

Spring 2010



Vermont Choices for Care: Self-Direction Survey

FINAL Report

Prepared by:

Office of Long-Term Support Studies

David Centerbar, PhD
Emma Quach, MPA
Darlene (Dee) O'Connor, PhD

Project Consultant

Judy Savageau, MPH

In cooperation with:

Bard Hill

Department of Disabilities, Aging, and
Independent Living

Table of Contents

_Toc262721224

EXECUTIVE SUMMARY	3
INTRODUCTION	7
SURVEY DESIGN	7
Survey Domains	7
METHODS.....	8
Survey Sample	8
Data Analysis.....	9
RESULTS	9
Client Satisfaction	9
Use of Funds (or interest in using funds) for Purchases Other Than for Workers	19
DISCUSSION and Policy Options for DAIL	22
Conclusion.....	24
APPENDIX A. SURVEY SCRIPT FOR COMPLETED SURVEYS.....	25
APPENDIX B. OFFICE OF SURVEY RESEARCH TECHNICAL REPORT.....	39

EXECUTIVE SUMMARY

Background

Implemented in October of 2005, Choices for Care (CFC) serves Medicaid-eligible elders and adults with physical disabilities in Vermont. As part of CFC, consumers receiving home- and community-based supports (HCBS) may enroll in one of three self-directed service options allowing them to exercise more choice and control over their supports than under traditional agency-directed HCBS. Both the Consumer-directed (CD) care and the Surrogate-directed (SD) care options allow consumers to hire and manage workers to provide the consumer with personal care, respite or companion services. Under the CD option, the consumer is the employer; under the SD option, a surrogate appointed by the consumer is the employer. The third option, Flexible Choices, provides the consumer or an appointed surrogate with a limited monetary allocation, known as an "allowance" that may be used to hire workers or purchase other goods or services necessary for the consumer's ongoing support needs.

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) annually conducts a consumer satisfaction survey of participants in its Choices for Care Medicaid 1115 demonstration waiver program. In 2009, DAIL sought to better understand the specific employer-related experiences and unmet needs of CFC consumers enrolled in these three self-directed service options. Leveraging the University of Massachusetts Medical School (UMMS) Office of Survey Research (OSR)'s one-time capacity to offer its resources and expertise at a very low cost, UMMS Office of Long-Term Support Studies (OLTSS), VT-DAIL's independent evaluator of CFC, and OSR contracted with DAIL to conduct a survey with self-directing participants.

Survey Design and Methods

Designed to last approximately 15 minutes over the phone, the survey covered the following domains: 1) Client satisfaction; 2) Issues related to workers; and 3) Use of funds (for FC respondents) *or* interest in use of funds (for CD and SD respondents) for purchases other than workers.

Consumers or their surrogates were asked three general satisfaction items regarding: 1) the degree to which services meet their daily needs; 2) the degree to which the help they receive has made their lives better; and 3) their level of general life satisfaction. The primary focus of the survey was to ask consumers or their surrogates about their experiences with their personal care workers. The items focused on eight specific areas of interest:

- General worker questions (e.g., # employed)
- Relationships to workers (e.g., family, friend, no relationship)
- Finding potential workers
- Assessing suitability of potential workers
- Issues making it difficult to hire workers
- Training of workers
- Additional needs of workers
- Dismissal (Firing) of workers

Consumers or surrogates in the FC option were also asked whether, and if so how, they had used their budgets for purchases of goods and services other than employment of workers, or if not, the reasons why. Clients in the CD and SD options, although not currently authorized to allocate their personal care benefits beyond hiring workers, were asked about their potential interest in doing so, should this ever become an option.

In September, 2009 DAAL provided to OSR a listing of all consumers currently enrolled in each of the three self-direction programs. From this sampling frame of 411 consumers, the final survey sample included all 51 clients in the FC program, 125 randomly selected clients from the CD program, and 125 randomly selected clients from the SD program. Respondents in the CD program were all participants of CFC. The vast majority of respondents in the SD program were surrogates, although a few consumers were able to and chose to answer the survey. Finally, most respondents within the FC were consumers, with surrogates comprising a small proportion of FC respondents. Survey data were collected by phone during January, 2010 by the Office of Survey Research. Completed surveys were obtained from 184 clients (FC=33; CD=77; SD=74), representing a response rate of 73%.

Survey Results

Client Satisfaction

Respondents reported relatively high satisfaction on each of the three survey items, and responses did not differ significantly across the three self-direction programs:

- 97% of respondents reported that the degree to which services met their needs was “good” or better;
- 84% of respondents reported that the help they have received had made their life “better” or “somewhat better”; and
- 89% of respondents were generally “satisfied” or “very satisfied” with their life.

Issues Related to Workers

Overall, 88% of respondents indicated that they were currently employing a worker or workers. Respondents currently employed between one and eight workers, with 51% employing only one worker. Respondents employing a worker who was a family member were significantly more likely to have at least one additional worker (e.g., two or more) compared with respondents not employing a worker who was a family member.

Relationships between respondents and their workers fell into three primary types: *any family member* (67%), *friend or neighbor* (25%), and *no prior relationship* (29%)¹. Within the category comprising “any family member”, the percentage of respondents reporting a worker relationship was as follows: *spouse or partner* (12%); *child* (44%); *grandchild* (9%); *sibling* (6%); *niece, nephew or cousin* (8%).

Most respondents reported finding their workers through referrals from a family member or friend (73%), compared to sources such as a community organization or provider (23%), a newspaper advertisement or bulletin board posting (9%), or a web posting or search (1%).

¹ The “no prior relationship” was a newly coded variable from multiple response items in the survey. Percentages represent the percentage of consumers who endorsed the response, and totals may sum to >100% across response categories.

Two common methods respondents used to evaluate potential workers were to *ask about previous experience* (49%) and *interview potential worker(s)* (42%). Respondents employing non-family members were significantly more likely to have interviewed potential workers (60%) compared to respondents employing a family member (34%).

Overall, respondents cited three primary issues making it difficult to hire workers: *lack of health benefits* (46%), *low wages* (45%), and *limited number of hours* (45%). A significantly higher percentage of respondents employing a family member cited "limited number of hours" as a barrier to hiring workers (52%) compared to respondents who were not employing a family member (31%).

Overall, 41% of respondents reported providing training to their workers, and this differed significantly by self-direction program type (FC = 64%, CD = 41%, SD = 32%). Respondents employing non-family members were significantly more likely to report providing training (54%) compared to respondents who did employ a family member (35%). Among respondents who reported providing training, the training was most often provided by the respondent him or herself (75%), rather than some other person.

Respondents wanted additional worker-related assistance, with the two largest categories of assistance being *finding back-up workers* (29%) and *recruiting workers* (20%). The percentage of respondents desiring assistance with each of these needs differed by the relationship to the worker, with a significantly higher percentage of respondents not employing a family member reporting a desire for assistance compared to respondents employing a family member.

Finally, respondents were asked about their experience with dismissing (firing) workers. Overall, 17% of respondents reported having dismissed a worker in the past. Among these respondents, 93% reported feeling "somewhat" or "completely" capable when they dismissed the worker. Among respondents who had *not* had to dismiss a worker, 87% reported feeling "somewhat" or "completely" capable should they ever need to dismiss a worker.

Use of Funds (or interest in using funds) for Purchases Other Than for Workers

Flexible Choices respondents were asked if they had ever used their funds to make purchases necessary for their long-term care needs beyond employing workers; 73% reported doing so. Of these respondents, 100% reported purchasing *equipment, appliances or other products*, 42% reported purchasing *transportation*, 25% reported purchasing *adult day services*, and 21% of respondents reported purchasing *medical supplies or over-the-counter medicines*.

Consumer-directed and Surrogate-directed respondents were asked a parallel set of questions about their interest in making such purchases if the program were ever to allow this option. 42% of CD and SD respondents indicated an interest in being able to make such purchases. Of these, 80% were interested in purchasing *equipment, appliances, or other products*, 42% expressed interest in purchasing *transportation*, and 28% expressed interest in purchasing *adult day services*. Respondents were less interested in making purchases for things other than employing workers if their total personal care services would be reduced to allow this additional flexibility. The percentage expressing interest dropped from 40% to 33%.

Discussion

Overall, the vast majority of respondents in each self-directing option indicated that their services met their needs. The lack of difference by level of consumer control, i.e., by self-directing option, suggests that participants are enrolled in the option that suits their individual preference for service needs and flexibility.

In general, when allowed choice, many self-directing participants chose to hire family members, another evidence of the critical role of family in caregiving, whether paid or unpaid. Indeed, respondents hiring family members undertook fewer employer-related activities, e.g., interviewing workers, and at the same time, reported fewer unmet needs with finding new or back-up workers, a reassuring indication of the reliability of family caregivers serving CFC participants.

We found no significant differences in most survey responses on worker management by respondents in each of the three self-direction groups (CD, SD and FC), even though these HCBS options differ in the level of consumer choice and control. Specifically, respondents across the three groups reported similarly in terms of how they find workers, assess their suitability, and dismiss workers. Considering participants in all three groups are at high or highest level of need, the fact that they approach their employer role similarly to surrogates seems to be a positive indicator of participants' ability to assure the quality of care they receive. Nevertheless, one difference emerged: a higher percentage of CD participants reported providing training to their workers than SD respondents. This may simply reflect the fact that the surrogate is taking on this responsibility but without further inquiries, we cannot fully explain this finding.

A sizable minority (42%) of Consumer-directed or Surrogate-directed respondents indicated a desire to have the ability to use funds for purchases beyond workers, with a high proportion of those who did so indicating interest in purchasing equipment, transportation, and adult day services. The proportion of respondents expressing interest in each category of goods/services, e.g., equipment, mirrored the proportion of Flexible Choices participants who actually purchase the same category of good/service

Two findings appear to merit further attention from DAIL. First, 12% of respondents indicated they were not currently hiring any workers. This may be higher than acceptable, although it is expected that at any given time, there would be some participants without immediate worker support. DAIL may want to investigate this finding with administrative data, e.g., ARIS records. Second, between 31-43% of respondents in each self-directing option reported wanting additional assistance related to their workers, e.g., finding back-up workers, with respondents employing non-family members more likely to report wanting such assistance. With the low rate of use for web-based sources for identifying potential workers, DAIL may wish to explore ways to encourage the use of one underutilized resource, Rewardingwork.org, perhaps through consumer education or awareness efforts aimed at this source of potential workers.

INTRODUCTION

Implemented in October of 2005, Choices for Care (CFC) targets Medicaid-eligible elders and adults with physical disabilities in Vermont. Among the goals of the CFC waiver is to increase access to home- and community-based long-term care services while controlling the costs of long-term care for the state.

As part of CFC, consumers who receive home- and community-based supports (HCBS) may enroll in one of three self-directed service options that allow them or their surrogates to exercise more choice and control over their supports than possible under traditional agency-directed HCBS. The Consumer-directed (CD) care option allows consumers to hire and manage their own care workers to provide the consumer with personal care, respite or companion services. The Surrogate-directed (SD) care option is identical to the CD option except that the consumer appoints a surrogate to serve as the employer on the consumer's behalf. The third option, Flexible Choices (FC), provides the consumer or a surrogate with a limited budget that the consumer may use to hire workers or purchase other goods or services necessary for their ongoing support needs.

Each year since at least 2006, the Vermont Department of Disabilities, Aging and Independent Living (DAIL) has been conducting a consumer satisfaction survey of Choices for Care participants, as well as of participants in other DAIL long-term care programs. While DAIL has collected general satisfaction data from self-directing consumers as part of its annual consumer satisfaction survey, it sought to better understand specific employer-related experiences and unmet needs of CFC consumers enrolled in these three self-directed service options. In 2009, the University of Massachusetts Medical School (UMMS) Office of Survey Research (OSR) had one-time capacity to offer its resources and expertise at a very low cost for a small-scale, phone-based consumer survey. Recognizing the potential value of this cost-effective opportunity to DAIL, UMMS Office of Long-Term Support Studies (OLTSS), DAIL's independent evaluator of CFC, and OSR, jointly proposed to DAIL the idea of a survey with a subset of CFC participants. Recognizing the value of this opportunity, DAIL contracted with the UMMS OLTSS and OSR in the summer of 2009 to conduct such a phone survey of participants in Consumer-directed care, Surrogate-directed care, and Flexible Choices.

