

**Measuring Quality Using Experience Surveys: An Assessment of the Texas
Medicaid Waiver Programs for People with Disabilities**

**by
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Abstract

Purpose: The purpose of this research is to assess the five Medicaid waiver programs operated by the Department of Aging and Disability Services for adults with physical and intellectual disabilities. This research identifies areas for program improvement by obtaining experience information directly from people who receive services. Recommendations based on the findings are also developed. *Methodology:* Structured interviews were conducted from May through August 2005 with random samples of people 18 years of age or older receiving services in the Home and Community-based Services (HCS), Texas Home Living (TxHmL), Deaf-Blind with Multiple Disabilities (DB-MD), the Community Living Assistance and Support Services (CLASS), or Consolidated Waiver Program (CWP). A proportional sampling methodology was used for each program based on the number of people receiving services in each county. The questionnaire utilized in this research effort was developed by the Human Services Research Institute (HSRI) in cooperation with the National Association of State Directors of Developmental Disability Services (NASDDDS) and known as the National Core Indicators (NCI) *Consumer Survey*. *Results:* Generally, people in all programs participate to some degree in community activities. Most do not feel lonely and the majority receive annual physical exams. Improvements need to be made in all programs in the areas of Self-Advocacy and Choice and Control.

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Preface

On October 3, 2003, the Centers for Medicare and Medicaid Services (CMS) awarded the Texas Department of Mental Health and Mental Retardation (TDMHMR) \$500,000 to redesign and improve the quality assurance and quality improvement processes in its Medicaid waiver programs for people with intellectual disabilities. CMS awarded the Real Choice Systems Change grants to assist states in fulfilling their commitment to assuring individuals' health and welfare. TDMHMR was one of 19 states that were awarded the Quality Assurance and Improvement in Home and Community-Based Services grant.

The project is being conducted in partnership with a Quality Assurance and Quality Improvement (QA/QI) Task Force that includes people receiving services and family members, local authority staff, advocacy groups, and provider representatives. One objective of the grant was to identify a personal outcome measurement tool to measure individual experiences and calculate quality indicators in home and community based programs. The QA/QI Task Force members reviewed eight survey tools that were identified by the members. In June 2004, they recommended that the department join the National Core Indicators Project and use the National Core Indicators tool to measure experiences people have receiving services in TDMHMR waiver programs.

On September 1, 2004, the mental retardation programs of the Texas Department of Mental Health and Mental Retardation merged with the long-term care programs of the Texas Department of Human Services and the Texas Department on Aging and became the Department of Aging and Disability

Services (DADS). The grant activities continue in DADS within the Quality Assurance and Improvement unit. I was the primary author of the grant and currently serve as the Project Director.

I want to thank Janie Eubanks, Ph.D. for her data mining assistance. Finally, I would like to dedicate this paper to the memory of my father, Omel Dale Faubion.

CHAPTER I

Introduction

Most of us know or have known a family member, friend, or co-worker with some type of disability. According to *The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities 2005*¹, about 54 million or 20% of people in the United States have at least one disability (v). Disability is defined in the Americans with Disability Act of 1990 (P. L. 101-336) as:

- (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment.

Disability cuts across all ages, races, ethnicities, socioeconomic groups as well as level of education (McNeil 2001).

Most people with disabilities prefer to remain at home with friends or family members rather than living in large congregate settings. Approximately 52 million people with disabilities live in the community compared to about 1.8 million who live in institutions such as nursing homes or Intermediate Care Facilities for People with Mental Retardation (ICF/MR) (U.S. DHHS 2005, 4-6). There was an increase in people with disabilities who are elderly from 6.2 million in 1984 to 6.8 million in 1999. As they age, the baby boomer generation will contribute to an ever-increasing number of the disabled. Changes in technology

¹ <http://www.surgeongeneral.gov/library/disabilities/>

and medication have also led to increased numbers of people with disabilities. For example, because of these new medical advancements, people with Down syndrome now live to 50 years of age or more whereas 70 years ago they seldom lived beyond nine years (U.S. DHHS 2005).

People, who are in good health, even if they have a disability, can enjoy and participate in work, as well as actively be involved with their family and communities. The health care system must take these trends under consideration. All people within our society have to be part of an initiative to improve the health and wellness of people with disabilities (U.S. DHHS 2005).

One program that assists the disabled is the Medicaid program. It is a federal and state-funded insurance program that serves low-income people and people who meet other eligibility requirements such as physical or intellectual disabilities. People with physical and intellectual disabilities often require support services that can be expensive. Home care is a preferred alternative because it is generally less expensive and allows people to remain in their own homes. Although less expensive than institutional care, adequate home care may be out of reach to a large segment of the disabled community. People in this circumstance may qualify for programs that provide the supports necessary for them to remain in a community setting (U.S. DHHS 2005).

Medicaid

The Medicaid Program was enacted in 1965. It is funded by state and matching federal dollars. Medicaid is the primary source of funding for long-term services for people with disabilities who have limited resources and income.

When it was enacted, Medicaid was designed to serve the poor who qualified or were close to qualifying for welfare. It functioned similarly to private health insurance addressing patients' acute health care needs.

Throughout the years, however, federal and state actions expanded Medicaid's authority to recipients who are not poor but receive institutional long-term care. In the 1980s, amendments to the Medicaid rules were authorized that allow more opportunities for states to provide long-term care services to people with disabilities in community settings (U.S. DHHS 2000). As a result, Medicaid provides the majority of dollars for long-term care for people who have limited resources (U.S. General Accounting Office 2003).

Medicaid Waivers

Section 1915(c) of the Social Security Act waives certain requirements of Medicaid so states can provide services not usually covered by Medicaid that enables people to remain in the community rather than being institutionalized. The amendments gave authority to states that allow them to offer home and community-based services to people whom, without those services, require nursing facility or Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) institutional services. Services may include case management, homemaker, home health, personal care, adult day health, habilitation, and respite. States became able to apply for these waiver programs in the early 1990s.

The Centers for Medicare and Medicaid Services (CMS) approves the waivers and must provide oversight of states that operate them (U.S. DHHS

2000). States are required to have mechanisms in place to assure the health and welfare of all people receiving services in waiver programs. It is Home and Community-Based Services waivers (HCBS) authorized under 1915(c) of the Social Security Act) 42 U.S.C. 1396n(c)(2000) that provide most of the community long-term care services.

General Accounting Office

The Centers for Medicare and Medicaid Services (CMS) is charged with reviewing state's waiver programs and by statute ensuring that states are assuring the health and welfare of each participant. In 2003, the General Accounting Office (GAO) evaluated the effectiveness of CMS oversight of Medicaid waiver programs. In its report entitled *Long-Term Care, Federal Oversight of Growing Medicaid Home and Community-Based Waivers Should Be Strengthened* (GAO 2003), the GAO noted three major concerns: 1) necessary and authorized services were often not received by the participant; 2) the needs of the participant were not documented in the plan of care, and 3) there was insufficient case management.

In the report, the GAO emphasized that the number of people receiving services in Medicaid waiver programs is growing rapidly. The GAO looked at trends of waiver use for the elderly across states, their quality assurance processes, and reviewed the monitoring processes of the states by CMS staff.²

² The GAO report focused on waivers for the aged but the Centers for Medicare and Medicaid Services have generalized the recommendations to all Medicaid waiver programs.

The report focused on waivers for “the aged” that had been in operation for at least five years and included documentation from May 1998 – 2002.³

The GAO affirmed that more Medicaid dollars are being spent on home and community-based services as an alternative to institutionalization. Expenditures went from \$1.6 billion in 1991 to \$14.4 billion in 2001. The number of Medicaid waiver programs went from 155 to a total of 263 in 2003. Elderly waiver participants accounted for about 377,083 (GAO 2003, 3). In two states, Medicaid waivers are the primary resource for long-term care replacing nursing facilities.

Unfortunately, there is no national data about states’ quality assurance methods. During their review the General Accounting Office (GAO) found that 18 of the 52 waiver reports did not have information about ensuring quality. Most states use provider reviews, licensure and audits to monitor quality of services but lack specific processes to evaluate the quality of services from a consumer’s perspective. It was specifically noted as a deficit, that states do not routinely survey participants to obtain their input about the quality of the services they receive (GAO 2003).

The GAO audit recommended that CMS: 1) provide more criteria to states about quality assurance expectations, 2) require states to submit more information to CMS about quality assurance, 3) require states to submit information timely and adequately, 4) create a tool to guide the federal review process, and 5) ensure adequate resources to conduct the reviews in a timely

³ Texas was one state where officials were interviewed.

and comprehensive manner (GAO 2003).⁴ The GAO report stated that “while we agree that waiver design is important to ensuring quality, a state’s implementation of its quality assurance approaches is equally, if not more, important” (37).

As a result of the GAO report, CMS has implemented some of the GAO recommendations. A new draft application has been developed by CMS and is currently being reviewed by stakeholders. This new application, if approved, will require states to submit their quality management strategy for programs at the time of application and annually thereafter.⁵ A state’s quality management strategy will be scrutinized and must be approved by CMS before the waiver program will be approved or renewed.

Not only is the GAO focusing attention on home and community-based services programs but disability advocate agencies are too. United Cerebral Palsy just released its report, *A Case for Inclusion*. The report states that too many Americans with mental retardation and developmental disabilities are still not living in the community (United Cerebral Palsy 2006, 4). Often times more dollars are allocated to institutions than to community services. They used 30 outcome measures and data obtained from 2004 in their report. States received scores based on equally-weighted scores in 10 categories. In addition, they

⁴ Texas was one such state in 1999 that was operating a waiver that served 27,978 consumers and the program was not reviewed by CMS on time or the report was not finalized. In addition, three of the Texas waiver programs for people with disabilities had not been reviewed by CMS in over ten years. Another Texas waiver that serves children who are medically dependent had not been reviewed in 14 years.

⁵ Texas is a member of the National Association for State Directors of Developmental Disabilities Services and was given the opportunity to give input about the application. I was one of several staff members who reviewed and provided comments to the Association.

gave states letter grades based on their scores. Texas is the only state that received a grade of “F” overall. In addition, Texas received a grade of “D” on home and community-based focus, an “F” on small settings⁶, an “F” in reaching those in need, an “F” in self-directed services, and “C” in cost efficiency (United Cerebral Palsy 2006).

The Texas Department of Aging and Disability Services (DADS) operates five Medicaid waiver programs for people with disabilities who would otherwise require Intermediate Care Facilities for People with Mental Retardation (ICF/MR) Program services.⁷ Over 12,500 adults and children receive services in these programs throughout the state. It is the responsibility of the department to ensure the health and welfare of each individual who receives services provided in the waiver programs.

Public agencies such as DADS who serve people with disabilities are under tremendous pressure to expand home and community-based services. There are long waiting lists across the country (Bradley and Kimmich 2003). Texas has over 29,400 people on its Home and Community-based Services Program interest list alone.⁸ An integral part of ensuring the health and welfare of people is continuous quality improvement. With the pressure to expand home

⁶ Texas currently has about 5,000 children and adults residing in its large public operated ICF/MR program. Surveys were conducted with people in the ICF/MR Program but will not be included in this paper.

⁷ DADS operates three additional Medicaid waiver programs for adults and children who would otherwise require nursing facility care. This paper focuses only on the five ICF/MR Medicaid waivers.

⁸ Accessed on July 4, 2006.

http://www.dads.state.tx.us/news_info/statistics/mr/waitinglistreports.html

and community-based services it is important to assess the quality of the services being provided to those who are currently receiving services.

It is imperative that DADS assess the quality of its waiver programs and develops strategies to improve them particularly in the area of self-directed services. A comprehensive quality assurance and improvement plan is necessary because of the growing demand, new requirements from the Centers for Medicare and Medicaid Services, and to accomplish its Vision and Mission. This research is the first, in a series of initiatives, to improve its Medicaid waiver programs.⁹

Research Purpose

The purpose of this research is to assess the five Medicaid waiver programs operated by DADS for adults with physical and intellectual disabilities.¹⁰ The programs include the Home and Community-based Services (HCS), Texas Home Living (TxHmL), Community Living Assistance and Support Services (CLASS), Deaf-Blind with Multiple Disabilities (DB-MD), and the Consolidated Waiver (CWP). These programs are described in more detail in Chapter III. This research is one mechanism to identify areas for program improvement by obtaining information directly from people who receive services about their experiences. The results from this research will provide baseline data

⁹ The DADS Quality Assurance and Improvement unit within the Center for Policy and Innovation is responsible for developing a comprehensive data driven quality management plan that will span across all of DADS programs and services. I am a Quality Improvement Administrator and one of several staff charged with developing the plan in partnership with internal and external stakeholders.

¹⁰ This research focuses on structured interviews with adults age 18 years and older. A separate Children/Family survey was conducted with families of children who are 17 years of age and younger and receive DADS program services. The results of that survey are not included in this paper.

that DADS can use to develop a comprehensive quality management plan. The plan will assist in meeting its mission of:

Providing a comprehensive array of aging and disability services, supports, and opportunities that are easily accessed in local communities.

Key responsibilities to the citizens of Texas include:

- Working in partnership with consumers, caregivers, service providers, and other stakeholders.
- Developing and improving service options that are responsive to individual needs and preferences.
- Ensuring and protecting self-determination, consumer rights, and safety.¹¹

In order for DADS to accomplish its mission and responsibilities, staff must continually assess its programs. Adhering to the more stringent Centers for Medicare and Medicaid Services requirements is instrumental in reaching that goal.

Chapter Summaries

Chapter II provides a brief historical overview of the disability rights movement and describes pertinent legislation and litigation that influenced policy and practices for the disabled. Chapter III summarizes the literature that supports the evaluation criteria developed by the Human Services Research Institute and the National Association of State Directors of Developmental Disabilities.¹² The criteria are used to assess the Medicaid waiver programs operated by the Texas Department of Aging and Disability Services. Chapter IV

¹¹ www.dads.state.tx.us

¹² The Self-Determination category was added based on the recommendation from the Quality Assurance and Quality Improvement Task Force.

describes the five Medicaid waiver programs that were assessed through surveys of participants.

Chapter V describes the methodology used for the research and connects the Conceptual Framework to the survey instrument. Chapter VI presents the results of the structured interviews that were conducted with people who receive DADS Medicaid waiver program services. Last, Chapter VII discusses conclusions drawn from the research and provides recommendations for DADS staff to consider for future improvements.

CHAPTER II

Historical Overview

Purpose

This chapter gives a brief historical overview about the treatment of people with disabilities beginning in the 1800s to the more recent “disability rights movement”. The disability rights movement gives one an understanding of how the movement influenced policy changes and practices over the last 200 years. The movement has been the driving force behind the current expansion and demand for improvement of home and community-based service programs.

Historical Overview

In their book entitled *Disability Rights Movement: From Charity to Confrontation* (2001), Doris Zames Fleischer and Frieda Zames point out that finding history about people with disabilities is challenging. It is only recently that books and articles have been written. They believe the reason is because, “society has denied that there was anything important to be learned” (12).¹³ Fortunately, recent works are filling the gaps in knowledge.

Treatment of People with Disabilities

According to Romel Mackelprang and Richard Salsgiver (1996, 7), the disabled have always been a part of society. As far back as the Neanderthal Period there is archaeological documentation of people with disabilities. They were treated in accordance with the cultural beliefs. James Charlton (1998)

¹³ Fleischer and Zames quoted from Irving Zola’s transcript of Beyond Affliction: The Disability History Project.

points out that, culture includes customs, rituals, mythology, signs and symbols, and institutions such as religion and the mass media. These beliefs and attitudes usually define disability as “abnormal and pitiful” (25).

In the early 1800s, the attitude and practices of the time was persons with intellectual disabilities should be labeled. French Psychiatrist Jean-Etienne Dominique Sequirol (1782-1840) coined the terms “imbeciles” and “idiots”. Imbeciles were described as those having some functioning as the “perfect man” but to a lesser degree. Whereas, “idiots” were people with very limited functioning, and incapable of attention, or control of their senses. “They hear, but do not understand; they see, but do not regard. Having no ideas and thinking not, they have nothing to desire; therefore have no need of signs, nor of speech” (Minnesota Governor’s Council on Developmental Disabilities 2003).¹⁴

Institutionalization

The attitudes and practices during the 1800s were that people with Epilepsy, Cerebral Palsy, etc. and others who were less fortunate should be segregated. The physically and mentally disabled, the poor, alcoholic, and orphans were placed in institutions such as “poorhouses” (Shapiro 1993). England began the practice as a means of segregating the unwanted from the rest of society and America followed suit. They were treated as subhuman and denied choice of what to wear, when to bathe, not allowed pets, etc. (Minnesota Governor’s Council on Developmental Disabilities 2003)

¹⁴ *The Minnesota Governor’s Council on Developmental Disabilities, Parallels in Time* is a two disc Compact Disc set that was produced by the Council. The 25th Anniversary set was a gift from James Meadours who is employed by the Arc of Texas and assisted in the interviewer training conducted on March 16-17, 2006. He is a self-advocate and shared with the interviewers some of his personal experiences and treatment being a person with a disability.

These congregate settings to house people with disabilities increased tremendously during the 19th century. People with disabilities became more excluded and were forced to live in less than human conditions. In the 1840s, fortunately, some people began to become aware of the horrific living conditions many with disabilities were being subjected to in the poorhouses. Scientific and economic gains were being seen and “reformers” were learning more about people with disabilities (Minnesota Governor’s Council on Developmental Disabilities 2003 under 1800-1850).

Dorothea Dix (1802-1887) was one such social reformer and became a major advocate for people with disabilities (Shapiro 1993). She advocated that states take over control of the poorhouses in hopes that state-run facilities would be an improvement over private-run facilities. She visited jails and poorhouses over a period of two years in Massachusetts. She described what she had seen.

More than nine-thousand idiots, epileptics, and insane in these United States destitute of appropriate care and protection. Bound with galling chains, bowed beneath fetters and heavy ironballs, attached to drag-chains, lacerated with ropes, scourged with rods, and terrified beneath storms of profane execration and cruel blow now subject to jibes, and scorn, and torturing thicks, now abandoned to the most loathsome necessities or subject to the vilest and most outrageous violations (Minnesota Governor’s Council on Developmental Disabilities 2003 under 1800-1850).

Dix was instrumental in Congress voting in 1854 to approve federal funding for separate institutions for people with different types of disabilities. Unfortunately, President Franklin Pierce (1853-1857) later vetoed the measure saying that it was not the responsibility of the federal government to care for people with disabilities (Shapiro 1993, 60). As the 19th century progressed,

however, institutions to deal with the threat and nuisance of people with intellectual and physical disabilities increased dramatically, and they were increasingly isolated and institutionalized, sometimes in subhuman conditions (Mackelprang and Salsgiver 1996, 9). Privately funded facilities remained the norm.

Training of the Disabled

While these events were occurring in the United States in the mid 1800s, Berlin, Leipzig, and England began creating “training schools”. Johann Jakob Guggenbuhl, a physician in Switzerland, began schools for people he described as “cretins” (thyroid deficiency that causes deformities). Guggenbuhl believed that the high altitude (the school was built in the mountains of Switzerland), improved health and training could cure cretinism. Unfortunately, the school soon became overcrowded and short staffed resulting in abuse and neglect of the training school attendees. The school was eventually closed. Despite the failure of the school, his work influenced the practices of others who opened similar facilities (Minnesota Governor’s Council on Developmental Disabilities 2003).

Other professionals in the 1800s focused attention on the practice of caring for people with disabilities. Edouard Sequin (1812-1880) became known as the first expert in the field of disabilities. He was a psychiatrist and developed a training method for people with intellectual disabilities. The program included systematic training of the senses as well as hand-to-hand coordination. Sequin later moved to the United States from France and helped develop training

schools in the United States (Minnesota Governor's Council On Developmental Disabilities 2003).

In addition to Sequin, another physician, Dr. Samuel Gridley Howe (1801-1876) focused attention on people with intellectual disabilities. Both he and Guggenbuhl believed that community and family were integral in preparing children in the training schools to "live with the rest of society". This influenced American reform even though many still believed "idiots" could not be taught. (Minnesota Governor's Council On Developmental Disabilities 2003).

In the late 1880s and early 1900s as the new training schools were being developed, more parents began hearing about them and wanted their children admitted. As a result, the training schools expanded their facilities and began housing people with all types of disabilities. Unfortunately, as the numbers of people with disabilities increased, the facilities reduced their focus on training. The focus shifted to watching and protecting rather than developing skills useful in community life (Minnesota Governor's Council on Developmental Disabilities 2003).

As the number of people increased in the schools, many people who were higher functioning were trained and used as manual labor to decrease the costs to maintain them. Because the schools were on the outskirts of town, interaction with society became non-existent. Dr. Samuel Gridley Howe and Edouard Seguin were dismayed with this shift in policy and practice but it was too late for them to intervene (Minnesota Governor's Council on Developmental Disabilities 2003).

The end of World War I and the return of many disabled soldiers forced society to accept responsibility for the rehabilitation of those who fought for America's freedom. Attitudes began to change somewhat. The federal government stepped in through legislation that provided training and employment programs for them (Fleischer and Zames 2001). This resulted in people viewing other persons with intellectual and physical disabilities in a more positive light.

Eugenics

The fear of proliferation of people with imperfections began to take hold in the 1920s and became known as the Eugenics movement. Eugenics is defined as the science that deals with the improvement (as by control of human mating) of hereditary qualities of a race or breed.¹⁵ The movement included those who believed that "feeble-mindedness" was hereditary. Thus there was support for doctors' decisions to sterilize people with disabilities (e.g. mental retardation, epilepsy) so as not to increase the number of them. The primary goal during this period of disability history was to protect society from those with intellectual and physical disabilities (Minnesota Governor's Council on Developmental Disabilities 2003).

The movement prevailed during the 1920s and beyond (Fleischer and Zames 2001). "Eugenics became a convenient explanation for the ills of society and cast people with disabilities in a frightening light, making them extremely vulnerable". People with disabilities were prevented from marrying or having children for fear of propagating their imperfections (Mackelprang and Salsgiver 1996, 9). The Eugenics movement created a sense of fear of imperfection,

¹⁵ Accessed on July 15, 2006 at <http://www.m-w.com/dictionary/eugenics>

which led to increased pressure to institutionalize people with disabilities in the United States.

Social Security Act

In 1935, President Franklin D. Roosevelt signed the Social Security Act that created programs for adults with disabilities (Shapiro 1993). Roosevelt himself contracted polio and became disabled. He was forced to hide his disability because of the continued stigma associated with being disabled. (Shapiro 1993). Roosevelt was president during the Great Depression and he needed to be seen as strong and in charge. During that time, power and disability were diametrically opposed.

The “Medical Model”

Following World War II, however, a new paradigm emerged. The compassion for returning soldiers was extended to those who were formerly considered idiots, or worse. They were considered sick patients in need of help, education, and correction, not elimination. This was referred to as the “medical model” of treatment of people with disabilities. Institutions were considered compassionate places that provided food and shelter for those who were too sick to be cured or cared for at home by family (Shapiro 1993,159).

As more people returned with disabilities after World War II, they and their families began insisting on having the same opportunities to live and work as anyone else, rather than be forced into an institution or remain behind closed doors in a family’s home (Shapiro 1993, 144). This change in mindset spawned the parents’ movement.

Parents' Movement

Up to this point, it was “reformers”, physicians, and governmental entities that primarily focused attention on the treatment of people with disabilities.

During the early 1950s, however, the parents' movement began. Parents of children with disabilities banded together and began demanding better institutional conditions and community services.

The movement gained the support of President John F. Kennedy whose sister Rosemary had Down syndrome. He created the President's Panel on Mental Retardation and encouraged the end of neglect of people with mental retardation and mental illness (Minnesota Governor's Council on Developmental Disabilities 2003).

Parent groups began springing up during this period such as United Cerebral Palsy and the National Association of Parents and Friends of Retarded Children both of which are still in existence (Fleischer and Zames 2001).¹⁶ Despite the parents' movement, professionals continued to encourage institutionalization of children with disabilities (Minnesota Governor's Council on Developmental Disabilities 2003).

Scandal and Shame

The parents' movement, as it continued into the late 1960s and 1970s, empowered parents, professionals, journalists, and even some residents expose the horrid conditions of institutions for the intellectually and physically disabled (Shapiro 1993, 160). The institutions became a source of shame and scandal.

¹⁶ In 1973, the association changed its name to the National Association for Retarded Citizens and in 1992 became the Arc.

In 1965, Senator Robert Kennedy, visited two such institutions. As he toured the facilities he saw residents who were merely wandering without purpose, many were naked, and some lying in their own feces and urine. Later, he described what he saw as “young children slipping into blankness and lifelong dependence” (Shapiro 1993, 161).

That same year, a book entitled *Christmas in Purgatory* was released. The book chronicled the visits of two gentlemen, one from Boston University and the other a photographer. Fred Kaplan used his hidden camera to photograph the conditions in five of New York’s state institutions. The photographs shocked readers with pictures of naked and undernourished people. Children’s hands and legs were bound and infants were left in cribs unattended (Shapiro 1993, 161).

Another expose that raised awareness of conditions in institutions was the 1972 documentary by Geraldo Rivera, *Willowbrook: The Last Great Disgrace*. In the documentary, Geraldo Rivera toured and filmed the conditions at Willowbrook, Staten Island New York, where 5300 people lived. The conditions were appalling and resulted in a movement to close such facilities. These kinds of public scandals resulted in the discharge of about 195,000 people into the community in the 1970s and 1980s (Shapiro 1993). In the past decade, New Hampshire, Vermont, Rhode Island, Washington D.C., and Maine closed all of their public institutions (Minnesota Governor’s Council on Developmental

Disabilities).¹⁷ As more people with disabilities moved into the community, more are advocating for others to follow suit.

People First and Self-Advocacy

Self-advocacy is defined by Lehr & Taylor (1986, 3) as being able to: speak for yourself, to make decisions for yourself, to know what your rights are and how to “stick up” for yourself when your rights are being violated or diminished. It also means being able to help others who cannot speak for themselves.

One group of people with intellectual disabilities in Salem, Oregon coined the phrase “We are people first” in 1973 (Edwards 1982; Perske 1996). This particular national self-advocate group became known as People First and they began discussing housing, equality, and business as an alternative to lives spent in institutions.¹⁸ Other self-advocate groups such as Self-Advocates Becoming Empowered (SABE)¹⁹ took a front seat in the disability rights movement. They joined with other advocacy groups such as the Arc, American Disabled for Attendant Programs Today (ADAPT),²⁰ the Texas Council for Developmental Disabilities (TCDD)²¹ as well as Advocacy, Inc.²² and continue to pressure

¹⁷ Texas currently has about 5,000 children and adults with intellectual disabilities living in 13 public institutions.

¹⁸ The People First chapter in Texas is known as Texas Advocates.

¹⁹ SABE is a nationwide self-advocate group devoted to closing institutions and empowering people with disabilities to take control of their own lives. <http://www.sabeusa.org/>

²⁰ The grassroots group was originally American Disabled for Accessible Public Transit but changed their acronym after passage of the ADA of 1990. Bob Kafka, who was and remains a leader in the organization, is an actively involved stakeholder with the Texas Department of Aging and Disability Services.

²¹ TCDD is a board of 27 individuals whose goal is to increase opportunities for people with intellectual disabilities. <http://www.txddc.state.tx.us/>

governmental agencies to increase access to and improve quality in home and community-based programs.

Pity and Discrimination

Despite the lawsuits, parents' movement, and many people with disabilities moving into the community, discrimination and pity remain the constant. This attitude originated partly due to the "poster child" phenomenon that began in the 1940s (Shapiro 1993). No other symbol of disability is more beloved by Americans than the cute and courageous poster child – or more loathed by people with disabilities themselves (12). Poster children were used to play to the public sympathy and raise funds for organizations such as Muscular Dystrophy (Fleischer and Zames 2001). They portrayed people with disabilities as childlike, dependent, and in need of charity or pity (Shapiro 1993).

Not only were people with disabilities pitied but they were also discriminated against. They were denied access to public places in some areas of the country by city ordinances. In addition, they were denied opportunities for employment. In particular, people who had physical disabilities were automatically assumed to be incapable of any type of employment and denied jobs (Fleischer and Zames 2001).

The disabled were also denied the opportunity to go to college. Anne Emerman – who was a wheelchair user and quadriplegic - was told that going to college was a fantasy, and fantasy can lead to mental illness (Fleischer and Zames 2001,33). She persevered and not only received her Bachelors degree

²² Advocacy, Inc. is a nationwide agency. The mission of Advocacy, Inc. is to advocate for, protect, and advance the legal, human, and service rights of people with disabilities.
<http://www.advocacyinc.org/index.htm>

but went on to obtain her Masters and served as the Director of the Mayor's Office for People with Disabilities in New York City.

Independent Living

Anne Emerman and others with disabilities reacted to this discrimination and pity by fighting for their independence. Thus began the Independent Living movement for people with disabilities. The birth of disability consciousness in the United States arose out of the turbulence of the 1960s, a decade of re-examination, challenge, analysis, and change. "For the first time in U.S. history, perhaps even in Western history, significant numbers of people with disabilities demanded access to mainstream society" (Mackelprang and Salsgiver 1996, 9).

Ed Roberts was another individual who challenged the policy and practices for people with disabilities. He contracted polio at age 14 and was confined to an eight hundred pound iron lung. He eventually returned to school and graduated from high school then attended community college. Ed Roberts had overcome many obstacles to get to that point but he wanted more. He wanted to attend Berkeley. After finding a sympathetic ear in Dr. Henry Bruyn, Roberts moved into the university's hospital since the dormitories could not accommodate the iron lung. Later, others with disabilities heard about Roberts and moved into the hospital and began attending Berkeley (Shapiro 1993).

The students who lived in the hospital talked often about moving into the community like their peers. It was difficult to find housing that was accessible for wheelchair users. They organized a support group and eventually received grant money to form the Physically Disabled Students' Program. It was the impetus for

the incorporation in 1972 of the first Center for Independent Living. (Shapiro 1993). The organization was the first of its kind to be governed by and for people with disabilities (Fleischer and Zames 2001, 39). The center's philosophy mirrored that of its predecessor in that they would assist people with various disabilities integrate into the community.

Centers for Independent Living still exist today and continues to influence disability policies. There are hundreds of Centers for Independent Living across the country and around the world. They encourage people with disabilities to make their own choices and work to open doors in the community to full participation and access for all.²³ It would be further legislation that moved the disability movement another step forward.

Rehabilitation Act of 1973 – Section 504

In 1973, legislation that made discrimination illegal with regards to employment, contracting, public education, etc. on the basis of a handicap was signed into law. The legislative route to these civil rights was unorthodox. The law was enacted through Section 504 of the Rehabilitation Act as almost an after thought. Nearly immediately, opposition to implementation arose based on fiscal consideration. As a result, there was a delay in the development of regulations that would guarantee civil rights to the handicapped. Political advocacy groups for the disabled – such as the Center for Independent Living in Berkeley - mobilized and through efforts like sit-ins were able to pressure Congress to

²³ <http://www.cilberkeley.org/>

authorize the necessary regulations (Shapiro 1993). These events ushered in a new era of disability rights advocates (Shapiro 1993).

Americans With Disabilities Act (ADA) of 1990

Despite the new guarantees, people with disabilities continued to be isolated from the whole of society. Black Americans had successfully won a legal end to their exclusion from public places and jobs, but that type of segregation continued for millions of disabled people. Disability activists turned their attention to passage of the ADA. It provided a gigantic step forward for people with disabilities (Shapiro 1993, 106). The act included protections to individuals with disabilities against discrimination in employment, local and state government services, public accommodations, transit, and telecommunications (U.S. DHHS, Office for Civil Rights 2006).

Title II of the ADA forbids discrimination against a person with a disability in regards to “programs, activities, and services of public entities.” This includes state and local governmental programs. Government programs cannot refuse to serve a person with a disability or use eligibility criteria that rules out people with disabilities. Nor can governmental programs provide services that are discrete unless it is to ensure equality of the services (U.S. DHHS, Office for Civil Rights 2006).

L.C. v. Olmstead

Title II of the ADA is the foundation of the *L.C. v. Olmstead*, 527 U.S. 581 (“the Olmstead decision”) lawsuit. In 1999, the Supreme Court ruled that institutions should not be the only option for people who want to and can live in

the community. The case involved two Georgia women with mental retardation and mental illness that resided in public facilities. A professional evaluation led to the recommendations that they could live in the community. The court ruled that keeping them in the institution violated Title II of the American with Disabilities Act (ADA) because the ADA ensures that people with disabilities live in the “most integrated setting appropriate.” The ruling also stated that states must provide home and community-based services if the professionals -e.g. nurses, psychologists- agree placement is appropriate, the person agrees to leave the facility, and the move can be accommodated reasonably considering resources and the needs of those who are currently receiving state services (Supreme Court of the United States 1999). This has led to policy and practices focusing more on home and community-based services through Medicaid waiver programs.

New Freedom Initiative

In keeping with the Americans with Disabilities Act and the Olmstead decision, another factor influencing policy is the *New Freedom Initiative*. President George W. Bush launched his *New Freedom Initiative* in 2001. The initiative’s goal is tearing down the walls that separate people with disabilities from living in the community. In his initiative he directs federal agencies to help states evaluate their standing related to “the Olmstead decision”. He directs the Attorney General, Secretaries of Health and Human Services, Education, Labor, and Housing and Urban Development, and the Commissioner of the Social Security Administration to review and revise, if necessary, their policies and

procedures to increase access to community-based services for people with disabilities (The White House 2001).²⁴

Legislation and litigation as well as the disability rights movement have been a driving force in pressuring federal, state, and local agencies to improve the quality of home and community-based services but also enable people to live as independently as possible. This leads to constant tension between efforts to produce quality and excellence for a few and the pressure to provide less for many (Bradley and Kimmich 2003, Xvii-1). The movement has forced agencies to progress from adhering to prescriptive regulations to a focus on measuring consumer outcomes. Agencies must assess its programs by measuring Consumer Outcomes, overall System Performance, Health and Welfare of participants, and at the same time support Self-Determination.

