

Participant Satisfaction Survey Summary Report Fiscal Year 2010



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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 2010 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 2010 the program served a total of 1,623 participants – 1,189 from the MI Choice Waiver program and 434 from the Community Care Management program. Of these, 572 were randomly selected to participate in the 2010 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 572 randomly selected to participate, 435 interviews were completed. This represents a 76% survey response rate. Three hundred fifteen of the survey participants (72%) were from the MI Choice Waiver program and the remaining 120 (28%) were from the Community Care Management program. Fifty-four percent of the interviews were completed by the care recipient; 46% were completed by a caregiver. The higher percent of MI Choice Waiver recipients in this year's sample (72%) compared with last year (66%) is consistent with the fact that the proportion of Waiver clients served by the community care program at AAA 1-B also increased from 55% to 73%.

AAA 1-B staff report a 14.7% reduction in funding for its Community Care Management program. This has resulted in the inability to enroll any new care recipients in this program in FY 2010.

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 435 care recipients who were either directly interviewed or on whose behalf their caregiver was interviewed, 73% were female and 27% were male. Their ages ranged from 23 years to 100 years, with an average age of 72 years.

Table 1 shows the living arrangements of the care recipients at the time of the survey. As Table 1 shows, most (46%) 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 (15%).

Nineteen 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:

- 57% said that they call the vendor
- 37% said that they call their care manager
- 7% said that they do not call anyone
- 5% did not know who they would call
- 3% said that they call the worker
- 2% said that they call the building/facility staff
- 1% said that they call a family member

Table 1
Living arrangement of Care Recipients
at Survey Time

	Living Arrangements	
	Number	%
Alone	200	46%
With child	74	17%
With spouse	64	15%
With non-relatives	20	5%
With parents/guardian	20	5%
With spouse and others	20	5%
With siblings	5	1%
With other relatives	4	1%
Unknown/Missing data	28	6%
Total	435	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:

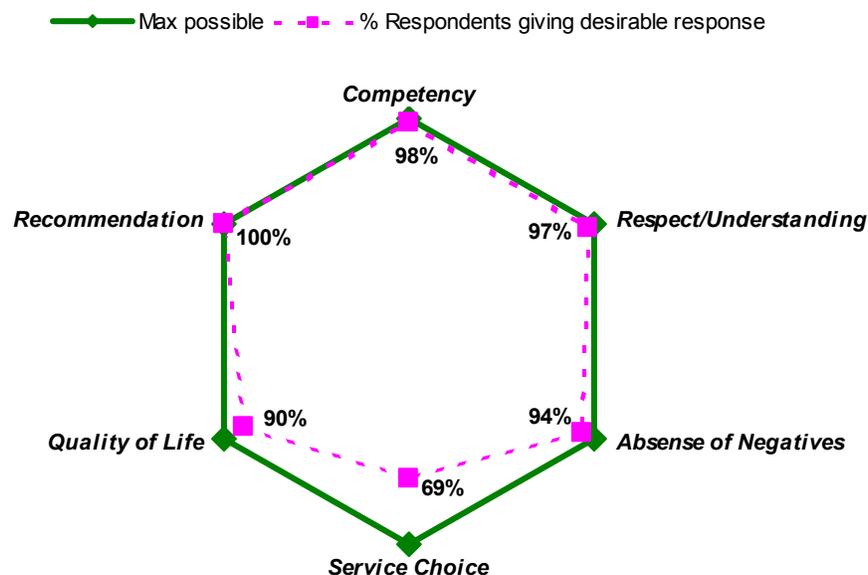
- A = 90% to 100% of the survey participants gave the desirable responses
- B = 80% to 89% of the survey participants gave the desirable responses
- C = 70% to 79% of the survey participants gave the desirable responses
- D = 60% to 69% of the survey participants gave the desirable responses
- E = less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

- Recommendation (on average 100% 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)

There is room for improvement on three dimensions:

- Absence of Negatives (on average 94% disagreed with these questions)
- Quality of Life (on average 90% agreed with these questions)
- Service Choice (on average 69% agreed with these questions)

Interpretation: To try to understand why the satisfaction scores declined on the majority of questions, comparisons were made between different types of survey respondents. Differences in responses of 5% or more were considered to be meaningful for this analysis.

Survey responses of care recipients and caregivers were compared on the satisfaction with care management questions. Results show that usually, when there were differences, caregivers were more satisfied than care recipients with care management services.

