

PARTICIPANT SATISFACTION SURVEYS

Participant Satisfaction Surveys

As part of the Quality Management Strategy for the Office of Long Term Living conducts an annual survey of newly enrolled participants in OLTL programs and current participants enrolled in a Home & Community Based Program that provides services that assist with independence and prevents facility placement.

The Office of Long Term Living, Quality Management, Metrics and Analytics Office requests participants complete the attached survey of their opinion with the services received in the community. All responses are not identified with participant information and will remain confidential.

Date

Participant Name
Participant Address

Dear Name:

The Office of Long Term Living in the Department of Public Welfare is conducting a survey of participants currently enrolled in state programs that assist with home-based care. Our records indicate that you are enrolled in a Home & Community Based Program and we hope you will consider sharing your insights and experiences with us so that we might work toward improving the services we provide.

We would like to request you take the attached survey to provide us with feedback on the services you receive. The survey is a short set of questions and should take only a few minutes to complete. We wish to assure you that your responses will remain confidential, and that no personal information will be used. Please read the survey questions, mark your answers, and mail it back to our office in the postage paid envelope within 30 days. Your opinion is very important to us and it will help us to serve you better in the future.

I would like to thank you in advance for your participation. If you have any questions about this survey, you may contact us toll free at the OLTL Home & Community Based Consumer Hot Line at 1-800-757-5042.

Sincerely,



Michael Hale
Director
Office of Quality Management,
Metrics & Analytics

New Enrollment Survey

All questions in this section will use the following response scale:

	YES	NO	*NOT APPLICABLE	I DON'T UNDERSTAND
<i>*(NOT APPLICABLE = Question does not apply to you.)</i>				
1. I help choose the service(s) that help me to stay in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My Service Coordinator helps me get my services. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was given clear information about choosing my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am satisfied with how long it took to begin getting service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I need service(s) which are not available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was given enough information about who coordinates my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am familiar with my individual service plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I know who to talk to if I have questions or concerns about my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I can choose the agency which provides my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I was given enough information about choosing the agency which provides my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

All questions in this section will use the following response scale:

YES

NO

*NOT
APPLICABLE

I DON'T
UNDERSTAND

*(NOT APPLICABLE = Question does not apply to you.)

YES

NO

NOT
APPLICABLE

I DON'T
UNDERSTAND

11. I need service(s) more often than I get them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I can choose who coordinates my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was given clear information about choosing the agency which provides my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I can choose the person(s) who provide my hands on assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I know who to talk to if I have a complaint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I would like changes to my individual service plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I was given clear information about choosing who coordinates my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Service Coordination helps me. (Service Coordination could also be referred to as a Care Manager or Supports Coordination.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I know who will be providing my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I was given enough information about the person(s) who provide my hands on assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am involved with my individual service planning process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I was given clear information about the person(s) who provide my hands on assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Overall, I am satisfied with the amount of service(s) I get.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

All questions in this section will use the following response scale:

YES **NO** ***NOT APPLICABLE** **I DON'T UNDERSTAND**

*(NOT APPLICABLE = Question does not apply to you.)

	YES	NO	NOT APPLICABLE	I DON'T UNDERSTAND
24. Overall, I am satisfied with the agency which provides my service(s).	0	0	0	0
25. Overall, I am satisfied with the type(s) of service(s) I get.	0	0	0	0
26. Overall, I am satisfied with my ability to direct the service(s) I use.	0	0	0	0
27. Overall, I am satisfied with who coordinates my service(s).	0	0	0	0
28. Overall, I am satisfied that my individual service plan meets my needs.	0	0	0	0
29. Overall, I am satisfied with the person(s) who provide my hands on assistance.	0	0	0	0
30. Overall, my Service Coordinator meets my needs. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	0	0	0	0
31. Overall, I am satisfied with my Service Coordinator. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	0	0	0	0

All questions in this section will use the following response scale:

NEVER **RARELY** **SOMETIMES** **ALWAYS**

	NEVER	RARELY	SOMETIMES	ALWAYS
32. I get help when I call with a problem.	0	0	0	0
33. When I leave a message, the person(s) who provide my hands on assistance returns my call within 24 hours after I leave a message.	0	0	0	0
34. My Service Coordinator returns my phone calls and follows up with me. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	0	0	0	0

All questions in this section will use the following response scale:

NEVER

RARELY

SOMETIMES

ALWAYS

NEVER

RARELY

SOMETIMES

ALWAYS

35. When I call the person or agency who coordinates my services, they return my call within 24 hours after I leave a message.

0

0

0

0

36. When I call the agency who provides my service(s), they return my call within 24 hours after I leave a message.

0

0

0

0

Who is completing this survey?

Self

Spouse

Service Provider

Friend (could be a caregiver)

Other _____

If you have anything else you would like to mention about your services, please use the space below.