SURVEY DESIGN

OLTSS and OSR staff worked with DAIL to develop key content domains to be covered in the survey. The survey was designed to be completed over the phone and to take no more than 15 minutes to complete.

Survey Domains

There were three primary domains covered by survey questions: 1) Client satisfaction; 2) Issues related to independently hired workers hired through Choices for Care; and 3) Use of Flexible Choices funds *or* interest in use of funds among CD and SD participants for purchases other than workers. The final survey items are included in Appendix A.

Client Satisfaction

Respondents were asked three satisfaction items. Two were similar in form and content to items asked in the DAIL annual survey of satisfaction among participants receiving their long-term care services. The third item was newly developed for this survey. These items were:

- Degree to which services from the CFC program meet their daily needs;

- Degree to which help received from the CFC program has made their lives better; and
- General life satisfaction.

Issues Related to Workers

The primary focus of the survey was to ask clients about their experiences with their personal care workers. All three self-direction options allow clients or their surrogates to hire, train, manage, and dismiss workers. The survey items focused on eight specific areas of interest:

- General worker questions (e.g., # employed)
- Relationships to workers (e.g., family, friend, no relationship)
- Finding potential workers
- Assessing suitability of potential workers
- Training of workers
- Additional desired assistance related to workers
- Factors making it difficult to hire workers
- Dismissal (Firing) of workers

Use of Funds (or Interest in Using Funds) for Purchases other than for Workers

All clients or their surrogates in Flexible Choices were asked about how they had used their budgets for purchases of goods and services other than employment of workers. FC respondents who indicated having not used their budgets for such purchases were asked for reasons that they had not done so.

Clients in the CD and SD options are restricted to only using funds to employ workers. However, DAIL was interested in these consumers' potential interest in having this option, and in understanding what types of goods and services these clients might want to purchase, given the opportunity. Thus, questions were asked of CD and SD respondents about their interest in making such purchases if the program were ever to allow this option.

METHODS

This section of the report briefly describes the survey sampling used with the survey. A complete description of the detailed methodology, i.e., survey administration, employed by OSR is included in the appendix to this report (Vermont Choices for Care Satisfaction Survey: Technical Report).

Survey Sample

In September, 2009 DAIL generated a list of all consumers currently enrolled in CD, SD, or FC and provided this to OSR along with contact information to facilitate the selection of a random sample of 301 participating clients for this survey. This sample included all 51 clients in Flexible Choices, 125 clients from Consumer-directed care, and 125 clients from Surrogate-directed care.

Survey data were collected by phone during January, 2010 by the Office of Survey Research. Completed surveys were obtained from 184 participants/surrogates (FC=33; CD=77; SD=74), representing a response rate of 73%.

Data Analysis

All data were analyzed using SAS V9.2 (The SAS Institute). Prior to analysis, raw data were re-coded to adjust frequencies for invalid responses and missing data to produce valid percentages. Open-ended (e.g., "other") responses to survey items were post-coded into frequently occurring discrete original categories, where possible. Remaining miscellaneous responses were retained in an "other" response category, and the individual unique consumer responses to these items are noted.

Where appropriate, response categories of survey items were re-coded into newly constructed variables better representing the response patterns that emerged from the data. For example, a survey item asked consumers to identify their relationship to their worker or workers from among numerous discrete kinship relationship types, such as "daughter", "son", "spouse", "niece", etc. Given that the number of responses obtained within many of these kinship categories was generally very small, a new variable was created to represent workers who were "any family member".

Descriptive analyses were obtained from inspection of response frequencies of original survey items and newly created variables. In addition, where sample sizes were sufficiently large, tests of statistical significance were conducted on response frequencies for specific survey items across each of the three program types (FC, CD, and SD). We further explored the data to determine whether patterns of responses differed depending on whether a consumer did or did not have a family member as a worker. Under CFC, self-directing workers have the ability to hire family members as workers, and many consumers elect this option. When a worker is a family member, the worker is more likely to be someone who is known to the consumer and may be more familiar with the consumer's long-term care needs. We thus expected that responses to survey questions (e.g. satisfaction) might differ, depending on the type of relationship between the respondent and the worker. Where sufficient sample sizes permitted, we cross-tabulated responses to individual survey items with a dichotomous variable newly-created to represent two types of consumer groups: consumers who reported currently employing a "family member" and consumers who did not report currently employing a family member.

Tests of statistical significance were conducted using the Chi-Square test. In this report, where differences in response frequencies represent statistically significant differences, we report the Chi-Square test statistic and the p-value.

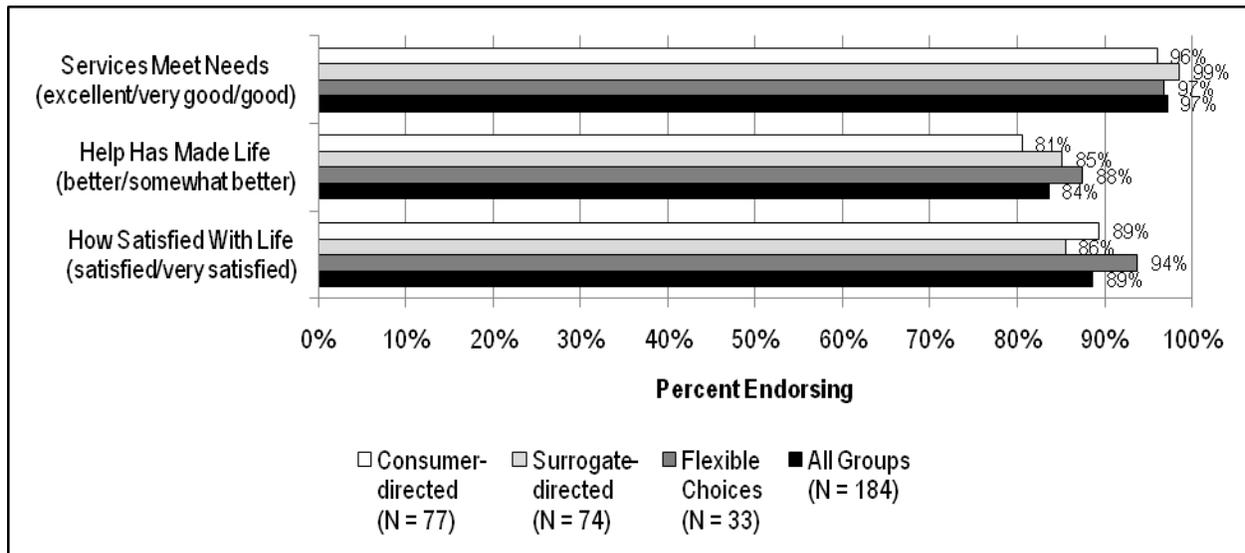
RESULTS

The survey results are reported in three sections, corresponding to the major areas of survey content: Client Satisfaction, Issues Related to Workers, and Use of Funds. Within each section, we report the results of survey responses for each of the three consumer groups (FC, CD, and SD). Where important response patterns emerged from the data with respect to worker type (family or non-family workers), whether or not statistically significant, these results are also reported.

Client Satisfaction

In general, responses to satisfaction items were high across the three survey items, ranging from 84% to 97%. We found no significant differences among respondents in each of the three self-direction programs on any of the three satisfaction items. See Figure 1.

Figure 1: Percent of Respondents with High Satisfaction Ratings, N = 184*



* Note: N's of responses to each item may be less than indicated due to random missing data. No significant differences by program type were found in these survey responses.

Issues Related to Workers

A. General Worker Questions

1. Whether currently employing a worker or workers

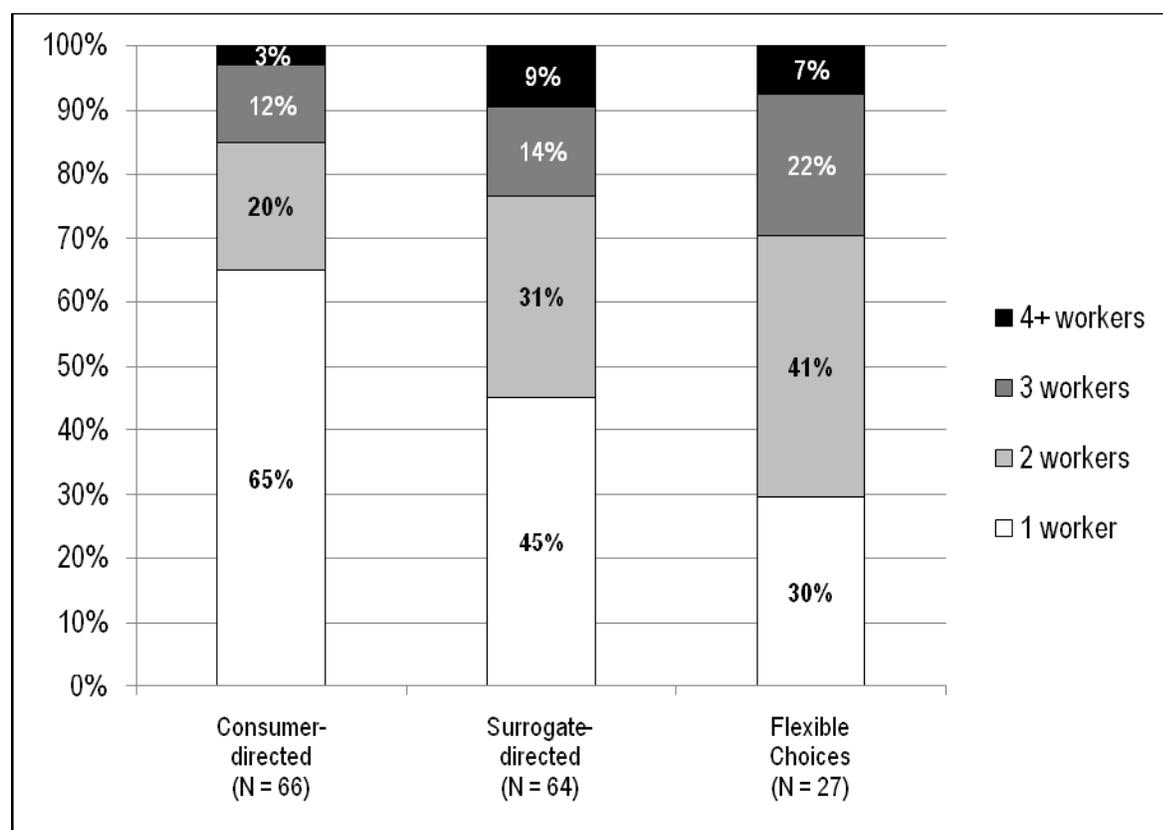
Overall, 88% of respondents indicated that they were currently employing at least one worker; this did not differ by program type (CD=87%, SD=89%, FC=88%).

2. Number of workers employed

Respondents currently employing workers reported employing between one and eight workers, with one worker being the most common response (51% of respondents).

We found significant differences in the number of workers currently employed across the three types of self-direction program options ($\chi^2 = 12.81, p < .05$). While only 35% of respondents in the CD program reported employing two or more workers, this percentage was 55% for respondents in the SD program, and 70% for respondents in the Flexible Choices program (Figure 2).

Figure 2: Number of Workers Currently Employed on Behalf of Consumers, N = 158*



*Note: N's of responses to each item may be less than indicated due random missing data. Significant differences by program type were found for number of workers.

Additionally, the number of workers currently employed differed significantly depending on whether the consumer was employing a family member or not ($\chi^2 = 13.98, p = .003$). Respondents who reported having a family member as a worker were more likely to have an additional worker (e.g. two or more workers) compared to respondents not reporting having a family member as a worker.