²⁴ The New Freedom Initiative included budgeted expenditures for Real Choice Systems Change Grants to states. Texas was awarded a Quality Assurance and Quality Improvement grant in 2003. This research is one of the goals included in the grant and is currently being administered in the Quality Assurance and Improvement unit of DADS in partnership with the 11-member Quality Assurance and Quality Improvement Task Force. The project director is Teresa Richard.

CHAPTER III

Assessment Criteria

Purpose

In 1997, the Human Services Research Institute developed a set of criteria agencies could use to evaluate their effectiveness at meeting the needs of consumers in the disabled community. These criteria are used to evaluate the five Texas Medicaid waiver programs. The criteria have an outcomes focus. In other words, these criteria determine whether or not the programs facilitate the citizens they serve to live an independent life. The next section identifies and explains the criteria. They are: 1) Consumer Outcomes, 2) System Performance, 3) Health, Welfare, and Rights, and 4) Self-Determination.

Consumer Outcomes

The first domain of the National Core Indicators, Consumer Outcomes, takes into account community inclusion, choice and decision-making, relationships, and satisfaction. James Gardner (2005, 2) with The Council on Quality and Leadership defines outcome as “something that follows as a result or consequence”.²⁵ The Human Services Research Institute National Core Indicators project define consumer outcomes as indicators of how well the public system supports adults with disabilities to work, be a part of the community, have friends and personal relationships, and make personal choices. Further, Ralph

²⁵ The Council is a not-for-profit international group dedicated to defining, measuring, and improving the quality of life for people with disabilities and mental illness (The Council On Quality and Leadership 2005).

Kober and Ian Eggleton (2002) emphasize the fact that there is “greater pressure being exerted on agencies to measure person-reference outcomes” (163).

Community Inclusion is the first subcategory of Consumer Outcomes.

Community Inclusion

Community inclusion refers to the degree to which people participate in everyday community activities like their nondisabled counterparts. Community Inclusion is measured by asking people how often they go shopping, attend religious services, go out for entertainment, eat out at restaurants, etc. In *Executive Order 13217, entitled Community-based Alternatives for Individuals with Disabilities*, President George W. Bush delineated a plan for inclusion of people with disabilities in the community. Section one of the order states that people with disabilities should be in the community when appropriate.²⁶ The four aspects of the Executive Order include:

- a. It is in the best interest of the country to serve people with disabilities in the community
- b. Programs should promote “independence and participation in the community for Americans with disabilities”.
- c. Title II of the ADA assures that people will not be unjustly kept apart from the community.
- d. *Olmstead v. L.C.* requires states to move appropriate people to the community and out of institutions taking into consideration the availability

²⁶ The Executive order cites the *Olmstead v. L.C.*, 527 U.S. 581 (1999) (“the Olmstead decision”) and reiterates the ruling of the Supreme Court that denying a person the opportunity to live in the community when appropriate and within the resources of the state is a violation of Title II of the ADA (The White House 2001).

of resources to states and other people with disabilities who are served by state programs.

Federal entities must help states and local communities to act on "the Olmstead decision" (White House 2001, Section 1).

The Executive Order acknowledges that people with disabilities and the aged tend to be isolated from society. Quality of life has become linked with involvement in one's community and is a relatively new way of viewing opportunities in life for people with disabilities and the aged. "There is more attention on the social and psychological dynamics of Quality of Life particularly for people with disabilities and the aged who need support to maintain choice and control over their lives" (Schalock and Alonso 2002, 2).

The Maryland Ask Me! Project is one initiative that is getting a great deal of attention (Bonham et al 2004, 348). The project included surveys of 923 people from various parts of Maryland. Teams of people with developmental disabilities conducted the interviews. Six questions for each of eight categories were used. One of the categories was social inclusion and included questions about participating in community activities. They found that the more hours a person received services in settings other than their own or families' home the lower the community inclusion they reported. Therefore, evaluation of the level of community inclusion must be compared across service settings.

The Council on Quality and Leadership (2005, 75) also includes community inclusion as an assessment criterion. The measure is the percentage of people who interact with other members of the community. They provide

principles for organizations that include providing services and supports so that contacts with others in the community is facilitated. Conversely, agencies must ensure that services provided do not limit opportunities for people to have contact with others.

Choice/Decision-making

Once people are offered more opportunities to have contact with others in the community, people must be provided the choice to do so. Presenting opportunities for people who receive Medicaid waiver services to make choices about their lives and the services is an important measure of a high quality program. There is increasingly more attention being paid on the person resulting in a “paradigm shift” that focuses on inclusion, equity, empowerment and community-based supports. This “revolution” spotlights quality assurance and consumer outcomes. People with disabilities and the aged can live more productive, independent lives in their community when services and supports are developed using quality of life principles. Community-based programs are overall associated with people being more involved in: their daily activities, interaction with family, friends, community, and exercising more choice (Schalock and Alonso 2002, 13). The longer it has been since a person moved to the community the better the outcomes (Schalock and Alonso 2002, 120).

Being provided options about where to live and work and allowing people with disabilities to make those decisions for themselves is imperative. According to the *New Freedom Initiative* (NFI), the unemployment rate for people with disabilities in this country is about 70 percent. They are more apt to be

unemployed than those without disabilities and as a result are more likely to be poor. This unemployment rate has not changed in the past 12 years for people with disabilities who are not of retirement. The New Freedom Initiative includes a component to integrate more people with disabilities into the workforce by providing loans to buy computers and other equipment so that some may work from home. In addition, the “Ticket to Work” component of the initiative allows people with disabilities to maintain their health care when they go back to work (The White House 2001). Agencies must do everything possible to support people with disabilities in finding and maintaining community employment.

In addition to employment, a person’s ability to choose where to live and whom to live with is a crucial element of living a life of independence. Agencies must ensure that people with disabilities are offered choice of where to live and whom to live with. They must also provide mechanisms to support those decisions as much as possible. Valerie Bradley and Madeleine Kimmich (2003) are encouraged that the rate at which people are choosing where to live and with whom to live with is on the rise. Therefore, striving to ensure that this positive trend continues is another measure of a quality program.

Relationships

The Accreditation Council on Services for People with Disabilities²⁷ (ACDD) first developed a set of ten outcome measures in 1993. One of the ten measures the Council deems important to measure is relationships. The measure includes personal outcomes of having friends (Bradley and Kimmich

²⁷ The Accreditation Council on Services for People with Disabilities is now The Council on Quality and Leadership.

2003). Having friends and family in one's life is important to almost all human beings. However, it is even more critical for people with disabilities. According to James Gardner and Carran (2005, 172), "being connected to family and having relationships was highly correlated to personal safety and freedom from abuse and neglect".

In addition, all people need to have close friends that they can talk to about personal things and people with disabilities are no different. Merely moving people into community Medicaid waiver programs is not enough. Agencies need to make sure they are integrating people into the community by encouraging and supporting caring relationships. Assessing the degree to which people have caring relationships becomes critical because of the positive correlation to safety.

Satisfaction

Personal safety is an essential element of a quality program but satisfaction with services is another measure that must be assessed. As mentioned in Chapter II, consumers are demanding more choice and control over their services and lives resulting in more focus on measuring satisfaction of consumers (Gardner and Carran 2005). Because of limited resources, there is more emphasis on measuring outcomes in programs for people with disabilities. Cummins and Lau (2004) note that measuring quality using "self-evaluation" is getting a great deal of attention and is in the early stages of development. No self-evaluation of Medicaid waiver programs would be complete without including questions about satisfaction of individuals' job or day program, living

arrangement, or personal life in general. Evaluation is also more outcomes focused.

The Council on Quality and Leadership believes that historical methodologies, which focus on processes and procedures and adherence to guidelines to measure satisfaction and quality of life, are no longer adequate. They conducted interviews with people receiving services from 1993-2002 during their accreditation reviews of various public and private agencies. Their goal was to develop an evidence-based quality model. Measuring satisfaction must be outcome focused. (Gardner and Carran 2005) suggest that more research be conducted regarding “self-report” satisfaction surveys. Gardner proposes that service agencies play more of a role in integrating people with disabilities into their community and focus less on merely providing services and supports.

Ilene Kleinsorge and Harold Koenig (1991, 11) came to similar conclusions as Gardner and Carran (2005) but in their study of nursing facilities. Their exploratory research of nursing home residents found that nursing home administrators often become so caught up in trying to satisfy the state that the satisfaction of the customers, ultimately goes unmeasured or often ignored. They go on to point out that surveys can be useful in identifying trends and assist in taking action for improvements. In this regard, there is no reason to believe that surveys of consumers in Medicaid waiver programs would not produce the same results. Measuring the satisfaction of consumers is paramount but should be one of many measures including overall system performance.

System Performance

The next domain used to assess the programs is System Performance and includes Service Coordination and Access to Services. Surveys of people who receive services can be useful in evaluating system performance of programs. The major role that service agencies have in trying to ensure satisfaction of services is via service coordination/case management.²⁸

Service Coordination

One way of assessing system performance of Medicaid waiver programs is to determine the responsiveness and accessibility of service coordinators/case managers. Service coordinators are responsible for helping to obtain the services the individual needs. In addition, they are responsible for identifying the type, amount, and duration of services for the participant. Service agencies must go one step further. They must ensure that service coordinators are accessible and being responsive to the person's preferences in services and service delivery.

Ongoing service and support coordination is one desired outcome also included in the Home and Community Based Services Quality Framework (U.S. DHHS 2004). According to A.G.Lawthers et al. (2003), coordination of services is the "lubricant" that should ensure seamless service delivery. However, coordination of services has typically been under-funded. In their book entitled *Quality Enhancement in Developmental Disabilities*, Valerie Bradley and Madeleine Kimmich (2003) point out that case management and the ever-

²⁸ The terms "service coordination" and "case management" are used interchangeably. Both terms refer to people who are responsible for developing plans of care and coordinating a person's services.

increasing caseloads is an issue that must be addressed. Case manager turnover is becoming a major problem in many states. They explain “a multilayered, integrated quality enhancement system has to be built on the collection and analysis of data” (9). The use of performance indicators is one method to monitor the overall health of the service system (Bradley and Kimmich 2003).

Tom Nerney (2004) concurs with Bradley and Kimmich that caseloads are high. He also reports that case managers are charged with many other duties besides monitoring the quality of services. “More importantly, most human service systems rely to a great extent on case management systems to be the eyes and ears of the funding authority” (27). The General Accounting Office (2003) cited the rampant problem of inadequate case management. Therefore, agencies must take a hard look at their case management systems and evaluate the adequacy of such systems.

Access

Part of monitoring the health of the service system includes measuring the extent to which people have access to services. Case management is the primary means for people to access Medicaid waiver services. Ensuring that publicly-funded services are readily available to people who qualify for and need them is gaining the attention of members of Congress. In his public statement on *Improving Access to Medicaid Home and Community-based Services (HCBS)*, Senator Max Baucus (2004) stated that these services are important because they allow people to stay in the community, at home and with family. Congress,

administrators, state policy makers, and citizens have to put more effort into making these services available to people with serious disabilities and must ensure that current support for them is not threatened (Baucus 2004).

Dennis Smith (2004) with the Center for Medicare and Medicaid Services (CMS) also spoke at the hearing on HCBS. He explained that CMS is committed to identifying and eliminating obstacles faced by those with disabilities. He gave an overview of the assistance that CMS is offering to states to accomplish this goal. “Money Follows the Individual” is one mechanism that CMS is implementing to assist states in moving people out of institutions and into community-based programs. The initiative provides funding to states for one year for each individual moved from institutional care to a package of home and community-based services. Subsequently, states must pick up the tab after the first year.

As mentioned in Chapter II, the Olmstead decision requires states to evaluate the mechanisms for people to access home and community-based services. According to the Supreme Court, denying people the opportunity to live in the “least restrictive environment” is a violation of Title II of the ADA.

Measuring if people believe they are receiving the services they need after they are enrolled in home and community-based programs is also an important measure of the quality of such programs.

Health, Welfare, and Rights

The third domain of evaluation criteria is Health, Welfare, and Rights. Ensuring that people are safe from abuse, neglect, and injury is a primary

concern for agencies that serve people with disabilities. People must feel secure that needed health services will be provided and medications are managed effectively. In addition, they should feel confident that they receive the same respect and protections as others in the community.

Safety

In their presentation at *The Road Ahead: Let's Travel Together* conference (2005, 5), Corinne Reutebuch and Amanda Cade explain *The Council on Quality and Leadership Basic Assurances*. One of the Basic Assurances is protection from abuse, neglect, mistreatment and exploitation. Agencies must have policies and processes to ensure consumer's safety including systems for reviewing and analyzing trends. Training staff on how to ensure the safety of consumers is another aspect that agencies must include in assessments of their programs.

Ensuring access to community-based services must not overshadow the continuing need to ensure participants' are safe from abuse, neglect, injury, and exploitation once those services are accessed. As mentioned in Chapter II, the Centers for Medicare and Medicaid Services (CMS) holds states accountable for ensuring the safety of program participants (U.S. HHS 2004). Ascertaining the extent to which people feel safe in their home and neighborhood is one way of measuring safety for people who receive services. Although, many people receive services in their own home or their families' homes, many others receive services from homes owned and operated by providers.

Tom Nerney (2004, 27) discusses these congregate community settings and the issues of health and safety for people who reside in them. "Cases have been documented of staff leaving a person alone in a tub to attend to another resident of a group home only to have the first resident drown. Major newspaper exposes of inadequate community systems routinely portray the inexperienced staff member newly hired, inadequately paid, and without sufficient training or at-work support, neglecting individuals with disabilities in typical human service environments". These issues have to be identified and addressed by agencies.

Health and Medications

Health care is another area, in addition to safety, that agencies are held accountable for by the Centers for Medicare and Medicaid Services (CMS). In the Surgeon General's *Call to Action to Improve the Health and Wellness of Persons with Disabilities 2005*, it states that people with disabilities who are in good health can enjoy and participate in work, as well as actively be involved with their family and communities. Therefore, agencies must measure the extent to which participants are receiving medical care such as physical exams and routine dental visits.

George W. Bush's *New Freedom Initiative* supports the *Call to Action*. Optimal health should be the goal of everyone whether or not one has a disability. Accessible and comprehensive health care that takes a holistic approach is imperative. About 54 million or 20% of people in the United States have at least one disability (U.S. HHS 2005, 2). The *Call to Action* includes four primary goals:

Goal 1- People nationwide understand that persons with disabilities can lead long, healthy, productive lives.

Goal 2- Health care providers have the knowledge and tools to screen, diagnose and treat the whole person with a disability with dignity.

Goal 3- Persons with disabilities can promote their own good health by developing and maintaining healthy lifestyles.

Goal 4- Accessible health care and support services promote independence for persons with disabilities.

Steps must be taken in local communities, and at the state and federal levels. They must include policy changes, education of people with disabilities as well as providers and practitioners. Health care for people with disabilities has not been a priority rather equal rights in regards to access and living in the community have been the focus since the passage of the Americans with Disabilities Act. The *Call to Action* addresses some of the barriers and includes suggestions for improvement from people with disabilities (U.S. Health and Human Services 2005).

A.G. Lawthers et al (2003, 288) suggest the challenge to the health care system is to “deliver services to people with disabilities that are appropriate, efficient, effective, and coordinated in such a way so that the unique needs of each member of this heterogeneous population are met. Quality is a complex, multi-perspective, and multi-dimensional concept”. They point out that the medical model that has been historically used to measure quality is no longer

adequate. However, agencies must not overlook the importance of health care as a critical component to any quality improvement strategies.

Lack of access to medicine is a barrier for people with disabilities as well as lack of access to available personal attendants. Lawthers et al. (2003, 293) explain, “Inadequate preventive care, under-recognition or under-treatment of co-morbid conditions, and barriers to effective provider-client communication are all aspects of inadequate health care services for people with disabilities”.

Respect and Rights

Beyond satisfaction, health, safety and access, it is extremely important to measure whether people feel respected by staff and can exercise their rights.

People are respected is another Outcome Measure developed by *The Council on Quality and Leadership* (2005, 105). The guiding principles for agencies to support consumers being respected is by ensuring that staff are sensitive to the need for privacy and dignity of consumers. They also include agencies ensuring confidentiality of consumers’ personal information. Respect means listening and responding to the person’s needs with the same promptness and urgency that anyone would expect.

Historically, and at the present time in many cases, “people with disabilities are often not treated fairly or humanely” (Rooke 2003, 16). The “social model” of disability is grounded in rights and entitlements. The model acknowledges that people with disabilities are “rights-bearing citizens”. Julie Rooke (2003) asserts that although all people have the same rights, people with

disabilities are assumed to be unable to employ their rights merely because they may need assistance to do so.

Rooke (2003) believes that providers as well as participants should support people with disabilities to exercise their rights. People who receive Medicaid waiver services are entitled to the same rights as the rest of the citizenry. They have the right to privacy, respect from staff, use of the phone in provider run homes, and the opportunity to participate in self-advocacy groups. In order to exercise one's rights, however, one has to know what his or her rights are and make the decision to do so. In other words, one has to make choices on his or her own behalf.

Self-Determination

Self-Determination is the final cluster of assessment criteria used. Self-Determination is one philosophy that supports people with disabilities to act on one's' own behalf. M.L. Wehmeyer (1996, 24) defined self-determination as:

acting as the primary causal agent in one's life and making choices and decisions regarding one's quality of life free from undue external influence or interference (1997, 1998). Self-determined behavior refers to actions that are identified by four essential characteristics: (1) the person acted autonomously; (2) the behavior (s) is (are) self-regulated; (3) the person initiated and responded to the event(s) in a psychologically empowered manner; and (4) the person acted in a self-realizing manner. Essentially, people can then be considered 'self-determined' based on how their actions and behaviors are characterized.

Tom Nerney (2004, 4) proposes five principles that are key to an individual living a self-determined life. The principles address political significance and how individuals can be impacted on a personal level.

Freedom, the opportunity to choose where and with whom one lives as well as how one organizes all important aspects of one's life with freely chosen assistance as needed;

Authority, the ability to control some targeted amount of public dollars;

Support, the ability to organize support in ways that are unique to the individual;

Responsibility, the obligation to use public dollars wisely and to contribute to one's community. (In 2000, at the request of individuals with disabilities, The Center for Self-Determination, Headquartered in Ann Arbor, Michigan added);

Confirmation, the recognition that individuals with disabilities themselves must be a major part of the redesign of the human service system of long term care.

Because of the self-determination movement and the perseverance of a small number of people with disabilities, federal agencies such as the Centers for Medicare and Medicaid Services (CMS) are providing support for policy changes that incorporate the principles of self-determination.²⁹

Choice and Control

As mentioned above, the ability to direct how some of one's' Medicaid dollars are spent is a key principle of self-determination. In their most recent issue of *The Core Report* (2004), the Human Services Research Institute (HSRI) used data collected from various states in 2002-2003 to explore the difference in outcomes for people who control their individual budgets and those who do not. Due to limited resources, their study was not rigorous but did present some interesting data for discussion. Their analysis showed that people with individually negotiated budgets report knowing their case manager and getting what they need more often than people with little control over their budgets.

²⁹ Texas offers a Consumer Directed Services (CDS) option in two of the Medicaid waiver programs included in this research. This option allows the consumer to become the "employer of record" and hire, fire, train, and evaluate their own service providers for a selected set of services in each program.

The Human Services Research Institute explains differences may be due to the person centered planning for people who have individually negotiated budgets (Human Services Research Institute 2004). The results indicate that people with more control over their budgets may be more likely to have choice and control of their lives, reach personal outcomes, have more independent living arrangements and better associations with their case managers than those who have less control.

Overall, their results suggest that people who have more control over their budgets may be associated with higher outcomes. They have greater control over their environments, make more choices, live somewhat more independently and have improved relationships with their case managers (Human Services Research Institute 2004, 7). Therefore, if agencies want to improve outcomes for those they serve, measuring the level of participant choice and control must be part of an evaluation.

Transportation

Having control over one's transportation is key to living a self-determined life. In President Bush's *New Freedom Initiative* (NFI), the President stresses that transportation can be a major barrier for people with disabilities trying to access community services and employment. The NFI provides funds for pilot programs that utilize innovative methods to provide needed transportation (The White House 2001). The *Consumer Survey* includes questions about individual's transportation needs and the need for other services that are not available.

Tom Nerney (2004) also stresses the need for agencies to move beyond simply providing transportation but supporting people in their efforts to gain more control over their transportation. The ability for one to go places as one wishes is essential to living a life of independence.

Conceptual Framework

In summary, there is ever increasing pressure on agencies to expand and improve the quality of home and community-based program for people with disabilities. The pressure is coming from two primary sources. 1) The Centers for Medicare and Medicaid Services (CMS) is requiring more of states regarding their quality assurance and improvement systems. 2) Advocates and self-advocates are also insisting on being in the forefront with agencies to expand and improve their services. Agencies, with input from those they serve, must begin to assess and strive to continually improve the services and supports provided for people with disabilities.

Since the Texas Department of Aging and Disability Services (DADS) is the primary state agency responsible for providing community supports, they must ensure that mechanisms are in place to evaluate its programs and services. The Conceptual Framework used to organize the assessment criteria is supported by literature, legislation, and litigation. The framework includes the following categories: Consumer Outcomes; System Performance; Health, Welfare, and Rights; and Self-Determination. Table 3.1 delineates the categories and subcategories used and the supporting literature, legislation, and litigation.

Table 3.1 - Conceptual Framework - Normative Descriptive Categories

Category	Source	
Consumer Outcomes <ul style="list-style-type: none"> Community Inclusion 	(Bonham et al, 2004), (Kober and Eggleton, 2002) (Supreme Court, 1999) (The White House, 2001)	(Booth et al, 2002) (Schalock and Alonso, 2002) (The Council on Quality and Leadership, 2005)
<ul style="list-style-type: none"> Choice/Decision-Making 	(Bradley and Kimmich, 2003) (The White House, 2001)	(Schalock and Alonso, 2002)
<ul style="list-style-type: none"> Relationships 	(Bradley and Kimmich, 2003) (The Council on Quality and Leadership, 2005)	(Gardner and Carran, 2005)
<ul style="list-style-type: none"> Satisfaction 	(Cummins and Lau, 2004) (Gardner and Carran, 2005) (The Council on Quality and Leadership, 2005)	(Kleinsorge and Koenig, 1991)
System Performance <ul style="list-style-type: none"> Service Coordination 	(Bradley and Kimmich, 2003) (Nerney, 2004) (U.S. Health and Human Services, 2004)	(Lawthers et al, 2003) (U.S. General Accounting Office, 2003)
<ul style="list-style-type: none"> Access to Services/Community 	(Baucus, 2004) (Supreme Court, 1999)	(Smith, 2004) (The White House, 2001)
Health, Welfare, & Rights <ul style="list-style-type: none"> Safety 	(Booth et al, 2002) (The Council on Quality Services, and Leadership, 2005)	(Nerney, 2004) (U.S. Health and Human Services, 2004)
<ul style="list-style-type: none"> Health and Medications 	(Lawthers et al, 2003) (U.S. Health and Human Services, 2004)	(The White House, 2001)
<ul style="list-style-type: none"> Respect/Rights 	(Schalock and Alonso, 2002) (The Council on Quality and Leadership, 2005)	(Rooke, 2003)
Self-Determination <ul style="list-style-type: none"> Choice and Control 	(Human Services Research Institute, 2004) (The Council on Quality and Leadership, 2005)	(Nerney, 2004) (Schalock and Felce, 2004) (Wehmeyer, 1996)
<ul style="list-style-type: none"> Transportation 	(Bonham et al, 2004)	(U.S. Health and Human Services, 2005)

According to Kober and Eggleton (2002), there has been a change in paradigm from merely measuring inputs and outputs to measuring **Consumer Outcomes**. In order for agencies to assess their Medicaid waiver programs they must measure outcomes for people. The criteria used for measuring outcomes ascertains whether participants are integral parts of their community, make their own choices, have meaningful relationships with people other than paid staff, and are satisfied with their personal lives. In their review of the literature, Booth et al (2002, 37) state that the literature emphasized the need to “give priority to the consumer’s values, preferences, and perceptions when defining and evaluating the quality of home and community-based care services”.

The Home and Community-Based Services (HCBS) Quality Framework (U.S. DHHS 2004, 1)³⁰ is one tool developed to assist states assess the performance of their Medicaid waiver programs. The framework defines **System Performance** as a system that supports participants efficiently and effectively and constantly strives to improve quality. This research assesses system performance by obtaining information from participants about the quality of service coordination and access to services.

One role of the service coordinator is to monitor the services received by the participant and to ensure their safety. Not only is system performance and ensuring safety essential to a quality program, so are measuring the **Health, Welfare, and Rights** of participants. The Institute of Medicine, included in Booth

³⁰ The HCBS Quality Framework was developed jointly between the Centers for Medicare and Medicaid Services, the National Association of State Directors of Developmental Disabilities Services, the National Association of State Units on Aging, and the American Public Human Services Association.

et al (2002, 14) literature review, states that “health care should be safe, effective, patient-centered, timely, and equitable”. In addition, ensuring that participants are supported to exercise their rights is a critical aspect of a quality Medicaid waiver program.

Last and probably the most important category used to assess the waiver programs, is measuring whether participants feel supported to make decisions on their behalf and have control over their services and supports. Tom Nerney (2004, 7) describes **Self-Determination** as “a fundamentally new foundation for establishing quality and quality assurance systems in the field of long term care”.

In conclusion, the *Consumer Survey* developed by the Human Services Research Institute was used to assess the five Medicaid waiver programs for people with disabilities operated by the Department of Aging and Disability Services. Questions address all of the domains and categories in the Conceptual Framework. Structured interviews were conducted with individuals to measure the quality of the programs from the perspective of those who utilize the services. The programs are described further in the following chapter.

CHAPTER IV

Description of Medicaid Waiver Programs

Purpose

The Department of Aging and Disability Services (DADS) Medicaid waiver programs for low-income people with physical and intellectual disabilities will be described in this chapter. A general overview of each of the programs is given as well as a list of the services offered. Additionally, the programs are rated as comprehensive, moderate or limited according to the amount of services offered or the geographic area of the state they cover.

This research focused on five programs: 1) the Home and Community-based Services, 2) Deaf-Blind with Multiple Disabilities, 3) Community Living Assistance and Support Services, 4) Consolidated Waiver, and 5) Texas Home Living Program.

Home and Community-based Services (HCS)

The HCS Program for people with intellectual disabilities provides individualized services and supports to people of all ages living in their family home, their own homes, or other community settings such as small group homes where no more than four people live. To qualify for services one must have either mental retardation or a related condition (e.g. Autism, Cerebral Palsy) that results in deficits in adaptive behavior and a full scale IQ of 75 or below. And, must be eligible for Medicaid. At the time the sample was drawn, 8,990 persons were enrolled. Table 4.1 lists the array of available services and the corresponding definitions.

The HCS Program is the most comprehensive Medicaid waiver program operated by DADS. The service array includes 24-hour services offered in a group home setting. The program is available in every county in the state. Individual plans of care are developed using a person-centered approach. In other words, the plan is developed based on each person's unique needs. There is no minimum per person plan cost but the maximum is \$173,876. The projected budget allocation in 2006 for this program is \$387 million. Over 10,000 people are expected to receive services in 2006 (DADS 2006, 37),

Table 4.1 – Home and Community-based Service Array

Service	Definition
Adaptive Aids	Devices, controls, or appliances that enable users to retain or to increase their abilities to perform activities.
Audiology	Provides licensed audiologist to assess and direct therapeutic intervention and training.
Case Management	Assistance with eligibility, service plan, service delivery, crisis intervention, protection of rights.
Day Habilitation	Helps individuals learn, retain, and improve their self-help, socialization, and adaptive skills so they can reside successfully in the community.
Dental	Emergency, preventive (including routine examinations), and therapeutic dental treatment.
Dietary	Face-to-face assessment, consultation, and staff training with determination of basic or special therapeutic nutritional needs.
Foster Care	Services provided to individuals of all ages in a home-like setting as an alternative to living in a group home.
Minor Home Modifications	Assess the need for, arrange for, and modify or improve individuals' living quarters to allow community living and ensure safety, security, and accessibility.
Nursing Services	Monitoring health and medication, providing referrals for services, and training.
Occupational Therapy	Helps individuals achieve independent functioning in all aspects of their lives.
Physical Therapy	Helps individuals improve their range of motion and physical functioning as well as retain their physical conditioning.
Prescription Drugs	Provides unlimited prescriptions.
Psychology	Assesses, develops, modifies, or improves behavior, communication, activities, resolving issues, and counseling friends, family providers.
Residential Support	Habilitation, chore services, personal care, and 24-hour supervision and assistance in a group home setting.
Respite Care	Temporary relief for unpaid primary caregivers or provides care when the caregiver is absent.
Social Work	Assessing needs, providing direct therapeutic intervention, and training and consulting with family members and providers.
Speech/Language Pathology	Corrective or rehabilitative treatment for persons with speech, hearing, or language disorders.
Supervised Living Services	Habilitation, chore services, personal care, and 24-hour supervision and assistance.
Supported Employment	Service helps sustain paid employment for people who, because of their disability require intensive, support in a work setting.
Supported Home Living	Helping individuals learn and retain or improve the skills needed to help them remain in their own homes and communities.

Source: Department of Aging and Disability Services Community Care Waiver Comparisons
http://www.dads.state.tx.us/business/communitycare/waiver_comparisons/index.html

Deaf-Blind with Multiple Disabilities

This Medicaid waiver program provides home and community-based services to people who are 18 years of age or older, deaf-blind with another disability that impairs independent functioning, and eligible for Medicaid. The program is a cost-effective alternative to institutional placement.

The DB-MD program focuses on increasing opportunities for people to communicate and interact with their environment. It offers a comprehensive array of services and is available statewide. Individual plans are developed based on the specific needs of the person and can cost up to 115% of the average cost of receiving services in an institution. In March 2005, enrollees totaled 132. The projected expenditure for fiscal year 2006 is about \$7 million with an expected enrollment of 148. Table 4.2 shows the services included (DADS 2006, 28).

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Table 4.2 - Deaf-Blind With Multiple Disabilities

Service	Definition
Adaptive Aids	Devices, controls, or appliances that enable users to retain or to increase their abilities to perform activities of daily living or control their environment.
Behavior Communication Specialist	Assesses, develops, modifies, or improves individuals' intellectual and affective skills.
Case Management	Assistance with eligibility, service plan, service delivery, crisis intervention, protection of rights.
Chore Services	Helps consumers maintain their homes as safe, clean environments.
Day Habilitation	Helps individuals learn, retain and improve their self-help, socialization, and adaptive skills.
Dental	Emergency, preventive (including routine examinations), and therapeutic dental treatment.
Dietician Services	Licensed dietician to assess, consult, and provide staff training for nutritional needs.
Intervenor	Person who makes sights, sounds, and activities accessible to consumers by learning their specific communication system.
Habilitation Attendant/Training Services	Helps individuals living in their own or their families' homes learn, retain, or improve their skills related to activities of daily living.
Minor Home Modifications	Assess the need for, arrange for, and modify or improve individuals' living quarters to allow community living and ensure safety, security, and accessibility.
Nursing Services	Monitoring health and medication, providing referrals for services, and training.
Occupational Therapy	Helps individuals achieve independent functioning in all aspects of their lives.
Orientation and Mobility	Evaluates a person's needs and creates a plan to develop skills across an expanding environment.
Physical Therapy	Helps individuals improve their range of motion and physical functioning as well as retain their physical conditioning.
Prescription Drugs	Provides unlimited prescriptions.
Prevocational	Allows individuals to participate in prevocational habilitation activities / teaching specific job skills.
Respite Care	Temporary relief for unpaid primary caregivers or provides care when the caregiver is absent.
Speech, Hearing, and Language	Corrective or rehabilitative treatment for persons with speech, hearing, or language disorders.
Transition Assistance	Payment for one-time, initial expenses required for setting up a household for people transitioning from a nursing home to a Medicaid waiver program.
Assisted Living	Provides habilitation, chore services, personal care, and 24-hour supervision in a group home setting that serves no more than six people.

Source: Department of Aging and Disability Services Community Care Waiver Comparisons
http://www.dads.state.tx.us/business/communitycare/waiver_comparisons/index.html

Community Living Assistance and Support Services (CLASS)

The CLASS program provides alternate, cost effective home and community-based services to adults and children with related conditions (e.g. Spina Bifida, epilepsy). There are no minimums and initial annual plans may cost up to \$63,369. The program includes people with related conditions who have a qualifying disability, other than mental retardation, which originated before age 22, that affect their ability to function in daily life. Like the other programs, persons must be Medicaid eligible.

Table 4.3 provides a list of the services available for CLASS participants. CLASS is rated as moderate because it does not offer a residential component nor is it statewide at this time. It is available in 172 counties across Texas. The CLASS program is the second largest of the five waiver programs assessed with 1,740 participants. Total expenditures expected for 2006 are approximately \$87 million. The CLASS program is expected to grow to over 2200 persons (DADS 2006, 13).

Table 4.3 – Community Living Assistance and Support Service Array

Service	Definition
Adaptive Aids	Devices, controls, or appliances that enable users to retain or to increase their abilities to perform activities of daily living or control their environment.
Case Management	Assistance with eligibility, service plan, service delivery, crisis intervention, protection of rights.
Dental	Emergency, preventive (including routine examinations), and therapeutic dental treatment.
Habilitation Attendant/Training Services	Helps individuals living in their own or their families' homes learn, retain, or improve their skills related to activities of daily living.
Minor Home Modifications	Assess the need for, arrange for, and modify or improve individuals' living quarters to allow community living and ensure safety, security, and accessibility.
Nursing Services	Monitoring health and medication, providing referrals for services, and training.
Occupational Therapy	Helps individuals achieve independent functioning in all aspects of their lives.
Physical Therapy	Helps individuals improve their range of motion and physical functioning as well as retain their physical conditioning.
Prescription Drugs	Provides unlimited prescriptions.
Prevocational	Allows individuals to participate in prevocational habilitation activities / teaching specific job skills.
Psychology	Assesses, develops, modifies, or improves behavior, communication, activities, resolving issues, and counseling friends, family providers.
Respite Care	Temporary relief for unpaid primary caregivers or provides care when the caregiver is absent.
Specialized Therapies	Therapeutic intervention to decrease inappropriate behaviors, provides opportunities for socialization, and improves physical and medical status.
Speech Pathology	Corrective or rehabilitative treatment for persons with speech, hearing, or language disorders.
Supported Employment	Support individuals in an integrated job site that includes nondisabled employees who are not paid caregivers.
Support Family Services	Available to children up to age 18 who are unable to live with their natural family.
Transition Assistance	Payment for one-time, initial expenses required for setting up a household for people transitioning from a nursing home to a Medicaid waiver program.

