

2022 Annual Report:

Consumer Assessment of Health Provider  
Systems Home and Community-Based Services  
(HCBS CAHPS<sup>®</sup>) Survey Results:

Connecticut Community First Choice

**July 1, 2021 – June 30, 2022**

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## I. Introduction

Connecticut has seen a growth in use of Medicaid funded home and community-based services (HCBS). The Department of Social Services (DSS) administers six waivers, including the Connecticut Home Care Program, Personal Care Assistance, Acquired Brain Injury 1 and 2, Katie Beckett, and Autism waivers. Additional waivers are operated by the Department of Mental Health and Addiction Services (DMHAS) and the Department of Developmental Services (DDS).

Historically, the different Medicaid HCBS programs have used diverse, program-specific instruments to obtain the participant experience data required for quality assurance by the Centers for Medicare and Medicaid Services (CMS) and DSS. However, this lack of a standardized, universal instrument and quality assurance method made it challenging to compare participant experiences across Medicaid HCBS programs.

As a standardized cross-disability instrument, the HCBS CAHPS<sup>®</sup> survey allows for the comparison of various HCBS programs and case management providers. In an effort to improve the quality of the data and inform program comparison, CT first implemented the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS<sup>®</sup>) survey in 2015 in the CHCP, PCA, and ABI waivers. CT now uses the HCBS CAHPS survey in nine of its Medicaid programs: CHCP Categories 3 and 5, CFC, and the PCA, ABI 1, ABI 2, Autism, Katie Beckett, and Mental Health waivers. This provides Connecticut with one consistent approach to reward quality and facilitate reporting across waiver programs and care management provider agencies. For more information about the HCBS survey and its implementation, please see the Consumer Assessment of Health Provider Systems Home and Community-Based Services (HCBS CAHPS) Survey Results: Connecticut Community First Choice Report, 2022.

## II. Methods

### A. HCBS CAHPS<sup>®</sup> Survey

The HCBS CAHPS<sup>®</sup> survey is composed of eleven sections: cognitive screen, identification of paid services, personal assistance and/or behavioral health staff services, homemaker services, case manager, choosing your services, transportation, personal safety, community inclusion and empowerment, demographics, and an employment module. A participant's waiver or HCBS program determines which staff services to ask about and what terms to use to refer to these services (see Table 1). The 2021-2022 HCBS CAHPS<sup>®</sup> survey, including the employment items asked of the PCA, ABI, Autism, DMHAS and CFC adult participants, is attached in Appendix B.

Table 1. HCBS Program Staff Services

	CHCP	PCA	ABI	Autism	Katie Beckett	Mental Health waiver	CFC
Personal care assistance/attendant	X	X	X	X			X
Behavioral health			X*	X**			
Recovery assistance						X	
Homemaking/companion services	X	X	X	X			
Case manager	X	X	X	X	X	X	
Support and Planning Coach							X
Community service provider***						X	

\*Independent Living Skills Training (ILST)

\*\*Life skills coach or community mentor

## B. Survey Administration

Quality assurance staff from all access agencies complete HCBS CAHPS surveys for a representative sample of their CHCP, PCA, and ABI clients. DSS administers the Autism and Katie Beckett HCBS CAHPS surveys, and DMHAS administers HCBS CAHPS surveys for the Mental Health Waiver clients. The UConn Health Center on Aging (UConn) conducts surveys for people in the CFC program who are not on a waiver. Please see the CFC 2020 report for more detail regarding the HCBS CAHPS survey administration for waiver participants.

As the training and technical assistance provider, UConn provides ongoing training and technical assistance for the quality assurance staff from all four Access Agencies, DSS, and DMHAS. UConn provides a secure online HCBS CAHPS® platform with program specific surveys. Computer assisted telephone-personal interviewing programming is used to direct the interviewer to the correct question and accurately follow the skip patterns for each type of survey.

## C. Sampling Methodology

### i. CFC participants using waiver services

Using client enrollment numbers as of 6/30/2021, DSS determined the target number of surveys for each Access Agency, DSS, and DMHAS to complete to reach a representative sample in each of their programs. Using random sampling, Access Agency, DSS, and DMHAS quality assurance staff contacted waiver participants from their client lists and invited them to do the survey. Surveys were completed between July 1, 2021 to June 30, 2022. The waiver program random samples included both waiver participants who only use waiver services and waiver participants who use CFC services in addition to the waiver services. For all HCBS CAHPS® surveys, if there were a legal guardian or conservator of person, quality assurance staff contacted them first before contacting the participant.

Of the 1346 HCBS CAHPS® surveys completed from July 1, 2021 to June 30, 2022, 377 of these participants were identified through administrative data as also on CFC. This CFC Plus Waiver group includes participants from each of the waivers that use the HCBS CAHPS® survey.

### ii. CFC participants not using waiver services

DSS provided the UConn research team a list of CFC participants who had a CFC service claim from January 1, 2021 to September 30, 2021, but no other waiver claim during this time. Participants whose service plan was transmitted to the fiscal intermediary within less than three months were taken out to exclude participants who had not yet begun services. MFP participants were excluded as well. Due to limitations in obtaining claims information, the list included people who were on a waiver. Using information from the Connecticut MyCommunityChoices website, UConn removed participants whose records indicated they were likely using waiver services and assigned the remaining participants into one of three target populations: Developmental Disability (DD), physical disability under 65 (PD), or older adult (OA). Each group was independently randomized. The intended sample was to reflect this target population distribution: 25% DD, 50% PD, and 25% OA. The initial sample comprised 26% DD (n=50), 48% PD (n=94), and 26% OA (n=50) participants, for a total sample of 194 participants.

UConn sent notification letters with information about the survey to potential participants. Within two weeks of sending the letter, UConn contacted participants and invited them to do the survey. If there were a conservator or legal guardian listed, UConn sent the notification letter to the conservator/legal guardian and contacted them first before contacting the participant. Surveys were conducted with these participants from October 18, 2021 to January 18, 2022 with a goal of completing 100 surveys. In all, 109 surveys were completed with CFC Only participants.

## D. Measures

Key results are presented using established HCBS CAHPS® composite and other key measures (see Table 2). Individual items not covered by these measures are also reported.

Each composite scale comprised three to twelve individual questions (see Appendix A). Most of these questions had four response options: never, sometimes, usually, and always. Each response was given a number from one to four, with one indicating the most negative and four the most positive response. A composite’s final score is generated by combining the answers from each question, producing one number ranging from one to four. All scores were rounded to the second decimal point.

For global ratings, participants were asked to rate the help they get from each type of staff based on a scale from 0 to 10, or alternatively, using a worded scale from poor to excellent. These responses were grouped to form a five-point rating scale with scores ranging from one to five, with the higher the number, the more positive the rating. Recommendations were based on a four-point scale derived from asking if the participant would recommend the person using one of the following responses: definitely no, probably no, probably yes, or definitely yes (range 1 to 4; higher numbers indicate more positive recommendation).

To determine if there were any unmet need for personal care or household tasks, a stem question asked if the participant needed assistance for that activity, and if so, did this activity always happen when it was needed. Unmet need was defined as the activity not occurring when needed because there were no staff to assist the participant, and scored as either yes, an unmet need is present, or no, it was not. One item was used to determine physical safety: “In the past 3 months, did any [staff] hit you or hurt you?” using a yes or no response.

Following CAHPS protocol, this report presents the composites, global ratings, and recommendations in two ways: the mean or average score, and the percentage with the highest score. The latter is especially helpful when comparing services or providers, as it highlights which programs are delivering the highest quality service. To produce the highest composite scores, responses were divided into two groups: the most positive (scores of 4 only) and all other responses (scores of 1, 2, or 3). Each item is scored individually and the mean across items in that composite is used. Highest recommendation was determined similarly – only “definitely yes” was given the highest score, while the other three responses were grouped together. Likewise, each global rating was categorized as either the highest score (rating of a 5), versus all other responses (any number less than five). This report displays the percentage of participants who gave the most positive or highest score, rating, or recommendation.

Table 2. Key Measures

Composites	Staff are reliable and helpful
	Staff listen and communicate well
	Case manager is helpful
	Choosing services that matter to you
	Transportation to medical appointments
	Personal safety and respect
	Planning your time and activities
Global ratings	Personal care/Recovery assistance/Behavioral health staff
	Homemaking/Companion services
	Case manager
Recommendations	Personal care/Recovery assistance/Behavioral health staff
	Homemaking/Companion services
	Case manager

Unmet need	Personal care
	Meals
	Medications
	Toileting
	Household tasks
Physical safety	Did any staff hit or hurt you

### III. Results

#### A. Respondent Sample

This report examines three groups of respondents:

- i. Participants who use only CFC services (CFC Only),
- ii. Waiver participants who also use CFC services (CFC Plus Waiver), and
- iii. Participants in both groups combined (CFC All).

Table 3 shows the total sample size for each of the three groups analyzed in this report. See Table 4 for the waiver composition of the CFC Plus Waiver participants.

Table 3. CFC 2020 Annual Report Sample

Participant program	Surveys completed (N)
CFC Only	106
CFC Plus Waiver	377
<b>Total CFC participants</b>	<b>483</b>

Table 4. Waiver composition of CFC Plus Waiver sample

Waiver Program	Surveys completed (N)
CHCPE	14
PCA	270
ABI	72
Autism	1
Katie Beckett	12
DMHAS	8
<b>Total CFC plus waiver</b>	<b>377</b>

Most CFC surveys were completed by the consumer, but there were significantly more proxy interviews completed than surveys done by the consumer with assistance (Table 5). A larger percentage of CFC Plus Waiver participants completed the survey by themselves, compared to CFC Only participants (72% vs. 62%, respectively). For assisted interviews, the person assisting most often helped by answering some of the questions for the consumer or prompting the consumer. Proxy respondents were asked to answer the questions based on how they thought the consumer would respond, even if they disagreed with the answer personally.

