

Participant Satisfaction Survey Summary Report Fiscal Year 2011



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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 2011 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 2011 the program served a total of 1,146 participants – 974 from the MI Choice Waiver program and 172 from the Community Care Management program. Of these, 477 were randomly selected to participate in the 2011 Participant Satisfaction Survey. People enrolled in the Self Determination Program were excluded from this sample because their satisfaction with services is being assessed via the Participant Status Outcomes Measures/Quality of Life Survey Outcomes (POSM). Of the 477 randomly selected to participate, 371 interviews were completed. This represents a 78% survey response rate. Three hundred and one of the survey participants (81%) were from the MI Choice Waiver program and the remaining 70 (19%) were from the Community Care Management program. Fifty-seven percent of the interviews were completed by the care recipient; 43% were completed by a caregiver. The higher percent of MI Choice Waiver recipients in this year's sample (81%) compared with last year (72%) is consistent with the fact that the proportion of Waiver clients served by the Community Support Service Department at AAA 1-B also increased from 73% to 85%.

So that survey participants would feel free to honestly answer the survey questions, the telephone interviews were conducted by SPEC Associates, an independent research and evaluation organization 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 Director of Community Support Services 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 371 care recipients who were either directly interviewed or on whose behalf their caregiver was interviewed, 71% were female and 29% were male. Their ages ranged from 25 years to 101 years, with an average age of 71 years.

Table 1 shows the living arrangements of the care recipients at the time of the survey. As Table 1 shows, most (47%) of the care recipients were living alone. When they were living with others, care recipients were most often living with a child (17%) or with their spouse (13%).

Twenty-one percent 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
- 27% said that they call their care manager
- 14% said that they call the building/facility staff
- 5% did not know who they would call
- 4% said that they call a family member
- 3% said that they call the worker
- 3% said that they do not call anyone

Table 1
Living arrangement of Care Recipients
at Survey Time

	Living Arrangements	
	Number	%
Alone	174	47%
With child	64	17%
With spouse	50	13%
With parents/guardian	19	5%
With non-relatives	15	4%
With spouse and others	15	4%
With siblings	5	1%
With other relatives	5	1%
Unknown/Missing data	24	6%
Total	371	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: Respect and understanding that the care managers and direct care workers show to participants.

Absence of Negatives: 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 provider 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 1-B 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:

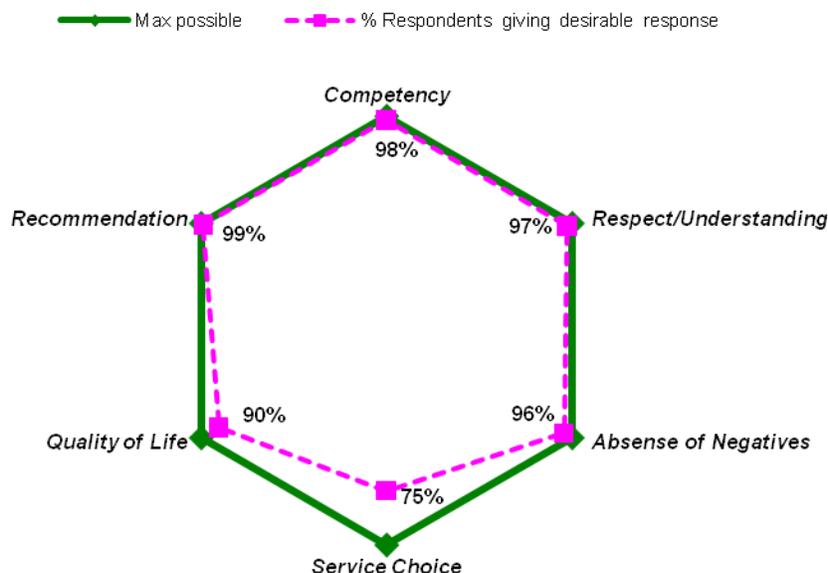
- A = 90% to 100% of the survey participants gave the desirable responses
- B = 80% to 89% of the survey participants gave the desirable responses
- C = 70% to 79% of the survey participants gave the desirable responses
- D = 60% to 69% of the survey participants gave the desirable responses
- E = less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

- Recommendation (on average 99% would recommend AAA 1-B's care management services)
- Care Manager Competence (on average 98% agreed with these questions)
- Respect/Understanding (on average 97% agreed with these questions)
- Absence of Negatives (on average 96% disagreed with these questions)

There is room for improvement on two dimensions:

- Quality of Life (on average 90% agreed with these questions)
- Service Choice (on average 75% 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 2009, 2010, and 2011 survey are shown. The 2011 scores are bolded when they are higher than the 2010 score.