Responses of those served by care managers new to AAA 1-B were compared with responses of those served by more veteran care managers. Responses were also compared for those enrolled in the MI Choice Waiver program versus those enrolled in the Community Care Management program. On 12 survey questions, those with veteran care managers showed greater satisfaction than those with new care managers. There were also a few survey questions where those in the Community Care Management program showed greater satisfaction than those in MI Choice. These differences will be pointed out in the detailed discussion of the results below. The comparisons of these groups on all survey items is shown in the Technical Appendix.

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 2008, 2009 and 2010 survey are shown. The 2010 scores are bolded when they are higher than the 2009 score.

For five of the six dimensions, the overall average decreased one to seven percentage points from the 2009 average (see Tables 2 through 6). The overall average for the sixth dimension, Care Management Recommendation, stayed the same (see Table 7).

Fifty-four survey participants (12%) 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 8% who answered "no" to this same question in 2009.

When the 54 survey participants who answered "no" to this question were asked why they were unable to participate in social activities:

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

Table 5 shows that 88% 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 32% (N=139) of all participants would like to be more active. This compares with 42% who gave the same response in 2009.

When the 139 participants were asked what other activities they would like to be doing:

- 32 mentioned socializing with others
- 26 mentioned going to church
- 22 said "anything"
- 19 mentioned going shopping
- 15 mentioned playing bingo or games
- 13 mentioned going to movies or theaters
- 7 mentioned going to senior centers
- 7 mentioned eating out
- 6 mentioned volunteering
- 4 mentioned doing arts or crafts
- 4 mentioned exercise other than sports
- 4 mentioned having a job/employment
- 3 mentioned doing advocacy work
- 2 mentioned playing sports
- 2 mentioned going to a sporting event
- 2 mentioned going to classes
- 2 mentioned going to the library
- 1 mentioned attending support groups
- 1 mentioned going to adult day care
- 10 said they didn't know what types of activities they would like to do
- 13 gave some other response, not within these categories, such as wanting to go dancing or going for a drive

Table 5 shows that in 2010, Quality of Life scores reached an overall A rating. There were two items where scores decreased by more than two percentage points. Participants' reports of their Case Manager reviewing with them what to do in the event of an emergency decreased from 83% in 2009 to 80% in 2010. There was a four point drop in participants' having participated in a social activity in the last 60 days (from 92% to 88%).

When the responses of those with veteran care managers were compared with responses of those with new care managers, differences were found on five Quality of Life items, ranging from a difference of 8 to 18 points. For instance, more respondents with veteran care managers (99%) than those with new care managers (90%) reported that the care manager include them (or their relative) in planning for services. Similarly, more survey participants with veteran care managers (82%) than those with new care managers (64%) reported 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 survey participants with veteran care managers (92%) than those with new care managers (84%) reported that their care manager asked them what services they wanted. Fewer survey participants with veteran care managers (34%) than those with new care managers (49%) reported that they want to be more involved in activities outside the home.

Table 6 shows that Care Manager Service Choices decreased to a D rating. Only 61% of the survey participants felt they had enough choice in the services they receive, substantially fewer than in 2009, where the rating was 72%. Only 77% felt that there were no more things that they wished that the care manager would do, fewer than in 2009.

Fewer survey participants with veteran care managers (21%) than those with new care managers (49%) indicated that they wish the care manager could do more things that needed to be done. Similarly, fewer survey participants with veteran care managers (37%) than those with new care managers (63%) indicated that they would like more choices about the types of services.

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:

- 45 said that would like more of “anything”
- 36 said they would like more or different hours of services
- 18 would like more or different types of homemaking tasks
- 17 said they would like more medical equipment/supplies
- 11 would like more or different types of personal care services
- 11 wanted a choice related to the worker
- 9 said they would like more medication assistance or information
- 8 said they would like more medical or dental services or information
- 4 said they would like more communication or information
- 18 said that they didn’t know what kinds of choices they would want
- 18 gave some other response not within these categories

As Table 7 shows, 100% 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
2010 Survey Results for
Care Management Competency

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q1. I know I can contact the Care Manager if I need to.	97%	99%	99%	A
Q2. The Care Manager is very knowledgeable about the services that are available.	98%	99%	98%	A
Q7. Overall, the Care Manager does a good job setting up care.	97%	99%	97%	A
Q10. The Care Managers clearly explained the program and services during the first visit.	98%	99%	98%	A
Q14. If I leave a message for the Care Manager she/he usually returns my call in a timely manner.	97%	98%	96%	A
AVERAGE	98%	99%	98%	A

Table 3
2010 Survey Results for
Care Management Respect/Understanding

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q5. The Care Manager treats me (my relative) with respect.	100%	100%	99%	A
Q13. The Care Manager clearly understands my wants and needs.	95%	99%	95%	A
AVERAGE	97%	99%	97%	A

Table 4
2010 Survey Results for
Care Management Absence of Negatives

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q6. The Care Manager does not always listen carefully.*	95%	96%	95%	A
Q11. The Care Manager is not always helpful.*	94%	97%	94%	A
AVERAGE	95%	96%	94%	A

* These items are reverse scored.