Table 5. Survey Respondents

	CFC Only	CFC Plus Waiver	CFC All

	n (%)	n (%)	n (%)
By self	66 (62.3)	271 (71.9)	337 (69.8)
With assistance	8 (7.5)	7 (1.9)	15 (3.1)
By proxy	32 (30.2)	99 (26.3)	131 (27.1)

## B. Consumer Demographics

Consumer demographics by program are presented in Table 6. There are some noticeable differences between the CFC Only participants and the CFC Plus Waiver participants. For example, the CFC Only group has a larger cohort under age 25 than the CFC Plus Waiver (16% vs. 4%). Almost three times as many CFC Only participants identify as Latino (41% vs. 14%), and a larger portion of CFC Only participants speak primarily Spanish (20% vs. 1%). Finally, more than twice as many CFC Plus Waiver participants identify as White, compared to CFC Only participants (68% vs 34%).

Table 6. Consumer Demographics\*

		CFC Only %	CFC Plus Waiver %	CFC All %
Age		N=106	N=377	N=483
	<18	9.4	1.6	3.3
	18-24	6.6	2.7	3.5
	25-34	11.3	10.6	10.8
	35-44	8.5	12.7	11.8
	45-54	8.5	22.3	19.3
	55-64	34.0	42.4	40.6
	65-74	17.9	6.4	8.9'
	75+	3.8	1.3	1.9
Language		N=105	N=376	N=481
	English Only	53.3	72.9	68.6
	Spanish Only	20.0	1.1	5.2
	Multilingual/ Other	26.7	26.1	26.2
Race		N=95	N=373	N=468
	White	33.7	68.4	61.3
	Black	38.9	26.8	29.3
	Other	27.4	4.8	9.4
Ethnicity		N=104	N=377	N=481
	Non-Hispanic	58.7	85.9	80.0
	Hispanic	41.3	14.1	20.0
Education Level		N=104	N=372	N=476
	< 8th Grade	21.2	4.8	8.4
	Some high school	26.0	15.1	17.4
	High school degree	26.9	41.1	38.0
	Some college	24.0	30.6	29.2
	4-year college	1.9	6.7	5.7

	More than 4 year degree		0.0	1.6	1.3
Gender			N=106	N=377	N=483
	Male		40.6	47.5	46.0
	Female		59.4	52.5	54.0

\*The percentages listed for each item are based on the total number of valid responses to that question (N).

\*\*Missing data not reported

### C. Program Service Use

Participants reported using a variety of program services to accommodate their needs in the three months prior to completing the survey (see Table 7). Among the CFC Only participants who received both personal care assistance and homemaking services, 97% reported those services as coming from the same CFC staff. Consumers who received both services from the same person were not asked to rate or recommend their staff based on their homemaking services.

Table 7. Program Service Use

	CFC Only %	CFC Plus Waiver %	CFC All %
	N=106	N=377	N=483
Personal care assistant/attendant services	94.3	87.5	89.0
Behavioral health services*		16.2	12.6
Recovery assistance services		1.9	1.4
Homemaking or Companion services**	7.5	24.4	36.4
Case manager	0	92.3	72.0
Support and Planning Coach	9.4	0	2.1

\*Independent Living Skills Training (ILST) services (ABI); Life skills coach or community mentor services (Autism)

\*\*Excludes PCA services

### D. Key Results

All the key measures (composites and staff global ratings and recommendations) show results for the three groups separately. Previous reports excluded CFC Only participants who use their staff for homemaking activities exclusively, due to the limited number of homemakers who fit this criteria. Despite the small number, all data relating to homemaking services is reported. Since CFC Only participants do not receive case management, the data for Case manager items are in reference to their Support and Planning Coach services. A Support and Planning Coach provides on-going aide in training PCA staff, revisions, and budgeting for care plans and/or coordinating all CFC services based on the CFC Only participant's needs.

CFC Only participants were asked about any Support and Planning Coach services, and 10 said they used this service. These participants identified staff who in their view, served as the appropriate contacts to address their service needs. However, based on how these participants identified their Support and Planning Coach service provider, mostly as a case manager, by name or other indeterminable title, it is difficult to know for certain if they all functioned as true Support and Planning Coaches. Despite the uncertainty of these designations, the data is reported to identify anyone who helped them get the services they needed.



Additional findings in the rest of the report present the results for all three CFC groups. It should be noted that in many instances, the sample for CFC Only participants is drastically lower compared to the CFC Plus Waiver.

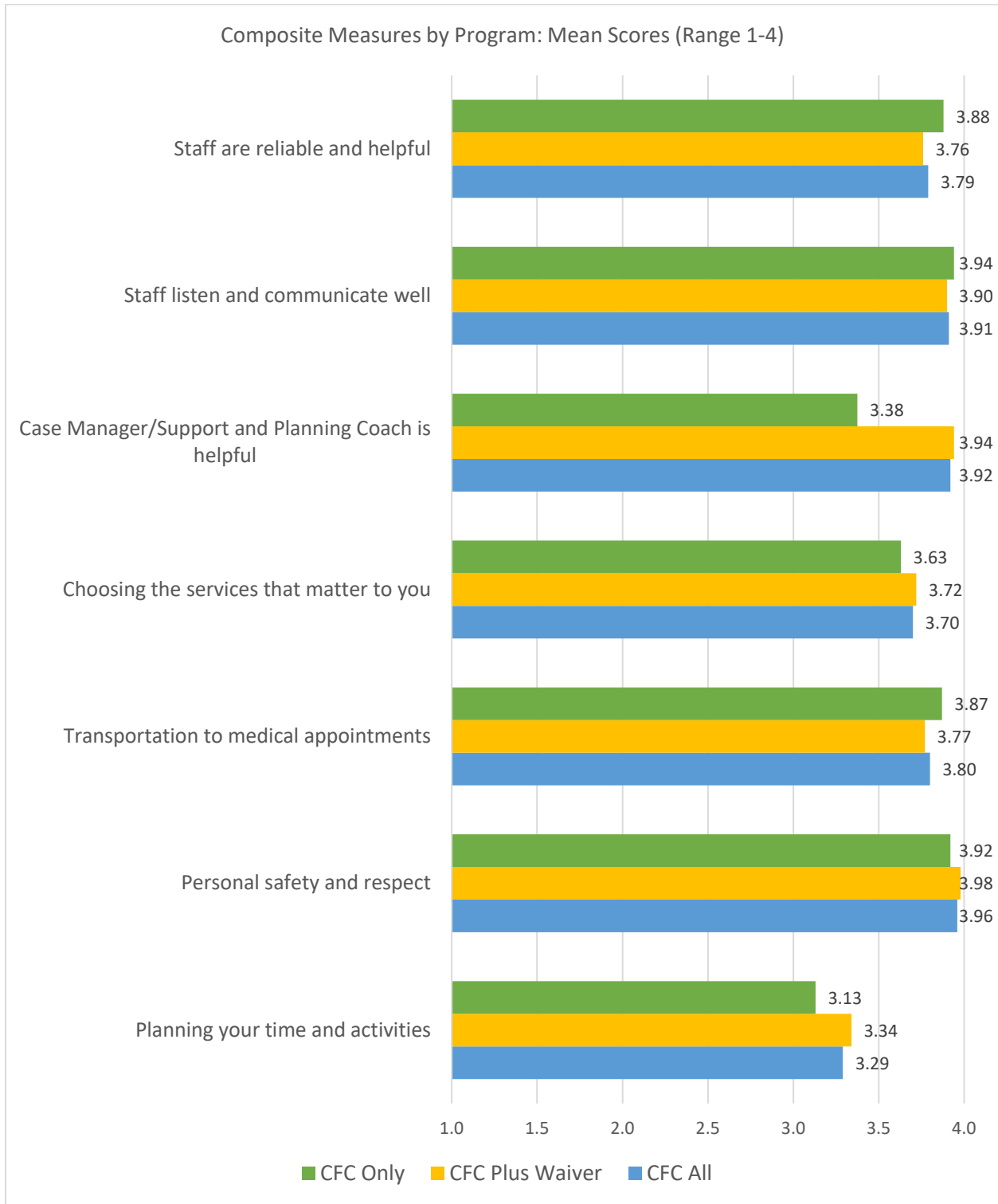
Composite measures, global ratings, and recommendations by program are displayed two ways: the mean score and the percentage reporting the highest score.

i. Composite measures by program

Overall, when examined by group (CFC Plus Waiver, CFC Only and CFC All), mean scores for most composite measures were high (Figure 1). Across all groups, participants reported higher scores for personal safety and respect, and lower scores (<3.5) for planning your time and activities. Although scores were lower for planning your time and activities, there was a slight difference between the mean scores reported between the two groups, with CFC Only reporting an average score of 3.13 and CFC Plus Waiver scoring 3.34. There was also a pronounced difference between the two groups within the Case Manager/Support and Planning Coach is Helpful composite, with CFC Only having a mean score of 3.38, compared to CFC Plus Waiver with a mean score of 3.94.

