

AT-A-GLANCE REPORT 2012-2013



National Core Indicators (NCI), a joint venture between the National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute, has been in operation since 1997. Participating states utilize a common set of data collection protocols to gather information about the performance of service delivery systems for people with intellectual and developmental disabilities. Data from NCI are aggregated and used to support state efforts to strengthen long term care policy, inform the conduct of quality assurance activities and compare performance with national norms. NCI data have also been used as the basis of data briefs on specific areas of interest such as employment, behavior support, respondents who communicate nonverbally, and more.

On the national level, NCI data provide a rich source of information for researchers seeking answers to important policy questions. Increasingly, these data sets are being requested for research purposes, and several articles have been published in peer-reviewed journals in recent years.

We are pleased to launch the NCI At-A-Glance Report, which highlights activities and key findings from 2012-13.

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2012-13 ACHIEVEMENTS, ACTIVITIES AND ONGOING EFFORTS

2012-13 ACHIEVEMENTS, ACTIVITIES, AND ONGOING EFFORTS

EXPANSION EFFORTS

NCI continued to expand its membership during 2012-13 thanks in part to funding from the Administration on Intellectual and Developmental Disabilities (AIDD). In 2010, AIDD awarded NASDDDS

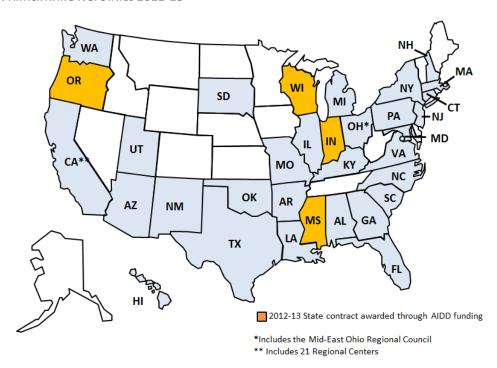
a contract to expand NCI, making funds available to up to five new states each year for five years with the goal of increasing NCI participation to all 50 states, Washington D.C., and all U.S. territories by 2016. Four new states

Not familiar with the Indicators measured by NCI? Visit national core indicators. org/indicators.

joined NCI in 2012-13: Mississippi, Indiana, Wisconsin, and Oregon.

In 2012-13, NCI membership included 39 states, Washington D.C., and 22 sub-state entities; more than 20,000 individuals and families participated in NCI surveys during this data collection cycle. Not every participating NCI state administers each every year, so survey samples for each survey each year do not include all participating NCI states.

PARTICIPATING NCI STATES 2012-13



2012-13 ACHIEVEMENTS, ACTIVITIES AND ONGOING EFFORTS

In collaboration with the National Association of States United on Aging and Disabilities (NASUAD), NCI began developing the National Core Indicators for Aging and Disabilities (NCI-AD). The NCI-AD project was conceived in response to growing concern about the limited information currently available to help states assess the quality of long-term services and supports (LTSS) for seniors, adults with physical disabilities, and caregivers. In 2012-13, staff from NCI and NASUAD met with the NASUAD steering committee to discuss a standard set of performance and outcome measures that could be used to track system performance over time, compare results across states, and establish national benchmarks. The resulting NCI-AD Adult Consumer Survey tool will complete its pilot phase in fall 2014.

CHANGES TO TOOLS

NCI staff have been working to revise the NCI Staff Turnover Survey. Designed in the late 1990s, the original version of the survey collected information on staff turnover and vacancy rates. State staff suggested that additional information on wages and benefits would be helpful to those developing or maintaining state policies and could be useful to the provider community as well. NCI staff are working to finalize a revised survey that comprehensively addresses this critical component of quality of life and service satisfaction.

SHARING THE DATA

NCI staff used a variety of channels in addition to standard NCI reports to disseminate data from NCI surveys; these included presentations, posters, webinars, and data briefs. Staff wrote and presented on a variety of topics, including racial and ethnic disparities, disparities based on communication style (verbal versus nonverbal), the use of psychotropic medication, and differences in outcomes for individuals who require behavior supports.

