

Participant Satisfaction Survey Summary Report Fiscal Year 2008



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Introduction

Since 2003, Area Agency on Aging 1-B (AAA 1-B)¹ has been measuring the quality of its community-based long term care services through a telephone survey of program participants. This report summarizes the results from AAA 1-B's 2008 Participant Satisfaction Survey.

AAA 1-B administers two community-based long term care programs: Community Care Management and MI Choice Medicaid Waiver. In both programs, Care Managers provide comprehensive assessments, develop care plans with participants, and monitor community services that are brokered on behalf of enrolled participants. Services are purchased from a pool of provider agencies that have applied to be vendors and have met the standards outlined in the AAA 1-B *Direct Service Purchase Operating and Service Standards Manual*.

In 2008 the program served a total of 2,085 participants – 1,049 from the MI Choice Waiver program and 1,036 from the Community Care Management program. Of these, 558 were randomly selected to participate in the 2008 Participant Satisfaction Survey. Of these, 431 interviews were completed. This represents a 77% survey response rate. Two hundred sixty-three of the survey participants (61%) were from the MI Choice Waiver program and the remaining 168 (39%) were from the Community Care Management Program. Seventy-four percent of the interviews were completed by the care recipient; 26% were completed by a caregiver.

So that survey participants would feel free to honestly answer the survey questions, the interviews were conducted by SPEC Associates, an independent research and evaluation company that specializes in working with non-profit agencies. In addition to this report, a technical appendix is also available that shows the number and percent of participants who gave each response to each survey question. The technical appendix can be obtained from the Quality Assurance Supervisor at AAA 1-B.

¹ The Area Agency on Aging 1-B (AAA 1-B) is a private, non-profit agency supported by the federal Older Americans Act and State of Michigan funding. The AAA 1-B is the regional planning, coordinating, funding and advocating entity for long term care and other support services for older adults in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties.

Description of Care Recipients in the Survey

Of the 431 care recipients who were either directly interviewed or on whose behalf their caregiver was interviewed, 76% were female and 24% were male. Their ages ranged from 24 years to 102 years, with an average age of 74 years.

Table 1 shows the living arrangements of the care recipients at the time of the survey. As Table 1 shows, most (52%) of the care recipients were living alone. When they were living with others, care recipients were most often living with a child (16%) or with someone who was not their spouse or child (13%).

Only 17% of the survey respondents said that a member of their family was paid to provide care for them or their relative.

When asked who they call if they have a concern or complaint about the services that they receive:

- 54% said that they call the vendor
- 42% said that they call their care manager
- 4% said that they call a family member
- 4% said that they call the worker
- 3% said that they call the building/facility staff
- 3% said that they do not call anyone
- 3% did not know who they would call
- 1% gave some other response

**Table 1
Living arrangement of Care Recipients
at Survey Time**

	Living Arrangements	
	Number	%
Alone	224	52%
With spouse	49	11%
With spouse and others	27	6%
With child	67	16%
With others	55	13%
With non-relatives	9	2%
Total	431	100%

How Quality Was Measured

The survey questions were adapted from a questionnaire designed by Dr. Scott Geron at Boston University.² The survey was revised in 2006, after receiving feedback on the questions from consumer advisory groups. A few questions were revised in 2008 by SPEC and AAA 1-B staff, to make the meaning of the responses more clear.

The survey questions are very similar to the Administration on Aging's (AoA) recommended performance measurement indicators for care management and homemaker services. This means that AAA 1-B's survey results are aligned with AoA's efforts to meet the federal accountability requirements of the Government Performance and Results Act (GPRA).

The survey items measure seven dimensions of quality:

Competency: How well the care managers and direct care workers perform their job responsibilities.

Respect/Understanding (formerly called Positive Interpersonal): Respect and understanding that the care managers and direct care workers show to participants.

Absence of Negatives (formerly called Negative Interpersonal): Absence of undesirable characteristics such as the care managers not listening or not being helpful, or direct care workers using the participant's phone, bringing friends or relatives to the job, or smoking in the home.