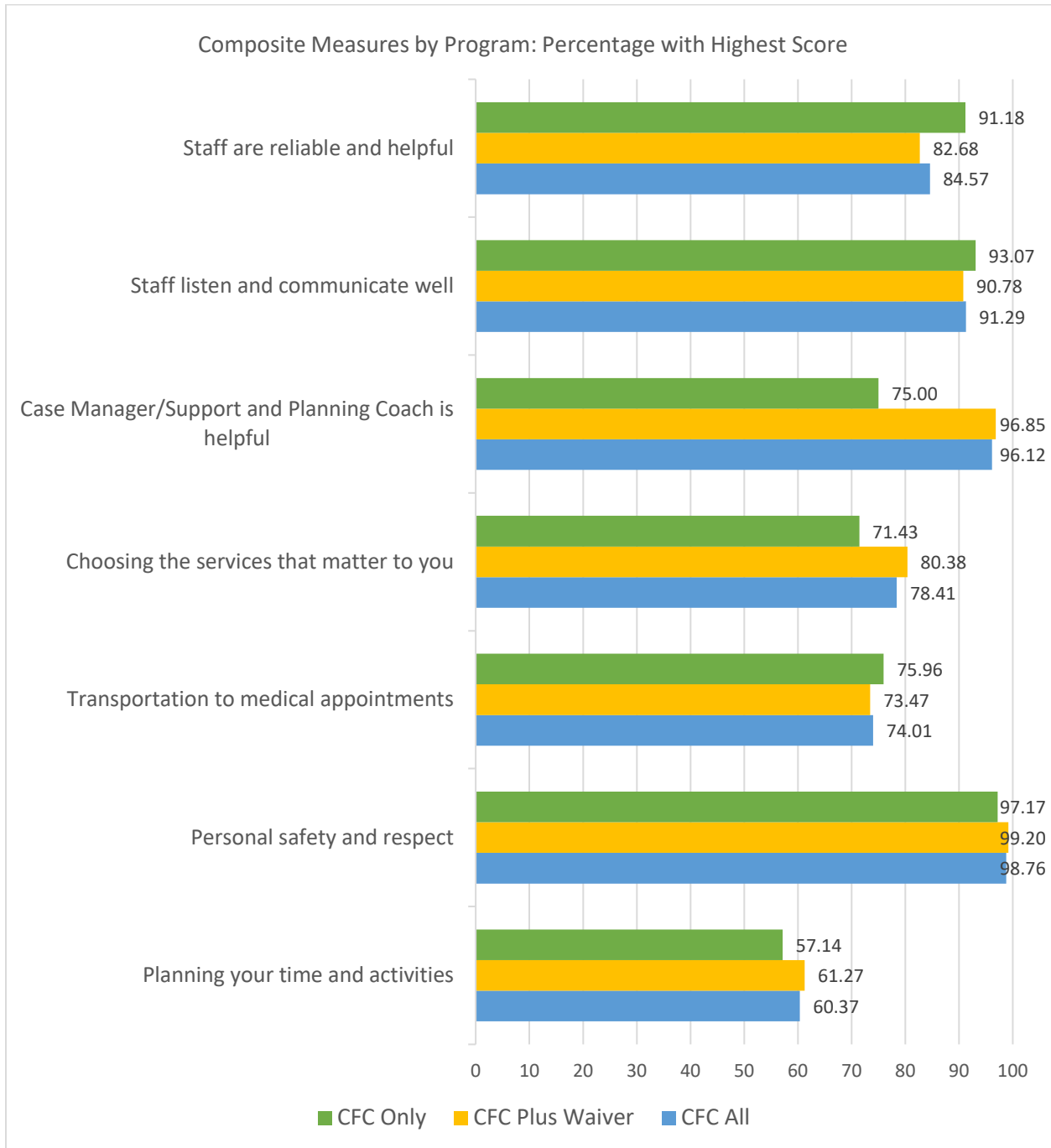
Figure 2 shows the percentage of participants in each program who gave the most positive answer for each composite item. This method highlights any differences more clearly. For instance, showing the difference between CFC Only and CFC Plus Waiver as less pronounced within the Planning your time and activities composite.

Figure 1. Composite Measures by Program: Mean Scores (Range 1-4)\*



\*In Figures 1 and 2, “Staff” combines all PCA, ILST, recovery assistant, community service provider, homemaker, companion, life skills coach, and community mentor staff.

Figure 2. Composite Measures by Program: Percentage with Highest Score



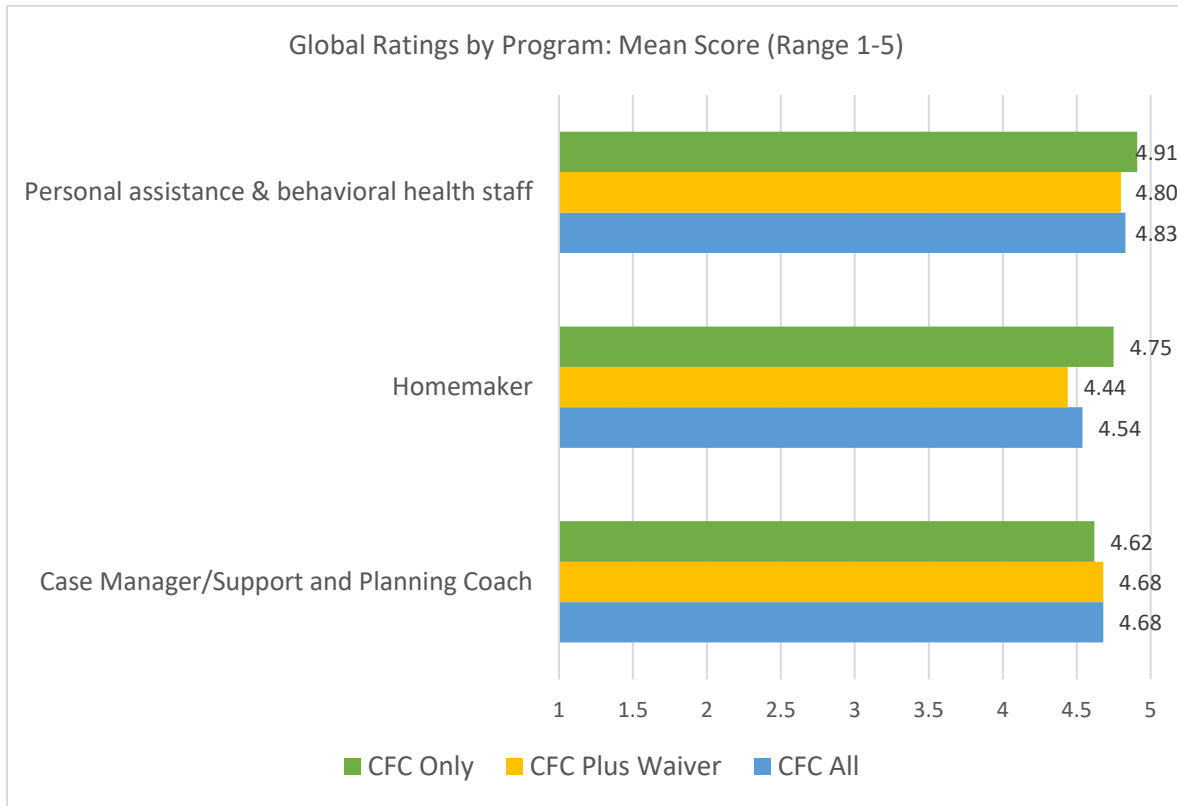
ii. Global ratings by program

When examined using mean scores, the majority of CFC participants gave their staff, such as personal care and behavioral health staff, homemaker services, and case managers, high scores – between 4.4 to 4.9, on a scale from one to five (Figure 3). As with other care manager items, these figures only report data from CFC participants who have a case manager or support and planning coach.

Figure 4 presents the percentage of participants in each program who gave their staff the highest rating possible – a nine or ten, on a scale from zero to ten. CFC Only rated their personal care staff more highly: 93% of CFC Only participants rated their PCAs a nine or ten, compared to 84% of CFC participants on a waiver. A majority of all CFC participants (77%) gave their care managers/support and planning

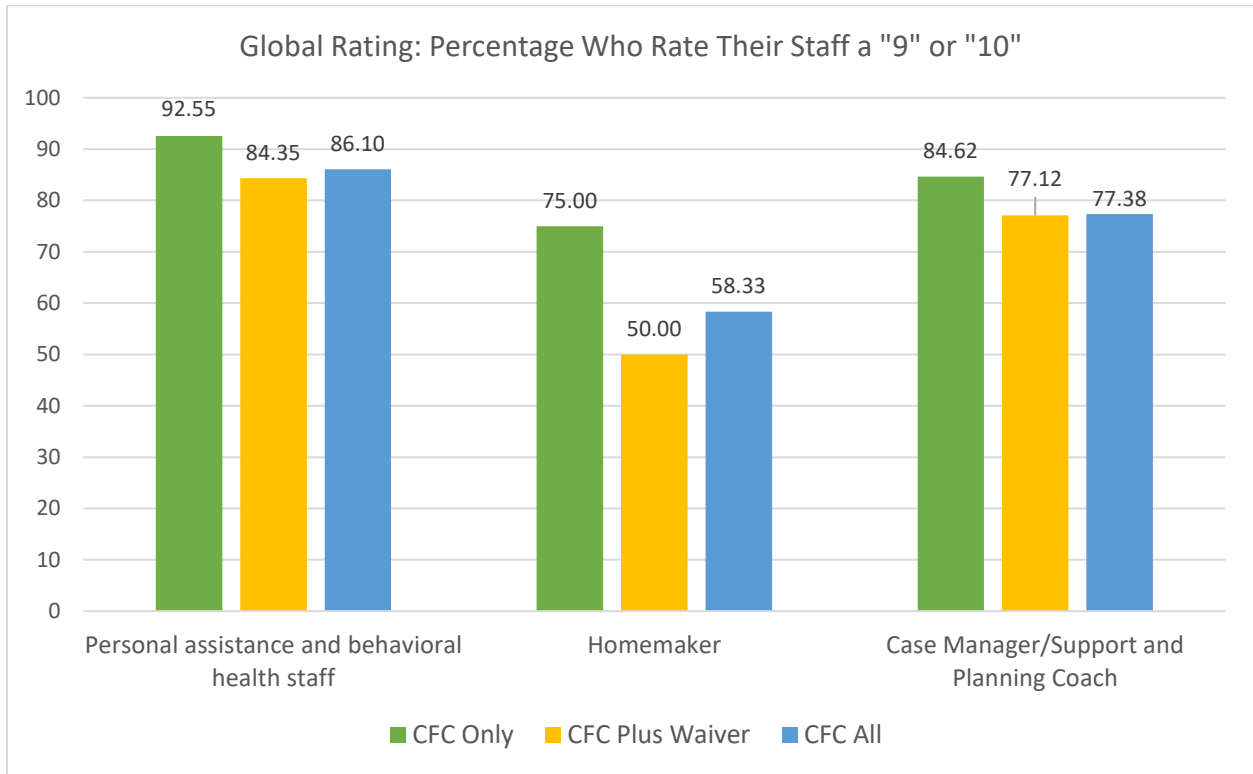
coach the highest rating, while significantly less CFC participants (58%) gave their homemakers a “9” or “10” rating.

Figure 3. Global Ratings by Program: Mean Score (Range 1-5)\*



\*In Figures 3, 4, 5, and 6, “Personal assistance & behavioral health staff” combines all PCA, ILST, recovery assistant, life skills coach, and community mentor staff. The term “Homemaker” is used to describe any type of staff who assist with homemaking tasks or household chores.

Figure 4. Global Rating by Program: Percentage Who Rate Their Staff a "9" or "10" (Range 0-10)



iii. Recommendations by program

When asked if they would recommend their personal care staff, homemaker services, or case managers/support and planning coach, all CFC participants gave their staff high mean recommendations – greater than 3.5 on a scale of one to four (Figure 5). Figure 6 shows the percentage of respondents who would “definitely” recommend their staff or services. This figure shows the differences in recommendations more clearly. CFC Only participants showed strong favorability towards their PCAs, with 95% reporting that they would “definitely” recommend their staff, compared to 82% of CFC plus participants on a waiver.

