

Notice of Instruction

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West Central Florida
Area Agency on Aging, Inc.



Assistance. Advocacy. Answers on Aging.

Notice of Instruction Number: 081209-ADA/CDC+ MW Survey Scheduled-KP

TO: All PSA 6 Lead Agencies

FROM: Katie Parkinson, Director of Program Management

DATE: August 12, 2009

SUBJECT: Aged and Disabled Adult/Consumer Directed Care Plus Medicaid Waiver Survey Scheduled

The purpose of this Notice of Instruction is to inform you that the Department of Elder Affairs' (DOEA) Planning and Evaluation Unit will soon be conducting a survey of Aged and Disabled Adult Medicaid Waiver (ADA) and Consumer-Directed Care Plus (CDC+) consumers. The purpose of the surveys is to identify when and how consumers learn about the CDC+ program and why they choose or do not choose to participate in it. The survey will also assess consumer satisfaction with the services they receive.

The goal is to complete about 500 surveys statewide. Calls will be made from a list of 1,275 names drawn at random from the Client Information Registration and Tracking System (CIRTS) database. Letters will be sent to all 1,275 potential respondents. The survey will begin August 17, 2009.

Please let your staff know about this survey, as they may receive calls from consumers. A copy of the letter the DOEA will be sending to consumers and a copy of the survey questions are attached for your reference. If you have questions now or as the survey progresses, please contact Martha Caron, Medicaid Waiver Specialist at 813-676-5571 (Caronm@elderaffairs.org) or Lauren Cury, Medicaid Waiver Specialist at 813-6765613 (Curyl@elderaffairs.org). You may leave a message if either is unavailable and someone will get back to you as soon as possible.

Attachments

ADA/CDC+ SURVEY - SUMMER 2009

PART I. CASE MANAGEMENT/CONSULTANT SERVICES

First, we would like to ask a few questions about the some of the support services [you/he/she] receive(s) from [your/his/her] case manager/consultant. The case manager /consultant is the person who helps to arrange for the services [you/Mr/Ms] [CLIENT'S NAME] receive(s).

1. Do you know how to contact your case manager when you need to?
2. Does your case manager assist you as needed?
3. About how often are you in contact with your case manager over the telephone?
 - a. Weekly
 - b. Monthly
 - c. Every 6 months
 - d. Once a year
 - e. Never
4. Does your case manager return your calls in a timely manner?
5. About how often do you meet in person with your case manager?
6. Is your case manager providing the right amount of help to you – not too much and not too little?
7. Does your case manager involve you in discussing and planning for your services?
8. Does your case manager help you understand your program?
9. Does your case manager treat you with respect? (CM 5)
10. 10C1. Does your CDC+ consultant help you understand and effectively use your budget?
10C2. When you call or email Tallahassee do you either get the assistance you need or get referred to someone who can help you?
11. Is your situation better because of your case manager's help?

WEBSITE QUESTIONS – CDC+ CONSUMERS ONLY

Do you use the CDC+ website to record the time your employees (workers) worked?

If Yes: Do you have any problems using the website?

If yes: What type of problems? Check all that apply.

- a. I can't always connect to the website
- b. The website is not easy to use
- c. I receive errors when using the website
- d. Other (Specify) _____

If No: Can you tell me why you don't use the website? Check all that apply.

- a. I don't have access to a computer
- b. I don't know how to use the website
- c. I have a computer, but not access to the Internet
- d. It would cost too much for me
- e. Other (Specify) _____

If you had access to a computer, the Internet and had training, would you use the CDC+ website?

Do you have any problems using the telephone to record the time your employees (workers) worked?

If yes: What type of problems? Check all that apply.

- a. Not enough time to respond
- b. Other (Specify) _____

PART II. EVALUATION OF WORKERS

Next we'd like to ask you some questions about the workers, the people who help you/Mr/Ms [CLIENT'S NAME].

12. Do you know who will be coming to help you each day?

13. If you want to, can you easily change the day or time of day you receive services?

- a. Not Applicable (e.g. Client needs specified routine)

14. Is (Are) your worker(s) competent and knowledgeable about how to help you?

15. Is the work done the way you like it done?

16. Do you have any trouble communicating with your worker(s)?

If yes: Would you say the cause of this problem is . . .

- a. Hearing or speech related
- b. Language differences
- c. Cultural differences
- d. Other (Specify) _____

17. Do you have any complaints about how you are being treated by your worker(s)?

18. Who would you tell if your worker(s) did something to you or treated you in a way that you didn't like? Check all that apply.

- a. Case manager/consultant
- b. Friend or family member

- c. **(CDC+ Only) Representative**
- d. Wouldn't tell anyone
- e. Other (Specify)_____

- 19. Do(es) the worker(s) keep your home the way you want it?
- 20. Are your belongings respected by your worker(s)?
- 21. Do you know what to do if you want to change something about the help you are receiving?
- 22. Overall, how satisfied are you with the workers who help you?
 - a. Very Satisfied
 - b. Satisfied
 - c. Neither Satisfied or Dissatisfied
 - d. Dissatisfied
 - e. Very Dissatisfied
 - f. Refused/Don't know

PART III. SERVICE OUTCOMES

Concerning the overall package of services . . .