Source: Department of Aging and Disability Services Community Care Waiver Comparisons
http://www.dads.state.tx.us/business/communitycare/waiver_comparisons/index.html

Consolidated Waiver Program (CWP)

The CWP is a Medicaid waiver program that began operations in Bexar County in November 2001. The program provides home and community-based services to people who are eligible for nursing facility care³¹ or Intermediate Care Facilities for Persons with Mental Retardation or a Related Condition (e.g. Diabetes, Down syndrome) as a cost-effective alternative to institutional placement.

Although per person annual plan costs can be up to \$126,728, this is a limited program because it is only offered in Bexar County. Similar to the other programs, there are no minimum plan costs because plans are based on the individual needs of the consumer. The projected 2006 budget for this program is relatively small at about \$4 million (DADS 2006, 17). Table 4.4 describes the service array.

³¹ Participants who receive services as an alternative to a nursing facility were interviewed using the *Participant Experience Survey* rather than the *Consumer Survey*. This study reports results for only those participants who were interviewed using the *Consumer Survey*.

Table 4.4 – Consolidated Waiver Program Service Array

Service	Definition
Adaptive Aids	Devices, controls, or appliances that enable users to retain or to increase their abilities to perform activities of daily living or control their environment.
Adult Foster Care	24-hour living arrangement for persons who are unable to live in their own homes.
Assisted Living	24-hour living arrangements in a licensed personal care home.
Audiology	Provides licensed audiologist to assess and direct therapeutic intervention and training.
Behavior Communication Specialist	Certified professionals, who serve persons who are deaf-blind or who have other severe intellectual and communication problems.
Case Management	Assistance with eligibility, service plan, service delivery, crisis intervention, protection of rights.
Child Support Services	Helps include children with disabilities in child care settings.
Day Habilitation	Allows individuals to participate in day habilitation for up to six hours a day, five days a week.
Dental	Pays up to \$1,000 per individual service plan year for emergency, preventive (routine examinations), and therapeutic dental treatment.
Dietician Services	Face-to-face assessment, consultation, and staff training.
Emergency Response Services	Electronic monitoring system for people who live alone.
Family Surrogate Services	Alternative home environment for children under 18 years.
Home Delivered Meals	In-home service provides meals to individuals.
Independent Advocacy	Assists individuals who have no family or other resource to plan, organize and manage community resources.
Intervenor	Person who makes sights, sounds, and activities accessible to consumers by learning their specific communication system.
Minor Home Modifications	Used to assess the need for, arrange for, and modify or improve individuals' living quarters to allow community living and ensure safety, security, and accessibility.
Nursing Services	Monitoring health and medication, providing referrals for services, and training.
Occupational Therapy	Skilled treatment to help individuals achieve independent functioning in all aspects of their lives.
Orientation and Mobility	Teaches individuals who are visually impaired to travel independently and to negotiate their environment safely and efficiently.
Personal Assistance	Helps individuals with the activities of daily living.
Physical Therapy	Assists individuals improve their range of motion and physical functioning, as well as retain their physical conditioning.
Prescription Drugs	Provides unlimited prescriptions.
Prevocational Services	Assists individuals to learn generalized habilitation goals like responsibility, attendance, task completion, problem solving.
Psychology	Assesses, develops, modifies, or improves behavior, communication, activities, resolving issues, and counseling friends, family providers.
Residential Habilitation Services	Helps individuals living in their own or their families' homes learn, retain, or improve their skills related to activities of daily living.
Respite Care	Provides temporary relief for unpaid primary caregivers or care when the caregiver is absent.
Speech, Hearing and Language Services	Provides corrective or rehabilitative treatment for individuals with speech or language disorders.
24-Hour Residential Habilitation	Services include supports, as needed by individuals, with staff present in the residence who are able to respond to the needs of individuals during normal sleeping hours.

Source: Department of Aging and Disability Services Community Care Waiver Comparisons

http://www.dads.state.tx.us/business/communitycare/waiver_comparisons/index.html

Texas Home Living (TxHmL)

The TxHmL Program provides selected essential services and supports to people of all ages with intellectual disabilities who live in their family homes or their own homes. Applicants must have a full scale IQ of 75 or below and either mental retardation or a related condition (e.g. Quadriplegia) that results in deficits in adaptive behavior. Table 4.5 lists the services available in the program.

TxHmL is a limited program because the maximum dollar amount of services a person may receive is only \$10,000. It is the newest program and serves 1,430 people. This program is expected to grow considerably in 2006. Projections are that about 2300 people will be served with an annual budget of approximately \$16 million (DADS 2006, 70).

Table 4.5 – Texas Home Living Service Array

Service	Definition
Adaptive Aids	Devices, controls, or appliances that enable users to retain or to increase their abilities to perform activities.
Audiology	Provides licensed audiologist to assess and direct therapeutic intervention and training.
Behavioral Support	Provides specialized interventions that assist an individual to increase adaptive behaviors to replace or modify maladaptive or socially unacceptable behaviors that prevent or interfere with the individual's inclusion in home and family life or community life.
Community Support	Provides services and supports in an individual's home and at other community locations.
Day Habilitation	Helps individuals learn, retain, and improve their self-help, socialization, and adaptive skills so they can reside successfully in the community.
Dental	Emergency, preventive (including routine examinations), and therapeutic dental treatment.
Dietary	Face-to-face assessment, consultation, and staff training with determination of basic or special therapeutic nutritional needs.
Employment Assistance	Assistance for individuals to locate paid employment in the community.
Minor Home Modifications	Assess the need for, arrange for, and modify or improve individuals' living quarters to allow community living and ensure safety, security, and accessibility.
Nursing Services	Monitoring health and medication, providing referrals for services, and training.
Occupational Therapy	Helps individuals achieve independent functioning in all aspects of their lives.
Physical Therapy	Helps individuals improve their range of motion and physical functioning as well as retain their physical conditioning.
Prescription Drugs	Provides unlimited prescriptions.
Residential Support	Habilitation, chore services, personal care, and 24-hour supervision and assistance in a group home setting.
Respite Care	Temporary relief for unpaid primary caregivers or provides care when the caregiver is absent.
Speech/Language Pathology	Corrective or rehabilitative treatment for persons with speech, hearing, or language disorders.
Supervised Living Services	Habilitation, chore services, personal care, and 24-hour supervision and assistance.
Supported Employment	Service helps sustain paid employment for people who, because of their disability require intensive, support in a work setting.

Source: Department of Aging and Disability Services Community Care Waiver Comparisons

http://www.dads.state.tx.us/business/communitycare/waiver_comparisons/index.html

Medicaid waiver programs have two major benefits for participants. 1) Unlike nursing facilities or Intermediate Care Facilities for Persons with Mental Retardation, when a person moves to another area of the state and continues to meet program eligibility they may continue to receive services. In other words, the public dollars are tied to that individual until they are no longer eligible. In nursing facilities and Intermediate Care Facilities for Persons with Mental Retardation, the public dollars are controlled by the owner of the facility. 2) A person has the right to change providers of services at any time. Ensuring free choice of providers is mandated by the Centers for Medicare and Medicaid Services (CMS). Another mandate is that persons receive services in only one Medicaid waiver program at a time.

The following chapter delineates the methodology used to assess the aforementioned programs. The structured interview process is discussed in addition to the sample sizes used for the evaluation.

CHAPTER V

Research Methodology

Purpose

Chapter V describes the methodology used to conduct this research. The purpose of the study is to measure the quality of the services in the Department of Aging and Disability Services Medicaid waiver programs from the perspective of people who receive the services. Structured interviews, based on the four criteria discussed earlier, were used to assess the programs for people with physical and intellectual disabilities.

Operationalization of the Conceptual Framework

The questionnaire utilized in this research effort was developed by the Human Services Research Institute (HSRI) in cooperation with the National Association of State Directors of Developmental Disability Services (NASDDDS) and known as the National Core Indicators (NCI) *Consumer Survey* (see Appendix A). People receiving services in the Home and Community-Based Services (HCS), Texas Home Living (TxHmL), Deaf/Blind-Multiple Disability (DB-MD), Community Living Assistance and Support Services (CLASS), and Consolidated Waiver Program (CWP) were interviewed by DADS's contractors from May through August 2005.

NCI clusters indicators and survey questions into three domains: Consumer Outcomes; System Performance; and Health, Welfare, and Rights. Self-Determination was an additional domain added by the Department of Aging and Disability Services based on a recommendation from the Quality Assurance

and Quality Improvement Task Force. The self-determination questions added to the surveys are being piloted in Texas. With permission and assistance from the developers of the tools, six additional questions were added to the survey tool. The additional questions on the survey tool are questions 24a through 24f. Based on the results of the surveys in Texas, Human Services Research Institute staff will consider adding the self-determination questions to the instrument that all states will use each year. Tables 5.1 – 5.4 illustrate how the Conceptual Framework was operationalized for each category.

In the first column, the domain is listed with one or more corresponding indicators that address that domain. The second column in each table lists the questions that are used to gather data to calculate the indicator. For the domains of Community Inclusion and Choice/Decision-Making a scale score is also calculated combining several of the questions. For example, responses to questions 28 through 34 are combined and a scale score is calculated. The person must answer a minimum number of the questions then the averages are computed. The scale score provides an overall average for that indicator.

Table 5.1 – Operationalization of Instrument to Consumer Outcomes

Community Inclusion	
1. The proportion of people who participate in integrated activities in their communities, including: shopping, using public services, attending arts, etc.	28. Do you go shopping? 29. Do you go out on errands or appointments? 30. Do you go out for entertainment? 31. Do you always eat at home, or do you sometimes go out to eat? 32. Do you go to religious services? 33. Do you go to other meetings in the community? 34. Do you exercise or play sports?
Scale Score	Average of 28 through 34
Choice/Decision-Making	
2. The proportion of people who make choices about their everyday lives, including: housing, roommates, daily routines, jobs, support staff or providers, and social activities.	35. Who chose (or picked) the place where you live? 37. Did you choose (or pick) the people you live with (or did you choose to live by yourself)? 38. Do you choose (or pick) who helps you at home? 39. Who decides your daily schedule (like when to get up, when to eat, when to go to sleep)? 40. Who decides how you spend your free time (when you are not working, in school or at the day program)? 41. Who chose (or picked) the place where you work (or go during the day)? 43. Do you choose (or pick) who helps you at work? 45. Did you choose or pick your case manager/service coordinator?
Scale Score - Personal Choices	Average of 37, 39, 40
Scale Score - Life Decisions	Average of 35, 38, 41, 43, 45
3. The proportion of people who report having been provided options about where to 1) live and 2) work.	36. How many places did you visit before moving here? 42. How many places did you visit before working (going) there?
Relationships	
4. The proportion of people who have friends and caring relationship with people other than support staff and family members.	11. Do you have friends you like to talk to or do things with?
5. The proportion of people who have a close friend, someone they can talk to about personal things.	10. Do you have a best friend, or someone you are really close to?
6. The proportion of people who are able to see their 1) friends and 2) families when they want.	12. Can you see your friends when you want to see them? 14. Do you have family that you see?
7. The proportion of people who feel lonely.	13. Do you ever feel lonely?
Satisfaction	
8. The proportion of people who are satisfied with their job or day program.	1. Do you like working (going) there?
9. The proportion of people who are satisfied with where they live.	3. Do you like your home or where you live?
10. The proportion of people who are satisfied with [life in general, personal life].	21. Are you happy with your personal life, or do you feel unhappy?

* Responses and scales vary by question. See Appendix A

Table 5.2 - Operationalization of Instrument to System Performance

Service Coordination	
1. The proportion of people reporting that service coordinators help them get what they need.	17. If you ask for something, does s/he help you get what you need?
2. The proportion of people who know their service coordinators.	15. Do you know your service coordinator/case manager?
3. The proportion of people who report that their service coordinators asked about their preferences.	16. Does s/he ask you what you want?
Access to Services/Community	
4. The proportion of people reporting that they received support to learn or do something new in the past year.	19. Do people help you do or learn new things? 20. Do you want [more] help to do or learn new things?
5. The proportion of people who report having adequate transportation when they want to go somewhere.	22. When you want to go somewhere, do you always have a way to get there?
6. The rate at which people report that “needed” services were not available.	50. Do you get the services you need?

*2=Yes, 1=Sometimes or Maybe, 0=No, 9= No response, unclear, don't know

Table 5.3 - Operationalization of Instrument to Health, Welfare, and Rights

Safety	
1. The proportion of people who report that they feel safe in their 1) home and 2) neighborhood.	5. Are you ever afraid or scared when you are at home? 6. Are you ever afraid or scared when you are out in your neighborhood?
Health and Medications	
2. The proportion of people who have had a physical exam in the past year.	BI-19. When was his/her last physical exam?
3. The proportion of women who have had an OB/GYN exam in the past year.	BI-20. If female, when was her last OB/GYN exam?
4. The proportion of people who have had a routine dental exam in the past six months.	BI-21. When was his/her last dentist visit?
5. The proportion of people taking medications for mood, anxiety, or behavior problems.	BI-16. Does this person currently take medications for: Mood disorders, anxiety, behavior problems, and psychotic disorders?
Rights and Respect	
6. The proportion of people who have an "advocate" or someone who speaks on their behalf.	18. Do you know who your advocate or guardian is?
7. The proportion of people whose basic rights are respected by others: knocking before entering bedroom 2) reading mail 3) alone with friends 4) use of phone.	8. Do people let you know before they come into your home? 9. Do people let you know before coming into your bedroom? 46. Do people read your mail without asking you first? 47. Do your friends ever come over to visit? 48. Are you allowed to use the phone when you want to?
8. The proportion of people who report satisfaction with the amount of privacy they have.	4. Can you be alone if you want to?
9. The proportion of people who have 1) home staff and 2) day program staff indicating that most support staff treat them with respect.	2. Is s/he nice and polite to you? 7. Do you have staff who help you where you live?
10. The proportion of people who have participated in activities of self-advocacy groups or other groups that address rights.	49. Have you ever participated in a self-advocacy group meeting, conference, or event?

* Responses and scales vary by question. See Appendix A

Table 5.4 - Operationalization of Instrument to Self-Determination Domain

<i>Choice and Control</i>	
1. Proportion of people who get to help other people.	24a. Do you get to help other people?
2. Proportion of people who are able to have a close relationship, such as a boyfriend or girlfriend, if they want one.	24b. Can you have a close relationship, such as a boyfriend or girlfriend, if you want one?
3. Proportion of people who earn enough money to buy the things that they want.	24c. Do you earn enough money to buy the things that you want?
4. Proportion of people who are free to take risks when they want to.	24d. Are free to take risks when you want to?
5. Proportion of people who decide who comes in and out of their home.	24f. Do you get to decide who comes in and out of your home?
<i>Transportation</i>	
6. Proportion of people who have control over their transportation.	24e. Do you have control over your transportation?

*2=Yes, 1=Sometimes, 0=No, 9= No response, unclear, don't know

Strengths and Weaknesses of Structured Interviews

According to Michael Quinn Patton (2002, 341), "interviewing is used because not everything one wants to know can be observed such as events or activities that take place prior to the observations. Qualitative interviewing begins with the assumption that the perceptions of others is meaningful, knowable, and able to be made explicit". He acknowledges that some researchers believe that qualitative inquiry is too subjective whereas the strength of the scientific method is objectivity. However, he points out that even in scientific research questionnaires are designed by humans and therefore are also somewhat subjective. He stresses that rigorous training, systematic processes for data collection, multiple data sources; external reviews and other techniques can assist in minimizing subjectivity.

“Interview surveys typically attain higher response rates than do mail surveys” (Babbie 2004, 258). Another advantage of structured interviews according to Earl Babbie is that there is less apt to be as many “don’t know” and “no” responses when an interviewer is physically present. In addition, interviewers can clarify confusing questions if necessary.³²

Weaknesses to conducting structured interviews according to Perry and Felce (2005) is that they generally include subjective measures that are relevant but only for people who have more verbal skills. In addition, the Human Services Research Institute (HSRI 2005, 9) state that some disadvantages to satisfaction surveys are that they have a “trait-like stability over time” and do not correlate with objective measures.

Training

In order to address some of the weaknesses of interviewing, rigorous training was conducted in order to reduce the likelihood of subjectivity. In addition, the *Consumer Survey* was developed particularly for use with people who have intellectual limitations and included picture response cards. Training for the interviewers was held in Austin on April 28, 2005. The training was a full day and conducted by Sarah Taub from Human Services Research Institute, Sara Galantowicz from MEDSTAT Group, Inc., and Terri Richard from DADS. In addition, Christy Taylor from DADS provided training on the process for reporting complaints and situations when abuse, neglect, and exploitation were suspected.

³² The *Consumer Survey* includes alternate questions and picture response formats to assist in clarifying confusing questions and is especially critical when interviewing people with intellectual disabilities.

Members of the Quality Assurance and Quality Improvement Task Force attended the training and provided insight about the self-determination questions that were added to the survey. Mock interviews were conducted with two volunteers from the task force who are also people who receive DADS services.

DADS contracted with an external entity, NACES Plus Foundation, Inc. to conduct the surveys during May through August 2005. NACES in turn contracted with Registered Nurses from across the state to conduct interviews on behalf of DADS. DADS and NACES staff conducted regular conference calls with the interviewers during the survey period to answer questions and identify any areas of concern. In addition, a question and answer document was prepared as questions arose and distributed to the interviewers.

Sampling Strategy

The desired sample size for each program was calculated using the Creative Research Systems Sample Size Calculator.³³ The goal was to interview a sample size large enough to be 95% confident in the results +/-5%. It must be noted that sample sizes for the HCS, CLASS, and TxHmL were adequate to obtain that goal. For the CWP results (sample size of 51), one can be 95% confident +/- 9.6%. The confidence interval is +/- 9.4% for the DB-MD Program (sample size of 61).

A proportional sampling strategy was used based on the number of people receiving services in each county for each program. The sample size for each program was determined by dividing the number of people in the county by the

³³The sample size calculator may be accessed from this URL. <http://www.surveysystem.com/sscalc.htm>

number of the total population (adults 18 and over). Then, that number was multiplied by the sample size needed for each program. Table 5.5 below gives the sample sizes by program. Each person in each program was assigned a random number. After the sample size was determined, participants were sorted by their random number. Interviewers were given names of people to interview in order of their random number. Interviews were conducted until the completed interviews totaled the sample size needed for that program and county.

People who participated in the face-to-face surveys were people 18 years of age or older receiving services in the Home and Community-based Services (HCS), Texas Home Living (TxHmL), Deaf-Blind with Multiple Disabilities (DB-MD), the Community Living Assistance and Support Services (CLASS), and Consolidated Waiver Program (CWP). The interviews were completely voluntary and people receiving services were free to decline to participate in the survey process at any time.

Interviews were conducted in the individual's home unless he or she chose an alternative interview location. Pre-survey information was obtained from program providers prior to the interview to assist in preparation. A total of 1092 people receiving services were interviewed. In addition to data collected from the surveys, demographic data was obtained from DADS automated systems in March 2005. Demographic data included diagnoses, gender, address, date of birth, ethnicity, residential setting, etc.

Frequencies were calculated for each indicator by program. Table 5.5 gives the name of the program, the total number of people over age 18 at the

time the sample was drawn and the total number of interviews completed for each program.

Table 5.5 –Sample Sizes by Medicaid Waiver Program

Program	Number of people 18 +	Sample Size
Home and Community-based Services	8,499	367
Texas Home Living	1,332	318
Community Living Assistance and Support Services	1,166	295
Deaf-Blind/Multiple Disability	132	61
Consolidated Waiver	121	51
Total	11,250	1092

Source: Department of Aging and Disability Services
http://www.dads.state.tx.us/services/dads_help/mental_retardation/qaqi/MeasuringQualitySummaryReport_v1.pdf

In addition to calculating frequencies for the indicators, scale scores were calculated for Community Inclusion, Life Decisions, and Personal Choices. The Human Services Research Institute staff grouped questions together and tested for reliability of measuring the same concept. A Cronbach Alpha test was conducted and all three scales were 0.80 or above.

Human Subjects Protections

This project includes human subjects and protections were put into place prior to the project initiation. All Health Insurance Portability and Accountability Act (HIPAA) and confidentiality requirements established by the Department of Aging and Disability Services were utilized. No identifying information was included on the survey tool. An algorithm was used to create a unique number that was used on the tool for tracking purposes. A table was developed that cross-walked the number to the person and was accessible by only four staff within the Quality Assurance and Improvement unit.

Experienced, licensed, and trained Registered Nurses conducted all interviews. Many had extensive experience providing services to people in their own homes and people who have disabilities. They were required to attend a full day training session in which task force members were present and mock interviews with people with disabilities were conducted. The training emphasized the voluntary nature of the project and being sensitive to the person's conditions. All Registered Nurses signed confidentiality agreements.

All participants were people who receive services from the Department of Aging and Disability Services in Medicaid waiver programs. They gave verbal permission to participate in the survey. Participants were free to terminate the interview at any point they wished. They were allowed to have family members or care staff present if they so desired. They were given a verbal explanation of the project based on standardized scripts and were given a letter from the department if they requested. The interviewer informed them that their participation was voluntary and that their answers would be kept confidential and only aggregate results would be reported. In addition, a log was kept to record complaints and issues of abuse, neglect, and exploitation that were suspected and reported to the Department of Protective and Regulatory Services.³⁴

Summary

This chapter has detailed the methodology and sampling strategy used in the study and how the assessment criteria were operationalized in the *Consumer Survey*. The indicators and corresponding interview questions are delineated for

³⁴ Registered Nurses are mandatory reporters of suspected abuse, neglect, and exploitation according to their licensure.

each of the domains: Consumer Outcomes; System Performance; Health, Welfare, and Rights; and Self-Determination. Chapter VI presents the results of the evaluation of each of the five programs using experience surveys.

CHAPTER VI

Results

Purpose

The results of the structured interviews completed by NACES Plus Foundation, Inc. from May through August 2005 are presented in this chapter. The results are presented for all programs in each of the assessment criteria categories. The five programs as mentioned in previous chapters are the Home and Community-based Services (HCS), Deaf-Blind with Multiple Disabilities (DB-MD), Community Living Assistance and Support Services (CLASS), Consolidated Waiver Program (CWP), and the Texas Home Living (TxHmL) Program. Caution must be exercised in making direct comparisons of the programs. The programs are generally disparate. Each program has its own eligibility criteria and serves unique populations. As mentioned in Chapter IV, some programs offer services in congregate living settings whereas others do not.

This study is the first of an ongoing regular evaluation of the waiver programs. The findings will be used as a baseline point of comparison for future investigations. In order to have a conservative baseline, only “yes” responses (and not “sometimes”) were counted when the proportion was calculated and presented. Although, there are no benchmarks that have been established, the goal of the National Core Indicators project is to benchmark results across states participating in the project (approximately 23 states including Texas). Results of this study will be used in the Human Services Research Institute 2006 *Consumer Outcomes* Report.

Consumer Outcomes

Community Inclusion

The first assessment criterion is Consumer Outcomes and includes, Community Inclusion, Choice/Decision-Making, Relationships, and Satisfaction. Table 6.1 includes the frequencies for each of the indicators in the Community Inclusion domain. In addition, the scale score (only calculated for Community Inclusion, Life Decisions, and Personal Choices) is listed that averages the values of the items. The scale score is considered reliable for Community Inclusion with the Cronbach Alpha value of 0.86.

Overall, the scale scores for across all five programs are relatively high (ranging from 68 to 77). The proportions across the items, however, ranged from a low of 14 to a high of 86 in the HCS Program and 11 to 92 in the TxHmL Program. In other words, even though the scale scores were high the percentages had a wide degree of variance. People in all of the programs, generally go shopping, run errands, go out for entertainment and to eat (the proportions are generally 75% or higher). People in the DBMD and CWP report they do not participate in religious services as much as participants in the other programs. The proportion of people who participate in meetings in the community and play sports were consistently low across all programs (30% or less).

Table 6.1 – Community Inclusion

	Comprehensive		Moderate	Limited	
% of people who:	Home and Community-based Services	Deaf-Blind with Multiple Disabilities	Community Living Assistance and Support Services	Consolidated Waiver Program	Texas Home Living
Go shopping	83	71	86	92	90
Go out on errands	86	77	91	100	92
Out for entertainment	79	62	80	78	78
Out to eat	83	72	81	88	86
Go to religious services	63	38	64	59	71
Other meetings in the community	14	33	22	18	11
Exercise/play sports	28	30	26	12	27
SCALE SCORE	77	69	74	68	76

Choice/Decision-Making

Unfortunately, the results for the Choice/Decision-Making domain are not as encouraging. Table 6.2 includes the results for this domain. The scale scores for people making important life decisions are very low across all programs (from a low of 3% in the DB-MD Program to a high of only 33% in the CLASS Program). The proportion of people who report they make personal choices is higher but still accounts for only about 50% of people. The most disappointing results for this domain are the very low numbers of people who are provided options about where to live and work. The percent of people who report they

were provided living options ranges from 6% in the Consolidated Waiver Program to 24% in the Home and Community-based Services Program. Similar results were obtained about work options (9% to 25%). It must be mentioned that many participants live with their families and therefore have little control over where they live. However, even those who live at home with their families should have more choice about where they work or go during the day.

Table 6.2 - Choice/Decision-Making

% of people who choose:	Comprehensive		Moderate	Limited	
	Home and Community-based Services	Deaf-Blind with Multiple Disabilities	Community Living Assistance and Support Services	Consolidated Waiver Program	Texas Home Living
Place where they live	11	0	13	6	3
Where they work	13	0	10	12	14
Who helps them at work	13	5	5	2	10
Case manager	8	0	5	4	10
Who helps them at home	16	2	40	31	6
SCALE SCORE Life Decisions	17	3	33	18	15
People live with	19	3	21	12	13
Daily schedule	38	25	54	45	52
How to spend free time	49	34	59	55	64
What to buy with spending money	55	28	57	53	60
SCALE SCORE Personal Choices	50	32	61	50	54
Among options of where to live	24	10	14	6	7
Among options of where to work	25	10	9	22	22

Relationships

The results for the Relationships subcategory are mixed. As seen in Table 6.3, overwhelming majorities of people report they do not feel lonely, which is encouraging. Only about one half, however, report they have friends and family members they see. The results for the DB-MD Program are much lower than the other programs for friends and family (26% to 38%) as compared to ranges of 41% to 77%. The highest scores are for people in the TxHmL Program who all live in their own home or their families' home. These results may be an indication that participants primarily have relationships with paid staff. As mentioned earlier, there is a correlation between people who have relationships with friends and family and the rate at which they were abuse and neglect free.

Table 6.3 - Relationships

% of people who:	Comprehensive		Moderate	Limited	
	Home and Community-based Services	Deaf-Blind with Multiple Disabilities	Community Living Assistance and Support Services	Consolidated Waiver Program	Texas Home Living
Have friends	45	26	53	47	59
Have a best friend	55	26	59	55	60
Can see friends	49	30	54	35	55
Have family they see	59	38	64	41	77
Feel lonely	12	8	12	16	7

Satisfaction

The satisfaction criteria includes the proportion of people who like their day activity or job, their home and who report they are happy with their personal life. The results for the DB-MD program, again, are very discouraging. For all

three indicators, only about a third of people are satisfied (38%, 39%, and 33% respectively). For CLASS and CWP, the results are similar to DB-MD. For the HCS (65% to 74%) and TxHmL (64% to 84%) programs, however, the majority of people are satisfied. As shown in Table 6.4, even though the majority of people report satisfaction, the remaining one-third still account for a large number of people who are not satisfied. For example, 35% of people in the HCS Program who are 18 or over equates to almost 3000 individuals who do not like their job or day activity.

Table 6.4 - Satisfaction

	Comprehensive		Moderate	Limited	
% of people who:	Home and Community -based Services	Deaf-Blind with Multiple Disabilities	Community Living Assistance and Support Services	Consolidated Waiver Program	Texas Home Living
Like their job/day activity	65	38	25	39	64
Like home	74	39	71	63	84
Are happy with personal life	69	33	63	49	76

System Performance

The System Performance domain on the *Consumer Survey* includes questions regarding accessibility and responsiveness of service coordinators and if people feel they are receiving the services they need. This domain also includes ascertaining the extent to which people are supported to learn new things and the adequacy of their transportation. These measures are particularly important because agencies typically have more control over these criteria. Contracted entities or state employees who are monitored by the Department of

Aging and Disability Services provide service coordination and case management.

Service Coordination and Access to Services

The System Performance category results are mixed. On a positive note, the overwhelming majority of people feel they are receiving the services they need (see table 6.5). The Texas Home Living Program reflected the highest percentages (76% reporting they know their service coordinator and 73% say he or she asked them about their preferences). Again the overall results for the DB-MD Program are poor, only 21% of consumers responded they knew their service coordinator and that he or she asked them about their preferences.

It is interesting that across all of the programs 18% or less want to learn new things. This may be because many report they are currently receiving support to learn something new.

Table 6.5 - System Performance

	Comprehensive		Moderate	Limited	
% of people:	Home and Community-based Services	Deaf-Blind with Multiple Disabilities	Community Living Assistance and Support Services	Consolidated Waiver Program	Texas Home Living
Whose Service Coordinators help them get what they need	56	18	61	43	69
Who Know their Service Coordinator	64	21	64	43	76
Whose Service Coordinator Asked about preferences	60	21	65	39	73
Who received support to learn something new	58	38	57	41	63
Who want to learn new things	11	3	9	18	11
Who have adequate transportation	55	34	57	37	64
Who report needed services not available	7	2	7	12	7

Health, Welfare, and Rights

Table 6.6 illustrates the results for the Health, Welfare, and Rights assessment criterion.

Safety

Overall, most people (50% or more) responded they feel safe in their home with the exception of the Deaf-Blind With Multiple Disabilities (DB-MD) Program where the proportion is only 20%. Additionally, the majority of people in the HCS (61%), CLASS (64%), and TxHmL (66%) Programs feel safe in their

neighborhood. Conversely, a mere 20% of people in the DB-MD and 49% of individuals in the CWP Program feel safe in their neighborhood. For people who live in their own or their families' home the department has little control over this negative trend. Some of the participants, however, in the DB-MD Program live in Assisted Living Facilities that are regulated by the Department of Aging and Disability Services (DADS).

Table 6.6 - Health, Welfare, and Rights

% of people who:	Comprehensive		Moderate	Limited	
	Home and Community-based Services	Deaf-Blind with Multiple Disabilities	Community Living Assistance and Support Services	Consolidated Waiver Program	Texas Home Living
Feel safe in home	63	20	62	53	64
Feel safe in neighborhood	61	20	64	49	66
Have had physical exam in past year	92	90	61	78	72
Have had OB/GYN+	23	28	10	4	14
Have had routine dental exam in last year	67	56	23	43	48
Take medications for mood, anxiety, behavior, or psychotic disorders*	27	27	8	13	22
Have an advocate or guardian	42	15	35	37	52
People let know before entering bedroom	61	31	59	55	64
People read mail without asking	56	34	62	43	63
Have friends come over	46	31	61	37	47
Are allowed to use telephone	54	20	61	49	63
Have privacy	71	38	62	53	74
Home staff treat with respect	53	38	64	47	16
Day staff treat with respect	67	36	23	39	66
Who participate in self-advocacy groups	16	15	21	20	9

*Results are averages of respondents who answered yes to any of the four categories.

+This question was only asked of women.

Health and Medications

Generally, the vast majority of people have had physical exams in the past year. Conversely, the majority of women have not had a routine well woman visit in the past year. These results are consistent with the percentage of all women in Texas.

Self-Determination

Generally, the results for the level of Self-Determination people feel they have attained reflect a need for improvement. With the exception of one indicator in the TxHmL Program, only about one half of the people interviewed feel they have choice and control over their intimate relationships (including who comes in and out of their homes), income, and ability to take risks. People with disabilities should have the same opportunities as those who are nondisabled to live a self-determined life. Tables 6.7 and 6.8 show the results for this domain and yet again illustrates that the DB-MD Program has more negative results than the other programs.

Table 6.7 - Self-Determination

	Comprehensive		Moderate	Limited	
% of people who:	Home and Community-based Services	Deaf-Blind with Multiple Disabilities	Community Living Assistance and Support Services	Consolidated Waiver Program	Texas Home Living
Help other people	49	28	52	45	55
Can have boyfriend/girlfriend	56	26	55	41	61
Earn enough money	50	28	45	33	56
Are free to take risks	49	21	55	33	57
Decide who comes in and out of home	40	8	52	31	48

Table 6.8 - Transportation

	Comprehensive		Moderate	Limited	
% of people who:	HCS	DBMD	CLASS	CWP	TxHmL
Have control over their transportation	32	18	48	31	34

Summary of Findings

Generally, people in all programs do participate to some degree in community activities. Most do not feel lonely and the majority receives annual physical exams. Overall, a low proportion of women receive their annual OB/GYN visits and many report they do not have choice and control over their daily lives. Few people who receive program services have control over their transportation. Table 6.9 provides a high level summary of the findings.

