

Arizona Long Term Care System (ALTCS) Satisfaction Survey 2008 Report of Findings

Prepared for:
Arizona Health Care Cost Containment System (AHCCCS)

Prepared by:
Synovate
Public Sector & Healthcare Services Research Group
7600 Leesburg Pike
East Building, Suite 110
Falls Church, VA 22043

Date: April 10, 2009



CONTENTS

1.	EXECUTIVE SUMMARY	1
1.1.	FACILITIES	1
1.2.	FACILITY STAFF & CAREGIVERS	1
1.3.	HOME CAREGIVERS	1
1.4.	PERSONAL DOCTORS AND NURSE PRACTITIONERS	2
1.5.	CASE MANAGERS	2
1.6.	TRANSPORTATION FOR MEDICAL SERVICES	2
1.7.	PROGRAM CONTRACTORS	2
2.	BACKGROUND	2
3.	METHOD	4
3.1.	SAMPLE	4
3.1.1.	TARGET POPULATION	4
3.1.2.	TARGET SAMPLE SIZES	4
3.1.3.	CONSTRUCTION OF THE SURVEY SAMPLE	5
3.2.	SURVEY INSTRUMENT	6
3.3.	DATA COLLECTION FIELD PERIOD	6
3.4.	DIALING AND SCREENING RULES	6
3.4.1.	SCREENER	6
3.4.2.	SWITCHING AMONG POTENTIAL RESPONDENTS	7
3.4.3.	INITIAL CONTACT FOR EACH SAMPLE RECORD	7
3.4.4.	TIMES OF DAY	7
3.4.5.	NUMBER OF ATTEMPTS	8
3.5.	INSTRUCTIONS TO INTERVIEWERS	8
3.6.	ANALYSIS	8
3.6.1.	CALCULATION OF WEIGHTS	8
3.6.2.	STATISTICAL TESTS	11
3.6.3.	DRIVERS ANALYSIS	11
4.	RESULTS	13
4.1.	INTRODUCTION TO RESULTS	13
4.2.	FACILITY	13
4.2.1.	OVERVIEW	13
4.2.2.	ITEM-BY-ITEM RESULTS	14
4.2.3.	DRIVERS OF GENERAL SATISFACTION WITH THE FACILITY	21

4.3.	FACILITY STAFF	22
4.3.1.	OVERVIEW	22
4.3.2.	ITEM-BY-ITEM RESULTS	22
4.3.3.	DRIVERS OF GENERAL SATISFACTION WITH STAFF (STAFF6)	25
4.4.	HOME CAREGIVERS	26
4.4.1.	OVERVIEW	26
4.4.2.	ITEM-BY-ITEM RESULTS	26
4.4.3.	DRIVERS OF GENERAL SATISFACTION WITH HOME CAREGIVERS (CG12)	31
4.5.	PERSONAL DOCTOR OR NURSE PRACTITIONER	32
4.5.1.	OVERVIEW	32
4.5.2.	ITEM-BY-ITEM RESULTS	32
4.5.3.	DRIVERS OF GENERAL SATISFACTION WITH PERSONAL PROVIDER (DOC16)	36
4.6.	CASE MANAGER	36
4.6.1.	OVERVIEW	36
4.6.2.	ITEM-BY-ITEM RESULTS	37
4.6.3.	DRIVERS OF GENERAL SATISFACTION WITH CASE MANAGER (CM15/CM27)	44
4.7.	TRANSPORTATION	44
4.7.1.	OVERVIEW	44
4.7.2.	ITEM-BY-ITEM RESULTS	45
4.8.	PROGRAM CONTRACTOR	46
4.8.1.	OVERVIEW	46
4.8.2.	ITEM-BY-ITEM RESULTS	46
4.8.3.	DRIVERS OF GENERAL SATISFACTION WITH THE PROGRAM CONTRACTOR (HP8)	49
5.	<u>CONCLUSIONS & RECOMMENDATIONS</u>	49
5.1.	FACILITIES	50
5.2.	FACILITY STAFF & CAREGIVERS	50
5.3.	HOME CAREGIVERS	51
5.4.	PERSONAL DOCTORS AND NURSE PRACTITIONERS	51
5.5.	CASE MANAGERS	52
5.6.	TRANSPORTATION FOR MEDICAL SERVICES	52
5.7.	PROGRAM CONTRACTORS	52
<u>APPENDIX A: SURVEY INSTRUMENT FOR MEMBERS</u>		54
<u>APPENDIX B: SURVEY INSTRUMENT FOR NON-MEMBERS</u>		67

1. EXECUTIVE SUMMARY

This report describes the findings of a survey concerning satisfaction with care and services provided by the Arizona Long-Term Care System for the Elderly and Physically Disabled (the ALTCS-EPD program). In all, 3,217 respondents were interviewed by telephone. These included both ALTCS-EPD members and, in other cases, non-members who have a significant role in handling healthcare arrangements on the member's behalf.

Survey respondents represent all of the eight ALTCS-EPD program contractors and all three of the care settings in which members reside (Nursing Facility, Assisted Living, and Home).

The survey concerned seven aspects of the care and services provided by the ALTCS-EPD program:

- Facility
- Facility Staff & Caregivers (for those who reside in facilities)
- Home Caregivers (for those who receive care and services at home)
- Personal Doctor or Nurse Practitioner
- Case Manager
- Transportation
- Program Contractor

In general, results were favorable. Those served by the ALTCS-EPD program are generally satisfied with all aspects of care and services, and especially with case managers and home caregivers. That said, some areas for possible improvement were identified.

Following are key findings and recommendations, organized according to the seven areas of care and services.

1.1. FACILITIES

- Perceptions of facilities are generally positive, with 75% regarding facilities as 'very good' or 'excellent.'
- In general, assisted living facilities are evaluated more favorably than nursing facilities. The areas in which assisted living facilities are regarded more favorably include cleanliness, availability of food and water, availability of help with bathroom/bedpan, and whether the facility administration is responsive. It is recommended that AHCCCS and the program contractors investigate whether improvements can be made to narrow the gap between nursing facilities and assisted living facilities.
- The one item on which assisted living facilities were evaluated less favorably than nursing facilities concerned whether staff organize enough activities for residents.

1.2. FACILITY STAFF & CAREGIVERS

- In general, facility staff and caregivers are evaluated favorably.
- In particular, facility staff and caregivers are perceived as respectful and as gentle when providing physical assistance. These two factors are particularly important in determining impressions of staff and caregivers.
- There may be room for improvement in two areas: allowing residents to make decisions for themselves, and reducing language barriers between facility staff and residents. This is especially true in nursing facilities, which were evaluated less positively in these two areas than were assisted living facilities.

1.3. HOME CAREGIVERS

- Results were very favorable with respect to home caregivers, with 83% saying their home caregivers are 'very good' or 'excellent.'

- Survey questions concerning specific aspects of care and services provided at home did not reveal any particular areas of improvement.

1.4. PERSONAL DOCTORS AND NURSE PRACTITIONERS

- Results concerning personal doctors and nurse practitioners were quite good, with 81% of the population feeling that their personal doctor or nurse practitioner is 'very good' or 'excellent.'
- More specific survey items concerning doctor communication and patient involvement in decisions about care and treatment also yielded very positive results.

1.5. CASE MANAGERS

- Case managers are evaluated very positively. Overall, 82% of the population regard their case managers as 'very good' or 'excellent.'
- Questions about specific experiences with case managers revealed consistently high appraisals and did not reveal any particular areas for improvement.
- In general, both members and non-members tend to report that a case manager has visited the member twice in the last 6 months (or an average of one visit every 3 months). There are no significant differences among program contractors in this regard.
- Overall, about three-fourths of the population reports having had just one case manager in the last 6 months. There appear to be small but statistically significant differences among program contractors in turnover among case managers.

1.6. TRANSPORTATION FOR MEDICAL SERVICES

- 18% of the population has had a problem getting transportation for medical services in the last 6 months.
- Differences exist among program contractors in this regard, suggesting the possibility of improvement in some program contractors.

1.7. PROGRAM CONTRACTORS

- Overall, 77% of the ALTCS-EPD population regards their program contractor as 'very good' or 'excellent.'
- The most important factor in determining overall satisfaction with a program contractor appears to be ready access to information. Overall, 21% of the population has had a problem getting information from their program contractor in the last 6 months. Importantly, there is variability among program contractors in this regard, and it is recommended that AHCCCS and the program contractors investigate possible improvements in this area.

2. BACKGROUND

The Arizona Long-Term Care System (ALTCS) provides acute healthcare, behavioral healthcare, and long-term care services to Medicaid recipients who are at immediate risk of institutionalization. The majority of ALTCS-eligible members are enrolled in managed care plans, referred to as *program contractors*, which are responsible for coordinating and managing all aspects of the member's healthcare needs. In particular, members who are elderly or physically disabled (EPD) are enrolled with one of eight program contractors who provide services to this population, and this component of the system is called the ALTCS-EPD program.

The program contractors assign each enrolled member to a case manager who works with the member, and often the member's family, to identify, plan, obtain, coordinate, and monitor the

member's healthcare needs. Members are eligible to receive a wide array of medically necessary services, including

- acute medical care,
- residence in a nursing facility or alternative setting (for example, an assisted living center, adult foster care, or a behavioral health facility),
- in-home support services (for example, homemaker, personal care, attendant care, adult day health, home delivered meals), and
- behavioral healthcare (for example, counseling, living skills training, crisis intervention).

Since its inception in the late 1980s, the Arizona Health Care Cost Containment System (AHCCCS) has conducted a limited number of ALTCS member satisfaction surveys. The last survey was conducted in 2002 and was restricted to adult members residing in nursing facilities and home- and community-based (HCB) settings in Maricopa County.

This report describes a more recent and broader survey of those served by the ALTCS-EPD program. In Phase 1 of the project, AHCCCS contracted with Synovate to develop a survey instrument and protocol. Because the ALTCS-EPD program is distinctive in the combination of care and services it provides, it requires a survey instrument and protocol with the following unique characteristics:

1. The instrument must assess experiences with three different care settings:
 - a. Nursing Facilities
 - b. Assisted Living facilities
 - c. Home-Based Care

Because these settings of care are quite different—the distinction between facility care and home-based care is especially important—some sections of the ALTCS satisfaction survey instrument are designed for just one or two of these three groups.

2. The instrument is designed to survey either the member or a non-member who handles healthcare arrangements on the member's behalf. Many members do not actively manage their own healthcare arrangements, often due to cognitive limitations, and many members (especially facility residents) are difficult to reach by telephone.
3. The instrument assesses experiences with a wide range of care and services, including facility conditions, caregivers, health plan administration, case managers, and transportation. The survey is somewhat unique in this respect. Very few survey instruments have been developed to assess such a wide range of acute care, long-term care, and other services.

Phase 2 of the project was a full-scale administration of the new survey instrument and protocol. The goals of this project were to:

1. obtain a broad and representative view of the experiences and level of satisfaction of those served by the ALTCS-EPD program
2. compare the experiences and satisfaction of those served by the eight different program contractors in domains of care and services
3. compare the three care settings (Nursing Facility, Assisted Living, Home), and
4. to compare three geographic subgroups (Maricopa County, Pima County, rural).

The present document is a report of the results of this project.

3. METHOD

3.1. SAMPLE

3.1.1. TARGET POPULATION

The target population for the ALTCS satisfaction survey is ALTCS-EPD members who have been enrolled with a program contractor for at least one year with no more than a 30-day gap in enrollment—or non-member representatives of these members, in cases where the non-member representative has a significant role in handling the member's healthcare arrangements.

More specifically, the goal is to survey a *health plan contact* for each ALTCS member in the survey sample. A *health plan contact* is an individual who handles healthcare arrangements with ALTCS and with the program contractor. This may be the member himself/herself, or it may be a non-member who handles arrangements on the member's behalf (often a family member or close relation). Importantly, when a non-member is surveyed, the purpose is two-fold: to learn about the member's experiences and also to learn about the non-member's own experiences as a point of contact with ALTCS and the program contractor. Thus the non-member respondent is more than a proxy; he or she is a user of the ALTCS program in his or her own right, whose own experiences and satisfaction are important to assess.

3.1.2. TARGET SAMPLE SIZES

The goal in fixing sample sizes for the eight program contractors was to achieve adequate numbers of completed interviews for reasonable precision in key survey estimates.

The structure of the survey instrument is such that not all questions are answered by all respondents. In particular, there is one series of questions—the Home Caregivers section—that is asked only of members receiving care in the home. And the survey contains two series of questions—Facility and Facility Caregivers—that are asked only of Nursing Facility and Assisted Living respondents. Precision of estimates for these questions series will, by necessity, be lower than precision for the questions asked of all respondents. In developing a sampling plan, we sought to obtain adequate numbers of completed interviews for reasonable precision even on these series of items that were asked only of subsets of respondents. To this end, the sample was stratified by care setting (Nursing Facility, Assisted Living, Home-Based Care).

Furthermore, the precision of a survey estimate depends on the true value being estimated—that is, the true level of satisfaction, the true frequency of occurrence of some problem, and so on. Values near 50% will yield estimates with wider margins of error, whereas values near 0% or near 100% will yield estimates with narrower margins of error. As a starting point, we took a hypothetical survey score of 55% and sought to achieve a margin of error of $\pm 5\%$ on this score. By "margin of error," we mean a confidence interval of 95%. This is roughly equivalent to saying that our sample will be sufficient to detect true differences of 5% (in level of satisfaction, occurrence of a problem, etc.) among program contractors. In fact, 55% is a conservative assumption. Pre-testing of the survey instrument suggested that many of the items would elicit significantly higher scores, resulting in narrower margins of error and greater ability to detect differences among groups.

Pre-testing of the survey instrument and protocol suggested that yield—that is, number of completed interviews as a proportion of the starting sample—would be roughly 23% for the Facility groups (Assisted Living and Nursing Facility) and 26% for the Home group. The goal was to draw samples large enough so that these yields would result in adequate numbers of completed interviews.

For the smallest five program contractors, the goal of achieving adequate precision led to sampling their entire memberships. For the three largest program contractors—Evercare Select, Mercy Care Plan, and the Pima Health System—random samples were drawn, stratified by care

setting. This was in order to reach sufficient precision on those questions that are administered only to the facility groups (Assisted Living, Nursing Facility) and on those questions that are administered only to the Home group.

The final sample sizes by program contractor and by care setting (Assisted Living, Nursing Facility, Home) are shown in Exhibit 1.

3.1.3. CONSTRUCTION OF THE SURVEY SAMPLE

The survey sample was drawn from the membership of the ALTCS program as of September 15, 2008.

For the three large program contractors where a subset of the membership was sampled, the entire membership lists were supplied to Synovate by AHCCCS, and Synovate drew samples of the appropriate sizes. The sampled member ID numbers were then returned to AHCCCS.

AHCCCS provided each program contractor with its survey sample and asked the program contractor to:

1. update the contact information for each sampled member
2. provide the best non-member contact (if any) for each member
3. provide the name of the case manager for each member

This was done via the case managers at the eight program contractors. Updated and augmented samples were then returned to Synovate via AHCCCS.

Before data collection, the survey sample was cleaned in several ways. First, some program contractors provided an additional variable to flag those cases where the member was no longer active (terminated, deceased, . . .). These records were removed. Second, for quality control, all records were checked for whether the case manager name matched the name of the non-member contact. No such matches were found. Third, records with incomplete information and/or invalid telephone numbers were removed. Fourth, the sample was de-duplicated by member ID. (It was important not to de-duplicate by phone numbers, as is often done for telephone surveys, because it often happens that multiple facility residents—all valid survey respondents—share a single phone number provided by the facility.)