Table 5
2010 Survey Results for
Care Management Quality of Life

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q12. The Care Manager included me (my relative) in planning for my (relatives) service.	97%	98%	98%	A
Q15. Did you participate as much as you wanted to in developing your (relatives) plan of care?	95%	96%	95%	A
Q17. Has the Care Manager asked you what services you wanted?	89%	91%	91%	A
Q18. Were you given a copy of your (relatives) plan of care?	88%	94%	93%	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?	71%	83%	80%	B
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?	86%	84%	83%	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?	90%	92%	88%	B
AVERAGE	88%	91%	90%	A

Table 6
2010 Survey Results for
Care Management Service Choices

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q3. I would like more choices about the types of services received.*	69%	72%	61%	D
Q8. I wish the Care Manager could do more things that need to be done.*	84%	81%	77%	C
AVERAGE	76%	76%	69%	D

* These questions are reverse scored.

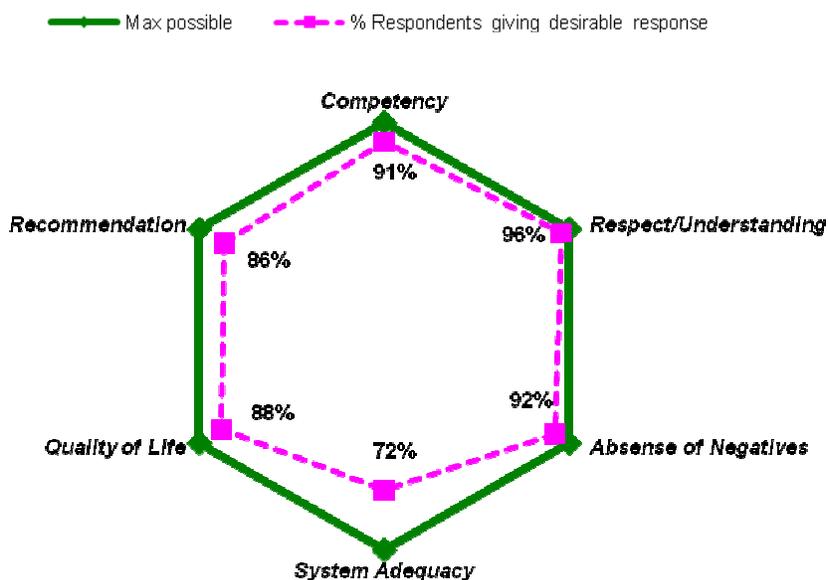
Table 7
2010 Survey Results for
Care Management Recommendation

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
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?	97%	100%	100%	A
AVERAGE	97%	100%	100%	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 in Self Determination or 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 96% agreed with these questions)

There is room for improvement on five dimensions:

Absence of Negatives (on average 92% disagreed with these questions)

Direct Care Worker Competency (on average 91% agreed with these questions)

Quality of Life (on average 88% agreed with these questions)

Recommendation (on average 86% would recommend the personal care services of their vendor)

System Adequacy (on average 72% 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 2010 percent is higher than the 2009 percent. For five of the six dimensions, the overall average decreased one to eight percentage points from the 2009 average. The two dimensions whose overall average decreased the most were System Adequacy and Worker Recommendation.

As with the care management survey items, comparisons were made between different types of survey participants on the vendor worker items. The comparisons showed that, in general, survey respondents who were served by vendors new to AAA 1-B were more satisfied than those served by vendors included in prior satisfaction surveys. It should be noted, however, that only 11 survey respondents were from new vendors; therefore, it is not recommended that any differences be considered meaningful.

Generally speaking those in the Community Care Management program had from one to three points higher satisfaction than MI Choice participants on vendor worker items. On a few items the difference was five points or greater. For one question (Question 31), MI Choice participants reported higher satisfaction; only 35% of MI Choice participants compared to 45% of community Care Management participants wished the worker could do more things that needed to be done.

