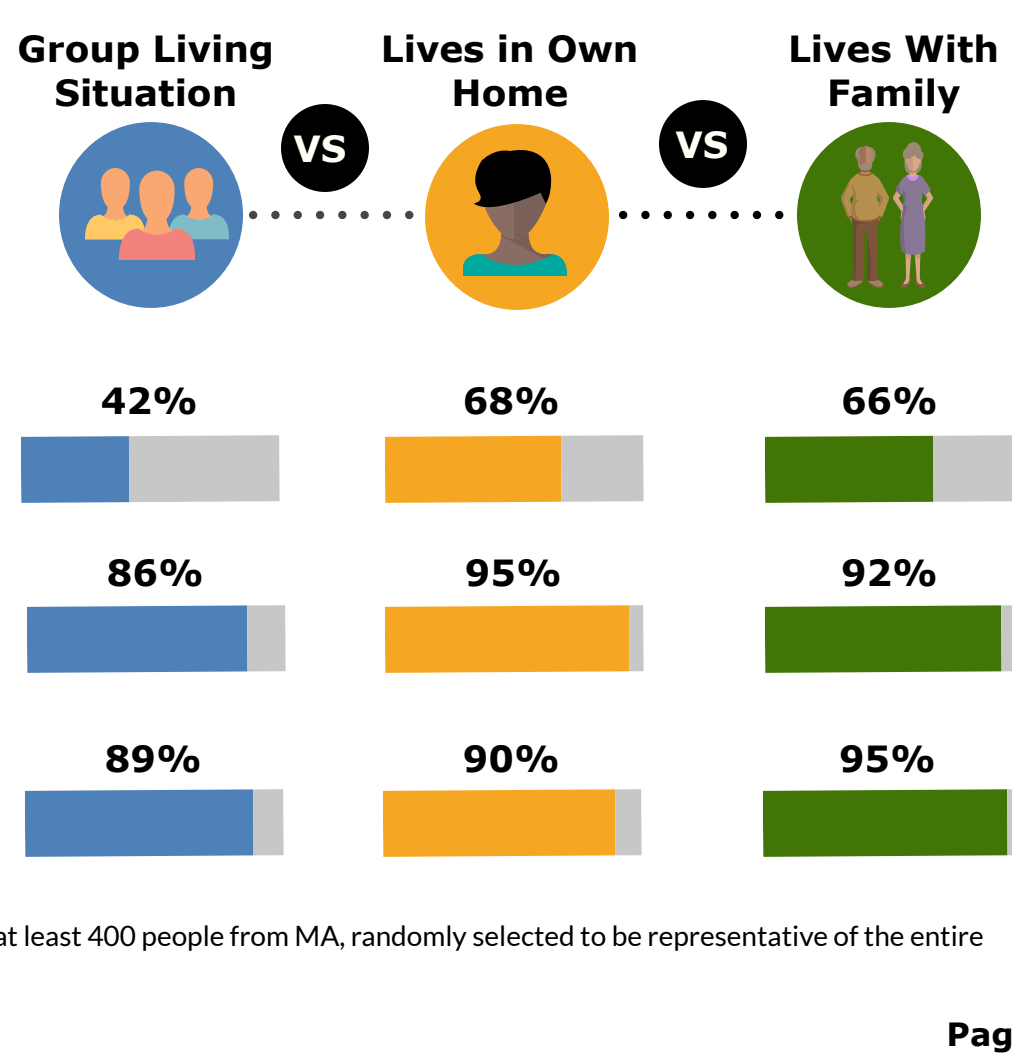
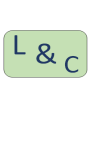
People decide where and how to spend their day

People have choice and control over completion of household and personal activities such as when to wake up, go to sleep, do chores, and shower/bathe.

Staff support people in making choices about schedules



90% of people are supported in creating their **daily household routines and schedules**. **100%** of service providers adequately met the indicator.

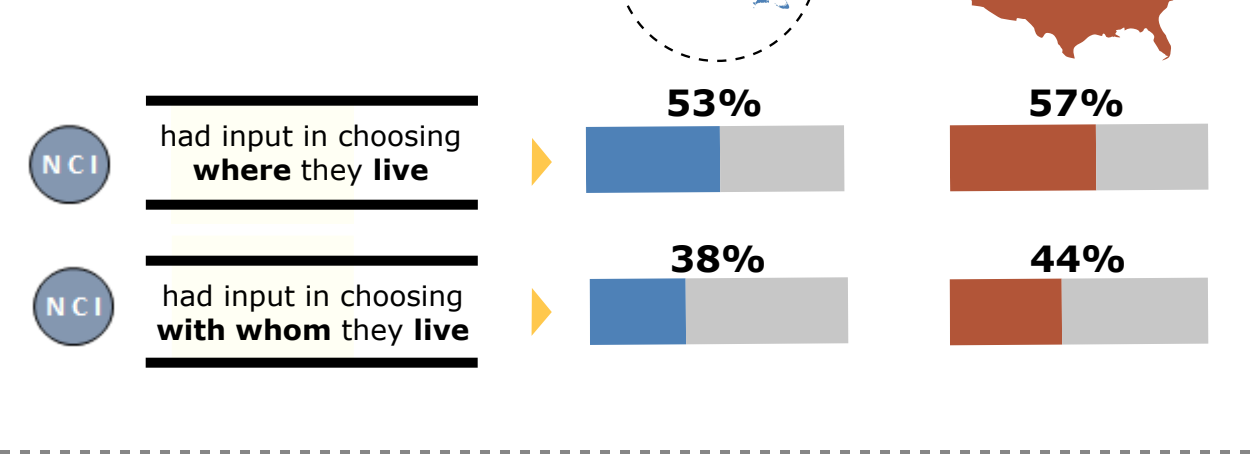


NOTE: The NCI survey includes at least 400 people from MA, randomly selected to be representative of the entire population served by DDS.