The following table summarizes the numbers of sample records that remained after cleaning and were submitted to dialing.

Program contractor	Records submitted to dialing
Bridgeway Health Solutions	1,443
Cochise Health Services	656
Evercare Select	3,253
Mercy Care Plan	2,817
Pima Health Systems	3,103
Pinal/Gila County Long-Term Care	1,220
SCAN Long-Term Care	1,746
Yavapai County Long-Term Care	837

3.2. SURVEY INSTRUMENT

The ALTCS Satisfaction Survey instrument was developed in 2008 by AHCCCS and Synovate. This was done in the following stages:

1. A careful assessment of research goals
2. A literature review to identify previous work in this area, including survey instruments developed for related purposes
3. Development of an initial draft
4. Structured interviews, also known as cognitive interviews, with members of the target population, in order to refine the instrument
5. A field test of the refined instrument, followed by psychometric analysis and additional refinement of the instrument

The ALTCS satisfaction survey instrument has nine sections:

- Screener (to determine whether the member or a non-member contact is an appropriate and eligible survey respondent)
- Facility
- Facility Staff
- Home Caregivers
- Personal Doctor or Nurse Practitioner
- Case Manager
- Transportation
- Health Plan (Program Contractor)
- Demographics

The survey instrument is presented in Appendices A and B. More specifically, Appendix A contains the survey instrument as presented to members, and Appendix B contains the instrument as presented to non-members. Some questions appear in just one version of the instrument, and others appear in both. The reader will notice that question language differs between members and non-members for many of the questions that appear in both versions. For instance, questions asked of members use “you,” while questions asked of non-members generally refer to the relationship of the member to the non-member, as in “your father.” These slight differences in language lead to substantial complexity in the structure of question language. In this report, abbreviated versions of the question language will be used in order to make the gist of the question clear while avoiding the complexity caused by customizing questions for both members and non-members. However, the authoritative version of every question, specifying the exact language used during interviews, is included in the appendices.

3.3. DATA COLLECTION FIELD PERIOD

The survey was administered between October 27 and November 25, 2008.

The survey was administered in either or English or Spanish, according to the respondent's preference. 96 interviews, or 3% of the total number of complete interviews, were conducted in Spanish. 3,121 interviews were conducted in English.

3.4. DIALING AND SCREENING RULES

3.4.1. SCREENER

Because it is not known ahead of time whether the member or a non-member is an eligible respondent, the survey instrument opens with a screener designed to discern whether the individual on the other end of the phone is an eligible respondent. This is done primarily by asking

(For member:) In general, do you handle your own arrangements with [CONTRACTOR], or does someone else handle these arrangements?

(For non-member): In general, do you have a significant role in handling [MEMBER]'s arrangements with [CONTRACTOR]?

If the respondent is uncertain what is meant by "handling arrangements," the interviewer is instructed to offer the following clarification: "By 'arrangements,' I mean things like getting information from the case manager, scheduling appointments, paying bills, and so on."

3.4.2. SWITCHING AMONG POTENTIAL RESPONDENTS

In many cases, if the screener reveals that the current respondent is not in fact eligible for the survey, then the protocol calls for switching to another potential respondent. Most often, this simply involves terminating the interview with the ineligible respondent and switching to the other contact included in the initial survey sample (that is, switching from member to non-member or vice versa). Less often, the screener and protocol call for collecting new contact information. For example, if the member reports that his/her arrangements are handled by a non-member other than the non-member provided in the initial sample, then the screener and protocol call for collecting information for this new non-member. Similarly, if the non-member named in the initial sample reports that another non-member is in fact the appropriate respondent, then contact information is collected for this new non-member.

For efficiency, the number of switches among potential respondents was capped at one. For example, in the case of Home-Based Care, if the screener resulted in a switch from member to non-member, then a subsequent switch from non-member back to member, or to a different non-member, was not allowed. Similarly, in a case of Nursing Home or Assisted Living, if the screener resulted in a switch from non-member to member, then a subsequent switch back to the non-member, or to a different non-member, was not allowed. In such cases the sample record was removed from further dialing.

3.4.3. INITIAL CONTACT FOR EACH SAMPLE RECORD

In general, it would be desirable to attempt to contact the ALTCS member first. However, at multiple points during the development of the ALTCS satisfaction survey instrument and protocol, it was discovered that facility residents, both Nursing Facility and Assisted Living, are often (a) not survey-eligible respondents and (b) difficult to reach by telephone, since they often do not have personal telephone lines.

Thus the dialing strategy was as follows.

For the Nursing Facility and Assisted Living groups, the initial contact was the non-member provided in the survey sample. Only if the screener revealed this non-member to be ineligible did dialing switch to the member (or to a different non-member).

For the Home-Based Care group, the initial contact was the member. Only if the screener revealed the member to be ineligible did dialing switch to a non-member (either the non-member provided in the initial sample or another non-member named by the member, as determined by responses to screener questions).

3.4.4. TIMES OF DAY

Telephone calls were focused on different days and times of day for members and non-members. Members were called between 9 am and 7 pm. They were dialed at least once on a weekend, but dialing was focused on weekdays. Non-members were called between 9 am and 9 pm. They were dialed at least once during the daytime on a weekday, but dialing focused on evenings and weekends.

3.4.5. NUMBER OF ATTEMPTS

Best practice dictates that any individual for whom contact is attempted be dialed to a pre-specified number of attempts before being removed from further dialing (or before the survey field period is terminated). This is to reduce the degree to which data are biased toward those respondents who are more readily reached in fewer attempts.

Based on results of the field test of the ALTCS survey instrument and protocol, the number of attempts was set to 10 for all three care settings. That is, every sample record that did not yield a completed interview (or a refusal to participate, indication that was a wrong number, etc.) was dialed 10 times before being pulled from further dialing.

Only one attempt was made per day—unless a busy signal was received, in which case one more attempt was made 15 minutes later (assuming that 15 minutes later was still within the designated call hours, which ended at 7 pm for members and at 9 pm for non-members).

3.5. INSTRUCTIONS TO INTERVIEWERS

Prior to the study, interviewers were briefed on the ALTCS-EPD program and the purpose of the survey. Included in the briefing was information on:

1. the basics of the ALTCS-EPD program
2. program contractors and case managers
3. the possibility that a respondent might have multiple sources of healthcare coverage, and an explanation of the fact that the survey is intended to cover only the care and services covered by the member's ALTCS-EPD program contractor
4. the three care settings
5. the definition of an eligible respondent, the purpose of the screener, and the process of switching from member to non-member and vice versa
6. the Spanish translations of key terms (for example, multiple Spanish translations of "case manager")

Additionally, interviewers were reminded that many respondents would be elderly and perhaps show signs of cognitive impairment. Interviewers for this project were skilled in adjusting the pace of the interview to suit the respondent.

Selected interviews were monitored throughout the project for quality assurance.

3.6. ANALYSIS

3.6.1. CALCULATION OF WEIGHTS

One goal of the ALTCS satisfaction survey is to get an unbiased overview of the entire ALTCS-EPD program. However, rather than drawing a simple random sample of ALTCS members, we drew a sample that was stratified by program contractor and by care setting. Therefore, as a consequence of the study design itself, the eight program contractors and three care settings are not represented in the data in proportion to their true numbers in the ALTCS population.

In order to generate unbiased estimates that reflect the ALTCS program overall, we have assigned weights that bring the eight program contractors and the three care settings into alignment with their true proportions in the ALTCS population. This was done by applying a single set of weights over the 24 strata defined by crossing the 8 program contractors with the 3 care settings.

The population numbers, sample numbers, and weights are shown in Exhibit 1. When the sample sizes in the 24 different cells are multiplied by their corresponding weights, they become proportional to the population numbers. More specifically, each sample size multiplied by its weight is equal to 14.1% of the corresponding population number, as 14.1% is the overall percentage of the population that is represented in the survey data.

Exhibit 1: Population, final sample, and weights

Program Contractor	Population			Final sample			Weights		
	Assisted Living	Nursing Facility	Home	Assisted Living	Nursing Facility	Home	Assisted Living	Nursing Facility	Home
Bridgeway Health Solutions	471	712	688	83	83	122	0.797	1.206	0.793
Cochise Health Services	77	359	483	9	41	63	1.202	1.231	1.077
Evercare Select	812	1,561	1,592	124	212	391	0.920	1.035	0.572
Mercy Care Plan	1,147	2,147	4,371	100	179	294	1.612	1.686	2.089
Pima Health Systems	674	1,475	1,914	108	201	305	0.877	1.031	0.882
Pinal/Gila County Long-Term Care	114	378	882	23	68	191	0.697	0.781	0.649
SCAN Long-Term Care	851	643	582	200	103	118	0.598	0.877	0.693
Yavapai County Long-Term Care	108	407	443	23	68	108	0.660	0.841	0.576
TOTAL	4,254	7,682	10,955	670	955	1,592			

3.6.2. STATISTICAL TESTS

The eight program contractors have different proportions of members in the three care settings (Nursing Facility, Assisted Living, and Home). Since members in these different care settings receive different aspects of care and services and might be expected to differ systematically in their experiences and levels of satisfaction, these differences had to be accounted for when comparing program contractors with one another. This is an instance of the more general problem of "case-mix" differences in patient satisfaction research.

Because of the case-mix problem, it would have been inappropriate to test each program contractor against the seven others without adjustment. The solution to this problem was to test each program contractor against an implicit "peer score," which reflects how the other seven program contractors would have scored if they had performed as they did but with the case mix, or member population, of the target program contractor. Statistical tests were then done to compare each actual score (for each program contractor, on each item) to its corresponding peer score. Conceptually, this amounts to testing each program contractor against a hypothetical "peer," which performs like the other seven program contractors but has the particular composition of the target program contractor's own member population. The test is a two-tailed z test.

For items with more than two meaningful response categories, there is a judgment to be made in doing a statistical test against a peer score: Should it reflect the proportion of responses in just the top response category, in the top two response categories, etc.? There are three main response scales in the ALTCS survey instrument, and statistical tests were conducted for the three scales as follows:

- For 'yes'-'no' questions, the statistical test is on the proportion of positive responses (this is 'yes' for some items, 'no' for others).
- For 'yes always'-'yes sometimes'-'no' questions, the statistical test is on the proportion of 'yes always' responses.
- For the five-point ratings of 'general impression,' the statistical test is on the 'top 2 box score,' that is, the proportion of respondents who said either 'excellent' or 'very good.'

In the full cross-tabulations of survey results, which are available as a separate document, more conventional statistical tests are performed on all response categories. These tests compare the eight program contractors with one another, the three care settings with one another, and the three geographic groups (Pima County, Maricopa County, rural).

All statistical tests contained in this report and in the accompanying cross-tabulations were performed on weighted data (see section 3.6.1 on calculation of weights).

3.6.3. DRIVERS ANALYSIS

In order to draw actionable conclusions and suggest steps that AHCCCS and the program contractors might take to improve performance and member satisfaction, we have conducted an analysis of the drivers of each of the general satisfaction questions. This includes general satisfaction with: Facility, Facility Staff, Home Caregivers, Personal Doctor or Nurse Practitioner, Case Manager, and Program Contractor. For each of these general topics, we can assess the degree to which overall satisfaction is driven by the various more specific measures. For each of these aspects of care, the ALTCS survey instrument contains a measure of overall satisfaction (for example, the respondent's general impression of the case manager) that is preceded by several questions about specific experiences (e.g., Did the case manager provide help promptly?, Does the case manager listen carefully?, etc.). For each of these general topics, we can assess the degree to which overall satisfaction is driven by the various more specific measures.

This sort of drivers analysis is often done by linear regression, but we have employed an alternative method that is designed to offer more actionable information in just this kind of situation. It is known as Attributable Effects analysis.

Attributable Effects analysis is a probability-based analysis that partitions the impact of each possible driver into two components: maintenance and potential. Briefly, *potential* estimates the degree to which improvement in a particular driver (say, the case manager listening carefully) would result in an increase in overall satisfaction. *Maintenance* estimates the degree to which a decrease in the driver would result in a reduction in overall satisfaction.

More specifically, each *maintenance* value represents the proportion of members who are currently satisfied with their case managers but who would cease to be satisfied if satisfaction with the driver disappeared. Each *potential* value represents the proportion of members who are not currently satisfied with their case managers who would be satisfied if the driver were improved such that everyone was happy with it.

The value of a drivers analysis is that it suggests specific actions that can be taken to improve members' satisfaction with a particular aspect of care, or to ensure that existing satisfaction with a particular aspect of care is maintained. For example, if it were discovered that a certain program contractor is significantly behind its peers in satisfaction with case managers, a drivers analysis would suggest specific actions that might be taken by this program contractor. Alternatively, if satisfaction with case managers is already high, then the drivers analysis suggests which drivers are most important to maintaining this level of satisfaction.

For example, suppose that some of the possible drivers of satisfaction with case managers are: (1) case managers listening carefully, (2) case managers explaining things well, and (3) case managers returning calls promptly. Further, suppose we have conducted a drivers analysis and obtained the following potential and maintenance values (please note this is a fictional example):

1. case managers listening carefully: potential = 90%, maintenance = 10%
2. case managers returning calls promptly: potential = 10%, maintenance = 90%
3. case managers explaining things well: potential = 10%, maintenance = 10%

If the current level of satisfaction with case managers is low, and the goal is to boost it, then the program contractor should focus on training or encouraging case managers to listen carefully to their members, as this driver has high potential. In particular, the potential value of 90 suggests that if *all* members come to perceive their case managers as listening carefully, then fully 90% of those members who are currently dissatisfied with their case managers will become satisfied. Alternatively, if satisfaction with case managers is already high, and the goal is to maintain this level of satisfaction despite reallocation of resources, changes in organization, and so on, then the program contractor should take care to ensure that case managers return their members' calls promptly, as this driver has a high maintenance value. In particular, the maintenance value of 90 suggests that if *all* members come to perceive their case managers as failing to return calls promptly, then fully 90% of those who are currently satisfied with their case managers will become dissatisfied. In contrast, the third driver (case managers explaining things well) has neither high potential nor high maintenance. (Again, please note that this is a fictional example. Actual drivers of satisfaction with case managers are covered later in this report.)

4. RESULTS

4.1. INTRODUCTION TO RESULTS

In the sections that follow, results are presented in the form of bar charts, one for each survey item of interest. Each bar chart shows the full distribution of responses for

- (a) the ALTCS-EPD program overall,
- (b) the eight program contractors separately,
- (c) the three care settings separately, and
- (d) the three geographic categories (Pima County, Maricopa County, rural) separately.

In addition, the bar chart shows the outcomes of statistical tests comparing program contractors to their case-mix-adjusted peers (see section 3.6.2 for details). An upward arrow next to the program contractor's name indicates that the program contractor has scored significantly higher than its case-mix-adjusted peers; a downward arrow indicates the opposite result; and a horizontal dash (-) indicates no statistically significant difference. If there is no symbol at all, this indicates that there were fewer than 30 respondents on this item—too few to conduct a reliable statistical test.

All of the results contained in bar charts reflect weighted data (see section 3.6.1 on calculation of weights).

4.2. FACILITY

4.2.1. OVERVIEW

Results were generally favorable with respect to conditions at nursing and assisted-living facilities. The final question in this series, which asks about a general impression of the facility, revealed that roughly 75% of the population (members or their non-member representatives) have a 'very good' or 'excellent' impression of their facility.