Service Choice (Care Manager only): Whether the participants feel they get enough choice and sufficient quantity of services.

Quality of Life: Whether the care managers helped the participants to have choice in service planning, to be sufficiently informed about services, to have an emergency plan/kit in the home, and to have enough social activity; and whether the direct care worker was absent and the absence interfered with the participant's ability to complete a household or personal care task.

Worker System Adequacy (Direct Care Worker only): Whether the agency notifies participants if a worker cannot deliver services as planned and whether the participants would like the workers to provide more services.

Recommendation: Whether the participant would recommend the care management received from AAA 1B and/or the personal care received from the vendor to other family or friends who were in need of services.

² Permission to use this instrument was received from the Trustees of Boston University (1997).

To analyze the survey results, a report card grade was given for each survey item. Grades were determined by calculating the percent of participants who gave a desirable response to each survey item. Desirable responses were agreeing with positively worded questions or disagreeing with negatively worded questions. Letter grades were assigned as follows:

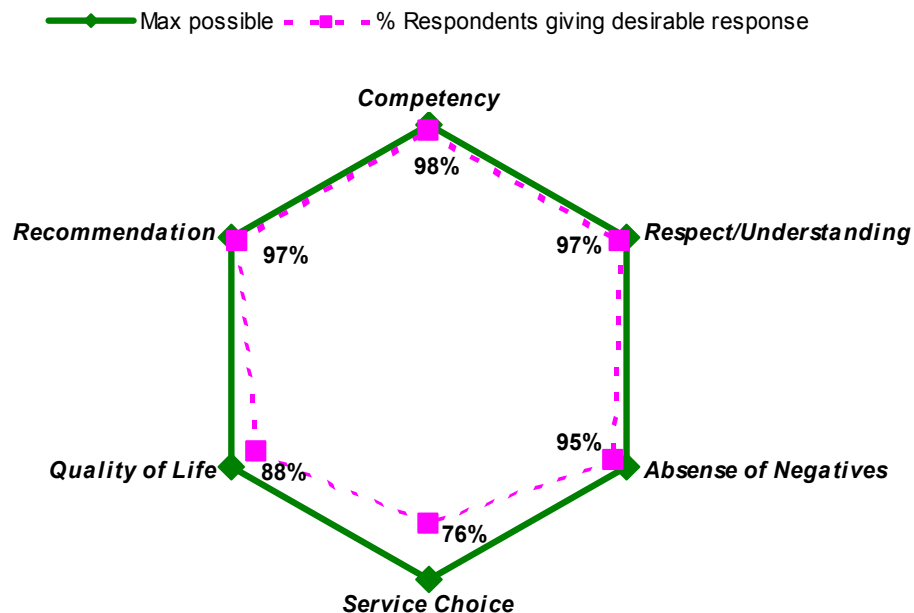
- A = 90% to 100% of the survey participants gave the desirable responses
- B = 80% to 89% of the survey participants gave the desirable responses
- C = 70% to 79% of the survey participants gave the desirable responses
- D = 60% to 69% of the survey participants gave the desirable responses
- E = less than 60% of the survey participants gave the desirable responses

In addition to grades on each item, an overall average grade was calculated for the items making up each of the first six dimensions. The seventh dimension, Recommendation, is composed of a single item.

Care Management Report Card

Figure 1 is a balanced scorecard showing the average report card score of AAA 1-B's services on each of the six dimensions of quality for the care managers. The solid line represents the ideal score: 100% of the survey participants giving the desirable responses to all of the questions measuring the dimension. The dotted line shows the actual percent of survey participants who gave desirable responses to the questions measuring that dimension.