Figure 5. Recommendations by Program: Mean Score (Range 1-4)

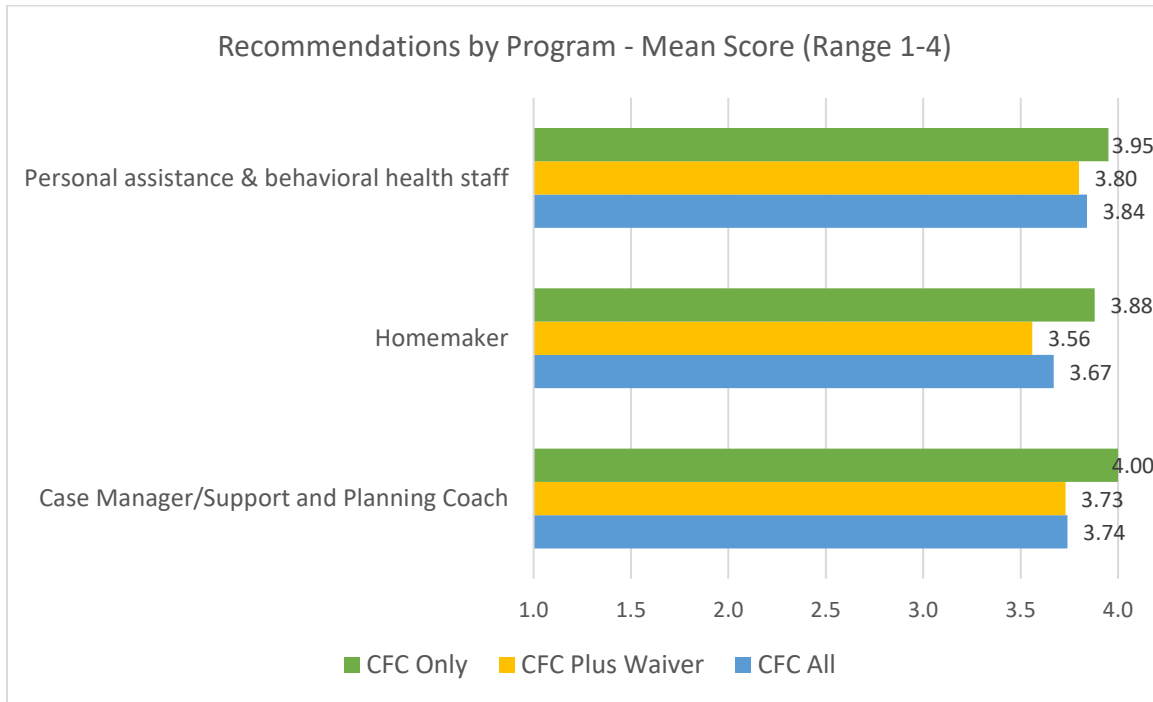
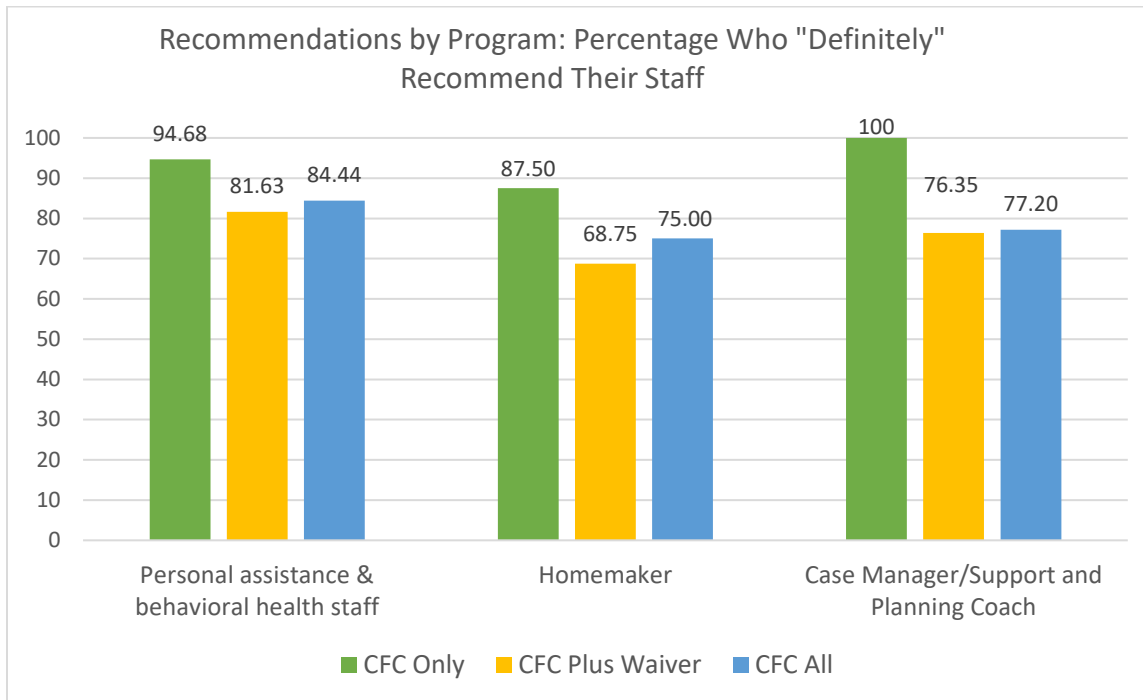


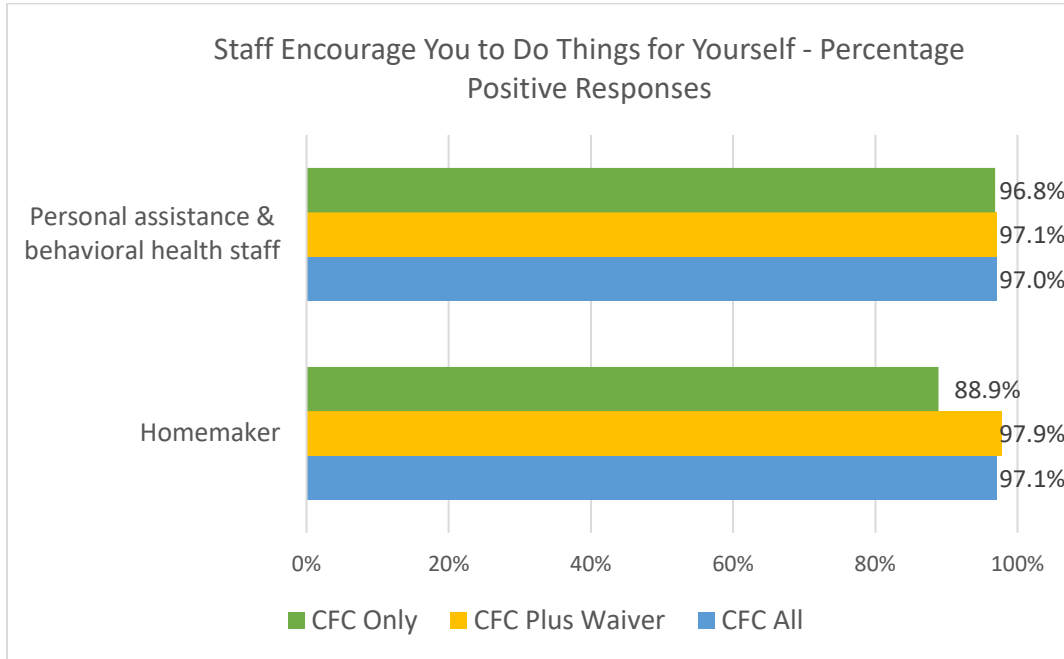
Figure 6. Recommendations by Program: Percentage Who “Definitely” Recommend Staff



iv. Additional staff and case manager measures

Participants with personal care, behavioral health, or homemaker services were asked, “Did [staff] encourage you to do things for yourself if you could?” As shown in Figure 7, CFC Plus Waiver and CFC Only participants both reported that 97% of their personal assistance/behavioral health staff encouraged them to do things for themselves. When asked if their homemakers encouraged them to do things for themselves, almost all CFC plus waiver participants (98%) and a strong majority of CFC Only participants (89%) reported this to be true.

Figure 7. Staff Encourage You to Do Things for Yourself - Percentage Positive Responses



When asked if they knew who their care manager or support and planning coach was, the vast majority (94%) of CFC participants on a waiver said they knew, while only 13% of CFC Only participants were able to identify someone who helped to get the services they needed (Figure 8).