Potential problems were indicated on items FAC6 (food), FAC7 (water), and FAC10 (help with bathroom or bedpan), though it is difficult to interpret these results, as the survey items have not been anchored in more concrete measures of respondents' experiences. It is recommended that AHCCCS and the program contractors investigate these issues further.

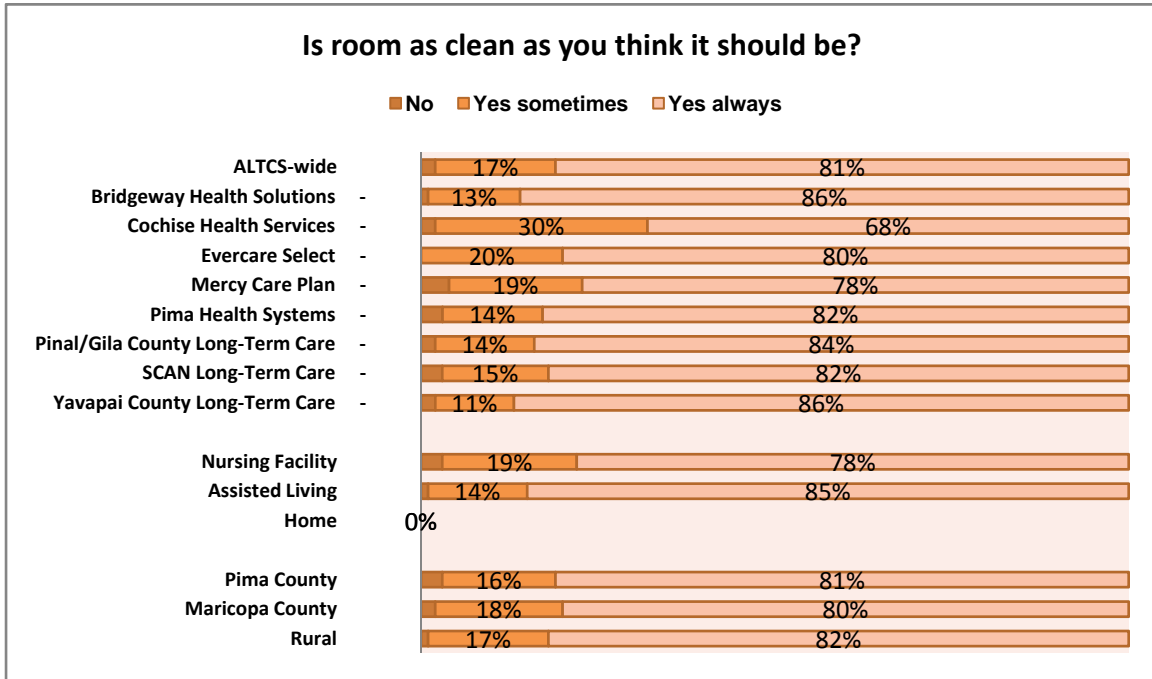
In general, assisted living facilities received higher marks than nursing facilities. Indeed, every survey item in this series showed a statistically significant difference between assisted living and nursing facilities, and, in all but one instance, assisted living facilities were assessed more favorably. There was a very large difference in whether the area around the resident's room was quiet at night. Fairly large differences were also seen in

- cleanliness (of room, bathroom, and common areas),
- availability of water,
- quality of food,
- availability of help getting to the bathroom or help with a bedpan,
- whether residents have opportunities to talk with facility administrators about problems, and
- whether facility administrators are perceived as working to fix problems raised by residents.

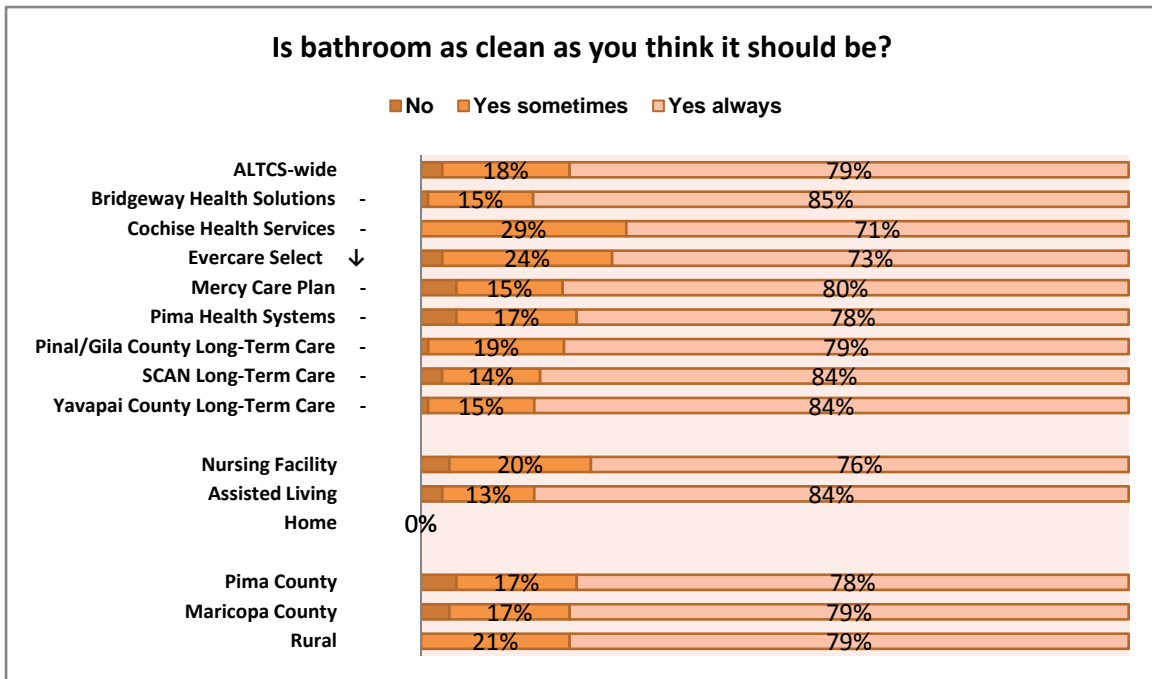
The one item on which assisted living facilities fared *worse* than nursing facilities concerned whether the staff organize enough activities for residents. Only 10% are dissatisfied with this aspect of care in nursing facilities, as compared to 18% for assisted living facilities.

4.2.2. ITEM-BY-ITEM RESULTS

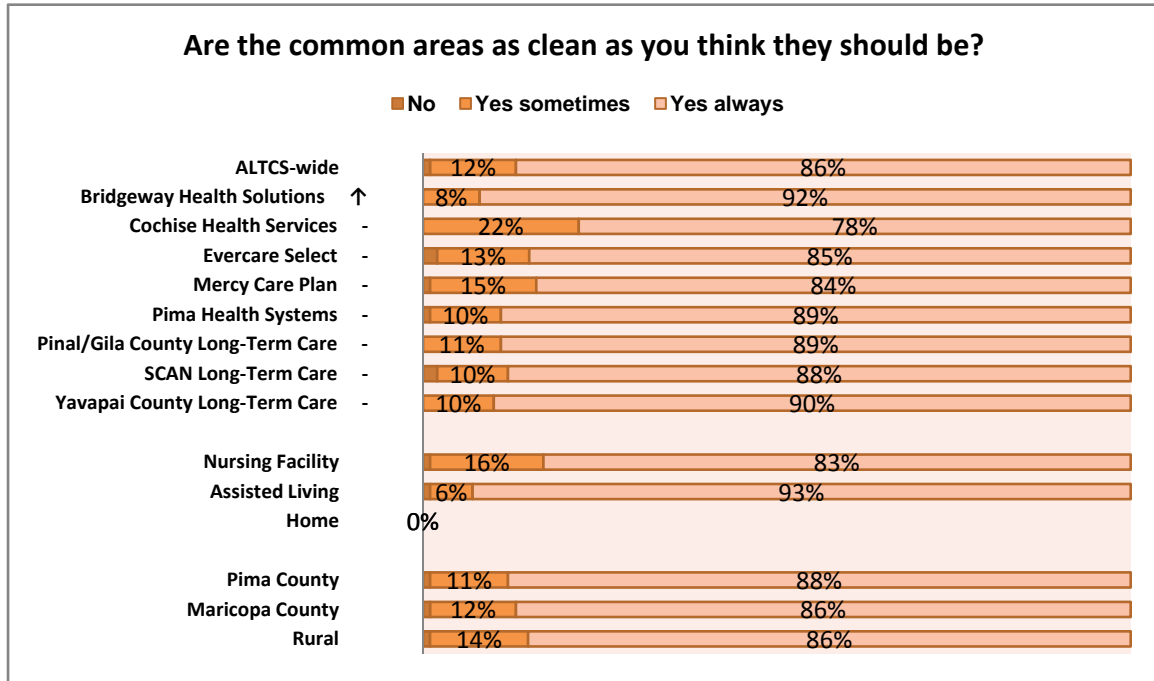
FAC2. Is room as clean as you think it should be?



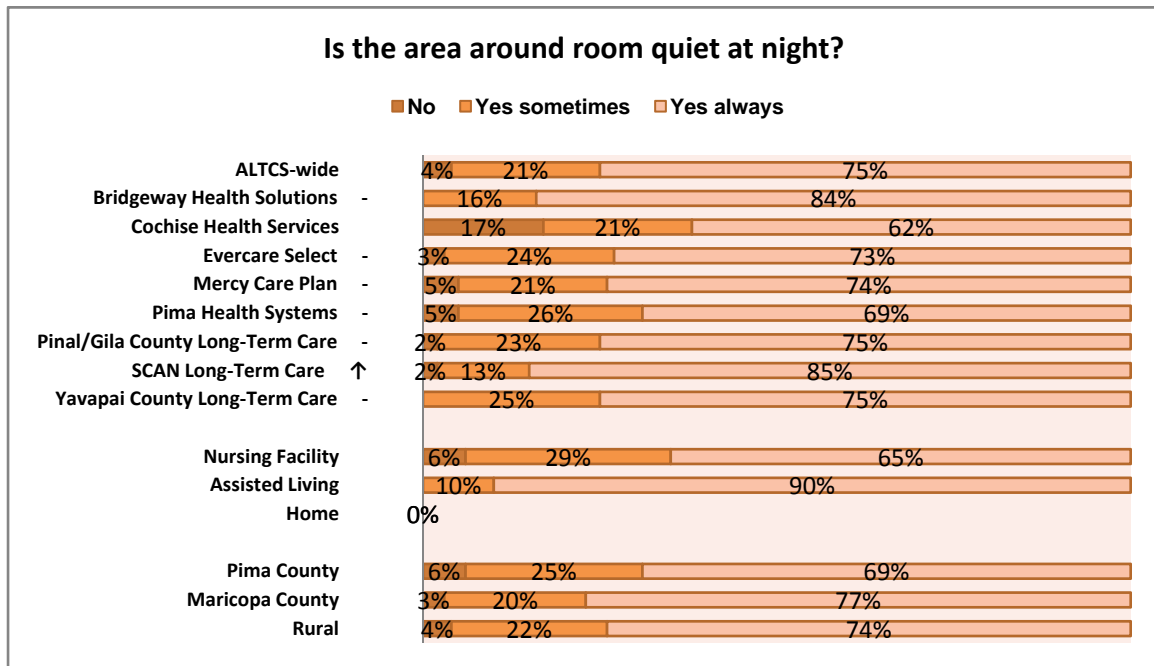
FAC3. Is bathroom as clean as you think it should be?



FAC4. Are the common areas as clean as you think they should be?



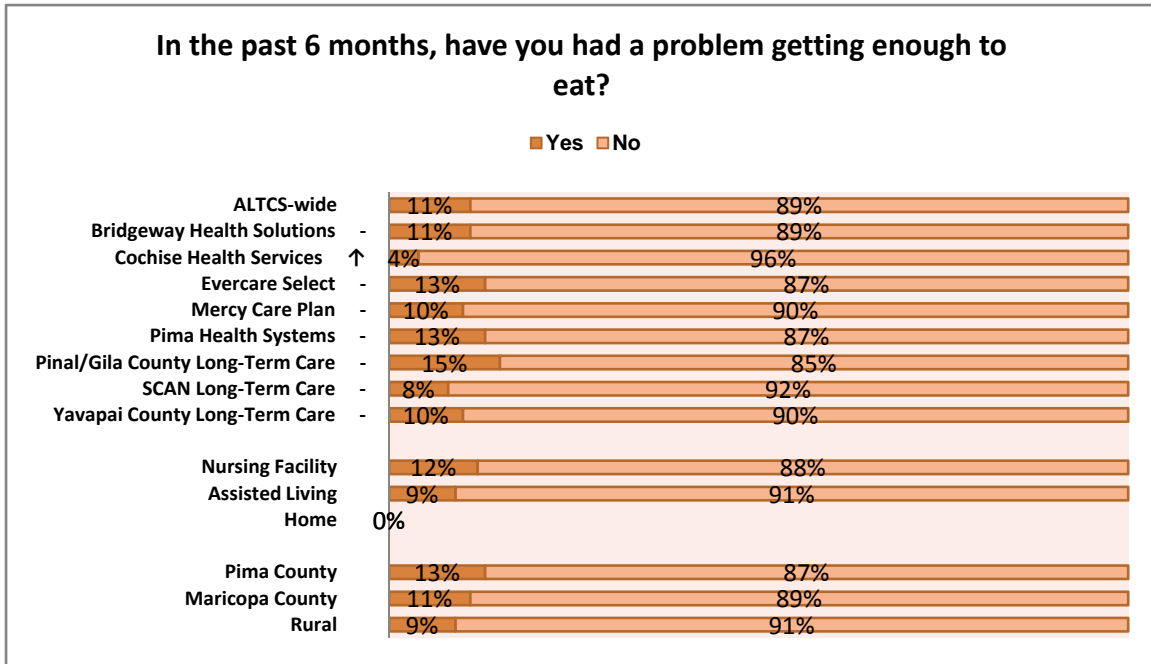
FAC5. Is the area around room quiet at night?



FAC6. In the past 6 months, have you had a problem getting enough to eat?