Table 6.9 - Summary of Findings

Assessment Criteria	Summary of Findings	Unique Findings of Note
Consumer Outcomes		
Community Inclusion	The majority of people in all programs participate in everyday community activities such as shopping, running errands, out to eat.	Across the programs few report attending community meetings or exercise and play sports.
Choice/Decision-Making	In the HCS, TxHmL, CWP, and CLASS Program a minority of people make their own choices about where they live, work, case manager, and who helps them at work and home. More people (about 50%) report making choices about their daily schedule, free time, and what they buy with spending money.	The DB-MD Program results reflect a less positive trend with all indicators 34% or less.
Relationships	Overall, most people who receive services do not feel lonely.	People in the DB-MD report not having friends and family they see more than the other programs.
Satisfaction	Generally, people in the HCS and TxHmL Programs are satisfied.	Only 39% or less in the DB-MD, CWP, and CLASS Programs report being satisfied with their day activity.
System Performance		
Service Coordination	Indicators were relatively high for the HCS, CLASS, and TxHmL Programs.	Indicators were low for CWP and DB-MD.
Access to Services/Community	Overall there is a positive trend that most (>87%) receive the services they need.	The proportion of people who said needed services were not available is almost double for CWP (12%).
Health, Welfare, & Rights		
Safety	About 2/3 of people feel safe in their home and neighborhood.	A mere 20% of people in the DB-MD Program feel safe in their home and neighborhood.
Health and Medications	Most people (>60%) had a physical exam in the past year.	About 25% or less of women had an OB/GYN in the last year.
Respect/Rights	The majority (>80%) does not participate in self-advocacy groups.	Only about 25% of people in the CLASS Program feel respected by their day staff.
Self-Determination		
Choice and Control	Only about 50% of people feel they have choice and control over their relationships and ability to earn enough money and take risks.	The proportion of people who have choice and control is much lower for the DB-MD Program.
Transportation	Few people have control over their transportation.	Only 18% reported having control over their transportation in DB-MD.

Chapter VII

Conclusion

The results of the surveys have provided DADS staff and stakeholders with baseline information that will be built upon as surveys are conducted each year and trends can be identified over time. The data will be used as part of an overall quality management strategy for DADS that includes identifying where people receiving services are having more positive experiences. It will also serve as a method for identifying areas that warrant further exploration and improvement.

In addition to the results for each program, some patterns emerged across programs. The majority of people receiving services in the HCS, TxHmL, CLASS, DB-MD, and CWP report they receive the services they need, have had a physical exam in the past year, and do not feel lonely. The majority of people receiving services in the HCS, TxHmL, and CLASS Programs are satisfied with where they live.

Patterns across HCS, TxHmL, CLASS, DB-MD, and CWP using the NCI tool that need to be investigated further are the low proportion of:

- Women who have had an OB/GYN visit in the last year
- People receiving services who reported that they had participated in activities of self-advocacy groups or other groups that address rights
- People who were provided options about where to live and work
- People who make choices about important life decisions

The DB-MD Program merits further review, as many of the indicators appear to be somewhat lower overall than the other programs. Communication

challenges may have an effect on the results more so in this program than in other programs and should be considered in the review as well as the small sample size for this program.

In addition, 69% of people receiving services in the CWP and 39% of people receiving services in the CBA Program report they do not choose their care staff, but would like to. Investigation is needed to determine why individuals in the CBA Program do not participate in the CDS option but report they would like to choose their care staff.³⁵ Also, individuals receiving services in both programs report an unmet need for community involvement (CWP-50%, CBA 64%). Last, over one third of individuals receiving CWP services who are not elderly report they would like to work.

One limitation of this study is the proportional sampling methodology. Using this methodology excludes counties with very low numbers of individuals receiving services in the various programs. Individuals in these rural areas may have responses different than those in the more populated areas of the state.

Recommendations

1. These results should be used as an essential component to develop and implement a quality assurance and improvement plan. The department must use the cycle of quality improvement as it moves forward with development. The cycle includes, assessing, prioritizing, intervening, and reassessing (CMS 2003, 96). Continually seeking the opinions of people who receive services is extremely valuable and will complement other

³⁵ There is currently an initiative underway to survey people who responded that they would like to direct their own staff but do not do so. The department is committed to understanding why people do not access this option and what might be improved to increase the number of people who choose the option.

- processes and procedures for evaluating the quality of DADS programs and services. Conducting annual interviews will allow the department to analyze and trend overtime.
2. Not only is it necessary to interview people who receive services but they must also be involved in developing the quality assurance and improvement plan. The results of this research should be shared with the Quality Assurance and Quality Improvement Task Force for their review and recommendations. The task force members represent a diverse group of stakeholders, in particular, several who receive services. Consumers and professionals define quality very differently. It is important that the consumer perspective is included in the quality assurance and improvement plan.
 3. Quality Assurance and Improvement staff should include objective measures obtained by other DADS organizational units in its Quality Management Plan. For example, regulatory staff that oversees providers of services must be involved in and support the quality assurance and improvement plan. As they work to monitor providers they must ensure that the consumer perspective is always included in any monitoring process. Not only regulatory staff but also all DADS employees should be held accountable for the part they play in ensuring that quality services, from the consumers' perspective, are provided.
 4. Internal and external stakeholders must come to consensus about which indicators should be addressed and by what mechanisms. As mentioned

in Chapter VI, some of the results of the study include indicators where DADS has little control. Only by partnering with providers, advocates, self-advocates, and local communities will some of the issues be improved.

5. Finally, the Department of Aging and Disability Services must have a data driven quality management strategy. Only with reliable data can informed decisions be made. The department has taken the first step of developing a Quality Assurance and Improvement Data Mart with 2003 grant funds. This initiative must be sustained.

The data mart will allow internal and external stakeholders to have information available at their fingertips. The results of this study and future interview results must be stored in the data mart and available for others. Reports can be generated that will give reliable information about the experiences people are having who receive services. For example, reports can be generated about the number of consumer injuries or deaths that occur as a result of provider actions. The reports can be filtered to identify trends by gender, program, regions, etc. This information will be invaluable in identifying negative trends early in order to be more proactive so DADS can accomplish its Vision and Mission.

Bibliography

- Babbie, Earl. 2004. *The practice of social research*. Belmont, CA.: Wadsworth.
- Baucus, Max. 2004. Hearing on improving access to Medicaid home, community based services. April 7.
- Bonham, Basehart, Schalock, Marchand, Kirchner, and Joan Rumenap. 2004. Consumer-based quality of life assessment: The Maryland Ask Me! Project. *Mental Retardation*. 42 (5): 338-355.
- Booth, Fralich, and Sue Nonemaker. 2002. *Quality Management and improvement practices for home and community-based care*. January 10.
- Bradley and Madeleine Kimmich. 2003. *Quality enhancement in developmental disabilities*. Baltimore: Paul H. Brookes.
- Centers for Medicare and Medicaid Services (CMS). Center for Medicaid and State Operations. 2003. *Work Book. Improving the quality of home and community based services and supports*.
- Charlton, James I. 1998. *Nothing about us without us: Disability oppression and empowerment*. Los Angeles: London: University of California Press.
- Cummins and Anna Lau. 2004. The motivation to maintain subjective well-being: A homeostatic model. *International Review of Research in Mental Retardation*. (28): 255-301.
- Department of Aging and Disability Services (DADS). 2006. *Individual Service Profiles, Community Services Programs*.
- Edwards, J. 1982. *We are people first: Our handicaps are secondary*. Portland, OR: Ednick.
- Fleischer, and Frieda Zames. 2001. *The disability rights movement*. Philadelphia: Temple University Press.
- Gardner, James. 2005. Quality Measures 2005: Traditions and innovations. presented at the Council on Quality and Leadership conference. Savannah, Georgia.
- Gardner and Deborah Carran. 2005. Attainment of personal outcomes. *Mental Retardation*. 43 (3): 157-174.

- Human Services Research Institute and National Association of State Directors of Developmental Disabilities Services 2003. *The Core Report*. March 10, 3 (1): 1-7.
http://www.hsri.org/docs/786_Core_Report_3.1_Self_Determination.pdf.
- Kleinsorge and Harold Koenig. 1991. The silent customers: Measuring customer satisfaction in nursing homes. *Journal of Health Care Management*. 11 (4): 2-13.
- Kober and Ian Eggleton. 2002. Factor stability of the Schalock and Keith (1999) quality of life questionnaire. *Mental Retardation*. 40 (2): 157-165.
- Lawthers, Pransky, Peterson, and Himmelstein. 2003. Rethinking quality in the context of persons with disability. *International Journal for Quality in Health Care*. 15 (4): 287-299.
- Lehr, S., and S. J. Taylor. 1986. *Roots and wings: A manual about self-advocacy*. (Available from the Federation for Special Needs, 95 Berkeley Street, Suite 104, Boston, MA 02116).
- Mackelprang, R., and Richard Salsgiver. 1996. People with Disabilities and Social Work: Historical and Contemporary Issues. *Social Work*. 41 (1): 7-14.
- McNeil, JM. 2001. Americans with disabilities. *Household Economic Studies, Current Populations Reports*. 1-20, 70-73.
www.census.gov/prod/2001pubs/p70-73.pdf
- Nerney, Tom. 2004. Lost Lives. Why we need a new approach to quality. *Center for Self-Determination*. June 1. http://www.self-determination.com/lost_lives.pdf.
- Perske, R. 1996. Self-advocates on the move: A journalist's view. In, *New voices: Self-advocacy by people with disabilities*, ed. G.Dybwad and H. Bersani, (pp. 18-34). Cambridge, MA: Brookline Books.
- Patton, Michael. 2002. *Qualitative Research and Evaluation Methods*. California: Sage Publications, Inc.
- Perry and D. Felce, 2005. Correlation between subjective and objective measures of outcomes in staffed community housing. *Journal of Intellectual Disability Research*. 49 (4): 278-287.
- Rooke, Julie. 2000. Reaching one's potential: A discussion of individual human rights and people with developmental disabilities in Canada. *Journal on Developmental Disabilities*. 10 (2): 15-24.

- Schalock, R. L., & Verdugo. 2002. Quality of life handbook for human service practitioners. *American Association on Mental Retardation*. Washington, DC.
- Shapiro, J.P. 1993. *No pity: People with disabilities forging a new civil rights movement*. New York: Times Books.
- Smith, Dennis. 2004. Hearing on improving access to Medicaid home, community based services. April 7.
- Supreme Court of the United States. Olmstead, Commissioner, Georgia Department of Human Resources, et al. v L. C., by zimring. Decided June 22, 1999.
- The Council on Quality and Leadership. 2005. *Quality Measures 2005. Personal Outcome Measures*. The Council on Quality and Leadership. Towson, MD.
- The White House. 2001. New Freedom Initiative.
<http://www.whitehouse.gov/news/freedominitiative/freedominitiative.html>.
- The White House. Executive Order 13217. 2001. *Community-based alternative for individuals with disabilities*. June 18.
<http://www.whitehouse.gov/news/releases/2001/06/20010619.html>.
- U.S. Congress. Senate. Committee on Senate Finance. 2004. Improved access to Medicaid home and community based care. Capitol Hill Hearing Testimony.
- U.S. Department of Health and Human Services (DHHS). Office of the Assistant Secretary for Planning and Evaluation. 2000. *Understanding Medicaid Home and Community Services: A Primer*.
- U.S. Department of Health and Human Services (DHHS). Centers for Medicare and Medicaid Services. 2004. *The Quality Framework for Home and Community-Based Services (HCBS)*.
<http://www.cms.hhs.gov/HCBS/downloads/qualityframework.pdf>.
- U.S. Department of Health and Human Services (DHHS). 2005. *The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities*. U. S. Department of Health and Human Services, Office of the Surgeon General.

- U.S. General Accounting Office (GAO). 2003. Long term Care, Federal Oversight of Growing Medicaid Home and Community-Based Waivers Should be Strengthened. www.gao.gov/cgi-bin/getrpt?GAO-03-576.
- U.S. Department of Health and Human Services (DHHS). Office of Civil Rights. 2006. Your rights under the Americans with disabilities act. www.hhs.gov/ocr/ada.html.
- United Cerebral Palsy. 2006. *A Case for Inclusion. An analysis of Medicaid and Americans with Mental Retardation and Developmental Disabilities*.
- Wehmeyer, Michael. 1996. Self-Determination as an Educational Outcome. In *The Self-Determination Across the Life Span*, ed. Deanna J. Sands and Michael L. Wehmeyer, 17-35. Baltimore: London: Toronto: Sydney: Paul H. Brookes Publishing Co.
- Wehmeyer, Michael. 1997. Self-Determination as an Educational Outcome: A Definitional Framework and Implications for Intervention. *The Journal of Developmental and Physical Disabilities*. 9 (3):175-209.
- Wehmeyer, Michael. 1998. Self-Determination and Individuals With Significant Disabilities: Examining Meanings and Misinterpretations. *Journal of the Association for Persons with Severe Handicaps*. 23 (1): 5-16.

Appendix A



CONSUMER SURVEY

TEXAS
APRIL 2005

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Pre-Survey Form

BI-1. Survey Code: _____
(ID number)

Note: This code should be provided by the state project coordinator and is for data analysis purposes only. A unique code number should be assigned to each person. Do not use a number that could possibly identify the person (do NOT use social security numbers).

P.1 Interviewer code ____

P.2 Date: ____/____/_____
mm/dd/yyyy

P.3 Reason for Not Participating in Survey:

1. __ Sick/Hospitalized 2. __ Declined 3. __ Guardian declined 4. __
Other (END SURVEY)

Guardian information, if applicable:

Guardian Name: First _____ Last _____

Relationship: _____

Phone: _____ - _____

Home address: _____
Street Number Street Name Apt./Suite #

City State Zip

PS-1. Contact... Who should the interviewer call to arrange an interview with this person
(consumer, parent/guardian, service coordinator, day or residential program staff, etc.)?

Name: First _____ Last _____ Relationship: _____

Daytime Phone: _____ Evening Phone : _____

Pager: _____ Cell Phone: _____

Note... We would like to talk with persons alone, when appropriate. Some persons may feel uncomfortable with strangers, may have community protection issues, or may have

medical or behavioral issues that require them to be under constant supervision by a trained caregiver.

Do you recommend that a caregiver be present while this person is interviewed?

2. ☐ Yes 1. ☐ No

- PS-2. Communication needs... Does this person have any special communication needs?
(Examples: primary language other than English, sign language, communication board.)
Please explain what arrangements are needed for the interview.

- PS-3. Case manager/service coordinator... What is the name and phone number of this person's case manager/service coordinator?

Name: First _____ Last _____ Phone: _____

Pager: _____ Cell Phone: _____

- PS-4. Advocate... If this person has someone who helps represent him/her at planning meetings and in making important decisions, please provide the advocate's name and relationship.
(Note: this may include staff, family, friends, or guardians who are involved in the person's life.)

Name: First _____ Last _____

Relationship: _____

- PS-5. Other Interviewees... If this person is unable or unwilling to complete Section II of the survey, please indicate the name(s) and number(s) of others who know the person well and could respond on his/her behalf.

Name: _____ Relationship: _____

Daytime Phone: _____

- PS-6. Living Arrangement... Please indicate who this person lives with.

- | | |
|--|--|
| 1. <input type="checkbox"/> lives alone | 3. <input type="checkbox"/> lives with parent/relatives |
| 2. <input type="checkbox"/> lives in large residential care facility | 4. <input type="checkbox"/> lives in shared house or apartment |

PS-7. Support Staff in the Home and During the Day... If there are any people who are paid to provide supports in this person's home, please indicate their first names. If there are several workers, please list the primary staff who spend the most time with this person. Also indicate the first names of any day and/or job support staff.

Home Support Staff: _____

Day Support Staff/Job Support Staff/Coach: _____

PS-8. Job/Day Activities... If applicable, please indicate what this person calls his/her job, school or day activity program.

Place of work: _____

PS-8a. School:_____ PS-8b. Day program:_____

BI-7. Does this person have a legal guardian or conservator appointed?
(check one)

☐ 1 No, person is independent of guardianship (legally competent or presumed

competent)

☐ 2 Yes, person has private guardian or conservator (including parent/relative or non-relative)

☐ 3 Yes, person has public guardian or conservator

☐ 4 Don't know

BI-9 Marital status: (check one)

☐ 1 Single, never married

☐ 2 Married

☐ 3 Single, married in past

☐ 4 Don't know

BI-12. What is this person's primary language? (What language does s/he understand?)

☐ 1 English

☐ 2 Other

BI-13 What is this person's primary means of expression? (check one – most frequently used)

☐ 1 Spoken

☐ 2 Gestures/body language

☐ 3 Sign language or finger spelling

☐ 4 Communication aid/device

☐ 5 Other

☐ 6 Don't know

BI-14. How would you describe this person's mobility? (check one)

- ☐ 1 Can move self around environment; walks (with or without aids) or uses wheelchair
- ☐ 2 Non-ambulatory, needs assistance to move around environment
- ☐ 3 Don't know

BI-16. Does this person currently take medications for...

(check one column for each):

no yes don't
 know

- ☐ 1 ☐ 2 ☐ 3 Mood disorders? [Includes any drug prescribed to elevate or stabilize mood (reduce mood swings), e.g., to treat depression, mania, or bipolar disorder.]
- ☐ 1 ☐ 2 ☐ 3 Anxiety? [Includes any drug prescribed to treat anxiety disorders (including obsessive disorders and panic disorders) or to reduce anxiety symptoms.]
- ☐ 1 ☐ 2 ☐ 3 Behavior problems? [Includes any drug prescribed for a behavior modification purpose (such as a stimulant, sedative, or beta-blocker), e.g., to treat ADHD, aggression, self-injurious behavior, etc.]
- ☐ 1 ☐ 2 ☐ 3 Psychotic disorders? [Includes any drug (e.g., anti-psychotic or "neuroleptic") used to treat psychotic disorders such as schizophrenia or psychotic symptoms such as hallucinations.]

BI-17. If this person has seizures, how often do they occur? (check one)

- ☐ 0 **NOT APPLICABLE** -- does not have seizures
- ☐ 1 Less frequently than once/month
- ☐ 2 At least once/month, but not once a week
- ☐ 3 At least once/week, or more frequently
- ☐ 4 Don't know or not available in records

BI-18. How often does this person require medical care? (check one) (Medical care refers to care that must be performed or delegated by a nurse or physician. Do not include medication administration.)

- ☐ 1 Less frequently than once/month
- ☐ 2 At least once/month, but not once a week
- ☐ 3 At least once/week, or more frequently
- ☐ 4 Don't know or not available in records

BI-19. When was his/her last physical exam? (check one)

- ☐ 1 In the past year
- ☐ 2 Over one year ago
- ☐ 3 Don't know or not available in records

BI-20. If female, when was her last OB/GYN exam? (check one)

- ☐ 0 **NOT APPLICABLE** -- male
- ☐ 1 In the past year
- ☐ 2 Over one year ago
- ☐ 3 Has never had an OB/GYN exam
- ☐ 4 Don't know or not available in records

BI-21. When was his/her last dentist visit? (check one)

- ☐ 1 In the last six months
- ☐ 2 Over six months ago
- ☐ 3 Don't know or not available in records

BI-25. How long has this person lived in his/her current home (or with the same caregiver)? Do not count moves with same caregiver.

- ☐ 1 Less than 1 year
- ☐ 2 1-2 years
- ☐ 3 3-5 years
- ☐ 4 Over 5 years
- ☐ 5 Don't know or not available in records

BI-27. Who owns or leases the place where this person lives? (check one)

- ☐ 1 Family, guardian, or friend
- ☐ 2 Private agency or home provider/foster family
- ☐ 3 State or County agency
- ☐ 4 Person rents home (name is on the lease)
- ☐ 5 Person owns home (name is on the title)
- ☐ 6 Don't know
- ☐ 7 Other

BI-37. Does this person need support to prevent self-injury? "Self-injury" refers to attempts to cause harm to one's own body, for example, by hitting or biting self, banging head, scratching or puncturing skin.

- ☐ 1 No
- ☐ 2 Yes
- ☐ 3 Don't Know

BI-37a. If yes, how often does the person need support to manage this behavior? (check one)

- ☐ 1 Needs occasional support, less frequently than once/month
- ☐ 2 At least once/month, but not once a week
- ☐ 3 At least once/week, or more frequently
- ☐ 8 Not applicable (no support needed or don't know)

BI-38. Does this person need support to prevent disruptive behavior?

"Disruptive behavior" refers to emotional outbursts that interfere with the activities of others, for example, by starting fights, laughing or crying without apparent reason, yelling or screaming, cursing, throwing objects, or threatening violence.

- ☐ 1 No
- ☐ 2 Yes
- ☐ 3 Don't Know

- BI-38a. If yes, how often does the person need support to manage this behavior? (check one)
- ☐1 Needs occasional support, less frequently than once/month
- ☐2 At least once/month, but not once a week
- ☐3 At least once/week, or more frequently
- ☐8 Not applicable (no support needed or don't know)

Please indicate who provided this information: (check all that apply)


- | | | | |
|---------|--------------------------------|---------------------------------|--|
| BI.99.1 | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Person receiving services |
| BI.99.2 | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Advocate, Parent, Guardian, Personal Representative, Relative |
| BI.99.3 | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Staff who provides supports where person lives |
| BI.99.4 | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Staff who provides supports at a day or other service location |
| BI.99.5 | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Case Manager, service coordinator, social worker |
| BI.99.6 | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Other Person |
| BI.99.7 | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | State data system |

SECTION I: Direct Interview with Person Receiving Services and Supports

WORK / DAYTIME ACTIVITIES

For Questions 1-2, include all types of work and daytime activities - paid, unpaid, community-based jobs, supported employment, facility-based jobs, day programs, volunteer work, non-vocational programs, training facilities, etc. If respondent has more than one job/day activity, ask how s/he feels in general or "most of the time." If respondent works and attends school, ask about work only.

1. I'd like to start by asking you about what you do during the day – if you have a job or other place that you go to.

 PS-8 Do you work at (go to) _____?

Do you like working (going) there?

__8 **NOT APPLICABLE** – no job or day activity

__2 Yes


__1 In-between

__0 No

__9 Don't know, no response, unclear response

2. Do you have staff who help you there?

PS-7 Does _____ help you there?

 If the person does not have a job or day activity or has no staff, code Question 2 as "NOT APPLICABLE."



Is s/he nice and polite to you?

- __8 **NOT APPLICABLE** - no job or day activity or no staff
- __2 Yes, most staff are nice
- __1 Some staff are nice
- __0 No, most staff are not nice
- __9 Don't know, no response, unclear response

HOME

Now I'm going to ask you about where you live.

3. Do you like your home or where you live? (*Do you like living here?*)

- __2 Yes
- __1 In-between
- __0 No
- __9 Don't know, no response, unclear response

4. Can you be alone if you want to? (*Can you have privacy?*)

Here we are looking at privacy (e.g. going in a room and closing the door), not the person's need for supervision (e.g. staying home alone).

- __8 **NOT APPLICABLE** - lives alone
__2 Yes, has enough time alone
__0 No, would like more time alone
__9 Don't know, no response, unclear response

5. Are you ever afraid or scared when you are at home?

- __2 [Yes] - most of the time
__1 Sometimes
__0 [No] - rarely
__9 Don't know, no response, unclear response

6. Are you ever afraid or scared when you are out in your neighborhood?

- __2 [Yes] - most of the time
__1 Sometimes
__0 [No] - rarely
__9 Don't know, no response, unclear response

7. Do you have staff who help you where you live?

PS-7 Does _____ help you at home?

Is s/he nice and polite to you?

- __8 **NOT APPLICABLE** – no home support staff
__2 Yes
__1 Sometimes
__0 No
__9 Don't know, no response, unclear response

8. Do people let you know before they come into your home? (*Do they ring the doorbell or knock first and wait for an answer?*) Do not include people who live in the home.

- __2 **Yes**
__1 Sometimes
__0 No
__9 Don't know, no response, unclear response



9. Do people let you know before coming into your bedroom?

- ☐_2 Yes
- ☐_1 Sometimes
- ☐_0 No
- ☐_9 Don't know, no response, unclear response

FRIENDS AND FAMILY

Now I'm going to ask you about friends.

10. Do you have a best friend, or someone you are really close to? (*Is there someone you can talk to about personal things?*)

If s/he indicates having a boyfriend or girlfriend, check "Yes."

- ☐_2 Yes
- ☐_0 No
- ☐_9 Don't know, no response, unclear response

11. Do you have friends you like to talk to or do things with?

If s/he answers "yes," ask who the friends are and try to determine if they are family, staff, roommates, co-workers, etc. You can use prompts such as: *Can you tell me their names? Are these friends staff or your family?*

- ☐_2 Yes, has friends who are not staff or family
- ☐_1 Yes, all friends are staff or family, or cannot determine
- ☐_0 No, does not have friends
- ☐_9 Don't know, no response, unclear response

If the person responds "NO" TO **BOTH QUESTIONS 10 AND 11**, code Questions 12 as "NOT APPLICABLE." Also code Question 47 as "NOT APPLICABLE."

12. Can you see your friends when you want to see them? (*Can you make plans with your friends when you want to?*) We are trying to determine if person gets support to see friends. Try to factor out situations where friends are not available – this is not the issue.

- ☐_8 **NOT APPLICABLE** – does not have any friends
- ☐_2 Yes, can see friends whenever s/he wants to
- ☐_1 Sometimes can't see friends (e.g. not enough staff or transportation)
- ☐_0 No, often unable to see friends
- ☐_9 Don't know, no response, unclear response

13. Do you ever feel lonely? (*Do you ever feel like you don't have anyone to talk to?*)

If s/he responds "yes," probe to determine how often s/he feels lonely.

- ☐_2 [Yes] – often feels lonely
- ☐_1 Sometimes
- ☐_0 [No] – not often
- ☐_9 Don't know, no response, unclear response

14. Do you have family that you see?

If the person lives with family, ask about other family members that do not live in the home.

Can you see your family when you want to? (*Can you pick the times you see them?*
Does someone help you make plans to see them?)

If family is not available or does not wish to have contact, code as "NOT APPLICABLE." If the person has family but does not want to see them, code as "2."

- ☐_8 **NOT APPLICABLE** – family not available, person does not have family or family does not wish to have contact
- ☐_2 Yes, sees family whenever s/he wants to, or chooses not to see family
- ☐_1 Sometimes
- ☐_0 No
- ☐_9 Don't know, no response, unclear response

SATISFACTION WITH SERVICES/SUPPORTS

ASK QUESTIONS 15-17 ONLY IF PERSON HAS A CASE MANAGER/SERVICE COORDINATOR. If person does not have a case manager/service coordinator, code these questions as "NOT APPLICABLE". If the person has a case manager/service coordinator but says they do not or do not know him/her, code questions 15-17 as "0."

15. Do you know your case manager/service coordinator?

PS-3 Do you know _____ ?

- ☐_8 **NOT APPLICABLE** – person does not have case manager/service coordinator
- ☐_2 Yes, person knows case manager/service coordinator
- ☐_1 Maybe, not sure
- ☐_0 No, person does not know case manager/service coordinator
- ☐_9 Don't know, no response, unclear response

16. Does s/he ask you what you want?

- ☐_8 **NOT APPLICABLE** – person does not have case manager/service coordinator, or person does not talk to case manager
- ☐_2 Yes
- ☐_1 Sometimes
- ☐_0 No, does not ask or person does not know case manager/ service coordinator
- ☐_9 Don't know, no response, unclear response

17. If you ask for something, does s/he help you get what you need?

- ☐_8 **NOT APPLICABLE** – person does not have case manager/service coordinator, or person does not ask for help
- ☐_2 Yes, does help
- ☐_1 Sometimes helps
- ☐_0 No, does not help or person does not know case manager/ service coordinator
- ☐_9 Don't know, no response, unclear response



18. Do you know who your advocate or guardian is?

PS-4 Is _____ your advocate or guardian?

__8 **NOT APPLICABLE** – has no advocate or is own guardian

__2 Yes

__1 Maybe, not sure

__0 No

__9 Don't know, no response, unclear response

19. Do people help you do or learn new things? (*For example, do you get to try new hobbies or learn new skills?*)

__2 Yes (code Q20 below as "8 – NOT APPLICABLE")

__1 Sometimes

__0 No

__9 Don't know, no response, unclear response

If person responds "No" or "Sometimes," ask Question 20. If "Yes" code Q20 as "8 – NOT APPLICABLE" and go to Q21.

20. Do you want [more] help to do or learn new things?

__8 **NOT APPLICABLE** (answered "Yes" above to Q19)

__2 Yes

__0 No

__9 Don't know, no response, unclear response

21. Are you happy with your personal life, or do you feel unhappy?

__2 Happy

__1 In-between

__0 Unhappy

__9 Don't know, no response, unclear response

22. When you want to go somewhere, do you always have a way to get there?
(*Can you get a ride when you need one?*)

__2 Yes, almost always

__1 Sometimes

__0 No, almost never

__9 Don't know, no response, unclear response

SELF-DETERMINATION

23. Do you know how much money is spent on paying for your staff? (*Do you know how much money is in your budget?*)

__8 **NOT APPLICABLE** – does not use self-directed supports

__2 Yes

__1 Maybe, not sure

__0 No

__9 Don't know, no response, unclear response

24. When you have your annual meeting, does someone tell you how much money is in your budget? (*Does your case manager tell you how much money the agency has to pay for your staff or services?*)
- ☐ 8 **NOT APPLICABLE** – does not use self-directed supports
 - ☐ 2 Yes
 - ☐ 1 Maybe, not sure
 - ☐ 0 No
 - ☐ 9 Don't know, no response, unclear response
- 24a. Do you get to help other people? (*Do you get to teach things to other people?*)
- ☐ 2 Yes
 - ☐ 1 Sometimes
 - ☐ 0 No
 - ☐ 9 No response, unclear, don't know
- 24b. Can you have a close relationship, such as a boy friend or girlfriend, if you want one?
- ☐ 2 Yes
 - ☐ 1 Sometimes
 - ☐ 0 No
 - ☐ 9 No response, unclear, don't know
- 24c. Do you earn enough money to buy the things that you want?
- ☐ 2 Yes
 - ☐ 1 Sometimes
 - ☐ 0 No
 - ☐ 9 No response, unclear, don't know
- 24d. Are you free to take risks when you want to? (*Do you feel like it's okay if you make a mistake?*)
- ☐ 2 Yes
 - ☐ 1 Sometimes
 - ☐ 0 No
 - ☐ 9 No response, unclear, don't know
- 24e. Do you have control over your transportation? (*Can you plan a trip or decide when to go out?*)
- ☐ 2 Yes
 - ☐ 1 Sometimes
 - ☐ 0 No
 - ☐ 9 No response, unclear, don't know
- 24f. Do you get to decide who comes in and out of your home?
- ☐ 2 Yes
 - ☐ 1 Sometimes
 - ☐ 0 No
 - ☐ 9 No response, unclear, don't know

25. Interviewer: Could Section I be completed?
- __1 Yes, person answered independently or with some assistance
 - __2 Yes, person answered using alternative/picture response format
 - __3 No, person could not communicate sufficiently to complete this section
 - __4 No, person was unwilling to participate
 - __5 No, other reason
26. Interviewer: In your opinion, did the individual appear to understand most of the questions or not?
- __8 **NOT APPLICABLE** – did not complete
 - __2 Yes, appeared to understand most questions (even if prompted) and could give an opinion
 - __1 Not sure
 - __0 No, appeared to have very little understanding or comprehension
27. Interviewer: In your opinion, did the individual seem to answer the questions in a consistent manner? (Do you feel his/her responses were valid?)
- __8 **NOT APPLICABLE** – did not complete
 - __2 Yes, seemed to give consistent and valid responses
 - __1 Not sure
 - __0 No, did not seem to give consistent and valid responses

If you answered "yes" to questions 25-27, then determine now if s/he is willing to answer more questions. If the consumer is not willing to continue, or if you believe comprehension or consistency was a problem, then say:

"Thank you for your help. It's been very nice talking to you. You've been very helpful."

Otherwise, continue to the next section.

Check here if Section II not completed

☐

If checked - Go to Interviewer Feedback
Sheet on Page 24

SECTION II: Interview with the Person Receiving Services or with Other Respondents

Interview the person receiving services if possible. If you are unable to interview the person, other respondents may be interviewed (family, advocate, staff) if they are knowledgeable in the areas below. If the person receiving services has completed Section I, but has become tired or does not wish to continue with this section, you may interview other persons. Use alternative wording when questioning other respondents. Also, check the appropriate box to indicate who is responding.

Ask the person if s/he wishes to continue with the questions, or if s/he would like to take a short break.

COMMUNITY INCLUSION

In this section, we are trying to find out if the person participates in integrated activities. Try to rule out non-integrated activities, for example, Special Olympics. If the person answers "yes," you may ask for an example to verify that the person understood the question.

28. Do you (does this person) go shopping? (*What do you go shopping for? Examples: groceries, clothing, house-wares, tapes/CDs.*)
- __2 Yes
__0 No
__9 No response, unclear, don't know
- 28R. Indicate respondent: () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff
29. Do you (does this person) go out on errands or appointments? (*Where do you go? Examples: doctor, dentist, bank, post office, hair dressers/barber.*)
- __2 Yes
__0 No
__9 No response, unclear, don't know
- 29R. Indicate respondent: () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff
30. Do you (does this person) go out for entertainment? (*Where do you go? Examples: movies, library, plays, concerts, museums, art galleries.*)
- __2 Yes
__0 No
__9 No response, unclear, don't know
- 30R. Indicate respondent: () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

31. Do you (does this person) always eat at home, or do you sometimes go out to eat? (*What restaurants do you go to?*)
- __2 Sometimes goes out to eat
- __0 Always eats at home
- __9 No response, unclear, don't know
- 31R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff
32. Do you (does this person) go to religious services? (*Where do you go? Examples: church, synagogue, or other place of worship.*)
- __2 Yes
- __0 No
- __9 No response, unclear, don't know
- 32R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff
33. Do you (does this person) go to other meetings in the community? (*Where do you go? Examples: Elks meetings, political groups, hobby groups, Chamber of Commerce, Rotary Club, Civic League, Town Meetings, etc .*)
- __2 Yes
- __0 No
- __9 No response, unclear, don't know
- 33R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff
34. Do you (does this person) exercise or play sports? (*What kind of exercise? Examples: jogging, swimming, riding bike, etc.*)
- __2 Yes, in a community setting
- __1 Yes, gets exercise but in a non-integrated setting
- __0 No
- __9 No response, unclear, don't know
- 34R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

CHOICES

35. Who chose (or picked) the place where you live? (*Did you choose by yourself or with help?*)

(**Other respondent:** *Who chose the place where s/he lives? Did s/he have any input in making the decision?*)

- ☐ 8 NOT APPLICABLE – lives with family
- ☐ 2 Person chose without help
- ☐ 1 Person had some input
- ☐ 0 Someone else chose
- ☐ 9 Don't know, no response, unclear response

35R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

36. How many places did you visit before moving here?


(**Other respondent** – *How many places did s/he look at before moving in?*)

- ☐ 8 NOT APPLICABLE – lives with family
- ☐ 2 Looked at more than one place
- ☐ 1 Visited one place only
- ☐ 0 Did not visit before moving in
- ☐ 9 Don't know, no response, unclear response, can't remember – too long ago

36R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

37. Did you choose (or pick) the people you live with (or did you choose to live by yourself)? (*Did anyone ask you whom you'd like to live with? Were you given choices, did you get to interview people?*)

PS-6 Did you choose to live with _____ ?

