Measuring Meaningful Community Inclusion: A Multiple Case Study of Developmental Disability Service Providers in Massachusetts

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ABSTRACT

This study used qualitative multiple case study analysis to explore community inclusion implementation among developmental disability service providers in Massachusetts. The Americans with Disabilities Act of 1990 (and its affirmation of community inclusion in Olmstead vs. L.C., 1999) set the stage for rights-based understanding of community inclusion, in contrast to custodial care or basic-needs paradigms of years prior. More recently, the Centers for Medicare and Medicaid have committed to not only community-based services for those with disabilities (2014) but also to value-based contracting and payment measures that focus on outcomes tied to social determinants of health, including community inclusion. In Massachusetts in 2016, more than $300 million dollars were spent on day and employment services for 16,127 adults with disabilities, of which community inclusion was by far the most common (more than 98% of those receiving day services participated in community-based non-work supports). Massachusetts contracts primarily with nonprofit human service agencies to provide these services. These nonprofit service providers are uniquely situated at the nexus of regulatory, payment, and rights-based change.

This study analyzed documents and conducted nine semi-structured interviews at nine case organizations in Massachusetts, with eighteen senior leaders interviewed who were primarily responsible for program design and evaluation. 39 documents on community type, financial size, and program evaluation were reviewed, from both internal (case organization created) and external (public agency) sources. Moore’s Public Value Theory was applied as a theoretical framework, whereby the operational capacity of case organizations relies upon, and is heavily interrelated with, public policy authority and public value outcomes. Focus areas for the inquiry included case organization response to regulation, internal best practices, and outside factors affecting service delivery. Key takeaways from the study include an evident tension between regulatory specificity and operational flexibility; weak incentives for excellent community inclusion services, with correspondingly unclear rate-setting procedures; and an awareness that value-based contracting and alternative payment models have significant implications for how services are designed, delivered, and evaluated going forward.

Keywords: intellectual and developmental disabilities, community inclusion, community-based non-work, community-based day supports, public policy evaluation
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LIST OF ACRONYMS

ADA – Americans with Disabilities Act of 1990.

ADDP – Association of Developmental Disabilities Providers, a statewide trade association in Massachusetts.

CARF – Commission on Accreditation for Rehabilitation Facilities, providing an accreditation required in many states and in Massachusetts for Day Habilitation (non-CBDS) programs.

CAQDAS – Computer-aided qualitative data analysis software.

CBDS - Community Based Day Supports. Refers to a public service contract offered and overseen by the Massachusetts Department of Developmental Services, to assist adults with intellectual and developmental disabilities. CBDS contracts are facilitated by nonprofit and for-profit social service organizations.

CMS – Centers for Medicare and Medicaid.

DDS – Department of Developmental Services. Massachusetts state agency within the Executive Office of Health and Human Services tasked with supporting those with intellectual disabilities and other developmental differences. Funds a variety of service coordination, day, residential, and auxiliary supports.

HCBS – Home and Community-Based Services. Long-term services and supports funded by Medicaid. Funding delivered to states primarily via waivers (Section 1915 of the Social Security Act).

IDD – Intellectual and developmental disabilities.

OQE – Office of Quality Enhancement, the program evaluation entity within the Massachusetts Department of Developmental Services.

PVT – Public Value Theory, as described by Moore (2013).
Chapter 1: Introduction to the Study

In the United States, more than 600,000 adults receive long-term, publicly-funded day supports from federal- and state-funded Intellectual and Developmental Disability (IDD) agencies; this number has doubled since 1990 (Winsor, Timmons, Butterworth, Shepard, Landa, Smith, Domin, Migliore, Bose, & Landim, 2017). Nearly two-thirds of these individuals receive non-work, community-inclusion supports. Despite the high cost per person of these supports, there are no dominant outcomes measures to evaluate how well providers are delivering non-work services (Winsor et al., 2017). More information is needed to understand the perspective of non-work supports stakeholders on preferred outcomes, on regulatory guidance, and on other factors impacting service delivery.

The public policy necessity of community inclusion services has emerged from legal determinations, most importantly by the Supreme Court (Olmstead vs. L.C., 1999). Despite wide agreement on the importance of community inclusion services, consensus appears to be lacking on outcomes measures or other means of determining public value for community inclusion. Employment-first policy, as part of a larger community integration focus, is the preferred policy outcome in services at both the state and federal levels. Where employment is not possible or preferred for the individual receiving supports, federal and state policy calls for community inclusion as the preferred alternative (Olmstead vs. L.C., 1999; Home and Community-Based Services Final Rule on Community, 2014; Department of Developmental Services, 2016). Community inclusion is most often a contract service paid for by the state and operated by contracted nonprofits. What is unclear about this service is how providers can implement it well.

A public value theory understanding suggests that public policy requires a “clear, complete, and compelling…public value,” as well as “a set of measures to record the agency’s
performance in producing that public value” (Turkel & Turkel, 2016, p.4). Where guidance documents exist, the primary requirement is that community inclusion is “meaningful to the person served” (Hoff, Di Biase, & Sasnett, 2015, p.1). However meaningful is a term that lacks a measurable component in policy and guidance documents. Community inclusion, by various names, has become the most populous (and most expensive) long-term service and support for adults with intellectual and developmental disabilities (IDD) (Winsor et al., 2017). As community inclusion services are the most frequently-used, should they be measured? Are outcomes measures or other such benchmarks possible? How is, or how should the public value of community inclusion service be defined and measured?

**Background and Context**

Adults with intellectual and developmental disabilities are typically supported by state or county entities (often called Department of Developmental Services, Department of Rehabilitation, or similar). These entities are funded by a combination of state and federal funds, in the form of Medicaid waivers (federal funding) and discretionary supplements (state funding) (Center for Medicare and Medicaid Services, 2018). Individuals eligible for these services typically have IQ scores of 70 or below, and/or significant deficits in their ability to live and work independently, as well as their ability to independently complete typical daily living activities; the overall prevalence of intellectual disability is approximately 1% (American Psychiatric Association, 2017, p.38). These individuals often live with significant differences in cognition, communication, understanding, and social interaction (American Association on Intellectual and Developmental Disabilities, 2018). Due to these challenges, these individuals very often require paid staff assistance and supervision to engage in skill development and community inclusion activities.
In Massachusetts, more than 38,000 citizens with intellectual and developmental disabilities receive nearly two billion dollars in public funding for care, support, and assistance (Department of Developmental Services, 2018). The most common day service for adults with intellectual and developmental disabilities (IDD) is community inclusion, involving activities in the community for persons served (Hoff, Di Biase, & Sasnett, 2015). The questions related to community inclusion, specifically what is facilitated by service providers, and how it is facilitated, are fundamentally both pragmatic in worldview and open to exploration. As the regulatory and best-practice contexts for community inclusion lack clearly-defined or prescriptive language for contracted service providers, traditional quantitative policy evaluation is impractical. Deep exploration of the perspectives of seasoned service providers on community inclusion are necessary to determine if outcomes measures are in use informally at the provider level, and if they may be practical as baseline guidance from a regulatory perspective.

Therefore, this study sought to understand the perspectives of seasoned service providers on community inclusion implementation for adults with intellectual and developmental disabilities in Massachusetts.

Law and Policy Review

According to the U.S. Census Bureau, more than 5.2 percent of the population has a cognitive disability (2016). The most recent reporting from the Centers for Disease Control’s National Center for Health Statistics indicates that this phenomenon is growing: prevalence of any developmental disability among children increased from 5.76% in 2014 to 6.99% in 2016; these numbers include individuals acquiring dementia in old age, as well as children with developmental delays that may not entitle them to state-funded support in adulthood (2017). When intellectual disability is specifically considered, the prevalence rate is approximately 1%,
with severe disabilities occurring at a rate of six per 1000 members of the population (American Psychiatric Association, 2017). As this population most often relies on state and federal funding mechanisms for at least partial financial support, the stakeholder base by way of taxes is broad. In Massachusetts, the Department of Developmental Services has a budget of 1.914 billion dollars for 2018, and will serve approximately 36,000 individuals with intellectual and developmental disabilities, for an average outlay per person of more than $53,000 per year (House 1, 2018).

Those with IDD have not historically (or even recently) been treated with such high levels of state support. Western society’s treatment of those with disabilities has been frequently unforgiving: from exposure (to death) and ostracization prior to the Enlightenment, to institutionalization and warehousing throughout much of the 19th and 20th centuries; many major American cities had laws at the turn of the 20th century making it illegal for those with visible disabilities to be seen in public (Ferleger, 2010). This large cohort of people was prioritized for extermination in Hitler’s Germany and forced sterilization in America even later in the 20th century (p.27). It is only very recently that those with IDD have been understood to be a cohort with civil rights, rather than a societal burden (Ferleger, 2010). Principles of treatment and affirmed rights, particularly community inclusion and employment, have followed landmark policy decisions in the 1990’s and 2000’s (Americans with Disabilities Act, 1990; Olmstead v. LC, 1999; Home and Community Based Services Community Rule, 2015).

**Americans with Disabilities Act**

The Americans with Disabilities Act (ADA) of 1990 called for equal opportunity and freedom from discrimination for persons with disabilities; it was modeled after the Civil Rights Act of 1964, and is widely regarded as the single most important legislative process policy for
persons with disabilities (Americans with Disabilities Act, 2017). The ADA was clarified in subsequent federal regulation, as well as in a Supreme Court case in 1999: Olmstead v. LC. In Olmstead, two adults with psychiatric and intellectual disabilities alleged that they were unnecessarily segregated from their community (institutionalized), and that this violated the ADA. The Supreme Court held that ADA requires, rather than prefers if possible, integrated and community-based services for those with intellectual disabilities. In its response to Olmstead, the state of Georgia attempted to argue that institutionalization was a necessary response given limited financial resources. The Court held that the state had the burden of proving other more inclusive options failed before restrictive, segregated options like institutionalization are acceptable.

**Lane v. Brown (formerly Lane v. Kitzhaber)**

In a 2012 case in Oregon, Lane v. Brown, (initially put forward as Lane v. Kitzhaber) individuals with intellectual disabilities alleged that the state was not providing pathways for competitive, community-based gainful employment. Lane v. Brown became a class action lawsuit in which the class was composed of all individuals with intellectual disabilities who were served in, or referred to, sheltered workshops. A sheltered workshop was a sub-minimum wage training program in a segregated setting, where only staff and individuals with disabilities worked; this was made possible via a minimum wage waiver for training purposes (US Department of Justice, 2018). The Justice Department intervened in the process prior to the case reaching resolution in Oregon; the outcome of this process was that Oregon (and because it set federal precedent with the Justice Department, other states) committed to allocating more resources to community inclusion and integrated job development (US Justice Department Office of Public Affairs, 2015). The most pressing policy outcome of this process was that
Oregon and then many other states committed to severely curtailing or altogether eliminating “sheltered workshops” and use of the federal subminimum wage waiver that supported them. Massachusetts committed to the same, severely curtailing the use of the federal subminimum wage waiver and entirely eliminating funding for any segregated program that could be identified as a sheltered workshop.

Another impact of Lane v. Kitzhaber is the rise of community-based non-work support, also referred to as community inclusion, a contract activity for service providers that replaces subminimum wage sheltered work when other employment activity is unavailable. Sulewski and Leutz (2008) suggest that community-based non-work supports must be “provided without taking resources away from supported employment,” and in a way that supports as many people as possible working toward gainful, community-based employment (p.456). Such individualized service provision is difficult to provide where funding requires a grouped staffing ratio; the Institute for Community Inclusion’s review of national survey data finds that “community-based non-work suffers for its lack of specificity, as well as states’ in-articulation of focus” (Winsor, Timmons, Butterworth, et al, 2017, p.36).

**Home and Community Based Services Community Rule**

In the case of ADA (1990), Olmstead (1999), and Lane (2012), the federal government asserted or clarified the rights of persons with disabilities. As with other such perceived rights issues, implementation was not substantially considered. While Olmstead was later supported by policy clarification in the Centers for Medicaid & Medicare (CMS) Home and Community-Based Services (HCBS) Final Rule on Community, additional funding to support its implementation was not directly allocated. Similarly, Lane spurred further federal clarification and support via the Workforce Innovation and Opportunity Act (2014), which adjusted
guidelines and policy mandates for states providing these types of services. A major effect of federal intervention in this policy area is the assurance of a rights framework floor, a minimum standard to which all persons with IDD are entitled. Implementation becomes the biggest challenge of federal authority, as the civil rights framework compels state consideration of rights, but does not prescribe implementation patterns or resource-allocation amounts (Ferleger, 2010). Thus additional funding mechanisms to support clarified rights frameworks are at best indirect.

**Massachusetts Regulations**

Massachusetts chose to add regulation and guidance in the area of community inclusion beyond that of the previously-discussed rulings and policies. This included the Employment First Policy, which clarifies that “integrated, individual employment is the preferred service and optimal outcome” for working-age adults supported by DDS (Policy 2010-2, 2010). Much of the state intervention in this area resulted in enhanced regulations for service providers (typically nonprofits and some for-profit agencies contracted to deliver programs and services). In some areas this enhanced regulation was accompanied by modest increases in funding; the Employment First Blueprint seven and a half of a proposed twenty-one million dollars in funding, shorting some cohorts within the IDD community while line items for young adults entering services and those with autism spectrum disorder diagnoses were fully funded (House 1, 2018).

**Regulations in Other States**

As of 2016, 46 states have formal, employment-first policies in place regarding services for adults with intellectual and developmental disabilities; these indicate that employment is the preferred, primary service option for all adults receiving support (Winsor et al., 2017). Among working-age adults, only 34% of those with disabilities are employed. The disparity is wider still
between adults with intellectual disabilities (ID) and adults without: adults receiving long-term support services (LTSS) from state ID agencies are employed at a rate of only 16% (Winsor et al., 2017, p.7). The resulting policy environment for adults with intellectual and developmental disabilities is one that prioritizes competitive employment, filling in non-work time with community integration. Within states, employment is often handled collaboratively between public education systems, state agencies for developmental disability support, and state vocational rehabilitation agencies (Sulewski, 2006).

**Performance Measures in Employment**

One method to measure state-level performance in service for adults with IDD focuses on employment in three key areas: intellectual & developmental disabilities agency/system performance, state vocational rehabilitation system performance, and state public education system performance (Hall, 2017). Dr. Allison Hall, a scholar at the Institute for Community Inclusion at the University of Massachusetts – Boston, suggests that interagency collaboration, valuing innovation, and prioritization of employment as a goal are strategies often found in high-performing states (2017, p.8). Hall raises the importance of seasoned service providers; the operational and administrative leaders at those entities contracted by the state to implement services. It is not addressed how supporting this stakeholder group correlates with or contributes to success.

This group, service providers, may represent a gap in the literature. While research on state performance is robust (including Hall, A., 2017; Winsor et al., 2017; Sulewski, 2008), as is research on the perspectives of persons served (including Amado, 2015; Lindsay, 2011; Sullivan, 2015; and Varey, 2014), research focused on implementation at the service provider level seems lacking. Dr. Allison Hall indicates this directly, explaining that “more needs to be done...to
understand how service providers receive and respond to research and policy expectations” (A. Hall, personal communication, May 30th, 2018).

**Rights-Based Understanding of Community Inclusion**

The role of community inclusion in public policy has iterated rapidly over the past half-century, from deinstitutionalization movements beginning in the 1970s through a focus on sheltered employment opportunity in the 90’s and the prevalence of modern community- and inclusion-focused aims. There are three emerging contexts for inclusion policy: market-based approaches, “de-differentiation” of services, and rights-based approaches to disability (Mansell, 2006, p.71). Market-based approaches focus on efficiency in service provision, and often involve approaches that budget or limit per-person resource allocation; this reflects a “good enough” minimum standard for all with disabilities (Mansell, 2006, p.72). De-differentiation involves placing support services on a normalized continuum, whereby all citizens receive some level of public support. This removes some of the stigma associated with receiving services, though Mansell points out this does make resource allocation among groups more complex (Mansell, 2006).

Third, there is a “rights-based” model of social services, in which the person is prioritized over the impairment, and seen as equal in terms of rights deserved (Mansell, 2006, p.73). A fundamental conflict thus emerges between a market-based approach to services and the aspirational values of complete inclusion. In a market-based approach, units of service are rationed, and service outcomes are quantified and tracked. The market model demands results, and anonymizes; the aspirational model seeks individualization, and integration. Mansell (2006) suggests that the United States strives to balance a market-based approach in policy creation with a rights-based framework in jurisprudence. This combined framework fits an inquiry into
community inclusion, as these supports are not easily quantified or tracked in current use (Dr. Sulewski, personal communication, June 20th, 2018).

**Impact of Employment Policy Changes on Community Inclusion**

A majority of states have closed or are moving to close subminimum wage sheltered workshop contracts in favor of employment supports and community inclusion (Armsby, 2015). A sheltered workshop is a setting where individuals with ID work primarily or exclusively with support staff and others with ID, typically for a wage commensurate with productivity, which may be (and often is) below established minimum wages (Armsby, 2015). While this aligns with federal and state policy desires to foster community inclusion, it does create at least a short-run issue in terms of access to employment. Early proponents of the sheltered workshop model indicate that these models may have served an important training and transition purpose if approached as part of a pathway to employment (Armsby, 2015). The potential policy issue suggested is one of a binding price floor on certain types of wages for work done by adults with ID; over the short-run, the subminimum wage requirement will result in fewer net opportunities for paid work, and potential increases in the number of individuals engaging in community-based non-work, or community inclusion, services (Mankiw, 2018). This is borne out in economic theory regarding wage floors by Mankiw: a binding price floor on wages creates a labor surplus, i.e., increased unemployment among those earning the previously-acceptable wage (2018). The prevailing normative view is that work below the minimum wage of any sort is unacceptable, and therefore undesirable. A gap, particularly in adult services, is left where subminimum wage work used to exist. This gap is overwhelmingly filled with community inclusion, rather than employment. Butterworth et al. (2017) report that as sheltered workshop contracts have closed,
there has been a corresponding increase in community inclusion; over the same period, employment numbers have remained relatively flat.

One counterpoint to the normative assumption against sheltered work is the anti-subordination framework. This framework suggests that closing facility-based work entirely is not pragmatic, as it stops a problem without properly resourcing the solution (Brennan-Krohn, 2016). Anti-subordination differs from de-differentiation in that it argues “integration is not inherently beneficial and separation is not inherently degrading” (Brennan-Krohn, p.9). The anti-subordination framework rejects segregation that is forced upon those with IDD, but allows for some separation and clustering of supports if they align with the needs, choices, and resources of an individual (Brennan-Krohn, 2016). Brennan-Krohn suggests that a total integrationist approach may actually undermine the choices and individuality of those with IDD who might otherwise choose to spend part of their time in a center-based environment, with others who have similar challenges (2016).

**Policy Transition**

It may be that flat growth in employment and an increased reliance upon community inclusion as necessary growing pains toward increased employment and community integration (Sulewski & Timmons, 2015). Armsby (2015) and Brennan-Krohn (2016) suggest that a continuum of services may be more pragmatic, given limited funding resources and likely policy choices year-over-year. Both sets of perspectives indicate that community inclusion is an increasingly important program for states, despite their differing orientations toward outcomes, as it comprises a majority of state IDD agency funding.

As it is positioned in support of employment outcomes, yet will also support those who cannot or do not want work, community inclusion must satisfy a variety of needs for adults with
IDD (Hoff, Di Biase, & Sasnett, 2015). Community inclusion is intended to support those who are looking to work, those who have retired from work, and those who are working part-time on days in which they are not working; it is implied that community inclusion can also support those who are uninterested in paid work at present (Hoff, Di Biase, & Sasnett, 2015). Resource material from the state of Massachusetts indicates four major considerations for service providers, including individualized supports for each person, promoting community membership and contribution, using human and social capital to decrease dependence on paid supports, and ensuring that supports are outcome-oriented and regularly monitored (Curren, Lyons, & Timmons, 2017). These guideposts convey a sense of formal outcomes measures for service providers, but these measures are not present. In Massachusetts, the Office of Quality Enhancement, which reviews and rates service providers on employment and community inclusion supports, specifically indicates that most measures of community inclusion are not rated: “while many certification indicators do not have a quantifiable threshold as does water temperature, there is information within the criteria outlining efforts that need to be taken to set the stage for positive outcomes” (2016). Thus the outcome measures for community inclusion on a funder level are primarily subjective. An exploration of the service provider perspective is needed to assess if these subjective outcomes measures are appropriate, if alternative measures are being used on a service provider level as best practice, or if other measures may be more suitable.