Figure 8. Identified Care Manager or Support and Planning Coach

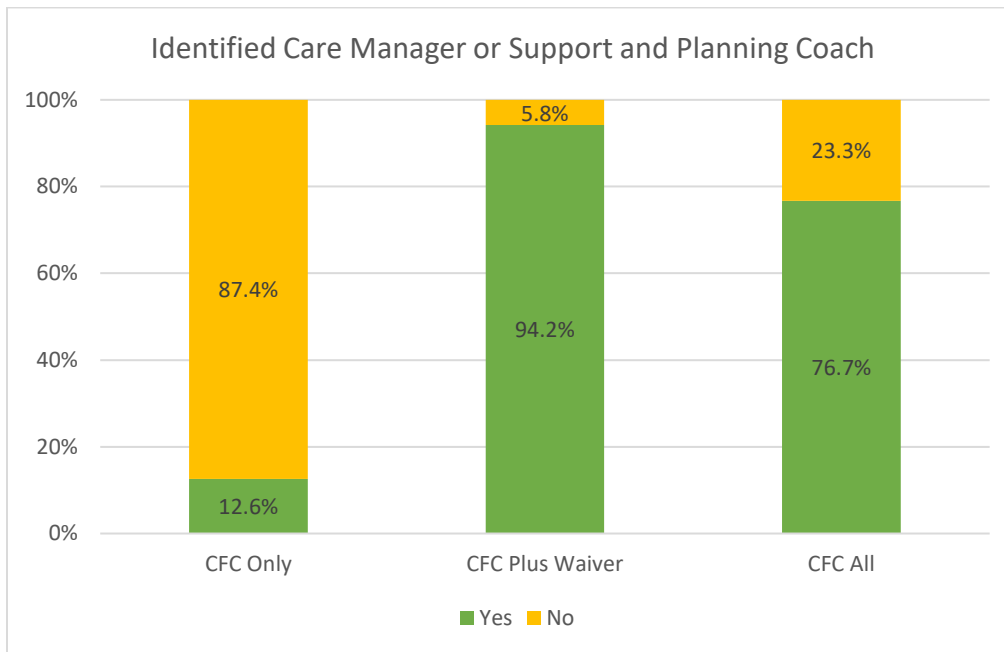
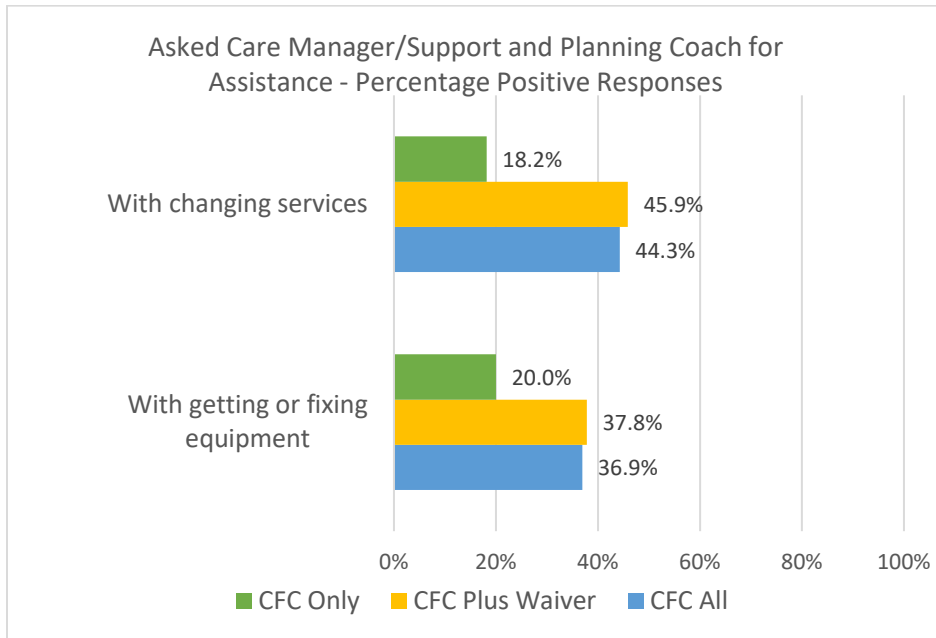


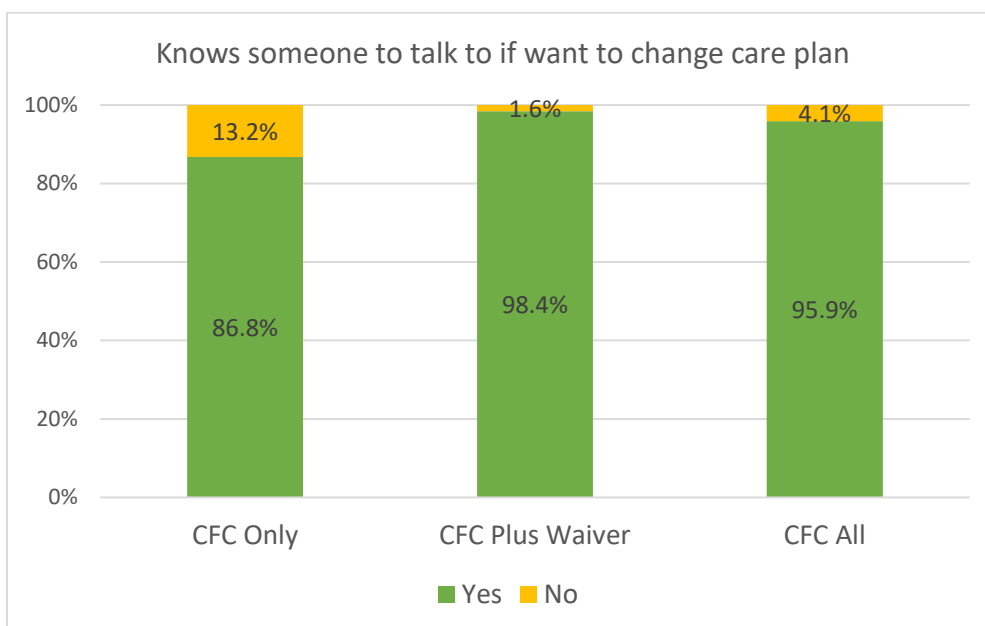
Figure 9 shows that slightly less than half of the respondents reported having asked their care manager for help with changing their services (44%), and a little over a third (37%) had asked for help with getting or fixing equipment.

Figure 9. Asked Care Manager for Assistance with Changing Services or Equipment – Percentage Positive Responses



Participants were asked the open-ended question, “In the last 3 months, who would you have talked to if you wanted to change your [care plan, service plan]?” Almost all (98%) of CFC Plus Waiver participants reported they did have someone to talk to, and the vast majority of CFC Only participants (87%) reported the same (Figure 10).

Figure 10. Knows Someone to Talk to if Want to Change Care Plan





When asked to name the person they would talk to, the great majority (94%) of CFC Plus Waiver participants said they would talk to their case manager, and 36% of CFC Only participants said they would talk to their Universal Assessor (UA) or Support and Planning Coach (Table 8). CFC Only participants more often involved family or friends than CFC Plus Waiver (39% CFC Only, 13% CFC Plus Waiver). Of all the CFC participants, 23 (5%) said they would contact Allied, the company itself or a supervisor.

Table 8. Who Would You Talk to if You Wanted to Change Your Care Plan?\*

	CFC Only N=92 n (%)	CFC Plus Waiver N=371 n (%)	CFC All N=463 n (%)
Waiver Case manager	0 (0)	350 (94.3)	350 (75.6)
UA or Support & Planning Coach	33 (35.9)	0 (0)	33 (7.1)
Other staff or home care agency/provider	11 (12.0)	6 (1.6)	17 (3.7)
Family/friends	36 (39.1)	48 (12.9)	84 (18.1)
Someone else	26 (28.3)	17 (4.6)	43 (9.3)

\*Multiple choice. The percentages listed for each item are based on the total number of valid responses to that question (N).

v. Unmet needs

CFC Only and CFC Plus Waiver participants who reported receiving some type of personal care, behavioral health, or homemaking paid assistance were further asked if they needed help with five everyday activities: personal care (dressing/bathing), meals, medications, toileting, and housekeeping (Table 9). The greatest need for assistance for all CFC participants was for meals (96%), followed by personal care (93%) and taking medications (78%).

Table 9. Self-reported Assistance with Everyday Activities

Needs assistance with:	CFC Only n (%)	CFC Plus Waiver n (%)	CFC Combined n (%)
Personal care	93 (96.9)	318 (92.2)	411 (93.2)
Meals or eating	90 (94.7)	332 (96.2)	422 (95.9)
Taking medications	80 (84.2)	261 (75.9)	341 (77.7)
Using the toilet	60 (62.5)	212 (61.5)	272 (61.7)
Housekeeping or laundry	84 (79.2)	92 (25.8)	176 (38.0)

To determine unmet need in these areas, participants who needed assistance with a task were asked if they did not do the activity in the past three months specifically due to a lack of staff to assist them. Twelve participants indicated an unmet need: 4 for taking medications, 3 for using the toilet, 3 for meals or eating, and 2 for housekeeping (separate items, can report more than one). No participant reported an unmet need with personal care.

vi. Physical safety

Participants were asked, "In the last 3 months, did any {staff} hit you or hurt you?" to determine if any physical abuse took place. No participants reported being hit or hurt by a staff person in the past three months.

E. Additional Findings

i. Living situation and social support

As shown in Table 10, CFC Plus Waiver participants were more likely than CFC Only to live alone or without other adults (55% CFC Plus Waiver vs. 37% CFC Only). This may in part reflect age cohort differences between the two groups – 16% of CFC Only participants were less than 25 years old compared to 4% of CFC Plus Waiver. On the other hand, proportionately more CFC Plus Waiver participants had friends who lived nearby (72% CFC Plus Waiver vs. 49% CFC Only). In addition, CFC Plus Waiver participants were also more likely to see their nearby friends – over half (58%) of CFC Plus Waiver participants could “usually” or “always” see their nearby friends when they wanted to, compared to only 48% of CFC Only participants.

Table 10. Living Situation and Social Support\*

		CFC Only %	CFC Plus Waiver %	CFC All %
Number of adults living in household		N=105	N=376	N=481
	1	37.1	55.3	51.4
	2-3	53.3	40.7	43.5
	4+	9.5	4.0	5.2
Lives with family member/s		N=66	N=168	N=234
	Yes	97.0	85.1	88.5
	No	3.0	14.9	11.5
Lives with non-family		N=66	N=168	N=234
	Yes	4.5	16.7	13.2
	No	95.5	83.3	86.8
Family member/s live nearby		N=106	N=377	N=483
	Yes	76.4	81.4	80.3
	No	23.6	18.6	19.7
Friend/s live nearby		N=105	N=377	N=482
	Yes	48.6	72.1	67.0
	No	51.4	27.9	33.0

\*Percentages listed for each item are based on the total number of valid responses to that question (N).

ii. Physical and mental health

CFC Only participants reported themselves to be in worse physical health than CFC participants on a waiver. Over half (54%) of CFC Only participants said their health was fair or poor, compared to 49% of CFC participants on a waiver (Figure 11). When asked to rate their mental or emotional health, over a third (39%) of all CFC participants said their mental health was either fair or poor (Figure 12). Katie Beckett waiver data is not included due to missing data.