As shown in the following timeline, NCI staff gave a number of presentations, conducted or presented webinars, and wrote data briefs in 2012-13 and/or using 2012-13 data. Here is a selection of events:

- July 2012: NCI staff, along with Roger Stancliffe of the University of Sydney, presented at the International Association for the Scientific Study of Intellectual Disabilities (IASSID) World Congress in Halifax, Nova Scotia. The presentation, entitled 'Outcomes and Services for Adults with Intellectual Disabilities,' can be found here:
 - http://www.nationalcoreindicators.org/upload/presentation/Outcomes and Services for Adults with Intellectual Disabilities 1.pptx

2012-13 ACHIEVEMENTS, ACTIVITIES AND ONGOING EFFORTS

- June 2013: NCI presented a presentation at the American Association on Intellectual and
 Developmental Disabilities (AAIDD) Annual Meeting in Pittsburgh, PA. The presentation was
 titled "The Changing Face of Family Care-Giving: Age, Income, and Other Factors Among
 Families with Adult Family Members with ID/DD." Link available here:
 http://www.nationalcoreindicators.org/upload/presentation/AAIDD_Verbal_and_behavior_FIN_AL_2.pdf
- October 2013: Conducted a Sarah Taub NCI Webinar called 'How Do Services for People with Intellectual and Developmental Disabilities Compare by Race and Ethnicity?' The webinar included NCI data on racial and ethnic differences in preventive care use and also included presentations from staff from the Institute for Community Inclusion at the University of Massachusetts, Boston called "Employment Trends of People with Intellectual and Developmental Disabilities, by Race and Ethnicity: 2002–2012.' The webinar also included a presentation from Oregon Office of Developmental Disability Services staff called "Comparing Access to Services by Race and Ethnicity." The link is available here: http://www.nationalcoreindicators.org/upload/presentation/Webinar RE Health.pdf
- May 2014: Released a data brief called "What do NCI Data Reveal About Individuals with
 Intellectual and Developmental Disabilities Who Need Behavior Support?" This data brief
 looked at Adult Consumer Survey respondents who require behavior support and assessed
 how they differ from their counterparts who do not need behavior supports in terms of
 demographics and in outcomes related to health, home, employment, choice, rights and
 respect, safety, and wellness. The data brief also includes a section describing how some states
 address the needs of individuals requiring behavior supports. Link available here:
 http://www.nationalcoreindicators.org/upload/core-indicators/NCI DataBrief MAY2014 ADDENDUM 090314.pdf
- June 2014: Presented on differences in outcomes between respondents who communicate
 verbally and those who do not at the American Association on Intellectual and Developmental
 Disabilities (AAIDD) Conference. This presentation was entitled "Individuals with ID/DD Who
 Communicate Non Verbally." Link available here:
 http://www.nationalcoreindicators.org/upload/presentation/AAIDD_Verbal_and_behavior_FIN_AL_2.pdf

Be the first to hear when we post new reports, data briefs or other publications to the NCI website! Subscribe to our mailing list at http://www.nationalcoreindicators.org/resources.

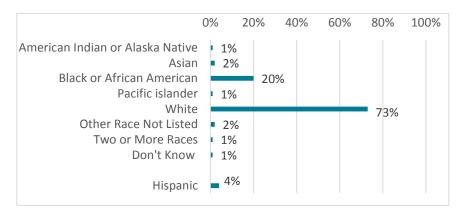
Selected Findings from 2012-13

To view full versions of the reports mentioned here, visit national core indicators. or g/resources/reports.

ADULT CONSUMERS

A total of 13,157 Adult Consumer Surveys from 25 states and one sub-state entity are represented in this report. The average age of respondents was 42.4 years old. Fifty-eight (58%) of respondents were male, while 42% were female.

Chart 1. Respondent's Race/Ethnicity

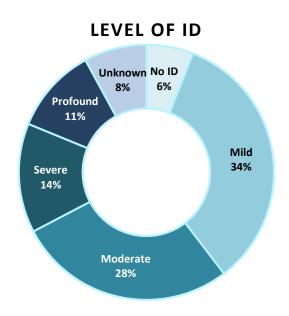


AVERAGE 42.4

GENDER:

Male: 58% Female: 42%

Six percent (6%) of respondents were reported as *not* diagnosed with ID while 34% of respondents were reported to have mild ID, 28% with moderate ID, 14% with severe ID, 11% with profound ID, and 8% had an unknown level of ID.



Only 13% of all people surveyed did not have some type of disabling condition in addition to ID/DD. The most common co-occurring conditions among those individuals with ID/DD were seizure disorder (24%), mood disorder (23%), behavior challenges (15%), anxiety disorder (14%), and/or cerebral palsy (14%).