For two of the six dimensions, the overall average increased two to six percentage points from the 2010 average (see Table 4 [Absence of Negatives] and Table 6 [Service Choice]); three stayed in the 90% or above range (see Table 2 [Competency], Table 3 [Respect/understanding], and Table 5 [Quality of Life]). The overall average for the sixth dimension, Care Management Recommendation, went down by one percentage point (see Table 7).

Thirty-three survey participants (9%) 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?). This compares with 12% who answered “no” to this same question in 2010. This improvement offsets the negative change seen in 2010, and surpasses the 2009 score.

When the 33 survey participants who answered “no” to this question were asked why they were unable to participate in social activities:

- 14 mentioned bad health
 - 7 said they would like to be socially active, but have no visitors
 - 6 mentioned that transportation was unavailable
 - 4 mentioned that it was simply their choice (e.g. “I am a loner”)
 - 1 said they did not know why
 - 1 mentioned transportation was inaccessible

Table 5 shows that 91% 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 30% (N=110) of all participants would like to be more active. This compares with 32% who gave the same response in 2010.

When the 110 participants were asked what other activities they would like to be doing:

- 25 said “anything”
- 24 mentioned socializing with others
- 19 mentioned going to church
- 9 mentioned going to movies or theaters
- 6 mentioned playing bingo or games
- 5 mentioned going shopping
- 5 mentioned eating out
- 5 mentioned doing arts or crafts
- 4 mentioned exercise other than sports
- 4 mentioned playing sports
- 4 mentioned attending support groups
- 3 mentioned going to senior centers
- 3 mentioned volunteering
- 3 mentioned doing advocacy work
- 2 mentioned going to a sporting event
- 2 mentioned going to classes
- 7 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 play piano, have a job, go to the library, go to adult day care, sing or go on a date

Table 5 shows that in 2011, Quality of Life scores reached an overall A rating. There were two items where scores increased by more than two percentage points, and one score that decreased by more than two percentage points. Participants’ reports that their Case Manager asked them what services they wanted decreased from 91% in 2010 to 88% in 2011. A six point increase was reported by participants in having all of the supplies they would need to care for themselves for 72-hours in case of an emergency. There was a three point increase in participants who reported having participated in a social activity in the past 60 days (from 88% to 91%).

Table 6 shows that Care Manager Service Choices increased to a C rating. A ten point increase was reported by survey participants regarding their feeling they had enough choice in the services they receive (from 61% to 71%).

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:

- 21 said that would like more of “anything”
- 18 said they would like more or different hours of services
- 11 would like more or different types of homemaking tasks
- 10 said they would like more medical equipment/supplies
- 10 wanted a choice related to the worker
- 9 would like more or different types of personal care services
- 6 said they would like more medical or dental services or information

- 5 said they would like transportation options, aside for homemaking errands
- 2 said they would like more medication assistance or information
- 1 said they would like more communication or information
- 8 said that they didn't know what kinds of choices they would want
- 20 gave some other response not within these categories

As Table 7 shows, 99% of the survey respondents said that they would recommend care management from AAA 1-B if a friend or family member needed services.

Table 2
2011 Survey Results for
Care Management Competency

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q1. I know I can contact the Care Manager if I need to.	99%	99%	99%	A
Q2. The Care Manager is very knowledgeable about the services that are available.	99%	98%	98%	A
Q7. Overall, the Care Manager does a good job setting up care.	99%	97%	98%	A
Q10. The Care Managers clearly explained the program and services during the first visit.	99%	98%	99%	A
Q14. If I leave a message for the Care Manager she/he usually returns my call in a timely manner.	98%	96%	98%	A
AVERAGE	99%	98%	98%	A

Table 3
2011 Survey Results for
Care Management Respect/Understanding

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q5. The Care Manager treats me (my relative) with respect.	100%	99%	99%	A
Q13. The Care Manager clearly understands my wants and needs.	99%	95%	96%	A
AVERAGE	99%	97%	97%	A

Table 4
2011 Survey Results for
Care Management Absence of Negatives

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q6. The Care Manager does not always listen carefully.*	96%	95%	96%	A
Q11. The Care Manager is not always helpful.*	97%	94%	95%	A
AVERAGE	96%	94%	96%	A

* These items are reverse scored.