Figure 11. Self-Reported Physical Health

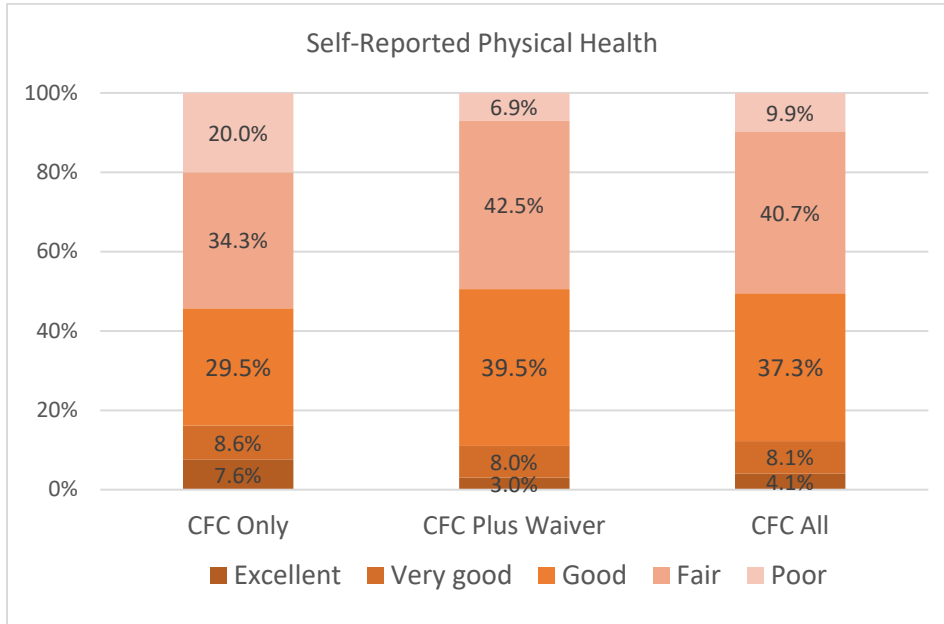
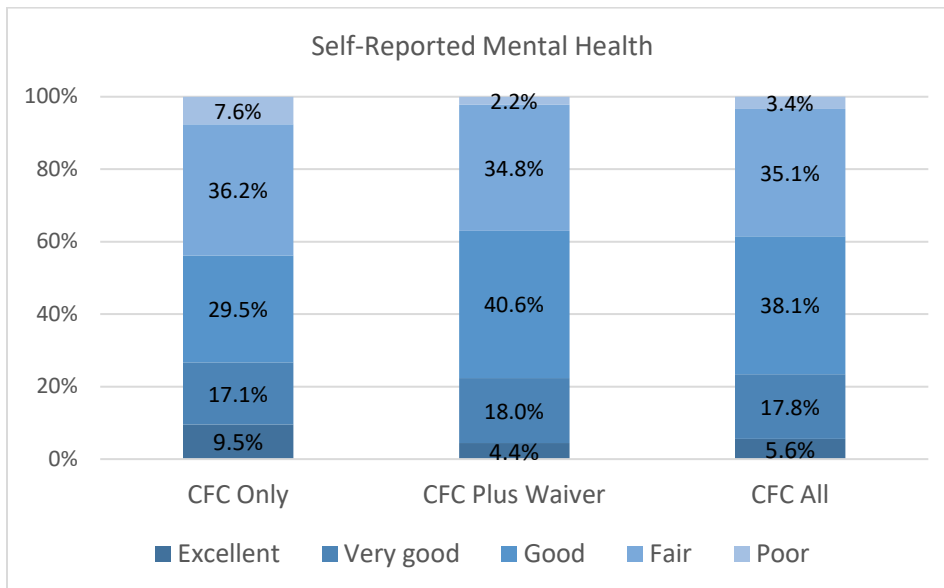


Figure 12. Self-Reported Mental Health



iii. Transportation service, home-delivered meals, and day program use

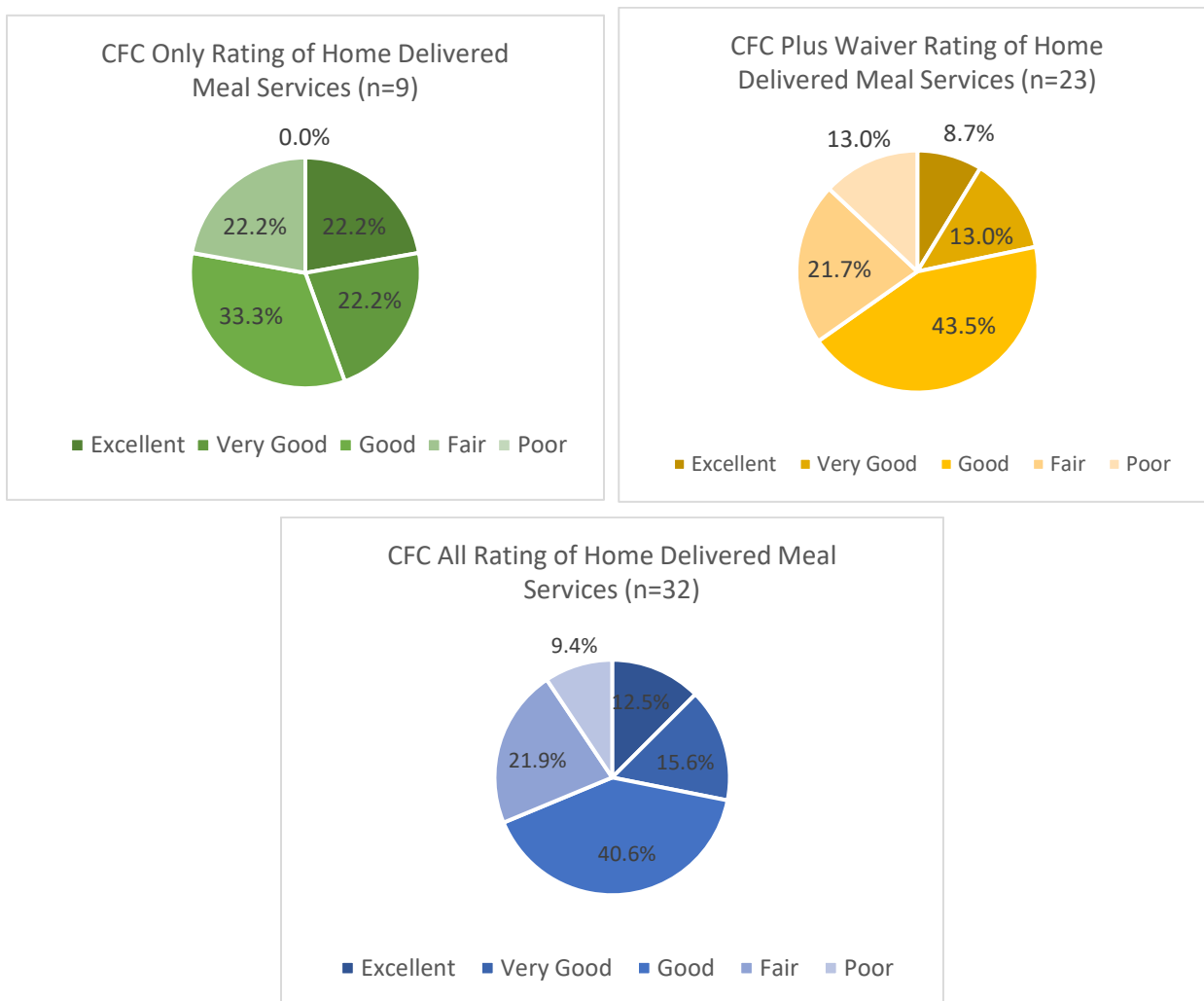
Over one-third (41%) of CFC Plus Waiver participants reported using a van or transportation service, while CFC Only participants (15%) used this type of service less frequently (Table 11).

Table. 11. Use of a Van or Transportation Service

	CFC Only % N=105	CFC Plus Waiver % N=377	CFC All % N=482
Yes	15.2	40.6	35.1
No	84.8	59.4	64.9

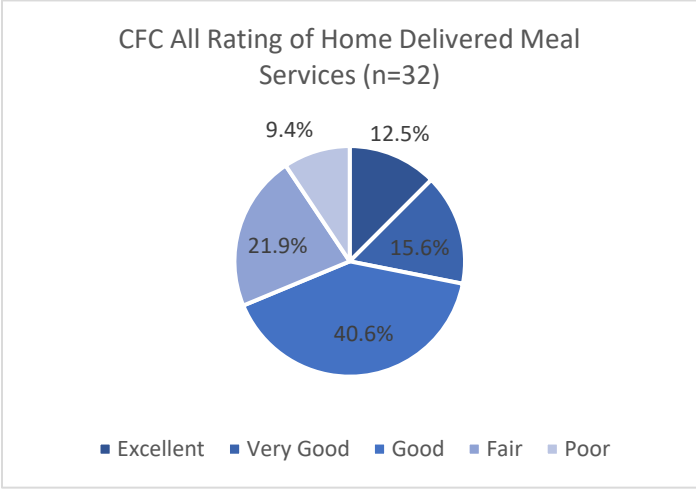
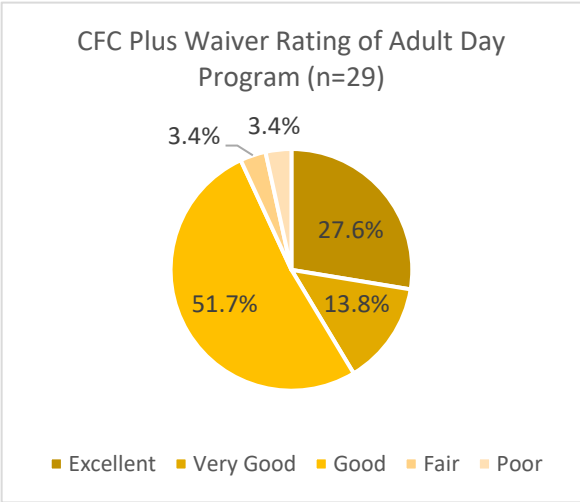
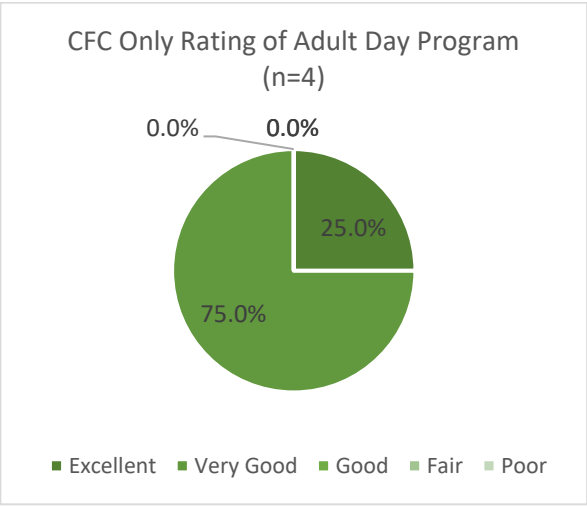
A total of 32 participants rated their home delivered meal service: 9 CFC Only participants and 23 CFC Plus Waiver participants. As shown in Figure 12, a much higher percentage of CFC Only participants were satisfied with their meal services. 44% of CFC Only participants rated their meal service as very good or excellent, compared to only 22% of CFC Plus Waiver participants.