Chart 2. Proportion of Respondents With Diagnosis of Mental Illness

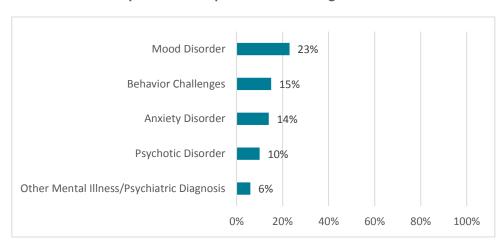
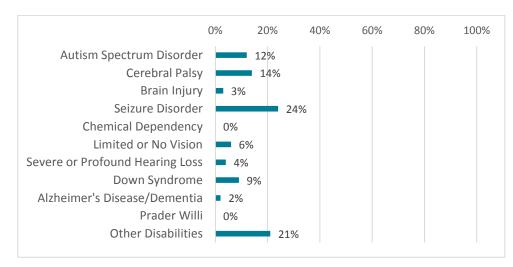


Chart 3. Proportion of Respondents With Other Diagnoses



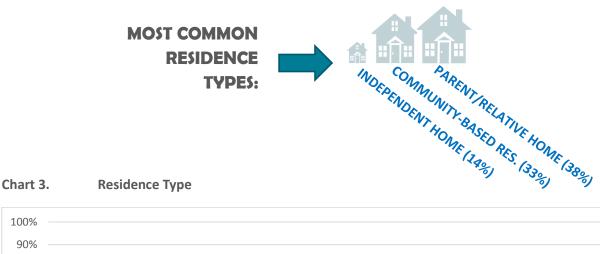
87%

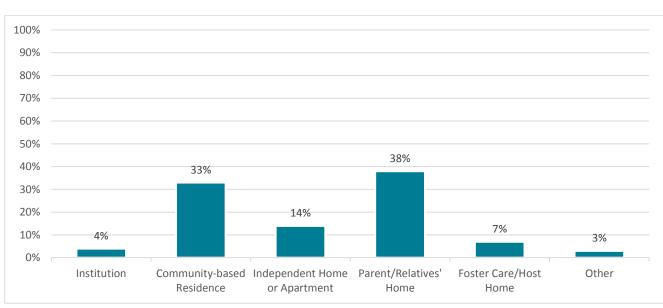
RESPONDENTS WITH ID/DD WERE DIAGNOSED WITH A COOCCURRING CONDITION

The most common cooccurring disabilities were:

- Seizure Disorder (24%)
- Mood Disorder (23%)
- BehaviorChallenges (15%)
- Anxiety Disorder (14%)
- Cerebral Palsy (14%)

The majority of people surveyed were living either in a community-based residence (group home and agency-operated apartment-type setting; 33%) or with a parent or relative (38%).





In 2012-13, 15% of people had a paid job in the community; the average hourly wage in community jobs was \$7.82 – the federal minimum wage in 2013 was \$7.25. Of those with a paid job in the community, 24% were living in their own home or apartment, 11% were in community-based residences and 16% were living with a parent or relative. Only 24% of people with a paid community job who were surveyed received benefits (vacation and/or sick leave). Of people surveyed, the four most common types of paid community jobs were: building and grounds cleaning and maintenance (33%), food preparation and food service (20%), retail (14%), and assembly and manufacturing (7%).

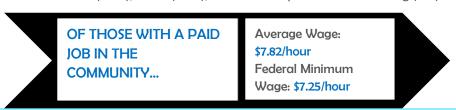
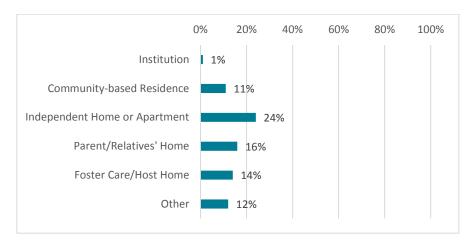


Chart 4. Proportion of Respondents Employed by Residence Type



Respondents overwhelmingly reported having relationships and being able to spend time with loved ones. A large majority of respondents reported having friends who were not family or staff (77%), having a best friend (79%), being able to see family whenever he/she wants (79%), being able to see friends whenever he/she wants (79%), and being able to go on dates without restrictions (or being married) (68%). Close to three-fifths of respondents (59%) reported never feeling lonely.