Figure 1
Balanced Scorecard for
Quality Ratings of Care Manager



As Figure 1 shows, AAA 1-B received almost perfect scores on:

- Care Manager Competence (on average 98% agreed with these questions)
- Recommendation (on average 97% would recommend AAA 1B's care management services)
- Respect/Understanding (on average 97% agreed with these questions)
- Absence of Negatives (on average 95% disagreed with these questions)

There is room for improvement on two dimensions:

- Quality of Life (on average 88% agreed with these questions)
- Service Choice (on average 76% agreed with these questions)

Interpretation: Tables 2 through 7 on the following pages break out the scores for each survey question measuring each dimension of care management quality. Grades for the 2006, 2007 and 2008 survey are shown. The 2008 scores are bolded when they are higher than the 2007 score. The two questions about care management that were revised in the 2008 survey were from the Quality of Life dimension. The two new questions are shown in Table 5. The comparisons in Table 5 are only shown for the individual items that were the same. Because the items were not the same across years, the average scores on the Quality of Life dimension are not compared in Table 5.

Overall, the 2008 results are very much the same as the 2007 results. The average percents on each dimension differed by only 1% or 2%.

Forty-four survey participants answered "no" to question #22 (In the past 60 days, did you (your relative) participate in any social activity, such as getting together with friends or family, or going to church or the movies, either inside your home or in the community?). When the 44 survey participants who answered "no" to this question were asked why they were unable to participate in social activities:

- 25 mentioned bad health
 - 7 would like to be socially active, but have no visitors
 - 2 mentioned that it was simply their choice (e.g. "I am a loner")
 - 2 mentioned that transportation was unavailable
 - 1 mentioned transportation was inaccessible
 - 5 said they did not know why
 - 2 gave some other response, not within these categories

Table 5 shows that 90% of participants reported that they participated in a social activity in the prior 60 days. A follow-up question about whether they wanted to be more involved in *any* activity outside of their home revealed that 22% (N=90) of all participants would like to be more active. When they were asked what other activities they would like to be doing:

- 22 mentioned going to church
- 16 mentioned going to movies or theaters
- 11 mentioned socializing with others
- 11 mentioned volunteering

- 10 mentioned exercise other than sports
- 9 mentioned going shopping
- 8 mentioned playing bingo or games
- 8 mentioned eating out
- 7 mentioned doing arts or crafts
- 5 mentioned attending support groups
- 3 mentioned having a job/employment
- 2 mentioned playing sports
- 2 mentioned going to senior centers
- 2 mentioned going to adult day care
- 1 mentioned going to a sporting event
- 1 mentioned going to the library
- 1 mentioned doing advocacy work
- 4 said "anything"
- 8 said they didn't know what types of activities they would like to do
- 11 gave some other response, not within these categories, such as wanting to go fishing or go to the zoo

Table 5 shows less than perfect scores for Quality of Life. The biggest contributor to the B grade are the two questions about emergency preparedness. Only 71% of the survey respondents agreed that their care manager reviewed with them what to do in case of an emergency situation, such as a loss of heat or electricity. More, 86%, agreed that they have all of the supplies they would need to care for themselves for 72 hours in case of an emergency; things like a flashlight, can opener, canned food, first aid kit, medicine and bottled water.

Table 6 shows that the less than perfect score on the Service Choice dimension is because only 69% of the survey participants felt they had enough choice in the services they receive, and only 84% felt that there were no more things that they wished that the care manager would do. Participants who indicated dissatisfaction were asked to explain what choices and services they wished the care manager could do. Survey participants could give as many explanations as they wished.

Analysis of their responses shows that:

- 25 said they would like more or different hours of services
- 17 would like more or different types of homemaking tasks
- 17 said that would like more of "anything"
- 11 would like more or different types of personal care services
- 10 wanted a choice in the worker
- 9 said they would like more transportation services for things other than errands
- 7 said they would like more medical equipment/supplies
- 6 said they would like more medical or dental services or information
- 6 said they would like more communication or information
- 4 said they need some type of financial assistance for food, supplies or services
- 3 said they would like respite care
- 2 said they would like more medication assistance or information
- 33 said that they didn't know what kinds of choices they would want
- 8 gave some other response not within these categories

As Table 7 shows, 97% of the survey respondents said that they would recommend care management from AAA 1B if a friend or family member needed services.