- 23. Do the services meet your needs?
 - 23a. If no:** Would you like us to contact your case manager to help address your unmet needs?
- 24. Do you have enough help to do the things that are important to you?
- 25. Do the services help you to stay in your home?
 - (For an ALF resident ask: "Do the services help you to avoid moving to a nursing home?")
- 26. Are the services effective in helping you in your everyday life?
- 27. Are the services important to your daily *quality* of life?
- 28. Overall, how would you rate the quality of services you have received?
 - a. Excellent
 - b. Very Good
 - c. Good
 - d. Fair
 - e. Poor
 - f. Refused/Don't Know
- 29. Overall, how satisfied are you with the services you receive?
- 30. From your perspective, how could these services be improved?
- 31. Has the program made a difference in your life?
 - If yes:** How has the program made a difference to you? (Specify)_____

32. What do you like about the program? (Specify)_____
33. What don't you like about the program? (Specify)_____
34. Would you recommend this program to a friend or family member who needs help?

PART IV. SERVICE OPTIONS SURVEY

ADA CLIENTS ONLY

There is another program in which client's who receive an ADA Medicaid Waiver services can participate. It is called the Consumer Directed Care Plus program.

OA01. Have you heard about the Consumer Directed Care Plus Program, also referred to as CDC+? (This program gives you the opportunity to manage your own care by hiring friends or family members.)

If no: Ask if they would you like us to send them some information about the program? Make note on call sheet. GO TO DEMOGRAPHICS

If yes: Ask the following questions:

1a. How did you hear about the CDC+ program?

- a. CARES (Comprehensive Assessment and Review for Long-Term Care Services)
- b. Lead Agency/Case Manager
- c. Friend or Family
- d. AAA/ARC (Area Agency on Aging/Aging Resource Center)
- e. Other (Specify)

1b. When did you find out about the Consumer Directed Care Program?

- a. Before ADA services began
- b. After ADA services began

1c. All participants in the Consumer Directed Care program are required to receive ADA services first, which you currently receive. Participants can later switch to the Consumer Directed Care program. Is this an option you have considered?

1d. If yes. What about the program do you like? (You may choose more than one answer.)

- a. I want to choose my own worker(s)
- b. I want to be able to pay my worker(s)
- c. I won't have strangers in my home
- d. The people I choose would be more reliable
- e. Other (Specify)

1e. If no: We are interested in your reasons for choosing not to use Consumer Directed Care Plus. Which of the following applies to you? (You may choose more than one answer.)

- a. I don't have a family member or friend who could provide services.
- b. I don't want to bother my family or friends
- c. I don't know how to find help
- d. It seems too complicated to me
- e. I'm satisfied with the services I already get
- f. Other (Specify)

CDC+ CLIENTS ONLY

OC01 CDC+. We'd like to ask you some questions about your participation in the Consumer DirectedCare Plus Program.

1a. How did you hear about this program initially?

- a. CARES (Comprehensive Assessment and Review for Long-Term Care Services)
- b. Lead Agency/Case Manager
- c. Friend or Family
- d. AAA/ARC (Area Agency on Aging/Aging Resource Center)
- e. Other (Specify)_____

1b. When did you find out about the Consumer Directed Care Program?

- a. Before ADA (Aged and Disabled Adult Medicaid Waiver) services began
- b. After ADA services began

1c. We are interested in your reasons for choosing to use Consumer Directed Care Plus. Which of the following applies to you? (You may choose more than one answer.)

- a. I want to choose my own worker(s)
- b. I want to be able to pay my worker(s)
- c. I prefer not to have strangers in my home
- d. The people I choose are more reliable
- e. Other (Specify)_____



CHARLIE CRIST
GOVERNOR

August 12, 2009

Dear Sir/Madam:

The Florida Department of Elder Affairs oversees the services you receive through the Aged and Disabled Adult Medicaid Waiver (ADA) program. We want to know how well these services meet our consumers' needs. We will be calling *some* of the people who receive these services. *This letter is to inform you that you might be called.*

If you receive a call, you will be asked questions about your participation in the ADA program and the services you receive from your case manager and your workers. The survey will take about 15 minutes. We think that you will find the questions interesting and easy to answer.

This survey will help us to learn how to improve the services provided to you. You do not have to participate, but your input is greatly welcomed. Your participation will not affect your receipt of services.

If you have questions about this survey, you may call Mr. Brandon Cunningham (850) 414-2128 at the Florida Department of Elder Affairs. You may leave a message if he is unavailable and someone will get back to you. Thank you for your participation.

Sincerely,

E. Douglas Beach
Secretary

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E. DOUGLAS BEACH, PH.D.
SECRETARY



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GOVERNOR

August 12, 2009

Dear Sir/Madam:

The Florida Department of Elder Affairs oversees the services you receive through the Consumer Directed Care Plus (CDC+) Program. We want to know how well these services meet our consumers' needs. We will be calling *some* of the people who receive these services. *This letter is to let you know that you might be called.*

If you receive a call, you will be asked questions about your participation in the CDC+ program, and about the services you receive from your CDC+ Consultant and your workers (the people you have hired to help you.) The survey will take about 15 minutes. We think that you will find the questions interesting and easy to answer.

This survey will help us to learn how to improve the services provided to you. You do not have to participate, but your input is greatly welcomed. Your decision to participate will not affect your receipt of services.

If you have questions about this survey, you may call Mr. Brandon Cunningham (850) 414-2128 at the Department of Elder Affairs. You may leave a message if he is unavailable and someone will get back to you. Thank you for your participation.

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