**Conclusion**

A long human history of mistreatment of those with IDD has led to major, recent advancements in understanding of the rights of these citizens (Ferleger, 2015). Where in the past those with disabilities were seen from a policy perspective as a liability to be afforded basic care,
this population is increasingly understood as entitled to rights beyond feeding, clothing, and housing; rapid advancements in this rights-based understanding following de-institutionalization have included a focus on employment and community inclusion (Mansell, 2006). Public policy strongly prefers employment if possible as an outcome of publicly-funded services, (Policy 2010-2, 2014) and as such employment and community inclusion as services are directly and inextricably linked. Community inclusion is often utilized as a wraparound service in Massachusetts, supplementing and supporting other employment services (Hoff, Di Biase, & Sasnett, 2015). While employment services are subject to many outcomes measures, including robust performance and stability criteria, community inclusion suffers for its lack of similar specificity (Winsor et. al., 2017). Determination of value, whether efficiency or effectiveness in achievement of objectives, is essential strategy for publicly-funded policy (Moore, 2000). Thus the literature suggests a gap in performance measures for publicly-funded community inclusion services.

**Problem Statement**

In the United States, more than 600,000 adults receive long-term, publicly-funded day supports from state Intellectual and Developmental Disability (IDD) agencies (Butterworth, Smith, Winsor, Timmons, Migliore, & Domin, 2017, p.69). In 2018 alone, these supports will cost more than 200 million dollars in public funding (Massachusetts Department of Developmental Services Fiscal Resources Summary, 2018). Nearly two-thirds of these individuals receive non-work, community inclusion supports. Despite the high cost per person of these supports, there are no dominant outcomes measures to evaluate how well providers (typically nonprofits contracted by states) are delivering community inclusion services (Winsor et al., 2017). More information is needed to understand the perspective of non-work supports
stakeholders on preferred outcomes, and on the possibility of benchmarks, outcomes, or other efficiency measures.

**Purpose of the Study**

The purpose of this qualitative multiple case study was to explore the experiences of seasoned service providers in facilitating community inclusion for adults with disabilities, within nonprofits contracted by the state of Massachusetts. Facilitating community inclusion was generally defined as assisting persons with disabilities to select and participate in a range of personal, social, and community activities that are meaningful. The intent of this research is to understand how community inclusion works for service providers, if specific outcomes measures are in use or useful, and if other factors are impacting service delivery.

**Research Questions**

Research Question

- What are the perspectives of seasoned service providers on community inclusion implementation?

  Sub-Questions

  - In what ways are public policy guidance on community inclusion services helpful?
    - In what ways are they lacking?
    - How connected are community-based day and employment services in practice?

  - Are there agency best practices and outcome measures specific to community inclusion in place? What are they?
    - Would such measures be helpful or harmful in state regulation?

  - What impact do agency features, such as size, other programs offered, and community type, have on service delivery?
What external factors impact community inclusion facilitation? In what ways?

**Theoretical Framework**

Research involving those with significant intellectual and developmental disabilities (IDD) often relies on disability inquiry as a theoretical framework (Creswell, 2013). While this theoretical framework prioritizes the rights of those with disabilities, it does not provide a complete lens through which to view the administration of services for persons served. Efficiency and effectiveness (and the frequent inverse or indirect relationship between the two) are essential to consideration of public administration; functional definitions of these terms include goal-fulfillment (effectiveness) and output per unit of input (efficiency) (Deva, 1985). As lack of administrative and regulatory specificity, for both efficiency and effectiveness, are at the core of this inquiry, a strict efficiency/effectiveness framework is not a complete lens for research. Considering effectiveness and efficiency solely also does not allow for the wider net of “what works at the time” necessary for the pragmatic worldview grounding this research (Creswell, 2013).

More contemporary research establishes that paradigms of traditional bureaucracy, as well as individualization/privatization, are flawed in evaluating public good policies (Onrubia-Fernandez & Fuentes, 2017; Turkel & Turkel, 2016; Moore, 2013). Public Value Theory (PVT), as defined by Moore (2000) and described by Turkel and Turkel, presents a more complete lens for this inquiry. PVT relies on considerations of effectiveness and efficiency within frameworks of rights and voter preferences (Turkel & Turkel, 2016). PVT thus creates space for the rights of persons with IDD within the research, even if the focus of the research is at the administrator level. Further, this framework acknowledges three administrative needs for public policy: administratively feasible, politically sustainable, and most important, substantively valuable.
PVT reflects a synthesis of the effectiveness focus of traditional public management with the efficiency focus of new public management; crucially, PVT suggests that each public administrator, including those contracted to provide public service, is a responsible administrative unit (Turkel & Turkel, 2016).

The intended goals in for-profit enterprise differ greatly from those in non-profit and publicly-funded enterprise, for three key reasons: “normative goals, principle sources of revenue, and performance measures” (Moore, 2000, p.189). For the public sector (including both government-provided and government-funded services) the normative goals involving accomplishing a mission rather than maximizing wealth; the principle sources of revenue similarly differ, with taxpayers funding government efforts directly, and nonprofit efforts indirectly via state contracts. Where the private sector can focus narrowly on maximizing value, according to Moore, the strategy for nonprofits contracting with government does not align as neatly with financial performance measures (2000). Thus an important strategic principle for nonprofit administrators is the measurement of public value, despite this being inherently more difficult to measure than simple profit and loss (Moore, 2000). This suggests that a consideration of contract performance by nonprofits, particularly the contract in Massachusetts for community inclusion, is a necessary alternative to either assessing strictly on profit and loss or not assessing for value.

**Definitions**

**Intellectual Disability** - “Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18” (American Association on Intellectual and Developmental Disabilities, paragraph 1, 2018).
Intellectual Functioning - “also called intelligence—refers to general mental capacity, such as learning, reasoning, and problem solving, etc. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning” (American Association on Intellectual and Developmental Disabilities, paragraph 2, 2018).

Adaptive Behavior - “Adaptive behavior is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives” (American Association on Intellectual and Developmental Disabilities, paragraph 3, 2018).

Conceptual skills - “language and literacy; money, time, and number concepts; and self-direction” (American Association on Intellectual and Developmental Disabilities, paragraph 3, 2018).

Social skills - “interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized” (American Association on Intellectual and Developmental Disabilities, paragraph 3, 2018).

Practical skills - “activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone. Standardized tests can also determine limitations in adaptive behavior” (American Association on Intellectual and Developmental Disabilities, paragraph 3, 2018).

Assumptions

A key assumption of this research emanates from the Public Value Theory proposition that ongoing evaluation, measurement, and refinement of public policy is necessary for the maximization of public value (Moore, 2000). Assessing the implementation of Community-
Based Day Supports contracts in Massachusetts assumes that some evaluative mechanisms are structurally necessary, and attempts to locate them within the best practices and outcomes measures currently in place or desired by the service provider community. Another key assumption of this research is that seasoned service providers are able to provide perspective on implementation that will be useful to the state of Massachusetts as a funding and evaluation source: this assumes, at minimum, some coherence in goals between the state as funder and the contracted service provider.

**Scope and Delimitations**

Intended participants are eight to twelve seasoned nonprofit administrators currently working at agencies contracted with the state of Massachusetts to provide community inclusion services to adults with intellectual and developmental disabilities. Participants are selected primarily for their work in facilitating community inclusion services at the operational (not direct service) level. Delimiting factors include:

- work at a nonprofit contracted by the state of Massachusetts to provide community inclusion services to adults with intellectual and developmental disabilities
- primary responsibility for community inclusion services at their agency. Primary responsibility is defined as making operational decisions for community inclusion, including contracting, service design, service delivery, and evaluation of performance
- nonprofit annual revenues must exceed five million dollars annually; Community-based Day Supports contract must serve at least fifty adults daily on average
- at least ten years working in human services sector
These delimitations were chosen to concentrate responses within a similar cohort of service providers, representative of the largest or most common group of service providers in the state. Seasoned service providers in an operational leadership capacity were chosen as they are considered most likely to understand both the regulatory/contractual requirements, as well as the operational and implementation considerations. Size, annual revenue, and average daily census within program delimitations were chosen to normalize best practice results. Organizations of this size, serving at least this number of people in Community-Based Day Supports each day, represent a high likelihood of internal best practices in response to the community inclusion policy being studied.

Limitations

A major limitation of this research is the lack of specificity from the state of Massachusetts as a funding entity. While this limitation represents the core question of the research, it also introduces challenges for evaluating the implementation of the policy. The desired outcomes of seasoned service providers may not cohere with the desired outcomes of the state of Massachusetts as a funder. Small sample size is a related limitation, as this research is primarily exploratory and descriptive in nature. Another limitation is the uncertain proliferation of managed care, which has not yet impacted state-funded community inclusion services in Massachusetts, but may in upcoming years. Managed care policy designs impose a distinct evaluative framework on public policy, which could change the direction, scope, and outcomes measures of this public policy in Massachusetts in the future.

Significance

As community inclusion is by far the most utilized and prevalent day service option for American adults with intellectual and developmental disabilities, its significance is both broad,
terms of number of persons affected, and deep, as it represents the primary day service received for many of those adults (Winsor et al., 2017). In Massachusetts, more than 1.9 billion dollars will be spent in 2018 on support services for more than 32,000 citizens with IDD; this includes more than 205 million on community day and work service fees alone (Massachusetts Department of Developmental Services, 2018). As a financial value proposition, better understanding and more efficiently or effectively administering such a large publicly-funded service has the potential for significant impact. The right of persons with IDD to access the community is relatively recent in terms of federal mandate (HCBS Final Rule on Community, 2014), though the literature has long indicated that the benefits of community inclusion are a necessary pursuit (Mansell, 2006). The pursuit of community inclusion as a normative policy goal is thus supported in academic literature, federal mandates, and state policy; there are significant social value implications should community inclusion as a service be delivered efficiently and effectively (Moore, 2000).

As the rights of persons with IDD to community inclusion is settled law, public value theory suggests that, as with other social services, value should be maximized (Turkel & Turkel, 2016). The reasonable bounds of that value maximization are currently unclear, due in large part to the lack of specificity in outcomes for community inclusion; this has a deleterious effect on both policy outcomes and provider understanding of services to be rendered (Winsor et al., 2017). Investigation of the perspectives of seasoned service providers thus has potential implications on services received by adults with IDD, on the best practices of agencies contracted to provide said service, and on the public policy that regulates and reimburses for these supports.
Summary

The regulatory landscape for publicly-funded community inclusion services for adults with intellectual and developmental disabilities has changed greatly over the past twenty years. Over the past five years in Massachusetts, major changes to the nature of work and community-based service have driven changes to what is provided at a contracted service-provider level. Sheltered workshops and other sorts of custodial day service have declined in favor of CBDS contracts; these contracts have aspirational aims but few prescriptive regulations. The regulatory landscape presented represents an intersection of legal entitlement changes and public policy; Public Value Theory suggests that the public policy has yet to catch up to these changes. In order to assess for policy and implementation challenges, a review of the literature on existing community integration implementation must be considered.
Chapter 2: Literature Review

In a program oriented toward a specific goal for individuals with IDD, such as employment, the dominant outcome is clear: competitive, community-based work for pay at or above the minimum wage. Achieving this, or milestones leading to this, is typically deemed a success (Hoff, Di Biase, & Sasnett, 2015). Consensus is lacking as to what the dominant, preferred outcome is or should be for non-work activities. One important component, following recent legislation at the state and federal levels, is that this programming should focus on community integration, and be community-based to whatever extent is possible. Community integration is not as easily defined as an employment outcome. Access, relationships, and social role valorization are all mentioned in the literature as components of community integration, but they do not necessarily lend themselves to benchmarking. Similarly, guidance documents from the state of Massachusetts do not give provider-level goals; instead, they prompt providers to maximize “meaningful” community activities (Hoff, Di Biase, & Sasnett, 2015). The following review attempts to contextualize current implementation considerations, with specific regard for community inclusion efforts distinct from specific employment outcomes.

Literature Search Strategy

The initial strategy for literature search involved both broad consideration of the importance of community inclusion services, as this coheres with the rights-based understanding of community, as well as an orientation toward established research organizations working in the areas of community integration. Noted research organizations whose scholarly work was reviewed included the Institute for Community Inclusion in Boston, Massachusetts; the Institute for Community Integration in Duluth, Minnesota; and the Tizard Centre for Learning Disability and Community Care in Kent, UK. Each of these organizational leaders on community inclusion
have university affiliations: the University of Massachusetts, University of Minnesota, and the University of Kent, respectively. Themes emerging from research within these organizations, and within the scholarly databases more broadly, included the importance of community integration, dissonance between a rights-based requirement and an evaluative perspective on public policy, and difficulty in establishing best practice in program design and implementation.

**Literature Review Related to Key Concepts**

If the most important element of non-employment community-based day supports is “activities that are meaningful to the person supported,” how then are contracted service providers supposed to measure meaningful? (Hoff, DiBiase, & Sasnett, 2015). Are five acquaintances better than one frequent friend? Is one volunteer day at a food pantry more valuable than three visits to a local cafe? Building relationships, whether in support of eventual employment outcomes or community inclusion distinct from employment, has beneficial impacts on both the emotional and physical health of adults with IDD (Amado, 2014). Identifying which type of relationships, including frequency and setting of contact, may be better identified on a person-by-person basis. It is likely possible, as with employment outcomes, to maintain an orientation to personal choice alongside broader, aggregate indicators of quality.

Assessment of service delivery for a particular service, such as community inclusion, benefits from consideration of the underlying structures, resources, values, and expectations; determining efficiency, effectiveness, or other markers of public value relies on this context (Moore, 2000). Salient context for consideration of community inclusion service includes program design, or how services are arranged and funded; person-centered service, or how services are oriented to the desires and needs of persons served; challenges in assessing for, and
iterating upon, the preferences of persons served; and the underlying empirical value of
community inclusion, according to contemporary and recent literature.

**Program Design Considerations**

Faye Sullivan and Sarah Hall, in separate research projects, investigated the
phenomenology of state-funded community-inclusion services for adults with IDD. Sullivan
(2013) found in interviewing ten adults receiving services that interpersonal relationships are
highly valued, but difficult to forge; barriers include the presence of staff, ignorance on the part
of community members, and transactional service models. Hall, in her research with fourteen
young adults, found that support staff have the most significant impact on shaping the inclusion
experience of adults with IDD (2016, p.859). Hall concludes that personalized guidance from
staff, additional transportation options, and more training in community and vocational skills are
three of the four most important factors; all have to do with staff actions. Both Hall and Sullivan
point out the dependence upon staff experienced by some persons served, as well as the difficult
task staff persons have in not only educating the individual they work with but also helping to
serve as a community educator.

Service providers in Saskatchewan, Canada point out an internal dissonance for direct
care staff, who have feeding, toileting, bathing, and data-collection tasks that must be completed
each shift; this can incentivize staff to focus on controlling aspects of the day that might
otherwise be driven by the choices of persons served, because of the “pressure for efficiency...to
move from task to task” (Varey, 2014, p.134). If the responsibilities of staff members are
transactional and specific, while community inclusion and relationship-building are left open-
ended and vague, it is not surprising that the former is often completed at the expense of the
latter (Varey, 2014).
A comparison study of services in Vermont and Connecticut in 2006 found that, despite similar per-person funding mechanisms, services in Vermont were more individualized, though neither entirely met research criteria for individualization, integration, choice, and independence (Sulewski, 2006). The literature shows that, from a resource-allocation perspective, limited funding presents a possible explanation for the gap between values-based policy mandates and actual services rendered. Both state and federal commitments, as well as the work of research entities such as the Institute for Community Inclusion, posit that all supports, including community-based non-work programming, should support employment-first initiatives (Winsor et al., 2017). The primary value in service provision for adults with IDD, according to Sulewski (2006), Butterworth and colleagues (2017), is employment first. Sulewski concludes that there should be an “expectation of work...as the primary service option” for all adults with disabilities; why then is this not a practical reality? (2006, p.202).

**Person-Centered Service**

As person-centered service design is embedded within public policy supporting persons with IDD, this paradigm affects both program evaluation and research surrounding the population. Challenges exist with both qualitative and quantitative inquiries in this area, despite significant legal, public, and research attention. Qualitatively, gaps exist related to how services are measured for effectiveness and efficiency (Hall, 2018). Is the satisfaction of persons served the primary indicator of quality service provision? If not, how should services be balanced against both stated preferences of persons served and other assessed needs? In terms of quantitative quality, a review of 2936 articles on community participation for adults with IDD found all but 23 significantly lacking in the areas of informativity, external validity, or internal validity (Verdonschot, de Witte, Reichrath, Buntinx, & Curfs, 2009). This review also suggests
that the most common inquiries focus on the experiences of persons served, even when the question is one of policy evaluation. While the perspectives and preferences of persons served are essential to service design and delivery, the literature suggests that reliance upon these perspectives alone as evaluative criteria lacks both validity and generalizability.

A coherent conceptual model may also be lacking in this area. A comprehensive model of successful internal, external, and linking factors could empower staff and persons served to meet community and employment aims, according to Schnieders (2015). Internal factors are traits that can be encouraged in persons served, such as a desire to achieve, persistence, self-awareness, and goal-setting. Linking factors are those that a staff member might help facilitate, such as emotional coping strategies, proactive engagement (seek rather than be handed), and reframing of impairment. External factors related to community education, and include creativity, support systems, and social ecologies. A next step for this area of inquiry might be assessing how best to operationalize such a model, particularly at the service provider/best practice level (Schneiders, 2015).

A large-sample, longitudinal study of service outcomes analyzed 1,510 cases from a national survey of young adults with IDD and their families. Carter, Austin, and Trainor found a number of specific factors that were directly correlated to post-school success: paid, community-based work as early as possible; independence in self-care; high social skills; household responsibilities; and high parent expectations for outcomes (2012). The literature underscores the importance of a holistic, team approach to service outcomes; it also suggests that identifying and encouraging a person to value work, even when work is not an immediate outcome, is significant. Bush and Tasse (2017) found a high incidence of choice-making among those who were successful in transitioning from community-based non-work/community inclusion to
integrated employment settings: increased choice-making, even in the short run, is a strongly associated factor for service outcomes. An emergent question is whether or not community inclusion can be, or should be, successfully parsed from employment as either a public policy or a pursued outcome.

**Challenges in Service Delivery and Evaluation**

A potentially controversial element of research in this area has to do with the preferences of persons served, both in general satisfaction and informed decision-making. As adults with IDD are often reliant upon others for major aspects of daily living, their ability to make informed decisions can be similarly intertwined (Heal & Sigelman, 1995). Acquiescence, or the attempt by those with IDD being interviewed to give a response that is pleasing to the interviewer, is a significant concern in research with this population; retesting (often a validity measure) can potentially increase this bias effect (Heal & Sigelman, 1995).

The literature also suggests that researchers experience bias toward adults with mild intellectual and developmental disability, as these individuals tend to be easier to access and interview (Cleaver, Ouellette-Kuntz, & Sakar, 2010). Both the reliance effect and the acquiescence effect challenge the validity of received responses regarding preference. Blick, Litz, Thornhill, and Goreczny (2016) found that while adults with ID in integrated employment settings exercised more daily control over their lives, there was no statistically significant difference in satisfaction between integrated employment, sheltered workshops, community inclusion, and adult day care. Challenges with establishing the preferences of adults with IDD informs research into the perspective of service providers, as many elements of community inclusion service provision rely on feedback loops between those providing and receiving services (Hoff, Di Biase, & Sasnett, 2015).
A significant challenge in service design and evaluation is definition of not only outcomes but the terms themselves. There are multiple and conflicting definitions of inclusion in both research and policy (Simplican, Leader, Kosciulek, & Leahy, 2014). An ecological model of social inclusion, focuses on the domains of interpersonal relationships and community participation, which are further parsed into category, level, and structure dimensions. Others in the literature focus definitions on the “level-of” dimension, prioritizing community services by (in descending order of value): inclusion, integration, participation, and presence (Thorn, Pittman, Myers, & Slaughter, 2008, p.891). Applying the level-of understanding of Thorn et al., formal evaluative oversight for community inclusion services in Massachusetts do address both interpersonal relationships and community participation, though this oversight fails to contextualize within a larger model or provide explicit guidance on measurement or outcomes (2008).

