

Elderly & Disabled Waiver Services: Provider Survey Executive Summary

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Background: Little is known about home and community based services (HCBS) and even less about the quality of those services. As part of a “Real Choice Systems Change” grant received by the Virginia Department of Medical Assistance Services, the Center for Gerontology at Virginia Tech conducted a survey of agencies providing HCBS under the Medicaid Elderly and Disabled (E & D) Waiver. A written survey was sent to 160 providers across the state, based on a sampling plan designed to ensure representation of all planning districts and services mixes. Seventy surveys were returned for a response rate of 44%.

Agencies and Service Provision: The majority of providers were small to mid-sized agencies that serve fifty or fewer clients in a month. Half of the respondents offer personal care and respite, with 29% offering adult day health care. About half of the providers also participate in other Medicaid waivers, most commonly the Mental Retardation Waiver. Agencies have been operating for an average of ten years, with a range of one to twenty years. To be eligible for E & D Waiver services, clients must meet the criteria for nursing home admission, and be considered at risk for institutionalization. The vulnerability of the population was confirmed with the finding that almost half (43%) of the agencies had lost at least one client to nursing home admission in the past month, and nearly as many (38%) to death.

Service Priorities: When asked about the primary goal of their services, personal care and respite providers tended to respond “health maintenance,” whereas adult day health care providers were slightly more likely to see “social stimulation” as their main goal, as befits their settings. Providers identified their most important responsibilities when delivering services as the safety of clients, good communication with clients and their families, dependability of staff, and “providing the services you agreed to provide.” Given the importance providers place on communication, it is notable that 92 percent rated their communication with families as “excellent” or “very good.”

Quality Assessment and Improvement: Almost all agencies (91%) report having a formal quality assessment and improvement (QA/QI) program in place. The most commonly used QA/QI strategies were on-site supervision, staff training, performance evaluation, formal complaint process, chart audits, and satisfaction surveys. The most helpful were satisfaction surveys, on-site supervision, and chart audits. Although performance outcome measures were not as widely used, they were seen by many of those who do use them as their most helpful tool. The use of computers and information systems was clearly not widespread, which may present challenges for quality data management.

Needs: While the agencies believe they are doing a good job for their clients, unmet needs were identified by 80% of the providers, including: more visits/hours, especially mornings and bedtime, respite, and weekends; transportation; heavy cleaning; and being unable to meet needs due to staffing difficulties. More than half (57%) of the agencies reported currently having job openings, with some saying they are “always” hiring. The insufficient reimbursement rate was singled out as the greatest challenge to providing services, making it hard to hire and retain good staff. Other challenges include paperwork, bureaucracy, inability to collect client co-pay, and travel time.

Conclusions:

1. Providers vary widely in terms of resources, computer savvy, and sophistication.
2. The majority of agencies have QA & QI programs in place, but there are opportunities for improvement.
3. Low reimbursement is a major issue, and agencies are operating in a very difficult environment.