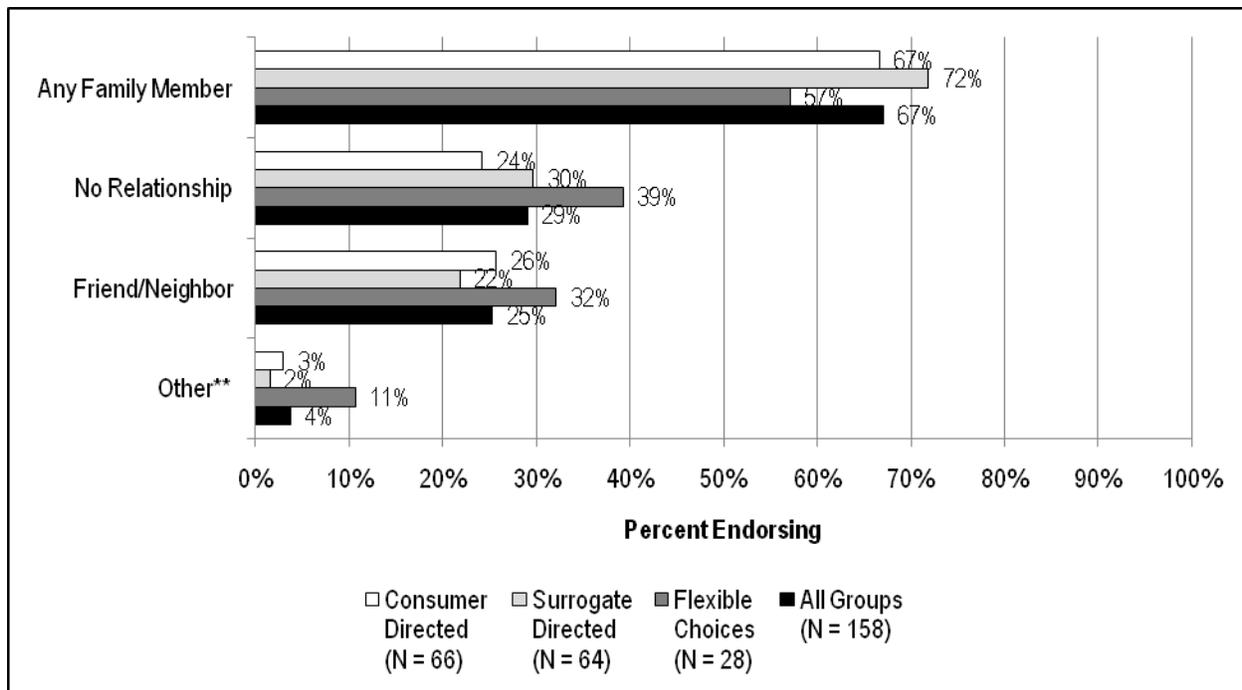
B. Relationship to Worker

For descriptive and analytic purposes, we categorized the type of worker relationships into three broad categories: "Any Family Member", "No Previous Relationship", and "Friend or Neighbor". The remaining responses were classified as "Other" relationship. The most frequently reported relationship was "Any Family Member", with 67% of respondents reporting having a family member as a worker. In comparison, only 25% of respondents reported having a friend or neighbor as a worker, and 29% reported having no previous relationship to their worker.

A lower percentage of FC respondents (57%) reported employing a family member compared to CD respondents (67%) and SD respondents (72%), but these differences were not statistically significant. Conversely, a higher percentage of FC respondents (39%) indicated employing a worker with whom they had no prior relationship compared to CD respondents (24%) and SD respondents (30%), but these

apparent differences were likewise not statistically significant. There were also no significant differences across self-direction group in the percentages of respondents employing a friend or neighbor (Figure 3).

Figure 3: Relationship to Worker, N = 158*



* Note: N's of responses to each item may be less than indicated due random missing data. No significant differences by program type were found.

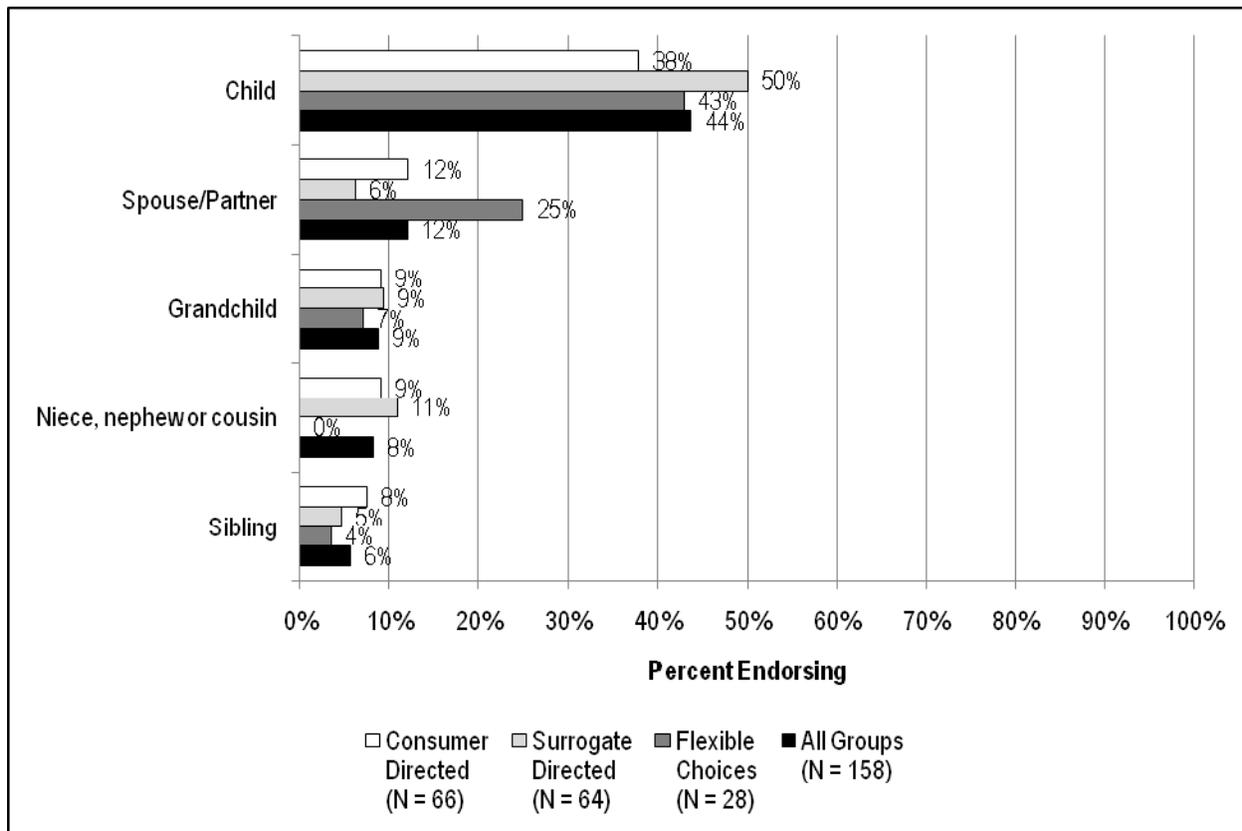
**Includes relationship through Church or Synagogue and other miscellaneous relationships.

The “Any Family Member” worker category included relationships where the respondent reported that a worker was a spouse/partner, child, grandchild, sibling, or niece/nephew/cousin of the respondent. The percentage of respondents reporting a worker being from one of these specific relationships is detailed in Figure 4. We did not test for differences across self-direction group due to small cell sizes.

The most frequently reported relationship was where the worker was the child of the consumer (44% of all respondents). Half of SD respondents (50%) reported having a worker who was the consumer’s son or daughter, compared to CD respondents (38%) and FC respondents (43%). A quarter of FC respondents (25%) reported having a worker who was their spouse or partner, compared to 12% for CD respondents and 6% of SD respondents.

A much smaller percentage (less than 10%) of all respondents reported workers who were a grandchild, niece/nephew/cousin, or sibling. Within the spouse/partner relationship, a higher percentage of respondents in the FC program (20%) reported having a spouse or partner as a worker compared to respondents in either the CD (10%) or SD (5%) program, but the sample sizes were insufficient for significance testing.

Figure 4: Relationship to Consumer of Worker Who Was “Any Family Member”, N = 158*



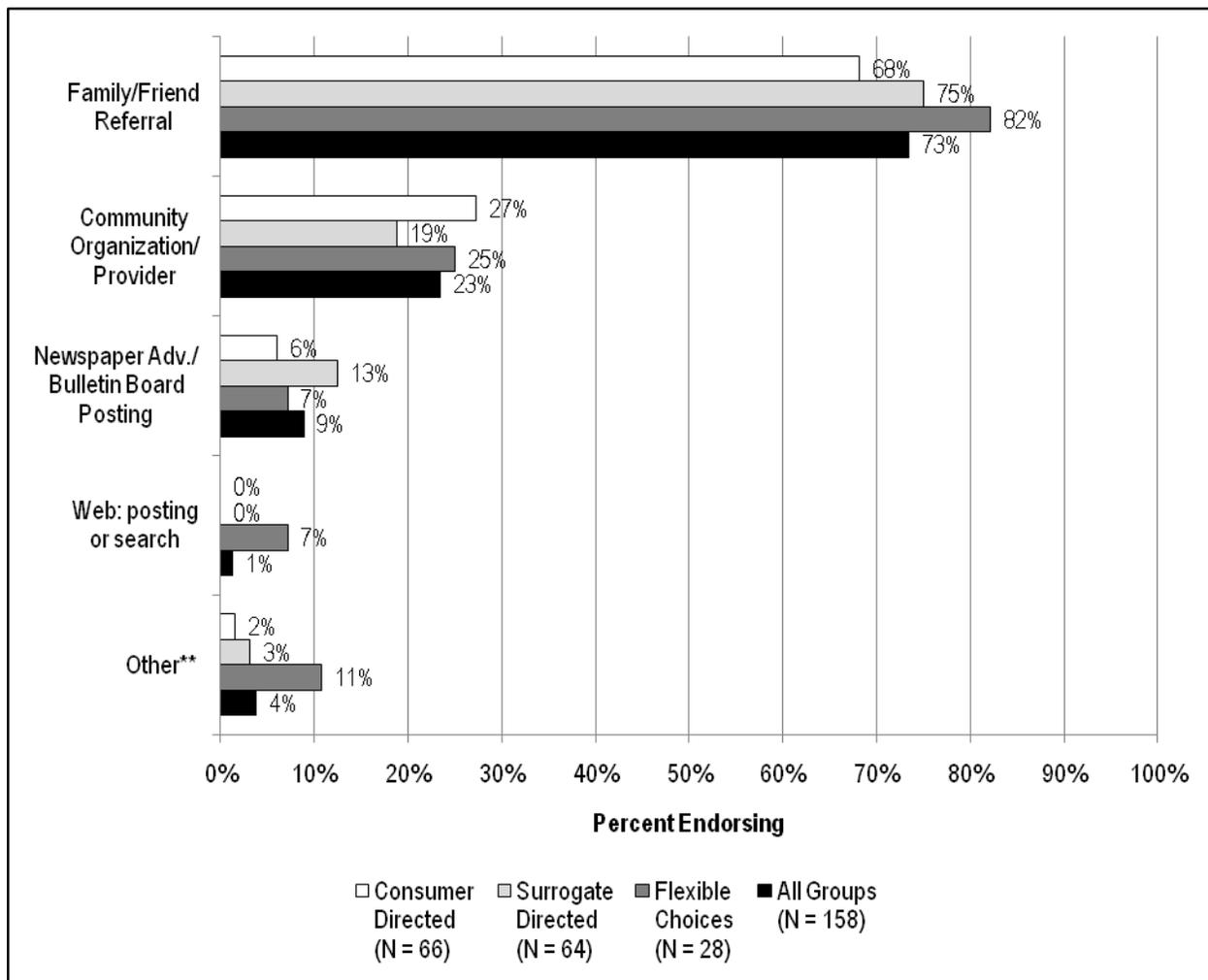
*Note: N's of responses to each item may be less than indicated due random missing data. We did not test for differences by program type due to small cell sizes.