The Massachusetts Office of Quality Enhancement (located within the Department of Developmental Services, which funds community inclusion supports) is responsible for conducting audits of agencies providing DDS-funded services every two years. These reviews cover a variety of topics from physical site safety through preference assessment and recordkeeping. In the publicly-available tool used for reviews, there are two categories of indicators assessed: Licensure, comprised of 90 indicators, and Certification, comprised of 51 (Massachusetts Department of Developmental Services, 2016). Within the Certification indicators are standards for “Meaningful and Satisfying Day Activities,” including language specifically focused on community inclusion (Massachusetts Department of Developmental Services, 2016). Compared to 19 indicators in the Employment category, there are only 10 in the category of Meaningful Day (2016). These indicators do not have measurable criteria for ratings
of met or not met; instead, the criteria include language such as “community activities are
provided on a regular and ongoing basis” and “staff provide frequent opportunities for
activities…in line with the individual’s preferences and interests” (Massachusetts Department of
Developmental Services, 2016, pp.47-48). The emergent challenge in service delivery and
evaluation is again, one of intertwined outcomes and definitions: what constitutes a regular
basis? What frequency is frequent?

The literature demonstrates that, for a variety of reasons, it can be difficult to design
publicly-funded services that meet both the needs and desires of adults with IDD (Hoff, Di
Biase, & Sasnett, 2015; Winsor et al., 2017). Community inclusion has emerged as a legal and
political entitlement for these adults, though it is often indicated in conjunction with a focus on,
or leading toward, employment (Policy 2010-2, 2014; Olmstead v. L.C., 1999). Does community
inclusion, absent employment, exist as a political and legal entitlement for adults with IDD? The
literature indicates that it does, though without an employment eventuality community inclusion
becomes much more difficult to measure. Frequency counting of excursions into the community,
or aggregate measure of time spent in the community, miss on the dimensions of inclusion
concerning role valorization, active participation, relationship building, and engagement
discussed by Amado, 2014; Hall, 2015; and Sulewski, 2006. This literature suggests that a
counting measure for value of community inclusion is insufficient.

Community inclusion as a publicly-funded service attempts to provide a values result,
such as “meaningful engagement,” “positive community contributions,” and “relationship
development” (Hoff, Di Biase, & Sasnett, 2015, p.1). Values results are more abstract, and more
difficult to measure, than milestone-based results evident in employment services. Other
complicating factors emerge in attempting to measure a values result, including questioner bias
toward higher-functioning individuals, as well as acquiescence and reliance effects when adults with IDD are answering values-based questions. Assuming one can control for response challenges among persons served, there remains challenges in accurately tracking, reporting, and/or improving a values result.

**Community Inclusion**

Community inclusion has emerged as a necessary service for adults with IDD, whether or not it also supports employment services (Hoff, Di Biase, & Sasnett, 2015). This is evidenced in a variety of places at the federal, state, and research community levels. Federally, the Supreme Court decision in Olmstead vs. L.C. established a right to community inclusion prior to any other service, requiring states to prove that community inclusion is not possible before seeking another service (1999). Also at the federal level, the HCBS Final Rule on Community in 2014 established that all Medicaid-funded supports for those with disabilities must prefer a community inclusion base. State commitments to employment-first and community inclusion policy similarly prefer community-based service wherever possible (Massachusetts Department of Developmental Services, 2014). The research community in Massachusetts, particularly the Institute for Community Inclusion at the University of Massachusetts – Boston, is quite clear on both the benefits of and the necessity for community-based service. In this way federal policy, state policy, and research conclusions are aligned in focus on, and support for, community inclusion (A. Hall, personal communication, May 30th, 2018). Policy complications emerge when considering the relative importance of community inclusion as a distinct service from employment support; where employment-first commitments prefer employment if possible, community inclusion remains the most common day service for adults with IDD in Massachusetts (Winsor et al, 2017).
Perspective of Service Providers

The perspective of seasoned service providers facilitating community inclusion are under-represented in the literature. This is clear in both an aggregate study of peer-reviewed articles by Verdonschot and Dinant (2009), as well as in the personal experiences of career researchers at the Institute for Community Inclusion, Dr. Jennifer Sulewski and Dr. Allison Hall (2015). This is evidenced directly in the literature, and indirectly in the lack of policy specificity noted by Winsor et al. in Statedata: The National Report on Employment Services & Outcomes (2017). The perspectives that are most frequently reported in the literature related to services for those with IDD are those of persons served, which follows in considerations of satisfaction and recipient fulfilment (Varey, 2009). When the question is one of public policy implementation, the satisfaction of persons served moves from a primary focus of inquiry to one of multiple measures of that implementation. Some of the literature explores the perspectives of direct care employees working with those with IDD, such as their personal care assistants, residential staff in group homes, and those accompanying individuals on errands (Varey, 2009). Efficient, effective administration of a relatively recent public policy does not live primarily with direct care or with the persons receiving services; instead, a seasoned administrator is the primary facilitator of such implementation (Moore, 2000).

Measuring Meaningful

Outcomes measures are both frequently used and essential in evaluating publicly-funded services and supports. These exist in a robust manner within employment policy, the closest comparable policy to community inclusion. The Massachusetts Department of Developmental Services tracks employment milestones, employment placements, and employment stability over time (Sulewski & Leutz, 2006). As programming is increasingly person-centered, and
increasingly involves the self-determination and affirmative decision-making of adults with IDD, challenges in broad benchmarks or outcomes measures emerge (Sulewski & Leutz, 2006). These can involve the acquiescence and reliance effects, as well as cognitive challenges in communication and expression (Heal & Sigelman, 2009). Broad quality measures are also challenged by the individualized nature of what is meaningful, which is a guiding criterion for Massachusetts’s community-based day contract. Variants of these challenges exist in other publicly-funded programs, particularly so in employment services for adults with IDD. While community inclusion services clearly have a values focus, rather than a profit motive, it is still both reasonable and advisable from a public value theory framework to attempt to measure, report, and reflect on indices of quality service provision (Moore, 2002).

**Summary**

A review of law and policy context, as well as the research on community inclusion, allows for a number of literature strands to emerge. These strands connect and undergird policy considerations. First, that community inclusion is now established as a right, rather than a beneficial possibility, for persons with IDD. Second, that service providers as a cohort are under-represented in the literature. Third, that public policy benefits from benchmarking and outcomes measurement, which have been applied to a variety of diffuse or highly-personalized programs in other areas of policy, most relatedly in employment policy for adults with IDD. The public policy on community inclusion makes a number of contextual assumptions clear. First, that government mechanisms both prefer and prioritize competitive, community-based employment; next, that such employment is often unrealistic for a person’s current needs and available funding resources; and finally, that the funding picture is unlikely to change dramatically over the near term, given the published priorities of both Governor Baker at the state level and Secretary Azar
at Federal Health and Human Services. The research community’s published work in this area similarly puts forward contextual assumptions: that employment may be a priority, but that significantly more individuals are served in community inclusion settings; that quantitative analysis of community inclusion efforts are lacking; and that community inclusion would likely benefit, as any public policy would, from specific outcomes measurement and benchmarking attention.

Community inclusion services for adults with IDD serve a vital role, whether that is in support of a long-term pathway toward employment or as the primary day activity for persons served. As regulatory guidance identifying and prioritizing community inclusion is relatively recent in a public policy context, efforts to explore, understand, and measure inclusion as a policy are to be expected. Challenges to such exploration include the concept of meaning, as both federal and state guidance hinge on the provision of “activities that are meaningful,” as well as the person-centered focus expected of such services (Hoff, Sasnett, & Di Biase, 2015, p.2). The lack of specific performance or outcomes measures at the state level suggests that there is difficulty determining such measures, or that broad outcomes measures for community inclusion are otherwise impractical. As seasoned service providers have provided these services for multiple years, their perspectives on the question of outcomes should illuminate what is measurable, and whether that measure must be locally-focused (provider-level best practice) or if such measures can be applied as a baseline for all providers contracted to facilitate such supports.
Chapter 3: Methodology

The state of Massachusetts will spend more than 300 million dollars in fiscal year 2018 on day and employment services for adults with developmental disabilities (Massachusetts Department of Developmental Services, 2018). Nearly two-thirds of the 37,000 adults with significant disabilities served by the Massachusetts Department of Developmental Services access community inclusion services; despite the high rate of access, no primary outcome measures exist for this service from funders (Winsor et al., 2017). The purpose of this qualitative multiple case study was to explore the best practices of seasoned service providers facilitating community inclusion services in Massachusetts. As the rights of persons with IDD to community inclusion is settled law (Olmstead v. L.C., 1999; Home & Community Based Services Final Rule, 2014), public value theory suggests that, as with other social services, value should be maximized (Turkel & Turkel, 2016). The reasonable bounds of that value maximization are currently unclear, due in large part to the lack of specificity in outcomes for community inclusion; this has a deleterious effect on both policy outcomes and provider understanding of services to be rendered (Winsor et al., 2017). Investigation of the perspectives of seasoned service providers thus has potential implications on services received by adults with IDD, on the best practices of agencies contracted to provide said service, and on the public policy that regulates and reimburses for these supports.

Qualitative inquiry, particularly multiple case study, was selected for its rich description of cases, and ability to capture the process and choices of seasoned service providers in carrying out community inclusion as a public policy. This sort of evaluative understanding fits within the Public Value Theory framework for inquiry, in which public policy is assessed against a variety of stakeholder-determined outcomes (Turkel & Turkel, 2006). Seeking to understand
perspective, rather than seeking to answer a specific hypothesis, was intended as a guard against researcher positionality, as the student researcher possesses strong beliefs about the execution of policy where it concerns the public good.

Purposive snowball sampling was used, via access to a statewide trade association for providers of developmental disability services. Recruitment was completed in person and over the phone, with some follow-up taking place over the phone and via email. Data was collected during semi-structured, in-person interviews in which the audio was recorded. Data was transcribed using a secure transcription service, Rev.com, and analyzed both by hand and through the use of NVIVO qualitative analysis software. Rich, thick description, along with member checking, were the primary tools used to ensure trustworthiness. Conflict of interest was a primary ethical concern, prompting a thorough exploration of both components of community inclusion service and organizational measures for successful practice. This research thus sought to thoroughly examine the context and outcome measures of community inclusion service, via a multiple case study of seasoned service providers.

**Research Design and Rationale**

Research involving those with significant IDD often relies on disability inquiry as a theoretical framework (Creswell, 2013). While this theoretical framework prioritizes the rights of those with disabilities, it does not provide a complete lens through which to view the administration of services for persons served. Efficiency and effectiveness (and the frequent inverse or indirect relationship between the two) are essential to consideration of public administration (Deva, 1985). Functional definitions of these terms include goal-fulfillment (effectiveness) and output per unit of input (efficiency). As lack of administrative and regulatory specificity, for both efficiency and effectiveness, are at the core of this inquiry, a strict
efficiency/effectiveness framework is not a complete lens for research. Considering effectiveness and efficiency solely also does not allow for the wider net of “what works at the time” necessary for the pragmatic worldview grounding this research (Creswell, 2013, p.8).

More contemporary research establishes that paradigms of traditional bureaucracy, as well as individualization/privatization, are flawed in evaluating public good policies (Onrubia-Fernandez and Fuentes, 2017; Turkel & Turkel, 2016). Public Value Theory (PVT), as described by Turkel and Turkel, presents a more complete lens for this inquiry. PVT relies on considerations of effectiveness and efficiency within frameworks of rights and voter preferences (2016). PVT thus creates space for the rights of persons with IDD within the research, even if the focus of the research is at the administrator level. Further, this framework acknowledges three administrative needs for public policy: administratively feasible, politically sustainable, and most important, substantively valuable. PVT reflects a synthesis of the effectiveness focus of traditional public management with the efficiency focus of new public management; crucially, PVT suggests that each public administrator, including those contracted to provide public service, is a responsible administrative unit (Turkel & Turkel, 2016).

The intended goals in for-profit enterprise differ greatly from those in non-profit and publicly-funded enterprise, for three key reasons: normative goals, principle sources of revenue, and performance measures (Moore, 2000). For the public sector (including both government-provided and government-funded services) the normative goals involving accomplishing a mission rather than maximizing wealth; the principle sources of revenue similarly differ, with taxpayers funding government efforts directly, and nonprofit efforts indirectly via state contracts. Where the private sector can focus pretty narrowly on maximizing value, according to Moore (2000), the strategy for nonprofits contracting with government does not align as neatly with
financial performance measures. Thus an important strategic principle for nonprofit administrators is the measurement of public value, despite this being inherently more difficult to measure than simple profit and loss (2000). This suggests that a consideration of contract performance by nonprofits, particularly the contract in Massachusetts for community inclusion, is a necessary alternative to either assessing strictly on profit and loss or not assessing for value.

Methodology

As Creswell indicates, the research approach must be based on the nature of the problem to be addressed and must incorporate both the philosophical assumptions of the researcher as well as consideration of data available to be collected (2018). A research approach of good fit is therefore critical to answering the research problem.

Creswell describes a continuum of research approaches, including qualitative, quantitative, and mixed methods inquiry. The differences between these approaches has to do with philosophical approaches, research strategies, and data collection methods (2018). As the rights of adults with disabilities undergirds inclusion policy, the transformative worldview (and more specifically disability theory) seems to align. However exploration of the seasoned service provider perspective on facilitation of inclusion policy accepts the rights framework as settled law, and focuses instead on efficiency and effectiveness of policy as a service instrument. In this way, due to a focus on what works at a fixed moment in time, as well as a focus on what and how questions, the pragmatic worldview more closely aligns. However, the pragmatic worldview also allows for consideration of additional contexts for a research issue, including disability theory. As the pragmatic worldview aligns with the use of “all approaches available to understand the problem,” it can flexibly support each of the three primary approaches (Creswell, 2018, p.10).
Case studies are particularly useful in evaluation, as a guidepost toward future research and pursuit of generalizable outcomes (Yin, 2016). In developing an in-depth analysis of a case, a researcher is bounded by a program, activity, or process; in a multiple case study, each case must be closely related on this bounding criterion (Creswell, 2018). This multiple case study sought thick description regarding the facilitation of community inclusion policy at the service provider level. Exploration of this perspective yielded responses that richly and thoroughly described the experiences of seasoned service providers. Exploration of perspective informed the type of questions, and the format of the interviews, for the inquiry.

Case study as a research method involves the exploration of “contemporary real-life phenomenon through detailed contextual analysis of a limited number of events” (Zainal, 2007, p.2). Community inclusion as a public policy requirement is such a contemporary phenomenon; exploration of seasoned service provider perspectives yielded insight into how this service is being delivered within the public policy and nonprofit context. It is important to note that generalizability is not reserved for quantitative inquiry, though it presents differently in case study research: According to Yin (1994) generalization of results from case studies involves theory, rather than populations, and can occur when pieces of information are linked from case(s) to a theoretical proposition (cited by Zainal, 2007). The category of case study selected, instrumental, involves research on a pattern of behavior or response to phenomenon among a small group of subjects; Stake (1995) likewise indicates that such research can set the stage or allow for some generalization of themes or theory (as cited by Zainal, 2007).

**Positionality Statement**

My positionality is shaped by not only by my experience and values, but also by the worldview through which I tend to see public policy issues. One significant area of bias for me is
my belief, deeply held, that policy in the public good is incompatible with the profit motive. That is to say, public policy is best organized in a nonprofit fashion. Further, I have a sense that government bureaucracy can also be inefficient at times, as there are a lack of incentives to control waste or spur innovation. Thus, as a private nonprofit leader, I conclude that private nonprofits are best equipped to carry out the public good.

The research I am interested in has to do with the efficiency of long-term service provision for adults with intellectual and developmental disabilities. This suggests another important element of positionality: privilege. While I work primarily with adults with intellectual and developmental disabilities, I share few of their identities or realities. I am a cisgender, heterosexual, able-bodied, typically-developed white man in my early thirties, with a comfortable salary and social position. Few, if any of the barriers encountered by this population exist in my day-to-day life. In conducting research involving this population, I am talking from a place of privilege, and need to acknowledge that this informs my expectations, values, and work.

The research community has thoughtfully and consistently explored the perspectives and lived experiences of people with disabilities. As a senior leader in service provision, I am interested in exploring the experiences of providers in meeting new and diffuse requirements related to community integration. My research intends to solve a policy problem, outcomes measures, by looking at those who are implementing the policy. This focus, on the mechanics of a policy implementation problem in unique circumstances, leads me to the pragmatic worldview. I happen to believe in this worldview generally, in that problems and solutions are relative, and all available approaches should be used to solve them. This is an important element of my positionality in that I need to remain aware that I am investigating a typically-transformative type
of problem (disability inquiry) instead from a pragmatic worldview, and with a focus on policy actors rather than beneficiaries.

**Participant Selection**

The perspectives of seasoned service providers were the qualitative data collected. For this research, seasoned refers to an organizational leader with at least ten years of human services work across multiple roles. Semi-structured interviews of seasoned service providers in Massachusetts were held. The nine cases were purposively snowball sampled to meet inclusion criteria. The settings were nonprofit agencies contracted by the state of Massachusetts to provide community inclusion services and supports. The participants were seasoned administrators with primary oversight of community inclusion efforts for a given agency. The focus of the research was the experience and perspective of the seasoned administrators responsible for community inclusion, not the agency setting overall. Consideration of agency-wide approaches to community inclusion may become a valuable next step for this research, but exceeded the scope. The primary type of data was semi-structured interviews, recorded and transcribed. Semi-structured interviews provided opportunity for rich description within identified question areas, as well as opportunity for participants to identify other areas of focus. While case studies often focus on one case, multiple case studies afford opportunity to explore related cases with similar features (Yin, 2016).

Participants were seasoned nonprofit administrators working at agencies contracted with the state of Massachusetts to provide community inclusion services to adults with intellectual and developmental disabilities. Participants were selected primarily for their work in facilitating community inclusion services at the operational (not direct service) level.
Participants representing nine total cases were recruited. Gender, ethnicity/race, socioeconomic status, literacy level, and health were not relevant criteria for this research. Participants were preferred if they assume primary responsibility for community inclusion services where they are employed.

Inclusion criteria for this study were as follows:

- Participants must work at a nonprofit contracted by the state of Massachusetts to provide community inclusion services to adults with intellectual and developmental disabilities.
- Participants must take primary responsibility for community inclusion services at their agency. Primary responsibility is defined as making operational decisions for community inclusion, including contracting, service design, service delivery, and evaluation of performance.
- To be included in this study, the nonprofit annual revenues must have exceeded five million dollars annually; Community-based Day Supports contract must have served at least fifty adults daily on average.
- Participants must have at least ten years working in human services sector.
- Participants must have the ability to communicate fluently in English, both written and spoken.
- Participants must consent to be recorded, and to participate in member checking of responses.

Potential participants not meeting all of the above criteria were excluded. Gender, ethnicity/race, socioeconomic status, literacy level, and health were not exclusion criteria for this research. The sample was purposively selected to include a balance of gender identities, as well as representation from multiple racial/ethnic groups.
Procedures for Recruitment

Participants were purposively, snowball sampled from agencies participating in the statewide trade association, the Association of Developmental Disabilities Providers (ADDP). With the permission of ADDP, the student researcher attended meetings and asked attendees if they would like to participate in this research. Participants were also recruited via phone, utilizing snowball sampling via individuals participating in ADDP meetings. For those who expressed interest and meet the inclusion criteria, the student researcher followed an IRB-approved recruitment script. This recruitment script was followed for both in-person and telephone-based recruitment conversations. For those who wished to participate, the researcher reviewed an IRB-approved informed consent document. The informed consent document was made available by email. Electronic signatures were accepted where email delivery was used (for two cases). All documents related to this research were kept in a locked room in the student researcher’s locked home. Cloud backup of documents related to this research were kept in a password-protected Google Drive folder on a password-protected laptop. All material related to this research remained in the custody of the student researcher until it could be secured in the student researcher’s home. Only the student researcher had direct access to the data; the principal investigator, interim advisor, and second reader had access as requested or required. The data will be maintained as described for at least three years.