Table 5
2011 Survey Results for
Care Management Quality of Life

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q12. The Care Manager included me (my relative) in planning for my (relatives) service.	98%	98%	98%	A
Q15. Did you participate as much as you wanted to in developing your (relatives) plan of care?	96%	95%	97%	A
Q17. Has the Care Manager asked you what services you wanted?	91%	91%	88%	B
Q18. Were you given a copy of your (relatives) plan of care?	94%	93%	91%	A
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?	83%	80%	78%	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?	84%	83%	89%	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?	92%	88%	91%	A
AVERAGE	91%	90%	90%	A

Table 6
2011 Survey Results for
Care Management Service Choices

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q3. I would like more choices about the types of services received.*	72%	61%	71%	C
Q8. I wish the Care Manager could do more things that need to be done.*	81%	77%	79%	C
AVERAGE	76%	69%	75%	C

* These questions are reverse scored.

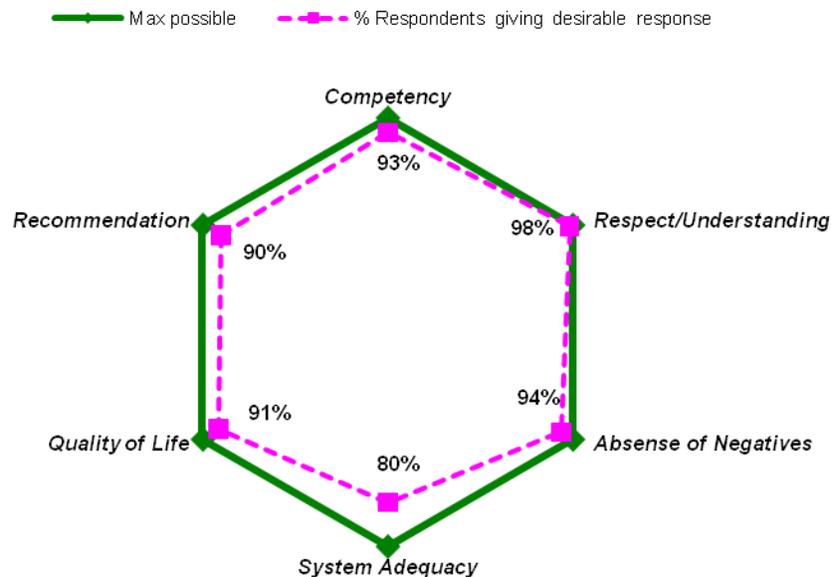
Table 7
2011 Survey Results for
Care Management Recommendation

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
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?	100%	100%	99%	A
AVERAGE	100%	100%	99%	A

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. This report card is based on 303 completed surveys.³

Figure 2
Balanced Scorecard for
Quality Ratings on Direct Care Worker



³ Persons who are being served by friends or family members paid to provide service have been excluded from these responses. The Technical Appendix states the total number of surveys available for the vendor worker item analysis.

As Figure 2 shows, the direct care workers received a high grade on:

Respect/Understanding (on average 98% agreed with these questions)

There is room for improvement on five dimensions:

Absence of Negatives (on average 94% disagreed with these questions)

Direct Care Worker Competency (on average 93% agreed with these questions)

Quality of Life (on average 91% agreed with these questions)

Recommendation (on average 90% would recommend the personal care services of their vendor)

System Adequacy (on average 80% 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 2011 percent is higher than the 2010 percent. For five of the six dimensions, the overall average increased two to eight percentage points from the 2010 average. The two dimensions whose overall average increased the most were System Adequacy and Worker Recommendation. These are the same two dimensions that decreased the most in the 2009 results.

As Table 8 shows, the average grade was A for the dimension of Worker Competency. Two items improved by more than two points. The two items in the 2010 that were listed as having the most room for improvement going into 2011 did improve in 2011. Ratings on workers doing things the way they should be done (question 29), improved by seven points from 86% in 2010 to 93% in 2011. Survey participants disagreed more that the worker arrives late in 2011, a three point improvement from 87% in 2010 to 90% in 2011 (question 30).

As Table 9 shows, the average grade was A for the dimension of Direct Care Worker Respect/Understanding. On question 27, "The worker treats me (my relative) with respect," more survey participants in 2011 agreed (99%) than those from 2010 (96%).

Table 10 shows the average A rating for Absence of Negatives. One item in particular improved: the worker shares his/her personal problems. Only 10% of participants reported workers shared their personal problems compared to 14% in 2010.