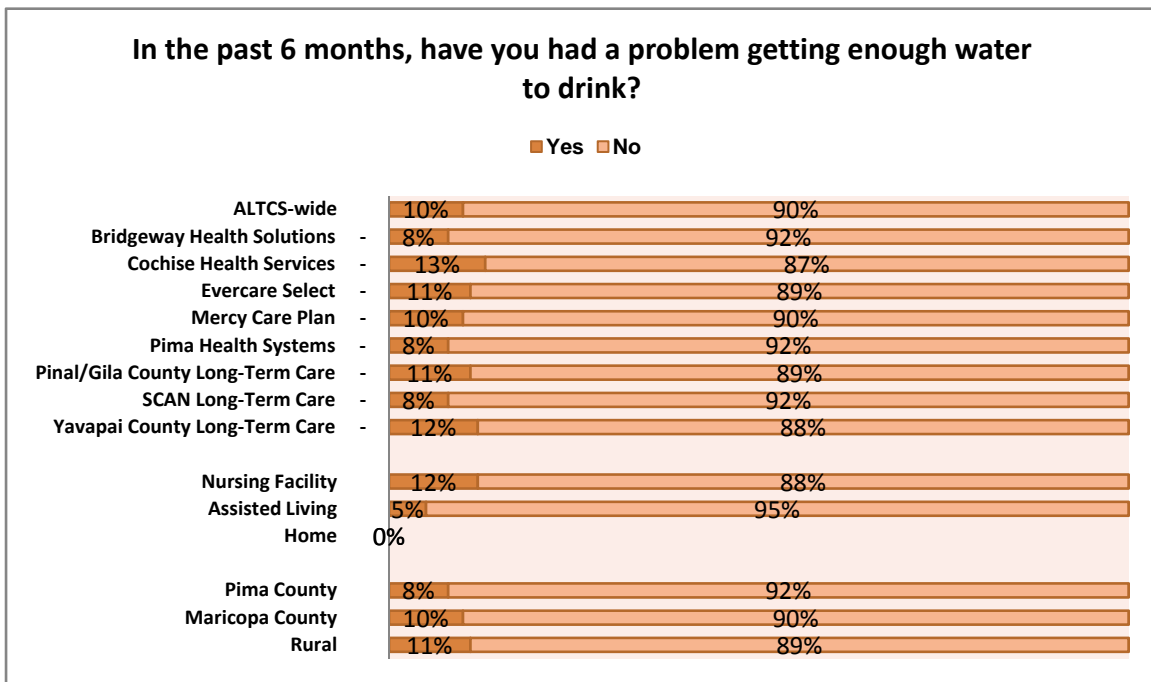
'Yes' rates as high as 15% on this question may be troubling, but these results should be interpreted with caution, as this item has not been calibrated or anchored with respect to more

concrete measures of availability of food. It is not clear whether a 'yes' response to this question indicates a serious problem with availability of food or, for example, a less serious dissatisfaction with sizes of portions or servings. This issue warrants further investigation.

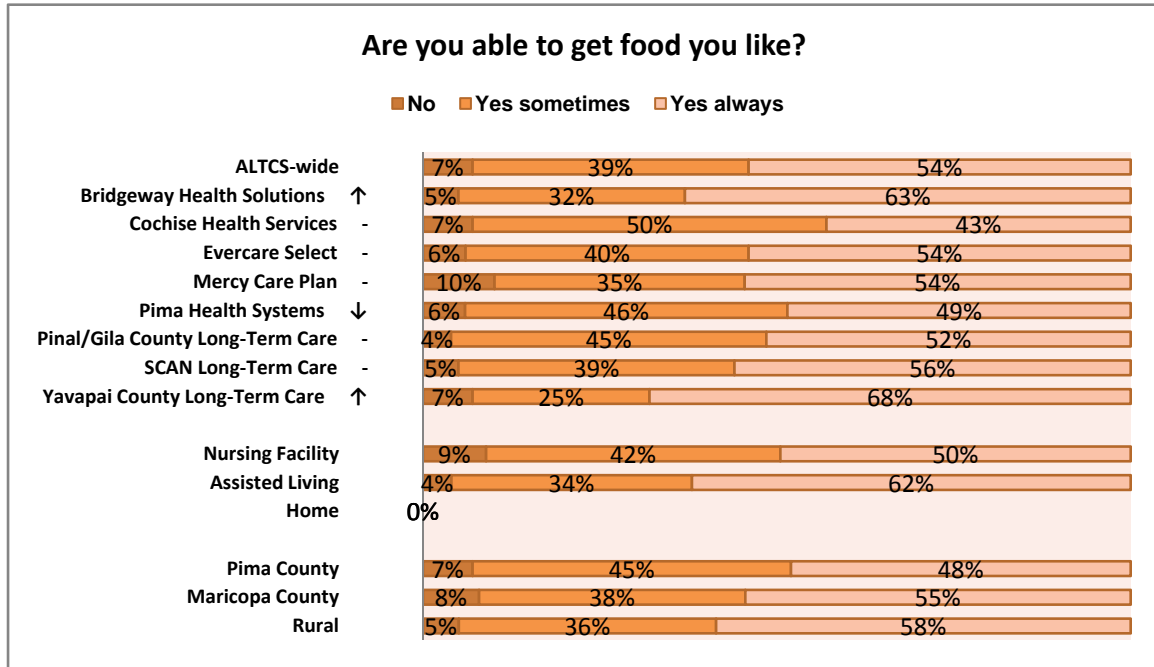


FAC7. In the past 6 months, have you had a problem getting enough water to drink?

As in the case of the previous item, 'yes' rates on this question may be troubling, but these results should be interpreted with caution, as this item has not been calibrated or anchored with respect to more concrete measures of availability of water. This issue warrants further investigation.

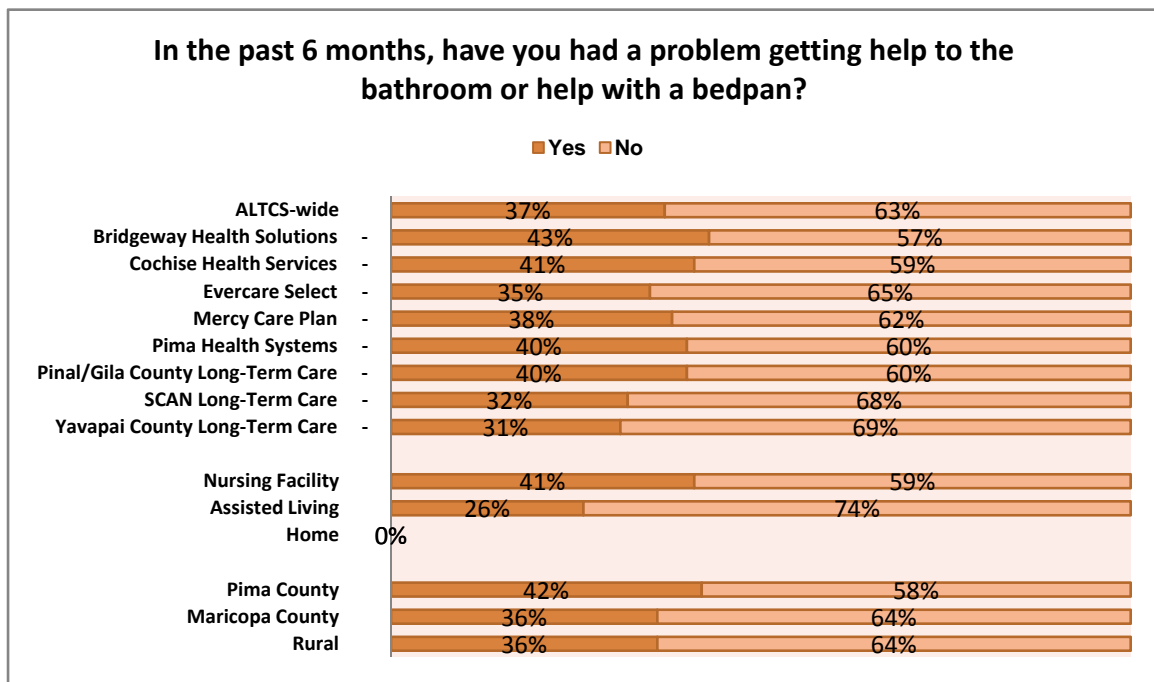


FAC8. Are you able to get food you like?



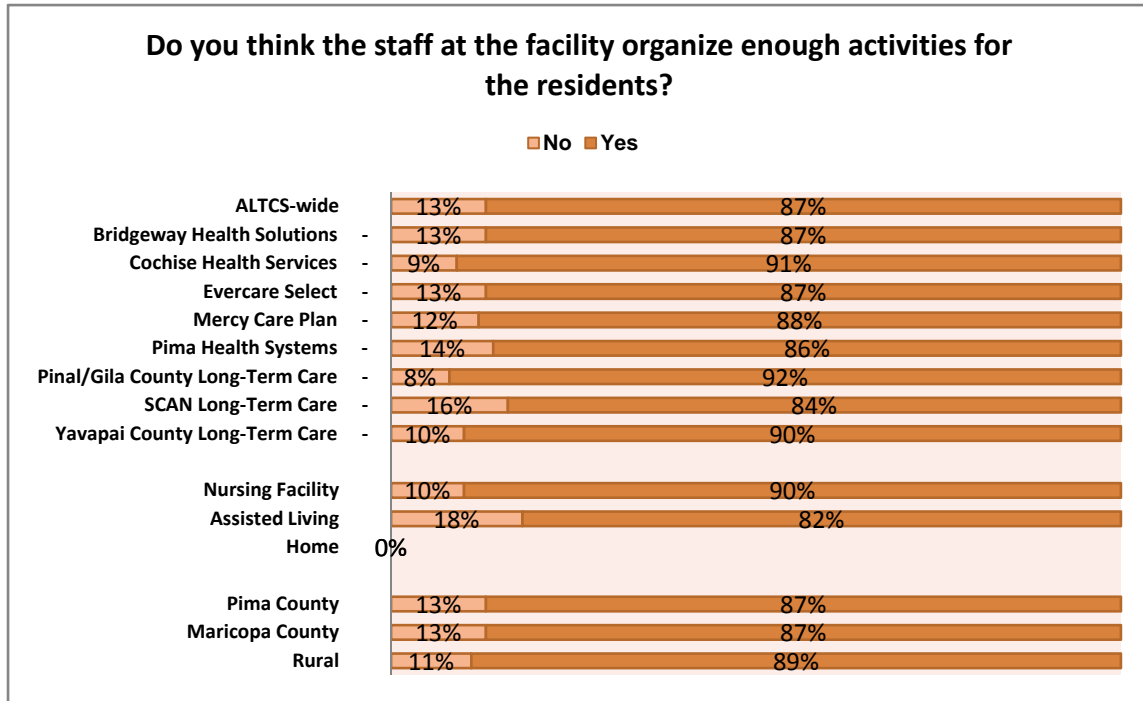
FAC10. In the past 6 months, have you had a problem getting help to the bathroom or help with a bedpan?

Results on this question suggest that large numbers of facility residents have had problems getting help to the bathroom or help with a bedpan when needed. Again, these results should be interpreted with caution. Like the items on availability of food and water, this item has not been anchored in more concrete measures of the respondent's experience.

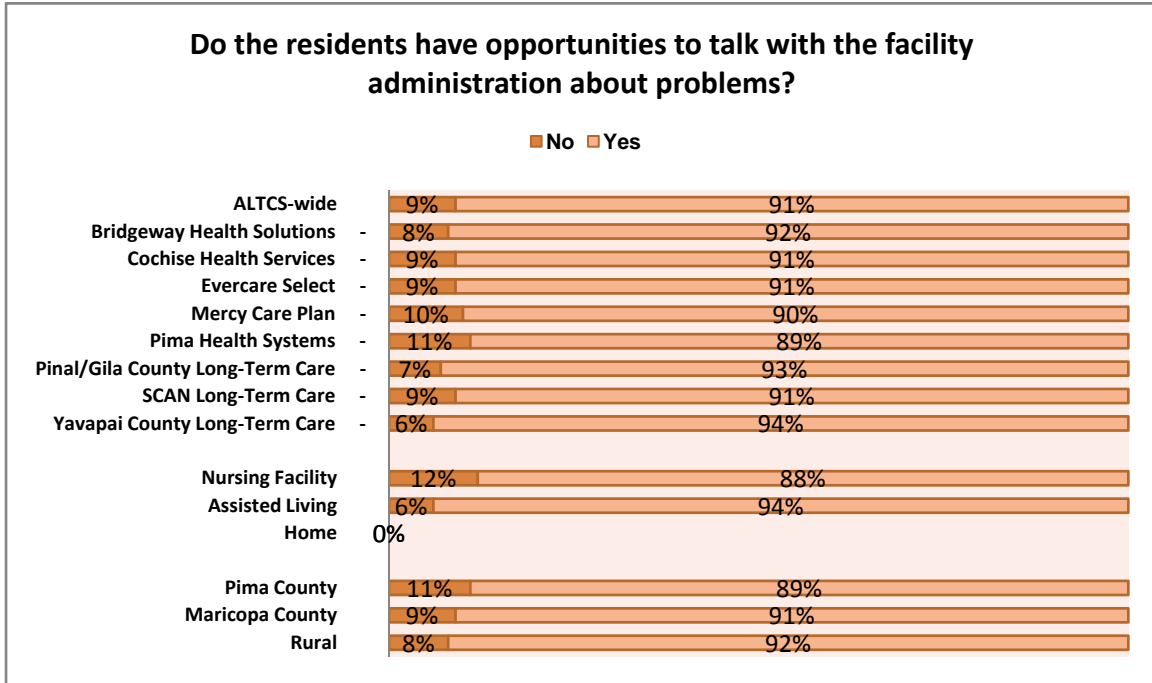


FAC11. Do you think the staff at the facility organize enough activities for the residents?

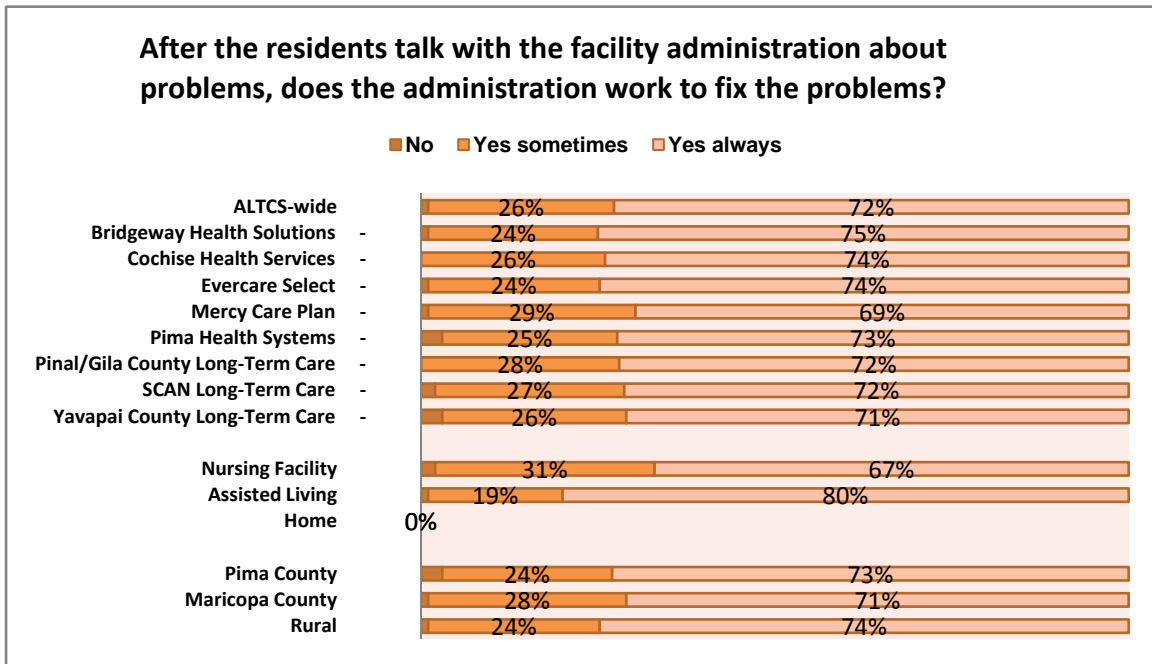
As mentioned earlier, all questions in this series on facilities showed statistically significant differences between nursing facilities and assisted living facilities. However, this item, on whether the staff organizes enough activities for residents, is unique in that the direction of the difference favors nursing facilities. Only 10% are dissatisfied with this aspect of care in nursing facilities, whereas 18% are dissatisfied in assisted living facilities.