Data Collection

The inquiry began with IRB approval for research. Participants were purposively snowball sampled from within agencies regularly participating in a statewide trade association, the Association of Developmental Disabilities Providers. Purposive sampling was required to identify participants working in agencies meeting inclusion criteria. Purposive selection was used
to avoid outliers for each of the inclusion criteria. Access was sought and granted within the context of trade association relationship; the association was supportive of this research, and a number of candidates exceeding the required sample indicated interest. The association counts as members 127 of the 215 active developmental disabilities service providers in the state of Massachusetts (Association of Developmental Disabilities Providers, 2018).

Data was collected in the form of transcribed, semi-structured interviews with seasoned agency leaders primarily responsible for community inclusion service provision. Participants were asked and all agreed to meet face-to-face for a semi-structured interview. Meetings took place at locations convenient to the participants. Most often these conversations took place in a participant’s office or a meeting room at their place of employment; on one occasion the interview took place in a local coffee shop. One primary session took place with each case; these sessions ranged from one to two hours in length. Number of participants varied for each case, from one to four total participants. All participants reviewed and signed informed consent documents. A follow-up contact (via telephone, Skype, email, or face-to-face) was necessary to clarify and member check responses following coding and theming passes. Responses were recorded, transcribed, and coded for themes. REV transcription service was used, www.rev.com. Responses were kept confidential, stored in a password-protected storage utility. Interview participants were anonymized. Coded data was presented for member checking.

**Data Analysis Plan**

Semi-structured interviews were conducted for each case, involving one to four participants meeting inclusion criteria. Semi-structured interviews are particularly well-suited to case-study research, according to Hancock and Algozzine (2017). This is due to the combination of both answers to predetermined questions, as well as the opportunity for the interviewee to
express themselves both freely and openly. For the purposes of data analysis, these sorts of results lend themselves to multiple coding passes, particularly as there are both descriptive and evaluative dimensions to the research questions (Saldana, 2016). The interviews were recorded and transcribed using a secure transcription service, Rev.com. The Rev.com transcription service encrypts all file transfers and requires that transcribers sign confidentiality agreements. Research notes, codes, themes, and related material were kept in a password-protected Google Drive account, to which only the student researcher has access. The data was used exclusively for this dissertation research; additional consent will be sought for possible inclusion in any future research.

Once the data was transcribed, the results were initially coded by hand. Computer aided qualitative data analysis software (CAQDAS), Nvivo, was used to assist in the coding and patterning of transcribed results. Member checking was used to ensure the validity of data analysis findings. According to Saldana, coding by hand, particularly if multiple coding passes are used, allows the researcher to get closer to the data when perspective and other such analyses are sought (2016). The data was coded in multiple passes, with descriptive coding relied upon in the first pass and pattern coding sought in the second pass. Descriptive coding has inherent limitations, as it is less attached to a second-level coding methodology and therefore lacks directionality in results; this can be useful, however, if the second-level intent is one of thick description and pattern analysis, as was the intent of this research (Saldana, 2016).

Yin (2018) recommends the use of at least one of four general analytical strategies in interpreting case study data: theoretical proposition assessment, working bottom up from the data, ongoing case description, and assessment against rival propositions. This analysis plan will operate from a theoretical proposition assessment, as there is coherence between this assessment
and the evaluative nature of the public value theoretical perspective grounding this research. In addition, ongoing case description and assessment against rival propositions may emerge as the data is descriptively coded and then coded for patterns and themes. A bottom-up approach not necessarily planned for this analysis as the research is predicated upon evaluative policy implementation questions. Working bottom-up from the data is best used when more specific clusters of data emerge from the research, or possible answers to new sub-questions emerge; alternatively, bottom-up or inductive approaches may be advisable when a higher-level evaluative question is not guiding the research (Yin, 2018). For this analysis, these factors are not the case, meaning that a bottom-up approach was not utilized.

The sample concluded at nine total cases, from an IRB-approved range of eight to twelve. The nine cases represented a variety of perspectives, and included sufficient overlapping data points that saturation was identified (Suter, 2012). Following the initial cycles of coding, the transcription data were entered into Nvivo, where it was analyzed both for the initial codes and patterns as well as those that emerged from the CAQDAS analysis. Triangulation was employed as a search strategy, whereby codes and patterns were compared across cases, with the use of Nvivo (Suter, 2012). Codes persisted through both the hand passes and the Nvivo-assisted coding. Themes emerged, both those suggested in researcher notes collected during interviews and themes that were not expected prior to the data collection.

Trustworthiness

Barusch, Gringeri, and George indicate that truth (and by extension, trustworthiness) has an inherent “local” quality due to the nature of qualitative research; this is especially true as the researcher “writes themselves” into the research (2011, p.12). The local nature of texts and truth in qualitative inquiry, as well as the fundamental explore/understand/describe goal of qualitative
inquiry, implies that validity may not express as replicability. Instead, a useful definition for qualitative validity stems from how accurately research matches participant realities, and how credible it would be to them (Creswell & Miller, 2000). This suggests the importance of member-checking, but a variety of specific strategies of rigor emerge in the literature. Elo, Kaarianien, Kanste, Polkki, Utriainen, and Kyngas point out that a systematic, transparent, and clear process to research, evidenced within the final product, is also important to trustworthiness in qualitative inquiry (2014, p.8).

Transparency of process in administrator research involves focus on the why, in terms of research question and problem statement, as well as the how, including theoretical framework and pattern of inquiry. Establishing the research question and problem as living in the administrator (rather than person-served) level is important to research rigor; additionally the use and explanation of Public Value Theory as reported by Turkel grounds the research within an established, peer-reviewed framework for inquiry (2016). Each of the strategies suggested by Barusch, Gringeri, and George are useful in such a study, particularly member-checking, triangulation, thick description, and negative case analysis (2011). Research with seasoned nonprofit administrators on their facilitation of community inclusion service was assessed for rigor via each of these strategies. Additionally the use of a coherent and clearly-defined strategy, framework, and pattern of inquiry aided this research in meeting standards of rigor.

**Ethical Procedures**

There were minimal risks to participants as a result of this research, and to date no concerning or harmful effects have been observed or reported. The topic of research is of interest to the provider community participants are a part of, and is potentially of interest to the state and
private entities who fund such work. The research focus on improving the efficiency of service provision continues to be unlikely to produce controversial opinions or polarizing conclusions.

Responses were anonymized prior to completion of research. It is unlikely that responses becoming public (by accidental or other means) would have any negative effects on research participants. Participants were informed that they could have discontinued the interview at any time, or declined to answer select questions if they did not wish to do so; no participants chose to stop an interview or refuse a question. No special precautions were needed for vulnerable populations, as members of vulnerable populations were not included in the study sample.

Conversations were recorded and transcribed using the Rev.com transcription service, which encrypts all file transfers and requires that transcribers sign confidentiality agreements. Research notes, codes, themes, and related material are kept in a password-protected Google Drive account, to which only the student researcher has access. The data was used exclusively for this dissertation research; additional consent will be sought for possible inclusion in any future research.

A primary ethical concern for this research involved conflict of interest: were there financial or other interests which might have influenced the responses toward a non-optimal practice for community inclusion service? A possible example might be a participant advocating against the use of outcome measures in community inclusion service to protect the financial stability of lower-quality programming. The qualitative multiple case study model was selected in part due to this ethical concern, as financial motivating interest can be a valid context for policy evaluation (Turkel & Turkel, 2016). A further strategy used was a rich and thorough exploration of components of community inclusion service, as well as the outcome measures
each participant used in their case. Such exploration served to contextualize the motivation for each case, providing against ethical concern.

Secondary ethical concerns included handling of data, as well as analysis of data. To guard against improper handling, all IRB-approved handling procedures were followed, including secure physical and online backup storage of all documents. Documents were transported in a secure fashion, in closed folders within a locked vehicle; study documents did not leave the student researcher’s possession until secure. Analysis of data presented possible concerns, particularly due to the open nature of qualitative inquiry (Yin, 2018). As the researcher serves as an instrument within qualitative inquiry, the possibility of incorrect or improper analysis of the data exists. The use of thick description, member checking, and computer-aided qualitative analysis software (CAQDAS), helped to mitigate data analysis concerns.

Summary

In Massachusetts, more than 32,000 citizens with intellectual and developmental disabilities receive nearly two billion dollars in public funding for care, support, and assistance (House 1, 2018). The most common day service for adults with IDD is community inclusion, involving meaningful activities in the community for persons served (Hoff, Di Biase, & Sasnett, 2015). The questions related to community inclusion, specifically what is facilitated by service providers, and how it is facilitated, are fundamentally both pragmatic in worldview and open to exploration. As the regulatory and best-practice contexts for community inclusion lack clearly-defined or prescriptive language for contracted service providers, traditional quantitative policy evaluation may not be the best option. Deep exploration of the perspectives of seasoned service providers on community inclusion was necessary to determine if outcomes measures are in use
informally at the provider level, and if they may be practical as baseline guidance from a regulatory perspective.

The implementation of a qualitative multiple case study afforded opportunity to deeply explore the perspectives of seasoned service providers. The use of Public Value Theory as a theoretical framework anchored the study in analysis of public policy implementation and outcomes (Moore, 2000). Semi-structured interviews, recorded and transcribed, comprised a data set that allowed for rich and thick description of cases. Analysis by both hand and CAQDAS allowed for a thorough examination of the data and its resultant themes. Strategies of triangulation, saturation, and member checking were employed to account for validity in the data. The use of these protocols, in total, served to protect the integrity of this research design.
Chapter 4: Findings

This inquiry sought to explore the perspectives of seasoned service providers in facilitating community inclusion services for adults with intellectual and developmental disabilities (IDD) in Massachusetts. Nearly two-thirds of adults with significant developmental disabilities receive non-work community inclusion supports in the United States. Despite the wide reach of such services, no dominant or universal outcome measures are in place (Winsor et al., 2017). In Massachusetts, regulatory language calls for “meaningful” connections in the community, as well as preference-deriving assessment and service (Hoff, DiBiase, & Sasnett, 2015). The focus of this inquiry was the nexus of factors surrounding implementation of the service: agency best practices, state and federal policy, geographic or other external, environmental factors. While the primary data collected was semi-structured interviews with senior service providers, a multiple case study methodology was used for three key reasons. First, the inquiry focused more on the operational decisions in implementing a service than on the lived experiences of those interviewed. Next, the participants selected were primarily responsible for the vision and organization of services within their agencies. Finally, participants reflected a variety of agency, internal, and external factors related to implementation.

What follows is a description of the data collection which includes relevant participant demographics and case study information. The form of data, both at collection and in analysis, is considered. Case information, particularly the location, people, and processes described are presented. Each of the nine case study organizations is given single consideration in the data analysis process for codes and patterns, followed by significant discussion linking the case organization analysis with codes, patterns, and themes across the cases and with consideration of reviewed documents. Analysis based upon successive coding cycles is detailed, with
accompanying findings presented in text, table, and graphic form. Coding strategy included structural and evaluative first-cycle methods, as well as pattern and theoretical second-cycle methods: the resulting codes, patterns, themes, and superordinate themes are detailed in alignment with the principles of Saldana (2016). A summary connects these discussions back to the research question, and details areas for future focus or discussion.

**Data Sources**

The data collected from the nine case study organizations studied included both interview transcripts and a documents collection. The interviews captured the perspectives of eighteen research participants; each case organization included from one participant to four. Thirteen of those interviewed identified as female; five identified as male. While all case study interviews included seasoned service providers who indicated primary responsibility for community inclusion services, four interviews included the chief executive or agency president. Semi-structured interviews were held for each case, including multiple participants on six occasions, and a single participant on three occasions. The research protocols included a list of inclusion criteria, including participants having operational oversight for community inclusion services, agency revenue exceeding five million dollars annually, and the support of approximately fifty or more adults with IDD on average each day.

Documents reviewed related to case organizations, federal and state requirements for community inclusion services, and research question factors (such as financial scale and catchment-area community type). Documents reviewed included federal and state community type designations, annual financial records for case organizations, the published material of case organizations (including annual reports and community-inclusion focused web pages), and state
regulatory information on Community Based Day Supports (CBDS), were reviewed as supporting material for each case. Table 1 describes the data sources for this research.

Table 1

*Data Source Characteristics*

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Number of Items</th>
<th>Description of Source</th>
<th>Type of Data Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews</td>
<td>9</td>
<td>9 semi-structured interview transcripts; 18 interview participants</td>
<td>Transcribed text</td>
</tr>
<tr>
<td>Document Review, Created by Case Organization</td>
<td>27</td>
<td>9 annual reports; 9 agency websites, 9 Uniform Financial Records</td>
<td>Text (printed and copied); online websites; Excel documents</td>
</tr>
<tr>
<td>Document Review, Created by External Entity</td>
<td>12</td>
<td>5 documents (3 federal, 2 state) on community type; 7 documents on CBDS regulation and implementation</td>
<td>Text (printed and copied); online websites</td>
</tr>
</tbody>
</table>

**Description of the Data**

Semi-structured interviews were recorded and transcribed using a third-party transcription service. The interviews included discussion of the agency, setting, arrangement of community inclusion services, operational challenges and successes, and regulatory interaction. While interview transcripts comprised the primary data source coded and analyzed, documents and artifacts were collected to form a second data source. Two primary categories of secondary data were community setting of organizational cases, as well as the reported financial data for organizational cases. Reviewed documents also included regulatory language provided by the state funder of community inclusion services, agency websites and published materials related to community inclusion, and agency annual reports. The data was sought, collected, and analyzed within a multiple case-study framework, due to the organizational context of the phenomenon being studied. Each data set comprises a case due to features going beyond the reported experiences of single participants; each case also included organizational documents as well as
planning and evaluation elements. For each case, this information originates primarily from one to four organizational leaders primarily responsible for community inclusion services at their organization. The case data is comprised primarily of semi-structured interview responses, as well as select demographic and artifact data. Demographic data collected on the settings includes both reported setting information and setting information from the Massachusetts Metropolitan Area Planning Council, due to differences in federal and state accounting measures for urban and rural settings.

Significant features of all nine cases included the urban/suburban/rural makeup of service areas, reported annual revenues for the agency, and reported number served in Community Based Day Supports (CBDS) services. Setting, number of persons served, and agency annual revenues were inclusion criteria, and featured prominently in the collected data. Table 2 shows study inclusion criteria.

Table 2

**Study Inclusion Criteria**

<table>
<thead>
<tr>
<th>Interview Participant</th>
<th>Case Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works at nonprofit contracted to provide CBDS</td>
<td>Organization is a nonprofit contracted to provide CBDS</td>
</tr>
<tr>
<td>Primarily responsible for CBDS design and evaluation</td>
<td>Annual revenues exceed $5,000,000</td>
</tr>
<tr>
<td>Ten years’ experience in human services sector</td>
<td>Approximately 50 or more adults served each day</td>
</tr>
<tr>
<td>Consent to be recorded</td>
<td>Annual report available for review</td>
</tr>
<tr>
<td>Ability to communicate fluently in English</td>
<td>Annual Uniform Financial Record available for review</td>
</tr>
</tbody>
</table>
Data Analysis

Initial coding was done by hand for all nine case organizations and included first-cycle coding methods. That coding, initially envisioned as descriptive in nature, included both evaluative dimensions as it went forward. The interview transcripts for all nine cases were uploaded into NVivo, a computer-aided qualitative analysis software (CAQDAS). Initial codes and notes were transcribed for all nine cases and added to NVivo as documents. Auto coding, including frequency counting, was used to identify common terms for each case. These terms were pulled out, assessed within the transcription and against initial codes for code-worthiness, and identified within NVivo as codes. Second-level coding relied upon a pattern-coding structure, though elements of theoretical coding emerged from initial evaluative codes; this analysis suggested underlying themes. Second-level coding further aided the emergence of themes, and the consolidation of codes and themes into more discrete, declarative units. Five superordinate themes emerged, consistent with what was suggested after initial coding cycles.

Preliminary frequency-magnitude word clouds were queried to test for visual appropriateness. NVivo was used to identify frequently used words and codes. Query conditions included combining stemmed words, a minimum word length of four characters, exclusion of a selected list of stop words, and returning one hundred or fewer words for frequency counting. Excluded words were primarily conversational indications of acknowledgement or assent (e.g. “mhmm,” “yeah.”) One limitation of this visual display were words with multiple meanings, primarily “like” and “right.” In both cases these words referred to both a feature of community programming (e.g. what one likes or what is right for a person served), but also indicated similarity or assent in conversation. A word cloud was chosen for summary visual display for
superiority in communicating the most important identified terms, as well as the opportunity for visual inferences based upon relative size (Lohmann, Ziegler, & Tetzlaff, 2009).

Versus coding was considered but discarded; while themes in a binary or versus structure are present, a critical mass of versus-construct codes did not emerge. This is a finding of itself: that participants sensed, but did not always explicitly articulate, a binary clash between elements of regulation and implementation. Theoretical core codes emerged related to the policy being implemented, the best practices employed by participants, and the regulatory constraints that do or do not bear consideration. These core codes lent themselves to a working theory of tension between regulation and implementation. However, the theoretical themes presented do not conclusively support a single proposition. As Saldana (2016) indicates, zero theoretical codes are better than the presence of the wrong theoretical codes.

Documents, including federal and state community type designations, annual financial records for case organizations, and the published material of case organizations (including annual reports and community-inclusion focused web pages), and state regulatory information on CBDS, were reviewed as supporting material for each case.

Document analysis is presented first, with emphasis on community type and financial size dimensions of case organizations, as well as regulatory requirements for CBDS service delivery. Case organization analyses are presented first individually, then in the aggregate and with consideration of superordinate themes. Case-by-case description describes some of the demographic elements of each case, including the interview participants and organizational features. Codes are displayed in connection with corresponding subordinate themes; subordinate themes are then displayed in connection with corresponding themes. Themes and findings reflect analysis including both document and interview sources.
Document Analysis

Documents reviewed were organized in three distinct categories: those relating to community type and catchment area, those relating to financial size and scale, and those relating to program design and priorities. Records included both internal (created by the case organization) and external (created by another entity). In each category, both internal and external documents were present. Types of documents included agency websites, brochures, program descriptions, regulation, regulatory review checklists, a best practice guidance document, financial records in excel format, US census community information, and Massachusetts planning council community designations. Table 3 displays document analysis categories and example documents, both internal and external.

Table 3

<table>
<thead>
<tr>
<th>Document Category</th>
<th>Case Organization Documents</th>
<th>External Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Type and Catchment Area</td>
<td>Reported catchment area (website, annual report); reported community types</td>
<td>US Census community types; MA Planning Council community types</td>
</tr>
<tr>
<td>Financial Size and Organizational Scale</td>
<td>Uniform Financial Reports; reported shared programming elements</td>
<td>Trade association membership list; financial reporting for all members</td>
</tr>
<tr>
<td>Program Design and Service Evaluation</td>
<td>Case organization websites; program descriptions and brochures</td>
<td>Federal community rule; MA CBDS regulation; MA CBDS guidance document; CARF standards manual</td>
</tr>
</tbody>
</table>

Case organization documents on community type and catchment area included the indicated catchment area of case organizations, as well as the reported communities served by each case organization (found on case organization websites and in published material). External
documents included US census information, particularly county urban/rural designation, for potential impact on service delivery. As federal urban/rural designation lacks a suburban category, and county-level organization does not account for town and city variations in type, the Metropolitan Area Planning Council’s (MAPC) Massachusetts Community Types classification was added to the analysis. The MAPC Community Types framework classifies individual Massachusetts towns and cities on a five-category scale of urbanity-rurality. Contributing factors for the rating are population density, typical building use, population and business growth, and amount of developable land. The five community categories, in decreasing order of urbanity, are: Inner Core, Regional Urban Suburbs, Maturing Suburbs, Developing Suburbs, and Rural Towns (2008). The individual town and city level of analysis was more appropriate to the scope of the research sub-question on setting, as participants reported perceived settings of catchment-area communities rather than county-level designations. Table 4 displays the reported setting for each case organization, the MAPC category for the case organization’s primary location, and the MAPC category for cities and towns within the case organization’s catchment area.