As Table 11 shows, there was an eight point improvement in the average rating on system adequacy, which is now at 80% - a B rating - an increase from the 72% rating in 2010. There was improvement in the percent who indicated that agencies or workers notified participants of problems with delivering services (from 83% in 2010 to 89% in 2011) and in the percent of participants who felt that there were no more things that they wished the direct care worker could do (from 61% in 2010 to 70% in 2011).

When the 84 survey participants who wished for more things were asked what they wished the direct care worker could do:

- 42 mentioned more or different homemaking services
- 26 mentioned more or different personal care services
- 17 mentioned more or different hours
- 11 mentioned a worker related issue
 - 2 mentioned medication assistance/information
 - 2 mentioned transportation
 - 2 did not know what more they wanted
 - 1 mentioned “anything”
- 5 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. Thirty-two percent said “yes,” and 68% said “no.” When the 68% 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:

- 17 said it was a recent need, and they hadn’t had a chance to ask
- 13 said that they did not know that they could ask the care manager
- 10 said that there was an issue with their care manager
 - 3 said that they were grateful for the help they did have
 - 3 said s/he spoke with the worker or vendor
 - 2 could not answer the question
 - 1 did not want to jeopardize what they had
- 4 gave some other response not within these categories, such as wanting to give the new worker a chance first or not wanting to interfere with communication between the caregiver and his wife

The 30% of survey participants who felt that there were more things that they wished the direct care worker could 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 53% who accepted the offer, participant requests were forwarded to AAA 1-B.

As Table 12 shows, 91% of the survey participants had no problems with household or personal tasks left undone because the worker did not show up – up from 88% in 2010.

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 25 survey participants:

- 13 said they could not do housework
- 11 mentioned not being able to bathe, groom or dress
- 10 said they could not eat or prepare a meal
 - 3 said they could not transfer or use the toilet
 - 2 said they could not do errands or shop
 - 2 said they could not get transportation
 - 1 said they could not manage their medications

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:

- 10 notified the vendor
- 9 went without the care
- 8 were cared for by someone else
- 1 rescheduled their appointment
- 1 notified their care manager
- 1 gave some other response not within these categories

As Table 13 shows, 90% of the survey respondents said that they would recommend the vendor to a family or friend who needed services. This is an increase of four percentage points from 2010.

Table 8
2011 Survey Results for
Direct Care Worker Competency⁴

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q26. The worker leaves too early.*	94%	92%	90%	A
Q29. The worker does things the way they should be done.	91%	86%	93%	A
Q30. The worker arrives late.*	88%	87%	90%	A
Q37. The worker has asked you or your loved one to sign a form for a visit you did not receive.*	98%	98%	98%	A
AVERAGE	93%	91%	93%	A

* These items are reverse scored.

Table 9
2011 Survey Results for
Direct Care Worker Respect/Understanding

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q27. The worker treats me (my relative) with respect.	98%	96%	99%	A
Q28. In general, the worker takes an interest in me (my relative) as a person.	97%	95%	97%	A
AVERAGE	97%	96%	98%	A

Table 10
2011 Survey Results for
Direct Care Worker Absence of Negatives

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q38. The worker uses the phone for reasons other than an emergency.*	92%	86%	88%	B
Q39. The worker brings his/her children or other relatives/friends when s/he comes.*	97%	99%	98%	A
Q40. The worker smokes in the home.*	99%	98%	99%	A
Q41. The worker shares his/her personal problems.*	89%	86%	90%	A
AVERAGE	94%	92%	94%	A

* These items are reverse scored.

⁴ In 2011, Question #36, "You or a loved one sign or initial a form every time the worker comes" was removed from the Direct Care Worker Competency dimension, due to changes in policies regarding how the worker's attendance is validated. The average scores shown here for this dimension have been recalculated for years 2009 and 2010.

Table 11
2011 Survey Results for
Worker System Adequacy

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q31. I wish the worker could do more things that need to be done.*	71%	61%	70%	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%	83%	89%	B
AVERAGE	80%	72%	80%	B

* These items are reverse scored.

Table 12
2011 Survey Results for
Worker Quality of Life

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q44. In the last 60 days, were you unable to complete a household or personal care task because the worker did not show up?*	91%	88%	91%	A
AVERAGE	91%	88%	91%	A

* These items are reverse scored.