 (**Other respondent** – *Did this person choose any of the people s/he lives with? Or: Did this person choose to live alone?*)

- ☐ 8 NOT APPLICABLE – lives with family
- ☐ 2 Yes, chose people s/he lives with, or chose to live alone
- ☐ 1 Chose some people or had some input
- ☐ 0 No, someone else chose
- ☐ 9 Don't know, no response, unclear response

37R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

38. Do you choose (or pick) who helps you at home? (*Do you get to interview them? Did you get to meet different people or was someone assigned to you? If you wanted to change, could you ask for someone different?*)

PS-7 Did you choose _____ to work with you?



(**Other respondent** – *Does this person choose his/her residential staff?*)

- __8 NOT APPLICABLE - no staff in the home
- __2 Yes, person chooses staff
- __1 Staff are assigned but s/he can request a change if not satisfied
- __0 No, someone else chooses
- __9 Don't know, no response, unclear response

38R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

39. Who decides your daily schedule (like when to get up, when to eat, when to go to sleep)?

(**Other respondent** – *Who decides this person's daily schedule, like when to get up, when to eat, when to go to sleep?*)

- __2 Person decides
- __1 Person has help deciding
- __0 Someone else decides
- __9 Don't know, no response, unclear response

39R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

40. Who decides how you spend your free time (when you are not working, in school or at the day program)?

(**Other respondent** – *Who decides how this person spends his/her free time?*)

- __2 Person decides
- __1 Person has help deciding
- __0 Someone else decides
- __9 Don't know, no response, unclear response

NOTE: For Questions 41-43, do not include school. If respondent works and attends school, ask about work only.

40R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

41. Who chose (or picked) the place where you work (or go during the day)?

(Did you choose by yourself or with help?)

__8 **NOT APPLICABLE** – no work or day activity

__2 Person chose without help

__1 Person had some input

__0 Someone else chose

__9 Don't know, no response, unclear response

PS-8 Did you choose to work at (go to) _____ ?



(Other respondent: Who chose the place where s/he works or goes during the day? Did s/he have any input in making the decision?)

41R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

42. How many places did you visit before working (going) there?

(Other respondent – How many places did s/he look at before working/going there?)

__8 **NOT APPLICABLE** – no work or day activity

__2 Looked at more than one place

__1 Visited one place only

__0 Did not visit beforehand

__9 Don't know, no response, unclear response, can't remember – too long ago

42R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

43. Do you choose (or pick) who helps you at work? *(Do you get to interview them? Was someone assigned to you? Could you request someone different?)*

__8 **NOT APPLICABLE** - no job or day activity staff

__2 Yes

__1 Some staff, or staff are assigned but s/he can request someone different

__0 No

__9 Don't know, no response, unclear response

PS-7 Did you choose _____ to help you at work?



(Other respondent – Does this person choose his/her work/day activity staff?)

43R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

44. Do you choose what you buy with your spending money?

Do not include things like rent or groceries.

(*Other respondent* – Does this person choose how to spend his/her money?)

__2 Person chooses

__1 Person has help choosing what to buy, or has set limits (such as can buy small items, but not big items)

__0 Someone else chooses

__9 Don't know, no response, unclear response

44R. Indicate respondent: () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

45. Did you choose or pick your case manager/service coordinator?

Did you choose _____ to work with you?



(*Other respondent* – Did this person choose his/her case manager/service coordinator?)

__8 **NOT APPLICABLE** - no case manager/service coordinator

__2 Yes, chose case manager/service coordinator

__1 Case manager/service coordinator was assigned but s/he can request a change if not satisfied

__0 No, someone else chose case manager/service coordinator

__9 Don't know, no response, unclear response

45R. Indicate respondent: () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

RIGHTS

46. Do people read your mail without asking you first?

(*Other respondent* – Does anyone read this person's mail without permission?)

__8 **NOT APPLICABLE** - does not get mail

__2 [Yes] – mail is read without permission

__0 [No] – person reads own mail or others read with permission

__9 Don't know, no response, unclear response

46R. Indicate respondent: () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

47. Do your friends ever come over to visit?

If no, code as "NOT APPLICABLE." If yes, ask:

47a. Can you be alone with them, or does someone have to be with you?
(Are there rules about having friends over?)

(Other respondent – can this person have privacy to be alone with friends when s/he wants to, or does someone else have to be present?)

- __8 NOT APPLICABLE – no friends or friends do not visit
- __2 Can be alone with friends
- __0 There are rules against being alone with friends
- __9 Don't know, no response, unclear response

47R. Indicate respondent: () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

48. Are you allowed to use the phone when you want to?

If person is unable to use the phone or doesn't have a phone/TTY, code as "NOT APPLICABLE."

(Other respondent – is this person allowed to use the phone when s/he wants to?)

- __8 NOT APPLICABLE - doesn't have phone/TTY or unable to use phone
- __2 Yes, can use anytime, either independently or with assistance, has own phone, or uses email
- __0 There are rules/restrictions on use of phone
- __9 Don't know, no response, unclear response

48R. Indicate respondent: () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

49. Have you ever participated in a self-advocacy group meeting, conference, or event? (A self advocacy group is where people meet together to talk about things in their lives that are important to them. Some groups include People First, Speaking for Ourselves, and Self-Advocates Becoming Empowered – SABLE.)

(Have you ever gone to a _____ meeting or event?)

(Other respondent – Has this person ever attended a self-advocacy group meeting or event?)

- __8 NOT APPLICABLE – there is no self-advocacy group in the area
- __2 Yes
- __1 Had the opportunity but chose not to participate
- __0 No
- __9 Don't know, no response, unclear response

49R. Indicate respondent: () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

PS-9



ACCESS

50. Do you get the services you need?

(Other respondent – Does this person get the services and supports s/he needs?)

- ☐_2 Yes
- ☐_1 Sometimes, or doesn't get enough of the services needed
- ☐_0 No
- ☐_9 Don't know, no response, unclear response

States may decide to collect open-ended responses for their own analysis purposes.
This information is not submitted to NCI for analysis.

[OPTIONAL] Specify service needs:

50R. **Indicate respondent:** () 1-consumer () 2-other () 3-guardian () 4-friend/family () 5-paid staff

51. Interviewer: Please indicate who completed this section (check yes to all that apply and no to all that do not apply):

- | | | | |
|-------|--------------------------------|---------------------------------|--|
| 51.1. | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Person receiving services |
| 51.2. | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Advocate, Parent, Guardian, Personal Representative, Relative |
| 51.3. | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Staff who provides supports where person lives |
| 51.4. | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Staff who provides supports at a day or other service location |
| 51.5. | 1. <input type="checkbox"/> no | 2. <input type="checkbox"/> yes | Other |

INTERVIEWER FEEDBACK SHEET

Instructions to interviewers:

Please take a few minutes to complete a feedback sheet after each interview you complete.

Interviewer's Initials or Code (optional): _____

1. How long did it take to complete the direct interview(s) (Sections I and II only)?

__ __ Hours __ __ Minutes

2. How long did it take to complete the entire form, including phone-calls, collecting background information, arranging and conducting the interviews, travel time, etc.?

__ __ Hours __ __ Minutes

3. Were there any questions that were problematic?

1. __ No 2. __ Yes

If yes, indicate the question number(s) below and describe the problem and any suggestions you have for improvement.

Question: Problem/Suggestions:

_____	_____

_____	_____

_____	_____

Other Comments:

Appendix B – Data Tables

Home and Community-based Services

Program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	HCS	367	100.0	100.0	100.0

TypeResSetting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3 BED	66	18.0	18.0	18.0
	4 BED	85	23.2	23.2	41.1
	FOSTER CARE	136	37.1	37.1	78.2
	OWN HOME/FAMILY HOME	80	21.8	21.8	100.0
	Total	367	100.0	100.0	

	Total	367	100.0	100.0	
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Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	F	159	43.3	43.3	43.3
	M	208	56.7	56.7	100.0
	Total	367	100.0	100.0	

Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A	3	.8	.8	.8
	B	78	21.3	21.3	22.1
	H	91	24.8	24.8	46.9
	O	4	1.1	1.1	48.0
	W	191	52.0	52.0	100.0
	Total	367	100.0	100.0	

MaritalStatus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		29	7.9	7.9	7.9
	1	6	1.6	1.6	9.5
	2	3	.8	.8	10.4
	3	6	1.6	1.6	12.0
	4	9	2.5	2.5	14.4
	5	296	80.7	80.7	95.1
	6	18	4.9	4.9	100.0
	Total	367	100.0	100.0	

livesalPS61

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		355	96.7	96.7	96.7
	1	12	3.3	3.3	100.0
	Total	367	100.0	100.0	

livesres(PS-62)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		300	81.7	81.7	81.7
	2	67	18.3	18.3	100.0
	Total	367	100.0	100.0	

livespar(PS-63)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		214	58.3	58.3	58.3
	3	153	41.7	41.7	100.0
	Total	367	100.0	100.0	

livesapt(PS-64)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		236	64.3	64.3	64.3
	4	131	35.7	35.7	100.0
	Total	367	100.0	100.0	

LGLSTAT(BI-7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	206	56.1	56.4	56.4
	2	153	41.7	41.9	98.4
	3	4	1.1	1.1	99.5
	4	2	.5	.5	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

MARSTAT(BI-9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	354	96.5	97.0	97.0
	2	2	.5	.5	97.5
	3	9	2.5	2.5	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

LANGUAGE(BI-12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	337	91.8	92.3	92.3
	2	28	7.6	7.7	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

EXPRESS(BI-13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	266	72.5	72.9	72.9
	2	84	22.9	23.0	95.9
	3	5	1.4	1.4	97.3
	4	1	.3	.3	97.5
	5	8	2.2	2.2	99.7
	6	1	.3	.3	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

MOBILITY(BI-14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	339	92.4	92.9	92.9
	2	25	6.8	6.8	99.7
	3	1	.3	.3	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

MEDMOOD(BI-16a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	216	58.9	59.2	59.2
	2	106	28.9	29.0	88.2
	3	43	11.7	11.8	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

MEDANXI(BI-16b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	225	61.3	61.6	61.6
	2	101	27.5	27.7	89.3
	3	39	10.6	10.7	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

MEDBEHAV(BI-16c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	223	60.8	61.3	61.3
	2	99	27.0	27.2	88.5
	3	42	11.4	11.5	100.0
	Total	364	99.2	100.0	
Missing	System	3	.8		
Total		367	100.0		

PSYCMEDS(BI-16d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	243	66.2	66.6	66.6
	2	85	23.2	23.3	89.9
	3	37	10.1	10.1	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

SEIZURES(BI-17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	267	72.8	73.4	73.4
	1	59	16.1	16.2	89.6
	2	9	2.5	2.5	92.0
	3	12	3.3	3.3	95.3
	4	17	4.6	4.7	100.0
	Total	364	99.2	100.0	
Missing	System	3	.8		
Total		367	100.0		

MEDCARE(BI-18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	253	68.9	69.3	69.3
	2	84	22.9	23.0	92.3
	3	14	3.8	3.8	96.2
	4	14	3.8	3.8	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

PHYSEXAM(BI-19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	335	91.3	91.8	91.8
	2	15	4.1	4.1	95.9
	3	15	4.1	4.1	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

GYNEXAM(BI-20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	205	55.9	56.2	56.2
	1	83	22.6	22.7	78.9
	2	11	3.0	3.0	81.9
	3	16	4.4	4.4	86.3
	4	50	13.6	13.7	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

DENTVIS(BI-21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	243	66.2	66.6	66.6
	2	93	25.3	25.5	92.1
	3	29	7.9	7.9	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

RESIDLEN(BI-25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	48	13.1	13.2	13.2
	2	75	20.4	20.5	33.7
	3	73	19.9	20.0	53.7
	4	154	42.0	42.2	95.9
	5	15	4.1	4.1	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

OWNHOME(BI-27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	140	38.1	38.4	38.4
	2	171	46.6	46.8	85.2
	3	13	3.5	3.6	88.8
	4	17	4.6	4.7	93.4
	5	3	.8	.8	94.2
	6	19	5.2	5.2	99.5
	7	2	.5	.5	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

SELFJNJ(BI-37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	280	76.3	76.7	76.7
	2	76	20.7	20.8	97.5
	3	9	2.5	2.5	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

SIFREQ(BI-37a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		204	55.6	55.6	55.6
	1	32	8.7	8.7	64.3
	2	12	3.3	3.3	67.6
	3	28	7.6	7.6	75.2
	8	91	24.8	24.8	100.0
	Total	367	100.0	100.0	

DISBEH(BI-38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	221	60.2	60.5	60.5
	2	134	36.5	36.7	97.3
	3	10	2.7	2.7	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

DBFREQ(BI-38a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		132	36.0	36.0	36.0
	1	67	18.3	18.3	54.2
	2	24	6.5	6.5	60.8
	3	50	13.6	13.6	74.4
	8	94	25.6	25.6	100.0
	Total	367	100.0	100.0	

BICONSUM(BI991)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	266	72.5	73.3	73.3
	2	97	26.4	26.7	100.0
	Total	363	98.9	100.0	
Missing	System	4	1.1		
Total		367	100.0		

BIADVOC(BI992)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	307	83.7	84.6	84.6
	2	56	15.3	15.4	100.0
	Total	363	98.9	100.0	
Missing	System	4	1.1		
Total		367	100.0		

BISTHOME(BI993)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	321	87.5	88.4	88.4
	2	42	11.4	11.6	100.0
	Total	363	98.9	100.0	
Missing	System	4	1.1		
Total		367	100.0		

BISTDAY(BI994)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	269	73.3	74.3	74.3
	2	93	25.3	25.7	100.0
	Total	362	98.6	100.0	
Missing	System	5	1.4		
Total		367	100.0		

BICASMGR(BI995)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	88	24.0	24.2	24.2
	2	276	75.2	75.8	100.0
	Total	364	99.2	100.0	
Missing	System	3	.8		
Total		367	100.0		

BIOOTHER(BI996)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	349	95.1	95.9	95.9
	2	15	4.1	4.1	100.0
	Total	364	99.2	100.0	
Missing	System	3	.8		
Total		367	100.0		

BIDATSYS(BI997)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	331	90.2	91.2	91.2
	2	32	8.7	8.8	100.0
	Total	363	98.9	100.0	
Missing	System	4	1.1		
Total		367	100.0		

LIKEWORK(1)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		3	.8	.8	.8
	0	6	1.6	1.6	2.5
	1	15	4.1	4.1	6.5
	2	239	65.1	65.1	71.7
	8	33	9.0	9.0	80.7
	9	71	19.3	19.3	100.0
	Total	367	100.0	100.0	

STAFNICE(2)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		3	.8	.8	.8
	0	2	.5	.5	1.4
	1	9	2.5	2.5	3.8
	2	245	66.8	66.8	70.6
	8	32	8.7	8.7	79.3
	9	76	20.7	20.7	100.0
	Total	367	100.0	100.0	

LIKEHOME(3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	10	2.7	2.7	2.7
	1	12	3.3	3.3	6.0
	2	271	73.8	74.2	80.3
	9	72	19.6	19.7	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

BEALONE(4)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	15	4.1	4.1	4.1
	2	260	70.8	71.2	75.3
	8	6	1.6	1.6	77.0
	9	84	22.9	23.0	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

AFRAIDHM(5)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	232	63.2	63.6	63.6
	1	37	10.1	10.1	73.7
	2	12	3.3	3.3	77.0
	9	84	22.9	23.0	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

AFRAIDNH(6)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	222	60.5	60.8	60.8
	1	36	9.8	9.9	70.7
	2	15	4.1	4.1	74.8
	9	92	25.1	25.2	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

HOMESTAF(7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.3	.3	.3
	1	5	1.4	1.4	1.6
	2	194	52.9	53.2	54.8
	8	87	23.7	23.8	78.6
	9	78	21.3	21.4	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

ENTERHM(8)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	24	6.5	6.6	6.6
	1	15	4.1	4.1	10.7
	2	225	61.3	61.6	72.3
	9	101	27.5	27.7	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

ENTERBRM(9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	26	7.1	7.1	7.1
	1	18	4.9	4.9	12.1
	2	223	60.8	61.1	73.2
	9	98	26.7	26.8	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

BESTFRND(10)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	74	20.2	20.3	20.3
	2	200	54.5	54.8	75.1
	9	91	24.8	24.9	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

HASFRNDS(11)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	47	12.8	12.9	12.9
	1	58	15.8	15.9	28.8
	2	164	44.7	44.9	73.7
	9	96	26.2	26.3	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

SEEFRNDS(12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	13	3.5	3.6	3.6
	1	29	7.9	7.9	11.5
	2	178	48.5	48.8	60.3
	8	51	13.9	14.0	74.2
	9	94	25.6	25.8	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

LONELY(13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	149	40.6	40.8	40.8
	1	76	20.7	20.8	61.6
	2	42	11.4	11.5	73.2
	9	98	26.7	26.8	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

SEEFAMLY(14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	16	4.4	4.4	4.4
	1	22	6.0	6.0	10.4
	2	218	59.4	59.7	70.1
	8	26	7.1	7.1	77.3
	9	83	22.6	22.7	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

KNOWSCM(15)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	17	4.6	4.7	4.7
	1	19	5.2	5.2	9.9
	2	234	63.8	64.1	74.0
	9	95	25.9	26.0	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

ASKIMPOR(16)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	23	6.3	6.3	6.3
	1	18	4.9	4.9	11.2
	2	217	59.1	59.5	70.7
	8	9	2.5	2.5	73.2
	9	98	26.7	26.8	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

HELPSGET(17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	9	2.5	2.5	2.5
	1	33	9.0	9.0	11.5
	2	205	55.9	56.2	67.7
	8	15	4.1	4.1	71.8
	9	103	28.1	28.2	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

HASADVOC(18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	1.6	1.6	1.6
	1	10	2.7	2.7	4.4
	2	153	41.7	41.9	46.3
	8	102	27.8	27.9	74.2
	9	94	25.6	25.8	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

HELPGOAL(19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	24	6.5	6.6	6.6
	1	30	8.2	8.2	14.8
	2	212	57.8	58.2	73.1
	9	98	26.7	26.9	100.0
	Total	364	99.2	100.0	
Missing	System	3	.8		
Total		367	100.0		

NEWGOAL(20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	20	5.4	5.5	5.5
	2	38	10.4	10.4	15.9
	8	211	57.5	57.8	73.7
	9	96	26.2	26.3	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

HAPPY(21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	8	2.2	2.2	2.2
	1	21	5.7	5.8	7.9
	2	251	68.4	68.8	76.7
	9	85	23.2	23.3	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

TRANSPOR(22)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	16	4.4	4.4	4.4
	1	49	13.4	13.4	17.8
	2	199	54.2	54.5	72.3
	9	101	27.5	27.7	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

STFPAY(23)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	87	23.7	23.8	23.8
	1	17	4.6	4.7	28.5
	2	39	10.6	10.7	39.2
	8	83	22.6	22.7	61.9
	9	139	37.9	38.1	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

BUDGET(24)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	55	15.0	15.1	15.1
	1	21	5.7	5.8	20.8
	2	83	22.6	22.7	43.6
	8	79	21.5	21.6	65.2
	9	127	34.6	34.8	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

helpoth(24a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	41	11.2	11.2	11.2
	1	34	9.3	9.3	20.5
	2	178	48.5	48.8	69.3
	9	112	30.5	30.7	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

closerel(24b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	41	11.2	11.2	11.2
	1	8	2.2	2.2	13.4
	2	205	55.9	56.2	69.6
	9	111	30.2	30.4	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

earnmoney(24c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	49	13.4	13.5	13.5
	1	24	6.5	6.6	20.1
	2	182	49.6	50.0	70.1
	9	109	29.7	29.9	100.0
	Total	364	99.2	100.0	
Missing	System	3	.8		
Total		367	100.0		

risks(24d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	19	5.2	5.2	5.2
	1	25	6.8	6.8	12.1
	2	179	48.8	49.0	61.1
	9	142	38.7	38.9	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

transpor(24e)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	74	20.2	20.3	20.3
	1	66	18.0	18.1	38.4
	2	118	32.2	32.3	70.7
	9	107	29.2	29.3	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

comesin(24f)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	74	20.2	20.3	20.3
	1	32	8.7	8.8	29.0
	2	144	39.2	39.5	68.5
	9	115	31.3	31.5	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

SEC1COMP(25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	252	68.7	69.0	69.0
	2	21	5.7	5.8	74.8
	3	79	21.5	21.6	96.4
	4	4	1.1	1.1	97.5
	5	9	2.5	2.5	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

UNDERSTD(26)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	39	10.6	10.7	10.7
	1	38	10.4	10.4	21.1
	2	235	64.0	64.4	85.5
	8	53	14.4	14.5	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

VALIDRES(27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	39	10.6	10.7	10.7
	1	36	9.8	9.9	20.5
	2	235	64.0	64.4	84.9
	8	55	15.0	15.1	100.0
	Total	365	99.5	100.0	
Missing	System	2	.5		
Total		367	100.0		

SHOPPING(28)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	21	5.7	5.7	13.9
	2	306	83.4	83.4	97.3
	9	10	2.7	2.7	100.0
	Total	367	100.0	100.0	

R_SHOP(28R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	212	57.8	57.8	65.9
	2	4	1.1	1.1	67.0
	3	35	9.5	9.5	76.6
	4	19	5.2	5.2	81.7
	5	67	18.3	18.3	100.0
	Total	367	100.0	100.0	

ERRANDS(29)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	13	3.5	3.5	11.7
	2	317	86.4	86.4	98.1
	9	7	1.9	1.9	100.0
	Total	367	100.0	100.0	

R_ERRAND(29R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	214	58.3	58.3	66.5
	2	5	1.4	1.4	67.8
	3	34	9.3	9.3	77.1
	4	17	4.6	4.6	81.7
	5	67	18.3	18.3	100.0
	Total	367	100.0	100.0	

ENTERTAN(30)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	33	9.0	9.0	17.2
	2	291	79.3	79.3	96.5
	9	13	3.5	3.5	100.0
	Total	367	100.0	100.0	

R_ENTERT(30R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	213	58.0	58.0	66.2
	2	4	1.1	1.1	67.3
	3	34	9.3	9.3	76.6
	4	18	4.9	4.9	81.5
	5	68	18.5	18.5	100.0
	Total	367	100.0	100.0	

EATOUT(31)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	21	5.7	5.7	13.9
	2	306	83.4	83.4	97.3
	9	10	2.7	2.7	100.0
	Total	367	100.0	100.0	

R_EATOUT(31R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	211	57.5	57.5	65.7
	2	5	1.4	1.4	67.0
	3	36	9.8	9.8	76.8
	4	19	5.2	5.2	82.0
	5	66	18.0	18.0	100.0
	Total	367	100.0	100.0	

RELIGION(32)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	8.4	8.4	8.4
	0	87	23.7	23.7	32.2
	2	232	63.2	63.2	95.4
	9	17	4.6	4.6	100.0
	Total	367	100.0	100.0	

R_RELIG(32R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		32	8.7	8.7	8.7
	1	206	56.1	56.1	64.9
	2	5	1.4	1.4	66.2
	3	37	10.1	10.1	76.3
	4	20	5.4	5.4	81.7
	5	67	18.3	18.3	100.0
	Total	367	100.0	100.0	

COMMUNITY(33)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	253	68.9	68.9	77.1
	2	50	13.6	13.6	90.7
	9	34	9.3	9.3	100.0
	Total	367	100.0	100.0	

R_COMMUN(33R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	190	51.8	51.8	59.9
	2	6	1.6	1.6	61.6
	3	41	11.2	11.2	72.8
	4	22	6.0	6.0	78.7
	5	78	21.3	21.3	100.0
	Total	367	100.0	100.0	

SPORTS(34)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	71	19.3	19.3	27.5
	1	160	43.6	43.6	71.1
	2	103	28.1	28.1	99.2
	9	3	.8	.8	100.0
	Total	367	100.0	100.0	

R_SPORTS(34R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	204	55.6	55.6	63.8
	2	6	1.6	1.6	65.4
	3	38	10.4	10.4	75.7
	4	22	6.0	6.0	81.7
	5	67	18.3	18.3	100.0
	Total	367	100.0	100.0	

CHOSHOME(35)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	88	24.0	24.0	32.2
	1	77	21.0	21.0	53.1
	2	42	11.4	11.4	64.6
	8	114	31.1	31.1	95.6
	9	16	4.4	4.4	100.0
	Total	367	100.0	100.0	

R_CHSHOM(35R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		38	10.4	10.4	10.4
	1	172	46.9	46.9	57.2
	2	26	7.1	7.1	64.3
	3	41	11.2	11.2	75.5
	4	21	5.7	5.7	81.2
	5	69	18.8	18.8	100.0
	Total	367	100.0	100.0	

HVISIT(36)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	28	7.6	7.6	15.8
	1	47	12.8	12.8	28.6
	2	87	23.7	23.7	52.3
	8	120	32.7	32.7	85.0
	9	55	15.0	15.0	100.0
	Total	367	100.0	100.0	

R_HVISIT(36R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		37	10.1	10.1	10.1
	1	170	46.3	46.3	56.4
	2	28	7.6	7.6	64.0
	3	40	10.9	10.9	74.9
	4	21	5.7	5.7	80.7
	5	71	19.3	19.3	100.0
	Total	367	100.0	100.0	

ROOMATES(37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	90	24.5	24.5	32.7
	1	34	9.3	9.3	42.0
	2	69	18.8	18.8	60.8
	8	129	35.1	35.1	95.9
	9	15	4.1	4.1	100.0
	Total	367	100.0	100.0	

R_ROOMAT(37R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		38	10.4	10.4	10.4
	1	167	45.5	45.5	55.9
	2	33	9.0	9.0	64.9
	3	38	10.4	10.4	75.2
	4	21	5.7	5.7	80.9
	5	70	19.1	19.1	100.0
	Total	367	100.0	100.0	

CHSSTAFF(38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	58	15.8	15.8	24.0
	1	99	27.0	27.0	51.0
	2	57	15.5	15.5	66.5
	8	112	30.5	30.5	97.0
	9	11	3.0	3.0	100.0
	Total	367	100.0	100.0	

R_CHSSTF(38R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		38	10.4	10.4	10.4
	1	167	45.5	45.5	55.9
	2	28	7.6	7.6	63.5
	3	36	9.8	9.8	73.3
	4	22	6.0	6.0	79.3
	5	76	20.7	20.7	100.0
	Total	367	100.0	100.0	

SCHEDULE(39)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	93	25.3	25.3	33.5
	1	100	27.2	27.2	60.8
	2	138	37.6	37.6	98.4
	9	6	1.6	1.6	100.0
	Total	367	100.0	100.0	

R_SCHED(39R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	194	52.9	52.9	61.0
	2	4	1.1	1.1	62.1
	3	43	11.7	11.7	73.8
	4	23	6.3	6.3	80.1
	5	73	19.9	19.9	100.0
	Total	367	100.0	100.0	

FREETIME(40)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	58	15.8	15.8	24.0
	1	89	24.3	24.3	48.2
	2	180	49.0	49.0	97.3
	9	10	2.7	2.7	100.0
	Total	367	100.0	100.0	

R_FREETM(40R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	8.4	8.4	8.4
	1	192	52.3	52.3	60.8
	2	4	1.1	1.1	61.9
	3	41	11.2	11.2	73.0
	4	21	5.7	5.7	78.7
	5	78	21.3	21.3	100.0
	Total	367	100.0	100.0	

CHOOSJOB(41)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	135	36.8	36.8	45.0
	1	107	29.2	29.2	74.1
	2	46	12.5	12.5	86.6
	8	31	8.4	8.4	95.1
	9	18	4.9	4.9	100.0
	Total	367	100.0	100.0	

R_CHSJOB(41R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		32	8.7	8.7	8.7
	1	172	46.9	46.9	55.6
	2	16	4.4	4.4	59.9
	3	41	11.2	11.2	71.1
	4	28	7.6	7.6	78.7
	5	78	21.3	21.3	100.0
	Total	367	100.0	100.0	

JVISIT(42)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	63	17.2	17.2	25.3
	1	78	21.3	21.3	46.6
	2	93	25.3	25.3	71.9
	8	33	9.0	9.0	80.9
	9	70	19.1	19.1	100.0
	Total	367	100.0	100.0	

R_JVISIT(42R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	8.4	8.4	8.4
	1	170	46.3	46.3	54.8
	2	21	5.7	5.7	60.5
	3	42	11.4	11.4	71.9
	4	29	7.9	7.9	79.8
	5	74	20.2	20.2	100.0
	Total	367	100.0	100.0	

CHSJBSTF(43)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	8.4	8.4	8.4
	0	57	15.5	15.5	24.0
	1	180	49.0	49.0	73.0
	2	49	13.4	13.4	86.4
	8	33	9.0	9.0	95.4
	9	17	4.6	4.6	100.0
	Total	367	100.0	100.0	

R_CHSJS(43R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	8.4	8.4	8.4
	1	179	48.8	48.8	57.2
	2	16	4.4	4.4	61.6
	3	39	10.6	10.6	72.2
	4	25	6.8	6.8	79.0
	5	77	21.0	21.0	100.0
	Total	367	100.0	100.0	

CHOOSBUY(44)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	59	16.1	16.1	24.3
	1	62	16.9	16.9	41.1
	2	202	55.0	55.0	96.2
	9	14	3.8	3.8	100.0
	Total	367	100.0	100.0	

R_CHSBUY(44R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	204	55.6	55.6	63.8
	2	4	1.1	1.1	64.9
	3	37	10.1	10.1	74.9
	4	22	6.0	6.0	80.9
	5	70	19.1	19.1	100.0
	Total	367	100.0	100.0	

CHOOSCM(45)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	8.4	8.4	8.4
	0	90	24.5	24.5	33.0
	1	194	52.9	52.9	85.8
	2	31	8.4	8.4	94.3
	9	21	5.7	5.7	100.0
	Total	367	100.0	100.0	

R_CHSCM(45R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		32	8.7	8.7	8.7
	1	168	45.8	45.8	54.5
	2	11	3.0	3.0	57.5
	3	40	10.9	10.9	68.4
	4	28	7.6	7.6	76.0
	5	88	24.0	24.0	100.0
	Total	367	100.0	100.0	

MAIOPEN(46)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	206	56.1	56.1	64.3
	2	39	10.6	10.6	74.9
	8	65	17.7	17.7	92.6
	9	27	7.4	7.4	100.0
	Total	367	100.0	100.0	

R_MAILOP(46R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	200	54.5	54.5	62.7
	2	4	1.1	1.1	63.8
	3	38	10.4	10.4	74.1
	4	24	6.5	6.5	80.7
	5	71	19.3	19.3	100.0
	Total	367	100.0	100.0	

ALONEGST(47a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	10	2.7	2.7	10.9
	2	167	45.5	45.5	56.4
	8	142	38.7	38.7	95.1
	9	18	4.9	4.9	100.0
	Total	367	100.0	100.0	

R_GUESTS(47R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	196	53.4	53.4	61.6
	2	9	2.5	2.5	64.0
	3	37	10.1	10.1	74.1
	4	24	6.5	6.5	80.7
	5	71	19.3	19.3	100.0
	Total	367	100.0	100.0	

USEPHONE(48)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	34	9.3	9.3	17.4
	2	197	53.7	53.7	71.1
	8	94	25.6	25.6	96.7
	9	12	3.3	3.3	100.0
	Total	367	100.0	100.0	

R_PHONE(48R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	8.4	8.4	8.4
	1	200	54.5	54.5	62.9
	2	5	1.4	1.4	64.3
	3	32	8.7	8.7	73.0
	4	25	6.8	6.8	79.8
	5	74	20.2	20.2	100.0
	Total	367	100.0	100.0	

SELFADVO(49)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	172	46.9	46.9	55.0
	1	10	2.7	2.7	57.8
	2	59	16.1	16.1	73.8
	8	68	18.5	18.5	92.4
	9	28	7.6	7.6	100.0
	Total	367	100.0	100.0	

R_SELFAD(49R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		35	9.5	9.5	9.5
	1	163	44.4	44.4	54.0
	2	9	2.5	2.5	56.4
	3	43	11.7	11.7	68.1
	4	28	7.6	7.6	75.7
	5	89	24.3	24.3	100.0
	Total	367	100.0	100.0	

SERVED(50)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	0	24	6.5	6.5	14.7
	1	36	9.8	9.8	24.5
	2	264	71.9	71.9	96.5
	9	13	3.5	3.5	100.0
	Total	367	100.0	100.0	

R_SERVED(50R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		40	10.9	10.9	10.9
	1	178	48.5	48.5	59.4
	2	13	3.5	3.5	62.9
	3	44	12.0	12.0	74.9
	4	23	6.3	6.3	81.2
	5	69	18.8	18.8	100.0
	Total	367	100.0	100.0	

SEC2CONS(511)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	8.2	8.2	8.2
	1	93	25.3	25.3	33.5
	2	244	66.5	66.5	100.0
	Total	367	100.0	100.0	

SEC2ADVO(512)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		33	9.0	9.0	9.0
	1	238	64.9	64.9	73.8
	2	96	26.2	26.2	100.0
	Total	367	100.0	100.0	

SEC2HMST(513)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	8.4	8.4	8.4
	1	292	79.6	79.6	88.0
	2	44	12.0	12.0	100.0
	Total	367	100.0	100.0	