External documents on financial size and organizational scale included the trade association membership list for the Association of Developmental Disabilities Providers (ADDP), as well as the publicly reported Uniform Financial Records for each member agency. Appendix A displays the total annual revenues for each of the 127 member organizations, as well as median, average, and sample size calculations. Internal records on financial size and organizational scale included Uniform Financial Records for each case organization, as well as reported services with assets that were used by multiple programs: a representative example is Case Organization 2, which is paid to transport persons served to and from programs, while then
using those vehicles for activities during the program day. Table 5 displays selected case
organization and ADDP member financial information from document analysis.

Table 4

Catchment Area Community Categorization

<table>
<thead>
<tr>
<th>Case Organization</th>
<th>Reported Setting</th>
<th>MAPC Primary Community Category</th>
<th>MAPC Catchment Area Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suburban, Rural</td>
<td>Mature Suburban</td>
<td>Developing Suburban</td>
</tr>
<tr>
<td>2</td>
<td>Urban</td>
<td>Inner Core Urban</td>
<td>Regional Urban</td>
</tr>
<tr>
<td>3</td>
<td>Urban</td>
<td>Sub-Regional Urban</td>
<td>Maturing Suburban</td>
</tr>
<tr>
<td>4</td>
<td>Urban, Suburban</td>
<td>Mature Suburban</td>
<td>Developing Suburban</td>
</tr>
<tr>
<td>5</td>
<td>Suburban, Rural</td>
<td>Developing Suburban</td>
<td>Developing Suburban</td>
</tr>
<tr>
<td>6</td>
<td>Suburban</td>
<td>Mature Suburban</td>
<td>Developing Suburban</td>
</tr>
<tr>
<td>7</td>
<td>Suburban, Rural</td>
<td>Sub-Regional Urban</td>
<td>Rural Towns</td>
</tr>
<tr>
<td>8</td>
<td>Suburban</td>
<td>Sub-Regional Urban</td>
<td>Maturing Suburban</td>
</tr>
<tr>
<td>9</td>
<td>Urban, Suburban</td>
<td>Inner Core Urban</td>
<td>Maturing Suburban</td>
</tr>
</tbody>
</table>

Note: Categories (Descending Urbanity): Inner Core, Regional Urban, Maturing Suburban, Developing Suburban, Rural Towns
Adapted from “Massachusetts Community Type Summary”, by the Metropolitan Area Planning Council. Retrieved from

Internal documents reviewed on program design included case organization websites,
program descriptions, and annual reports. External documents reviewed on program design and
evaluation included the Massachusetts Department of Developmental Services’ Office of Quality
Enhancement Licensure and Certification Manual, including appendices, applicability charts, and
a frequently asked questions document. The licensure and certification process is required for all
CBDS providers in Massachusetts every two years, though a self-assessment option is available
for providers in good standing. A deemed status is available, by which the Certification
Indicators are not applied for those organizations with Commission on Accreditation of
Rehabilitation Facilities (CARF) accreditation.
Table 5

*Selected Financial Information*

<table>
<thead>
<tr>
<th>ADDP Member Information</th>
<th>Case Organization (Sample) Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of ADDP Member Organizations 127* (Financial Information Available for 126)</td>
<td>Number of Organizations in Sample 9</td>
</tr>
<tr>
<td>Average Annual Revenue for All Members 36,960,983</td>
<td>Average Annual Revenue of Sample 34,187,093</td>
</tr>
<tr>
<td>Median Annual Revenue for All Members 17,331,907</td>
<td>Median Annual Revenue of Sample 31,338,586</td>
</tr>
<tr>
<td>Organizations with Annual Revenues &gt; $5,000,000 106</td>
<td>Saturation of Sample &gt; $5,000,000 8.41%</td>
</tr>
<tr>
<td>Organizations with Annual Revenues &gt; $25,000,000 43</td>
<td>Saturation of Sample &gt; $25,000,000 16.28%</td>
</tr>
</tbody>
</table>


Licensure indicators review “essential safeguards” that are “non-negotiable…threshold requirements” such as health, communication, human rights, workforce, and personal and environmental safety (DDS Quality Management, 2016). Certification indicators are standards that “promote quality” and “are tied to the intended outcomes of the specific service model,” yet “many do not have a quantifiable threshold” (DDS Quality Management, 2016). A review of the Certification Indicators applicable for CBDS service shows that, of those added or strengthened in response to the 2014 HCBS Community Rule, only one has a specific, quantifiable component (“individuals have been assessed for assistive technology needs”). Of the remaining Certification indicators, a majority lack a specific, measurable component. Instead, the “how measured” and “criteria for standard met” sections within the manual posit statements such as “staff are knowledgeable about…,” “individuals are supported to,” and “on a frequent and ongoing basis,” without specific criteria or definition (DDS Quality Management, 2016). The contrasting
element between CBDS evaluation and other services evaluated using this tool is the lack of minimum threshold measures in favor of terms such as “frequent,” “regular,” “consistent” and “periodic.”

Table 6

<table>
<thead>
<tr>
<th>Cases 1-9</th>
<th>Number of Interviewee(s)</th>
<th>Interviewee(s) Role(s)</th>
<th>Years in Industry</th>
<th>Includes CEO?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>2</td>
<td>Vice President of Day Services; Assistant VP</td>
<td>&gt;20; &gt;20</td>
<td>N</td>
</tr>
<tr>
<td>Case 2</td>
<td>1</td>
<td>Chief Operating Officer</td>
<td>&gt;30</td>
<td>N</td>
</tr>
<tr>
<td>Case 3</td>
<td>2</td>
<td>Director of Program Operations; CBDS Lead</td>
<td>&gt;20; &gt;10</td>
<td>N</td>
</tr>
<tr>
<td>Case 4</td>
<td>2</td>
<td>President; Director of Vocational Services</td>
<td>&gt;20; &gt;20</td>
<td>Y</td>
</tr>
<tr>
<td>Case 5</td>
<td>3</td>
<td>President; Director of Quality; Program Director</td>
<td>&gt;30; &gt;10; &gt;5</td>
<td>Y</td>
</tr>
<tr>
<td>Case 6</td>
<td>1</td>
<td>President</td>
<td>&gt;30</td>
<td>Y</td>
</tr>
<tr>
<td>Case 7</td>
<td>2</td>
<td>Director of Employment; CBDS Program Manager</td>
<td>&gt;20; &gt;10</td>
<td>N</td>
</tr>
<tr>
<td>Case 8</td>
<td>4</td>
<td>CEO, COO, Program Manager, Program Lead</td>
<td>&gt;30; &gt;10; &gt;10; &gt;5</td>
<td>Y</td>
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<tr>
<td>Case 9</td>
<td>1</td>
<td>Vice President of Programs</td>
<td>&gt;10</td>
<td>N</td>
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</tbody>
</table>

Case Analysis

Nine case organizations are presented in the research design of this study. Each case organization describes the interviewees, setting, and revenues for case organizations, followed by description of interviewees reflections on community inclusion service provision. Interviewees reflected upon challenges, successes, and best practices, as well as regulatory interaction and agency-level outcome measures. Selected quotations are included in case organization analysis.
where quotes are representative. Each case organization description concludes with information on frequent codes and patterns emerging from the CAQDAS analysis in Nvivo. Select demographic data for Case Organization interviewees is reflected in Table 6.

**Case One**

Case Organization One is a suburban agency with a female vice president (Josie) and female assistant vice president (Clara). Josie and Clara are primarily responsible for CBDS services that support 282 adults with IDD on an ongoing basis. Their agency is headquartered in a developing suburban community, with service-area subtypes including both maturing New England towns and country suburbs. Annual revenues for their agency are approximately $35 million dollars. Clara indicated that an essential component of CBDS was an employment focus, although not all who receive the service have this interest. Their agency does not require employment interest or participation in order to receive CBDS services. Josie and Clara described three goal areas that CBDS services at their agency often pursue: employment, health and wellness, and functional life skills. Later on in the interview, Clara added that there are three somewhat homogenous groupings of persons served within CBDS: those working part-time or interested in working at some point; those who are of retirement age and who may be “slowing down;” and those who are interested in structured day activities. The combination of goal areas and groupings allows for “tracks” at their agency, along which services can be generally organized. Following one of these tracks is a collaborative process between the person served and the staffing team, whereby activities are opted-into and scheduled around the primary goal first. For example, a person served who is in an employment lane, related activities are prioritized and encouraged.
While a unified formal employment assessment is not used at their agency, Josie and Clara remarked on several feedback and assessment tools in use to support the preferences and interests of individuals served. Within each of their six programs, monthly advisory council meetings are held to obtain feedback on activities and services from those who want to share. Each program has a morning meeting, where feedback on prior days’ activities is solicited and choices for the upcoming day are presenting. Observational assessment is taken periodically and as-needed for persons served, particularly for those who are experiencing a skill-acquisition group, volunteer or educational site, or employment training activity for the first time. CBDS-wide outcome measures are not used at their agency, though Josie suggested transition to employment as a high-importance outcome measure. Clara added that for someone without an employment goal, making a new friend in the community can be considered a useful outcome.

Josie indicated that all persons served in their CBDS service have individualized plans with measurable goals, as this is “required by the funding source.” Josie and Clara both mentioned that, despite it being used in training and supporting documentation, there is no operational consensus on what “meaningful” means. They acknowledged outside pressures on what is meaningful, including from funding sources to promote bridging activities (those that connect persons served to members of the community who do not have disabilities or similar backgrounds) at the expense of bonding activities (those that primarily include individuals with similar backgrounds or abilities). Josie and Clara stated that guidance from the funding sources are available, but that they suffer for lack of specificity or ability to directly inform operations. Additional challenges in service delivery noted include lack of support or funding to meet the medical needs of persons served, particularly administration of medication; being constrained to
a Monday through Friday, daytime schedule of operation; and a rate of reimbursement that does not allow for small group or one-to-one community activity, which is felt to be most normative.

The interplay between thinking and knowing, and the responsibility of the agency to test and prove preferences and abilities, features prominently in an analysis of the most frequently used words and concepts by Josie and Clara.

Case Two

Case Organization Two is an urban agency with a female Chief Operating Officer, Susannah. Susannah is primarily responsible for CBDS services that support 135 adults with IDD on an ongoing basis. Susannah’s agency is headquartered in an urban inner core community type, with services rendered in towns both inner core and in regional urban centers. Annual revenues for her agency are approximately 40 million dollars. Susannah described the transitional nature of CBDS services, both at inception and in her agency’s practice. CBDS was widely proliferated to the provider community to help replace sheltered work contracts, which were phased out; according to Susannah, the model possessed elements of transition, wraparound, or catch-all during the phase-out of sheltered workshop contracts. In practice, CBDS service is a “tool in the toolbox” at her agency and is “done as needed”. Thus, the orientation toward CBDS is not as a destination or a goal unto itself, but rather an available support for larger goals of independence, employment, or “fulfillment.” Susannah felt that fulfillment is a more appropriate goal term for CBDS service than “meaningful.”

A major challenge noted in providing CBDS services was the lack of flexibility and the insufficiency of the rate of reimbursement, which were connected in Susannah’s account. Susannah viewed the rates of reimbursement as not allowing for a normalizing staffing ratio in the community, alternatively forcing too-high staffing ratios in the program to allow for better
staffing ratios in the community. The nature of a “program” itself was also problematic for Susannah, as she sees the future requiring site-less CBDS services. Susannah indicated that the necessary transition in mindset was from CBDS as a program to CBDS as a set of services. Susannah referenced the differences between Blockbuster and Netflix when considering CBDS as a program and CBDS as a set of services. How to bill for or receive reimbursement for the full suite of necessary wraparound services, or those going beyond the allowed amount, was another noted challenge. A final area of concern was agency ability to recruit and retain talented staff, particularly for front-line roles.

CBDS services at Susannah’s agency are organized within a framework of interest and exposure; Susannah refers to the guiding value as asking persons served “will you try” instead of “do you like” a given activity or task. Susannah identified two tracks of services within CBDS: those for individuals seeking employment, and those for individuals aging away from employment. CBDS services at this agency are given a “value laden, business approach;” customer relationship management software is used to track goal attainment, employment placements, and volunteer site participation. Susannah remarked that program-wide goals may create unforeseen challenges: “a goal becomes a ceiling, not a floor” for services rendered. Susannah credited workshops with a CBDS consultant and tools provided as helpful in arranging services, though indicates that internal best practices were required. Successful elements of implementation included leadership focus on a small group of highly motivated staff.

The interplay between thinking and knowing features prominently, as do concepts of strategic investment and measurement (of opportunities and activities), in an analysis of the most frequently used words and concepts by Susannah.
Case Three

Case Organization Three is an urban agency, with a female Director of Operations, Lisey, and a female CBDS Lead, Annabelle. Lisey and Annabelle have primary responsibility for CBDS services that support 65 adults with IDD on an ongoing basis. Their agency is headquartered in a regional urban center community type, and services are provided in both regional urban centers as well as maturing suburbs. Annual revenues for their agency are approximately 70 million dollars. Lisey and Annabelle feel that the urban community type is a “huge advantage” for their CBDS services, as it affords both multiple transportation options as well as a wide variety of businesses and community activities to interact with. Services are organized around a primary value of making choices, and persons served are supported to do so in a variety of ways. Similarly, services at their agency emanate from a framework of self-identified importance and life satisfaction. While Lisey and Annabelle have considered the possible benefits of a site-less model, they indicated some normative appeal to persons served reporting to the same location each day to start their CBDS “shift.”

Annabelle reports that “nearly everyone is using CBDS differently,” but that distinct categories have emerged within their CBDS service. These “steps” include the first engagement with CBDS; going to work; wraparound services for someone who is working part-time; and transitioning from work to retirement. Goals include a variety of employment-focused objectives, as well as community learning, volunteer engagement, social skills, and wellness. Broad outcome measures are not in place for the entirety of the agency’s CBDS service, but broad measures are in place for the division CBDS is a part of due to requirements from the Commission on Accreditation of Rehabilitation Facilities (CARF). Lisey reports that CARF accreditation is not directly required for CBDS programs, as it is for therapeutic day habilitation.
programs funded by MassHealth. The agency still opts for CARF accreditation for its CBDS service, as this provides feedback they find helpful and limits the scope of state regulatory reviews to critical areas. Broad measures requested by CARF include specific goals in the areas of service access, efficiency, effectiveness, person served satisfaction, and stakeholder satisfaction.

Lisey and Annabelle reported that the scale of their agency was an important and necessary feature for successful CBDS implementation. They cite the availability of transportation vehicles (used for a separate transportation contract in the mornings and afternoons) as allowing for significantly more transportation resources than the rate of reimbursement alone would support. Rates of reimbursement are reported as “not enough for what we want to do.” Lisey indicated that the rates of reimbursement had historically been tied to more prescriptive staffing ratios, which had been relaxed in recent years. Lisey reported significant appreciation for the flexibility afforded by the lack of prescriptive rates and regulations. Lisey indicated that regulatory reviews focus primarily on health and safety topics, and that increased regulatory scrutiny may have a suppressing effect on quality of CBDS services due to decreased flexibility on the part of the agency.

The benefits of scale, including transportation and vans, feature prominently in an analysis of Lisey and Annabelle’s most frequently used words and concepts. Self-identification of wants and likes, as well as an emphasis on supporting employment and working, also stand out.

**Case Four**

Case Organization Four is a suburban agency, with a female President, Diane, and a female Director of Vocational Services, Clarice. Diane and Clarice are primarily responsible for
CBDS services supporting approximately fifty adults with IDD on an ongoing basis. Their agency is headquartered in a maturing suburbs community type, and services are rendered in both maturing suburb and developing suburb community types. Clarice noted that services in maturing suburb community types benefit from active downtowns and “lots of stuff to do;” in developing suburbs there are fewer community-based options. Annual revenues for their agency are approximately 55 million dollars. CBDS services for the agency are provided in both site-based and site-less models; Clarice indicated that “some [persons served] meet at a site, others meet in the community.” Both Diane and Clarice view CBDS as a wraparound support, though employment is not a goal for all who receive the service. Diane noted that an important component of CBDS service is to pursue what is meaningful to the person served, which can be shown in desire to engage in an activity again, taking a step toward a larger goal (such as employment or education), or by deep social satisfaction. Diane also noted that a specific, generalizable definition for meaningful is difficult to identify: “meaningful is always followed by the preposition ‘to’. Meaningful to whom?”

Both preference/interest assessments and observed skills inventories are used to inform their CBDS service. Feedback is sought via monthly meetings with persons served, and schedules are made for the month ahead based on these discussions. Weekly staff meetings and quarterly goal-setting meetings help support staff in arranging and managing services. Important measures reported include satisfaction (monthly and annual); support plan goal attainment, and score on the Department of Developmental Services Licensure and Certification two-year review. Clarice noted that their agency had begun tracking both frequency and duration of activities in the community. They have found duration to be more important than frequency:
average length of time engaged in an activity seemed to be more indicative of satisfaction or fulfillment than the raw number of trips.

Diane related that their agency no longer pursues CARF accreditation for its CBDS services, due primarily to the limited benefit conferred by deemed status. The licensure and certification indicators used for regulatory review of CBDS programs are “purposefully amorphous” regarding community inclusion services. Diane indicated that the feedback given from providers asked to advise the Department of Developmental Services on these indicators felt programmatic flexibility was the most important consideration. Challenges noted for their agency include a rate that is “totally insufficient for the services,” and one that “does not cover the expenses.”

The intersection of preference (think/want) and proof (know) is prominent in an analysis of Diane and Clarice’s most frequently used words and concepts, as are elements of community membership and meaning.

**Case Five**

Case Organization Five is a suburban agency, with a male President, Paul, female Director of Quality, Delilah, and a male Program Director, Martin. Paul, Delilah, and Martin are primarily responsible for CBDS services at their agency, which serves approximately 50 adults with IDD on an ongoing basis. The annual revenues for their agency are approximately 6 million dollars. The agency is in a developing suburb community type, and services are exclusively provided in this community type. Paul indicated that the presence of a small downtown area near their primary program site is “essential,” and that without a downtown community inclusion services would be difficult to provide. Walkability is another important community feature noted; Martin shared that walkability “lends itself to little successes.”
Services are organized around empowerment and meaning, with the latter being a core focus. Paul noted that socially valued roles are integral to meaningful services, along with choice making. Martin related that the agency maintains a higher staffing ratio than required because it allows for more normalized community interaction: one to one, one to two, or one to three staffing ratios when in the community. Paul indicated that the CBDS service has always had a “hybrid vocational” component, with some focus on employment for most persons served. Three tracks emerged within their services, reflective of three somewhat homogenous or distinct cohorts of persons served: those who have recently transitioned from school to adult services at age twenty-two; those who are aging/retiring from work; and those who are actively searching for competitive, community-based employment.

Important measures of success for the agency’s services include consistent referrals for services, funder satisfaction, and time out of the building. Rather than count number of trips or duration of trips, the primary measure staff count is the amount of time a person served is out of the program building, and match that to the amount of time that person wants to be out of the building. Challenges noted include a rate of reimbursement that does not cover the expenses incurred; Paul indicated that the agency has had to subsidize the CBDS service costs with revenue from residential services.

In an analysis of the most frequently used words and concepts by Paul, Delilah, and Martin, the importance of supporting a person’s meaningful experiences and successes are featured, as is the concept of “being little,” or maintaining nimble operations within smaller units of organization.
Case Six

Case Organization Six is an urban agency, with a female President, Allison. Allison is primarily responsible for CBDS services at her agency, which serves 170 adults with IDD on an ongoing basis. Annual revenues for the agency were approximately 25 million dollars. It is in a maturing suburbs community type, and services are rendered in multiple maturing suburb locations. Despite the maturing suburb community type, Allison indicated that public transportation was “hard to come by,” and that this created difficulty in service delivery. Services are organized in a continuum model, where different population needs can be met via related program options. The overall goal is to provide a “quality day” and a “varied work week” according to the interests and desires of persons served. Three tracks or cohorts have emerged in the agency’s CBDS service: those with complex clinical or behavioral need; those who are aging and moving away from employment; and those who are actively developing job skills or looking for work.