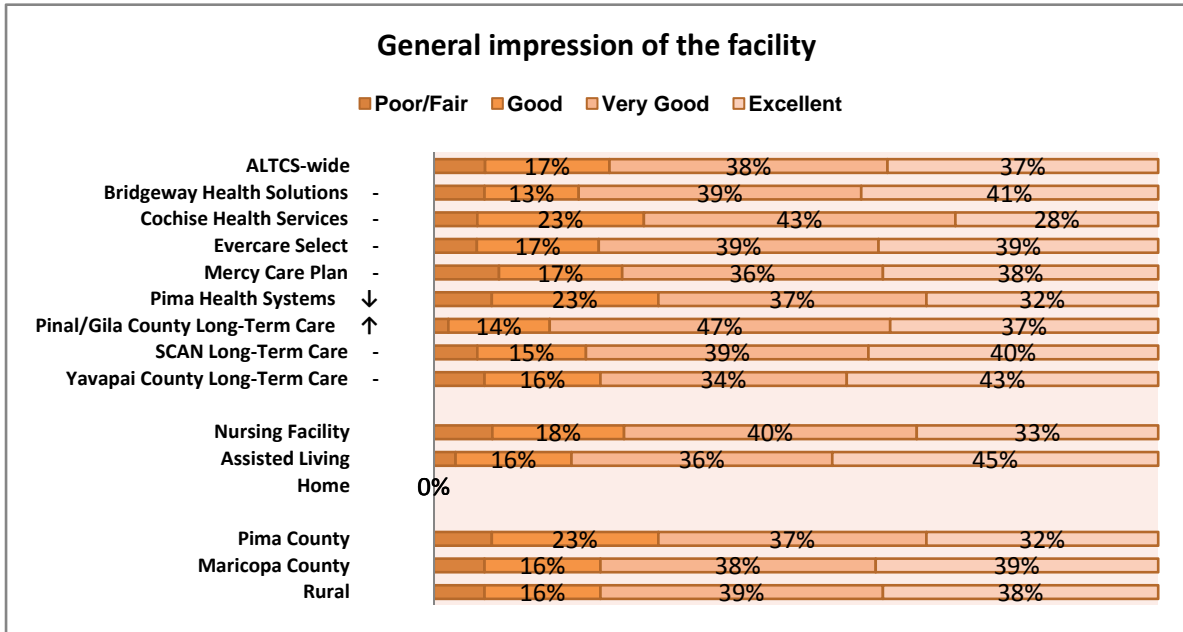
FAC12. Do the residents have opportunities to talk with the facility administration about problems?



FAC13. After the residents talk with the facility administration about problems, does the administration work to fix the problems?

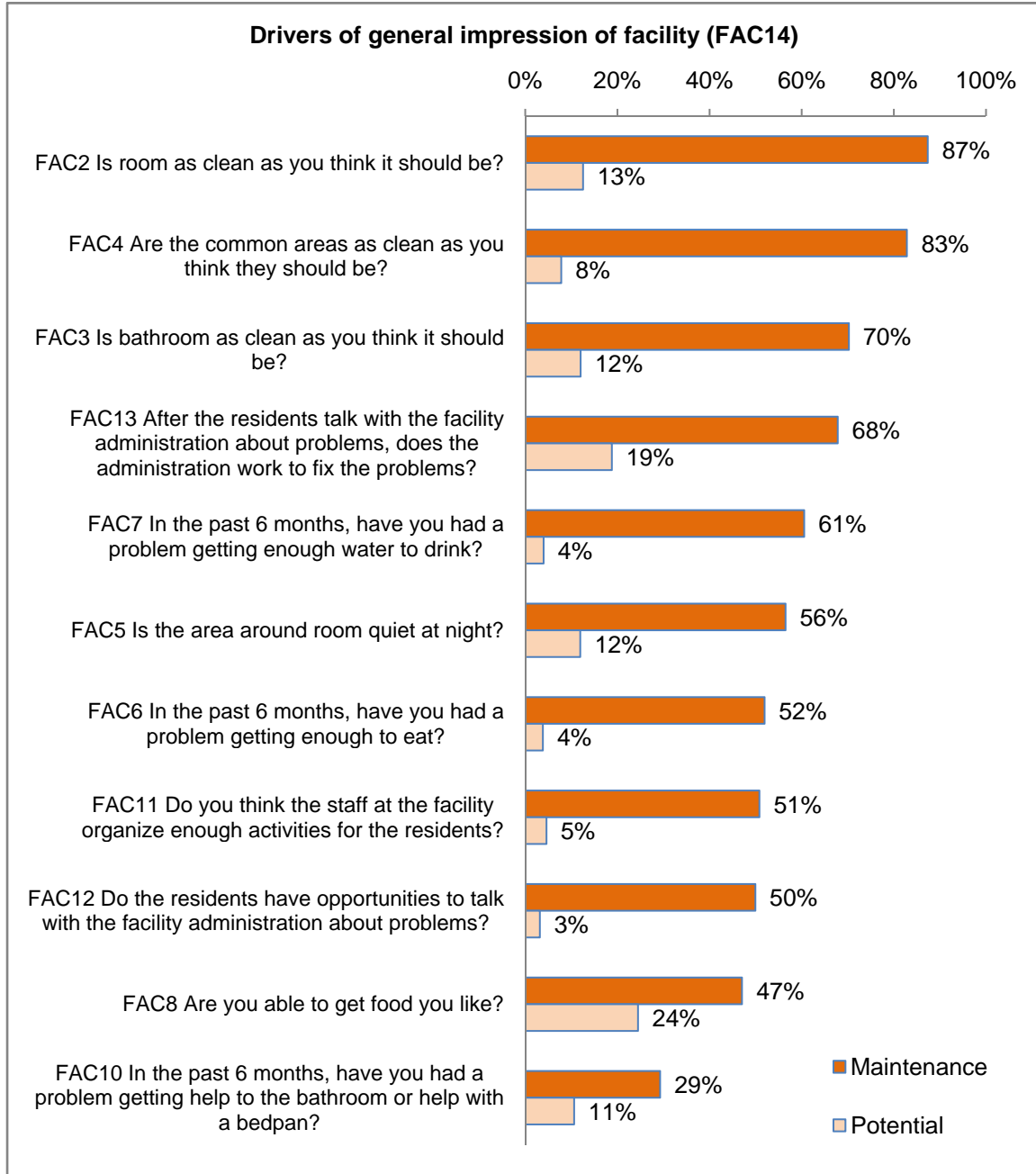


FAC14. General impression of the facility



4.2.3. DRIVERS OF GENERAL SATISFACTION WITH THE FACILITY

The following graph presents the results of an analysis of the drivers of general satisfaction with the facility. The items preceding FAC14, on specific experiences with the facility, were evaluated as possible drivers of FAC14 itself.



'Potential' values are generally low, and in general satisfaction with facilities is already quite high. Consequently, the graph above has been organized by 'Maintenance' values, which answer the question, How important is each driver for maintaining the current level of satisfaction with facilities? The analysis indicates that cleanliness—of room, common areas, and bathroom—is most important. A drop in perceived cleanliness of the facility is most likely to cause a drop in the current level of satisfaction with facilities. After cleanliness, the most important driver for

maintaining current satisfaction is whether the facility administration works to fix problems that are raised by residents.

4.3. FACILITY STAFF

4.3.1. OVERVIEW

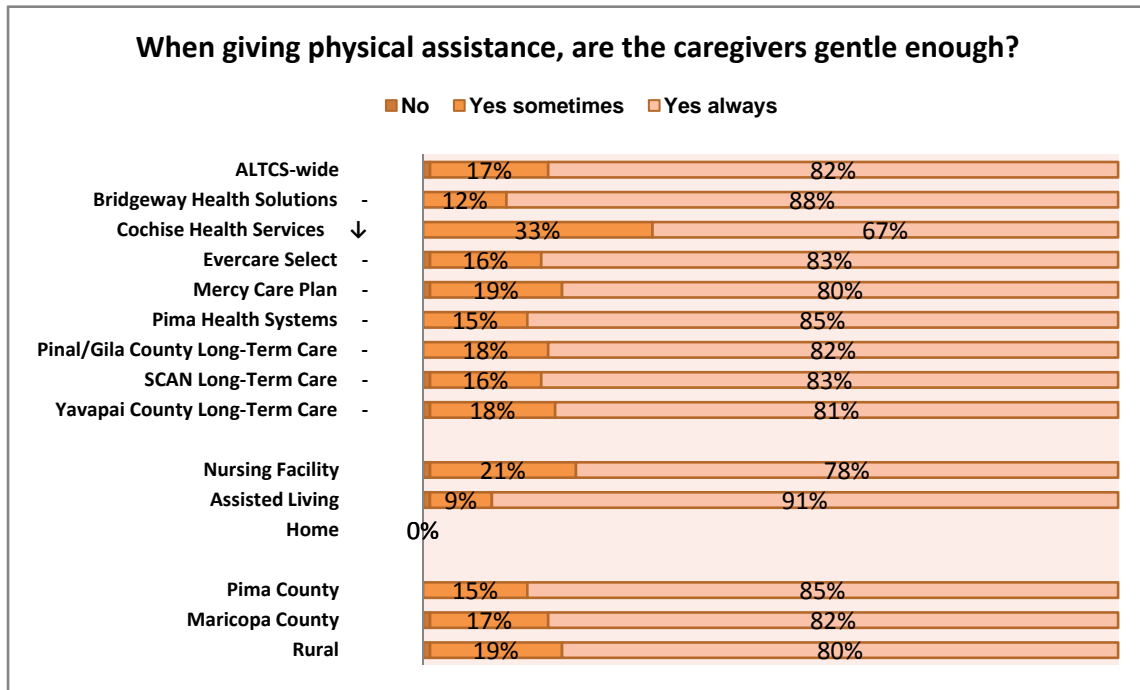
Results were generally favorable with respect to facility staff. General impression ratings of staff were quite high, and there were no notable differences among program contractors on any of the more concrete items. There are potential problems indicated on items STAFF4 (resident's autonomy) and STAFF5 (language barriers), and it is recommended that both of these issues be investigated further.

4.3.2. ITEM-BY-ITEM RESULTS

STAFF1. Do the staff treat you with respect?

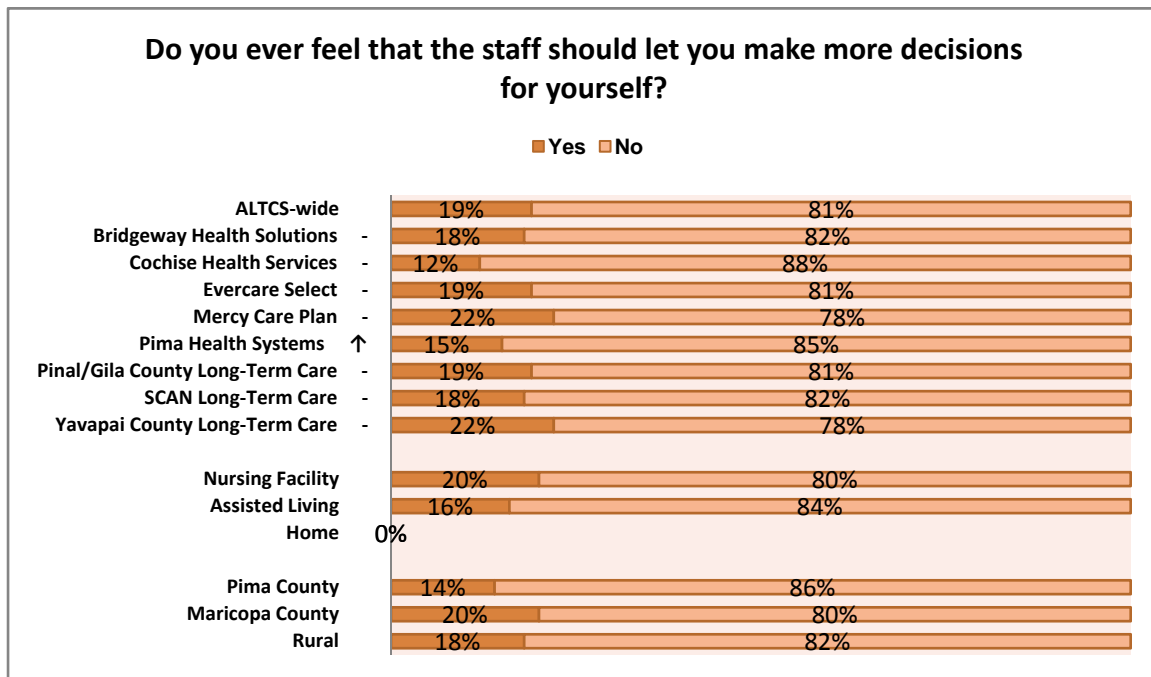


STAFF3. When giving physical assistance, are the caregivers gentle enough?



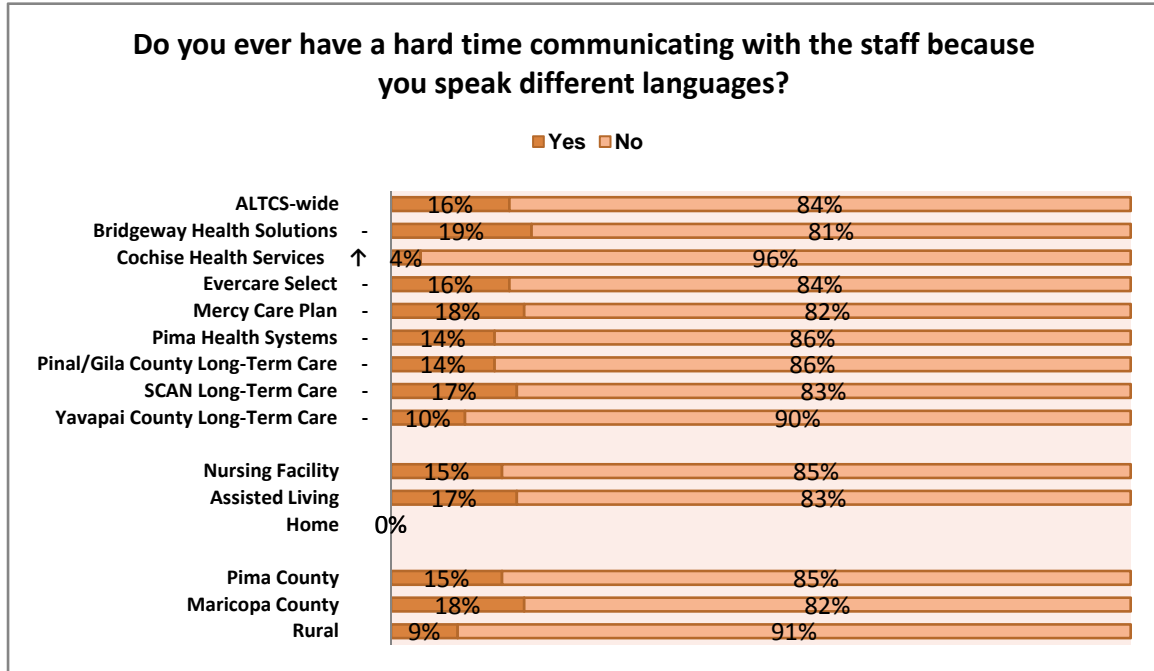
STAFF4. Do you ever feel that the staff should let you make more decisions for yourself?

'Yes' rates on this question are somewhat high, suggesting that there is a desire for residents to have greater autonomy. Note, however, that this item has not been anchored in more concrete measures of the respondent's experience, and results should therefore be interpreted cautiously.