Figure 13. Experience with Home Delivered Meal Services



Another 33 participants rated their day program services. As shown in Figure 13, 48% of all CFC participants rated their day program as either excellent or very good, and another 46% rated it as good.

Figure 14. Experiences with Day Program Services



iv. Personal safety and respect follow-up

Three participants (<1% of all CFC participants) said that one of their staff had taken their money or things without permission: all CFC Plus Waiver. Two of them had case managers working with them to fix this problem. Three other participants said that one of their staff had yelled or cursed at them: 1 CFC Only and 2 CFC Plus Waiver. Only one of these participants said someone was working with them to fix the problem. Altogether, three of the 6 participants who were stolen from or yelled at said that someone was working with them to resolve these issues.

v. Emergency contact

Another open-ended question asked, “The next few questions ask about your personal safety. Who would you contact in case of an emergency?” Neither the survey nor the interviewers defined what “emergency” meant, and participants could identify more than one person. The majority (83%) of CFC participants would contact their family or friends in case of an emergency (Table 12). However, CFC Plus Waiver were more likely to call 911 (35% CFC Plus Waiver vs. 20% CFC Only) and were about three times as likely to contact staff than CFC Only (5% vs. 2%, respectively).

Table 12. Who would you contact in case of an emergency?\*

	CFC Only N=106 n (%)	CFC Plus Waiver N=377 n (%)	CFC All N=483 n (%)
Family/friend	84 (79.2)	315 (83.6)	399 (82.6)
Case manager/UA	0 (0)	7 (1.9)	7 (1.4)
HCBS agency	1 (0.9)	5 (1.3)	6 (1.2)
PERS/Lifeline	4 (3.8)	22 (5.8)	26 (5.4)
911	21 (19.8)	132 (35.0)	153 (31.7)
Staff	2 (1.9)	19 (5.0)	21 (4.3)
Someone else	5 (4.7)	16 (4.2)	21 (4.3)

\*Multiple choice question. The percentages listed for each item are based on the total number of valid responses to that question (N).

vi. Self-directed employment of paid assistants

To measure use of consumer employer self-direction, consumers were asked how their caregivers were hired: “Do your caregivers come from an agency, or do you or a family member find and hire your aides?” As expected, the great majority (81%) of CFC participants reported they hired their own staff (Table 13). Surprisingly, 13 CFC Only participants reported an agency provided their staff.

Consumers who reported hiring their own staff were asked if any of their family members were paid to assist them. There was a pronounced difference in hired family members between CFC Only (68%) and CFC Plus (42%). Overall, approximately half (48%) of all CFC participants reported hiring a family member, most often employing their adult children, siblings, or parents as staff.

Table 13. Self-Direction\*

	CFC Only %	CFC Plus Waiver %	CFC All %
How hire staff	N=105	N=366	N=471
Agency	12.4	20.8	18.9
Self-hire	87.6	79.2	81.1
Agency and Self-hire	0.0	0.0	0.0
Employs family member/s	N=91	N=289	N=380
Yes	68.1	41.5	47.9
No	31.9	58.5	52.1

\*The percentages listed for each item are based on the total number of valid responses to that question

vii. Employment

CFC participants were asked about employment status, goals, and assistance finding employment. As shown in Figure 15, CFC Plus Waiver participants were three times as likely to be employed (2% CFC Only, 6% CFC Plus Waiver). Overall, 6 percent of all CFC participants are currently working. Slightly over a quarter (26%, n=110) of all unemployed CFC participants would like to have a job (Figure 16).

Figure 15. Employment Status

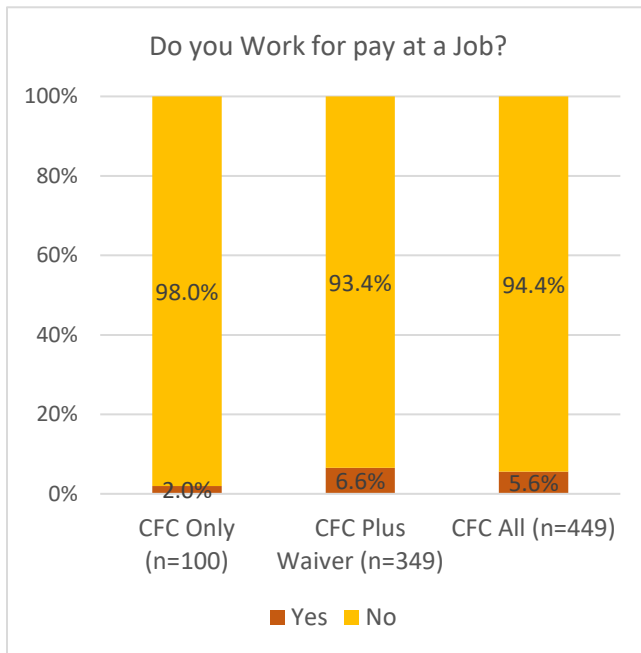
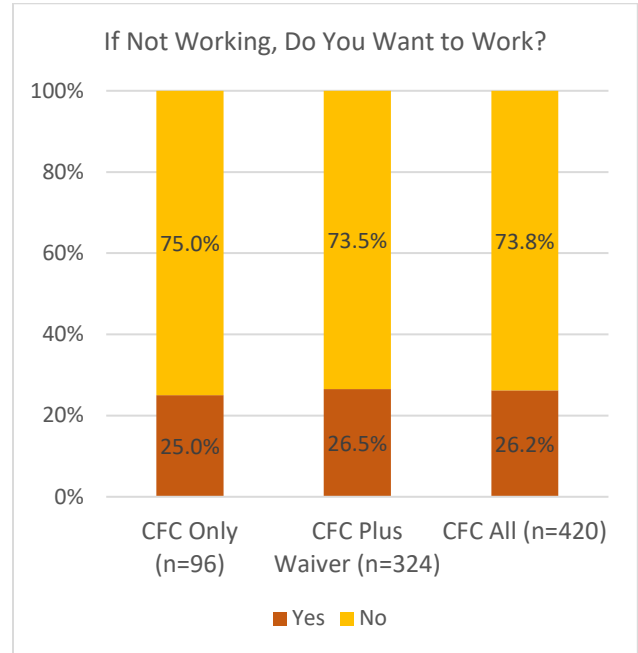


Figure 16. Employment Goal



Health and disability related concerns were the most frequently reported reason for not working for both CFC participants who wanted to work and for those who did not want to work (Table 14). CFC Only participants especially felt this way – of participants who wanted to work, almost all CFC Only participants (96%) said health or disability challenges prevented them from working, compared to 79% of CFC Plus Waiver participants. Few CFC participants reported that training/education, transportation, looking but can't find work, potential loss of benefits, or employment resources were challenges to employment – less than 10 participants reported any one of these reasons.

One out of all unemployed CFC participants who would like to work reported that nothing was holding them back from working. On the contrary, more than a fourth (28%) of all CFC participants who did not want to work reported that nothing was holding them back from working.

Table 14. Most Common Reasons for Not Working\*

<i>Respondents who would like to work</i>			
	CFC Only N=24 n (%)	CFC Plus Waiver N=86 n (%)	CFC All N=110 n (%)
Health/disability	23 (95.8)	68 (79.1)	91 (82.7)
Nothing is holding me back	0 (0)	1 (1.2)	1 (0.9)
<i>Participants who do not want to work</i>			
	CFC Only N=72 n (%)	CFC Plus Waiver N=238 n (%)	CFC All N=310 n (%)
Health/disability	42 (58.3)	163 (68.5)	205 (66.1)
Nothing is holding me back	19 (26.4)	68 (28.6)	87 (28.1)

\*Multiple choice

A small number (n=9) of unemployed CFC participants who wanted to work had asked for help with finding a job (Figure 17). A quarter (25%) of unemployed CFC Only participants knew about job assistance, compared to over three-quarters (85%) of CFC Plus Waiver participants (Figure 18). A majority (73%) of all unemployed CFC participants knew that such help was available, although they did not seek it out.

Figure 17. Sought Out Employment Assistance

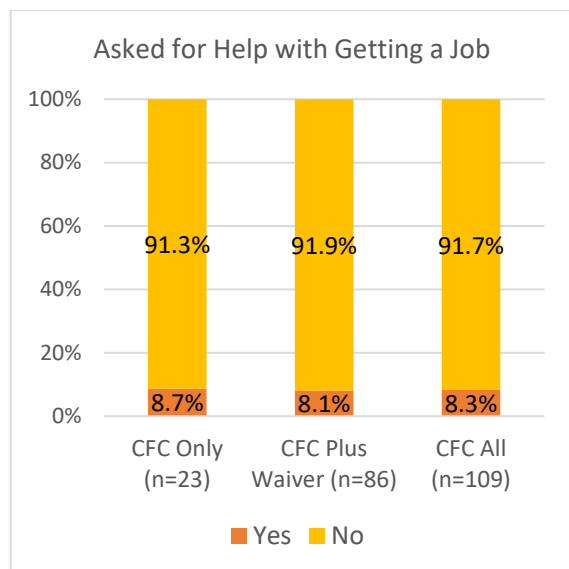
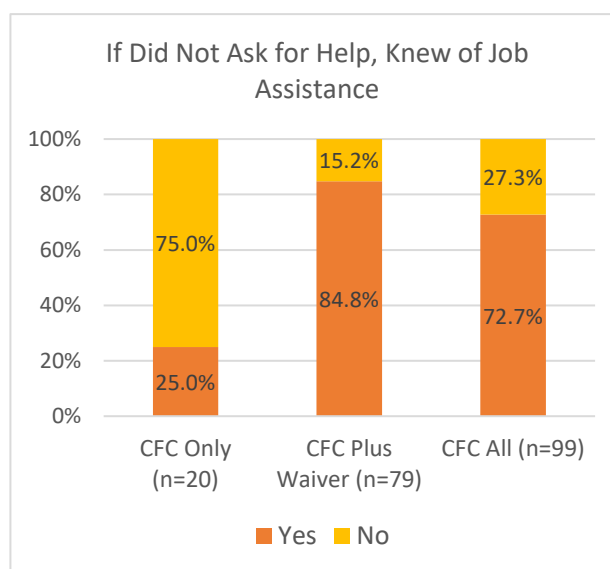


Figure 18. Aware of Employment Assistance



#### IV. Conclusions



Although the HCBS CAHPS® surveys administered by waiver quality assurance staff included waiver participants using CFC, surveys had not been completed with participants solely on CFC who were not receiving additional waiver services. The research staff at UConn Health was responsible for administering the surveys for the CFC Only group, using the same survey platform as the quality assurance staff.