Allison noted that there are a variety of important measures or outcomes areas related to her agency’s CBDS services. Building the physical and emotional stamina of persons served was highlighted, as was the quality of activities occurring in the program: more specific measures for both are being developed. The agency currently measures the number of community trips by program and by person served, as well as the amount of time one spends away from the main program location. Reductions in non-target behaviors are also considered as an indication of successful programming. Persons served meet regularly with case managers and in advisory groups to give input on services. Allison indicated the featured role of employment in framing three key goal paradigms: “work or,” “work and,” and “what do you want to accomplish?”
Allison related that the rate of reimbursement is “ignorant of costs related to community-based service,” and that program evaluation suffers for lack of specificity: “it is very vague…not a lot of guidance.” Allison also clearly noted a direct connection between vague regulatory language and low rates of reimbursement: currently it is “hard for the state to pay for what’s necessary,” because what is necessary is not directly indicated. In Allison’s opinion, better operational definitions are needed, and regulations should be as specific as possible. This would allow for a more provable case when advocating increases in the rates of reimbursement for CBDS services.

Facilitating services that are intellectually stimulating and of quality are reflected in an analysis of Allison’s most frequently used words and concepts, as are the importance of employment considerations. Supporting staff in navigating change is present, as is the importance of assessment, curriculum, and ongoing measurement in service delivery.

Case Seven

Case Organization Seven is a suburban agency, with a male Director of Employment Services, Ralph, and a female Program Director, Penny. Ralph and Penny are primarily responsible for community inclusion services at their agency. Their agency supports approximately fifty adults with IDD in CBDS services on an ongoing basis. Annual revenues for this agency are approximately 35 million dollars. The agency’s programs are primarily located in a regional urban center, though services are provided to those in maturing suburbs and rural towns. Ralph indicated that the city location is “necessary” for effective services, as the program ideally is within “walking or short ride” distance of a downtown and its multiple community and business resources. Ralph related that the agency recently attempted to open another CBDS
location in a small adjacent town and was forced to close due to lack of community resources and length of time on transportation to access community resources.

The agency’s CBDS service is organized first against an employment-first model. Penny indicated that the “majority of individuals are engaging with work;” Ralph added that the intent is to “organically drive a culture of work” by celebrating successes. When asked about CBDS outcomes that were not employment placements, Ralph responded with three core focus areas for the service: assessment, goal attainment, and community involvement. Examples of outcomes measured include the percentage of persons served meeting their individual plan goals; the number of ongoing volunteer experiences; the number of activities occurring in the community; and an additional, program-specific goal developed by the staff and persons served in each area. Penny noted that completion of a personalized profile, preferences, and employment assessments are not measured as these are maintained at 100% completion for all persons served. Penny indicated that a strength of the agency’s services is an orientation toward experimentation and productive failure in learning.

Challenges reported include a lack of funding for clinical and medical (particularly medication administration) needs of persons served. A rate of reimbursement that, according to Ralph, “forces a group and site model” where persons served are “forced to do more group activities” in larger groups. A related challenge is the cost of community activities. Ralph and Penny indicated that their agency charges for some community activities and makes scholarships available; this “fits within a normative understanding of cost.” The implication is that community activity would be significantly limited if only free activities were sought, and that having a small fee associated with certain activities teaches costs and reinforces budgeting for persons served. Ralph related that the “lack of a prescriptive approach” in regulation provides flexibility in
service design and delivery. He also indicated that while general guidance is available from the Department of Developmental Services, it does not directly inform practices at their agency. “Quality agencies find a way to provide quality services,” stated Ralph, underscoring the importance of internal best practices in their agency’s success.

A “culture of success” is reflected in striving words (looking, driving) and in support words (support, success, love) within the analysis of Ralph and Penny’s most frequently used words and concepts. The employment first paradigm stands out, as do related building objectives like volunteer experience, change navigation/transitions, and assessment (measure).

**Case Eight**

Case Organization Eight is a suburban agency, with a male Chief Executive, Dave, a male Chief Operating Officer, Calvin, a female program Director, Louisa, and a female Program Lead, Edith. Dave, Calvin, Louisa, and Edith have primary responsibility for community inclusion services at their agency. The agency is headquartered in a regional urban center community type, with services also provided in maturing suburb communities. Dave indicated that despite the urban location, transportation can still be a challenge. The annual revenues for the agency are approximately 25 million dollars. Community inclusion services are provided to 212 adults with IDD on an ongoing basis. Services are organized around employment-first principles, with employment interest a prerequisite for participation in CBDS. Distinct from other cases, where vocational development is available, encouraged, or strongly encouraged, it is required in this case. Two tracks are indicated in the agency’s services: those who are currently working or actively searching, and those who need more skills. Dave indicated the agency’s orientation toward employment within CBDS: “our hope is that folks are not here for full-time CBDS.”
The agency’s CBDS service is organized around four skill domains: health and wellness, education, social growth, and volunteerism. Calvin indicated that each domain has specific measures for growth or progress; these measures have both a person served dimension as well as an aggregate measure. Feedback is sought regularly from persons served, including in a meeting every three to four months called the “choice list,” completed with case managers. During the choice list session, persons served are assessed for interest and mutually create a template schedule for the following three to four-month period. This schedule includes significant activities such as job sites and type of work, as well as volunteer opportunities and educational goals. Edith indicated that this term provides structure to measure consistency over time, which the agency feels is an important indicator of future competitive employment success. Louisa indicated that “getting creative about paths to employment” is another internal best practice contributing to success.

Dave indicated clearly that general guidance from DDS is available, is general, and is not particularly helpful from an operational perspective. Dave and Calvin related that the consultative approach and sharing of best practices during CARF reviews is significantly more helpful, despite CARF not being a required accreditation for CBDS services. The agency maintains CARF accreditation in its CBDS services due in part to this perceived value, as well as the deemed status which limits DDS reviews to health and safety indicators. A major challenge noted was the tool used to assess a person served for CBDS rates of reimbursement. Dave related that this assessment does not specifically mention or consider community needs of a person served, despite the primacy of community setting. The rate of reimbursement not matching what is required to deliver quality services was also noted, as were the presences of multiple unfunded mandates and upward pressures on cost, including minimum wage increases.
In an analysis of the most frequently used words and concepts by Dave, Calvin, Louisa, and Edith, the primacy of work and working is significantly represented, as are concepts around making choices and challenges in transportation and staff recruitment and retention. The rate of reimbursement, and the determination of that rate, also featured prominently in this analysis.

Case Nine

Case Organization Nine is an urban agency, with a female Vice President of Programs, Sara. Sara is primarily responsible for community inclusion services at her agency. The agency serves 54 adults with IDD in community inclusion services on an ongoing basis. The agency is headquartered in an urban inner core community and provides services primarily in this community and adjacent inner core and mature suburb communities. Annual revenues for the agency are approximately 8 million dollars. Sara credited the urban setting with providing ample opportunity for community learning, volunteering, and employment. Sara noted that a challenge related to setting is limited access to public transportation, despite the urban location. Of the 54 adults accessing CBDS services each day, Sara reported that more than half access CBDS part-time, primarily due to accessing employment activities or work during the remaining time. Sara’s agency is unique among these cases in that the agency does not provide group supported employment services, a DDS contract in which persons served access group or “enclave” paid work sites.

Sara placed significant emphasis on the intersection between community-inclusion and employment, though she recognized community inclusion as an “outcome” or valid ongoing program on its own. Services are organized within her agency around the principles of employment, volunteering, wellness, and recreation. Relationship navigation was a primary factor for Sara, including managing positive relationships with area businesses, schools, and
community agencies. Sara recognized the value of outcome measures and indicates interest in adding more specific measures to internal evaluation of community inclusion service. One primary outcome measure used in the agency’s CBDS service is percent of persons served accessing the community each day: Sara indicated that the goal, which they currently meet often, is that 100% of persons served access the community each day.

Reported challenges include a low rate of reimbursement, which has carryover impacts on staffing recruitment and retention. Sara reported little guidance from regulatory language or from state-funder provided resources; she refers to such material as being “available,” but not of much practical use. Further, Sara recounted that the agency’s most recent regulatory review was very successful, with no programmatic deficiencies. However, Sara did not feel that any best practices were discovered or refined as part of that review, and constructive feedback on service arrangement, design, or delivery was not delivered by the DDS Office of Quality Enhancement personnel.

In an analysis of Sara’s most frequently used words and concepts, community and employment are featured with similar weighting, reflecting the balance of activities described. Where programming is physically located (based) appears, as does the emphasis on coherent structure and assessment.

**All Cases: Codes and Subthemes**

In all examples codes represented a major element of the related subtheme; in some examples, a code corresponded more directly to a subtheme. An example is the use of “step” in the subtheme “CBDS as a step toward employment;” “step” was selected as a representative synonym for similar codes “path” and “progress.” The themes of community and employment are represented, indicating focus on both as elements of CBDS service delivery. How services
are delivered and improved upon is reflected (build, measure). Challenges, particularly those involving staff recruitment and retention, transportation, and the rate of reimbursement / funding, are featured. Tracks or lanes in service are reflected (volunteer, employment, skills, wellness), indicating some commonality in service delivery approach. The relationship between preference (interest, think, like) and assessment (know, measure) is featured, indicating further shared orientation toward services arranged in an interest/exposure/assessment/testing for durability framework. The importance of meaningful activity is represented, as well as its understood components: interests, goals, trying new and different things, receiving support, celebrating successes, and making choices. Table 7 displays the most-used codes, sorted against corresponding subthemes.

Themes Derived from the Data Analysis

Analysis of the data yielded codes and patterns which were refined into subthemes. Review of subthemes against the research questions further distilled these results into superordinate themes. Each theme presented is represented within all cases; where significant elements or features of that representation differ from other cases, it is noted. Subordinate themes leading to each superordinate theme are presented first, with case examples and discussion following.

Superordinate Theme 1: Employment First

Subordinate themes leading to the superordinate theme of employment first include CBDS as a step on the path toward employment, the establishment of a continuum of services, and a case by case determination of appropriate outcomes when competitive employment was not the primary goal. These subordinate themes display some of the ways in which participants reflected upon the importance of employment within CBDS services: as a component of service,
as an eventual outcome of service, or as a related, yet distinct, outcome with some parallels in approach.

Table 7

*Codes and Subthemes*

<table>
<thead>
<tr>
<th>Codes</th>
<th>Subthemes</th>
</tr>
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<tbody>
<tr>
<td>step, path, progress, overall goal, competitive employment</td>
<td>CBDS as step toward employment</td>
</tr>
<tr>
<td>turning twenty-two, exposure, support, advancement</td>
<td>Progressive pattern / continuum of services</td>
</tr>
<tr>
<td>skill building, person centered, meaningful, retirement, education</td>
<td>Case by case determination of non-employment outcomes</td>
</tr>
<tr>
<td>functional academics, independent living skills, public transit</td>
<td>Loosely homogenous cohorts by ability</td>
</tr>
<tr>
<td>volunteering, skill development, leisure, job exploration, wellness</td>
<td>Loosely homogenous cohorts by interest</td>
</tr>
<tr>
<td>group, ratio, contract, level, increased in community</td>
<td>Group staffing ratio understanding of CBDS contracts</td>
</tr>
<tr>
<td>general resources, public places, business, transportation</td>
<td>Emerging consensus on a &quot;necessary downtown&quot;</td>
</tr>
<tr>
<td>own vans, complementary contracts, shared resource, double duty</td>
<td>Need to scale or resource-share between contracts or programs</td>
</tr>
<tr>
<td>right size, group flexibility, staff closeness, balance of activities</td>
<td>Successful units of organization often involve fewer than 40 persons served</td>
</tr>
<tr>
<td>person centered, meaningful activities, community needs</td>
<td>Group rates confound the provision of &quot;sufficient&quot; service</td>
</tr>
<tr>
<td>outcomes, to whom questions, frequency, duration, friendship</td>
<td>Prioritization of outcomes unclear</td>
</tr>
<tr>
<td>unfunded mandates, minimum wage, cost of activities, rate review</td>
<td>&quot;Flat&quot; reimbursements versus rapidly increasing environmental and regulatory costs</td>
</tr>
<tr>
<td>measures, efficiency, effectiveness, access, satisfaction</td>
<td>Baseline and change over time</td>
</tr>
<tr>
<td>data, results, capturing activities, managed care, value contracting</td>
<td>&quot;Showing one’s work&quot; in advance of managed care models</td>
</tr>
<tr>
<td>similar backgrounds, shared experiences, community membership</td>
<td>Importance of both bonding and bridging factors</td>
</tr>
</tbody>
</table>

In each case, employment featured prominently as either the primary goal, or a primary goal, of services rendered. Agencies formed a continuum of orientation toward employment, with some framing employment as an ever-present long-term goal (Case Organization 2, Case
Organization 7, Case Organization 8), while others framed employment as important to be explored and supported if desired by the persons served (Case Organization 3, Case Organization 5, Case Organization 6). In Case Organization 8, employment interest was a stated prerequisite of CBDS participation. In every case programmatic capacity for vocational assessment, training, and support was present. Whether or not CBDS service exists as a distinct entity is reflected throughout the data, with multiple cases indicating that the primary goal or preferred outcome measure for CBDS was a competitive employment placement. Importantly, these measures were not stated as “transition from CBDS service into employment-specific service,” despite widespread agreement on the transitional nature of CBDS services. Orientation toward employment did not preclude an agency from specifically measuring or attempting to improve elements of its community inclusion services.

A consistent framework emerged in the data of organizing persons served into somewhat homogenous cohorts of ability and readiness for community activity and employment. Where such categorization existed, agencies typically identified broader goals for that cluster or track.

**Superordinate Theme 2: Dimensions or Tracks**

Subordinate themes leading to the superordinate theme of dimensions or tracks are the presence of loosely homogenous cohorts of persons served by interest, loosely homogenous cohorts of persons served by ability, and an understood necessity to group persons served.

In all cases, a clustering of persons served into loose, permeable cohorts of similar ability and readiness for community activity and employment emerged or was crafted deliberately. These tracks varied somewhat between cases, but often followed a progressive pattern including foundational skills, exploration and community engagement, volunteering, employment, and retirement. Cohorts benefitted from a loose and permeable structure such that persons served
could move between tracks as needed or desired. Foundational skills tracks often included a combination of hard and soft skills, encompassing both task mastery (such as cashing a paycheck) and social areas (such as observing professional mores). Community engagement tracks often included recreational, civic, and educational pursuits; there was some difference noted in orientation toward leisure activity. In some cases, leisure or recreational activities were viewed as the least-useful type of community engagement; in other cases, these activities were valuable opportunities for learning in a normative context.

Table 8

*Subthemes and Themes*

<table>
<thead>
<tr>
<th>Subthemes</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBDS as step toward employment</td>
<td>Employment First</td>
</tr>
<tr>
<td>Progressive pattern / continuum of services</td>
<td></td>
</tr>
<tr>
<td>Case by case determination of non-employment outcomes</td>
<td></td>
</tr>
<tr>
<td>Loosely homogenous cohorts by ability</td>
<td>Service Dimensions / Tracks</td>
</tr>
<tr>
<td>Loosely homogenous cohorts by interest</td>
<td></td>
</tr>
<tr>
<td>Group staffing ratio understanding of CBDS contracts</td>
<td></td>
</tr>
<tr>
<td>Emerging consensus on a &quot;necessary downtown&quot;</td>
<td>Setting and Scale</td>
</tr>
<tr>
<td>Need to scale or resource-share between contracts or programs</td>
<td></td>
</tr>
<tr>
<td>Successful units of organization often involve fewer than 40 persons served</td>
<td></td>
</tr>
<tr>
<td>Group rates confound the provision of &quot;sufficient&quot; service</td>
<td>Regulation and Reimbursement</td>
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<tr>
<td>Prioritization of outcomes unclear</td>
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<tr>
<td>&quot;Flat&quot; reimbursements versus rapidly increasing environmental and regulatory costs</td>
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<tr>
<td>Baseline and change over time</td>
<td>Measuring Meaning</td>
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<tr>
<td>&quot;Showing one's work&quot; in advance of managed care models</td>
<td></td>
</tr>
<tr>
<td>Importance of both bonding and bridging factors</td>
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</table>

Volunteering was present in every case, and typically featured prominently in service design. Volunteer activities were universally viewed as skill-building, with varying amounts of
emphasis placed on volunteering as a normative, stand-alone activity. In a majority of cases volunteer activity was specifically framed as supporting growth toward competitive employment. As DDS funds distinct contracts for direct employment supports, the employment track typically included those who engaged in CBDS part-time, as a support for their employment, or those who were actively searching for competitive employment. Emphasis was placed on the development of job-related skills and natural supports, particularly those that could be tailored to support an existing or imminent paid work activity. The retirement-age track or cohort was reported to be the most permeable, as those in this track were moving down or away from regular employment or some other programming peak. The existence of this track reinforces stated understandings of community inclusion service as “transitional” or “wrap-around.”

Superordinate Theme 3: Setting and Scale

Subordinate themes leading to the superordinate theme of setting and scale include the understanding of a “necessary downtown,” a need to scale up organizationally and/or resource share between offered programs, and that successful units of organization often involve 40 or fewer persons served.

Cases studied reflect a wide geographic distribution, including Western Massachusetts, the Northeast, Metro Boston, MetroWest, and the top of the Cape. Community type setting varied, including both distinctly urban inner core settings as well as service areas that included country and rural towns. In no case was a community inclusion program headquartered, based, or substantially occurring in a rural town. In three cases interviewees indicated that programming in rural towns was either trialed and abandoned or stopped before launch due to a lack of useable community features. The “necessary downtown” (Paul, Case 5) emerged as a clear requirement for CBDS service, due to the presence of community resources, businesses, opportunities for
volunteering, alternative transportation, and members of the community to interact with. Multiple interviewees reported that CBDS service is extremely difficult or impossible to provide in rural towns due to lack of reasonable transportation options in addition to lack of community features.

Cases studied also reflect wide variation in scale or scope of CBDS operation, with annual revenues ranging from 6 million to 75 million, and number of persons served in community inclusion ranging from approximately 50 each day to 282. A “necessary scale” (Lisey, Case 2) emerged due to limitations of the rate of reimbursement. Multiple providers indicated that resources needed to be shared between other types of programs within the agency, most commonly vehicles or staff. In other cases, revenues from a better-performing contract needed to be shared to offset programmatic losses in CBDS. Despite significant differences in scale, most providers indicated or agreed that a smaller level of organization benefitted CBDS service delivery. This was evident both in smaller groupings of persons served in the community as well as smaller homogenous cohorts and programs. An organizational unit of approximately 30 persons served was considered a beneficial combination of interests and abilities, including staff ability to understand and organize based upon preferences and interests.

Superordinate Theme 4: Regulation and Reimbursement

Subordinate themes leading to the theme of Regulation and Reimbursement include an unclear prioritization of outcomes, grouped staffing rates confounding the delivery of “sufficient” service, and flat reimbursements not matching rising environmental and regulatory costs.

Every interviewee agreed that the rate of reimbursement for CBDS services did not allow for just or sufficient implementation of community inclusion. Group rates were understood to be
implicit (and previously explicit), which seemed opposed to the highly individualized pursuit of meaning referenced in DDS-sponsored support materials. Participants suggested or acknowledged a link between regulation, support material, and rates of reimbursement: “It’s hard for the state to pay for what’s necessary” because “what’s necessary is not specific” (Allison, Case 6). However, some agencies felt that more prescriptive regulation was not the best path toward increased rates; in these cases, the flexibility afforded by nonspecific regulation allowed for creativity in service delivery that agencies fear may be removed (Case 2, Case 3, Case 4). Others acknowledge that more specific regulation may make for the most compelling case for desired rate increases (Case 1, Case 6, Case 9).

This tension between regulatory flexibility and specificity was evident throughout all cases, as was a connection between regulatory requirements and rates of reimbursement. Managed care, a long-term service delivery system in which a third-party insurance company facilitates human services delivery for states, was referenced as a future consideration by all case organizations. Currently a third-party managed care entity facilitates medical-model services for MassHealth in Massachusetts, but not for DDS-funded services such as CBDS. As most case organizations studied (six of nine) offer services that fall under a managed-care paradigm, the possibility of this model expanding to DDS-funded services was discussed. Even those without managed-care services indicated a need to engage with the “way they do things” (Paul, Case Organization 5).