Standardized Annual Consumer Satisfaction Survey

All questions in this section will use the following response scale:

YES	NO	*NOT APPLICABLE	I DON'T UNDERSTAND
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**(NOT APPLICABLE = Question does not apply to you.)*

	YES	NO	NOT APPLICABLE	I DON'T UNDERSTAND
1. I help choose the service(s) that help me to stay in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I need services which are not available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I need to spend more time talking about my individual service plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Overall, my Service Coordinator meets my needs. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The person(s) who are paid to provide hands on assistance does the tasks they are supposed to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can choose the agency which provides my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Overall, I am satisfied with the amount of service(s) I get.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I can choose who coordinates my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am involved with my service planning process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I receive all of the services that I am supposed to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I can choose the person(s) who provide my hands on assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

All questions in this section will use the following response scale:

YES	NO	*NOT APPLICABLE	I DON'T UNDERSTAND
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*(NOT APPLICABLE = Question does not apply to you.)

	YES	NO	NOT APPLICABLE	I DON'T UNDERSTAND
12. I know who to talk to if I have a complaint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Overall, I am satisfied with my ability to direct my own services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The person(s) who are paid to provide hands on assistance stay as long as scheduled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Overall, I am satisfied with the quality of service(s) I get.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I get service(s) as often as I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I need the person(s) who are paid to provide hands on assistance to spend more time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Overall, I am satisfied with my Service Coordinator. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am familiar with the services I am scheduled to receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I know who will be providing my service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The person(s) who are paid to provide hands on assistance have the training and skills they need to work with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Overall, I am satisfied with the type(s) of service(s) I get.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am told in advance about changes in the schedule of the person(s) who are paid to provide hands on assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. The person(s) who are paid to provide hands on assistance listen to what I have to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. My Service Coordinator helps me get needed services. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

All questions in this section will use the following response scale:

YES NO *NOT APPLICABLE I DON'T UNDERSTAND

*(NOT APPLICABLE = Question does not apply to you.)

YES NO NOT APPLICABLE I DON'T UNDERSTAND

26. Service Coordination helps me. (Service Coordination could also be referred to as Care Management or Supports Coordination.) **0 0 0 0**

27. During the past month, I have gone without service(s) when I needed it. **0 0 0 0**

All questions in this section will use the following response scale:

NEVER RARELY SOMETIMES ALWAYS

NEVER RARELY SOMETIMES ALWAYS

28. Overall, the person(s) who are paid to provide hands on assistance treat me with dignity. **0 0 0 0**

29. The person(s) who are paid to provide hands on assistance give me privacy when needed. **0 0 0 0**

30. The person(s) who is paid to provide hands on assistance arrives late. **0 0 0 0**

31. My Service Coordinator returns my phone calls and follows up with me.* (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.) *If you have never called your Service Coordinator, please leave blank. **0 0 0 0**

32. The person(s) who are paid to provide hands on assistance treat me with respect. **0 0 0 0**

33. The person(s) who are paid to provide hands on assistance says things in a way I can understand. **0 0 0 0**

34. Overall, the person(s) who are paid to provide hands on assistance meet my needs. **0 0 0 0**

Customer Satisfaction Survey Report (Pilot Phase)

The Quality Management, Metrics and Analytics Office (QMMA) within the Office of Long Term Living, with the assistance of Penn State University have developed two Customer Satisfaction Surveys for use with our Home and Community Waiver Consumers. Penn State solicited input from various stakeholder groups as a component of their work. As part of the survey development process, the Quality Management Unit also completed a cognitive testing phase during the summer of 2008 which included interviews with consumers in their homes. Questions were developed to capture information that would relate to Consumer Choice, Access to Services, Quality of Services, and issues of Respect and Dignity.

The pilot phase consisted of the mailing out of the two distinct customer satisfaction surveys. The pilot included a New Enrollment Survey (MA 544) and an Annual Survey (MA 543). In addition, each consumer received a personal cover letter explaining the survey process. The New Surveys were sent to participants identified in the database as enrolled in a HCBS Waiver program within the last 90 days. Annual Surveys were sent to consumers who had enrollment of one year or more in the programs

The Pilot phase covered three Waiver Programs – Aging, Attendant Care, and Independence. In addition, it was mailed to only 4 counties – Allegheny, Washington, Greene, and Fayette.

The surveys were mailed out March 6, 2009. Each consumer received a new or annual survey as appropriate, a cover letter, and a metered reply envelope.

A total of 744 survey requests were mailed out which included 271 new participant surveys and 473 annual participant surveys. As of May 7, 2009, we have received 275 participant replies. There were 37 surveys returned as undeliverable. The figures represent a 37% response rate within 61 days of the mailing. We encouraged participants to respond within 30 days, but all replies will be tabulated. The replies have been scanned by the Quality management Unit (QMU) clerical staff for analysis by the Metrics and Analytics Section of QMMA. We expect this preliminary analysis of survey results to be completed by the end of May 2009. At this point, the results will be available on the OLTL website for public viewing.