Most Common Paid Community Job Types Building and Grounds Cleaning and Maintenance



Food Preparation



Retail



Assembly and Manufacturing

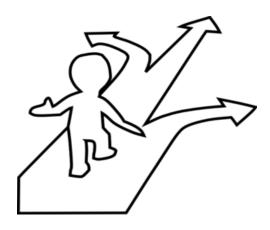




77% RESPONDENTS WHO REPORTED HAVING FRIENDS WHO WERE NOT STAFF OR FAMILY

68% RESPONDENTS WHO REPORTED BEING ABLE TO GO ON DATES WITHOUT RESTRICTIONS

59% RESPONDENTS WHO REPORTED NEVER FEELING LONELY



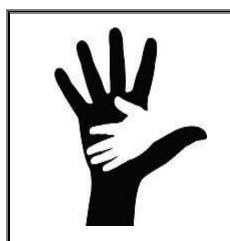
50% RESPONDENTS WHO HAD AT LEAST SOME INPUT IN CHOOSING THEIR HOME

42% RESPONDENTS WHO HAD AT LEAST SOME INPUT IN CHOOSING THEIR ROOMMATES 91% RESPONDENTS
WHO HAD AT
LEAST SOME
INPUT IN
CHOOSING WHAT
TO DO IN THEIR
FREETIME

82% RESPONDENTS
WHO HAD AT
LEAST SOME
INPUT IN
CHOOSING THEIR
DAILY SCHEDULE

83% RESPONDENTS
WITH A PAID
COMMUNITY JOB
WHO HAD AT
LEAST SOME INPUT
IN CHOOSING
THEIR JOB

Many respondents reported that they did not have input in major life decisions such as where and with whom they live and where they go during the day. Fifty percent (50%) chose their home, and 42% chose their roommates. Although 83% had input into where they work, only 58% had input into choosing their non-work day activity. Sixty-two percent (62%) chose their staff, while 82% reported having input in choosing their daily schedule. A large majority of respondents reported that they had at least some input in choosing what to do in their free time (91%) and choosing what to buy with their own money (87%).

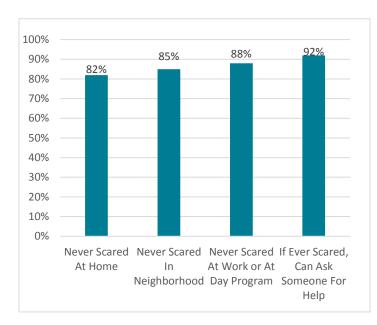


86% RESPONDENTS
REPORTED THAT
THEY HELPED
MAKE THEIR
SERVICE PLAN

77% RESPONDENTS
REPORTED THAT
THEIR CASE
MANAGER GETS
BACK TO THEM IN A
TIMELY MANNER

89% RESPONDENTS
REPORTED THAT
THEIR CASE
MANAGER HELPS
GET WHAT THEY
NEED AND 88%
RESPONDENTS
REPORTED THAT
THEIR CASE
MANAGER ASKS
WHAT THEY
WANT

Chart 5.Safety



The majority of respondents reported that they were never scared at home (82%), in their neighborhood (85%), or at work or at their day program (88%). Ninety-two percent (92%) of respondents reported that if they ever were to feel scared, they have someone to ask for help.

FAMILIES

In 2012-2013, 13 states collected a total of 5,010 Adult Family Surveys (AFS), 10 states collected a total of 3,200 Family/Guardian Surveys (FGS), and 10 states collected a total of 3,904 Children/Family Surveys (CFS). The three Family Surveys are administered by mail. The Family Surveys collect family and guardian perspectives on the quality of services and supports received by adults living at home, adults living outside the home, and children living at home. For each Family Survey, states typically send out 1,000 to 1,200 surveys in order to obtain a target return of 400 responses per survey. The table below provides a brief description of the target population for each survey, the method of administration, the total number of states that used each tool in 2012-13, and the total number of surveys collected overall.

Responses to Family Survey outcomes are based on either a 5-point Likert scale (always, usually, sometimes, seldom, or never) or yes or no responses. Families have the option to also write open-ended comments.