Other challenges related to insufficient rates emerged as themes in this analysis, in relation to economic and environmental pressures. In all cases interviewees indicated that increases in minimum wage, low unemployment, increasing health insurance costs, and the proliferation of unfunded mandates (such as the Employer Medical Assistance Contribution
(EMAC) penalty imposed when agency employees access state-sponsored health insurance, or the pending costs associated with expanding the Family and Medical Leave Act (FMLA)) have negatively impacted services. Negative impacts were reported primarily due to adjustments in CBDS rates of reimbursement dramatically failing to keep pace with rapidly increasing costs. The dissonance between sharply rising costs and flat reimbursements is also noted to have significantly limited the ability of agencies to recruit and retain staff, particularly in front-line or entry-level roles.

**Superordinate Theme 5: Measuring Meaning**

Subordinate themes leading to the superordinate theme of measuring meaning include the importance of establishing a baseline and change over time type of measure, “showing one’s work” in advance of managed care models, and the importance of both bonding and bridging factors in service delivery.

The nine cases and eighteen interview participants subject to this research demonstrate a robust array of best practices, outcome measures, and adaptation in pursuit of a “meaningful” community inclusion service. Meaningful community inclusion services as sought even though reported understanding that what is meaningful is “purposefully amorphous” (Diane, Case 4), is “not reflected in the rate” (Dave, Case 8), and is subject to “significant outside pressures” (Josie, Case 1). Over the course of this analysis repeated program design features, strategies, and practices for measuring meaning emerged as patterns creating this theme. Key features included starting somewhere and measuring something; what is noted as important is obtaining data and reacting to it, not starting with a perfect metric. An important consideration in this feature is change over time, and the orientation of an evaluative process toward continuous improvement. An obligation to both interest an exposure was reported as a key value – practicing asking
persons served “will you try” instead of “do you like.” This value moves beyond interest fulfillment and focuses on growth and development. The creation of paths, tracks, lanes, steps, or journeys was repeatedly noted as either an organic/emergent program feature or a crucial design element. Facilitation of intermittent reinforcement during what could be a lifelong journey toward employment or another major life goal was reportedly integral to successful implementations.

A newer best practice for some participants was the systematic organization and demonstration of assessments, plans, and records, beyond what is required at present for regulatory review. As many states have partially or fully adopted managed care models for administration of long-term support services, a future-focused best practice is to “learn how to speak the language of managed care” in program design and delivery (Paul, Case 5). A value theme that emerged, undergirding much of this analysis, was the intersection between rights-based and markets-based understanding of services. Stakeholders are noted to have significantly different expectations from either basis for understanding: rights-based understandings pursue more normative (what should be) outcomes, while markets-based understandings pursue more positive (fact and funding) outcomes. Participants who report successful CBDS implementations are universally noted to be comfortable operating at the intersection of rights and markets.

Findings

This inquiry sought to explore the perspectives of seasoned service providers in facilitating community inclusion services for adults with IDD in Massachusetts. Nine cases, representing 7% of providers participating in the statewide trade association, and representing 8.41% of trade association providers meeting all inclusion criteria, were studied. Multiple case study method was utilized, with an analysis of case organization documents, state and federal
policy documents, and semi-structured interviews with seasoned service providers. Multiple case study method was utilized in the manner described by Yin: a case is “a contemporary phenomenon within its real-life context, especially when the boundaries between a phenomenon and its context are not clear and the researcher has little control over the phenomenon and its context” (Yin, 2002, p.3). Table 9 displays representative quotes for each superordinate theme.

Table 9

**Superordinate Themes and Representative Quotes**

<table>
<thead>
<tr>
<th>Superordinate Themes</th>
<th>Examples Quotes from Data</th>
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</thead>
<tbody>
<tr>
<td>Employment First</td>
<td>&quot;CBDS is a tool in the toolbox...used as need to build toward, or retire from, employment.&quot; - Susannah, Case Organization 2</td>
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<td>&quot;Our hope is that no one is here for full-time CBDS.&quot; - Dave, Case Organization 8</td>
</tr>
<tr>
<td>Service Dimensions or Tracks</td>
<td>&quot;There are four domains for us: education, health and wellness, volunteering, and social growth.&quot; - Louisa, Case Organization 8</td>
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<td></td>
<td>&quot;We have three tracks...those who are retiring, those working or interested in working,...and those who want structured [education and recreation] activities.&quot; - Josie, Case Organization 1</td>
</tr>
<tr>
<td>Setting and Scale</td>
<td>&quot;I don't know that we could do CBDS the way it needs to be done, if we didn't already own the vans [for a separate transportation contract].&quot; - Lisey, Case Organization 3</td>
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<td>&quot;We tried operating a program in a more rural town...we had to close it within a year. There just wasn't anything close enough to do.&quot; - Ralph, Case Organization 7</td>
</tr>
<tr>
<td>Regulation and Reimbursement</td>
<td>&quot;It is hard for the state to pay for what is necessary...when what is necessary is not specific.&quot; - Allison, Case Organization 6</td>
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<td>&quot;Lack of a prescriptive approach...does allow for service flexibility.&quot; - Ralph, Case Organization 7</td>
</tr>
<tr>
<td>Measuring Meaning</td>
<td>&quot;Meaningful is always followed by the preposition 'to'. Meaningful to whom?&quot; - Diane, Case Organization 4</td>
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<td></td>
<td>&quot;We need to learn to speak the language of managed care...in data, in documentation, in everything.&quot; - Paul, Case Organization 5</td>
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</table>

A consideration of the codes and patterns within semi-structured interviews led to the formation of subthemes. Review of subthemes alongside case organization documents formed
the basis for five superordinate themes. Analysis of external documents and the context of case organizations illuminated connections between three focus areas of the study (regulation, organizational best practice, and external factors) and themes. Connections between themes and focus areas formed the basis for eight primary findings. These findings demonstrate that the context is enmeshed with the phenomenon in an ongoing and difficult-to-parse manner, as is often the case with policy evaluation (Saldana, 2016). Table 10 displays connections between study foci and superordinate themes, as well as subordinate themes. Then, findings are presented and organized by corresponding focus area.

Table 10

*Study Focus Areas, Superordinate Themes, and Subordinate Themes*

<table>
<thead>
<tr>
<th>Study Focus Areas</th>
<th>Superordinate Themes</th>
<th>Subordinate Themes</th>
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<tbody>
<tr>
<td>Public Policy</td>
<td>Agency Best Practice</td>
<td>Employment First</td>
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<td>External Factors</td>
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</tr>
<tr>
<td>Employment First</td>
<td>Dimensions and Tracks of Service</td>
<td>Dimensions and Tracks of Service</td>
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<td>Dimensions and Tracks of Service</td>
<td>Setting and Scale</td>
<td>Employment First</td>
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<td>Regulation and Reimbursement</td>
<td>Regulation and Reimbursement</td>
<td>Setting and Scale</td>
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<td>Measuring Meaning</td>
<td>Measuring Meaning</td>
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<tr>
<td>Pathway to Employment</td>
<td>Continuum of Services</td>
<td>Non-Employment Outcomes</td>
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<tr>
<td>Grouped Staffing Patterns</td>
<td>Cohorts by Ability and Interest</td>
<td>Necessary Downtown</td>
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<td></td>
<td>Cohort of 40 or Fewer</td>
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<td></td>
<td>Beneficial</td>
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<td></td>
<td>Necessary Resource Sharing</td>
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<tr>
<td>Rates Confound Sufficient Service</td>
<td>Tension between Specificity and Flexibility</td>
<td>New Regula</td>
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<tr>
<td>Managed Care Models</td>
<td>Establishing Measures</td>
<td>r (Public Benefit) Costs</td>
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<td></td>
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<td>Bonding and Bridging Factors</td>
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</table>
Agency Best Practice

Finding 1: A connection between regulatory expectation, organizational best practice, and outcomes is clear in the practice and perspectives of those interviewed.

Finding 2: There is evident tension between regulatory specificity and operational creativity.

Finding 3: There is willingness to engage in the setting of robust, program-specific outcome measures, as is currently occurring or is planned in the best practices of case organizations.

State and Federal Policy

Finding 4: Senior leaders at case organizations are frustrated by an unclear rate-setting process for CBDS services.

Finding 5: Incentives to measure or quantitatively improve CBDS service over time are weak, as they are not tied to financial or other rate-setting incentives.

Finding 6: It may be imprecise to frame CBDS solely as an employment supporting program; doing so overlooks the goals of those with different tracks, such as older adults or those interested in meaningful non-work activity.

External Factors

Finding 7: External factors, including community types, new public benefits, low unemployment, and increasing costs of operation, have a perceived downward pressure on CBDS implementation.

Finding 8: The proliferation of managed care models of service has significant implications for policy, value, and practice in DDS-funded services.
This chapter presented document and case organization analysis and resultant codes, organized into subordinate and resulting superordinate themes. These themes, considered against case organization context and external documents, inform eight key findings presented. In the next and final chapter, findings are considered for implications in both research and practice.
Chapter 5: Conclusions and Recommendations

This chapter presents the study and its findings in relation to the research problem, using the theoretical framework and existing literature. A summary of the problem statement, literature, and purpose are presented first. Then the data and document collection and analysis is discussed, with emphasis on prominent features of cases studied and resultant themes. Next, findings are considered against the literature and identified gaps, as well as against the applied theoretical framework. Connections are made between gaps in the established literature, contemporary practice, and near-future policy demands. These connections and findings are presented via implications for both research and practice. A summary of conclusions, as well as key takeaways from the study, will end the chapter.

Summary of the Study

In 2016, the state of Massachusetts spent more than 300 million dollars on community-based day and work programming for approximately 16,217 adults with intellectual and developmental disabilities (IDD), including transportation costs (Winsor et al., 2017). Ninety-eight point nine percent of adults with IDD in Massachusetts spend at least part of their day programming time in non-work activities, with a primary emphasis on community inclusion; despite this emphasis, note “there is a limited amount of data on the structure, activities, and outcomes of community-based non-work services, and states have not established clear service expectations or quality assurance strategies” (Timmons, 2015, as cited by Winsor et al., 2017, p. 20). In Massachusetts, the largest Department of Developmental Services (DDS) funded community-based non-work contract is called Community-Based Day Supports (CBDS). CBDS is administered by independent agencies under contract with the state of Massachusetts, and is defined as follows by DDS:
This program of supports is designed to enable an individual to enrich his or her life and enjoy a full range of community activities by providing opportunities for developing, enhancing, and maintaining competency in personal, social and community activities (as cited by Hoff, DiBiase, & Sasnett, 2015, p.1).

The preference for community inclusion is relatively recent in federal policy (Home and Community Based Services (HCBS) Community Rule, 2014) and correspondingly in state policy, as DDS-supported day and employment services are funded via Medicaid HCBS waivers (an application of federal funds with state discretion). Hoff, DiBiase, and Sasnett clarify two primary values of CBDS: maximizing community integration, and maximizing employment, for adults with IDD. While the work of Hoff, DiBiase, and Sasnett (in partnership with DDS) clarifies some of the general service expectations of CBDS, it does not indicate any framework for outcomes, measures, or quality assurance strategies. The increasing proliferation of CBDS services in Massachusetts, considered alongside a lack of comprehensive outcome measures and quality assurance strategies, suggested an area for inquiry. Are there repeatable, broadly applicable indicators of service quality? As contracted human service agencies are primarily facilitating CBDS services in Massachusetts, more information is needed as to the best practices, responses to regulation, and experienced external pressures for these agencies.

The problem this study sought to address is a lack of specificity in guidance and measurement for implementation of community inclusion policy in Massachusetts, following recent federal and state commitments to community-focused service provision. Massachusetts DDS funds community inclusion in day settings via Community-Based Day Supports, which are the community-based non-work services Winsor et al. note lack specificity in both expectation and quality assurance (2017). Are expectations and corresponding quality assurance measures
necessary? Are such measures present in other ways in Massachusetts CBDS, such as provider-level best practices or alternative regulatory expectation?

The purpose of this multiple case study was to explore the perspectives of seasoned service providers in facilitation of community inclusion services in Massachusetts. The intent was to understand how community inclusion policy implementation is conducted, measured, evaluated, and improved. Consideration was given for agency features and reported best practices comprising a case. Seasoned service providers primarily responsible for community inclusion service design and evaluation shared their perspective, structure, and best practices related to service delivery. Documents, including community type, agency structure and revenue, and existing Massachusetts quality assurance indicators were reviewed. The findings of this research may inform conversation about best practices in community inclusion, particularly in the areas of design, delivery, and evaluation.

**Research Questions**

This study sought the perspectives of seasoned service providers on community inclusion implementation in Massachusetts. Agency features, such as revenue, organizational scale, and community type were examined, as was existing regulation in Massachusetts. Three broad categories of inquiry were established, including agency best practices, response to regulation, and response to external factors. Sub-questions for this study included the following:

- In what ways are public policy guidance on community inclusion services helpful?
  - In what ways are they lacking?
  - How connected are community-based day and employment services in practice?
- Are there agency best practices and outcome measures specific to community inclusion in place? What are they?
Would such measures be helpful or harmful in state regulation?

- What impact do agency features, such as size, other programs offered, and community type, have on service delivery?
- What external factors impact community inclusion facilitation? In what ways?

**Summary of the Literature Review**

This study is located in time following changes in the understanding of the importance of community inclusion in public policy. Community inclusion is a primary social determinant of health, with direct connections to both population and personal health outcomes (Centers for Disease Control, 2018; World Health Organization, 2019). There has been a pronounced change over time of the public policy implementation of community inclusion services, reflecting movement from a care-based understanding to a rights-based understanding for adults with IDD. In a care-based paradigm, the critical elements of care (food, shelter, basic medical services) are the primary outcomes of social service programs; this has been the case for the majority of the twentieth century (Ferleger, 2010). In a rights-based paradigm, those with IDD are entitled to support to engage in activities typical of those without IDD, such as competitive, community-based employment; civic action, including voting; friendships and romantic relationships; and educational and recreational experiences in the communities where they choose to live and spend their time.

Both federal and state policy inform the transition from care-based to rights-based services for adults with IDD. The Americans with Disabilities Act (1990) requires that public services, as well as public-facing businesses and community organizations, do not discriminate against those with disabilities. This created public policy obligation for inclusion in government and community settings. In *Olmstead v. L.C.*, two adults with psychiatric and intellectual
disabilities alleged that they were unnecessarily segregated from their community
(institutionalized), and that this violated the ADA. The Supreme Court held that ADA requires,
rather than prefers if possible, integrated and community-based services for those with
intellectual disabilities. In its response to Olmstead, the state of Georgia argued that
institutionalization was a necessary response given limited financial resources. The Court held
that the state had the burden of proving other more inclusive options failed before restrictive,
segregated options like institutionalization are acceptable. *Olmstead* thus built upon the ADA in
establishing a rights-based understanding for IDD services. The Centers for Medicaid and
Medicare Community Rule (2014) further clarified the necessity of community-based service
options, particularly residential and day services. Finally, all 50 states have either formally or
informally made employment-first commitments, whereby competitive, community-based
employment is the “primary, preferred” day service option for adults with IDD; Massachusetts
issued its formal commitment in 2014 (Department of Developmental Services, 2014). Taken
together, these laws and policies create an environment in which adults with IDD are entitled to
services that work to maximize integration into their local communities.

Implementation of such community inclusion policy highlights the tension between
positive (what is) and normative (what should be) dimensions of understanding. Mansell
highlights the intersection of rights and markets as the arena in which this tension is addressed
(2006). Rights, such as that to community inclusion in living arrangements and day activities,
comprise the normative perspective. Existing programs and quality assurance frameworks
comprise the positive dimension of understanding. There are gaps between what is and what
should be. In this gap is where policy implementation falls, and where the intent of this inquiry
was focused.
Theoretical Framework

A pragmatic worldview grounded this inquiry within a focus on exploring the gap between positive and normative understandings of community inclusion services in Massachusetts. Moore’s Public Value Theory (PVT) was applied as a theoretical framework. Public value theory suggests three, heavily interrelated pillars upon which policy should be examined: authority, public value, and operational capacity; these create a PVT strategic triangle (Moore, 2013). Authority involves the legitimacy and support for a policy, which come from both legal precedent and voter determinations, such as elected officials passing and funding particular initiatives. Operational capacity is the ability of a given entity (primarily public agencies in Moore’s case studies) to implement, evaluate, and improve upon a given policy initiative. Public value is the product, the social outcomes, returned to stakeholders. When considering community inclusion implementation, these elements are intertwined. Authority allocates funding for operational capacity and implementation, which leads to public value outcomes, which yields support or votes for different policies and policymakers. On first consideration, this approach to public value can be incommensurable with private sector profit measures (Moore, 2013).

One important assumption in applying PVT to this inquiry was the extension of a largely public-agency framework to publicly funded nonprofits. As public funding makes up most of the revenue for case organizations studied, and the prices for services rendered are locked to policy review and change, PVT represented a better evaluative fit than private-market focused frameworks. An underlying assumption of PVT is a rejection of “large, multipurpose bureaucracies” (traditional bureaucracy) as well as a rejection of output-only, private market models (new public management) (O’Flynn, 2007, p. 354). The consideration of public value
contextualizes traditional bureaucracy and output-only measures against and amongst one another, with public value representing a difficult-to-precisely-define, yet crucial, third pillar. The growth of PVT as a framework parallels significant changes in the nature of all work, including public policy implementation. The outputs of employee labor are increasingly complex, requiring judgement and decision-making (Pink, 2009); it follows that the processes for evaluating and improving policy implementation work would adapt as well.

**Methods**

An exploratory multiple case study was conducted, involving both semi-structured interview data and document review. Participants were purposively snowball sampled (with permission) within the Association of Developmental Disabilities Providers (ADDP) day services committee membership. ADDP is a statewide trade association in Massachusetts with 127 active member organizations. The data collected from the nine case study organizations studied included both interview transcripts and a documents collection. The interviews captured the perspectives of eighteen research participants; each case organization included from one to four participants. Thirteen of those interviewed identified as female; five identified as male. While all case study interviews included a senior leader who identified as having primary responsibility for community inclusion services, four interviews included the chief executive or agency president. Semi-structured interviews were held for each case, including multiple participants on six occasions, and a single participant on three occasions. The research protocols included a list of inclusion criteria, including participants having operational oversight for community inclusion services, agency revenue exceeding five million dollars annually, and the support of approximately fifty or more adults with IDD on average each day.
Documents reviewed related to case organizations, federal and state requirements for community inclusion services, and research question factors (such as financial scale and catchment-area community type). Thirty-nine documents were reviewed in total, including those that were created by the case organization (such as uniform financial reporting and annual reports) as well as those created by an external entity (such as US Census community types and Massachusetts state regulation on CBDS service). Documents were arranged in three categories: community type and catchment area, financial size and organizational scale, and program design and service evaluation. The focus of document analysis was to inform the semi-structured interview perspective with context on size, scale, setting, and regulatory expectation for CBDS services.

Semi-structured interviews were recorded and professionally transcribed; these ranged in length from 55 to 110 minutes. Initial coding was done by hand for all nine case organizations and included first-cycle coding methods. Descriptive initial coding also included evaluative dimensions as it went forward. The interview transcripts for all nine cases were uploaded into NVivo, a computer-aided qualitative data analysis software (CAQDAS). Initial codes and field notes were transcribed for all nine cases and added to NVivo as documents. Auto coding, including frequency counting, was used to identify common terms for each case. These terms were pulled out, assessed within the transcription and against initial codes for code-worthiness, and identified within NVivo as codes. Second-level coding relied upon a pattern-coding structure, though elements of theoretical coding emerged from initial evaluative codes; this suggested underlying themes. Second-level coding further aided the emergence of themes, and the consolidation of codes and themes into more discrete, declarative units. Five superordinate
themes emerged, consistent with what was suggested after initial coding cycles. Table 11 shows the subthemes derived from codes, as well as the superordinate themes they were refined into.