On all but one item (Question 41), survey respondents who were care recipients showed the same level of satisfaction as the caregivers; more care recipients (17%) than care givers (9%) reported that the worker shares his/her personal problems.

As Table 8 shows, the average grade was A for the dimension of Worker Competency. There is room for the most improvement in workers doing things the way they should be done (question 29), which dropped from 91% in 2009 to 86% in 2010. More MI Choice survey participants (15%) than Community Care Management participants (10%) agreed that the worker arrives late. It should be noted that MI Choice care recipients receive more visits from workers so that there are more opportunities for the worker to be late.

As Table 9 shows, the average grade was A for the dimension of Direct Care Worker Respect/Understanding. On question 28, "In general, the worker takes an interest in me

(my relative) as a person,” more survey participants from the Community Care program agreed (100%) than those from MI Choice (92%).

Table 10 shows the average rating for Absence of Negatives was 92%, down from 94% in 2009. One item in particular declined: the workers use of the phone for reasons other than an emergency – this possibly indicates an increase in cell phone usage. Thirteen percent of participants reported workers used the phone for non-emergencies compared to 8% in 2009. The only item that improved is found in Table 10. Fewer participants are reporting that the worker brings his/her children or others when s/he comes (from 99% in 2010 to 97% in 2009).

As Table 11 shows, there was a six point decline in the percent who indicated that agencies or workers notified participants of problems with delivering services (from 89% in 2009 to 83% in 2010) and in the percent of participants who felt that there were no more things that they wished the direct care worker could do (from 71% in 2009 to 61% in 2010).

A higher percent of participants from the Community Care Management program (47%) reported that they wished the worker could do more things that need to be done, compared with 35% of those in the MI Choice program.

When the 113 survey participants who wished for more things were asked what they wished the direct care worker could do:

- 63 mentioned more or different homemaking services
- 47 mentioned more or different hours
- 20 mentioned a worker related issue
- 17 mentioned more or different personal care services
- 2 mentioned medication assistance/information
- 2 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. Fifty percent said “yes,” and 50% said “no.” When the 50% 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:

- 10 said that they did not know that they could ask the care manager
- 10 said it was a recent need, and they hadn’t had a chance to ask
- 9 said that they were grateful for the help they did have
- 6 could not answer the question
- 4 said that there was an issue with their care manager
- 4 said s/he spoke with the worker or vendor
- 1 had a family member who handled the situation
- 9 gave some other response not within these categories, such as not wanting to get anyone in trouble or to feel like a gossip, or they forget to ask

The 39% 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 54% who accepted the offer, participant requests were forwarded to AAA 1-B.

As Table 12 shows, 88% of the survey participants had no problems with household or personal tasks left undone because the worker did not show up – down from 91% in 2009. This could be due to the fact that MI Choice participants are more frail, and there was a much greater percent of MI Choice participants in the survey. Results show a higher percent of participants from the MI Choice program (14%) reported that in the last 60 days they were unable to complete a household or personal care task because the worker did not show up. This compares with 8% of the survey participants from the Community Care Management program.

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 36 survey participants:

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

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:

- 20 were cared for by someone else
- 14 notified the vendor
- 9 went without the care
- 6 somehow completed the care themselves
- 5 rescheduled their appointment
- 1 notified their care manager

As Table 13 shows, 86% of the survey respondents said that they would recommend the vendor to a family or friend who needed services. This is a decrease of four percentage points from 2009. A greater percent of participants from the MI Choice program (18%) reported that they would not recommend the personal care services they received to a friend or family member, compared with participants from the Community Care Management program (7%).

**Table 8
2010 Survey Results for
Direct Care Worker Competency**

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q26. The worker leaves too early.*	90%	94%	92%	A
Q29. The worker does things the way they should be done.	93%	91%	86%	B
Q30. The worker arrives late.*	87%	88%	87%	B
Q36. You or a loved one sign or initial a form every time the worker comes.	83%	84%	90%	B
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	90%	91%	91%	A

* These items are reverse scored.

**Table 9
2010 Survey Results for
Direct Care Worker Respect/Understanding**

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q27. The worker treats me (my relative) with respect.	97%	98%	90%	A
Q28. In general, the worker takes an interest in me (my relative) as a person.	97%	97%	95%	A
AVERAGE	97%	97%	96%	A

**Table 10
2010 Survey Results for
Direct Care Worker Absence of Negatives**

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q38. The worker uses the phone for reasons other than an emergency.*	91%	92%	86%	B
Q39. The worker brings his/her children or other relatives/friends when s/he comes.*	97%	97%	99%	A
Q40. The worker smokes in the home.*	97%	99%	98%	A
Q41. The worker shares his/her personal problems.*	83%	89%	86%	B
AVERAGE	92%	94%	92%	A

* These items are reverse scored.