Summary of Family Surveys

NCI SURVEY	TARGET POPULATION	METHOD OF ADMINISTRATION	# STATES 2012-13	# TOTAL SURVEYS
Adult Family Survey (AFS)	Families of adults 18 and older living at home	Mail	13	5,010
Family/Guardian Survey (FGS)	Families or guardians of adults 18 and older living outside the home	Mail	10	3,200
Children/Family Survey (CFS)	Families of children under 18 (or under 23 if still in school system) living at home	Mail	10	3,904

AVERAGE

AGE



Adult Family Survey: 34
Family/Guardian Survey: 45
Children/Family Survey: 12

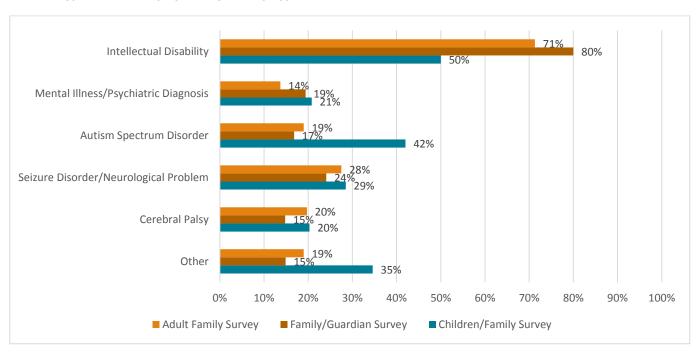
GENDER -- Male:

Adult Family Survey: 56% Family/Guardian Survey: 58% Children/Family Survey: 64%

For all family surveys, respondents were most frequently a parent of the family member with a disability. Other respondents included siblings or other family member.

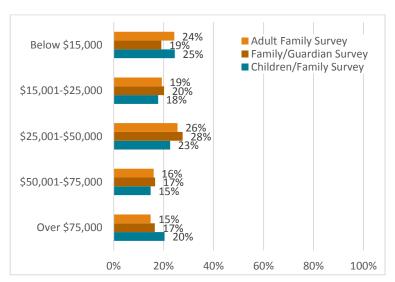
In the survey, respondents are asked to identify the disability of the family member who receives supports. Disabilities most commonly reported were intellectual disability, mental illness, autism spectrum disorder, seizure or neurological disorder, cerebral palsy, or another disability not listed. Fifty percent of respondents to the Children/Family Survey reported that their child had been diagnosed with an intellectual disability. Of respondents to the Adult and Family/Guardian Surveys, 71% and 80% respectively, reported that the person receiving supports had an intellectual disability. Of note, more than twice as many respondents for the Children/Family Survey reported the child was diagnosed with autism spectrum disorder (42%) compared to adult family members diagnosed with ASD as indicated by the Adult Family Survey (19%) and Family/Guardian Survey (17%).

Chart 6. Type of Disability by Family Survey Type



A large proportion of respondents to all surveys reported that their household income in the past year was \$25,000 or under. Forty-three percent of Adult Family Survey respondents, 39% of Family/Guardian Survey respondents and 43% of Children/Family Survey respondents reported a household income of \$25,000 or below in the past year.

Chart 7. Household Income by Family Survey¹



24% of Adult Family,
19% of Family/Guardian,
25% of Children/Family
Survey respondents
REPORTED A
HOUSEHOLD INCOME
OF \$15K PER
YEAR OR LESS

SPENT \$0 ON OUT OF POCKET EXPENSES FOR FAMILY MEMBER IN PAST YEAR

22% of Adult Family Survey respondents55% of Family/Guardian Survey respondents26% of Children/Family Survey respondents

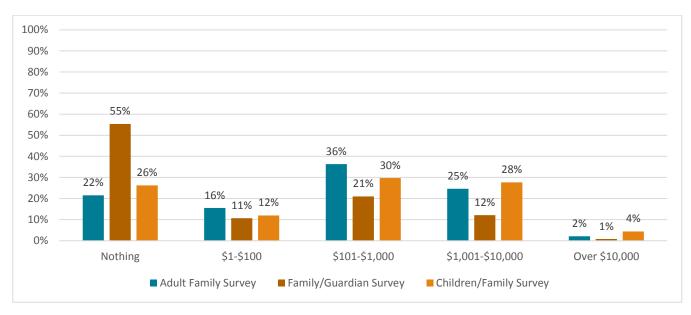
SPENT OVER \$1000 ON OUT OF POCKET EXPENSES FOR FAMILY MEMBER IN PAST YEAR

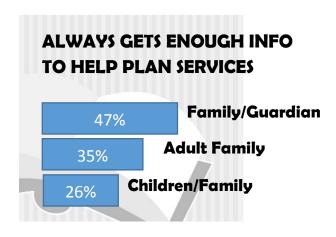
27% of Adult Family Survey respondents13% of Family/Guardian Survey respondents32% of Children/Family Survey respondents