C. Finding Potential Workers

The most frequently reported method of finding workers was referrals from family or friends (73% of respondents). Over 80% of FC respondents reported finding a worker through a family member or friend, as did 68% of CD respondents and 75% of SD respondents; this did not differ significantly across program type. A much smaller proportion of respondents found workers through community organizations or providers (23%); this did not differ across program type. In addition, 9% of respondents reported finding workers through advertising; only 1% of respondents reported using the internet to find workers, and this source of potential workers was only used by FC consumers (Figure 5).

A statistically higher percentage of respondents who currently employed a family member (81%) reported the referral to have come from family or friends compared to respondents not employing a family member (58%; $\chi^2 = 9.82, p < .002$).

Figure 5: How Consumers/Surrogates Found Worker(s), N = 158*



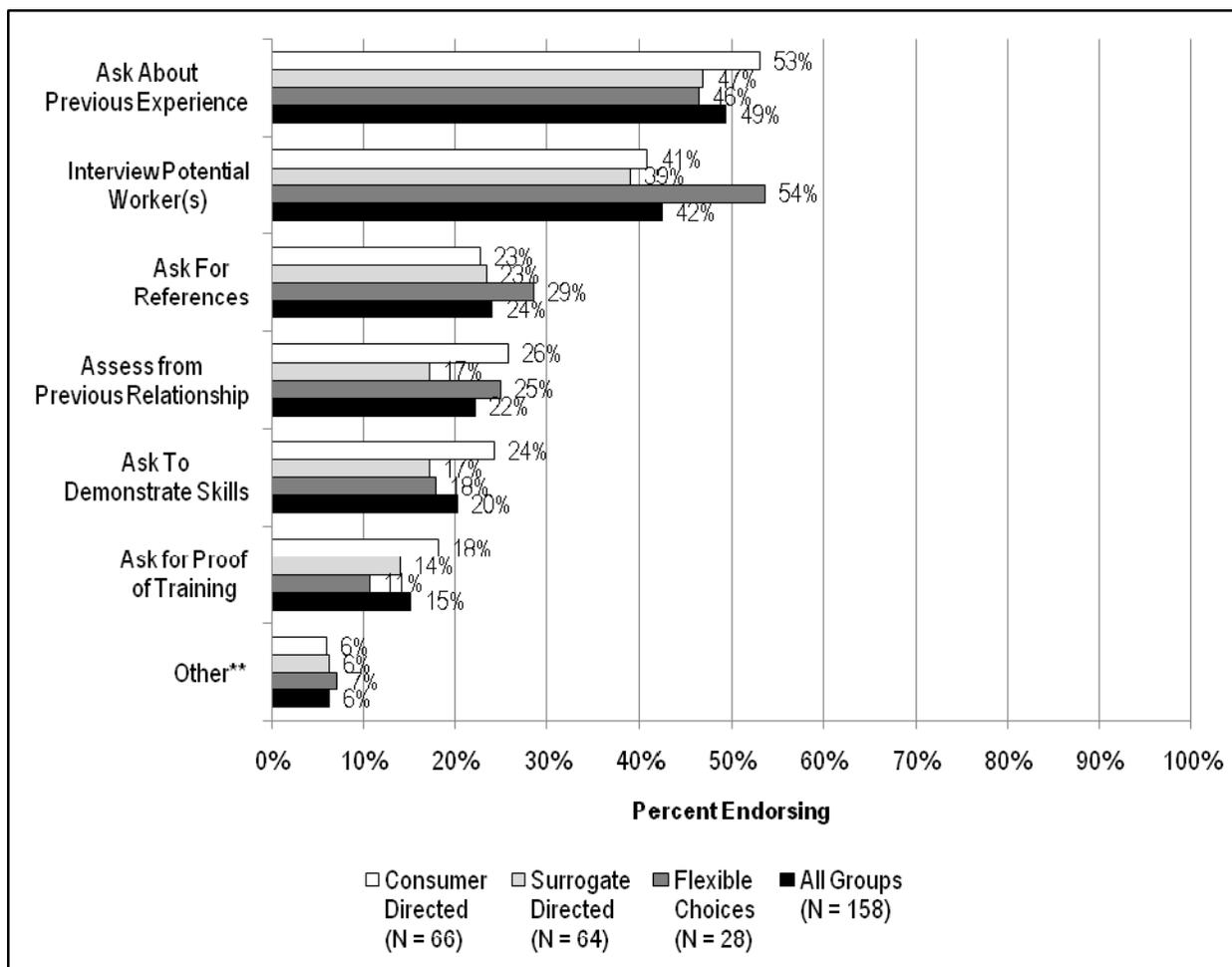
* Note: N's of responses to each item may be less than indicated due to random missing data. No significant differences by program type were found, except for the "other" category.

**Includes referrals through Church or Synagogue and other sources.

D. Assessing Suitability of Potential Workers

Respondents reported using a variety of strategies to evaluate potential workers, with the two most common methods being to *ask about previous experience* (49%) and to *interview potential workers* (42%). Four strategies used less frequently were to *ask for references* (24%), *assess suitability based on a prior relationship* (22%), *ask worker to demonstrate skills* (20%) and *ask for proof of training* (15%). There were no significant differences in reported use of these assessment strategies (Figure 6).

Figure 6: How Consumer/Surrogate Assessed Suitability of Worker(s), N = 158



*Note: N's of responses to each item may be less than indicated due random missing data. No significant differences by program type were found.

**Includes input from providers, background checks, and other sources of information.

As expected, a higher proportion of respondents who were not employing a family member reported that they interviewed potential workers (60%) compared to respondents who were employing a family member (34%) ($\chi^2 = 9.40, p = .002$).

E. Issues Making it Difficult to Hire Workers

Overall, respondents cited three primary issues making it difficult to hire workers (Figure 7):

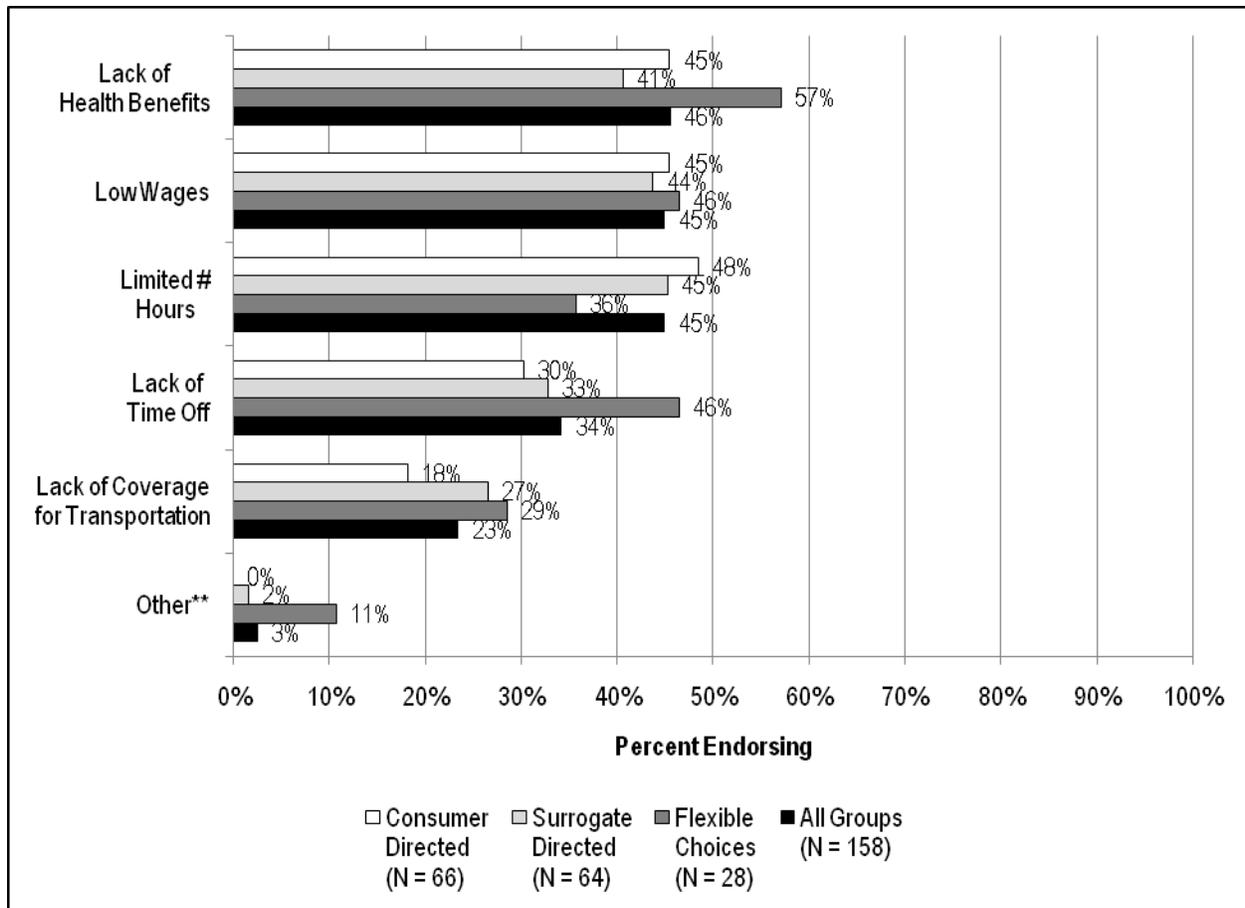
- Lack of health benefits for workers (46%);
- Low wages (45%); and
- Limited number of hours (45%).

In addition, a smaller percentage of respondents overall cited other reasons that made it difficult for them to hire workers:

- 34% cited “lack of time off”, although 46% of FC respondents mentioned this barrier; and
- 23% of all respondents noted “lack of coverage of transportation” as a problem.

There were no significant differences in responses across self-direction group on any of the five primary issues making it difficult to hire workers.

Figure 7: Issues Making it Difficult to Hire Workers, N = 158*



* Note: N's for individual items may total to less than 158 due to random missing data. No significant differences by program type were found.

** Includes the worker's responsibilities and other miscellaneous difficulties.

The proportion of respondents citing “limited number of hours” making it difficult to hire workers was higher among respondents employing a family member (52%) than among respondents not employing a family member (31%), $\chi^2 = 6.29, p = .012$.

F. Training of Workers

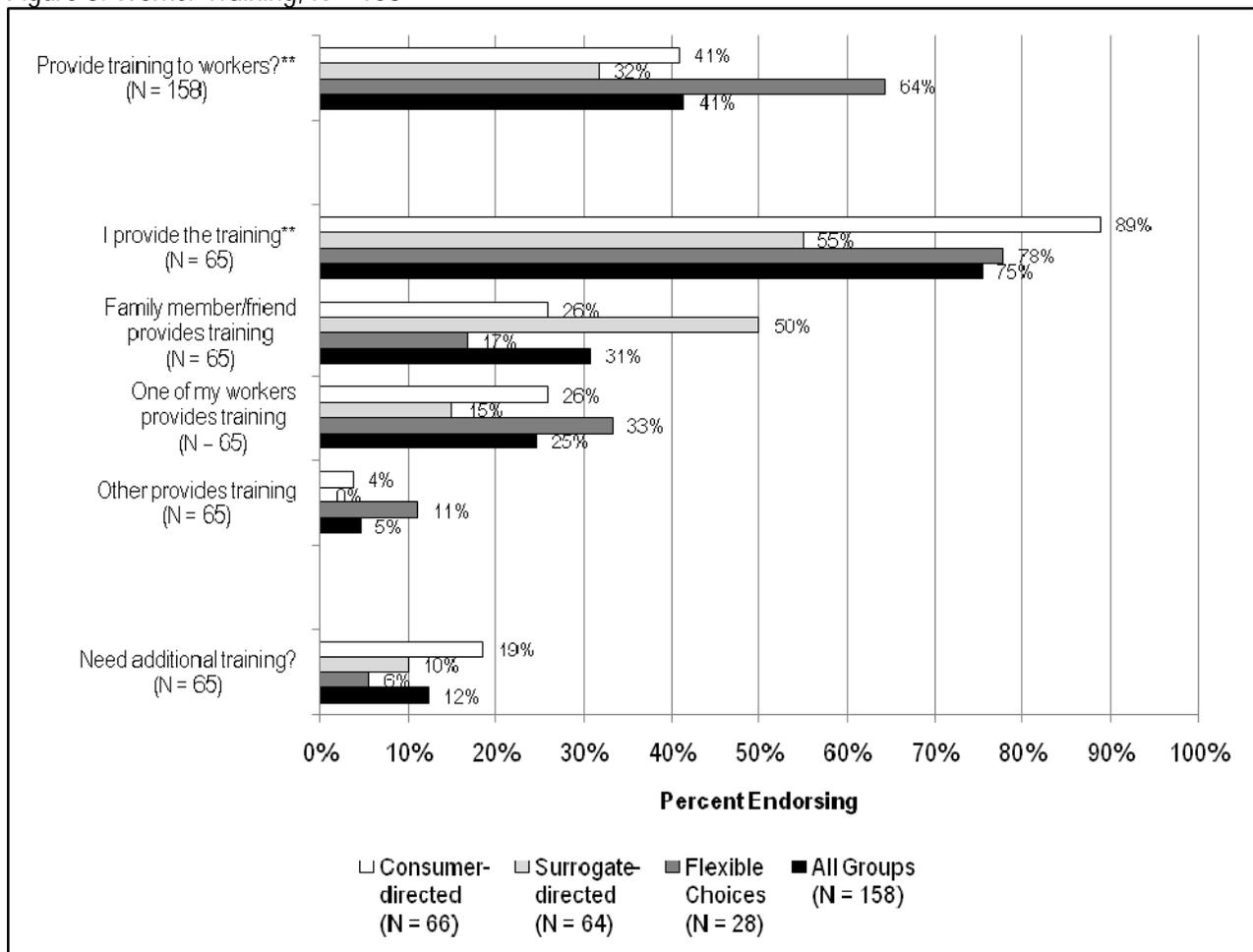
In terms of worker training, while a little less than half of respondents overall indicated providing training to their workers (41%), a majority of Flexible Choices respondents (64%) did, more than among CD (41%)