**Table 2
2008 Survey Results for
Care Management Competency**

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q1. I know I can contact the Care Manager if I need to.	96%	97%	97%	A
Q2. The Care Manager is very knowledgeable about the services that are available.	97%	98%	98%	A
Q7. Overall, the Care Manager does a good job setting up care.	97%	98%	97%	A
Q10. The Care Managers clearly explained the program and services during the first visit.	96%	98%	98%	A
Q14. If I leave a message for the Care Manager she/he usually returns my call in a timely manner.	96%	96%	97%	A
AVERAGE	97%	97%	98%	A

**Table 3
2008 Survey Results for
Care Management Respect/Understanding**

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q5. The Care Manager treats me (my relative) with respect.	99%	99%	100%	A
Q13. The Care Manager clearly understands my wants and needs.	96%	96%	95%	A
AVERAGE	98%	98%	97%	A

**Table 4
2008 Survey Results for
Care Management Absence of Negatives**

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q6. The Care Manager does not always listen carefully.*	94%	97%	95%	A
Q11. The Care Manager is not always helpful.*	91%	96%	94%	A
AVERAGE	92%	97%	95%	A

* These items are reverse scored.

Table 5
2008 Survey Results for
Care Management Quality of Life

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q12. The Care Manager included me (my relative) in planning for my (relatives) service.	94%	95%	97%	A
Q15. Did you participate as much as you wanted to in developing your (relatives) plan of care?	93%	94%	95%	A
Q17. Has the Care Manager asked you what services you wanted?	83%	85%	89%	B
Q18. Were you given a copy of your (relatives) plan of care?	83%	82%	88%	B
Q20. Did your care manager review with you what to do in case of an emergency situation, such as a loss of heat or electricity?	NA**	NA**	71%	C
Q21. Do you have all the supplies you would need to care for yourself for 72-hours in case of an emergency; things like a flashlight, can opener, canned food, first aid kit, medicine and bottled water?	NA**	NA**	86%	B
Q22. In the past 60 days, did you (your relative) participate in any social activity, such as getting together with friends or family, or going to church or the movies, either inside your home or in the community?	83%	91%	90%	A
AVERAGE	NA***	NA***	88%	B

** The wording of these questions changed in 2008 so that the results cannot be compared across years.

*** Average scores were not presented in this table because the wording of some questions in this dimension changed in 2008. It would be misleading to compare average scores because the questions making up the dimension were not the same each year.

Table 6
2008 Survey Results for
Care Management Service Choices

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q3. I would like more choices about the types of services received.*	73%	73%	69%	D
Q8. I wish the Care Manager could do more things that need to be done.*	79%	81%	84%	B
AVERAGE	76%	77%	76%	C

* These questions are reverse scored.

**Table 7
2008 Survey Results for
Care Management Recommendation**

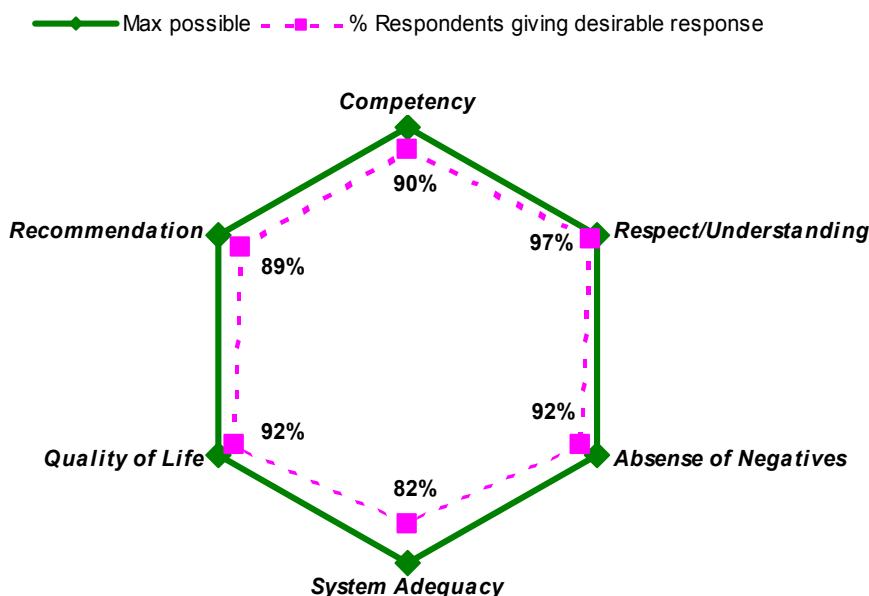
Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q25c. If a friend or family member were in need of services, would you recommend the care management services you received from Area Agency on Aging IB?	NA****	NA****	97%	A
AVERAGE	NA****	NA****	97%	A