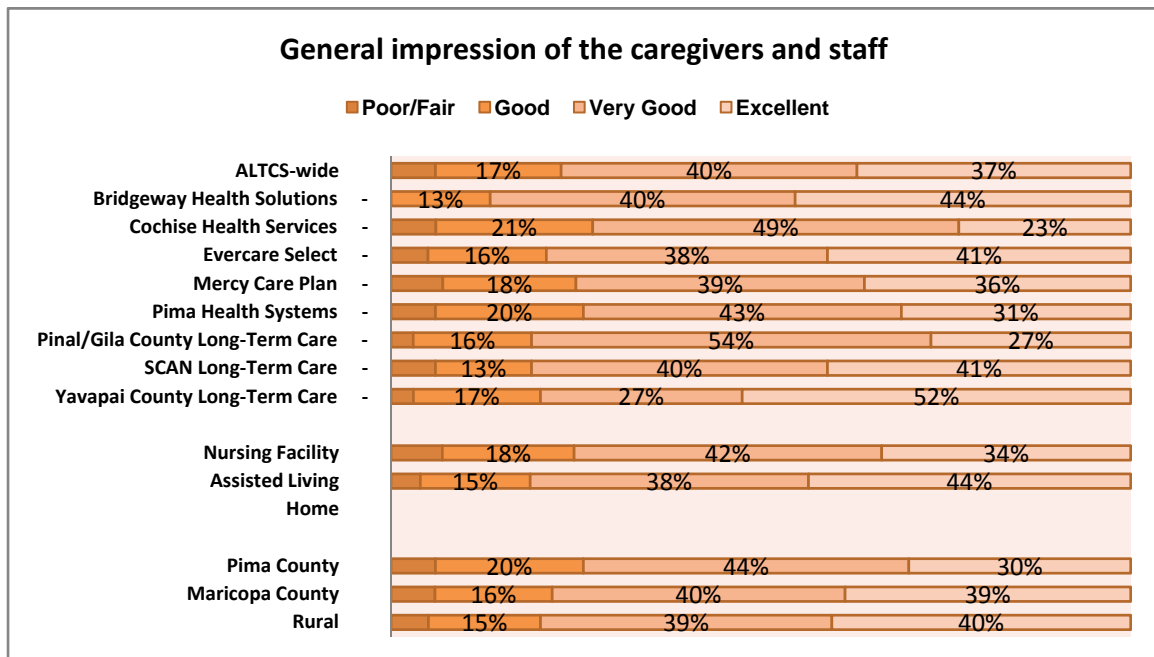


STAFF5. Do you ever have a hard time communicating with the staff because you speak different languages?

'Yes' rates on this question are notably higher than on the same question asked about home caregivers (CG11), the personal doctor or nurse practitioner (DOC8/DOC15), and the case manager (CM14/CM26). This suggests that there is room for improvement on this dimension. This seems to be a somewhat greater problem in Pima and Maricopa Counties than in rural locales.

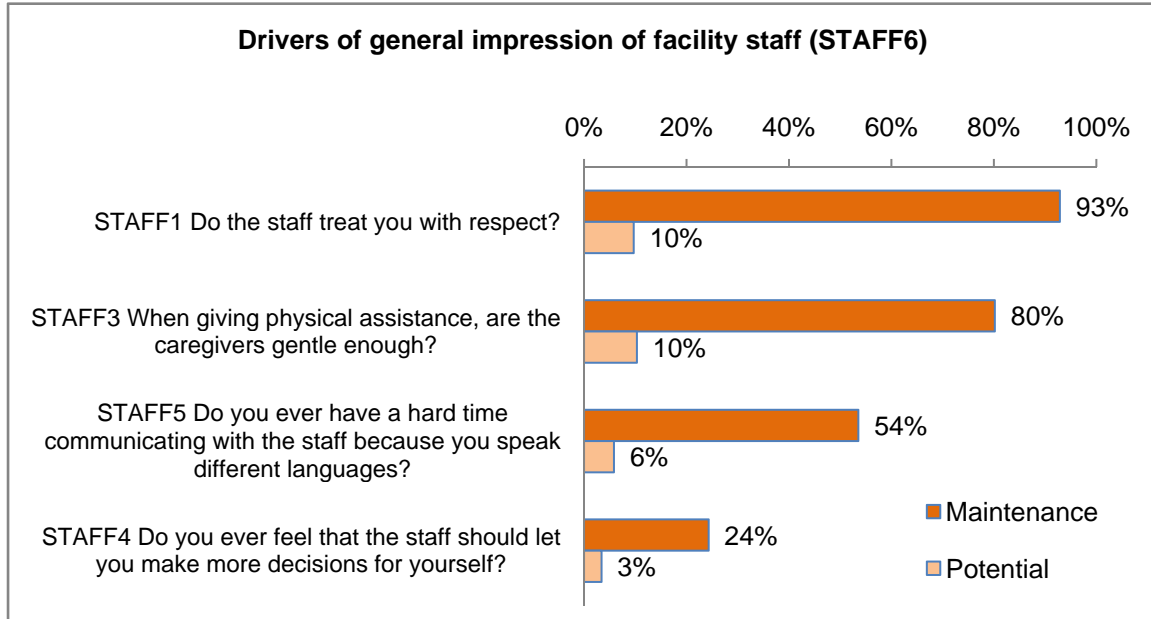


STAFF6. General impression of the caregivers and staff



4.3.3. DRIVERS OF GENERAL SATISFACTION WITH STAFF (STAFF6)

The following graph presents the results of an analysis of the drivers of general satisfaction with facility staff. Several of the items preceding STAFF6, concerning specific experiences with facility staff, were evaluated as possible drivers of STAFF6 itself.



'Potential' values are generally low, and in general satisfaction with facility staff is already quite high. Consequently, the graph above has been organized by 'Maintenance' values, which answer the question, How important is each driver for maintaining the current level of satisfaction with facility staff? The analysis indicates that the most important drivers for maintaining the current level of satisfaction with facility staff are (a) whether the staff are perceived as respectful and (b) whether caregivers are gentle when giving physical assistance to residents.

4.4. HOME CAREGIVERS

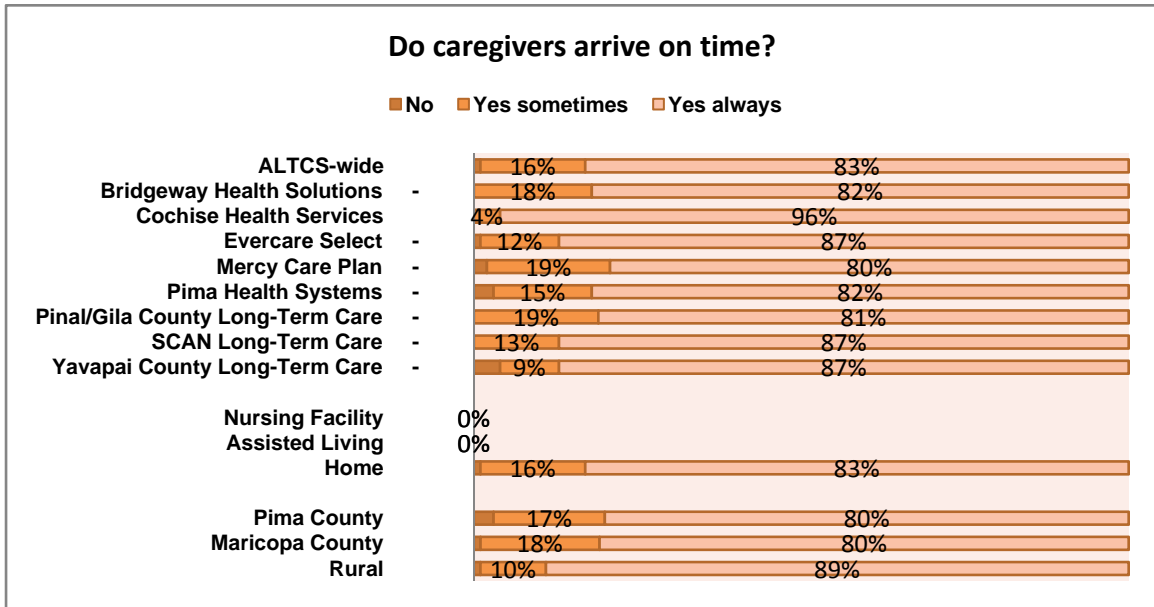
4.4.1. OVERVIEW

In general, perceptions of home caregivers are quite good. 83% regard their home caregivers as 'very good' or 'excellent,' and questions about specific experiences with caregivers reveal positive impressions.

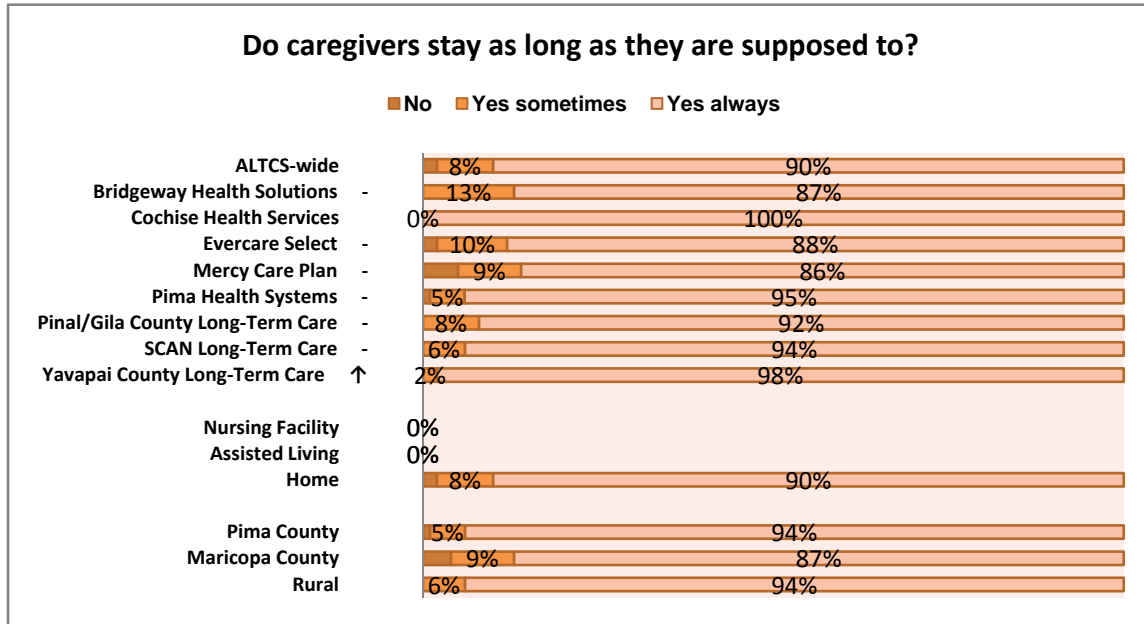
It should be noted that these results are not simply an artifact of asking respondents about their own family members (who are often paid caregivers). The survey interview was designed such that these questions were *not* asked of respondents whose own family members were paid caregivers.

4.4.2. ITEM-BY-ITEM RESULTS

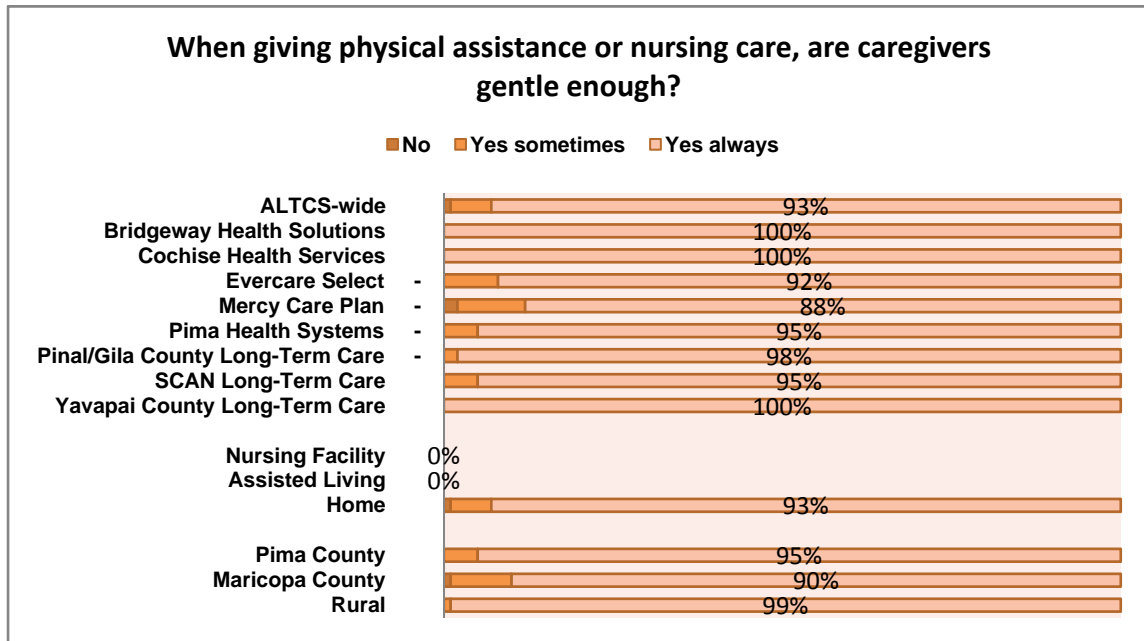
CG5. Do caregivers arrive on time?



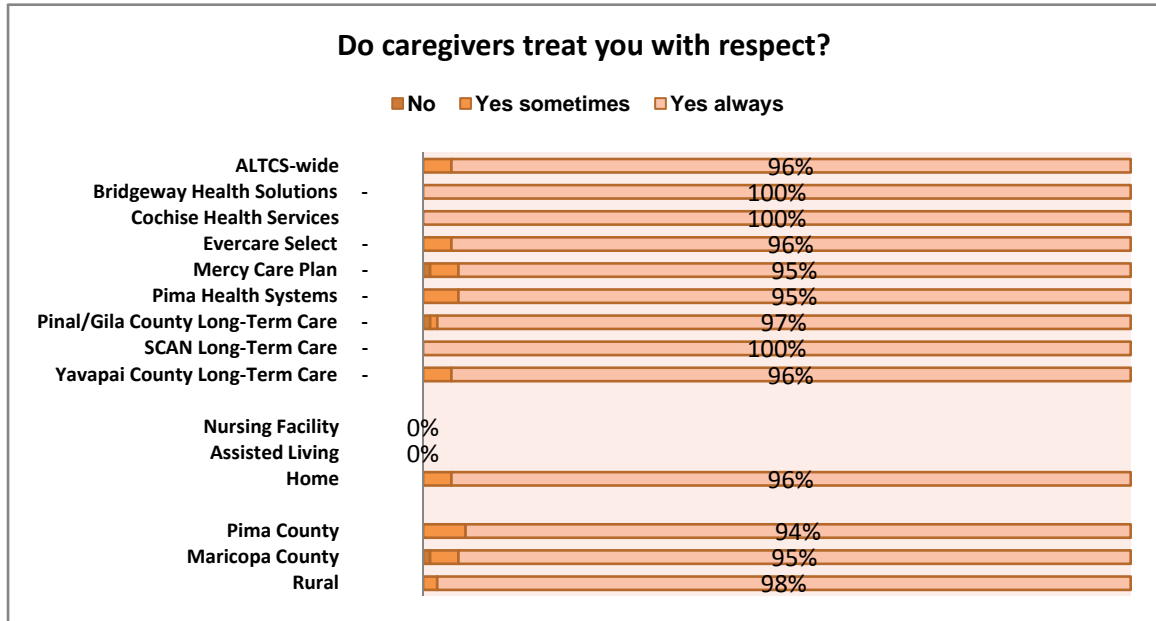
CG6. Do caregivers stay as long as they are supposed to?



