Appendix C. Fee-for-Service External Assessment Methodology

Overall Goals

The purposes of the assessment are to:

- Determine the extent to which Texas HCBS programs are consistent with the new federal HCBS regulations
- Identify areas, if any, where Texas programs are not consistent with the new regulations
- Provide guidance for compliance with the new regulations

The Service Delivery Environment

The HHSC approach to self-assessment and validation for this initiative reflects the service delivery environment and the variety of organizations that control or influence the extent to which services comply with the new regulations. Generally, the approach is as follows:

- Conduct self-assessments of the organizations or businesses that provide services.
- Conduct surveys of individuals who receive services.
- Identify the extent to which services comply, and where heightened scrutiny or remedial action is needed.

For each FFS program, a representative sample of providers was identified to participate in the self-assessment. For this evaluation, providers are defined as legal entities that provide services within a service setting/location. In addition to provider self-assessments, participants will also be asked to complete a survey for validation purposes.
Residential Settings Provider Assessment

For the 1915(c) waivers, approximately 2000 providers were sent self-assessments in April 2016. The assessments were completed in June 2016. The initial review of these assessments and supporting documentation from providers and participants was completed December 2016. To ensure the assessment results accurately represented the small DBMD program, a follow-up self-assessment was released in November 2017.

Non-Residential Settings Provider Assessment

The non-residential settings were sent assessments in June of 2016 and were completed in August of 2016. Analysis of the results of these assessments was completed.

Service Coordination Assessment

Providers of residential and non-residential services have little influence or control over the individual’s opportunities to choose providers or services. The most influence in that area is exercised by the service coordinators employed by the LIDDAs, and case managers employed by the DBMD provider agency or CLASS case management agency. Each of these entities serves a specific geographic area, providing among other services eligibility, program enrollment, and service planning (including updates and revisions to existing service plans). The service coordinators/case managers, who are in the best position to know the extent to which individuals have choices, completed a self-assessment. Analysis of the results of these assessments was completed.

Individual Assessment

Legacy DADS surveyed individual participants to validate the findings of the provider self-assessments. For 1915(c) waivers, interviews were conducted with individuals receiving at least one of the relevant services based on the multi-stage sampling methodology spelled out in the methodology section below.
The self-assessment instruments for providers and interview instruments for individuals were constructed in parallel. For each point of the new regulations and for each type of service legacy DADS was able to identify:

- Whether providers report they comply
- Whether individual experiences indicate compliance
- Where specific strengths or weaknesses should be addressed through heightened scrutiny or remedial action

**Sampling and Methodology**

**Multi-Stage Sampling**

A multistage random sample is constructed by taking a series of simple random samples in stages. This type of sampling is often more practical than simple random sampling for studies requiring "on location" analysis, such as door-to-door surveys. In a multistage random sample, a large area, such as a country, is first divided into smaller regions (such as states), and a random sample of these regions is collected. In the second stage, a random sample of smaller areas (such as counties) is taken from within each of the regions chosen in the first stage. Then, in the third stage, a random sample of even smaller areas (such as neighborhoods) is taken from within each of the areas chosen in the second stage.

Due to the geographic size of Texas, the state was divided into smaller geographic regions (urban and rural). In the first stage, the service area of the provider setting was grouped into urban and rural areas based on the US Department of Agriculture Rural-Urban Continuum Codes (RUCC). Next, a sample of the type of service (3-bed, 4-bed, or host/companion home [HCS] was selected from each region. In the third stage, a random sample of individuals was selected, represented by level of need and from each type of service. The face-to-face survey was administered to these individuals. Given the small number of providers for FFS assisted living, legacy DADS surveyed all of them.

**Data Weighting**

For the residential individual assessments, data was weighted for each location type – urban and rural based on the number of individuals being served in that location by facility type. The data was further weighted by the type of residences in the

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geographical location. For the non-residential individual assessments, the data was weighted by program type in that geographical location. This will ensure that the data closely represents all individuals in all facilities in the selected location. For provider assessments, the provider type will be weighted by location. This will ensure that the surveyed providers closely represent all providers of the facility type at that location.

**Endnotes**

For RUCC designation, see: [RUCC details](#)

The 2013 RUCC describes the following types of counties as metropolitan or non-metropolitan.

**Metropolitan Counties***

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Counties in metro areas of 1 million population or more</td>
</tr>
<tr>
<td>2</td>
<td>Counties in metro areas of 250,000 to 1 million population</td>
</tr>
<tr>
<td>3</td>
<td>Counties in metro areas of fewer than 250,000 population</td>
</tr>
</tbody>
</table>

**Nonmetropolitan Counties**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Urban population of 20,000 or more, adjacent to a metro area</td>
</tr>
<tr>
<td>5</td>
<td>Urban population of 20,000 or more, not adjacent to a metro area</td>
</tr>
<tr>
<td>6</td>
<td>Urban population of 2,500 to 19,999, adjacent to a metro area</td>
</tr>
<tr>
<td>7</td>
<td>Urban population of 2,500 to 19,999, not adjacent to a metro area</td>
</tr>
<tr>
<td>8</td>
<td>Completely rural or less than 2,500 urban population, adjacent to a metro area</td>
</tr>
<tr>
<td>9</td>
<td>Completely rural or less than 2,500 urban population, not adjacent to a metro area</td>
</tr>
</tbody>
</table>

Counties 1 through 3 are combined as “urban” and 4 through 9 are combined as “rural”.

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RUCC details

The 2013 RUCC describes the following types of counties as metropolitan or non-metropolitan.