and SD (32%) respondents (Figure 8). These differences across program type were statistically significant ($\chi^2 = 8.47, p = .015$). A significantly higher proportion of respondents not employing a family member (54%) reported providing training to their workers compared to respondents not employing a family member (35%) ($\chi^2 = 4.96, p = .026$).

Training was most often provided directly by the respondents (75%), although there was a great deal of variability across programs, with 89% of CD respondents reporting providing the training themselves, compared to 55% of SD respondents, and 78% of FC respondents. These differences across program type were statistically significant ($\chi^2 = 7.19, p = .028$), but should be interpreted with caution due to small sample sizes. Also, a significantly higher proportion of respondents reported that they provided the training themselves when they did not employ a family member (42%) compared to respondents who did employ a family member (25%) ($\chi^2 = 4.62, p = .032$).

The percentage of respondents indicating that training was provided by a family member/friend was not different across program types. A relatively small percentage of respondents (12%) indicated that their workers needed additional training.

Figure 8: Worker Training, N = 158*



* Note: N's for individual items may total less than indicated due to random missing data.

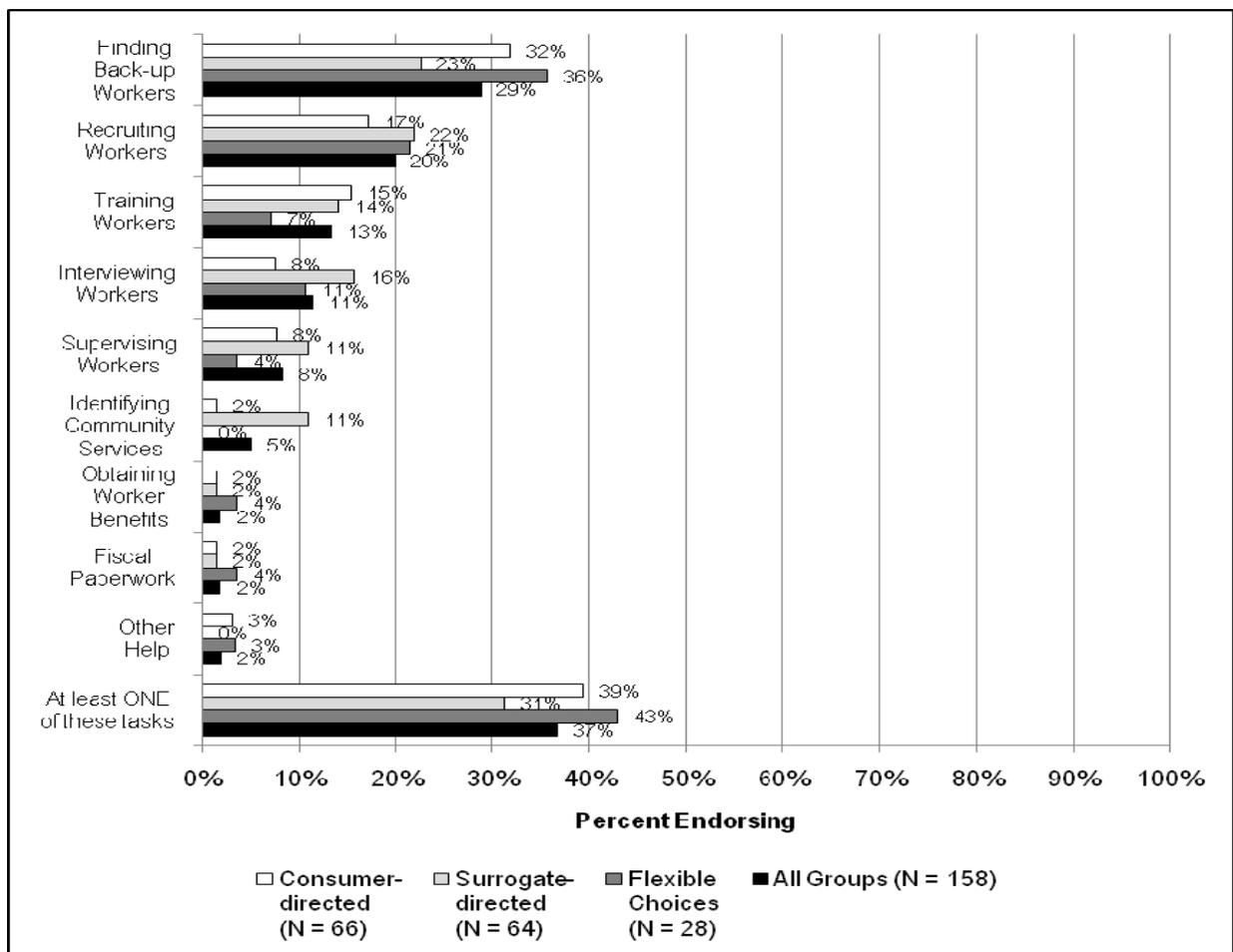
** Significant differences by program type were found for these survey responses.

G. Additional Needs with Workers

Overall, 37% of respondents indicated that they would like help with at least one worker-related activity. The greatest areas of interest were in finding back-up workers and general recruitment (Figure 9). Among these consumers, the proportion desiring additional help with at least one kind of task was significantly higher among respondents who were not employing a family member (52%) compared to respondents who were employing a family member (29%) ($\chi^2 = 7.72, p = .006$). A smaller percentage of respondents reported desiring assistance with training workers (13%), interviewing workers (11%), supervising workers (8%), or identifying additional community services (5%).

Significant differences in reported desire for more help in recruiting workers and in finding back-up workers were also found based on the relationship of the respondent and the worker(s). Specifically, respondents who were not employing a family member desired more help in recruiting workers (29%) compared to respondents who were employing a family member ($\chi^2 = 3.95, p = .047$). Also, respondents who were not employing a family member desired more help in finding back-up workers when regular workers don't report to work (46%) compared to consumers who were employing a family member (20%) ($\chi^2 = 11.38, p < .001$).

Figure 9: Additional Worker-related Assistance Desired, N = 158*



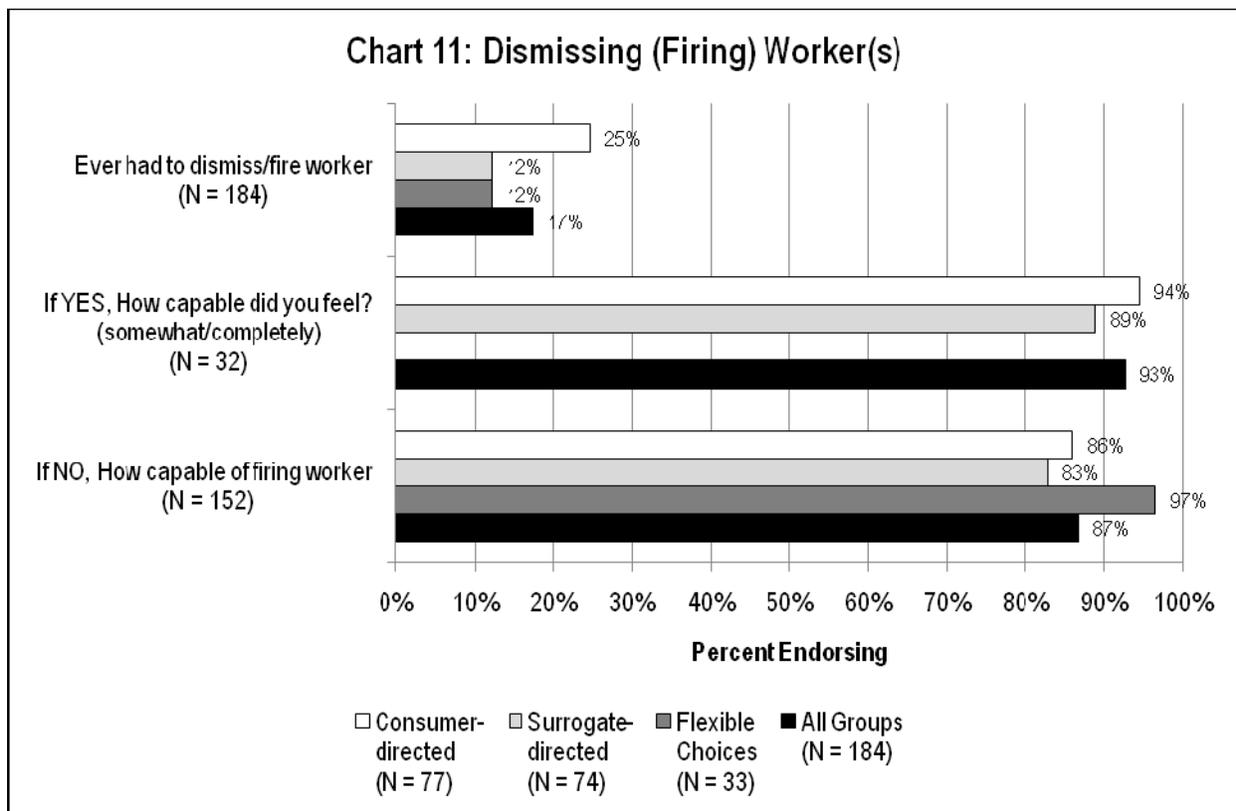
*Note: N's for individual items may total to less than 158 due to random missing data. No significant differences by program type were found.

H. Dismissing (Firing) of Workers

Overall, 17% of all respondents indicated that they had dismissed (fired) a worker in the past, and there were no significant differences across program type (Figure 10). Nearly all respondents (93%) who had dismissed a worker reported having felt “somewhat” or “completely capable” in doing so.²

A similarly high percentage (87%) of respondents who had never dismissed a worker felt they would be either “somewhat” or “completely” capable of doing so if necessary, and responses did not differ by self-direction group.

Figure 10: Experiences with Dismissing (Firing) Workers, N = 184*



*Note: N's for individual items may total to less than indicated due to random missing data. No significant differences by program type were found.