**** This question was not asked in 2006 or 2007.

Vendor Worker Report Card

Figure 2 is a balanced scorecard showing the average report card scores on each of the six dimensions of direct care worker quality. As with the balanced scorecard for care managers, the solid line represents the ideal score for each dimension and the dotted line represents the actual percent of survey participants who gave desirable responses to the questions measuring each dimension.

**Figure 2
Balanced Scorecard for
Quality Ratings on Direct Care Worker**



As Figure 2 shows, the direct care workers received the highest grades on:

- Respect/Understanding (on average 97% agreed with these questions)
- Absence of Negatives (on average 92% disagreed with these questions)
- Quality of Life (on average 92% agreed with these questions)
- Direct Care Worker Competency (on average 90% agreed with these questions)

There is room for improvement on two dimensions:

- Recommendation (on average 89% would recommend the personal care services of their vendor)
- System Adequacy (on average 82% agreed with these questions)

Interpretation: Tables 8 through 13 on the following pages show the survey items for each dimension. As with the care manager dimensions, items are bolded when the 2008 percent is higher than the 2007 percent. For three dimensions, the overall average increased one to three percentage points from the 2007 average.

As Table 8 shows, although the average grade was A for the dimension of Worker Competency, there is room for improvement. On question #36, only 83% of the survey respondents said that they or a loved one sign or initial a form every time the worker comes. This question was revised from 2007, which asked if a time sheet was signed every time a worker comes.

Table 10 shows 83% of survey participants reported that their workers do *not* share their personal problems. Of the 17% who said that workers share personal problems, 83% said they feel comfortable with this sharing.

As Table 11 shows, 79% of the survey participants felt that there were no more things that they wished the direct care worker could do. When the 73 survey participants who wished for more things were asked what they wished the direct care worker could do:

- 53 mentioned more or different homemaking services
- 19 mentioned more or different personal care services
- 14 mentioned more or different hours
- 4 mentioned a worker related issue
- 2 mentioned transportation for things different from errands or shopping
- 2 mentioned medical or dental services or information
- 4 did not know
- 1 gave some other response not within these categories

These survey participants were asked if they had told their care manager about the other things they wished the direct care worker could do. Forty-three percent said “yes,” 57% said “no.” When the 57% who said “no” were asked why they did not tell their care manager about the other things they would like the direct care worker to do:

- 9 said that they did not know that they could ask the care manager
- 9 said it was a recent need, and they hadn’t had a chance to ask
- 6 could not answer the question

- 6 said that they were grateful for the help they did have
- 5 said they did not want to jeopardize the services they are receiving
- 4 said that there was an issue with their care manager
- 1 said s/he spoke with the worker or vendor
- 1 gave some other response not within these categories

The 21% of survey participants who felt that there were more things that they wished the direct care worker do were offered an opportunity to have an intervention done on their behalf. The surveyor asked if she may forward to their care manager the information about what the participant wanted their direct care worker to do, and for the 71% who accepted the offer, participant requests were provided follow-up.