¹ Sample sizes for question on yearly household income: AFS: 4,416; FGS: 2,499; CFS: 3,620

Chart 8.Out-of-Pocket Expenses in the Past Year by Family Survey²







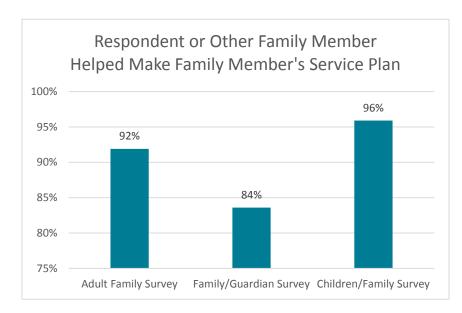
INFO ABOUT SERVICES AND SUPPORTS IS ALWAYS EASY TO UNDERSTAND

34% of Adult Family Survey respondents 54% of Family/Guardian Survey respondents 31% of Children/Family Survey respondents

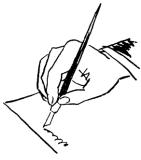
² Sample sizes for question on yearly out-of-pocket expenses: AFS: 4,702; FGS: 2,934; CFS: 3,782.

Ninety-four percent of Adult Family Survey respondents, 94% of Family/Guardian Survey respondents and 91% of Children/Family Survey respondents reported that they had received information about their family member's rights.

Chart 9. Respondent or Other Family Member Helped Make Family Member's Service Plan



Just over half of the Adult Family and Family/Guardian Survey respondents indicated that their family member helped make their own service plan (68% and 65%).



PERCENTAGE OF ADULT FAMILY SURVEY AND CHILDREN/FAMILY SURVEY RESPONDENTS WHO REPORT HAVING ACCESS TO THE FOLLOWING HEALTHCARE SERVICES:

Health services: 97% Adult Family Survey and 98% Children/Family Survey

Dental services: 79% Adult Family Survey and 95% Children/Family Survey

Needed medication: 98% Adult Family Survey and 98% Children/Family Survey

Mental health services: 88% Adult Family Survey

Respondents and 88% Children/Family Survey

More than half of respondents from all Family Surveys reported they were always able to get in contact with their support workers and case manager/service coordinator when needed (58% and 57% Adult Family Survey, 64% and 61% Family/Guardian Survey, 57% and 55% Children/Family Survey). Over half of the respondents for all surveys indicated that support workers always had the proper training to meet the needs of their family member (57% Adult Family Survey, 53% Family/Guardian Survey, and 53% Children/Family Survey).

ALWAYS ABLE TO CONTACT SUPPORT WORKERS

58% of Adult Family Survey respondents 64% of Family/Guardian Survey respondents 56% of Children/Family Survey respondents

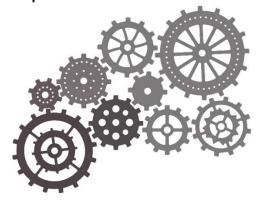


ALWAYS ABLE TO CONTACT CASE MANAGER/SERVICE COORDINATOR

57% of Adult Family Survey respondents 61% of Family/Guardian Survey respondents 55% of Children/Family Survey respondents

SUPPORT WORKERS ALWAYS HAVE PROPER TRAINING TO MEET THE NEEDS OF FAMILY MEMBER

57% of Adult Family Survey respondents
53% of Family/Guardian Survey respondents
53% of Children/Family Survey respondents

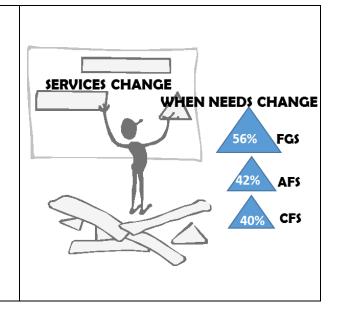


FAMILY MEMBER RECEIVES ALL SERVICES LISTED IN SERVICE PLAN:

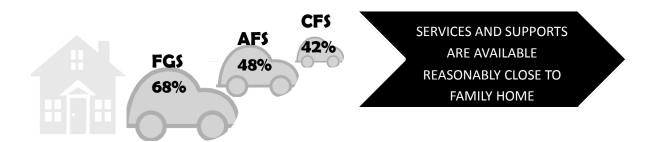
88% of Adult Family respondents 92% of Family/Guardian respondents 83% of Children/Family respondents

RESPONDENT ALWAYS HAS ACCESS TO SPECIAL EQUIPMENT OR ACCOMMODATIONS FOR FAMILY MEMBER

53% of Adult Family respondents 72% of Family/Guardian respondents 48% of Children/Family respondents



A majority of respondents reported that their family member received all services listed in their service plan (88% Adult Family Survey, 92% Family/Guardian Survey, and 83% Children/Family Survey). Slightly more than half of the Family/Guardian respondents reported that services and supports changed to meet their family member's changing needs (56%). The same was true for only about two-fifths of Adult Family and Children/Family respondents (42% and 40%).





RESPONDENT HAS CONTROL OVER HIRING AND MANAGEMENT OF SUPPORT WORKERS

Adult Family Survey: 50% Children/Family Survey: 64%

FAMILY MEMBER HAS CONTROL OVER HIRING AND FIRING OF SUPPORT WORKERS

Adult Family Survey: 32% Family/Guardian Survey: 17%

Of Adult Family Survey respondents, 30% reported knowing how much money was spent by the DD agency on behalf of their family member. Of Children/Family Survey respondents, 29% reported knowing how much money was spent by the DD agency on behalf of their family member. Just 11% of Adult Family and 14% of Family/Guardian respondents reported their family member knew how much money was spent by the ID/DD agency on their behalf. Of those who reported that they or their family member helped decide how I/DD money was spent, most reported they had all the information needed to make this decision.

RESPONDENT KNOWS HOW MUCH MONEY WAS SPENT BY DD AGENCY ON BEHALF OF FAMILY MEMBER:

Adult Family: 30% Children/Family: 29%

REPONDENT HAS A SAY IN HOW AGENCY MONEY IS SPENT:

Adult Family: 47% Children/Family: 43%

RESPONDENT HAS INFO TO DECIDE HOW TO SPEND AGENCY MONEY:

Adult Family: 87% Children/Family: 86%

FAMILY MEMBER KNOWS HOW MUCH MONEY WAS SPENT BY DD AGENCY ON HIS/HER BEHALF:

Adult Family: 11% Family/Guardian: 14%



REPONDENT HAS A SAY IN HOW AGENCY MONEY IS SPENT:

Adult Family: 47% Children/Family: 43%

FAMILY MEMBER HAS A SAY IN HOW AGENCY MONEY IS SPENT:

Adult Family: 27% Family/Guardian: 31%

FAMILY MEMBER HAS INFO TO DECIDE HOW TO SPEND AGENCY MONEY:

Adult Family: 89% Family/Guardian: 89%

Nearly all respondents felt that services and supports made a positive difference for their family member (95% Adult Family Survey, 97% Family/Guardian Survey, and 95% Children/Family Survey). Additionally, the majority of respondents across all Family Surveys state that services and supports have reduced the family's out-of-pocket expenses for care.

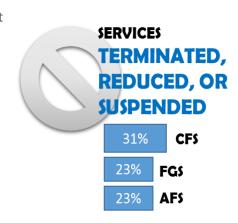
SERVICES AND SUPPORTS MADE A POSITIVE DIFFERENCE FOR FAMILY MEMBER

Adult Family: 95%
Family/Guardian: 97%
Children/Family: 95%

Services and supports have reduced family's out-of-pocket expenses for care

- Adult Family Survey: 82%
- Family/Guardian Survey 88%
- Children/Family Survey 85%

One-third or less of respondents from each survey reported that their family member's services or supports had been reduced, suspended, or terminated in the past year (23% Adult Family Survey, 23% Family/Guardian Survey, and 31% Children/Family Survey). Of the respondents whose family member had a reduction in services or supports in the past year, the majority indicated that the reduction affected their family member negatively (72% Adult Family Survey, 71% Family/Guardian Survey, and 75% Children/Family Survey).