Table 13
2011 Survey Results for
Worker Recommendation

Question	% Desirable Responses			Grade 2011
	2009	2010	2011	
Q47c. If a friend or family member were in need of services, would you recommend the personal care services you received from (Vendor)?	90%	86%	90%	A
AVERAGE	90%	86%	90%	A

Person-Centered Planning and Self-Directed Care

While a person-centered approach is used in all care management programs at AAA 1-B, person-centered planning and self-directed care are specific, mandated objectives for the MI Choice program. 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. As shown in Table 5 (on page 8), 97% of those who answered the question reported that they participated as much as they wanted to in developing their (or their relative's) plan of care. Three percent said that they did not participate as much as they wanted to. Not included in this calculation are 8 participants who said they did not know if they participated as much as they wanted to, or did not answer the question. When the survey participants who did not participate as much as they wanted to were asked why:

- 2 said that they didn't know they could participate
- 2 tried but others did not listen to them
- 1 said they were too ill to participate
- 5 gave some other reason, such as the family planned it, or that they were confused

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

- 88% said that the care manager asked what services they wanted
- 91% said that they were given a copy of the plan of care
- 98% of those who received a copy of the plan said that the plan of care was meaningful to them⁵

Impact of Care Management Practice

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

Nine percent of the survey participants said "yes," they considered living in a nursing home as an option for themselves or for their relative. This compares with 10% of the 2010 survey participants who said they considered nursing home as a living option. Ninety percent responded "no" to this question.

Sixty-two 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. This compares with 56% who answered this same way in 2010. This increase may be due to the increase in acuity level of AAA 1-B participants. Higher acuity participants are receiving AAA 1-B services through the Nursing Facility Transitions Program.

⁵ This question is not part of the dimension items shown in the tables in this report. The results of this question, Question #19, can be seen in the Technical Appendix.

Conclusions

The 2011 Participant Satisfaction Survey continues to show 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 the prior three years, the 2011 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. This year 99% of the survey participants said they would recommend AAA 1-B to others who needed this kind of care. For all items measuring Care Manager Competency, Respect/Understanding, and Absence of Negative dimensions, the ratings are in the A range; the majority of these items slightly increased, offsetting the slight decreases seen in the 2010 results. Similarly, for the items measuring Worker Competency, Respect/Understanding, Absence of Negatives and Quality of Life, the ratings remain in the A and B range, with one exception, and slight increases were seen on most items.

Considerable improvement from 2010 to 2011 was seen on one Worker Competency item; more workers appear to be doing things "the way they should be done."

As in years past, the lowest grades continue to be 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. The majority of survey participants who reported that they wanted more choices and services from the care manager or the worker stated that they wanted more or different services. The startling declines on the System Adequacy and Service Choices dimensions seen in 2010 were remedied in 2011, where System Adequacy matched its 2009 rate (80%) and Service Choices (75%) was just one point below the 2009 rate of 76%. That is, more participants are satisfied with the amount of services they are receiving from the care manager or worker. In the 2010 report, it was reported that care managers were being assigned to either MI Choice or Community Care Management care recipients, and by being able to work with one program, this may improve the scores on the client choice questions starting in 2011. These results did improve in 2011, and this program change may have contributed to the increase.

The major increase on the item asking if the agency or worker notifies the care recipient if there is a problem such as the worker being late or unable to come could be the result of AAA 1-B vendor training. In 2011, AAA 1-B conducted training for vendors on communications. This training also included stricter monitoring and reporting of workers who do not arrive at the care recipient's home as scheduled.

The AAA 1-B began the process to restructure the vendor pool in 2011. The restructuring will be effective October 1, 2012. AAA 1-B planned and implemented a new process for permitting agencies into the vendor pool for high-demand services, such as personal care, homemaking, in-home respite, medication management, private duty nursing, and personal emergency response systems (PERS). This system was developed in response to the need for increased quality, increased control over services, and to ensure the agency has a pool of providers best designed to meet the diverse needs of the participants. This process included the development of a

competitive application process for all current and any potential new vendors, with review and selection by AAA 1-B Board, Advisory Council and staff members. Input on the development of this process, particularly in determining and rating the selection criteria, was provided by AAA 1-B care managers, participants and current vendors. Selected applicants will be notified in the second quarter of FY 12, with the offer of a three-year bid agreement to participate in the vendor pool for FY 13-15. This process will re-occur every three years to allow for a regular review and refreshing of the vendor pool. With the development of a new vendor pool, monitoring client satisfaction will be even more important in the coming years.

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. The agency plans to 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.