As Table 12 shows, 92% of the survey participants had no problems with household or personal tasks left undone because the worker did not show up. Those who said that things were left undone due to the worker's non-attendance were asked what tasks could not be completed. Among these 29 survey participants:

- 19 mentioned not being able to bathe, groom or dress
- 14 said they could not do housework
- 4 said they could not transfer or use the toilet
- 3 said they could not eat or prepare a meal
- 1 said they could not do errands or shop

These same survey participants were asked what they did when the worker did not show up. Their responses were coded by the interviewer and revealed the following:

- 12 went without the care
- 11 were cared for by someone else
- 7 somehow completed the care themselves
- 7 notified the vendor
- 2 notified their care manager
- 1 gave some other response not within these categories

As Table 13 shows, 89% of the survey respondents said that they would recommend the vendor to a family or friend who needed services.

**Table 8
2008 Survey Results for
Direct Care Worker Competency**

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q26. The worker leaves too early.*	92%	93%	90%	A
Q29. The worker does things the way they should be done.	93%	91%	93%	A
Q30. The worker arrives late.*	88%	89%	87%	B
Q36. You or a loved one sign or initial a form every time the worker comes.	NA**	NA**	83%	B
Q37. The worker has asked you or your loved one to sign a form for a visit you did not receive.*	NA**	NA**	98%	A
AVERAGE	NA***	NA***	90%	A

* These items are reverse scored.

** The wording of these questions changed in 2008 so that the results cannot be compared across years.

*** Average scores were not presented in this table because the wording of some questions in this dimension changed in 2008. It would be misleading to compare average scores because the questions making up the dimension were not the same each year.

**Table 9
2008 Survey Results for
Direct Care Worker Respect/Understanding**

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q27. The worker treats me (my relative) with respect.	98%	99%	97%	A
Q28. In general, the worker takes an interest in me (my relative) as a person.	97%	97%	97%	A
AVERAGE	98%	98%	97%	A

Table 10
2008 Survey Results for
Direct Care Worker Absence of Negatives

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q38. The worker uses the phone for reasons other than an emergency.*	91%	91%	91%	A
Q39. The worker brings his/her children or other relatives/friends when s/he comes.*	95%	95%	97%	A
Q40. The worker smokes in the home.*	98%	98%	97%	A
Q41. The worker shares his/her personal problems.*	84%	82%	83%	B
AVERAGE	92%	92%	92%	A

* These items are reverse scored.

Table 11
2008 Survey Results for
Worker System Adequacy

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q31. I wish the worker could do more things that need to be done.*	73%	72%	79%	C
Q43. Does the agency or worker notify you if there is a problem such as the worker will be late or cannot come?	89%	90%	85%	B
AVERAGE	80%	81%	82%	B

* These items are reverse scored.

Table 12
2008 Survey Results for
Worker Quality of Life

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q44. In the last 60 days, were you unable to complete a household or personal care task because the worker did not show up?*	89%	91%	92%	A
AVERAGE	89%	91%	92%	A

* These items are reverse scored.

**Table 13
2008 Survey Results for
Worker Recommendation**

Question	% Desirable Responses			Grade 2008
	2006	2007	2008	
Q47c. If a friend or family member were in need of services, would you recommend the personal care services you received from (Vendor)?	NA****	NA****	89%	B
AVERAGE	NA****	NA****	89%	B

**** This question was not asked in 2006 or 2007.

Person-Centered Planning and Self-Directed Care

Because AAA 1-B strongly supports person-centered planning and self-directed care, a series of questions were included on the survey inquiring about the survey participants' engagement in developing the plan of care for themselves or their relatives. Eighty-seven percent of the survey participants reported that they participated as much as they wanted to in developing their (or their relative's) plan of care; 5% said that they did not participate as much as they wanted to; and 8% responded that they did not know. When the survey participants who did not participate as much as they wanted to were asked why:

- 7 said that they didn't know they could participate
- 4 said they were too ill to participate
- 3 said that they did not know what services they wanted
- 3 said s/he tried but were not listened to
- 4 gave some other reason

Survey participants were then asked more specifically about what happened during the development of their plan of care. Results revealed that:

- 89% said that the care manager asked what services they wanted
- 88% said that they were given a copy of the plan of care
- 94% of those who received a copy of the plan said that the plan of care was meaningful to them

Impact of Care Management

The final two questions on the survey asked participants:

- if they considered living in a nursing home as an option for themselves or their relatives; and
- if they did not receive the help they were receiving from AAA 1-B, might they or their relative need to live in a nursing home

Thirteen percent of the survey participants said "yes," they considered living in a nursing home as an option for themselves or for their relative. Eighty-seven percent responded "no" to this question.