#### A. Respondent Sample

From October 2021 to January 2022, UConn completed 106 HCBS CAHPS® surveys with CFC participants not receiving any waiver services (CFC Only). Of the 1346 HCBS CAHPS® surveys completed from July, 2021 to June 2022 with waiver participants, 377 of those participants were also using CFC (CFC Plus Waiver). These were combined with the CFC Only surveys to produce a sample of 483 CFC participants for this report.

CFC Only participants had a larger cohort of participants aged 25 or younger at 16%, compared to 4% of CFC Plus Waiver. There was also a larger percentage of older CFC Only participants – 22% of CFC Only participants were age 65 or older, compared to 8% of CFC Plus Waiver. For a considerable amount of time, home care agencies have been responsible for providing HCBS for CHCP waiver participants, as the option to self-direct was not a possibility in that waiver. This likely accounts for the difference in representation between CFC Only and CFC Plus Waiver for their 65 and older cohort. There was a substantial difference between language spoken and ethnic identity between the two groups. Forty-one percent of CFC Only participants identified as Hispanic/Latino/a, which accounts for the 20% of this groups population who primarily speak Spanish. CFC Plus Waiver on the other hand had 14% who identified as Hispanic/Latino/a, with only 1% speaking Spanish primarily. Eighty percent of CFC Plus Waiver participants had at least a high school diploma, likely due to the age differences apparent between the two groups, while this was the case for just 53% of CFC Only participants.

#### B. Key Results

The scores for six of the seven composites were high for all CFC participants, apart from planning your time and activities. This composite includes items which assess the participant’s ability to choose and control his/her social interactions, community engagement, and daily activities. This finding is not unique to the CFC population and represents an opportunity for improvement in the DSS waiver programs as well as CFC. When looked at using the percentage who gave the highest score, participants gave their personal assistant and other staff high scores for reliability, helpfulness, and listening and communication skills. Transportation to medical appointments was not rated as highly based on the percentage who gave the highest score, leaving some room for improvement in that area.

Mean global rating scores for personal assistant and behavioral health staff were all high. A slight difference is shown for homemaking staff between the two groups mean scores. When observed as the percentage who rated their staff a 9 or 10, this difference is much more pronounced, with 75% of CFC Only giving their homemaking staff the highest ratings against 50% of CFC Plus.

Mean recommendation scores were also high, especially for personal assistant and behavioral health staff. CFC Only participants were more likely to “definitely” recommend their personal assistants compared to CFC participants on a waiver (95% vs. 82%, respectively). Eighty-four percent of all CFC participants would “definitely” recommend their personal assistant and behavioral health staff.

#### C. Additional Findings

Most CFC participants (97%) reported that their staff encouraged them to do things for themselves if they could. This highlights a core tenet of CFC, which places an emphasis on program services promoting the independence and resiliency of its clients. Although there are expressed similarities between a care manager for CFC participants on a waiver and a Support and Planning Coach for CFC only participants, the fact that the latter is optional really impacts the level of involvement and help navigating services CFC Only participants are likely to experience. This is further shown by the fact that only 13% of CFC

Only participants could identify someone to help them with their services, compared to 94% of CFC participants on a waiver.

Having a care manager or a support and planning coach could serve as a substantial benefit for CFC participants if they wanted to change their service plan. When asked who they would contact to change their service plan, 87% of CFC Only participants were able to identify someone, and almost all (98%) of CFC Plus Waiver participants could name someone they would talk with about this, and most of them said they would contact their care manager.

Almost all participants used staff for preparing meals or eating (96%) and for personal care (93%), following by taking medications (78%). A relatively low number (n=12) of participants indicated an unmet need for their care: 4 for taking medications, 3 for using the toilet, 3 for meals or eating, and 2 for housekeeping. Less than 1% of participants said that one of their staff had taken their money or things without permission or yelled or cursed at them. None of the participants from either group reported being physically abused by a staff person.

The majority (81%) of CFC participants reported they self-directed their services. The other 19% said an agency provided their staff, including 13 CFC Only participants. It may be that these participants were confusing the role of the fiscal intermediary, and/or were not clear about their role as employers. Almost half of participants who hired their own staff employed a family member, which is a benefit of using CFC.

CFC Only participants reported themselves to be in worse physical health than CFC participants on a waiver. Mental health is also a definite area of concern for CFC participants in both groups – 39 percent of all CFC participants rated their mental or emotional health as “fair” or “poor.” Finding ways to support participants’ emotional health, and helping participants find ways to connect with other people, are two focus areas which could improve participants’ lives.

Only six percent of CFC participants were working for pay. However, 26% of unemployed CFC participants would like to have a job. Most of these participants reported that health and disability related issues prevented them from working. Nearly 70% of unemployed participants who did not want to work also cited health and disability related concerns; in addition, over one-quarter of these participants said nothing was holding them back from working. A small number (n=9) of unemployed CFC participants who wanted to work had asked for help with finding a job. One quarter of unemployed CFC Only participants knew about job assistance, compared to over three-quarters of CFC Plus Waiver participants. A majority (73%) of all unemployed CFC participants knew that such help was available, although they did not seek it out. Facilitating employment, including finding ways to address health concerns, and providing support through the employment process, represents an area of potential improvement.

#### D. Looking Forward

HCBS CAHPS® surveys with CFC participants on waiver are administered on an ongoing basis by the quality assurance staff from the Access Agencies and DSS. UConn has completed another round of HCBS CAHPS® interviews with CFC participants who are not on a waiver from the fall into the winter of 2022. UConn continues to provide technical assistance, including survey site administration, training, and other support.

**V. Appendices**

Appendix A. Composite Measures Items

Appendix B. CAHPS® Home and Community-Based Services Survey – Connecticut version  
2019

## Appendix A. Composite Measures Items

<b>Staff are reliable and helpful</b>
In the last 3 months, how often did {personal assistance/behavioral health staff} come to work on time?
In the last 3 months, how often did {personal assistance/behavioral health staff} work as long as they were supposed to?
In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that {personal assistance/behavioral health staff} could not come that day?
In the last 3 months, how often did {personal assistance/behavioral health staff} make sure you had enough personal privacy when you dressed, took a shower, or bathed?
In the last 3 months, how often did {homemakers} come to work on time?
In the last 3 months, how often did {homemakers} work as long as they were supposed to?
In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that {homemakers} could not come that day?*
<b>Staff listen and communicate well</b>
In the last 3 months, how often did {personal assistance/behavioral health staff} treat you with courtesy and respect?
In the last 3 months, how often were the explanations {personal assistance/behavioral health staff} gave you hard to understand because of an accent or the way {personal assistance/behavioral health staff} spoke English?
In the last 3 months, how often did {personal assistance/behavioral health staff} treat you the way you wanted them to?
In the last 3 months, how often did {personal assistance/behavioral health staff} explain things in a way that was easy to understand?
In the last 3 months, how often did {personal assistance/behavioral health staff} listen carefully to you?
In the last 3 months, did you feel {personal assistance/behavioral health staff} knew what kind of help you needed with everyday activities, like getting ready in the morning, getting groceries, or going places in your community?
In the last 3 months, how often did {homemakers} treat you with courtesy and respect?
In the last 3 months, how often were the explanations {homemakers} gave you hard to understand because of an accent or the way the {homemakers} spoke English?
In the last 3 months, how often did {homemakers} treat you the way you wanted them to?
In the last 3 months, how often did {homemakers} listen carefully to you?
In the last 3 months, did you feel {homemakers} knew what kind of help you needed?
In the last 3 months, how often did {homemakers} explain things in a way that was easy to understand?*
<b>Case manager is helpful</b>
In the last 3 months, could you contact this {case manager} when you needed to?
In the last 3 months, did this {case manager} work with you when you asked for help with getting or fixing equipment?
In the last 3 months, did this {case manager} work with you when you asked for help with getting other changes to your services?
<b>Choosing services that matter to you</b>

In the last 3 months, did your [program-specific term for “service plan”] include . . .
In the last 3 months, did you feel {personal assistance/behavioral health staff} knew what’s on your [program-specific term for “service plan”], including the things that are important to you?
<b>Transportation to medical appointments</b>
Medical appointments include seeing a doctor, a dentist, a therapist, or someone else who takes care of your health. In the last 3 months, how often did you have a way to get to your medical appointments?
In the last 3 months, were you able to get in and out of this ride easily?
In the last 3 months, how often did this ride arrive on time to pick you up?
<b>Personal safety and respect</b>
In the last 3 months, was there a person you could talk to if someone hurt you or did something to you that you didn’t like?
In the last 3 months, did any {personal assistance/behavioral health staff, homemakers, or your case managers} take your money or your things without asking you first?
In the last 3 months, did any {staff} yell, swear, or curse at you?
<b>Planning your time and activities</b>
In the last 3 months, when you wanted to, how often could you get together with these family members who live nearby?
In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby?
In the last 3 months, when you wanted to, how often could you do things in the community that you like?
In the last 3 months, did you need more help than you get from {personal assistance/behavioral health staff} to do things in your community?
In the last 3 months, did you take part in deciding what you do with your time each day?
In the last 3 months, did you take part in deciding when you do things each day—for example, deciding when you get up, eat, or go to bed?

\* Question added by Connecticut

## **Appendix B. CAHPS® Home and Community-Based Services Survey – Connecticut version**

### Waivers-Programs:

- Acquired Brain Injury Waivers
- Autism Waiver
- Community First Choice
- Connecticut Home Care Program
- Katie Beckett Waiver
- Personal Care Assistance Waiver