SEC2DYST(514)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		32	8.7	8.7	8.7
	1	231	62.9	62.9	71.7
	2	104	28.3	28.3	100.0
	Total	367	100.0	100.0	

SEC2OTHR(515)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		32	8.7	8.7	8.7
	1	322	87.7	87.7	96.5
	2	13	3.5	3.5	100.0
	Total	367	100.0	100.0	

Deaf-Blind with Multiple Disabilities

Program

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid DBMD	61	100.0	100.0	100.0

TypeResSetting

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid		1	1.6	1.6	1.6
	COMMUNITY - ALONE	10	16.4	16.4	18.0
	COMMUNITY - W/FAMILY	7	11.5	11.5	29.5
	COMMUNITY - W/OTHER WAIVER PARTICIPANTS	43	70.5	70.5	100.0
	Total	61	100.0	100.0	

NoOfDaysAtAddr

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	61	100.0	100.0	100.0

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid F	27	44.3	44.3	44.3
M	34	55.7	55.7	100.0
Total	61	100.0	100.0	

Ethnicity

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	BLACK- NOT OF HISP. ORIGIN	11	18.0	18.0	18.0
	HISPANIC	7	11.5	11.5	29.5
	WHITE- NOT OF HISP. ORIGIN	43	70.5	70.5	100.0
	Total	61	100.0	100.0	

MaritalStatus

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	61	100.0	100.0	100.0

LastMedExam

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	61	100.0	100.0	100.0

livesalPS61

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		61	100.0	100.0	100.0

livesres(PS-62)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		54	88.5	88.5	88.5
	2	7	11.5	11.5	100.0
	Total	61	100.0	100.0	

livespar(PS-63)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		40	65.6	65.6	65.6
	3	21	34.4	34.4	100.0
	Total	61	100.0	100.0	

livesapt(PS-64)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		28	45.9	45.9	45.9
	4	33	54.1	54.1	100.0
	Total	61	100.0	100.0	

LGLSTAT(BI-7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	24	39.3	39.3	39.3
	2	35	57.4	57.4	96.7
	3	2	3.3	3.3	100.0
	Total	61	100.0	100.0	

MARSTAT(BI-9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	61	100.0	100.0	100.0

LANGUAGE(BI-12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	29	47.5	47.5	47.5
	2	32	52.5	52.5	100.0
	Total	61	100.0	100.0	

EXPRESS(BI-13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	14	23.0	23.0	23.0
	2	20	32.8	32.8	55.7
	3	25	41.0	41.0	96.7
	5	2	3.3	3.3	100.0
	Total	61	100.0	100.0	

MOBILITY(BI-14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	55	90.2	90.2	90.2
	2	6	9.8	9.8	100.0
	Total	61	100.0	100.0	

MEDMOOD(BI-16a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	35	57.4	57.4	57.4
	2	21	34.4	34.4	91.8
	3	5	8.2	8.2	100.0
	Total	61	100.0	100.0	

MEDANXI(BI-16b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	42	68.9	68.9	68.9
	2	14	23.0	23.0	91.8
	3	5	8.2	8.2	100.0
	Total	61	100.0	100.0	

MEDBEHAV(BI-16c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	34	55.7	55.7	55.7
	2	22	36.1	36.1	91.8
	3	5	8.2	8.2	100.0
	Total	61	100.0	100.0	

PSYCMEDS(BI-16d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	46	75.4	75.4	75.4
	2	10	16.4	16.4	91.8
	3	5	8.2	8.2	100.0
	Total	61	100.0	100.0	

SEIZURES(BI-17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	44	72.1	72.1	72.1
	1	13	21.3	21.3	93.4
	3	1	1.6	1.6	95.1
	4	3	4.9	4.9	100.0
	Total	61	100.0	100.0	

MEDCARE(BI-18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	24	39.3	39.3	39.3
	2	27	44.3	44.3	83.6
	3	6	9.8	9.8	93.4
	4	4	6.6	6.6	100.0
	Total	61	100.0	100.0	

PHYSEXAM(BI-19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	55	90.2	90.2	90.2
	2	2	3.3	3.3	93.4
	3	4	6.6	6.6	100.0
	Total	61	100.0	100.0	

GYNEXAM(BI-20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	34	55.7	55.7	55.7
	1	17	27.9	27.9	83.6
	2	2	3.3	3.3	86.9
	3	2	3.3	3.3	90.2
	4	6	9.8	9.8	100.0
	Total	61	100.0	100.0	

DENTVIS(BI-21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	34	55.7	55.7	55.7
	2	19	31.1	31.1	86.9
	3	8	13.1	13.1	100.0
	Total	61	100.0	100.0	

RESIDLEN(BI-25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	4.9	4.9	4.9
	2	3	4.9	4.9	9.8
	3	24	39.3	39.3	49.2
	4	29	47.5	47.5	96.7
	5	2	3.3	3.3	100.0
	Total	61	100.0	100.0	

OWNHOME(BI-27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	31.1	31.1	31.1
	2	33	54.1	54.1	85.2
	4	5	8.2	8.2	93.4
	5	2	3.3	3.3	96.7
	6	2	3.3	3.3	100.0
	Total	61	100.0	100.0	

SELFJ(BI-37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	36	59.0	59.0	59.0
	2	25	41.0	41.0	100.0
	Total	61	100.0	100.0	

SIFREQ(BI-37a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		24	39.3	39.3	39.3
	1	9	14.8	14.8	54.1
	2	1	1.6	1.6	55.7
	3	15	24.6	24.6	80.3
	8	12	19.7	19.7	100.0
	Total	61	100.0	100.0	

DISBEH(BI-38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	33	54.1	54.1	54.1
	2	28	45.9	45.9	100.0
	Total	61	100.0	100.0	

DBFREQ(BI-38a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		21	34.4	34.4	34.4
	1	8	13.1	13.1	47.5
	2	5	8.2	8.2	55.7
	3	15	24.6	24.6	80.3
	8	12	19.7	19.7	100.0
	Total	61	100.0	100.0	

BICONSUM(BI991)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	50	82.0	82.0	82.0
	2	11	18.0	18.0	100.0
	Total	61	100.0	100.0	

BIADVOC(BI992)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	54	88.5	88.5	88.5
	2	7	11.5	11.5	100.0
	Total	61	100.0	100.0	

BISTHOME(BI993)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	55	90.2	90.2	90.2
	2	6	9.8	9.8	100.0
	Total	61	100.0	100.0	

BISTDAY(BI994)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	40	65.6	65.6	65.6
	2	21	34.4	34.4	100.0
	Total	61	100.0	100.0	

BICASMGR(BI995)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	31.1	31.1	31.1
	2	42	68.9	68.9	100.0
	Total	61	100.0	100.0	

BIOTHER(BI996)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	61	100.0	100.0	100.0

BIDATSYS(BI997)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	55	90.2	90.2	90.2
	2	6	9.8	9.8	100.0
	Total	61	100.0	100.0	

LIKEWORK(1)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	23	37.7	37.7	37.7
	8	12	19.7	19.7	57.4
	9	26	42.6	42.6	100.0
	Total	61	100.0	100.0	

STAFNICE(2)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	22	36.1	36.1	36.1
	8	13	21.3	21.3	57.4
	9	26	42.6	42.6	100.0
	Total	61	100.0	100.0	

LIKEHOME(3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	1.6	1.6	1.6
	1	2	3.3	3.3	4.9
	2	24	39.3	39.3	44.3
	9	34	55.7	55.7	100.0
	Total	61	100.0	100.0	

BEALONE(4)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	4.9	4.9	4.9
	2	23	37.7	37.7	42.6
	8	1	1.6	1.6	44.3
	9	34	55.7	55.7	100.0
	Total	61	100.0	100.0	

AFRAIDHM(5)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	12	19.7	19.7	19.7
	1	11	18.0	18.0	37.7
	9	38	62.3	62.3	100.0
	Total	61	100.0	100.0	

AFRAIDNH(6)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	12	19.7	19.7	19.7
	1	10	16.4	16.4	36.1
	2	2	3.3	3.3	39.3
	9	37	60.7	60.7	100.0
	Total	61	100.0	100.0	

HOMESTAF(7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	23	37.7	37.7	37.7
	8	5	8.2	8.2	45.9
	9	33	54.1	54.1	100.0
	Total	61	100.0	100.0	

ENTERHM(8)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	4.9	4.9	4.9
	1	1	1.6	1.6	6.6
	2	21	34.4	34.4	41.0
	9	36	59.0	59.0	100.0
	Total	61	100.0	100.0	

ENTERBRM(9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	9.8	9.8	9.8
	1	3	4.9	4.9	14.8
	2	19	31.1	31.1	45.9
	9	33	54.1	54.1	100.0
	Total	61	100.0	100.0	

BESTFRND(10)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	10	16.4	16.4	16.4
	2	16	26.2	26.2	42.6
	9	35	57.4	57.4	100.0
	Total	61	100.0	100.0	

HASFRNDS(11)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	11.5	11.5	11.5
	1	4	6.6	6.6	18.0
	2	16	26.2	26.2	44.3
	9	34	55.7	55.7	100.0
	Total	61	100.0	100.0	

SEEFRNDS(12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	1.6	1.6	1.6
	2	18	29.5	29.5	31.1
	8	7	11.5	11.5	42.6
	9	35	57.4	57.4	100.0
	Total	61	100.0	100.0	

LONELY(13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	11	18.0	18.0	18.0
	1	7	11.5	11.5	29.5
	2	5	8.2	8.2	37.7
	9	38	62.3	62.3	100.0
	Total	61	100.0	100.0	

SEEFAMILY(14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	4.9	4.9	4.9
	1	3	4.9	4.9	9.8
	2	23	37.7	37.7	47.5
	8	6	9.8	9.8	57.4
	9	26	42.6	42.6	100.0
	Total	61	100.0	100.0	

KNOWSCM(15)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	9.8	9.8	9.8
	1	1	1.6	1.6	11.5
	2	13	21.3	21.3	32.8
	9	41	67.2	67.2	100.0
	Total	61	100.0	100.0	

ASKIMPOR(16)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	9.8	9.8	9.8
	2	13	21.3	21.3	31.1
	9	42	68.9	68.9	100.0
	Total	61	100.0	100.0	

HELPSGET(17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	8.2	8.2	8.2
	1	3	4.9	4.9	13.1
	2	11	18.0	18.0	31.1
	8	1	1.6	1.6	32.8
	9	41	67.2	67.2	100.0
	Total	61	100.0	100.0	

HASADVOC(18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	4.9	4.9	4.9
	1	1	1.6	1.6	6.6
	2	9	14.8	14.8	21.3
	8	7	11.5	11.5	32.8
	9	41	67.2	67.2	100.0
	Total	61	100.0	100.0	

HELPGOAL(19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	1.6	1.6	1.6
	1	3	4.9	4.9	6.6
	2	23	37.7	37.7	44.3
	9	34	55.7	55.7	100.0
	Total	61	100.0	100.0	

NEWGOAL(20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.3	3.3	3.3
	2	2	3.3	3.3	6.6
	8	23	37.7	37.7	44.3
	9	34	55.7	55.7	100.0
	Total	61	100.0	100.0	

HAPPY(21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	1.6	1.6	1.6
	1	3	4.9	4.9	6.6
	2	20	32.8	32.8	39.3
	9	37	60.7	60.7	100.0
	Total	61	100.0	100.0	

TRANSPOR(22)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	2	3.3	3.3	3.3
	2	21	34.4	34.4	37.7
	9	38	62.3	62.3	100.0
	Total	61	100.0	100.0	

STFPAY(23)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.3	3.3	3.3
	1	1	1.6	1.6	4.9
	2	5	8.2	8.2	13.1
	8	26	42.6	42.6	55.7
	9	27	44.3	44.3	100.0
	Total	61	100.0	100.0	

BUDGET(24)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.3	3.3	3.3
	1	1	1.6	1.6	4.9
	2	6	9.8	9.8	14.8
	8	26	42.6	42.6	57.4
	9	26	42.6	42.6	100.0
	Total	61	100.0	100.0	

helpoth(24a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	8	13.1	13.1	13.1
	1	3	4.9	4.9	18.0
	2	17	27.9	27.9	45.9
	9	33	54.1	54.1	100.0
	Total	61	100.0	100.0	

closerel(24b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	9	14.8	14.8	14.8
	2	16	26.2	26.2	41.0
	9	36	59.0	59.0	100.0
	Total	61	100.0	100.0	

earnmoney(24c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	6.6	6.6	6.6
	1	2	3.3	3.3	9.8
	2	17	27.9	27.9	37.7
	9	38	62.3	62.3	100.0
	Total	61	100.0	100.0	

risks(24d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	6.6	6.6	6.6
	1	3	4.9	4.9	11.5
	2	13	21.3	21.3	32.8
	9	41	67.2	67.2	100.0
	Total	61	100.0	100.0	

transpor(24e)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	10	16.4	16.4	16.4
	1	5	8.2	8.2	24.6
	2	11	18.0	18.0	42.6
	9	35	57.4	57.4	100.0
	Total	61	100.0	100.0	

comesin(24f)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	18	29.5	29.5	29.5
	1	3	4.9	4.9	34.4
	2	5	8.2	8.2	42.6
	9	35	57.4	57.4	100.0
	Total	61	100.0	100.0	

SEC1COMP(25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	31.1	31.1	31.1
	2	6	9.8	9.8	41.0
	3	32	52.5	52.5	93.4
	4	1	1.6	1.6	95.1
	5	3	4.9	4.9	100.0
	Total	61	100.0	100.0	

UNDERSTD(26)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	21	34.4	34.4	34.4
	1	4	6.6	6.6	41.0
	2	22	36.1	36.1	77.0
	8	14	23.0	23.0	100.0
	Total	61	100.0	100.0	

VALIDRES(27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	19	31.1	31.1	31.1
	1	3	4.9	4.9	36.1
	2	22	36.1	36.1	72.1
	8	17	27.9	27.9	100.0
	Total	61	100.0	100.0	

SHOPPING(28)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	6	9.8	9.8	29.5
	2	43	70.5	70.5	100.0
	Total	61	100.0	100.0	

R_SHOP(28R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	19	31.1	31.1	50.8
	2	1	1.6	1.6	52.5
	3	8	13.1	13.1	65.6
	4	1	1.6	1.6	67.2
	5	20	32.8	32.8	100.0
	Total	61	100.0	100.0	

ERRANDS(29)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	1	1.6	1.6	21.3
	2	47	77.0	77.0	98.4
	9	1	1.6	1.6	100.0
	Total	61	100.0	100.0	

R_ERRAND(29R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	16	26.2	26.2	45.9
	2	1	1.6	1.6	47.5
	3	8	13.1	13.1	60.7
	4	2	3.3	3.3	63.9
	5	22	36.1	36.1	100.0
	Total	61	100.0	100.0	

ENTERTAN(30)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	10	16.4	16.4	36.1
	2	38	62.3	62.3	98.4
	9	1	1.6	1.6	100.0
	Total	61	100.0	100.0	

R_ENTERT(30R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	14	23.0	23.0	42.6
	2	1	1.6	1.6	44.3
	3	8	13.1	13.1	57.4
	4	2	3.3	3.3	60.7
	5	24	39.3	39.3	100.0
	Total	61	100.0	100.0	

EATOUT(31)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	5	8.2	8.2	27.9
	2	44	72.1	72.1	100.0
	Total	61	100.0	100.0	

R_EATOUT(31R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	17	27.9	27.9	47.5
	2	1	1.6	1.6	49.2
	3	8	13.1	13.1	62.3
	4	2	3.3	3.3	65.6
	5	21	34.4	34.4	100.0
	Total	61	100.0	100.0	

RELIGION(32)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	26	42.6	42.6	62.3
	2	23	37.7	37.7	100.0
	Total	61	100.0	100.0	

R_RELIG(32R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	12	19.7	19.7	39.3
	2	1	1.6	1.6	41.0
	3	8	13.1	13.1	54.1
	4	3	4.9	4.9	59.0
	5	25	41.0	41.0	100.0
	Total	61	100.0	100.0	

COMMUNITY(33)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	41	67.2	67.2	86.9
	2	6	9.8	9.8	96.7
	9	2	3.3	3.3	100.0
	Total	61	100.0	100.0	

R_COMMUN(33R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	21.3	21.3	21.3
	1	7	11.5	11.5	32.8
	2	1	1.6	1.6	34.4
	3	9	14.8	14.8	49.2
	4	3	4.9	4.9	54.1
	5	28	45.9	45.9	100.0
	Total	61	100.0	100.0	

SPORTS(34)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	6	9.8	9.8	29.5
	1	25	41.0	41.0	70.5
	2	18	29.5	29.5	100.0
	Total	61	100.0	100.0	

R_SPORTS(34R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	9	14.8	14.8	34.4
	2	1	1.6	1.6	36.1
	3	8	13.1	13.1	49.2
	4	2	3.3	3.3	52.5
	5	29	47.5	47.5	100.0
	Total	61	100.0	100.0	

CHOSHOM(35)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	20	32.8	32.8	52.5
	1	7	11.5	11.5	63.9
	8	17	27.9	27.9	91.8
	9	5	8.2	8.2	100.0
	Total	61	100.0	100.0	

R_CHSHOM(35R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	21.3	21.3	21.3
	1	5	8.2	8.2	29.5
	2	3	4.9	4.9	34.4
	3	8	13.1	13.1	47.5
	4	4	6.6	6.6	54.1
	5	28	45.9	45.9	100.0
	Total	61	100.0	100.0	

HVISIT(36)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	4	6.6	6.6	26.2
	1	11	18.0	18.0	44.3
	2	6	9.8	9.8	54.1
	8	18	29.5	29.5	83.6
	9	10	16.4	16.4	100.0
	Total	61	100.0	100.0	

R_HVISIT(36R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		14	23.0	23.0	23.0
	1	5	8.2	8.2	31.1
	2	2	3.3	3.3	34.4
	3	8	13.1	13.1	47.5
	4	4	6.6	6.6	54.1
	5	28	45.9	45.9	100.0
	Total	61	100.0	100.0	

ROOMATES(37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	22	36.1	36.1	55.7
	1	6	9.8	9.8	65.6
	2	2	3.3	3.3	68.9
	8	19	31.1	31.1	100.0
	Total	61	100.0	100.0	

R_ROOMAT(37R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		15	24.6	24.6	24.6
	1	6	9.8	9.8	34.4
	2	3	4.9	4.9	39.3
	3	7	11.5	11.5	50.8
	4	4	6.6	6.6	57.4
	5	26	42.6	42.6	100.0
	Total	61	100.0	100.0	

CHSSTAFF(38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	23	37.7	37.7	57.4
	1	14	23.0	23.0	80.3
	2	1	1.6	1.6	82.0
	8	10	16.4	16.4	98.4
	9	1	1.6	1.6	100.0
	Total	61	100.0	100.0	

R_CHSSTF(38R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		15	24.6	24.6	24.6
	1	5	8.2	8.2	32.8
	2	1	1.6	1.6	34.4
	3	9	14.8	14.8	49.2
	4	4	6.6	6.6	55.7
	5	27	44.3	44.3	100.0
	Total	61	100.0	100.0	

SCHEDULE(39)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	19	31.1	31.1	50.8
	1	14	23.0	23.0	73.8
	2	15	24.6	24.6	98.4
	9	1	1.6	1.6	100.0
	Total	61	100.0	100.0	

R_SCHED(39R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	10	16.4	16.4	36.1
	2	1	1.6	1.6	37.7
	3	9	14.8	14.8	52.5
	4	3	4.9	4.9	57.4
	5	26	42.6	42.6	100.0
	Total	61	100.0	100.0	

FREETIME(40)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	16	26.2	26.2	45.9
	1	10	16.4	16.4	62.3
	2	21	34.4	34.4	96.7
	9	2	3.3	3.3	100.0
	Total	61	100.0	100.0	

R_FREETM(40R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	9	14.8	14.8	34.4
	2	2	3.3	3.3	37.7
	3	8	13.1	13.1	50.8
	4	3	4.9	4.9	55.7
	5	27	44.3	44.3	100.0
	Total	61	100.0	100.0	

CHOOSJOB(41)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	12	19.7	19.7	39.3
	1	13	21.3	21.3	60.7
	8	23	37.7	37.7	98.4
	9	1	1.6	1.6	100.0
	Total	61	100.0	100.0	

R_CHSJOB(41R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	21.3	21.3	21.3
	1	8	13.1	13.1	34.4
	2	3	4.9	4.9	39.3
	3	7	11.5	11.5	50.8
	4	3	4.9	4.9	55.7
	5	27	44.3	44.3	100.0
	Total	61	100.0	100.0	

JVISIT(42)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	7	11.5	11.5	31.1
	1	10	16.4	16.4	47.5
	2	6	9.8	9.8	57.4
	8	23	37.7	37.7	95.1
	9	3	4.9	4.9	100.0
	Total	61	100.0	100.0	

R_JVISIT(42R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	21.3	21.3	21.3
	1	5	8.2	8.2	29.5
	2	3	4.9	4.9	34.4
	3	7	11.5	11.5	45.9
	4	4	6.6	6.6	52.5
	5	29	47.5	47.5	100.0
	Total	61	100.0	100.0	

CHSJBSTF(43)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	21.3	21.3	21.3
	0	11	18.0	18.0	39.3
	1	10	16.4	16.4	55.7
	2	3	4.9	4.9	60.7
	8	24	39.3	39.3	100.0
	Total	61	100.0	100.0	

R_CHSJS(43R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	21.3	21.3	21.3
	1	5	8.2	8.2	29.5
	2	3	4.9	4.9	34.4
	3	7	11.5	11.5	45.9
	4	3	4.9	4.9	50.8
	5	30	49.2	49.2	100.0
	Total	61	100.0	100.0	

CHOOSBUY(44)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	16	26.2	26.2	45.9
	1	15	24.6	24.6	70.5
	2	17	27.9	27.9	98.4
	9	1	1.6	1.6	100.0
	Total	61	100.0	100.0	

R_CHSBUY(44R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	16	26.2	26.2	45.9
	2	1	1.6	1.6	47.5
	3	9	14.8	14.8	62.3
	4	1	1.6	1.6	63.9
	5	22	36.1	36.1	100.0
	Total	61	100.0	100.0	

CHOOSCM(45)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	20	32.8	32.8	52.5
	1	25	41.0	41.0	93.4
	9	4	6.6	6.6	100.0
	Total	61	100.0	100.0	

R_CHSCM(45R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	6	9.8	9.8	29.5
	2	3	4.9	4.9	34.4
	3	9	14.8	14.8	49.2
	4	3	4.9	4.9	54.1
	5	28	45.9	45.9	100.0
	Total	61	100.0	100.0	

MAIOPEN(46)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	21	34.4	34.4	54.1
	2	9	14.8	14.8	68.9
	8	18	29.5	29.5	98.4
	9	1	1.6	1.6	100.0
	Total	61	100.0	100.0	

R_MAILOP(46R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	13	21.3	21.3	41.0
	2	1	1.6	1.6	42.6
	3	9	14.8	14.8	57.4
	4	3	4.9	4.9	62.3
	5	23	37.7	37.7	100.0
	Total	61	100.0	100.0	

ALONEGST(47a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	4	6.6	6.6	26.2
	2	19	31.1	31.1	57.4
	8	26	42.6	42.6	100.0
	Total	61	100.0	100.0	

R_GUESTS(47R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	9	14.8	14.8	34.4
	2	2	3.3	3.3	37.7
	3	9	14.8	14.8	52.5
	4	4	6.6	6.6	59.0
	5	25	41.0	41.0	100.0
	Total	61	100.0	100.0	

USEPHONE(48)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	8	13.1	13.1	32.8
	2	12	19.7	19.7	52.5
	8	27	44.3	44.3	96.7
	9	2	3.3	3.3	100.0
	Total	61	100.0	100.0	

R_PHONE(48R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	7	11.5	11.5	31.1
	2	3	4.9	4.9	36.1
	3	9	14.8	14.8	50.8
	4	3	4.9	4.9	55.7
	5	27	44.3	44.3	100.0
	Total	61	100.0	100.0	

SELFADVO(49)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	21	34.4	34.4	54.1
	2	9	14.8	14.8	68.9
	8	14	23.0	23.0	91.8
	9	5	8.2	8.2	100.0
	Total	61	100.0	100.0	

R_SELFAD(49R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	5	8.2	8.2	27.9
	2	4	6.6	6.6	34.4
	3	8	13.1	13.1	47.5
	4	3	4.9	4.9	52.5
	5	29	47.5	47.5	100.0
	Total	61	100.0	100.0	

SERVED(50)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	0	1	1.6	1.6	21.3
	1	3	4.9	4.9	26.2
	2	42	68.9	68.9	95.1
	9	3	4.9	4.9	100.0
	Total	61	100.0	100.0	

R_SERVED(50R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	21.3	21.3	21.3
	1	14	23.0	23.0	44.3
	2	1	1.6	1.6	45.9
	3	9	14.8	14.8	60.7
	4	4	6.6	6.6	67.2
	5	20	32.8	32.8	100.0
	Total	61	100.0	100.0	

SEC2CONS(511)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	30	49.2	49.2	68.9
	2	19	31.1	31.1	100.0
	Total	61	100.0	100.0	

SEC2ADVO(512)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	30	49.2	49.2	68.9
	2	19	31.1	31.1	100.0
	Total	61	100.0	100.0	

SEC2HMST(513)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	32	52.5	52.5	72.1
	2	17	27.9	27.9	100.0
	Total	61	100.0	100.0	

SEC2DYST(514)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	37	60.7	60.7	80.3
	2	12	19.7	19.7	100.0
	Total	61	100.0	100.0	

SEC2OTHR(515)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	19.7	19.7	19.7
	1	47	77.0	77.0	96.7
	2	2	3.3	3.3	100.0
	Total	61	100.0	100.0	

Community Living Assistance and Support Services

Program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	CLASS	295	100.0	100.0	100.0

TypeResSetting

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid		3	1.0	1.0	1.0
	COMMUNITY - ADULT FOSTER CARE	1	.3	.3	1.4
	COMMUNITY - ALONE	41	13.9	13.9	15.3
	COMMUNITY - W/FAMILY	249	84.4	84.4	99.7
	OTHER	1	.3	.3	100.0
	Total	295	100.0	100.0	

NoOfDaysAtAddr

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		295	100.0	100.0	100.0

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	F	132	44.7	44.7	44.7
	M	163	55.3	55.3	100.0
	Total	295	100.0	100.0	

Ethnicity

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	ASIAN OR PACIFIC ISLANDER	2	.7	.7	.7
	BLACK- NOT OF HISP. ORIGIN	35	11.9	11.9	12.5
	HISPANIC	65	22.0	22.0	34.6
	UNKNOWN	11	3.7	3.7	38.3
	WHITE- NOT OF HISP. ORIGIN	182	61.7	61.7	100.0
	Total	295	100.0	100.0	

MaritalStatus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		295	100.0	100.0	100.0

LastMedExam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		295	100.0	100.0	100.0

livesalPS61

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		244	82.7	82.7	82.7
	1	51	17.3	17.3	100.0
	Total	295	100.0	100.0	

livesres(PS-62)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		294	99.7	99.7	99.7
	2	1	.3	.3	100.0
	Total	295	100.0	100.0	

livespar(PS-63)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		68	23.1	23.1	23.1
	3	227	76.9	76.9	100.0
	Total	295	100.0	100.0	

livesapt(PS-64)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		284	96.3	96.3	96.3
	4	11	3.7	3.7	100.0
	Total	295	100.0	100.0	

LGLSTAT(BI-7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	166	56.3	57.2	57.2
	2	120	40.7	41.4	98.6
	3	1	.3	.3	99.0
	4	3	1.0	1.0	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

MARSTAT(BI-9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	265	89.8	91.4	91.4
	2	10	3.4	3.4	94.8
	3	12	4.1	4.1	99.0
	4	3	1.0	1.0	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

LANGUAGE(BI-12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	256	86.8	88.3	88.3
	2	34	11.5	11.7	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

EXPRESS(BI-13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	179	60.7	61.7	61.7
	2	67	22.7	23.1	84.8
	3	2	.7	.7	85.5
	4	15	5.1	5.2	90.7
	5	20	6.8	6.9	97.6
	6	7	2.4	2.4	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

MOBILITY(BI-14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	219	74.2	75.5	75.5
	2	69	23.4	23.8	99.3
	3	2	.7	.7	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

MEDMOOD(BI-16a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	202	68.5	69.7	69.7

	2	34	11.5	11.7	81.4
	3	54	18.3	18.6	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

MEDANXI(BI-16b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	196	66.4	67.6	67.6
	2	38	12.9	13.1	80.7
	3	56	19.0	19.3	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

MEDBEHAV(BI-16c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	221	74.9	76.2	76.2
	2	15	5.1	5.2	81.4
	3	54	18.3	18.6	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

PSYCMEDS(BI-16d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	226	76.6	77.9	77.9
	2	9	3.1	3.1	81.0
	3	55	18.6	19.0	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

SEIZURES(BI-17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	174	59.0	60.0	60.0
	1	42	14.2	14.5	74.5
	2	10	3.4	3.4	77.9
	3	21	7.1	7.2	85.2
	4	43	14.6	14.8	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

MEDCARE(BI-18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	163	55.3	56.2	56.2
	2	30	10.2	10.3	66.6
	3	18	6.1	6.2	72.8
	4	79	26.8	27.2	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

PHYSEXAM(BI-19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	178	60.3	61.4	61.4
	2	32	10.8	11.0	72.4
	3	80	27.1	27.6	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

GYNEXAM(BI-20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	162	54.9	55.9	55.9
	1	30	10.2	10.3	66.2
	2	15	5.1	5.2	71.4
	3	32	10.8	11.0	82.4
	4	51	17.3	17.6	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

DENTVIS(BI-21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	68	23.1	23.4	23.4
	2	104	35.3	35.9	59.3
	3	118	40.0	40.7	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

RESIDLEN(BI-25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	26	8.8	9.0	9.0
	2	15	5.1	5.2	14.1
	3	26	8.8	9.0	23.1
	4	201	68.1	69.3	92.4
	5	22	7.5	7.6	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

OWNHOME(BI-27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	193	65.4	66.8	66.8
	2	4	1.4	1.4	68.2
	3	4	1.4	1.4	69.6
	4	47	15.9	16.3	85.8
	5	23	7.8	8.0	93.8
	6	17	5.8	5.9	99.7
	7	1	.3	.3	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

SELFINJ(BI-37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	245	83.1	84.5	84.5
	2	34	11.5	11.7	96.2
	3	11	3.7	3.8	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

SIFREQ(BI-37a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		151	51.2	51.2	51.2
	1	12	4.1	4.1	55.3
	2	3	1.0	1.0	56.3
	3	19	6.4	6.4	62.7
	8	110	37.3	37.3	100.0
	Total	295	100.0	100.0	

DISBEH(BI-38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	241	81.7	83.4	83.4
	2	34	11.5	11.8	95.2
	3	14	4.7	4.8	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

DBFREQ(BI-38a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		146	49.5	49.5	49.5
	1	10	3.4	3.4	52.9
	2	5	1.7	1.7	54.6
	3	20	6.8	6.8	61.4
	8	114	38.6	38.6	100.0
	Total	295	100.0	100.0	

BICONSUM(BI991)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	223	75.6	76.9	76.9
	2	67	22.7	23.1	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

BIADVOC(BI992)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	188	63.7	64.8	64.8
	2	102	34.6	35.2	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

BISTHOME(BI993)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	268	90.8	92.4	92.4
	2	22	7.5	7.6	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

BISTDAY(BI994)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	285	96.6	98.3	98.3
	2	5	1.7	1.7	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

BICASMGR(BI995)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	112	38.0	38.6	38.6
	2	178	60.3	61.4	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

BIOOTHER(BI996)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	259	87.8	89.3	89.3
	2	31	10.5	10.7	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

BIDATSYS(BI997)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	277	93.9	95.5	95.5
	2	13	4.4	4.5	100.0
	Total	290	98.3	100.0	
Missing	System	5	1.7		
Total		295	100.0		

LIKEWORK(1)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		6	2.0	2.0	2.0
	0	4	1.4	1.4	3.4
	1	3	1.0	1.0	4.4
	2	75	25.4	25.4	29.8
	8	160	54.2	54.2	84.1
	9	47	15.9	15.9	100.0
	Total	295	100.0	100.0	

STAFNICE(2)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		6	2.0	2.0	2.0
	1	3	1.0	1.0	3.1
	2	67	22.7	22.7	25.8
	8	173	58.6	58.6	84.4
	9	46	15.6	15.6	100.0
	Total	295	100.0	100.0	

LIKEHOME(3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	1.7	1.7	1.7
	1	8	2.7	2.8	4.5
	2	206	69.8	71.3	75.8
	9	70	23.7	24.2	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

BEALONE(4)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	2.4	2.4	2.4
	2	179	60.7	61.9	64.4
	8	27	9.2	9.3	73.7
	9	76	25.8	26.3	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

AFRAIDHM(5)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	183	62.0	63.3	63.3
	1	26	8.8	9.0	72.3
	2	5	1.7	1.7	74.0
	9	75	25.4	26.0	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

AFRAIDNH(6)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	190	64.4	65.7	65.7
	1	19	6.4	6.6	72.3
	2	5	1.7	1.7	74.0
	9	75	25.4	26.0	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

HOMESTAF(7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	1.0	1.0	1.0
	1	3	1.0	1.0	2.1
	2	189	64.1	65.4	67.5
	8	30	10.2	10.4	77.9
	9	64	21.7	22.1	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

ENTERHM(8)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	2.0	2.1	2.1
	1	8	2.7	2.8	4.8
	2	202	68.5	69.9	74.7
	9	73	24.7	25.3	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

ENTERBRM(9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	25	8.5	8.7	8.7
	1	15	5.1	5.2	13.8
	2	174	59.0	60.2	74.0
	9	75	25.4	26.0	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

BESTFRND(10)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	47	15.9	16.3	16.3
	2	170	57.6	58.8	75.1
	9	72	24.4	24.9	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

