



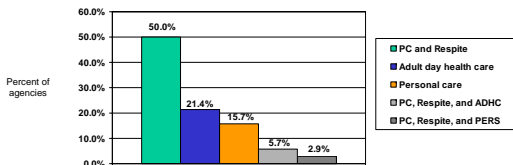
INTRODUCTION

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%.

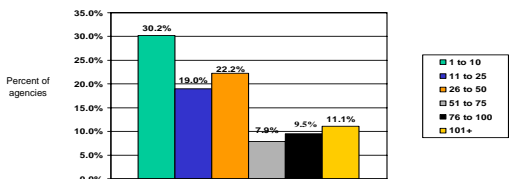
PROVIDER AGENCIES

- E & D services = personal care, respite, adult day health care (ADHC) and personal emergency response system (PERS) – see figure below for service mix
- One agency provides respite only, one provides personal care/PERS, and one agency reported providing all four services (*not included in figure below*)
- About half also participate in other waiver programs, with MR being most common
- Majority are small to mid-sized; 2/3 have 50 or fewer employees

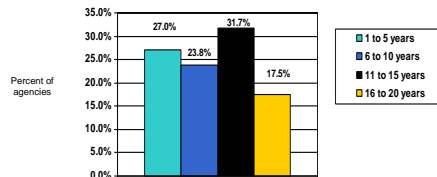
SERVICE MIX



NUMBER OF CLIENTS SERVED/MO.



LENGTH OF TIME IN OPERATION



WHAT DO AGENCIES SEE AS MOST IMPORTANT RESPONSIBILITIES?

Response	Number	Percent*
Safety of client	45	68.2%
Good communication with clients and families	41	62.1%
Dependability of staff	40	60.6%
Providing services you agreed to provide	39	59.1%
Successfully maintaining client at home	31	47.0%
Clients feel they can trust staff	27	40.9%
Safety of staff	23	34.8%
Relationship with client	19	28.8%

* Percentage of providers identifying this responsibility among their "top 5"

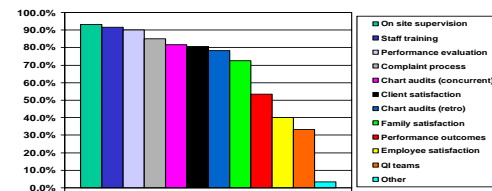
UNMET NEEDS

Most providers believe they meet client needs relatively well; mean score = 4 on scale of 1 = "a lot of unmet need" to 5 = "needs completely met"

Still, 80% identified unmet needs, including:

- Clients need more visits/hours – morning, bedtime, more hours than approved, respite care, weekends
- Transportation
- Housekeeping – heavy cleaning, grocery shopping, home repairs, yard clean-up
- Unable to meet needs due to staffing difficulties
- Families need additional emotional support

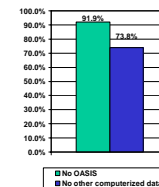
USE OF QA/QI STRATEGIES



SINGLE MOST HELPFUL QA/QI TOOL

Satisfaction surveys	38%
On-site supervision	36%
Chart audits	12%
Performance outcomes	12%

COMPUTERIZED DATA? NO!



CHALLENGES

Response	Number	Percent*
Insufficient reimbursement rate	60	87.0%
Difficulties finding CNAs	41	59.4%
Paperwork	39	56.5%
Bureaucracy at the state level	32	46.4%
Inadequacy of total funding for program	31	44.9%
Difficulties keeping CNAs	31	43.5%
Inability to collect client co-pays	20	29.0%

* Percentage of providers identifying this challenge among their "top 5"

CONCLUSIONS

- Providers vary widely in terms of resources, computer savvy, and sophistication, from small "mom and pop" operations to agencies that are part of regional systems
- The majority have QA/QI programs in place, but there are opportunities for improvement, such as understanding and use of performance outcome measures
- Low reimbursement is a major issue
- Providers' suggestions: increase reimbursement, reduce paperwork, better communication between state and agencies, streamline enrollment, more training