Table 11

Subthemes and Themes

<table>
<thead>
<tr>
<th>Superordinate Themes</th>
<th>Subordinate Themes</th>
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<tbody>
<tr>
<td>Employment First</td>
<td>CBDS as step toward employment</td>
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<tr>
<td></td>
<td>Progressive pattern / continuum of services</td>
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<tr>
<td></td>
<td>Case by case determination of non-employment outcomes</td>
</tr>
<tr>
<td>Service Dimensions / Tracks</td>
<td>Loosely homogenous cohorts by ability</td>
</tr>
<tr>
<td></td>
<td>Loosely homogenous cohorts by interest</td>
</tr>
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<td></td>
<td>Group staffing ratio understanding of CBDS contracts</td>
</tr>
<tr>
<td>Setting and Scale</td>
<td>Emerging consensus on a &quot;necessary downtown&quot;</td>
</tr>
<tr>
<td></td>
<td>Need to scale or resource-share between contracts or programs</td>
</tr>
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<td></td>
<td>Successful units of organization often involve fewer than 40 persons served</td>
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<tr>
<td>Regulation and Reimbursement</td>
<td>Group rates confound the provision of &quot;sufficient&quot; service</td>
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<td></td>
<td>Importance of both bonding and bridging factors</td>
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</table>

Summary of Findings

Fifteen subthemes were refined into five superordinate themes. Those themes were: the importance of employment first mandates, service dimensions or tracks, the importance of setting and scale, challenges with regulation and reimbursement, and the measurement of
meaning. These superordinate themes and subthemes reflect an awareness among participants of the evolving nature of community inclusion services, with both rights and market pressures. The rights and markets intersection noted by Mansell (2006), consistent with public value theory in the tradition of Moore (2013), is evident in this assembly of themes and subthemes. Eight findings followed an examination of themes and subthemes, grouped into the three focus areas that began this inquiry: agency best practice, state and federal policy, and external factors affecting service delivery.

**Agency Best Practice**

**Finding 1:** A connection between regulatory expectation, organizational best practice, and outcomes is clear in the practice and perspectives of those interviewed.

**Finding 2:** There is evident tension between regulatory specificity and operational creativity.

**Finding 3:** There is willingness to engage in the setting of robust, program-specific outcome measures, as is currently occurring or is planned in the best practices of case organizations.

**State and Federal Policy**

**Finding 4:** Senior leaders at case organizations are frustrated by an unclear rate-setting process for CBDS services.

**Finding 5:** Incentives to measure or quantitatively improve CBDS service over time are weak, as they are not tied to financial or other rate-setting incentives.

**Finding 6:** It may be imprecise to frame CBDS solely as an employment supporting program; doing so overlooks the goals of those with different tracks, such as older adults or those interested in meaningful non-work activity.
External Factors

**Finding 7:** *External factors, including community types, new public benefits, low unemployment, and increasing costs of operation, have a perceived downward pressure on CBDS implementation.*

**Finding 8:** *The proliferation of managed care models of service has significant implications for policy, value, and practice in DDS-funded services.*

**Discussion of the Findings**

In the sections to follow, these findings will be positioned in comparison to the literature and existing research, as well as the theoretical framework of Public Value Theory. Implications for future research will be considered, as well as implications for practice. While this study was exploratory in nature, saturation of themes was quite high, suggesting some generalizability of findings within the ADDP provider community sampled.

**Findings in Relation to the Literature**

An exploration of the literature revealed four primary conclusions about the current state of knowledge around the problem. First, that the evolution in service provision for adults with IDD, from custodial care to rights-based service delivery, robustly undergirds contemporary policymaking (Mansell, 2006; Ferleger, 2010). Further, as this evolution has most often been marked by legal action or other policy affirmation of rights, necessary changes in funding have rarely accompanied corresponding affirmations (Ferleger, 2010; Winsor et. al., 2017). The research community is similarly focused on the importance of community inclusion as a right, as well as its beneficial effects. The literature is relatively silent on policy implementation and measurement in this specific area, likely due in part to the relative newness of both community inclusion contracts and value-based contracting. Second, social and community inclusion
represents one of five social determinants of health, with corresponding and direct links to total or overall health (Centers for Disease Control, 2018; World Health Organization, 2019). This is particularly important as effects are clear for both personal and population health outcomes, adding a medical validity to a normative assumption.

A third primary conclusion from the literature is the preference for competitive, community-based employment as a service outcome wherever possible. This follows policy intent to maximize independence and self-sufficiency: gainful employment both increases independence and decreases reliance upon paid support and benefits. Pursuit of this outcome is both robustly measured and evaluated in the literature and in practice. Outcomes, such as placement rate and duration of employment, are continuously reported on and refined. Finally, the proliferation of value-based contracting, particularly via managed care models, is evident in the literature. In 2017, 80% of those receiving Medicaid were covered by some manner of managed care, with 20 states including those with IDD in managed long-term services and supports (Oss, 2019, pp.10-11). Value-based contracting exists as a counterpoint to fee for service models; under value-based contracting, payment (or portions of payment) are tied to both efficiency and quality outcomes.

These findings from the literature connect to the study findings in clear and critical ways. The relative newness of community inclusion policy implementation literature is echoed in the weak incentives, unclear rate-setting practice, and regulatory tension reported by participants and indicated in documents. The validity of community inclusion, both as a normative right and as a social determinant of health, was prioritized in all case organizations studied. A commitment to competitive employment was similarly championed, though the lack of prioritization of non-work outcomes consistently emerged. Awareness of systems change related to value-based
contracting was both explicitly stated in cases (“need to learn the language of managed care;”
“alternative payment methods are moving goalposts right now”) and implied in the external
pressures reported by participants and evident in document analysis. This pending systems
change, toward value-based contracting, alternative payment models, and managed care, is
somewhat representative of all findings. Not only is the regulation specific to community
inclusion service relatively new, but the payment systems and larger long-term service structure
is changing as well.

**Findings in Relation to the Theoretical Framework**

These three areas are heavily interrelated in Public Value Theory, which rejects both rigid
bureaucracy and objective-only models of organization in favor of coherence between public
values, policy, and operations. The application of Public Value Theory highlights that the
feedback loops between these three areas, for CBDS as a public policy, may not be as robust as
is necessary for coherent, efficient, and effective service.

A general connection between regulatory expectation, organizational best practices, and
outcomes is evident in the literature (Hoff, DiBiase, & Sasnett, 2015; Tanabe, Timmons, &
Sulewski, 2017). Further, the lack of current regulatory specificity on community inclusion
service is indicated in not only the literature (Tanabe, Timmons, & Sulewski, 2017), but also in
the reported experiences of seasoned service providers and the documents reviewed in this
research. Applying Public Value Theory highlights a gap in the feedback connections between
three policy pillars of *authority*, *capacity*, and *public value*. While community inclusion is noted
as important by federal and state policymakers, as well as by organizations providing service and
those receiving service, it has yet to be measured against its own set of clear performance
metrics. The complementary nature of CBDS service for employment is clear, but the literature
thus far has not accounted for measurement where employment is not a primary or near-term goal. This lack of specificity likely harms overall assessment of contract or policy performance, complicating determinations of eligibility, progress, and evaluation. This complication contributes to frustration with the rate-setting processes, as the public value feedback loop between operational capacity and regulatory authority remains unclear. Table 7 displays the superordinate and subordinate themes from this analysis, organized under the three primary areas of PVT’s Strategic Triangle: Legitimacy and Support, Operational Capacity, and Public Value.

Table 12

Theoretical Framework and Themes

<table>
<thead>
<tr>
<th>Theoretical Framework</th>
<th>Operational Capacity</th>
<th>Public Value</th>
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<tr>
<td><strong>Legitimacy and Support</strong></td>
<td><strong>Operational Capacity</strong></td>
<td><strong>Public Value</strong></td>
</tr>
<tr>
<td>Employment First</td>
<td>Dimensions and Tracks of Service</td>
<td>Employment First</td>
</tr>
<tr>
<td>Regulation and Reimbursement</td>
<td>Setting and Scale</td>
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<td></td>
<td>Regulation and Reimbursement</td>
<td>Measuring Meaning</td>
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<td>Measuring Meaning</td>
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<td><strong>Superordinate Themes</strong></td>
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<tr>
<td><strong>Subordinate Themes</strong></td>
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<tr>
<td>Pathway to Employment</td>
<td>Continuum of Services</td>
<td>Non-Employment Outcomes</td>
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<td>Grouped Staffing Patterns</td>
<td>Cohorts by Ability and Interest</td>
<td>Necessary Downtown</td>
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<td>Rates Confound Sufficient Service</td>
<td>Cohort of 40 or Fewer</td>
<td>New Regulatory (Public Benefit) Costs</td>
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<td>Managed Care Models</td>
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<td>Bonding and Bridging Factors</td>
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<td>Necessary Resource Sharing</td>
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<td>Tension between Specificity and Flexibility</td>
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<td>Establishing Measures</td>
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Community inclusion represents a complex but compelling public value proposition, as its importance as a normative value is well-documented in both legal determinations and medical
research (ADA, 1990; Olmstead v. L.C., 1999; Centers for Disease Control, 2018; World Health Organization, 2019). Despite broad agreement on community inclusion as both a legally just and a medically appropriate value to pursue, measures of such outside of employment goals remain imprecise. Viewed against the three elements of the Public Value strategic triangle, base authority and normative public value are clear. What is lacking is clarity in operational capacity for community inclusion services, particularly the connections from operational capacity to authority, and to public value. This is evident in study findings related how community inclusion outcomes are proven for payment or for rate-setting, as well as how those outcomes are demonstrated to other stakeholders. These feedback loops are crucial points in a public value supply chain. A consideration of the literature, the data, and the documents against this theoretical framework suggests a need for specificity. Figure 1 displays the three points of the strategic triangle, including the areas where feedback loops are weaker: those originating from, and going back to, operational capacity.

Figure 1. Public Value Strategic Triangle
Limitations of the Study

While saturation of themes emerged during the course of inquiry, the research design intended exploration, not direct generalizability. Case organizations were purposively sampled from statewide trade association membership, the Association of Developmental Disabilities Providers (ADDP): ADDP has 127 member organizations throughout the state of Massachusetts, though not all service providing agencies are members. Within the 127 member agencies, this inquiry achieved 8.41% sample saturation among agencies with annual revenues in excess of $5 million dollars, an inclusion criterion. This sample of nine case organizations achieved saturation of themes but is neither a conclusive nor exhaustive examination of service organization perspective. Of note is a 16.28% saturation of ADDP member organizations with annual revenues in excess of $25 million dollars (seven from sample, forty-three total). This inquiry did not intend to focus on service organizations in the top half of total annual revenues, though the inclusion criteria did require some baseline organizational scale (number of persons served and total annual revenues). The average annual revenue of the sample closely matched the average annual revenue for all ADDP member organizations ($34,187,093 vs. $36,960,983), though the median was significantly higher within the sample ($31,338,586 vs. $17,331,907). Thus, the current study may not have adequately represented the perspectives of all ADDP member organizations based on sampling characteristics alone. This was a key limitation of the study.

Application of Public Value Theory presumes strong and ongoing interrelationships between operations, public value, and political authority in pursuit of system-wide best outcomes. This perspective contextualizes challenges in each point of the strategic triangle but does not weigh any one point more heavily than others. This critical lens may not fully account for stakeholder bias in estimation of public value, operational capacity, or political authority. A
representative example was given by participant, Diane, in Case Organization Four: she remarked that her organization prefers open-ended or more flexible CBDS regulation, despite whatever limiting impact this may or may not have on rate review processes. Diane prioritized current operational flexibility over possible future rate adjustments; this study did not attempt to assess the whole-system impact of such choices in response to regulation.

Significant differences in available and utilized regulatory frameworks for community inclusion services in Massachusetts are considered, but not assessed against one another for efficacy within the scope of this inquiry. Fragmentation of regulatory structures for community inclusion represents a significant area for future inquiry. The Commission on Accreditation of Rehabilitation Facilities (CARF) is a private nonprofit accrediting entity whose accreditations are required for one non-CBDS service in Massachusetts and allowed in lieu of application of certification indicators for CBDS review. The researcher positionality statement acknowledged possible bias from organizational leadership and as a position as a part-time surveyor for CARF; a thorough chain of evidence was employed to help account for such bias.

**Implications of the Research**

This qualitative multiple case study offers multiple avenues for future consideration, practice, and research. Implications for ongoing community inclusion conversations within the provider community, state government, and federal government are presented. Variations in provider approach and best practices, a fragmented regulatory framework, weak financial incentives, and the proliferation of value-based models underpinned this research and represent areas for additional inquiry. Implications for research and practice are discussed here, and recommendations / key takeaways are provided.
Implications for Research

The current regulatory mix for community inclusion services, particularly CBDS in Massachusetts, bears further examination. In Massachusetts, a fragmented approach is currently used for CBDS evaluation. A licensure and certification process is required for all CBDS providers in Massachusetts every two years, though a self-assessment option is available for providers in good standing whereby an on-site evaluation is waived. A deemed status is available, by which the Certification Indicators are not applied for those organizations with Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation. However, CARF accreditation is required for service organizations operating a day habilitation program; providers may or may not elect to have other services, such as CBDS, CARF-accredited.

Survey research addressing which providers are utilizing which regulatory strategies, as well as various stakeholders’ satisfaction with each, could further explore community inclusion implementation. Survey research focused on the number of adults served in each track of CBDS (pre-employment, supporting employment retirement, skill-building, etc.) might further define the scope of CBDS services in practice in Massachusetts. Any additional exploration of rate determination and outcomes would be welcome by the provider community and may inform policy. A focus on quantification of organization best practices, particularly if they cohere with identified public values, may prove useful as research in community inclusion goes forward.

Implications for Regulatory Practice

Consideration of the desired outcomes of regulatory practice is suggested by this study. What are the specific desired outcomes of CBDS service in Massachusetts, particularly when employment is not an identified or near-term goal? Current regulatory evaluation lacks specificity in CBDS measures. If this lack of specificity is intended to enable flexibility in
implementation, how are quality outcomes to be assured? Tested? Rate-setting processes require additional specificity, which compels some quantification: here again the feedback loops between operational capacity and regulatory, rate-setting authority are shown to be worthy of additional attention.

A review of licensure and certification indicators shows significant differences in scope and evaluation. Licensure indicators are tied to health and safety measures, are “non-negotiable,” and are necessary for continued operation. Licensure indicators thus convey a regulatory floor for health and safety. Certification indicators seemed positioned to capture aspirational or normative elements, as they are intended to “promote quality” and are “tied to intended outcomes” (DDS Quality Management, 2016). However, a lack of specificity in measurement, and of direct connections between this performance and financial incentives, frustrates providers and may suppress overall system performance.

This appears to be a regulatory environment in transition, in which older payment models persist despite a move toward more normative values. For service provider organizations, this can be received as managed care outcomes and obligations, with insufficient, fee-for-service payment rates. The perceived opacity of the rate-setting process is a primary takeaway from this study. This takeaway was supported by a State Auditor’s report in May 2019, shortly after data analysis for this study concluded. In this report, the State Auditor’s Office found that the Executive Office of Health and Human Services had not established adequate rate-setting policies for its services in accordance with requirements updated in 2008 (Bump, 2019).

Implications for Provider Practice

There are multiple benefits to service provider organizations in measuring CBDS performance, and in the proactive establishment of such outcome measures. Gaps in current state
rate-setting procedures, as highlighted in recent reporting by State Auditor Suzanne Bump, suggest an opportunity for providers to help determine the rate and regulatory mix that applies to CBDS services going forward. This financial and regulatory benefit is especially significant given the convergence of community inclusion rights and value based contracting markets. How providers advocate for reimbursement became a representative implication across the strategic triangle: clear outcome measures at the operational level connect with specific regulatory requirements, informing and producing public value. The proof of that public value will likely be more empirically measured, and more reliant on large data sets, under value based contracting or alternative payment models.

Preparing for value based contracting and the involvement of managed care entities is a significant need. While case organizations were universally aware that changes were coming related to managed care, awareness was lower for specific changes and provider-level preparation strategies. How providers manage their data, and use that data to tell a compelling, value-linked story is imperative. What is needed is leadership, at all three points of the strategic triangle, that can reconcile the dissonance between objectives-only management and a compelling, personalized service anecdote. Realizing public value in the future of IDD service requires that provider organizations be comfortable navigating this intersection.

Conclusion

This exploratory, multiple case study began with a primary question: what are the perspectives of service providers on community inclusion implementation in Massachusetts? Consideration of perspective on specific policy implementation required the close consideration of both narrative data and documents. Sub-questions included the consideration of external factors, such as organizational size and setting on community inclusion implementation, as well
as the availability and helpfulness of existing regulation and evaluation processes. Semi-structured interviews yielded that provider organizations struggle with the tension between regulatory specificity and operational flexibility, yet this tension does not preclude robust best practice measures by service type or program. A connection between regulatory expectation, organizational best practice, and outcomes is clear in the literature, research, and practice. This mirrors the three points of the Public Value strategic triangle: authority, operational capacity, and public value. These three points cohere with the three focus areas of this study: response to regulation, organizational best practice, and external influences.

A review of program evaluation, community type, and financial documents from both internal (organization-created) and external sources showed a reliance upon shared resources, scale, and a necessary downtown to facilitate community inclusion services. Implicit in these considerations is a rate-setting structure that fails to properly account for its value-based requirements. Weak incentives for excellent CBDS service provision were suggested in the literature, as community inclusion is a relatively nascent program on its own. Weak incentives for excellent service provision were reported by participants, who repeatedly pointed out a lack of goalposts or indicators of relative quality. Weak incentives for excellent CBDS service provision were also evident in document review, whereby quality measures themselves acknowledge a lack of specificity and the rate-setting procedure is found seriously wanting during a state auditor review (Bump, 2019).

Therefore, the outcomes of this study would point to the following key takeaways:

1. Tension between operational flexibility and accountability is evident in literature, regulation, and practice.
2. Incentives for excellent community inclusion service provision are weak; few broad, floor or ceiling measures are in place.

3. Value based contracting and managed care are not a trend or fad: how service providers tell their stories must change.

Looking forward, this study found that the perspectives of service providers were open to significant changes in IDD service delivery, though specific and proactive awareness of managed care and value-based contracting was relatively low. Whether CBDS service is directly subject to managed care in the future, or is just affected by its changes to payment and monitoring, major changes are on the horizon. The question of what is meaningful, and how it is measured, is central to proving the public value of CBDS. In this context, what is meaningful for persons served correlates directly with what adds value in value-based models. It is in the aggregation, regulation, and evaluation of that meaning where work needs to be done. For regulators and funders, this likely means specificity in rate-setting and necessary outcomes, and flexibility elsewhere. For providers, this means that how they tell their stories, in measurement, data, and outcomes, must change as well.
References


Mitchell, B. (2014). Expanding the integration mandate to employment: the push to apply the principles of the ADA and the Olmstead decision to disability employment services. *ABA Journal of Labor & Employment Law, Fall 2014*, p.155.


## Appendix A

### Association of Developmental Disabilities Providers (ADDP) Member Annual Revenues FY18

<table>
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<tr>
<th>ADDP Member</th>
<th>Total Annual Revenues</th>
<th>Number of Organizations</th>
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</thead>
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<td>1</td>
<td>500,272,800</td>
<td>127*</td>
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<tr>
<td>2</td>
<td>259,261,083</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>249,434,594</td>
<td><em>Indicates Annual Report or ProPublica Search Sourcing</em></td>
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<tr>
<td>4</td>
<td>220,354,805</td>
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</tr>
<tr>
<td>5</td>
<td>183,227,509</td>
<td><em>Indicates Participant in Researched Sample (9)</em></td>
</tr>
<tr>
<td>6</td>
<td>158,271,213</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>126,216,898</td>
<td><em>Indicates Revenue Unavailable</em></td>
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<tr>
<td>8</td>
<td>120,576,199</td>
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<td>9</td>
<td>112,276,938</td>
<td>Average Annual Revenue - All ADDP Members</td>
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<tr>
<td>10</td>
<td>99,122,352</td>
<td>36,960,983</td>
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<tr>
<td>11</td>
<td>97,835,729</td>
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<tr>
<td>12</td>
<td>90,954,651</td>
<td>Average Revenue of Sample</td>
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<td>13</td>
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<td>14</td>
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<td>15</td>
<td>81,752,174</td>
<td>Median Annual Revenue</td>
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<td>18</td>
<td>73,232,652</td>
<td>Number of Participating Organizations in Sample</td>
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cSearch.asp](https://ufr.osd.state.ma.us/WebAccess/Bas
cSearch.asp) |
| 41          | 26,188,714            | [https://projects.propublica.org/nonprofits/search?utf8=%E2
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| 43          | 25,488,786            |                         |
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| 48          | 24,436,389            |                         |
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133