HASFRNDS(11)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	34	11.5	11.8	11.8
	1	31	10.5	10.7	22.5
	2	153	51.9	52.9	75.4
	9	71	24.1	24.6	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

SEEFRNDS(12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	1.7	1.7	1.7
	1	22	7.5	7.6	9.3
	2	160	54.2	55.4	64.7
	8	34	11.5	11.8	76.5
	9	68	23.1	23.5	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

LONELY(13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	121	41.0	41.9	41.9
	1	56	19.0	19.4	61.2
	2	34	11.5	11.8	73.0
	9	78	26.4	27.0	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

SEEFAMLY(14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	2.4	2.4	2.4
	1	12	4.1	4.2	6.6
	2	189	64.1	65.4	72.0
	8	13	4.4	4.5	76.5
	9	68	23.1	23.5	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

KNOWSCM(15)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	19	6.4	6.6	6.6
	1	13	4.4	4.5	11.1
	2	186	63.1	64.4	75.4
	9	71	24.1	24.6	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

ASKIMPOR(16)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	13	4.4	4.5	4.5
	1	9	3.1	3.1	7.6
	2	188	63.7	65.1	72.7
	8	4	1.4	1.4	74.0
	9	75	25.4	26.0	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

HELPSGET(17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	14	4.7	4.8	4.8
	1	18	6.1	6.2	11.1
	2	177	60.0	61.2	72.3
	8	4	1.4	1.4	73.7
	9	76	25.8	26.3	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

HASADVOC(18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	1.0	1.0	1.0
	1	4	1.4	1.4	2.4
	2	101	34.2	35.1	37.5
	8	112	38.0	38.9	76.4
	9	68	23.1	23.6	100.0
	Total	288	97.6	100.0	
Missing	System	7	2.4		
Total		295	100.0		

HELPGOAL(19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	20	6.8	6.9	6.9
	1	25	8.5	8.7	15.6
	2	168	56.9	58.1	73.7
	9	76	25.8	26.3	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

NEWGOAL(20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	16	5.4	5.5	5.5
	2	27	9.2	9.3	14.9
	8	166	56.3	57.4	72.3
	9	80	27.1	27.7	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

HAPPY(21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	.7	.7	.7
	1	32	10.8	11.1	11.8
	2	181	61.4	62.6	74.4
	9	74	25.1	25.6	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

TRANSPOR(22)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	10	3.4	3.5	3.5
	1	39	13.2	13.5	17.0
	2	166	56.3	57.4	74.4
	9	74	25.1	25.6	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

STFPAY(23)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	71	24.1	24.6	24.6
	1	17	5.8	5.9	30.4
	2	65	22.0	22.5	52.9
	8	49	16.6	17.0	69.9
	9	87	29.5	30.1	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

BUDGET(24)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	39	13.2	13.5	13.5
	1	17	5.8	5.9	19.4
	2	107	36.3	37.0	56.4
	8	45	15.3	15.6	72.0
	9	81	27.5	28.0	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

helpoth(24a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	35	11.9	12.1	12.1
	1	23	7.8	8.0	20.1
	2	151	51.2	52.2	72.3
	9	80	27.1	27.7	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

closerel(24b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	40	13.6	13.8	13.8
	1	10	3.4	3.5	17.3
	2	160	54.2	55.4	72.7
	9	79	26.8	27.3	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

earnmoney(24c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	45	15.3	15.6	15.6
	1	30	10.2	10.4	26.0
	2	131	44.4	45.3	71.3
	9	83	28.1	28.7	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

risks(24d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	24	8.1	8.3	8.3
	1	18	6.1	6.2	14.5
	2	158	53.6	54.7	69.2
	9	89	30.2	30.8	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

transpor(24e)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	35	11.9	12.1	12.1
	1	42	14.2	14.5	26.6
	2	140	47.5	48.4	75.1
	9	72	24.4	24.9	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

comesin(24f)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	38	12.9	13.1	13.1
	1	25	8.5	8.7	21.8
	2	150	50.8	51.9	73.7
	9	76	25.8	26.3	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

SEC1COMP(25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	186	63.1	64.4	64.4
	2	25	8.5	8.7	73.0
	3	70	23.7	24.2	97.2
	4	3	1.0	1.0	98.3
	5	5	1.7	1.7	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

UNDERSTD(26)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	38	12.9	13.1	13.1
	1	12	4.1	4.2	17.3
	2	198	67.1	68.5	85.8
	8	41	13.9	14.2	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

VALIDRES(27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	34	11.5	11.8	11.8
	1	13	4.4	4.5	16.3
	2	199	67.5	68.9	85.1
	8	43	14.6	14.9	100.0
	Total	289	98.0	100.0	
Missing	System	6	2.0		
Total		295	100.0		

SHOPPING(28)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	21	7.1	7.1	13.6
	2	254	86.1	86.1	99.7
	9	1	.3	.3	100.0
	Total	295	100.0	100.0	

R_SHOP(28R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	174	59.0	59.0	65.4
	3	53	18.0	18.0	83.4
	4	39	13.2	13.2	96.6
	5	10	3.4	3.4	100.0
	Total	295	100.0	100.0	

ERRANDS(29)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	7	2.4	2.4	8.8
	2	267	90.5	90.5	99.3
	9	2	.7	.7	100.0
	Total	295	100.0	100.0	

R_ERRAND(29R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	171	58.0	58.0	64.4
	3	52	17.6	17.6	82.0
	4	42	14.2	14.2	96.3
	5	11	3.7	3.7	100.0
	Total	295	100.0	100.0	

ENTERTAN(30)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		20	6.8	6.8	6.8
	0	36	12.2	12.2	19.0
	2	237	80.3	80.3	99.3
	9	2	.7	.7	100.0
	Total	295	100.0	100.0	

R_ENTERT(30R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	172	58.3	58.3	64.7
	3	52	17.6	17.6	82.4
	4	40	13.6	13.6	95.9
	5	12	4.1	4.1	100.0
	Total	295	100.0	100.0	

EATOUT(31)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	34	11.5	11.5	18.0
	2	240	81.4	81.4	99.3
	9	2	.7	.7	100.0
	Total	295	100.0	100.0	

R_EATOUT(31R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	169	57.3	57.3	63.7
	3	54	18.3	18.3	82.0
	4	39	13.2	13.2	95.3
	5	14	4.7	4.7	100.0
	Total	295	100.0	100.0	

RELIGION(32)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	85	28.8	28.8	35.3
	2	189	64.1	64.1	99.3
	9	2	.7	.7	100.0
	Total	295	100.0	100.0	

R_RELIG(32R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	173	58.6	58.6	65.1
	3	53	18.0	18.0	83.1
	4	39	13.2	13.2	96.3
	5	11	3.7	3.7	100.0
	Total	295	100.0	100.0	

COMMUNITY(33)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	204	69.2	69.2	75.6
	2	64	21.7	21.7	97.3
	9	8	2.7	2.7	100.0
	Total	295	100.0	100.0	

R_COMMUN(33R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	162	54.9	54.9	61.4
	3	55	18.6	18.6	80.0
	4	46	15.6	15.6	95.6
	5	13	4.4	4.4	100.0
	Total	295	100.0	100.0	

SPORTS(34)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	92	31.2	31.2	37.6
	1	105	35.6	35.6	73.2
	2	76	25.8	25.8	99.0
	9	3	1.0	1.0	100.0
	Total	295	100.0	100.0	

R_SPORTS(34R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	165	55.9	55.9	62.4
	3	55	18.6	18.6	81.0
	4	41	13.9	13.9	94.9
	5	15	5.1	5.1	100.0
	Total	295	100.0	100.0	

CHOSHOME(35)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	22	7.5	7.5	13.9
	1	29	9.8	9.8	23.7
	2	39	13.2	13.2	36.9
	8	185	62.7	62.7	99.7
	9	1	.3	.3	100.0
	Total	295	100.0	100.0	

R_CHSHOM(35R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		22	7.5	7.5	7.5
	1	126	42.7	42.7	50.2
	2	68	23.1	23.1	73.2
	3	38	12.9	12.9	86.1
	4	28	9.5	9.5	95.6
	5	13	4.4	4.4	100.0
	Total	295	100.0	100.0	

HVISIT(36)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	13	4.4	4.4	10.8
	1	20	6.8	6.8	17.6
	2	41	13.9	13.9	31.5
	8	196	66.4	66.4	98.0
	9	6	2.0	2.0	100.0
	Total	295	100.0	100.0	

R_HVISIT(36R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		24	8.1	8.1	8.1
	1	125	42.4	42.4	50.5
	2	68	23.1	23.1	73.6
	3	39	13.2	13.2	86.8
	4	28	9.5	9.5	96.3
	5	11	3.7	3.7	100.0
	Total	295	100.0	100.0	

ROOMATES(37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	6	2.0	2.0	8.5
	1	2	.7	.7	9.2
	2	61	20.7	20.7	29.8
	8	206	69.8	69.8	99.7
	9	1	.3	.3	100.0
	Total	295	100.0	100.0	

R_ROOMAT(37R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		28	9.5	9.5	9.5
	1	120	40.7	40.7	50.2
	2	68	23.1	23.1	73.2
	3	41	13.9	13.9	87.1
	4	27	9.2	9.2	96.3
	5	11	3.7	3.7	100.0
	Total	295	100.0	100.0	

CHSSTAFF(38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	25	8.5	8.5	14.9
	1	68	23.1	23.1	38.0
	2	119	40.3	40.3	78.3
	8	63	21.4	21.4	99.7
	9	1	.3	.3	100.0
	Total	295	100.0	100.0	

R_CHSSTF(38R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		21	7.1	7.1	7.1
	1	147	49.8	49.8	56.9
	2	13	4.4	4.4	61.4
	3	56	19.0	19.0	80.3
	4	42	14.2	14.2	94.6
	5	16	5.4	5.4	100.0
	Total	295	100.0	100.0	

SCHEDULE(39)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	67	22.7	22.7	29.2
	1	48	16.3	16.3	45.4
	2	160	54.2	54.2	99.7
	9	1	.3	.3	100.0
	Total	295	100.0	100.0	

R_SCHED(39R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	166	56.3	56.3	62.7
	3	54	18.3	18.3	81.0
	4	42	14.2	14.2	95.3
	5	14	4.7	4.7	100.0
	Total	295	100.0	100.0	

FREETIME(40)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	56	19.0	19.0	25.4
	1	44	14.9	14.9	40.3
	2	174	59.0	59.0	99.3
	9	2	.7	.7	100.0
	Total	295	100.0	100.0	

R_FREETM(40R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	170	57.6	57.6	64.1
	3	54	18.3	18.3	82.4
	4	39	13.2	13.2	95.6
	5	13	4.4	4.4	100.0
	Total	295	100.0	100.0	

CHOOSJOB(41)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	24	8.1	8.1	14.6
	1	26	8.8	8.8	23.4
	2	30	10.2	10.2	33.6
	8	196	66.4	66.4	100.0
	Total	295	100.0	100.0	

R_CHSJOB(41R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		21	7.1	7.1	7.1
	1	115	39.0	39.0	46.1
	2	66	22.4	22.4	68.5
	3	42	14.2	14.2	82.7
	4	35	11.9	11.9	94.6
	5	16	5.4	5.4	100.0
	Total	295	100.0	100.0	

JVISIT(42)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	30	10.2	10.2	16.6
	1	14	4.7	4.7	21.4
	2	26	8.8	8.8	30.2
	8	201	68.1	68.1	98.3
	9	5	1.7	1.7	100.0
	Total	295	100.0	100.0	

R_JVISIT(42R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		21	7.1	7.1	7.1
	1	114	38.6	38.6	45.8
	2	68	23.1	23.1	68.8
	3	43	14.6	14.6	83.4
	4	35	11.9	11.9	95.3
	5	14	4.7	4.7	100.0
	Total	295	100.0	100.0	

CHSJBSTF(43)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	17	5.8	5.8	12.2
	1	28	9.5	9.5	21.7
	2	16	5.4	5.4	27.1
	8	215	72.9	72.9	100.0
	Total	295	100.0	100.0	

R_CHSJS(43R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		22	7.5	7.5	7.5
	1	117	39.7	39.7	47.1
	2	66	22.4	22.4	69.5
	3	43	14.6	14.6	84.1
	4	33	11.2	11.2	95.3
	5	14	4.7	4.7	100.0
	Total	295	100.0	100.0	

CHOOSBUY(44)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	56	19.0	19.0	25.4
	1	50	16.9	16.9	42.4
	2	169	57.3	57.3	99.7
	9	1	.3	.3	100.0
	Total	295	100.0	100.0	

R_CHSBUY(44R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	171	58.0	58.0	64.4
	2	2	.7	.7	65.1
	3	52	17.6	17.6	82.7
	4	38	12.9	12.9	95.6
	5	13	4.4	4.4	100.0
	Total	295	100.0	100.0	

CHOOSCM(45)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		20	6.8	6.8	6.8
	0	45	15.3	15.3	22.0
	1	210	71.2	71.2	93.2
	2	15	5.1	5.1	98.3
	9	5	1.7	1.7	100.0
	Total	295	100.0	100.0	

R_CHSCM(45R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		20	6.8	6.8	6.8
	1	148	50.2	50.2	56.9
	2	5	1.7	1.7	58.6
	3	57	19.3	19.3	78.0
	4	44	14.9	14.9	92.9
	5	21	7.1	7.1	100.0
	Total	295	100.0	100.0	

MAIOPEN(46)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	184	62.4	62.4	68.8
	2	54	18.3	18.3	87.1
	8	37	12.5	12.5	99.7
	9	1	.3	.3	100.0
	Total	295	100.0	100.0	

R_MAILOP(46R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	161	54.6	54.6	61.0
	2	2	.7	.7	61.7
	3	57	19.3	19.3	81.0
	4	40	13.6	13.6	94.6
	5	16	5.4	5.4	100.0
	Total	295	100.0	100.0	

ALONEGST(47a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	4	1.4	1.4	7.8
	2	180	61.0	61.0	68.8
	8	86	29.2	29.2	98.0
	9	6	2.0	2.0	100.0
	Total	295	100.0	100.0	

R_GUESTS(47R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	162	54.9	54.9	61.4
	2	9	3.1	3.1	64.4
	3	52	17.6	17.6	82.0
	4	39	13.2	13.2	95.3
	5	14	4.7	4.7	100.0
	Total	295	100.0	100.0	

USEPHONE(48)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	21	7.1	7.1	13.6
	2	180	61.0	61.0	74.6
	8	72	24.4	24.4	99.0
	9	3	1.0	1.0	100.0
	Total	295	100.0	100.0	

R_PHONE(48R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	1	166	56.3	56.3	62.7
	2	4	1.4	1.4	64.1
	3	53	18.0	18.0	82.0
	4	39	13.2	13.2	95.3
	5	14	4.7	4.7	100.0
	Total	295	100.0	100.0	

SELFADVO(49)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	174	59.0	59.0	65.4
	1	9	3.1	3.1	68.5
	2	63	21.4	21.4	89.8
	8	24	8.1	8.1	98.0
	9	6	2.0	2.0	100.0
	Total	295	100.0	100.0	

R_SELFAD(49R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		20	6.8	6.8	6.8
	1	153	51.9	51.9	58.6
	2	2	.7	.7	59.3
	3	58	19.7	19.7	79.0
	4	43	14.6	14.6	93.6
	5	19	6.4	6.4	100.0
	Total	295	100.0	100.0	

SERVED(50)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.4	6.4	6.4
	0	21	7.1	7.1	13.6
	1	34	11.5	11.5	25.1
	2	217	73.6	73.6	98.6
	9	4	1.4	1.4	100.0
	Total	295	100.0	100.0	

R_SERVED(50R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		21	7.1	7.1	7.1
	1	152	51.5	51.5	58.6
	2	10	3.4	3.4	62.0
	3	52	17.6	17.6	79.7
	4	47	15.9	15.9	95.6
	5	13	4.4	4.4	100.0
	Total	295	100.0	100.0	

SEC2CONS(511)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	6.1	6.1	6.1
	1	93	31.5	31.5	37.6
	2	184	62.4	62.4	100.0
	Total	295	100.0	100.0	

SEC2ADVO(512)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	6.1	6.1	6.1
	1	140	47.5	47.5	53.6
	2	137	46.4	46.4	100.0
	Total	295	100.0	100.0	

SEC2HMST(513)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	6.1	6.1	6.1
	1	248	84.1	84.1	90.2
	2	29	9.8	9.8	100.0
	Total	295	100.0	100.0	

SEC2DYST(514)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	6.1	6.1	6.1
	1	269	91.2	91.2	97.3
	2	8	2.7	2.7	100.0
	Total	295	100.0	100.0	

SEC2OTHR(515)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	6.1	6.1	6.1
	1	266	90.2	90.2	96.3
	2	11	3.7	3.7	100.0
	Total	295	100.0	100.0	

Consolidated Waiver Program

Program

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid CWP	51	100.0	100.0	100.0

TypeResSetting

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	2.0	2.0
	COMMUNITY - ALONE	14	27.5	29.4
	COMMUNITY - ALTERNATIVE. LIVING/RES. CARE	2	3.9	33.3
	COMMUNITY - W/FAMILY	33	64.7	98.0
	ICF/MR - COMMUNITY	1	2.0	100.0
	Total	51	100.0	100.0

NoOfDaysAtAddr

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	51	100.0	100.0	100.0

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid F	27	52.9	52.9	52.9
M	24	47.1	47.1	100.0
Total	51	100.0	100.0	

Ethnicity

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BLACK- NOT OF HISP. ORIGIN	3	5.9	5.9
	HISPANIC	21	41.2	47.1
	UNKNOWN	2	3.9	51.0
	WHITE- NOT OF HISP. ORIGIN	25	49.0	100.0
	Total	51	100.0	100.0

MaritalStatus

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	51	100.0	100.0	100.0

LastMedExam

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	51	100.0	100.0	100.0

reasonP3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		51	100.0	100.0	100.0

livesalPS61

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		45	88.2	88.2	88.2
	1	6	11.8	11.8	100.0
	Total	51	100.0	100.0	

livesres(PS-62)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		48	94.1	94.1	94.1
	2	3	5.9	5.9	100.0
	Total	51	100.0	100.0	

livespar(PS-63)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		12	23.5	23.5	23.5
	3	39	76.5	76.5	100.0
	Total	51	100.0	100.0	

livesapt(PS-64)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		48	94.1	94.1	94.1
	4	3	5.9	5.9	100.0
	Total	51	100.0	100.0	

LGLSTAT(BI-7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	14	27.5	27.5	27.5
	2	34	66.7	66.7	94.1
	4	3	5.9	5.9	100.0
	Total	51	100.0	100.0	

MARSTAT(BI-9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	48	94.1	94.1	94.1
	2	3	5.9	5.9	100.0
	Total	51	100.0	100.0	

LANGUAGE(BI-12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	49	96.1	96.1	96.1
	2	2	3.9	3.9	100.0
	Total	51	100.0	100.0	

EXPRESS(BI-13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	38	74.5	74.5	74.5
	2	11	21.6	21.6	96.1
	3	1	2.0	2.0	98.0
	4	1	2.0	2.0	100.0
	Total	51	100.0	100.0	

MOBILITY(BI-14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	45	88.2	88.2	88.2
	2	6	11.8	11.8	100.0
	Total	51	100.0	100.0	

MEDMOOD(BI-16a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	26	51.0	51.0	51.0
	2	10	19.6	19.6	70.6
	3	15	29.4	29.4	100.0
	Total	51	100.0	100.0	

MEDANXI(BI-16b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	28	54.9	54.9	54.9
	2	7	13.7	13.7	68.6
	3	16	31.4	31.4	100.0
	Total	51	100.0	100.0	

MEDBEHAV(BI-16c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	29	56.9	56.9	56.9
	2	6	11.8	11.8	68.6
	3	16	31.4	31.4	100.0
	Total	51	100.0	100.0	

PSYCMEDS(BI-16d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	31	60.8	60.8	60.8
	2	3	5.9	5.9	66.7
	3	17	33.3	33.3	100.0
	Total	51	100.0	100.0	

SEIZURES(BI-17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	35	68.6	68.6	68.6
	1	7	13.7	13.7	82.4
	2	1	2.0	2.0	84.3
	3	1	2.0	2.0	86.3
	4	7	13.7	13.7	100.0
	Total	51	100.0	100.0	

MEDCARE(BI-18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	37	72.5	72.5	72.5
	2	10	19.6	19.6	92.2
	3	2	3.9	3.9	96.1
	4	2	3.9	3.9	100.0
	Total	51	100.0	100.0	

PHYSEXAM(BI-19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	40	78.4	78.4	78.4
	2	6	11.8	11.8	90.2
	3	5	9.8	9.8	100.0
	Total	51	100.0	100.0	

GYNEXAM(BI-20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	26	51.0	51.0	51.0
	1	2	3.9	3.9	54.9
	2	5	9.8	9.8	64.7
	3	6	11.8	11.8	76.5
	4	12	23.5	23.5	100.0

DENTVIS(BI-21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	22	43.1	43.1	43.1
	2	21	41.2	41.2	84.3
	3	8	15.7	15.7	100.0
	Total	51	100.0	100.0	

RESIDLEN(BI-25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5	9.8	9.8	9.8
	2	7	13.7	13.7	23.5
	3	6	11.8	11.8	35.3
	4	33	64.7	64.7	100.0
	Total	51	100.0	100.0	

OWNHOME(BI-27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	38	74.5	74.5	74.5
	2	2	3.9	3.9	78.4
	3	5	9.8	9.8	88.2
	4	5	9.8	9.8	98.0
	7	1	2.0	2.0	100.0
	Total	51	100.0	100.0	

SELFJNJ(BI-37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	41	80.4	80.4	80.4
	2	9	17.6	17.6	98.0
	3	1	2.0	2.0	100.0
	Total	51	100.0	100.0	

SIFREQ(BI-37a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	37.3	37.3	37.3
	1	1	2.0	2.0	39.2
	2	3	5.9	5.9	45.1
	3	5	9.8	9.8	54.9
	8	23	45.1	45.1	100.0
	Total	51	100.0	100.0	

DISBEH(BI-38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	37	72.5	72.5	72.5
	2	13	25.5	25.5	98.0
	3	1	2.0	2.0	100.0
	Total	51	100.0	100.0	

DBFREQ(BI-38a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		16	31.4	31.4	31.4
	1	3	5.9	5.9	37.3
	2	2	3.9	3.9	41.2
	3	8	15.7	15.7	56.9
	8	22	43.1	43.1	100.0
	Total	51	100.0	100.0	

BICONSUM(BI991)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	43	84.3	84.3	84.3
	2	8	15.7	15.7	100.0
	Total	51	100.0	100.0	

BIADVOC(BI992)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	25	49.0	49.0	49.0
	2	26	51.0	51.0	100.0
	Total	51	100.0	100.0	

BISTHOME(BI993)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	49	96.1	96.1	96.1
	2	2	3.9	3.9	100.0
	Total	51	100.0	100.0	

BISTDAY(BI994)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	51	100.0	100.0	100.0

BICASMGR(BI995)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	14	27.5	27.5	27.5
	2	37	72.5	72.5	100.0
	Total	51	100.0	100.0	

BIOTHER(BI996)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	51	100.0	100.0	100.0

BIDATSYS(BI997)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	31	60.8	60.8	60.8
	2	20	39.2	39.2	100.0
	Total	51	100.0	100.0	

LIKEWORK(1)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.9	3.9	3.9
	1	1	2.0	2.0	5.9
	2	20	39.2	39.2	45.1
	8	14	27.5	27.5	72.5
	9	14	27.5	27.5	100.0
	Total	51	100.0	100.0	

STAFNICE(2)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	2.0	2.0	2.0
	2	20	39.2	39.2	41.2
	8	17	33.3	33.3	74.5
	9	13	25.5	25.5	100.0
	Total	51	100.0	100.0	

LIKEHOME(3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	2.0	2.0	2.0
	1	2	3.9	3.9	5.9
	2	32	62.7	62.7	68.6
	9	16	31.4	31.4	100.0
	Total	51	100.0	100.0	

BEALONE(4)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.9	3.9	3.9
	2	27	52.9	52.9	56.9
	8	3	5.9	5.9	62.7
	9	19	37.3	37.3	100.0
	Total	51	100.0	100.0	

AFRAIDHM(5)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	27	52.9	52.9	52.9
	1	6	11.8	11.8	64.7
	2	1	2.0	2.0	66.7
	9	17	33.3	33.3	100.0
	Total	51	100.0	100.0	

AFRAIDNH(6)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	25	49.0	49.0	49.0
	1	6	11.8	11.8	60.8
	2	1	2.0	2.0	62.7
	9	19	37.3	37.3	100.0
	Total	51	100.0	100.0	

HOMESTAF(7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	24	47.1	47.1	47.1
	8	11	21.6	21.6	68.6
	9	16	31.4	31.4	100.0
	Total	51	100.0	100.0	

ENTERHM(8)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.9	3.9	3.9
	1	3	5.9	5.9	9.8
	2	28	54.9	54.9	64.7
	9	18	35.3	35.3	100.0
	Total	51	100.0	100.0	

ENTERBRM(9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	5.9	5.9	5.9
	1	2	3.9	3.9	9.8
	2	28	54.9	54.9	64.7
	9	18	35.3	35.3	100.0
	Total	51	100.0	100.0	

BESTFRND(10)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	9.8	9.8	9.8
	2	28	54.9	54.9	64.7
	9	18	35.3	35.3	100.0
	Total	51	100.0	100.0	

HASFRNDS(11)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	13.7	13.7	13.7
	1	2	3.9	3.9	17.6
	2	24	47.1	47.1	64.7
	9	18	35.3	35.3	100.0
	Total	51	100.0	100.0	

SEEFRNDS(12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	13.7	13.7	13.7
	1	3	5.9	5.9	19.6
	2	18	35.3	35.3	54.9
	8	6	11.8	11.8	66.7
	9	17	33.3	33.3	100.0
	Total	51	100.0	100.0	

LONELY(13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	17	33.3	33.3	33.3
	1	6	11.8	11.8	45.1
	2	8	15.7	15.7	60.8
	9	20	39.2	39.2	100.0
	Total	51	100.0	100.0	

SEEFAMILY(14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	5.9	5.9	5.9
	1	5	9.8	9.8	15.7
	2	21	41.2	41.2	56.9
	8	4	7.8	7.8	64.7
	9	18	35.3	35.3	100.0
	Total	51	100.0	100.0	

KNOWSCM(15)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	13.7	13.7	13.7
	1	2	3.9	3.9	17.6
	2	22	43.1	43.1	60.8
	9	20	39.2	39.2	100.0
	Total	51	100.0	100.0	

ASKIMPOR(16)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	7.8	7.8	7.8
	1	7	13.7	13.7	21.6
	2	20	39.2	39.2	60.8
	8	2	3.9	3.9	64.7
	9	18	35.3	35.3	100.0
	Total	51	100.0	100.0	

HELPSGET(17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	7.8	7.8	7.8
	1	3	5.9	5.9	13.7
	2	22	43.1	43.1	56.9
	8	3	5.9	5.9	62.7
	9	19	37.3	37.3	100.0
	Total	51	100.0	100.0	

HASADVOC(18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.9	3.9	3.9
	1	1	2.0	2.0	5.9
	2	19	37.3	37.3	43.1
	8	12	23.5	23.5	66.7
	9	17	33.3	33.3	100.0
	Total	51	100.0	100.0	

HELPGOAL(19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	9	17.6	17.6	17.6
	1	4	7.8	7.8	25.5
	2	21	41.2	41.2	66.7
	9	17	33.3	33.3	100.0
	Total	51	100.0	100.0	

NEWGOAL(20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	5.9	5.9	5.9
	2	9	17.6	17.6	23.5
	8	21	41.2	41.2	64.7
	9	18	35.3	35.3	100.0
	Total	51	100.0	100.0	

HAPPY(21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	5.9	5.9	5.9
	1	5	9.8	9.8	15.7
	2	25	49.0	49.0	64.7
	9	18	35.3	35.3	100.0
	Total	51	100.0	100.0	

TRANSPOR(22)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	5.9	5.9	5.9
	1	8	15.7	15.7	21.6
	2	19	37.3	37.3	58.8
	9	21	41.2	41.2	100.0
	Total	51	100.0	100.0	

STFPAY(23)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	20	39.2	39.2	39.2
	1	3	5.9	5.9	45.1
	2	3	5.9	5.9	51.0
	8	5	9.8	9.8	60.8
	9	20	39.2	39.2	100.0
	Total	51	100.0	100.0	

BUDGET(24)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	9	17.6	17.6	17.6
	1	7	13.7	13.7	31.4
	2	13	25.5	25.5	56.9
	8	2	3.9	3.9	60.8
	9	20	39.2	39.2	100.0
	Total	51	100.0	100.0	

helpoth(24a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	9.8	9.8	9.8
	1	4	7.8	7.8	17.6
	2	23	45.1	45.1	62.7
	9	19	37.3	37.3	100.0
	Total	51	100.0	100.0	

closerel(24b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	7.8	7.8	7.8
	1	4	7.8	7.8	15.7
	2	21	41.2	41.2	56.9
	9	22	43.1	43.1	100.0
	Total	51	100.0	100.0	

earnmoney(24c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	12	23.5	23.5	23.5
	1	3	5.9	5.9	29.4
	2	17	33.3	33.3	62.7
	9	19	37.3	37.3	100.0
	Total	51	100.0	100.0	

risks(24d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	7.8	7.8	7.8
	1	4	7.8	7.8	15.7
	2	17	33.3	33.3	49.0
	9	26	51.0	51.0	100.0
	Total	51	100.0	100.0	

transpor(24e)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	8	15.7	15.7	15.7
	1	5	9.8	9.8	25.5
	2	16	31.4	31.4	56.9
	9	22	43.1	43.1	100.0
	Total	51	100.0	100.0	

comesin(24f)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	13.7	13.7	13.7
	1	7	13.7	13.7	27.5
	2	16	31.4	31.4	58.8
	9	21	41.2	41.2	100.0
	Total	51	100.0	100.0	

SEC1COMP(25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	33	64.7	64.7	64.7
	2	1	2.0	2.0	66.7
	3	15	29.4	29.4	96.1
	4	2	3.9	3.9	100.0
	Total	51	100.0	100.0	

UNDERSTD(26)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.9	3.9	3.9
	1	3	5.9	5.9	9.8
	2	30	58.8	58.8	68.6
	8	16	31.4	31.4	100.0
	Total	51	100.0	100.0	

VALIDRES(27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	2.0	2.0	2.0
	1	2	3.9	3.9	5.9
	2	31	60.8	60.8	66.7
	8	17	33.3	33.3	100.0
	Total	51	100.0	100.0	

SHOPPING(28)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	7.8	7.8	7.8
	2	47	92.2	92.2	100.0
	Total	51	100.0	100.0	

R_SHOP(28R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	24	47.1	47.1	47.1
	3	18	35.3	35.3	82.4
	4	9	17.6	17.6	100.0
	Total	51	100.0	100.0	

ERRANDS(29)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	51	100.0	100.0	100.0

R_ERRAND(29R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	25	49.0	49.0	49.0
	3	18	35.3	35.3	84.3
	4	8	15.7	15.7	100.0
	Total	51	100.0	100.0	

ENTERTAN(30)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	11	21.6	21.6	21.6
	2	40	78.4	78.4	100.0
	Total	51	100.0	100.0	

R_ENTERT(30R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	24	47.1	47.1	47.1
	3	17	33.3	33.3	80.4
	4	10	19.6	19.6	100.0
	Total	51	100.0	100.0	

EATOUT(31)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	11.8	11.8	11.8
	2	45	88.2	88.2	100.0
	Total	51	100.0	100.0	

R_EATOUT(31R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	22	43.1	43.1	43.1
	2	1	2.0	2.0	45.1
	3	17	33.3	33.3	78.4
	4	11	21.6	21.6	100.0
	Total	51	100.0	100.0	

RELIGION(32)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	20	39.2	39.2	39.2
	2	30	58.8	58.8	98.0
	9	1	2.0	2.0	100.0
	Total	51	100.0	100.0	

R_RELIG(32R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	23	45.1	45.1	45.1
	2	1	2.0	2.0	47.1
	3	17	33.3	33.3	80.4
	4	10	19.6	19.6	100.0
	Total	51	100.0	100.0	

COMMUNITY(33)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	40	78.4	78.4	78.4
	2	9	17.6	17.6	96.1
	9	2	3.9	3.9	100.0
	Total	51	100.0	100.0	

R_COMMUN(33R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	21	41.2	41.2	41.2
	3	18	35.3	35.3	76.5
	4	12	23.5	23.5	100.0
	Total	51	100.0	100.0	

SPORTS(34)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	26	51.0	51.0	51.0
	1	18	35.3	35.3	86.3
	2	6	11.8	11.8	98.0
	9	1	2.0	2.0	100.0
	Total	51	100.0	100.0	

R_SPORTS(34R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	24	47.1	47.1	47.1
	2	1	2.0	2.0	49.0
	3	17	33.3	33.3	82.4
	4	9	17.6	17.6	100.0
	Total	51	100.0	100.0	

CHOSHOM(35)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	13.7	13.7	13.7
	1	4	7.8	7.8	21.6
	2	3	5.9	5.9	27.5
	8	37	72.5	72.5	100.0
	Total	51	100.0	100.0	

R_CHSHOM(35R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	2.0	2.0	2.0
	1	15	29.4	29.4	31.4
	2	16	31.4	31.4	62.7
	3	12	23.5	23.5	86.3
	4	7	13.7	13.7	100.0
	Total	51	100.0	100.0	

HVISIT(36)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	7.8	7.8	7.8
	1	5	9.8	9.8	17.6
	2	3	5.9	5.9	23.5
	8	39	76.5	76.5	100.0
	Total	51	100.0	100.0	

R_HVISIT(36R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		3	5.9	5.9	5.9
	1	13	25.5	25.5	31.4
	2	16	31.4	31.4	62.7
	3	11	21.6	21.6	84.3
	4	8	15.7	15.7	100.0
	Total	51	100.0	100.0	