NCI INFORMATION

Information on the National Core Indicators

THE INDICATORS

The NCI framework includes approximately 100 performance and outcome indicators organized across five broad domains: Individual Outcomes, Health Welfare & Rights, Staff Stability & Competency, Family Outcomes, and System Performance. Each domain is broken down into sub-domains representing specific expectations. For example, "Work" is a sub-domain of Individual Outcomes. Performance indicators for the Work sub-domain assume that individuals receiving services have support to find and maintain community integrated employment. The sub-domains are measured by one or more performance indicators developed by the steering committee of participating states.

These performance indicators were developed based on a set of criteria including face validity, usefulness as a benchmark, and feasibility to collect. Indicators have remained largely consistent over the years. However, the indicators are reviewed annually and revisions are made from time to time to keep up with the current trends and thinking in the I/DD field.

Some indicators are measured using survey data gathered on a sample of individuals, while others are computed using population data available through state data systems (e.g., mortality reports). Survey tools are regularly refined and tested for validity and reliability. The full list of core indicators may be viewed on the NCI website at www.nationalcoreindicators.org/indicators.

This report highlights selected aggregate results from the 2012-13 Adult Consumer and Family Surveys. Detailed summary reports of state by state results and national averages for all NCI measures are available on the website at www.nationalcoreindicators.org. The full reports are organized by data source.



Domains and sub-domains addressed in this report

NCI INFORMATION

DATA SOURCES

Four primary data sources are referenced in this report. The Adult Consumer Survey gathers information from service recipients in a face to face meeting. Participating states interview a random sample of at least 400 individuals. The three Family Surveys are administered by mail. The Family Surveys collect family and guardian perspectives on the quality of services and supports received by adults living at home, adults living outside the home, and children living at home. For each Family Survey, states typically send out 1,000 to 1,200 surveys in order to obtain a target return of 400 responses per survey. The table below provides a brief description of the target population for each survey, the method of administration, the total number of states that used each tool in 2012-13, and the total number of surveys collected overall.

SUMMARY OF SURVEYS 2012-2013

NCI SURVEY	TARGET POPULATION	METHOD OF ADMINISTRATION	# STATES 2012-13	# TOTAL SURVEYS
Adult Consumer Survey (ACS)	Adults 18 and older receiving at least one service besides case management	In-person interview	26	13,157
Adult Family Survey (AFS)	Families of adults 18 and older living at home	Mail	13	5,010
Family/Guardian Survey (FGS)	Families or guardians of adults 18 and older living outside the home	Mail	10	3,200
Children/Family Survey (CFS)	Families of children under 18 (or under 23 if still in school system) living at home	Mail	10	3,904

LINKS TO FULL REPORTS AND CHART GENERATOR

Detailed reports on Adult Consumer and Family Survey outcomes by state with national average comparisons as well as Data Briefs and other special reports are available at nationalcoreindicators.org/resources/reports. The Chart Generator, a special feature of the NCI website, allows users to create custom charts using state or national Adult Consumer Survey data. The Chart Generator can be accessed via the homepage or directly via nationalcoreindicators.org/charts.

NCI INFORMATION

ANALYSIS

NCI data management and analysis is coordinated by HSRI. For the 2012-2013 survey cycle, states entered data into the Online Data Entry Survey Application (ODESA) system, which HSRI staff subsequently downloaded into an SPSS data file. A few states entered data into their own data files and submitted those files to HSRI for analysis. Separate data files were kept for each survey.

All data files were reviewed for completeness and compliance with standard NCI formats. Invalid responses were eliminated. All state files were then merged into one SPSS file for each survey type. Data from those four merged files were used for the 2012-2013 reports as well as analyses in this report.

Please note that the averages shown in this report are aggregate averages. In other words, the averages shown in this report are the averages of all cases, and not the averages of the state averages, which are shown in the 2012-2013 survey reports. Therefore, the data shown in this Annual Report may not match those shown in the 2012-13 survey reports.

HOW STATES ARE USING NCI

NCI states use data in a number of ways to inform their quality management processes and to improve the delivery of services and supports to people with intellectual and other developmental disabilities. Many states use their NCI data to:

- Complete CMS waiver requirements
- Increase quality assurance/improvement
- Make state by state comparisons
- Assist with community transition
- Provide information for planning to Developmental Disabilities Councils and Quality Councils

For examples of how states are using NCI data, visit http://www.nationalcoreindicators.org.



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