Use of Funds (or interest in using funds) for Purchases Other Than for Workers

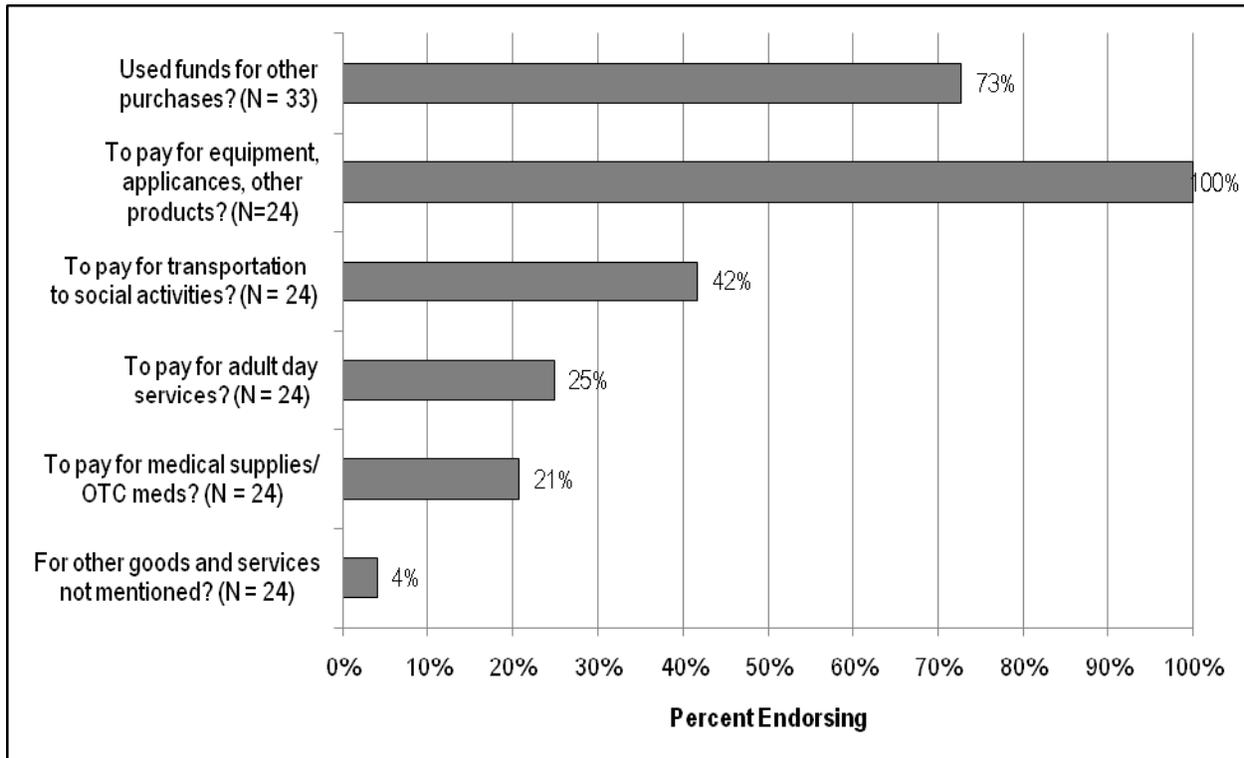
A. Uses of Funds Among Flexible Choices Respondents

Among FC respondents, 73% reported having used their budgets for purchases of things other than paying their worker(s) (Figure 11). Of these FC respondents:

² Four FC consumers indicated having had to dismiss a worker in the past, but their responses to the item asking how capable they had felt were not captured in the data.

- 100% indicated having used funds for other things reported purchasing equipment, appliances, or other products;
- 42% indicated having used funds to pay for transportation to social activities;
- 25% indicated having used funds to purchase Adult Day services; and
- 21% indicated having used funds to purchase medical supplies or over-the-counter medicines.

Figure 11: Use of Funds for Purchases Other Than Workers Among FC Respondents (N = 33)



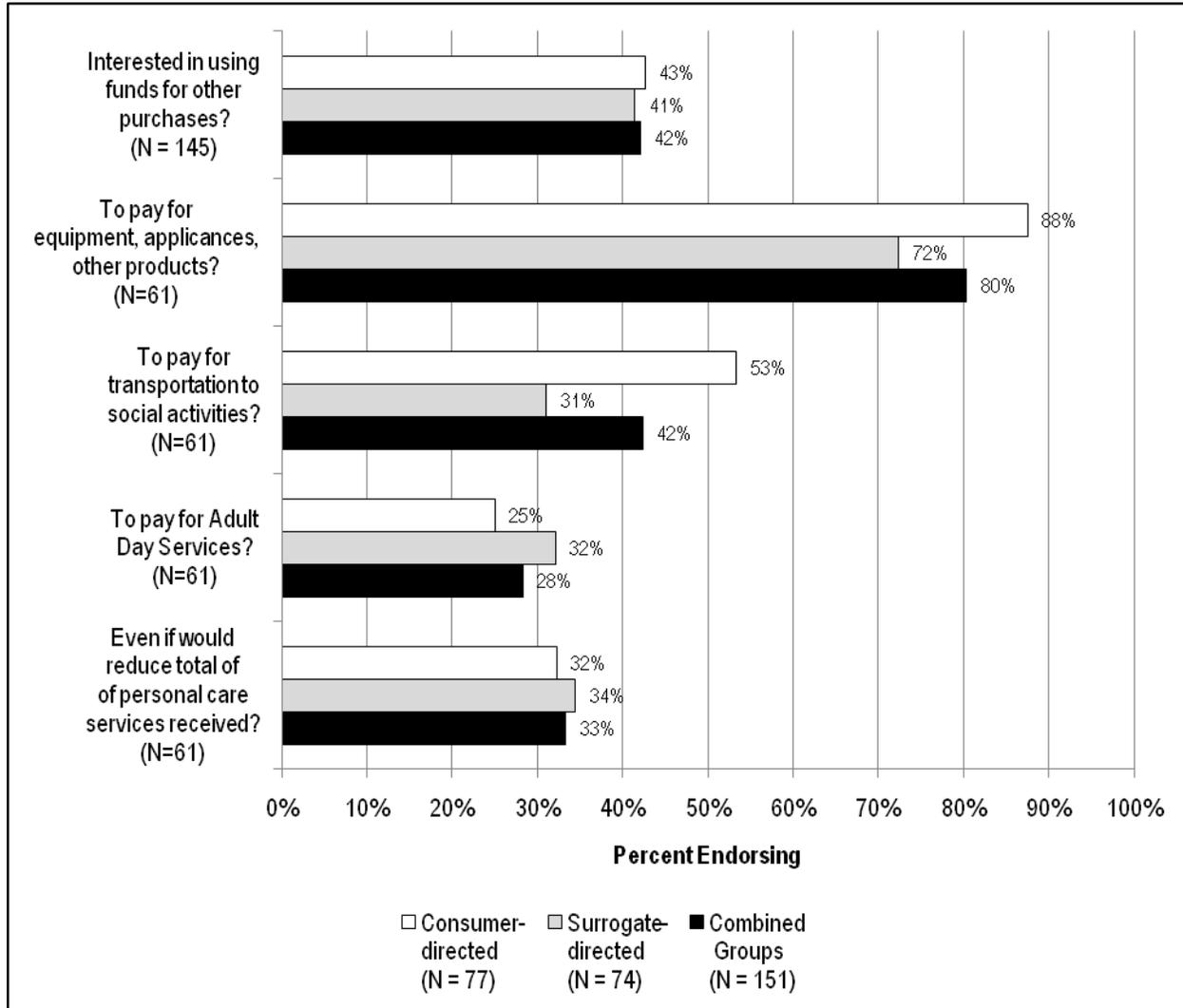
B. Interest in Using Funds for Purchases Other than Workers Among CD and SD Respondents

Among CD and SD respondents, 42% indicated an interest in having the ability to purchase goods and services other than workers (Figure 12). Though responses did not differ significantly across program group, of these respondents:

- 80% expressed interest in purchasing equipment, appliances, or other products;
- 42% expressed interest in purchasing transportation to social activities; and
- 28% expressed interest in purchasing adult day services.

Additionally, 33% of respondents indicated they would still be interested in using funds for purchases other than workers even if their total personal care benefit would be reduced. These percentages, too, did not differ across program groups.

Figure 12: Interest in Using Funds for Purchases Other Than Workers by CD and SD Respondents, N = 151*



*Note: Total number of consumers responding to first item sum to less than indicated due to random missing data. No significant differences by program type were found.

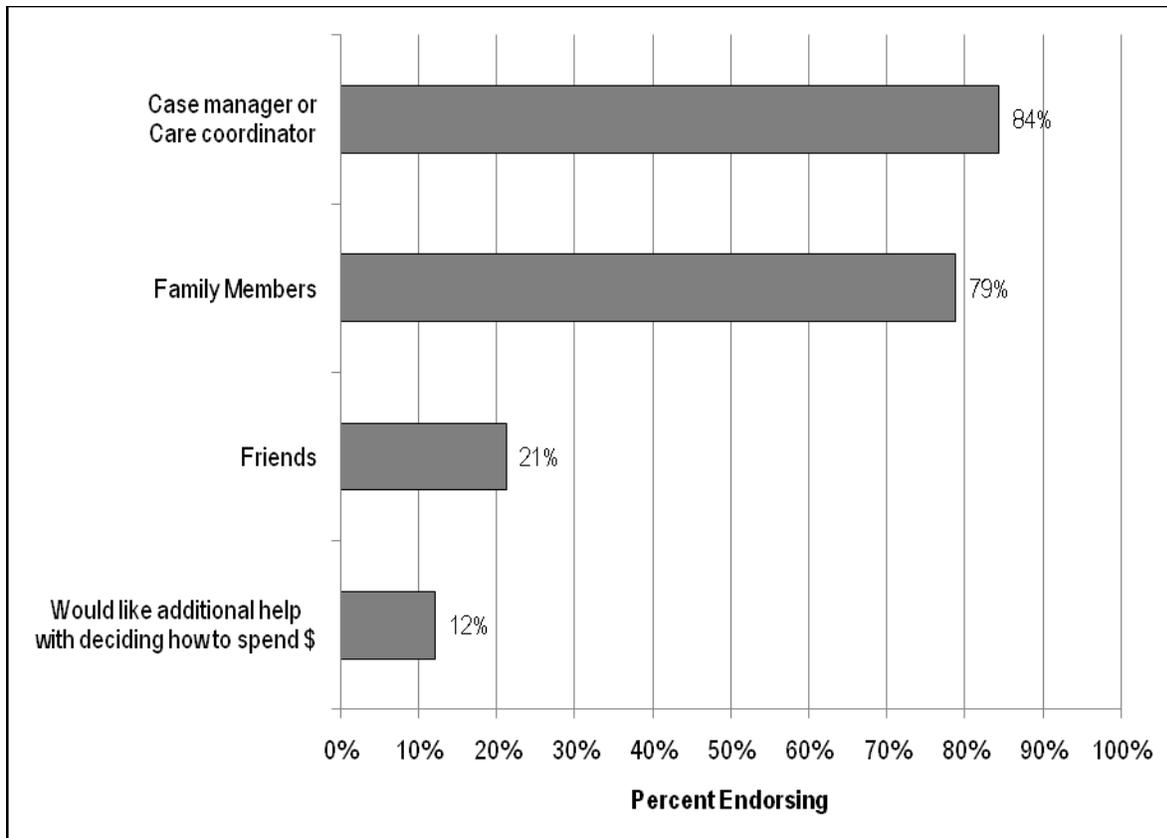
C. Use of Budget Items Asked of FC Respondents Only

We asked FC respondents to indicate, from a list provided, specific reasons why they might not have used their budgets to make purchases other than hiring workers. Because 24 of 33 FC consumers reported that they had used their budgets for purchases other than workers, the question asking why consumers had not used their budgets for other purchases was only relevant to the remaining nine Flexible Choices respondents. Among these nine respondents:

- 3 respondents indicated that “funds are not sufficient to cover anything else”;
- 3 respondents indicated that “I didn’t know that I could do that”;
- 2 respondents indicated that “I don’t need any other goods or services”; and
- 1 respondent cited some “other reason”.

In terms of who FC respondents said they talked to when deciding how to spend their FC allowances, 84% indicated talking with their case manager or care coordinator, 79% reported talking with family members, and 21% reported talking with friends (Figure 13). 12% of consumers indicated a desire for additional help in deciding how to spend their allowances.