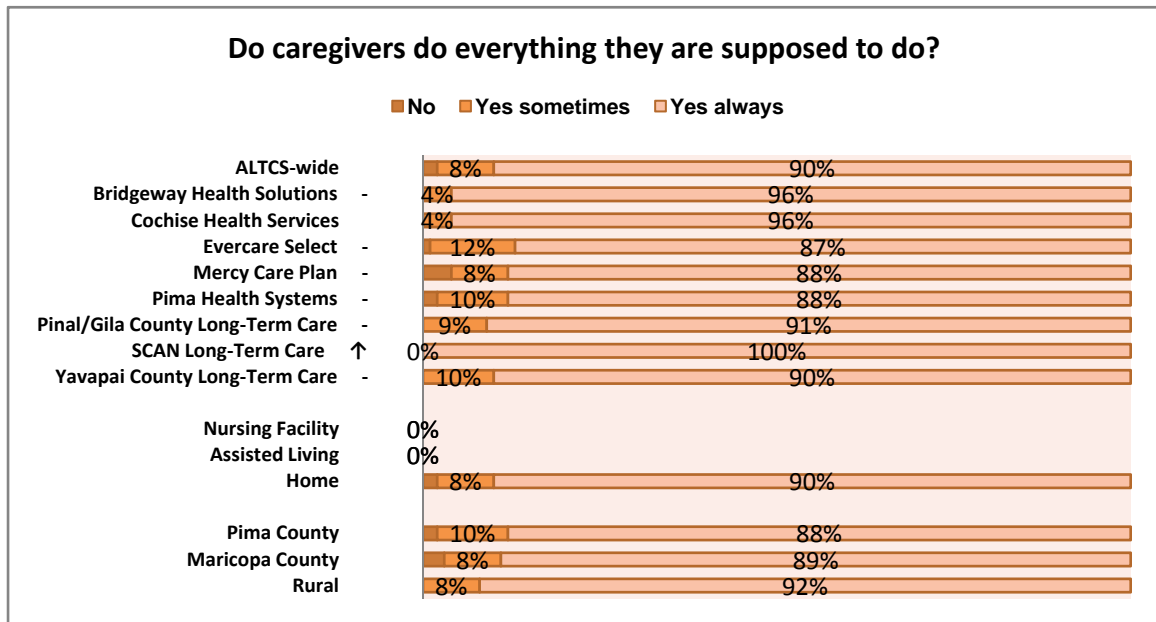
CG7. When giving physical assistance or nursing care, are caregivers gentle enough?



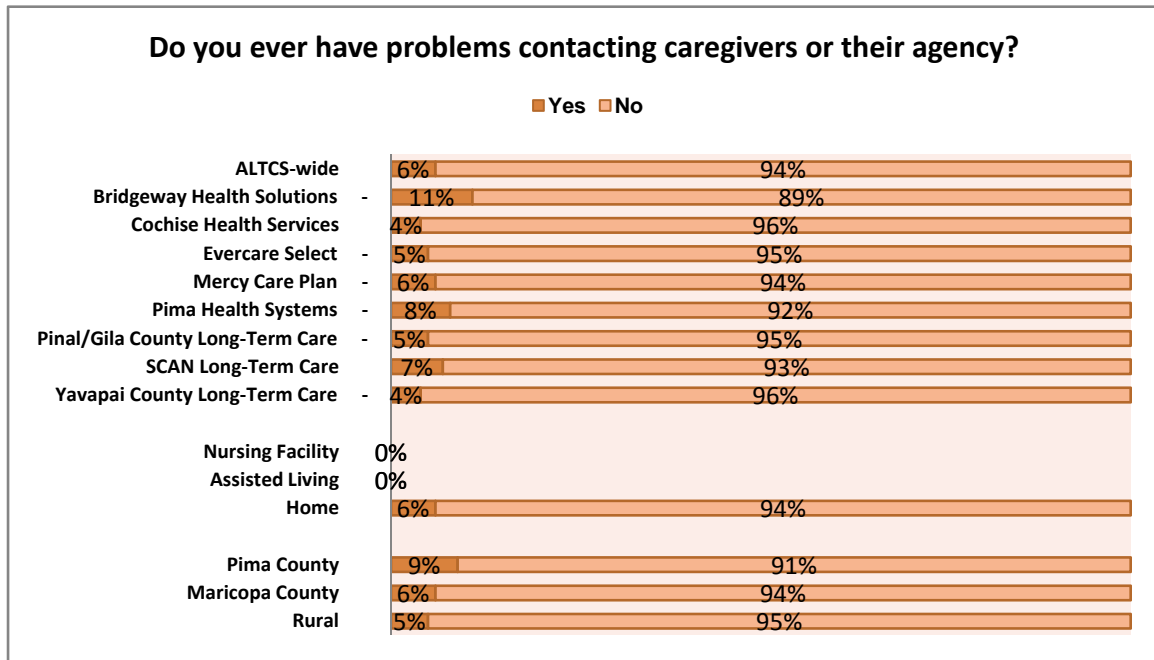
CG8. Do caregivers treat you with respect?



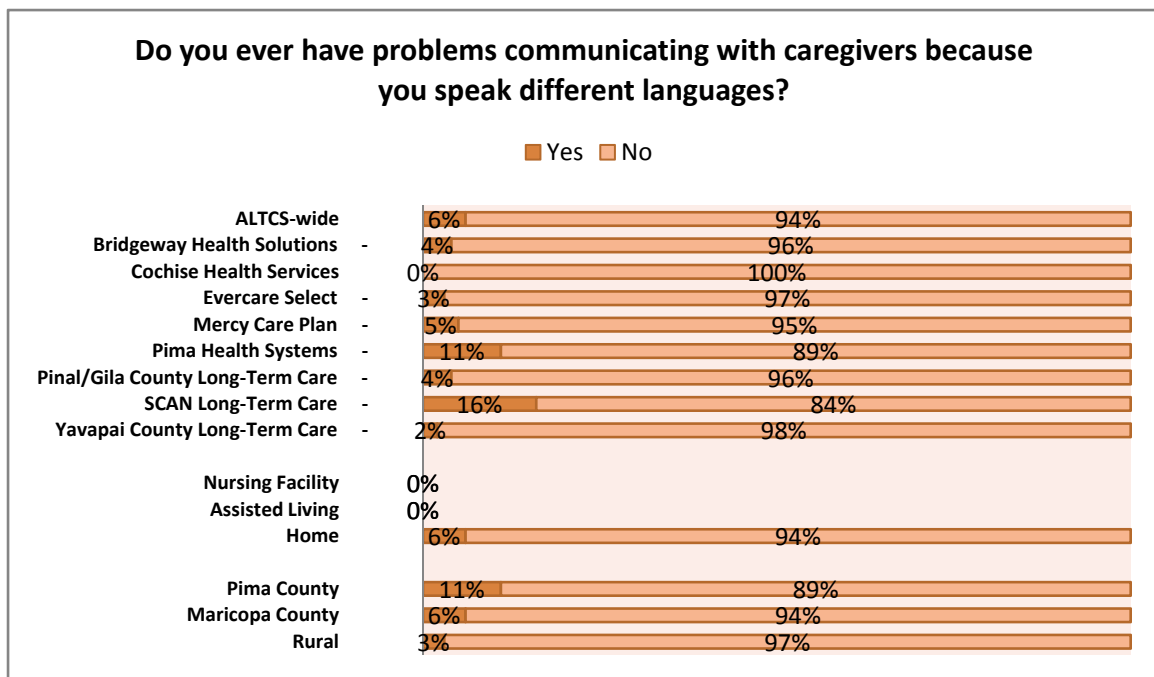
CG9. Do caregivers do everything they are supposed to do?



CG10. Do you ever have problems contacting caregivers or their agency?

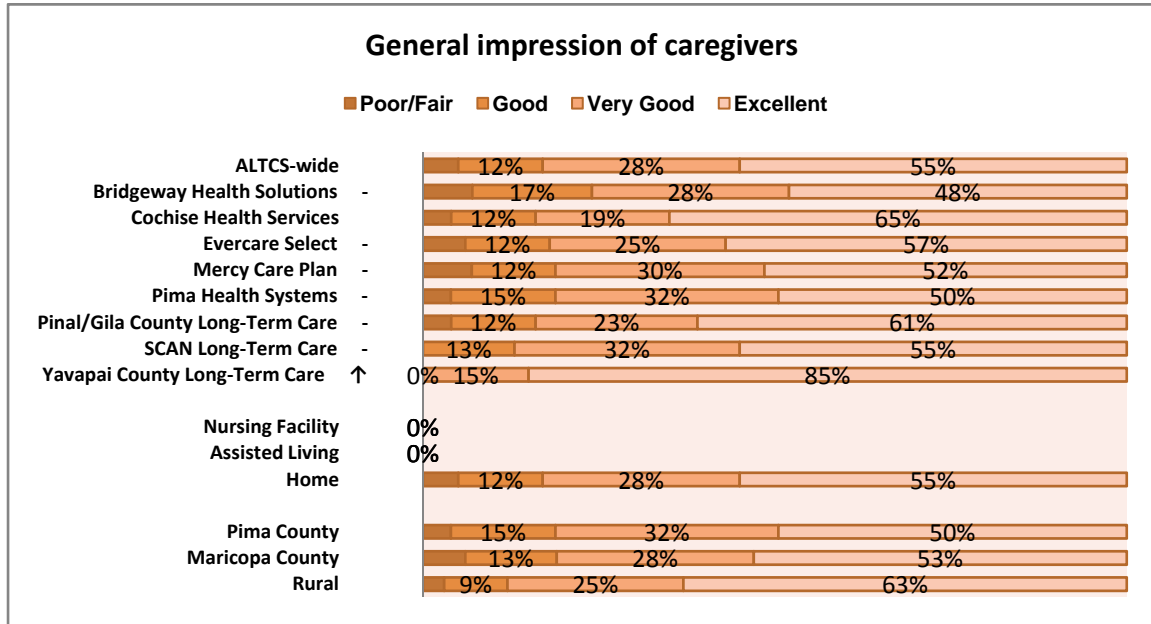


CG11. Do you ever have problems communicating with caregivers because you speak different languages?



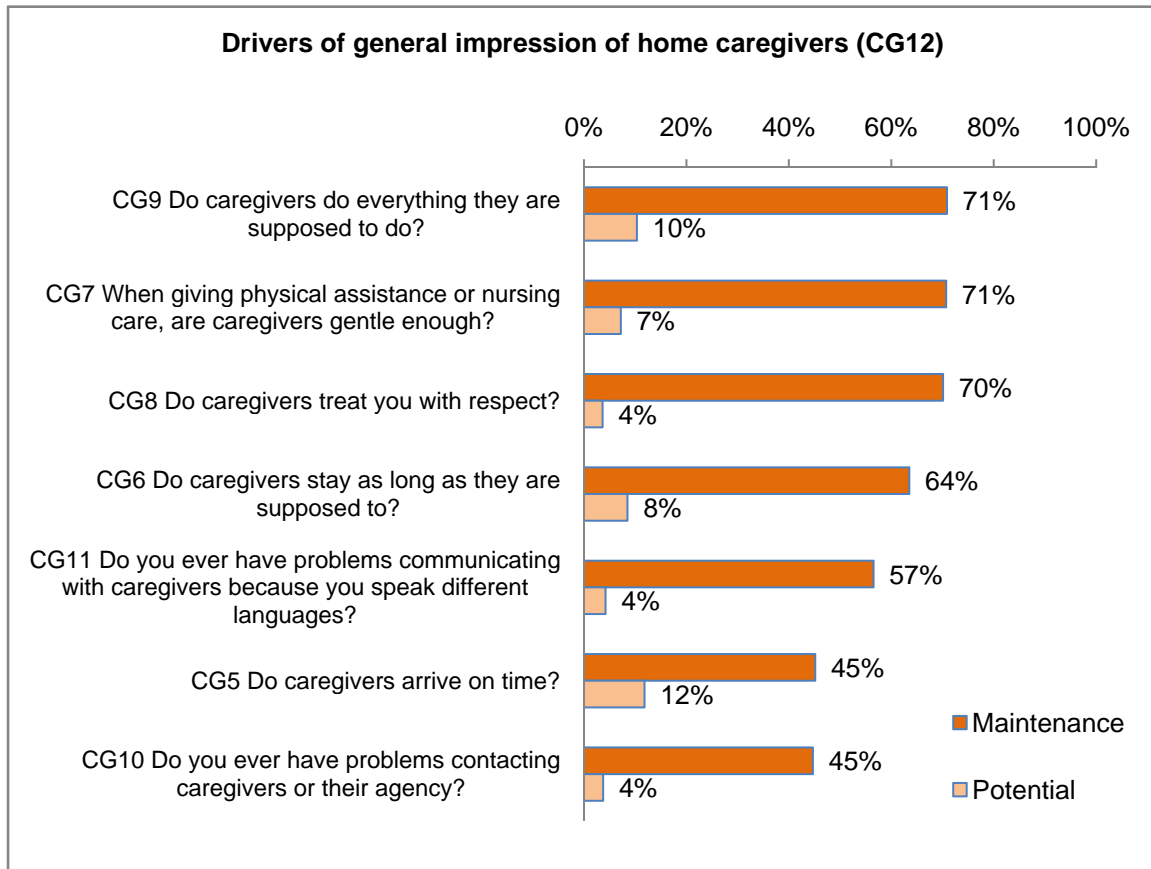
CG12. General impression of caregivers

As the graph below indicates, general satisfaction with home caregivers was generally high.



4.4.3. DRIVERS OF GENERAL SATISFACTION WITH HOME CAREGIVERS (CG12)

The following graph presents the results of an analysis of the drivers of general satisfaction with home caregivers. The items preceding CG12, concerning specific experiences with home caregivers, were evaluated as possible drivers of CG12 itself.



'Potential' values are generally low, and in general satisfaction with home caregivers is already quite high. Consequently, the graph above has been organized by 'Maintenance' values, which answer the question, How important is each driver for maintaining the current level of satisfaction with home caregivers? The analysis indicates that the most important drivers for maintaining the current level of satisfaction with home caregivers are (a) whether caregivers do everything they are supposed to do, (b) whether they are gentle enough when giving physical assistance or nursing care, and (c) whether they are perceived as respectful.