People have choice in home and roommates

People report having input about where they live and who they live with.

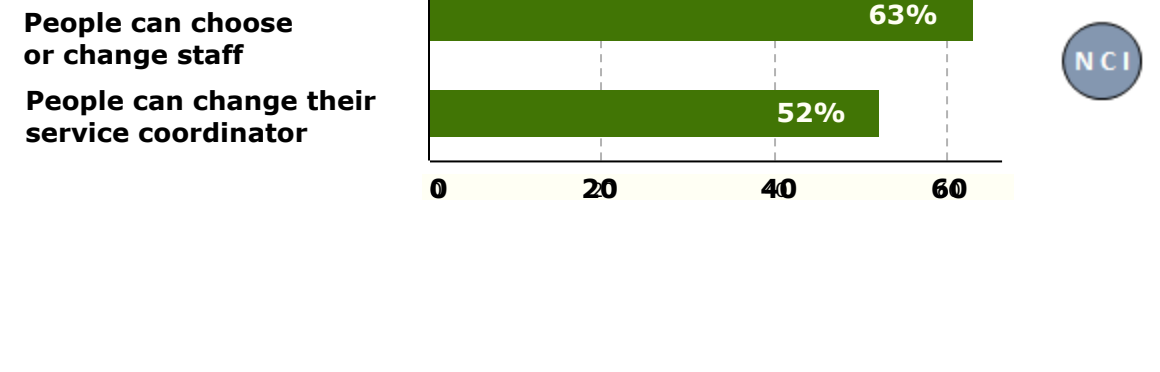
Among adults served by DDS who do not live with family/relatives:



People have choice in staff and service coordinator

People report having choice in the staff who work with them. People report they can change their service coordinator if they wish.

Staff and Service Coordinator



People are encouraged to express their individuality

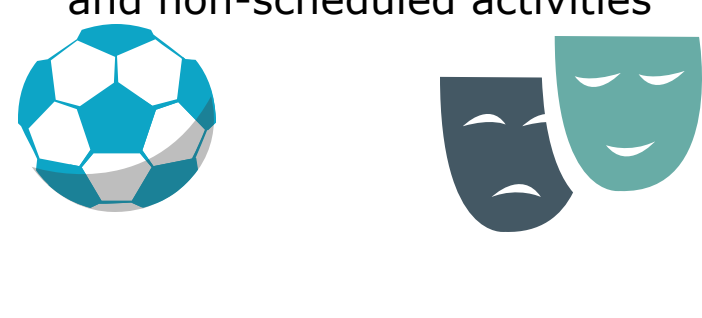
People are supported to make choices in how they spend free time at home, such as what craft or hobby the person would like to engage in or to learn, and in their personal space.

Among adults receiving residential and individual home supports:

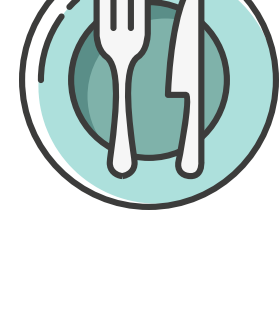
* 94% were supported to decorate their rooms and personalize common spaces to their preferences



* 95% reported having choice and control over leisure and non-scheduled activities



* 99% reported having choice over what, when, where and with whom they want to eat



QUESTIONS AND ANSWERS

- 1) What are Quality Assurance (QA) outcomes?**
 With the expectation of stakeholders, DDS established a set of outcomes that represent system guidelines and form the basis for evaluating the quality of services and supports that DDS provides to individuals. Quality Assurance Outcomes help create a more "holistic" picture of the quality of supports within the DDS system and help identify areas that may become the focus for quality improvement initiatives and activities.
- 2) Where does the data come from?**
 DDS Rights and Respect data are from the following two sources:
Licensure and Certification: Data are collected through licensure and certification processes by which providers of community services are licensed and certified by DDS to provide supports. Data are gathered on-site by a team of trained Quality Enhancement Specialists through interviews with staff, families, and service recipients as well as through reviews of documentation and observation. Data are obtained from residential, day, and employment services. The goal is to ensure that providers meet an acceptable level of quality, that essential safeguards for service recipients are in place, and that outcomes for specific service types are achieved. The data are collected to inform whether the provider has met or not met each standard and ratings are restricted to these two categories (met/not met) only.
National Core Indicators: The National Core Indicators is a national survey conducted periodically in participating states. Massachusetts DDS has collected NCI data every two years since 1999. Trained staff conduct face-to-face interviews with a random, representative sample of all adults who receive support from the MA DDS, including people who live by themselves, in residential supports, and with family. Data are reported at the state level, can be compared to averages of all participating states. +/- 5% margin of error with a 95% confidence level. Please note that, due to calculation differences, values reported in this brief may not align exactly with those reported by NCI
<https://www.nationalcoreindicators.org/states/MA/>
- 3) How often are data collected?**
 DDS collects data through its Licensure and Certification process each year. Each provider is required to go through the Licensure and Certification process at least once every two years. NCI data are collected every two years. A new sample is selected for each year of NCI data.
- 4) Why is only one year of data shown?**
 Periodically, the NCI makes the order or wording of questions, or adds additional response options. This makes it difficult to compare percentages across years to look for trends.
- 5) Where can I learn more about this process?**
 DDS Licensure and Certification information:
<https://www.mass.gov/lists/dds-licensure-and-certification>
 DDS Quality Management:
<https://www.mass.gov/dds-quality-management>