Figure 13: Who Flexible Choices Respondents Consulted With on Spending Resources, N = 33*



*Note: N's for individual items may total to less than 33 due to random missing data.

DISCUSSION and Policy Options for DAIL

Consumer-directed care and surrogate-directed care have been available to older Vermonters and adults with physical disabilities receiving waiver services prior to Choices for Care. In developing Flexible Choices, Choices for Care added a third option that allowed participants or their surrogates not only to hire independent workers but also to make purchases not generally covered by Medicaid. Like other states, Vermont is interested in understanding not only the experiences of waiver participants who hire/fire their own workers but also whether these employers sufficiently assure the “quality” of their care/workers.

To explore these issues, UMass and DAIL collaborated to conduct a survey with CFC participants and surrogates in self-directing options that had a very high response rate. Overall, most respondents reported

the services they received, including the service provided by their independently hired rather than agency workers, met their needs, a finding also found in the annual DAIL survey with all its long-term care service participants. This finding was also consistent across all three self-directing options, suggesting that participants are enrolled in the option that suits their individual preferences for services and flexibility.

Approximately 88% of respondents indicated they were hiring at least one worker through Choices for Care. About two-thirds of these respondents employed a family member, indicating that family members remain a critical and reliable source of support, whether paid or unpaid. On a number of survey items, respondents who did or did not employ a family member differed significantly. For example, respondents who employed a family member were less likely to report engaging in several employer-related activities, i.e., interviewing potential workers and providing training—activities that conceivably may not be necessary when individuals employ family members who are well-known to them. In addition, these respondents were less likely to report desiring assistance recruiting workers or finding back-up workers, an indicator of the reliability of family caregivers.

We found no significant differences in most survey responses on worker management by respondents in each of the three self-direction groups (CD, SD and FC), even though these HCBS options differ in the level of consumer choice and control. Specifically, respondents across the three groups reported similarly in terms of how they find workers, assess their suitability, and dismiss workers. Considering participants in all three groups are at high or highest level of need, the fact that they approach their employer role similarly to surrogates seems to be a positive indicator of participants' ability to assure the quality of care they receive. Nevertheless, one difference emerged: a higher percentage of CD participants reported providing training to their workers than SD respondents.

We found two other differences in survey responses by self-direction type. A higher percentage of Flexible Choices respondents employed 2 or more workers and provided training, compared to the other self-directing groups. This difference may be attributed to the fact that Flexible Choices allowances place more funding at the participants' discretion, and therefore, more worker support is possible. Additionally, Flexible Choices participants/surrogates may hire workers for services other than personal care, respite, and companion, thus opening more possibilities for worker support and need for training. Also, CD and SD policies state that participants' spouses cannot be paid for IADL supports, Flexible Choices policies do not have this restriction.

In addition to reporting their experiences as employers, Flexible Choices also reported the goods they had purchases while CD and SD respondents described what goods or services they might purchase, if given the option. Interestingly, how Flexible Choices participants actually spent their allowances is similar to how CD and SD respondents speculated they might spend an allowance. At the top of the list for goods was equipment, followed by transportation for social activities and adult day services. This finding suggests that CD and SD participants may want more equipment, transportation, and adult day than what is currently available to them. This finding also suggests that if CD and SD participants were to be allowed to purchase goods, they would probably purchase similar items as current Flexible Choices participants. In spite of these potential unmet needs, only a minority (albeit a substantial minority) of Consumer-directed care or Surrogate-directed care consumers indicated a desire to have the ability to use funds for purchases beyond workers, particularly if this choice would reduce the resources available for hiring workers. One explanation may be that the benefits of being in CD or SD outweigh the potential benefits of enrolling in FC, at least for the time being or that the ability to hire independent workers is the most critical area of flexibility needed.

Finally, two findings appear to merit attention from DAIL. First, 12% of respondents indicated that they were not currently employing any worker(s). While it may be expected that there will at any point in time be some percentage of self-directing consumers who may be in transition between workers, this number nevertheless seemed higher than expected. Although it is possible that some respondents who said they were not employing workers may have misunderstood the question, DAIL may want to verify this finding with administrative data. Second, between 31-43% of respondents indicated a desire for additional support, particularly with recruitment and finding back-up workers; this need was higher among respondents who were not employing family members. DAIL may wish to consider steps that could be taken to provide or arrange for additional support where needed. One underutilized resource with potential for finding workers is web-based approaches. Rewardingwork.org or similar websites may constitute a ready source of worker referrals, assuming there is increased consumer education or awareness of this source of potential workers.

Conclusion

CFC self-directing options have demonstrated to be effective mechanisms for delivering long-term supports to adults with physical impairments. Participants and surrogates use the program flexibility to hire family members to help with care as well as equipment and transportation that are not traditionally covered by Medicaid. Participants and surrogates appear to have confidence in their ability to manage workers, while demonstrating sound employer judgments. Nevertheless, Vermont's rural geography, combined with the absence of benefits and low wages of personal care attendants, constitute a few contributors to the availability of personal care attendants. Like other states, Vermont will need to address this issue not only for current CFC participants but also future aging Vermonters.

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES/CONSUMER/SURROGATE (ALL)

APPENDIX A. SURVEY SCRIPT FOR COMPLETED SURVEYS

QUESTION	SCRIPT
PRE1	<p>Hi, this is [INTERVIEWER NAME] calling from the Office of Survey Research on behalf of the Vermont Department of Disabilities, Aging and Independent Living.</p> <p>We're doing a study of customer satisfaction of Vermonters who use the Department's services. NEXT</p>
PRE2	<p>May I speak with "FIRSTNAME" "LASTNAME" or the person who is in charge of his/her care?</p> <p>Yes, on the phone SKIP TO PRE7</p> <p>Yes, surrogate - RECORD NAME BELOW SKIP TO PRE7</p> <p>Yes, coming to the phone SKIP TO PRE7</p> <p>No, not available to come to the phone – SKIP TO PRE5</p> <p>Wrong number – SKIP TO PRE3</p> <p>Refused – SKIP TO REFUSALCONV</p>
PRE7	<p>The survey will take about 10 to 12 minutes to complete. Are you ready to begin the survey?</p> <p>Yes SKIP TO PRE8</p> <p>No, I want to reschedule SKIP TO PRE5</p> <p>Refuse to participate REFUSAL CONVERSION</p>

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES/CONSUMER/SURROGATE (ALL)

QUESTION	SCRIPT
PRE8	<p>Great! Thank you for participating. Let's get started.</p> <p>As you answer the next few questions, please respond in terms of your experience with your long-term care and services in general, rather than thinking of individual services. GO TO SCRIPT</p>
Q1	<p>To what degree do the services you are receiving from the Choices for Care program meet your daily needs for help with activities such as bathing, dressing, preparing meals, and housekeeping?</p> <p>INTERVIEWER: Read only the 'Excellent - Poor' choices to the respondent:</p> <p>Excellent</p> <p>Very Good</p> <p>Good</p> <p>Fair</p> <p>Poor</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES/CONSUMER/SURROGATE (ALL)

QUESTION	SCRIPT
Q2	<p>In the past six months, has the help you received from Choices for Care made your life:</p> <p>INTERVIEWER: Read only 'Much better - Much worse' choices to the respondent.</p> <p>Much better</p> <p>Somewhat better</p> <p>About the same</p> <p>Somewhat worse</p> <p>Much worse</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q3	<p>In general, how satisfied are you with your life?</p> <p>INTERVIEWER: Read only 'Very satisfied - Very dissatisfied' choices to the respondent.</p> <p>Very Satisfied</p> <p>Satisfied</p> <p>Dissatisfied</p> <p>Very dissatisfied</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES/CONSUMER/SURROGATE (ALL)

QUESTION	SCRIPT
Q4	<p>Are you currently employing workers through the Choices for Care program?</p> <p>Yes</p> <p>No SKIP TO Q17</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q4A	<p>How many workers are you currently employing?</p> <p>INTERVIEWER: RECORD A WHOLE NUMBER.</p> <p>Number of workers _____</p>
Q5	<p>What is your relationship to this person/these workers? I'm going to read some choices and you tell me if any or all of them apply.</p> <p>No relationship before hiring</p> <p>Friend or neighbor</p> <p>Member of same church/synagogue</p> <p>Grandson/granddaughter</p> <p>Niece/nephew/cousin</p> <p>Brother/sister</p> <p>Parent</p> <p>Spouse/partner</p> <p>Other - PLEASE RECORD IN TEXTBOX</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES/CONSUMER/SURROGATE (ALL)

QUESTION	SCRIPT
Q6	<p>When you were seeking help, how did you find this worker/these workers? Again, I'm going to read some choices and you tell me if any or all of them apply.</p> <p>Referral(s) from a friend or family member</p> <p>Connections through a church or synagogue</p> <p>Connections through a community organization</p> <p>Posting on a local bulletin board</p> <p>Advertising in a newspaper</p> <p>Posting a website ad (such as Craig's list)</p> <p>Search on a website database (such as Rewardingwork.org)</p> <p>Other - PLEASE RECORD IN TEXTBOX</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q7	<p>How do you decide if prospective workers have the skills you need? Again, I'm going to read some choices and you tell me if any or all of them apply.</p> <p>Interview the worker</p> <p>Ask the worker about previous experience</p> <p>Ask the worker to demonstrate specific skills</p> <p>Ask for references from previous employers</p> <p>Ask for proof of previous training</p> <p>Other - PLEASE RECORD IN TEXTBOX</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES/CONSUMER/SURROGATE (ALL)

QUESTION	SCRIPT
Q8	<p>Do you provide training to your workers?</p> <p>Yes</p> <p>No SKP TO Q10</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q8A	<p>Who provides the training? Again, I'm going to read some choices and you tell me if any or all of them apply.</p> <p>I provide it directly</p> <p>I have a family member or friend provide training</p> <p>One of my other workers provides training</p> <p>Other - PLEASE RECORD IN TEXTBOX</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q9	<p>Do your current workers need any additional training?</p> <p>Yes</p> <p>No</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES/CONSUMER/SURROGATE (ALL)

QUESTION	SCRIPT
Q10	<p>In your role as an employer, would you like any help in recruiting workers?</p> <p>Yes</p> <p>No</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q11	<p>In your role as an employer, would you like any help in interviewing workers?</p> <p>Yes</p> <p>No</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q12	<p>In your role as an employer, would you like any help in training workers?</p> <p>Yes</p> <p>No</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q13	<p>In your role as an employer, would you like any help in supervising workers?</p> <p>Yes</p> <p>No</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES/CONSUMER/SURROGATE (ALL)

QUESTION	SCRIPT
Q14	<p>In your role as an employer, would you like any help in finding back-up workers when regular workers don't report to work?</p> <p>Yes</p> <p>No</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q15	<p>Is there any other help you would like to support you in your role as employer?</p> <p>Yes - RECORD IN TEXTBOX</p> <p>No</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
Q16	<p>I'm going to read a list of things that may make it difficult to hire workers. Could you tell me whether or not these things make it difficult for you to hire workers?</p> <p>Low wages</p> <p>Lack of health benefits</p> <p>Lack of time off (sick leave/vacation leave)</p> <p>Limited number of hours</p> <p>Lack of coverage of transportation</p> <p>Other or no difficulty - PLEASE RECORD OTHER OR NONE IN TEXTBOX</p>

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES/CONSUMER/SURROGATE (ALL)

QUESTION	SCRIPT
<p>Q17 CPL</p>	<p>Since you have been enrolled in the Vermont Choices for Care program, have you ever had to dismiss (fire) a worker?</p> <p>Yes SKIP TO Q17A</p> <p>No SKIP TO Q18</p> <p>Don't Know - DO NOT READ SKIP TO Q18</p> <p>Refused - DO NOT READ SKIP TO Q18</p>
<p>Q17A</p>	<p>How capable did you feel in your ability to dismiss a worker, would you say you were? Were you:</p> <p>Completely capable</p> <p>Somewhat capable</p> <p>Somewhat not capable</p> <p>Not at all capable</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p> <p>SKIP TO Q19</p>
<p>Q18</p>	<p>If necessary, do you feel that you would be capable of dismissing a worker?</p> <p>Yes</p> <p>No</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES ONLY