**Table 11
2010 Survey Results for
Worker System Adequacy**

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q31. I wish the worker could do more things that need to be done.*	79%	71%	61%	D
Q43. Does the agency or worker notify you if there is a problem such as the worker will be late or cannot come?	85%	89%	83%	B
AVERAGE	82%	80%	72%	C

* These items are reverse scored.

**Table 12
2010 Survey Results for
Worker Quality of Life**

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q44. In the last 60 days, were you unable to complete a household or personal care task because the worker did not show up?*	92%	91%	88%	B
AVERAGE	92%	91%	88%	B

* These items are reverse scored.

**Table 13
2010 Survey Results for
Worker Recommendation**

Question	% Desirable Responses			Grade 2010
	2008	2009	2010	
Q47c. If a friend or family member were in need of services, would you recommend the personal care services you received from (Vendor)?	89%	90%	86%	B
AVERAGE	89%	90%	86%	B

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. As shown in Table 5 (on page 9), 95% 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. Five percent said that they did not participate as much as they wanted to. Not included in this calculation are 7 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:

- 3 said they did not know what they wanted
- 2 said that they didn't know they could participate
- 1 said they were too ill to participate
- 1 tried but others did not listen to them
- 10 gave some other reason, such as they are the current caregiver and they were not involved in the earlier days of planning, or that they felt they were advised about the limitations of what they could receive

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

- 91% said that the care manager asked what services they wanted
- 93% said that they were given a copy of the plan of care
- 96% of those who received a copy of the plan said that the plan of care was meaningful to them⁴

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

Ten 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 8% of the 2009 survey participants who said they considered nursing home as a living option. Ninety percent responded "no" to this question.

Fifty-six 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 58% who answered this same way in 2009.

⁴ 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 2010 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 2008 and 2009, the 2010 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. As in 2009, this year 100% 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, although there were slight declines on most of these items since 2009. Similarly, for items measuring Worker Competency, Respect/Understanding, Absence of Negatives and Quality of Life, the ratings remain in the A and B range, but there were slight declines on most items.

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.

It is curious that the pattern of decline is seen on all but one dimension for both care managers and workers, albeit much more decline on some dimensions (System Adequacy and Service Choices) than on others. The decline on the System Adequacy (8%) and Service Choices (7%) dimensions are startling. On both items related to service choice, there were much lower ratings among survey participants with new care managers. This suggests that AAA 1-B needs to do more training or technical assistance with these new staff. AAA 1-B staff also report that care managers will now be assigned to either MI Choice or Community Care Management care recipients. By being able to work with one program, this may improve the scores on the client choice questions.

The decline on worker competency is particularly troubling. The item that showed the greatest decline was the worker (not) doing things the "way they should." On this item, there was no difference between caregivers and care recipients; nor between survey participants from the Community Care Management program versus those from MI Choice. These findings suggest there is a need for worker competency training. This fact is also recognized by the State of Michigan, who is developing a training program for direct service workers.

AAA 1-B is mandated to assess 10% of the vendor pool each year, and this includes a review to ensure that a minimum of two trainings per year have been provided to workers. However, the AAA 1-B assessment process does not require a review of the quality of the training nor the training curriculum/materials that are presented. Based on the number of agencies in the pool, this task would not be possible utilizing existing staff and review processes. As a result of the continued decrease in this domain, AAA 1-B management is working with line staff to determine how resources might be redeployed

to better evaluate training curriculums, and to ensure the most effective operation of the vendor pool. AAA 1-B staff report this will likely result in changes to the vendor pool protocols in the next 12-18 months.

Another explanation of the generally lower satisfaction in vendor worker items could be that the survey sample had more MI Choice participants in 2010 than in 2009; generally speaking, responses from those in the MI Choice program were one to three points lower in satisfaction, and several items were over five points lower. In addition, in 2010 a greater percent reported that they did not participate in activities outside the home (12% in 2010 vs. 8% in 2009), and a smaller percent reported that they would like to be more active (35% in 2010 vs. 43% in 2009). Perhaps the 2010 survey sample is less able, and therefore more lonely or depressed than in prior years, which could be reflected in their survey answers.

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.