Sixty-three percent of the survey participants said “yes” or “maybe” they or their relative might need to live in a nursing home if they did not receive the help they were getting from AAA 1-B.

Conclusions

The 2008 Participant Satisfaction Survey revealed that AAA 1-B’s community-based long term care services are a vital support for Community Care Management and MI Choice Medicaid Waiver participants. According to the survey respondents, without the program, many care recipients could be facing institutionalization.

Similar to 2007, the 2008 Participant Satisfaction Survey revealed that almost all of the consumers of AAA 1-B’s community-based long term care services are satisfied with the quality of the staff who provide care management and direct care. The lowest grades on quality were for Service Choice and System Adequacy, both related to wishing that the care managers and direct care workers could meet more of the participants’ needs. These survey results suggest, as they have suggested since 2006, that the service delivery system continues to lack adequate resources to meet all of the participants’ needs. In fact, more consumers in 2008 said that they want more choices in care they receive compared with 2006 and 2007. The majority of survey participants who reported that they wanted more choices and services from the care manager stated that they wanted more hours of services.

The implementation of person-centered planning and self-determination will allow for more and different types of services to take place for those consumers who chose to direct their own care. The new Community Living Supports program that allows the consumer to allocate service hours across homemaking, personal care and respite care may also satisfy a greater percent of consumers’ desires for different types of services in 2009.

Big improvements were seen from 2007 to 2008 in consumers’ grades for care managers asking what services they want and giving them (or their relatives) a copy of their plan of care. Similarly, in 2008, fewer consumers reported wishing that the worker could do more things that need to be done. This suggests that in the past year, AAA 1-B care managers have been paying more attention to the participation of consumers in the development of their care plans and assuring they receive services that they want. This aligns with the person-centered care philosophy of the Home and Community-Based Care program.

Emergency preparedness continues to be a concern. The 2008 survey questions about emergency preparedness were revised to provide greater clarity in exploring what consumers were told or asked by the care managers. Results suggest that more can be done in making consumers and caregivers more aware of what to do in case of emergency. It appears that care managers can do more to explore exactly what supplies consumers have and do not have to care for themselves in case of an emergency.

The questions regarding signing of time sheets were revised in 2008, in an attempt to more accurately reflect some vendor agencies’ policies to have consumers, or their loved ones, initial rather than sign the form, and to determine if consumers are ever

asked to sign a form for a visit they did not receive. Virtually all of the survey respondents said that they have not signed for services not received, indicating that worker fraud does not appear to be a problem among the vendors used by AAA 1-B.

There appears to be some room for improvement regarding having the form initialed or signed at every visit, as this item was graded a B by consumers. Perhaps the wording of this question is still not reflecting how the vendors document services that are provided. Perhaps workers may need to pay more attention to this documentation. AAA 1-B will explore this result with its vendors to determine what might be causing the B grade.

In addition to the summary data presented here, AAA 1-B has survey scores broken out for each care manager and each vendor agency. AAA 1-B will identify if there are particular care managers and/or vendors for whom quality grades are low. The AAA 1-B Regional Supervisors will work with individual care managers that had problematic results and AAA 1-B DSP Managers will work with vendor agencies on individual problematic results. The AAA 1-B Director of Community Support Services will also look at responses to open-ended questions to identify other areas for possible improvement to services.

Quality is very important to the AAA 1-B. We will continue to measure participants' perceptions through annual consumer surveys in order to hear the voice of the consumer in assuring that AAA 1-B continues to provide high quality services through its community-based long term care programs.