Q19	Have you ever used the Choices for Care program to pay for anything other than hiring workers? Yes No SKIP TO Q25 Don't Know - DO NOT READ Refused - DO NOT READ
Q20	Have you used the Choices for Care program to pay to attend adult day health programs? Yes No Don't Know - DO NOT READ Refused - DO NOT READ
Q21	Have you used the Choices for Care program to pay for transportation? Yes No Don't Know - DO NOT READ Refused - DO NOT READ
Q22	Have you used the Choices for Care program to purchase equipment, appliances or other products? Yes No Don't Know - DO NOT READ Refused - DO NOT READ

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES ONLY

Q23	Have you used the Choices for Care program to purchase other goods or services we haven't talked about? Yes No Don't Know - DO NOT READ Refused - DO NOT READ
Q24	Do any of the following reasons play a role in why you did not use the Choices for Care program for things other than hiring workers? Funds are not sufficient to cover anything else I don't need any other goods or services I didn't know that I could do that Other reason
Q25	When deciding how to spend resources from the Choices for Care program, do you talk things over with family members? Yes No Don't Know - DO NOT READ Refused - DO NOT READ
Q26	When deciding how to spend resources from the Choices for Care program, do you talk things over with friends? Yes No Don't Know - DO NOT READ Refused - DO NOT READ

Vermont Choices for Care Interviewer's Script

GROUP = FLEXIBLE CHOICES ONLY

Q27	When deciding how to spend resources from the Choices for Care program, do you talk things with a case manager or care coordinator? Yes No Don't Know - DO NOT READ Refused - DO NOT READ
Q28	Would you like additional help to make decisions about how to spend your resources? Yes, Specify - RECORD RESPONSE No Don't Know - DO NOT READ Refused - DO NOT READ

Vermont Choices for Care Interviewer's Script

GROUP = CONSUMER/SURROGATE ONLY

QC19	If you had an option, would you be interested in using the funding from the Choices for Care program to purchase anything besides hiring workers? Yes SKIP TO QC20 No SKIP TO F1 Don't Know - DO NOT READ Refused - DO NOT READ
QC20	Would you like to use funding from the Choices for Care program to pay for an adult day health program? Yes No Don't Know - DO NOT READ Refused - DO NOT READ
QC21	Would you like to use funding from the Choices for Care program to pay for transportation to social activities? Yes No Don't Know - DO NOT READ Refused - DO NOT READ
QC22	Would you like to use funding from the Choices for Care program to pay for equipment or appliances to help you be more independent? Yes No Don't Know - DO NOT READ Refused - DO NOT READ

Vermont Choices for Care Interviewer's Script

GROUP = CONSUMER/SURROGATE ONLY

QC 23	<p>Would you want to make these purchases even if it meant that it would reduce the amount of personal care assistance that you could purchase?</p> <p>Yes</p> <p>No</p> <p>Don't Know - DO NOT READ</p> <p>Refused - DO NOT READ</p>
F1	<p>Is there anything else that you would like to share about your experience with the Choices for Care program?</p> <p>INTERVIEWER: TYPE THE RESPONDENT'S ANSWER.</p>
F2	<p>That concludes our survey. On behalf of the Vermont Department of Department of Disabilities, Aging and Independent Living, thank you for participating in our survey.</p> <p>If you have questions about this survey or the Choices for Care program, contact Karen Errichetti at the Office of Survey Research. Her number is: 508-856-8982.</p> <p>Have a good day. Goodbye.</p> <p>CTRL/END – RECORD DISPOSITION</p>

APPENDIX B. OFFICE OF SURVEY RESEARCH TECHNICAL REPORT



Vermont Choices for Care Satisfaction Survey: Technical Report

January 2010

OFFICE OF SURVEY RESEARCH, REPORT #2010-01-01

Survey at a Glance

- ✓ *The Vermont Department of Disabilities, Aging and Independent Living conducts customer satisfaction surveys annually to improve its long-term care program, Choices for Care, and to enhance the quality of life of long-term care consumers in Vermont.*
- ✓ *Vermonters participating in the Choices for Care program were interviewed by telephone about their satisfaction with the program, health and functional status, and overall quality of life.*
- ✓ *184 Choices for Care clients completed the survey, for an adjusted response rate of 73% and a contact rate of 89%.*

Introduction

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) conducts an annual customer satisfaction survey of participants in its Choices for Care program. The Choices for Care (CfC) program is a DAIL-sponsored program that operates on the basis of a five-year 1115 Long-Term Care Medicaid waiver. Implemented in October 2005, CfC was designed to increase access to home- and community-based long-term care services for Vermont's elders and adults with physical disabilities. The Vermont CfC program aims to reduce long-term care costs for the state and improve Vermonters' quality of life.

The goal of the survey was to evaluate and improve the CfC program as well as enhance the overall quality of life of long-term care consumers in Vermont. DAIL contracted with the Office of Long Term Support Studies and the Office of Survey Research at the

University of Massachusetts Medical School (UMass) to field the survey. This technical report describes the methodology employed to conduct the CfC customer satisfaction survey in December 2009.

Sample

Those eligible for the survey were enrolled in one of three types of service programs operated by DAIL at the time of interview: Flexible Choices, self-directed care, or surrogate-directed care. The differences in these groups appear in **Table 1**:

Table 1. Service Type Group Definitions

Flexible Choices Client receives a monetary stipend to spend on services, items, and programs to assist them with daily activities
Self-directed care Client is provided a budget to hire personal care workers paid through a third-party; workers are hired and directed by client
Surrogate-directed care Client is provided a budget to hire personal care workers paid through a third-party; workers are hired and directed by a surrogate designated for the client

A sample of 301 clients distributed across the three service groups was randomly selected from the available client pool of the CfC program provided by DAIL. It includes all 51 clients in the Flexible Choices group, 125 randomly selected clients in the Self-Directed Care group (n=160), and another 125 randomly selected clients in the Surrogate-Directed Care group (n=200). After initial contacts were made, 7 clients were randomly selected to replace deceased clients in the Self-Directed Care group, bringing the total sample to 308 clients.

Methodology

Data Collection. Interviews were conducted continuously in December 2009, using the computer-assisted telephone interviewing (CATI) software package, WinCATI Version 4.2 (Sawtooth Technologies, Northbrook, Illinois). Interviewers received a minimum of 12 hours of training including personal coaching to ensure interview quality and efficiency. The questionnaire was developed by the Office of Long-Term Care Supports at UMASS in conjunction with DAIL. One week prior to the inception of interviews, each client was mailed a letter from DAIL notifying them of their selection to participate in the survey. Only 7 letters were undeliverable. Call attempts were made on the following calling occasions: Monday-Friday from 10am-5pm and 6pm-8:30pm, and Saturday and Sunday from 12pm-8pm. A maximum number of 9 attempts with at least one attempt in each calling occasion were made per client. Disposition codes were assigned to each contact.

Prior to fielding, we decided to exclude non-English speakers in any group, or those participants in Flexible Choices or the care-directed groups who had some level of hearing loss prohibiting interview. For all clients who were in the surrogate-directed care group, the person directing the clients' care was interviewed unless the client was able to complete the first three questions of the interview with no indication of cognitive impairment or deafness that would have otherwise made completion difficult. There were no other exclusion criteria.

In cases where clients in either the Flexible Choices or care-directed groups was unable to respond to the survey, a surrogate was asked to respond. In all groups, the interviewer called and asked to speak to the client or his or her surrogate. Interviewers were made aware of which program the client they

called was participating in. For the self- and surrogate-directed care groups, if the client answered the phone and indicated they would like to answer questions, that client was interviewed. If the surrogate answered the call but indicated the client could not answer the survey, the surrogate was interviewed.

Data Processing. The CATI software was programmed to automatically perform consistency checks and logical edits during the interview process. Data were exported to SAS 9.2 (SAS Institute, Cary, North Carolina) to recode missing observations.

Survey Response Rates

Definitions. Survey response can be measured using several outcome rates. The success of a survey can be assessed by exploring a combination of the number of eligible persons contacted, the percent of those persons who either refuse or cooperate with the survey, and the overall response rate. In a telephone survey, the definition of "eligible persons" is essential to understanding the response rate. Some people who may be in a list of possible respondents may not be eligible for the survey. An example of an ineligible person is someone who has moved out of the area or no longer receiving services in a client-based survey. The American Association of Public Opinion Research (AAPOR) has established set of standard definitions¹ to assist in interpretation of survey response and non-response. These standard definitions rely on a set of response rates and final survey disposition codes listed in Table 2.¹

The estimated proportion of cases of unknown eligibility (e) accounts for individuals who were called with an indication of a non-working or disconnected telephone number. Interviewers recorded 53 nonworking or disconnected numbers in this survey. Estimate of (e) is based on proportion of eligible individuals among all numbers for which a definitive determination of status was obtained (a very conservative estimate). The distribution of dispositions reflecting AAPOR definitions is shown in Table 3.

Table 2. Abbreviations and Definitions

<p>Response rates:</p> <p>RR = Response rate CON = Contact rate COOP= Cooperation rate REF = Refusal rate</p>
<p>Final survey disposition codes:</p> <p>I = Complete interview P = Partial interview R = Refusal and break-off NC = Non-contact O = Other U = Unknown (ring and no answer) e = Estimated proportion of cases of unknown eligibility that are eligible</p>

Note that partial interviews were included in the final dataset available as an appendix to this report. A “partial” interview refer to any interview where the respondent answered through Question 17 (**Since you have been enrolled in the Vermont Choices for Care program, have you ever had to dismiss (fire) a worker?**), representing half of the questionnaire.

Table 3. Counts of Final Survey Dispositions

Total phone numbers used	308
I=Complete Interviews	184
P=Partial Interviews	5
R=Refusal and break off	25
NC=Non Contact	28
O=Other	11
U=Unknown	2
Estimated proportion of unknown eligibility (e)	0.83

Response Rate Calculations. Table 4 presents calculated response rates for this survey:

Table 4. Final Survey Outcome Rates

<p>Response Rate² = 73%</p> $I/((I+P) + (R+NC+O) + e(U))$ <p>The response rate is number of completed interviews divided by the number of complete and partial interviews plus the number of non-contacts (e.g., never home or answering machines) and others (e.g., language problems or deceased persons) plus estimated ineligible.</p>

<p>Cooperation Rate = 86%</p> $I/((I+P)+R))$ <p>The cooperation rate measures the proportion of persons interviewed among cases in which someone was reached by the survey, including completed interviews, partial interviews, and refusals.</p>
<p>Refusal Rate = 10%</p> $R/((I+P)+(R+NC+O))$ <p>The refusal rate measures the proportion of persons who were reached by the survey and either refused to do an interview or breaks-off the interview before completion.</p>
<p>Contact Rate = 89%</p> $(I+P)+R+O / (I+P)+R+O+NC$ <p>The contact rate measures the proportion of cases in which someone was reached by the survey, including completed interviews, partial interviews, refusals, and others (e.g., language problems or deceased persons).</p>

Appendices

A final dataset, codebook, interview questionnaires, and frequencies by question supplement this technical report and may be requested from:

Office of Survey Research
 University of Massachusetts Medical School
 333 South Street
 Shrewsbury, MA 01545

The Office of Survey Research is a survey research center located in Central Massachusetts specializing in computer-assisted interviewing and multi-mode surveys. The Office of Survey Research is part of the Center for Health Policy and Research at UMass Medical School, the Commonwealth’s first and only public academic health sciences research center. Survey operations are located at Public Sector Partners, an affiliate of UMass.

¹ The American Association for Public Opinion Research. 2009. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys*. 6th edition. AAPOR.
² AAPOR Response Rate 3 (RR3) includes an estimate of what proportion of cases of unknown eligibility are actually eligible.

For more information, please
contact Emma D. Quach at
(508) 856-8112.



3 Centennial Drive , North Grafton, MA 01536
Tel. (508) 856-3576 Fax. (508) 856-8515
www.umassmed.edu/commed CommMedWebInfo@umassmed.edu