ROOMATES(37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	5.9	5.9	5.9
	1	1	2.0	2.0	7.8
	2	6	11.8	11.8	19.6
	8	41	80.4	80.4	100.0
	Total	51	100.0	100.0	

R_ROOMAT(37R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		3	5.9	5.9	5.9
	1	13	25.5	25.5	31.4
	2	16	31.4	31.4	62.7
	3	10	19.6	19.6	82.4
	4	9	17.6	17.6	100.0
	Total	51	100.0	100.0	

CHSSTAFF(38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	11.8	11.8	11.8
	1	9	17.6	17.6	29.4
	2	16	31.4	31.4	60.8
	8	20	39.2	39.2	100.0
	Total	51	100.0	100.0	

R_CHSSTF(38R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	2.0	2.0	2.0
	1	18	35.3	35.3	37.3
	2	4	7.8	7.8	45.1
	3	19	37.3	37.3	82.4
	4	9	17.6	17.6	100.0
	Total	51	100.0	100.0	

SCHEDULE(39)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	19	37.3	37.3	37.3
	1	9	17.6	17.6	54.9
	2	23	45.1	45.1	100.0
	Total	51	100.0	100.0	

R_SCHED(39R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	23	45.1	45.1	45.1
	3	18	35.3	35.3	80.4
	4	10	19.6	19.6	100.0
	Total	51	100.0	100.0	

FREETIME(40)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	14	27.5	27.5	27.5
	1	9	17.6	17.6	45.1
	2	28	54.9	54.9	100.0
	Total	51	100.0	100.0	

R_FREETM(40R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	21	41.2	41.2	41.2
	3	18	35.3	35.3	76.5
	4	12	23.5	23.5	100.0
	Total	51	100.0	100.0	

CHOOSJOB(41)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	13	25.5	25.5	25.5
	1	9	17.6	17.6	43.1
	2	6	11.8	11.8	54.9
	8	23	45.1	45.1	100.0
	Total	51	100.0	100.0	

R_CHSJOB(41R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	15	29.4	29.4	29.4
	2	8	15.7	15.7	45.1
	3	17	33.3	33.3	78.4
	4	11	21.6	21.6	100.0
	Total	51	100.0	100.0	

JVISIT(42)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	9.8	9.8	9.8
	1	9	17.6	17.6	27.5
	2	11	21.6	21.6	49.0
	8	25	49.0	49.0	98.0
	9	1	2.0	2.0	100.0
	Total	51	100.0	100.0	

R_JVISIT(42R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	15	29.4	29.4	29.4
	2	10	19.6	19.6	49.0
	3	16	31.4	31.4	80.4
	4	10	19.6	19.6	100.0
	Total	51	100.0	100.0	

CHSJBSTF(43)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	11	21.6	21.6	21.6
	1	11	21.6	21.6	43.1
	2	1	2.0	2.0	45.1
	8	28	54.9	54.9	100.0
	Total	51	100.0	100.0	

R_CHSJS(43R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	18	35.3	35.3	35.3
	2	10	19.6	19.6	54.9
	3	15	29.4	29.4	84.3
	4	8	15.7	15.7	100.0
	Total	51	100.0	100.0	

CHOOSBUY(44)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	14	27.5	27.5	27.5
	1	10	19.6	19.6	47.1
	2	27	52.9	52.9	100.0
	Total	51	100.0	100.0	

R_CHSBUY(44R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	22	43.1	43.1	43.1
	3	18	35.3	35.3	78.4
	4	11	21.6	21.6	100.0
	Total	51	100.0	100.0	

CHOOSCM(45)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	11	21.6	21.6	21.6
	1	38	74.5	74.5	96.1
	2	2	3.9	3.9	100.0
	Total	51	100.0	100.0	

R_CHSCM(45R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	37.3	37.3	37.3
	3	18	35.3	35.3	72.5
	4	14	27.5	27.5	100.0
	Total	51	100.0	100.0	

MAIOPEN(46)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	22	43.1	43.1	43.1
	2	20	39.2	39.2	82.4
	8	9	17.6	17.6	100.0
	Total	51	100.0	100.0	

R_MAILOP(46R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	21	41.2	41.2	41.2
	3	17	33.3	33.3	74.5
	4	13	25.5	25.5	100.0
	Total	51	100.0	100.0	

ALONEGST(47a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.9	3.9	3.9
	2	19	37.3	37.3	41.2
	8	30	58.8	58.8	100.0
	Total	51	100.0	100.0	

R_GUESTS(47R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	20	39.2	39.2	39.2
	3	17	33.3	33.3	72.5
	4	14	27.5	27.5	100.0
	Total	51	100.0	100.0	

USEPHONE(48)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	13.7	13.7	13.7
	2	25	49.0	49.0	62.7
	8	19	37.3	37.3	100.0
	Total	51	100.0	100.0	

R_PHONE(48R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	22	43.1	43.1	43.1
	3	17	33.3	33.3	76.5
	4	12	23.5	23.5	100.0
	Total	51	100.0	100.0	

SELFADVO(49)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	34	66.7	66.7	66.7
	1	1	2.0	2.0	68.6
	2	10	19.6	19.6	88.2
	8	5	9.8	9.8	98.0
	9	1	2.0	2.0	100.0
	Total	51	100.0	100.0	

R_SELFAD(49R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	37.3	37.3	37.3
	3	19	37.3	37.3	74.5
	4	13	25.5	25.5	100.0
	Total	51	100.0	100.0	

SERVED(50)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	11.8	11.8	11.8
	1	5	9.8	9.8	21.6
	2	40	78.4	78.4	100.0
	Total	51	100.0	100.0	

R_SERVED(50R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	2.0	2.0	2.0
	1	19	37.3	37.3	39.2
	3	18	35.3	35.3	74.5
	4	13	25.5	25.5	100.0
	Total	51	100.0	100.0	

SEC2CONS(511)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	22	43.1	43.1	43.1
	2	29	56.9	56.9	100.0
	Total	51	100.0	100.0	

SEC2ADVO(512)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	17	33.3	33.3	33.3
	2	34	66.7	66.7	100.0
	Total	51	100.0	100.0	

SEC2HMST(513)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	49	96.1	96.1	96.1
	2	2	3.9	3.9	100.0
	Total	51	100.0	100.0	

SEC2DYST(514)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	51	100.0	100.0	100.0

SEC2OTHR(515)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	51	100.0	100.0	100.0

Texas Home Living

Program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TXHML	318	100.0	100.0	100.0

TypeResSetting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	OWN HOME/FAMILY HOME	318	100.0	100.0	100.0

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	F	148	46.5	46.5	46.5
	M	170	53.5	53.5	100.0
	Total	318	100.0	100.0	

Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A	3	.9	.9	.9
	B	89	28.0	28.0	28.9
	H	99	31.1	31.1	60.1
	O	3	.9	.9	61.0
	W	124	39.0	39.0	100.0
	Total	318	100.0	100.0	

MaritalStatus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		103	32.4	32.4	32.4
	1	5	1.6	1.6	34.0
	2	1	.3	.3	34.3
	3	1	.3	.3	34.6
	5	199	62.6	62.6	97.2
	6	9	2.8	2.8	100.0
	Total	318	100.0	100.0	

reasonP3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		318	100.0	100.0	100.0

livesalPS61

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		296	93.1	93.1	93.1
	1	22	6.9	6.9	100.0
	Total	318	100.0	100.0	

livesres(PS-62)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		316	99.4	99.4	99.4
	2	2	.6	.6	100.0
	Total	318	100.0	100.0	

livespar(PS-63)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		39	12.3	12.3	12.3
	3	279	87.7	87.7	100.0
	Total	318	100.0	100.0	

livesapt(PS-64)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		307	96.5	96.5	96.5
	4	11	3.5	3.5	100.0
	Total	318	100.0	100.0	

LGLSTAT(BI-7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	183	57.5	58.5	58.5
	2	129	40.6	41.2	99.7
	3	1	.3	.3	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

MARSTAT(BI-9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	298	93.7	95.2	95.2
	2	6	1.9	1.9	97.1
	3	6	1.9	1.9	99.0
	4	3	.9	1.0	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

LANGUAGE(BI-12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	281	88.4	89.8	89.8
	2	32	10.1	10.2	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

EXPRESS(BI-13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	255	80.2	81.5	81.5
	2	45	14.2	14.4	95.8
	3	2	.6	.6	96.5
	5	10	3.1	3.2	99.7
	6	1	.3	.3	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

MOBILITY(BI-14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	302	95.0	96.5	96.5
	2	10	3.1	3.2	99.7
	3	1	.3	.3	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

MEDMOOD(BI-16a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	223	70.1	71.2	71.2
	2	59	18.6	18.8	90.1
	3	31	9.7	9.9	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

MEDANXI(BI-16b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	225	70.8	71.9	71.9
	2	49	15.4	15.7	87.5
	3	39	12.3	12.5	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

MEDBEHAV(BI-16c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	240	75.5	76.9	76.9
	2	34	10.7	10.9	87.8
	3	38	11.9	12.2	100.0
	Total	312	98.1	100.0	
Missing	System	6	1.9		
Total		318	100.0		

PSYCMEDS(BI-16d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	245	77.0	78.3	78.3
	2	26	8.2	8.3	86.6
	3	42	13.2	13.4	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

SEIZURES(BI-17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	227	71.4	72.5	72.5
	1	55	17.3	17.6	90.1
	2	5	1.6	1.6	91.7
	3	7	2.2	2.2	93.9
	4	19	6.0	6.1	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

MEDCARE(BI-18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	249	78.3	79.6	79.6
	2	34	10.7	10.9	90.4
	3	8	2.5	2.6	93.0
	4	22	6.9	7.0	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

PHYSEXAM(BI-19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	226	71.1	72.2	72.2
	2	27	8.5	8.6	80.8
	3	60	18.9	19.2	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

GYNEXAM(BI-20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	167	52.5	53.4	53.4
	1	44	13.8	14.1	67.4
	2	21	6.6	6.7	74.1
	3	13	4.1	4.2	78.3
	4	68	21.4	21.7	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

DENTVIS(BI-21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	151	47.5	48.2	48.2
	2	110	34.6	35.1	83.4
	3	52	16.4	16.6	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

RESIDLEN(BI-25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	16	5.0	5.1	5.1
	2	12	3.8	3.8	8.9
	3	25	7.9	8.0	16.9
	4	234	73.6	74.8	91.7
	5	26	8.2	8.3	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

OWNHOME(BI-27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	260	81.8	83.3	83.3
	2	8	2.5	2.6	85.9
	3	3	.9	1.0	86.9
	4	20	6.3	6.4	93.3
	5	7	2.2	2.2	95.5
	6	10	3.1	3.2	98.7
	7	4	1.3	1.3	100.0
	Total	312	98.1	100.0	
Missing	System	6	1.9		
Total		318	100.0		

SELFJNJ(BI-37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	284	89.3	90.7	90.7
	2	26	8.2	8.3	99.0
	3	3	.9	1.0	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

SIFREQ(BI-37a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		197	61.9	61.9	61.9
	1	12	3.8	3.8	65.7
	2	2	.6	.6	66.4
	3	11	3.5	3.5	69.8
	8	96	30.2	30.2	100.0
	Total	318	100.0	100.0	

DISBEH(BI-38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	267	84.0	85.3	85.3
	2	43	13.5	13.7	99.0
	3	3	.9	1.0	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

DBFREQ(BI-38a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		166	52.2	52.2	52.2
	1	21	6.6	6.6	58.8
	2	5	1.6	1.6	60.4
	3	17	5.3	5.3	65.7
	8	109	34.3	34.3	100.0
	Total	318	100.0	100.0	

BICONSUM(BI991)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	220	69.2	70.3	70.3
	2	93	29.2	29.7	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

BIADVOC(BI992)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	254	79.9	81.2	81.2
	2	59	18.6	18.8	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

BISTHOME(BI993)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	301	94.7	96.2	96.2
	2	12	3.8	3.8	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

BISTDAY(BI994)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	241	75.8	77.0	77.0
	2	72	22.6	23.0	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

BICASMGR(BI995)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	99	31.1	31.6	31.6
	2	214	67.3	68.4	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

BIOOTHER(BI996)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	298	93.7	95.2	95.2
	2	15	4.7	4.8	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

BIDATSYS(BI997)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	266	83.6	85.3	85.3
	2	46	14.5	14.7	100.0
	Total	312	98.1	100.0	
Missing	System	6	1.9		
Total		318	100.0		

LIKEWORK(1)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		5	1.6	1.6	1.6
	0	5	1.6	1.6	3.1
	1	7	2.2	2.2	5.3
	2	213	67.0	67.0	72.3
	8	53	16.7	16.7	89.0
	9	35	11.0	11.0	100.0
	Total	318	100.0	100.0	

STAFNICE(2)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		5	1.6	1.6	1.6
	0	1	.3	.3	1.9
	1	8	2.5	2.5	4.4
	2	210	66.0	66.0	70.4
	8	55	17.3	17.3	87.7
	9	39	12.3	12.3	100.0
	Total	318	100.0	100.0	

LIKEHOME(3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	.9	1.0	1.0
	1	10	3.1	3.2	4.2
	2	264	83.0	84.3	88.5
	9	36	11.3	11.5	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

BEALONE(4)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	15	4.7	4.8	4.8
	2	232	73.0	74.1	78.9
	8	13	4.1	4.2	83.1
	9	53	16.7	16.9	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

AFRAIDHM(5)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	202	63.5	64.7	64.7
	1	42	13.2	13.5	78.2
	2	20	6.3	6.4	84.6
	9	48	15.1	15.4	100.0
	Total	312	98.1	100.0	
Missing	System	6	1.9		
Total		318	100.0		

AFRAIDNH(6)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	211	66.4	67.4	67.4
	1	31	9.7	9.9	77.3
	2	16	5.0	5.1	82.4
	9	55	17.3	17.6	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

HOMESTAF(7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	2.2	2.2	2.2
	1	1	.3	.3	2.6
	2	52	16.4	16.6	19.2
	8	224	70.4	71.6	90.7
	9	29	9.1	9.3	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

ENTERHM(8)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	14	4.4	4.5	4.5
	1	21	6.6	6.7	11.2
	2	225	70.8	71.9	83.1
	9	53	16.7	16.9	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

ENTERBRM(9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	37	11.6	11.8	11.8
	1	23	7.2	7.3	19.2
	2	202	63.5	64.5	83.7
	9	51	16.0	16.3	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

BESTFRND(10)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	76	23.9	24.3	24.3
	2	187	58.8	59.7	84.0
	9	50	15.7	16.0	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

HASFRNDS(11)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	51	16.0	16.3	16.3
	1	32	10.1	10.2	26.5
	2	184	57.9	58.8	85.3
	9	46	14.5	14.7	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

SEEFRNDS(12)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	15	4.7	4.8	4.8
	1	22	6.9	7.0	11.8
	2	176	55.3	56.2	68.1
	8	54	17.0	17.3	85.3
	9	46	14.5	14.7	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

LONELY(13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	167	52.5	53.4	53.4
	1	70	22.0	22.4	75.7
	2	23	7.2	7.3	83.1
	9	53	16.7	16.9	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

SEEFAMLY(14)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	1.3	1.3	1.3
	1	15	4.7	4.8	6.1
	2	244	76.7	78.0	84.0
	8	10	3.1	3.2	87.2
	9	40	12.6	12.8	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

KNOWSCM(15)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	22	6.9	7.0	7.0
	1	12	3.8	3.8	10.9
	2	237	74.5	75.7	86.6
	8	1	.3	.3	86.9
	9	41	12.9	13.1	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

ASKIMPOR(16)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	15	4.7	4.8	4.8
	1	14	4.4	4.5	9.3
	2	227	71.4	72.5	81.8
	8	4	1.3	1.3	83.1
	9	53	16.7	16.9	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

HELPSGET(17)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	16	5.0	5.1	5.1
	1	17	5.3	5.4	10.5
	2	217	68.2	69.3	79.9
	8	7	2.2	2.2	82.1
	9	56	17.6	17.9	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

HASADVOC(18)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	.9	1.0	1.0
	1	6	1.9	1.9	2.9
	2	162	50.9	51.9	54.8
	8	92	28.9	29.5	84.3
	9	49	15.4	15.7	100.0
	Total	312	98.1	100.0	
Missing	System	6	1.9		
Total		318	100.0		

HELPGOAL(19)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	35	11.0	11.2	11.2
	1	28	8.8	8.9	20.1
	2	200	62.9	63.9	84.0
	9	50	15.7	16.0	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

NEWGOAL(20)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	25	7.9	8.0	8.0
	2	35	11.0	11.2	19.2
	8	197	61.9	62.9	82.1
	9	56	17.6	17.9	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

HAPPY(21)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	1.9	1.9	1.9
	1	24	7.5	7.7	9.6
	2	238	74.8	76.0	85.6
	9	45	14.2	14.4	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

TRANSPOR(22)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	8	2.5	2.6	2.6
	1	59	18.6	18.8	21.4
	2	200	62.9	63.9	85.3
	9	46	14.5	14.7	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

STFPAY(23)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	69	21.7	22.0	22.0
	1	11	3.5	3.5	25.6
	2	18	5.7	5.8	31.3
	8	169	53.1	54.0	85.3
	9	46	14.5	14.7	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

BUDGET(24)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	44	13.8	14.1	14.1
	1	6	1.9	1.9	16.0
	2	46	14.5	14.7	30.7
	8	163	51.3	52.1	82.7
	9	54	17.0	17.3	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

helpoth(24a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	53	16.7	17.0	17.0
	1	32	10.1	10.3	27.2
	2	172	54.1	55.1	82.4
	9	55	17.3	17.6	100.0
	Total	312	98.1	100.0	
Missing	System	6	1.9		
Total		318	100.0		

closerel(24b)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	62	19.5	19.8	19.8
	1	2	.6	.6	20.4
	2	192	60.4	61.3	81.8
	9	57	17.9	18.2	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

earnmoney(24c)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	44	13.8	14.1	14.1
	1	30	9.4	9.6	23.6
	2	175	55.0	55.9	79.6
	9	64	20.1	20.4	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

risks(24d)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	24	7.5	7.7	7.7
	1	24	7.5	7.7	15.3
	2	179	56.3	57.2	72.5
	9	86	27.0	27.5	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

transpor(24e)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	90	28.3	28.8	28.8
	1	63	19.8	20.1	48.9
	2	106	33.3	33.9	82.7
	9	54	17.0	17.3	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

comesin(24f)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	67	21.1	21.4	21.4
	1	39	12.3	12.5	33.9
	2	150	47.2	47.9	81.8
	9	57	17.9	18.2	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

SEC1COMP(25)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	254	79.9	81.2	81.2
	2	14	4.4	4.5	85.6
	3	42	13.2	13.4	99.0
	4	1	.3	.3	99.4
	5	2	.6	.6	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

UNDERSTD(26)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	23	7.2	7.3	7.3
	1	20	6.3	6.4	13.7
	2	244	76.7	78.0	91.7
	8	26	8.2	8.3	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

VALIDRES(27)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	18	5.7	5.8	5.8
	1	27	8.5	8.6	14.4
	2	238	74.8	76.0	90.4
	8	30	9.4	9.6	100.0
	Total	313	98.4	100.0	
Missing	System	5	1.6		
Total		318	100.0		

SHOPPING(28)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	12	3.8	3.8	9.4
	2	285	89.6	89.6	99.1
	9	3	.9	.9	100.0
	Total	318	100.0	100.0	

R_SHOP(28R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	234	73.6	73.6	79.2
	2	2	.6	.6	79.9
	3	23	7.2	7.2	87.1
	4	27	8.5	8.5	95.6
	5	14	4.4	4.4	100.0
	Total	318	100.0	100.0	

ERRANDS(29)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	4	1.3	1.3	6.9
	2	292	91.8	91.8	98.7
	9	4	1.3	1.3	100.0
	Total	318	100.0	100.0	

R_ERRAND(29R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	222	69.8	69.8	75.5
	2	4	1.3	1.3	76.7
	3	27	8.5	8.5	85.2
	4	34	10.7	10.7	95.9
	5	13	4.1	4.1	100.0
	Total	318	100.0	100.0	

ENTERTAN(30)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	47	14.8	14.8	20.4
	2	248	78.0	78.0	98.4
	9	5	1.6	1.6	100.0
	Total	318	100.0	100.0	

R_ENTERT(30R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	229	72.0	72.0	77.7
	2	3	.9	.9	78.6
	3	22	6.9	6.9	85.5
	4	32	10.1	10.1	95.6
	5	14	4.4	4.4	100.0
	Total	318	100.0	100.0	

EATOUT(31)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	23	7.2	7.2	12.9
	2	274	86.2	86.2	99.1
	9	3	.9	.9	100.0
	Total	318	100.0	100.0	

R_EATOUT(31R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	233	73.3	73.3	78.9
	2	3	.9	.9	79.9
	3	26	8.2	8.2	88.1
	4	26	8.2	8.2	96.2
	5	12	3.8	3.8	100.0
	Total	318	100.0	100.0	

RELIGION(32)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	71	22.3	22.3	28.0
	2	226	71.1	71.1	99.1
	9	3	.9	.9	100.0
	Total	318	100.0	100.0	

R_RELIG(32R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	237	74.5	74.5	80.2
	2	1	.3	.3	80.5
	3	26	8.2	8.2	88.7
	4	24	7.5	7.5	96.2
	5	12	3.8	3.8	100.0
	Total	318	100.0	100.0	

COMMUNITY(33)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	244	76.7	76.7	82.4
	2	36	11.3	11.3	93.7
	9	20	6.3	6.3	100.0
	Total	318	100.0	100.0	

R_COMMUN(33R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.0	6.0	6.0
	1	207	65.1	65.1	71.1
	2	2	.6	.6	71.7
	3	32	10.1	10.1	81.8
	4	44	13.8	13.8	95.6
	5	14	4.4	4.4	100.0
	Total	318	100.0	100.0	

SPORTS(34)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	77	24.2	24.2	29.9
	1	135	42.5	42.5	72.3
	2	86	27.0	27.0	99.4
	9	2	.6	.6	100.0
	Total	318	100.0	100.0	

R_SPORTS(34R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	219	68.9	68.9	74.5
	2	2	.6	.6	75.2
	3	30	9.4	9.4	84.6
	4	36	11.3	11.3	95.9
	5	13	4.1	4.1	100.0
	Total	318	100.0	100.0	

CHOSHOM(35)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	35	11.0	11.0	16.7
	1	22	6.9	6.9	23.6
	2	10	3.1	3.1	26.7
	8	228	71.7	71.7	98.4
	9	5	1.6	1.6	100.0
	Total	318	100.0	100.0	

R_CHSHOM(35R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		23	7.2	7.2	7.2
	1	185	58.2	58.2	65.4
	2	40	12.6	12.6	78.0
	3	27	8.5	8.5	86.5
	4	26	8.2	8.2	94.7
	5	17	5.3	5.3	100.0
	Total	318	100.0	100.0	

HVISIT(36)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	15	4.7	4.7	10.4
	1	18	5.7	5.7	16.0
	2	21	6.6	6.6	22.6
	8	239	75.2	75.2	97.8
	9	7	2.2	2.2	100.0
	Total	318	100.0	100.0	

R_HVISIT(36R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		28	8.8	8.8	8.8
	1	178	56.0	56.0	64.8
	2	45	14.2	14.2	78.9
	3	29	9.1	9.1	88.1
	4	25	7.9	7.9	95.9
	5	13	4.1	4.1	100.0
	Total	318	100.0	100.0	

ROOMATES(37)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	8	2.5	2.5	8.2
	1	1	.3	.3	8.5
	2	40	12.6	12.6	21.1
	8	248	78.0	78.0	99.1
	9	3	.9	.9	100.0
	Total	318	100.0	100.0	

R_ROOMAT(37R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		31	9.7	9.7	9.7
	1	176	55.3	55.3	65.1
	2	46	14.5	14.5	79.6
	3	27	8.5	8.5	88.1
	4	24	7.5	7.5	95.6
	5	14	4.4	4.4	100.0
	Total	318	100.0	100.0	

CHSSTAFF(38)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.0	6.0	6.0
	0	19	6.0	6.0	11.9
	1	28	8.8	8.8	20.8
	2	20	6.3	6.3	27.0
	8	224	70.4	70.4	97.5
	9	8	2.5	2.5	100.0
	Total	318	100.0	100.0	

R_CHSSTF(38R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	9.4	9.4	9.4
	1	164	51.6	51.6	61.0
	2	35	11.0	11.0	72.0
	3	31	9.7	9.7	81.8
	4	38	11.9	11.9	93.7
	5	20	6.3	6.3	100.0
	Total	318	100.0	100.0	

SCHEDULE(39)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	54	17.0	17.0	22.6
	1	79	24.8	24.8	47.5
	2	166	52.2	52.2	99.7
	9	1	.3	.3	100.0
	Total	318	100.0	100.0	

R_SCHED(39R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	220	69.2	69.2	74.8
	2	3	.9	.9	75.8
	3	31	9.7	9.7	85.5
	4	30	9.4	9.4	95.0
	5	16	5.0	5.0	100.0
	Total	318	100.0	100.0	

FREETIME(40)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	38	11.9	11.9	17.6
	1	54	17.0	17.0	34.6
	2	204	64.2	64.2	98.7
	9	4	1.3	1.3	100.0
	Total	318	100.0	100.0	

R_FREETM(40R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	221	69.5	69.5	75.2
	2	2	.6	.6	75.8
	3	32	10.1	10.1	85.8
	4	30	9.4	9.4	95.3
	5	15	4.7	4.7	100.0
	Total	318	100.0	100.0	

CHOOSJOB(41)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	103	32.4	32.4	38.1
	1	94	29.6	29.6	67.6
	2	43	13.5	13.5	81.1
	8	54	17.0	17.0	98.1
	9	6	1.9	1.9	100.0
	Total	318	100.0	100.0	

R_CHSJOB(41R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		21	6.6	6.6	6.6
	1	192	60.4	60.4	67.0
	2	18	5.7	5.7	72.6
	3	34	10.7	10.7	83.3
	4	36	11.3	11.3	94.7
	5	17	5.3	5.3	100.0
	Total	318	100.0	100.0	

JVISIT(42)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	61	19.2	19.2	24.8
	1	85	26.7	26.7	51.6
	2	69	21.7	21.7	73.3
	8	58	18.2	18.2	91.5
	9	27	8.5	8.5	100.0
	Total	318	100.0	100.0	

R_JVISIT(42R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		21	6.6	6.6	6.6
	1	188	59.1	59.1	65.7
	2	17	5.3	5.3	71.1
	3	35	11.0	11.0	82.1
	4	39	12.3	12.3	94.3
	5	18	5.7	5.7	100.0
	Total	318	100.0	100.0	

CHSJBSTF(43)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	54	17.0	17.0	22.6
	1	133	41.8	41.8	64.5
	2	33	10.4	10.4	74.8
	8	66	20.8	20.8	95.6
	9	14	4.4	4.4	100.0
	Total	318	100.0	100.0	

R_CHSJS(43R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		21	6.6	6.6	6.6
	1	197	61.9	61.9	68.6
	2	17	5.3	5.3	73.9
	3	30	9.4	9.4	83.3
	4	32	10.1	10.1	93.4
	5	21	6.6	6.6	100.0
	Total	318	100.0	100.0	

CHOOSBUY(44)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	49	15.4	15.4	21.1
	1	51	16.0	16.0	37.1
	2	190	59.7	59.7	96.9
	9	10	3.1	3.1	100.0
	Total	318	100.0	100.0	

R_CHSBUY(44R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.0	6.0	6.0
	1	220	69.2	69.2	75.2
	2	5	1.6	1.6	76.7
	3	28	8.8	8.8	85.5
	4	32	10.1	10.1	95.6
	5	14	4.4	4.4	100.0
	Total	318	100.0	100.0	

CHOOSCM(45)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	82	25.8	25.8	31.4
	1	175	55.0	55.0	86.5
	2	31	9.7	9.7	96.2
	8	1	.3	.3	96.5
	9	11	3.5	3.5	100.0
	Total	318	100.0	100.0	

R_CHSCM(45R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		20	6.3	6.3	6.3
	1	178	56.0	56.0	62.3
	2	10	3.1	3.1	65.4
	3	38	11.9	11.9	77.4
	4	49	15.4	15.4	92.8
	5	23	7.2	7.2	100.0
	Total	318	100.0	100.0	

MAIOPEN(46)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	200	62.9	62.9	68.6
	2	36	11.3	11.3	79.9
	8	49	15.4	15.4	95.3
	9	15	4.7	4.7	100.0
	Total	318	100.0	100.0	

R_MAILOP(46R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.0	6.0	6.0
	1	211	66.4	66.4	72.3
	2	6	1.9	1.9	74.2
	3	30	9.4	9.4	83.6
	4	36	11.3	11.3	95.0
	5	16	5.0	5.0	100.0
	Total	318	100.0	100.0	

ALONEGST(47a)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	8	2.5	2.5	8.2
	2	149	46.9	46.9	55.0
	8	130	40.9	40.9	95.9
	9	13	4.1	4.1	100.0
	Total	318	100.0	100.0	

R_GUESTS(47R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.0	6.0	6.0
	1	216	67.9	67.9	73.9
	2	10	3.1	3.1	77.0
	3	31	9.7	9.7	86.8
	4	30	9.4	9.4	96.2
	5	12	3.8	3.8	100.0
	Total	318	100.0	100.0	

USEPHONE(48)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	33	10.4	10.4	16.0
	2	196	61.6	61.6	77.7
	8	63	19.8	19.8	97.5
	9	8	2.5	2.5	100.0
	Total	318	100.0	100.0	

R_PHONE(48R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	222	69.8	69.8	75.5
	2	2	.6	.6	76.1
	3	32	10.1	10.1	86.2
	4	32	10.1	10.1	96.2
	5	12	3.8	3.8	100.0
	Total	318	100.0	100.0	

SELFADVO(49)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	138	43.4	43.4	49.1
	1	5	1.6	1.6	50.6
	2	27	8.5	8.5	59.1
	8	111	34.9	34.9	94.0
	9	19	6.0	6.0	100.0
	Total	318	100.0	100.0	

R_SELFAD(49R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	179	56.3	56.3	61.9
	2	8	2.5	2.5	64.5
	3	38	11.9	11.9	76.4
	4	53	16.7	16.7	93.1
	5	22	6.9	6.9	100.0
	Total	318	100.0	100.0	

SERVED(50)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	0	21	6.6	6.6	12.3
	1	38	11.9	11.9	24.2
	2	226	71.1	71.1	95.3
	9	15	4.7	4.7	100.0
	Total	318	100.0	100.0	

R_SERVED(50R)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		23	7.2	7.2	7.2
	1	181	56.9	56.9	64.2
	2	4	1.3	1.3	65.4
	3	38	11.9	11.9	77.4
	4	58	18.2	18.2	95.6
	5	14	4.4	4.4	100.0
	Total	318	100.0	100.0	

SEC2CONS(511)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	46	14.5	14.5	20.1
	2	254	79.9	79.9	100.0
	Total	318	100.0	100.0	

SEC2ADVO(512)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.0	6.0	6.0
	1	156	49.1	49.1	55.0
	2	143	45.0	45.0	100.0
	Total	318	100.0	100.0	

SEC2HMST(513)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.0	6.0	6.0
	1	295	92.8	92.8	98.7
	2	4	1.3	1.3	100.0
	Total	318	100.0	100.0	

SEC2DYST(514)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	5.7	5.7	5.7
	1	242	76.1	76.1	81.8
	2	58	18.2	18.2	100.0
	Total	318	100.0	100.0	

SEC2OTHR(515)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		19	6.0	6.0	6.0
	1	292	91.8	91.8	97.8
	2	7	2.2	2.2	100.0
	Total	318	100.0	100.0	

participates_in_community

Program	Mean	Sum	N	Std. Deviation
CLASS	.7371	202.71	275	.20876
CWP	.6819	34.10	50	.18752
DBMD	.6943	34.02	49	.20388
HCS	.7658	247.34	323	.18138
TXHML	.7563	223.11	295	.16767

Responses to seven items were used in calculating this scale. Responses from participants who answered at least 5 of the items in this scale were included. Items included in the participates_in_community scale were Q28, Q29, Q30, Q31, Q32, Q33, Q34).

On average, individuals in the CLASS program reported participating in 74% of community activities.

On average, individuals in the CWP program reported participating in 68% of community activities.

On average, individuals in the DBMD program reported participating in 69% of community activities.

On average, individuals in the HCS program reported participating in 77% of community activities.

On average, individuals in the TXHML program reported participating in 76% of community activities.

life_decisions

Program	Mean	Sum	N	Std. Deviation
CLASS	.3337	41.72	125	.27012
CWP	.1783	5.35	30	.23542
DBMD	.0333	1.07	32	.09275
HCS	.1742	50.87	292	.25438
TXHML	.1518	34.60	228	.23779

Responses to five items were used in calculating this scale. Responses from participants who answered at least 3 of the items in this scale were included. Items included in the choices scale were Q35, Q38, Q41, Q43, Q45).

On average, individuals in the CLASS program reported making life decisions in 33% of activities.

On average, individuals in the CWP program reported making life decisions in 18% of activities.

On average, individuals in the DBMD program reported making life decisions in 3% of activities.

On average, individuals in the HCS program reported making life decisions in 17% of activities.

On average, individuals in the TXHML program reported making life decisions in 15% of activities.

personal_choices

Program	Mean	Sum	N	Std. Deviation
CLASS	.6105	166.67	273	.43997
CWP	.5016	25.58	51	.42081
DBMD	.3209	15.08	47	.35652
HCS	.5028	162.92	324	.36676
TXHML	.6436	186.00	289	.37557
Total	.5172	687.33	1329	.38987

Responses to four items were used in calculating this scale. Responses from participants who answered at least 3 of the items in this scale were included. Items included in the decision_making scale were Q37, Q39, Q40, Q44).

On average, individuals in the CLASS program reported making personal choices in 61% of activities.

On average, individuals in the CWP program reported making personal choices in 50% of activities.

On average, individuals in the DBMD program reported making personal choices in 32% of activities.

On average, individuals in the HCS program reported making personal choices in 50% of activities.

On average, individuals in the TXHML program reported making personal choices in 64% of activities.