Participants were encouraged to add comments to the surveys. We received 107 surveys with comments. A total of **four** consumers asked for direct OLTL assistance, if the participant supplied their name on either the survey or reply envelope QMU staff provided contact information and felt since the participant provided names that of the bond of anonymity for that participant was not required. The information on these participants was forwarded to Bureau of Individual Supports (BIS) for further action.

The four participants requesting OLTL assistance were contacted by BIS.

One PDA Waiver consumer stated “I haven’t been able to obtain badly needed safety items as ordered after assessment by physical therapist”. It was determined that this issue was already being worked on based on a call made to the OLTL Toll Free Quality Assurance Helpline (1-800-757-5042). The issue involved a railing to be built in front of the consumer’s house. A relative wanted to be certain this home modification was functional, but also aesthetically pleasing. After discussion with the AAA concerning possibly being able to add some private funding to ‘buy up’ to a better railing, both relative and consumer were happy.

An Independence Waiver consumer writes “I need someone to cook meals so I can eat every day and not miss a day. It makes it hard when caregivers get mad at me for something and then just walks out on me. I feel like I am a burden to them.” BIS staff contacted consumer regarding the issue on the survey. The participant is happy with current service. Consumer indicated that supports coordinator is in contact with her frequently and helps to resolve problems. The participant was informed that if he/she is not happy with personal assistance agency that they can request list from the service coordinator (SC) and choose another provider.”

A third participant on the Attendant Care Waiver writes “They were supposed to be prepare meals, clean the house, do laundry, help me personally. They haven’t made it here once and rescheduled seven times. I will have to go to a nursing home if this is not resolved and it sucks for me”. This consumer was contacted within 24 hours of receipt of survey with the following results from BIS:

“Briefly went over the issues he/she noted on the survey regarding the need for services. He/She provided a lengthy explanation of how her provider had failed to meet his/her needs. BIS asked what services he/she felt were necessary. Initially he/she identified only ancillary services, i.e. shopping, cleaning house, etc. BIS staff carefully explained about the limitations of the Attendant Care Program in as much as a basic services need to be addressed before ancillary. BIS was very careful to put this information in lay man's terms.” The participant is currently receiving services three days a week from his/her current provider. According to the participant these services were provided prior to being served by her most recent provider. This also clarified how the participant has managed since the case was closed with her provider on 2/19/09.”

Additional notes indicated according to the participant, the current provider does help with her meals, bathing and dressing. The participant said no assistance is needed for transfer because of an electric wheelchair and the participant is able to get in and out of it without assistance.

The participant was under the impression that it would be necessary to return to his/her former provider if he/she re-entered the program. The participant was keenly aware that another provider is the enrolling agency. However, BIS staff confirmed that this other provider could provide services, but the participant has to be assessed by them first.

The participant agreed to contact the enrolling provider and was provided with SC number and extension as well as the program manager for attendant care. The conversation concluded with the participant relieved that he/she could still be considered for attendant care.”

As part of our cover letter, consumers were encouraged to call the toll free Quality Assurance Helpline with any questions on the survey, or concerns about the programs themselves. To date 21 calls were documented related to the surveys. Prior to the survey mailing, QMU emailed various stakeholder and provider lists to make them aware of the survey and its intent. This information is also posted on the OLTL Website. We have received 5 emails from providers asking general survey questions. The QMU Unit responded promptly to these requests.

Lessons learned thus far from the pilot:

Print the surveys double sided for the next mailing and have the surveys stapled.

Schedule the survey mailing for after the data warehouse update for the month that is being utilized. This will insure the use of the most current consumer data and reach more consumers.

We have developed an Excel spreadsheet to do a high level tracking of our replies among various categories: type of reply (positive, negative, neutral, etc), unique consumer number (will tell us what county and program – we can determine which CAO and provider the consumer has from this), how undeliverable mail will be addressed.

Next Steps:

Metrics and Analytics should have a data report from the first pilot available in June 2009. The report will include quotes from the consumer surveys (positive and negative), and will include both strengths and weaknesses. QMMA will use this analysis to determine what quality improvements are needed to our programs. This data will also be used to meet the Service Plan Assurance performance measure.

The next phase of the surveys will be mailed out approximately May 18, 2009. The same 3 Waivers will be mailed to both new and current participants, but will include all 67 counties. Once again, we will alert the stakeholder groups via email of our mailing. We estimate this mailing will reach approximately 6300 consumers. In this mailing QA Helpline informational postcards will be included. It will give a phone number and mailing address to contact QM QA helpline.

The third mailing which will occur in August 2009 will include only New waiver participants, but within all of our HCBS Waivers.

As we strengthen the future surveys, QMMA will work with program staff to add program specific questions to the surveys. In addition, a similar survey will be developed for the LIFE program as it is more unique than the current waiver programs being addressed now.