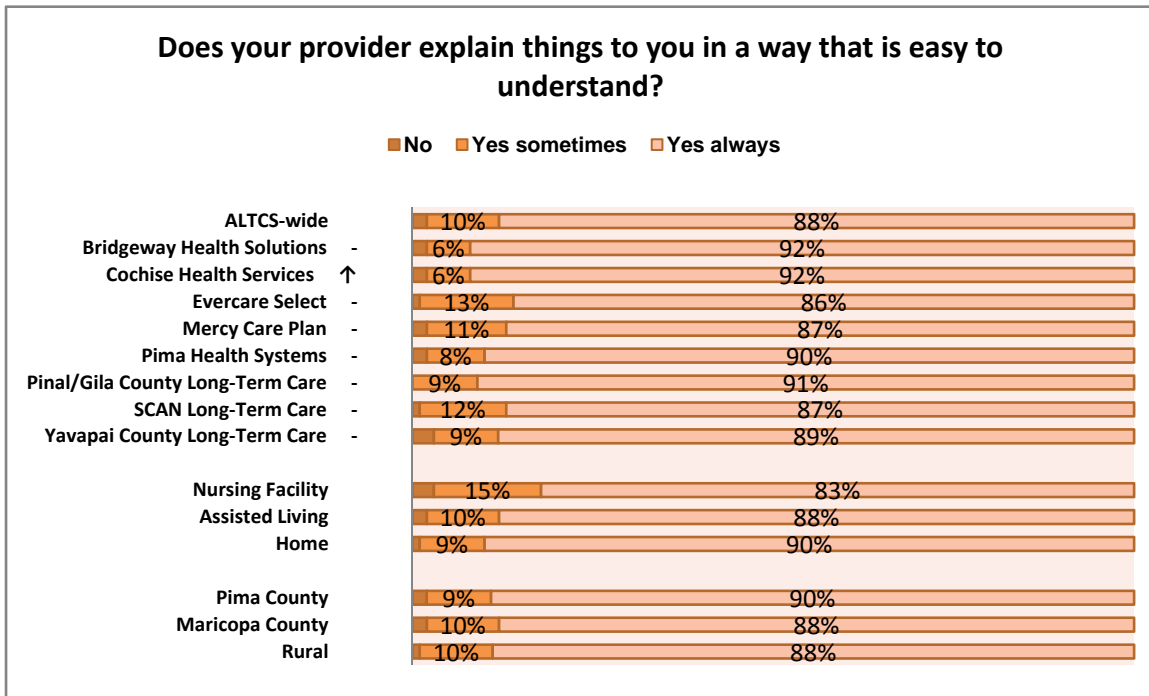
4.5. PERSONAL DOCTOR OR NURSE PRACTITIONER

4.5.1. OVERVIEW

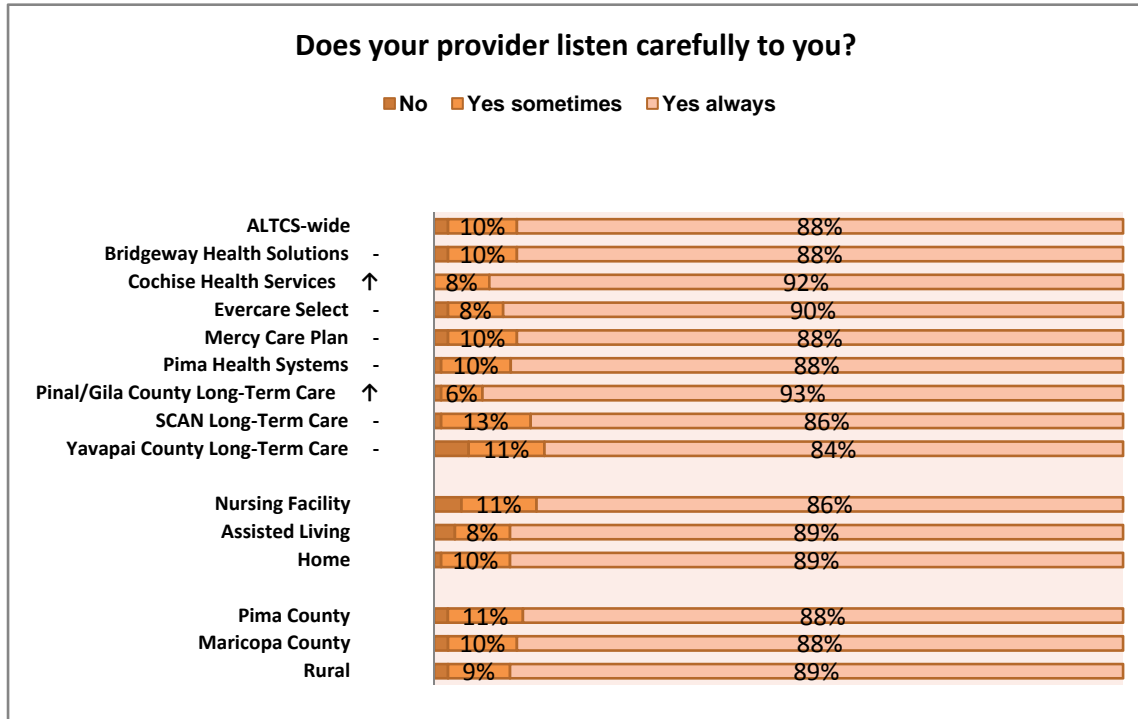
Results were very favorable with respect to personal doctors and nurse practitioners. Not surprisingly, there were no notable differences among program contractors on this dimension.

4.5.2. ITEM-BY-ITEM RESULTS

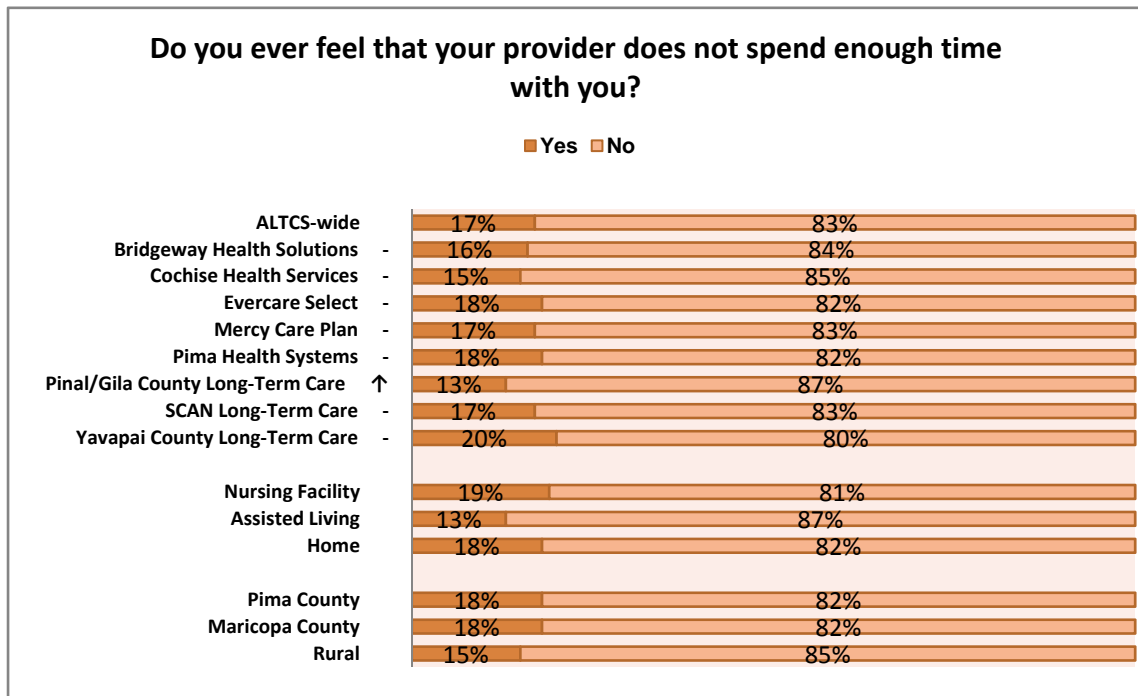
DOC4/DOC11. Does your provider explain things to you in a way that is easy to understand?



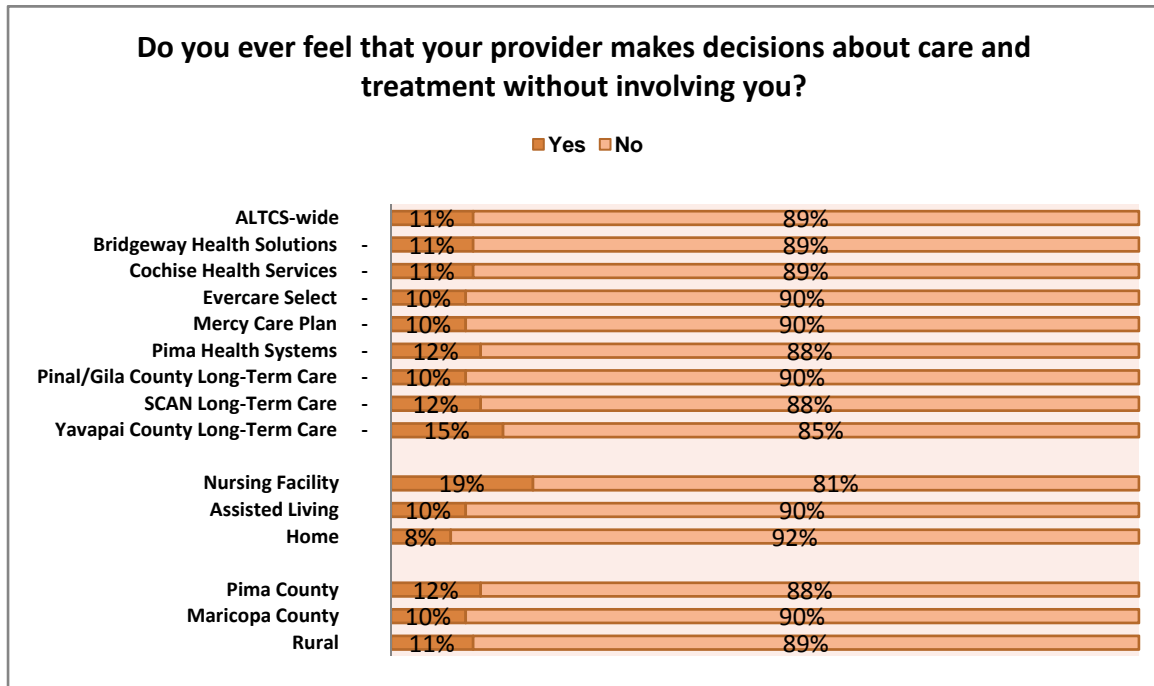
DOC5/DOC12. Does your provider listen carefully to you?



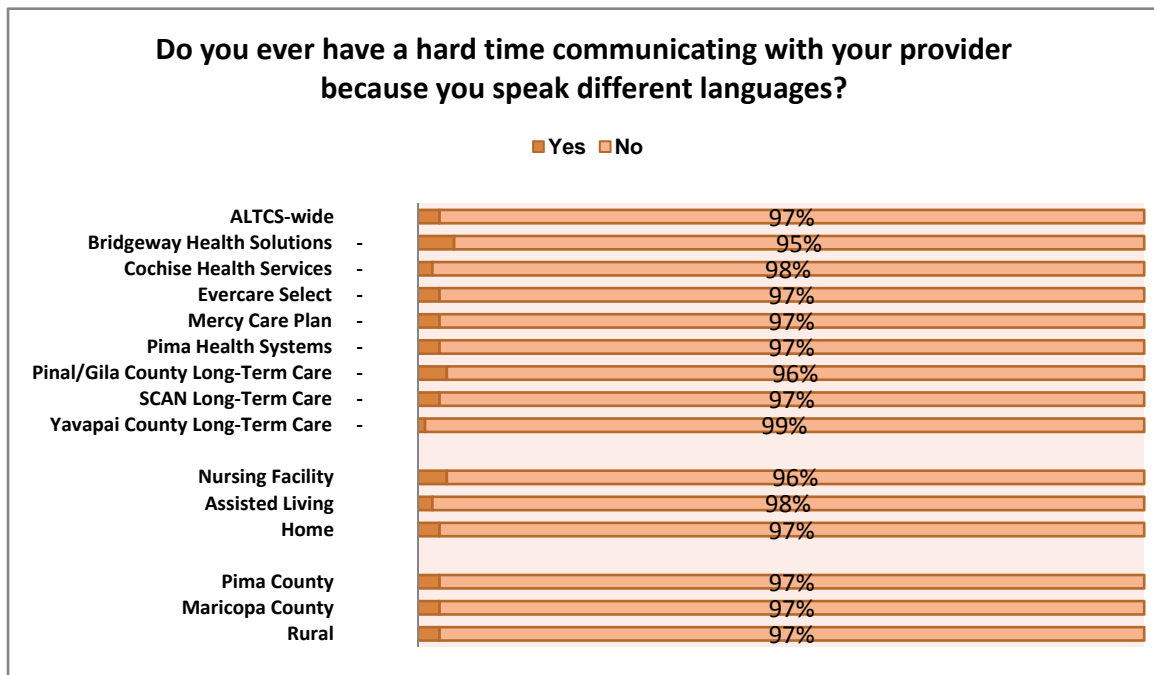
DOC6/DOC13. Do you ever feel that your provider does not spend enough time with you?



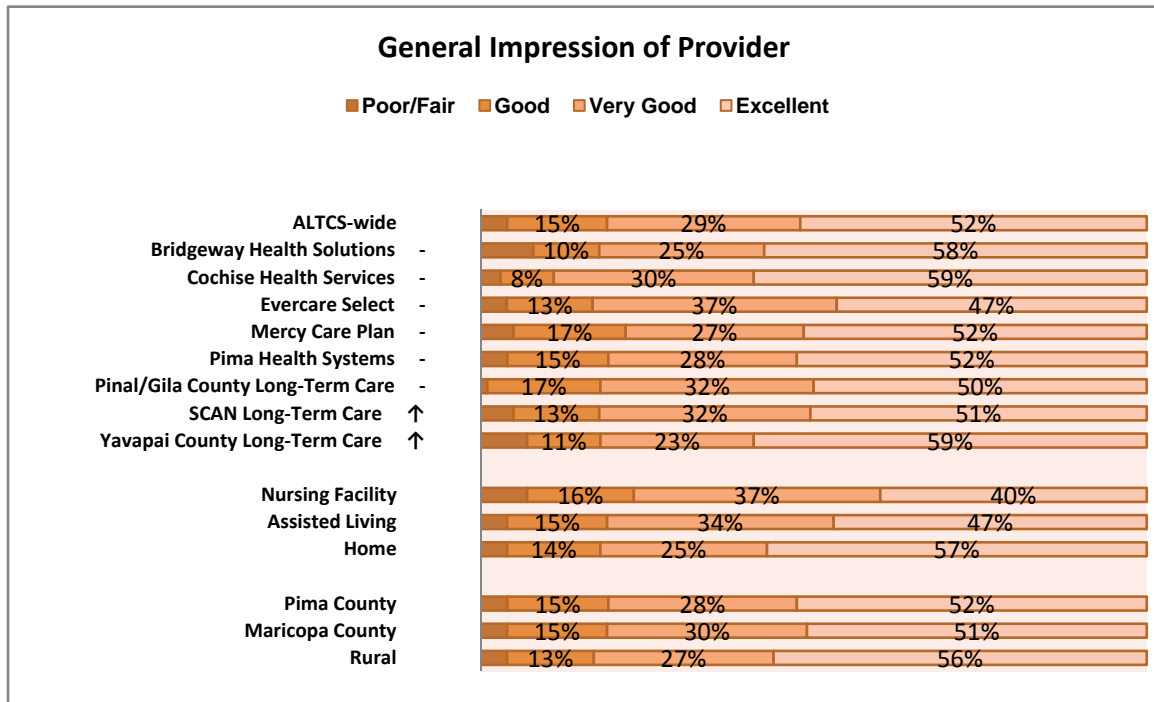
DOC7/DOC14. Do you ever feel that your provider makes decisions about care and treatment without involving you?



DOC8/DOC15. Do you ever have a hard time communicating with your provider because you speak different languages?

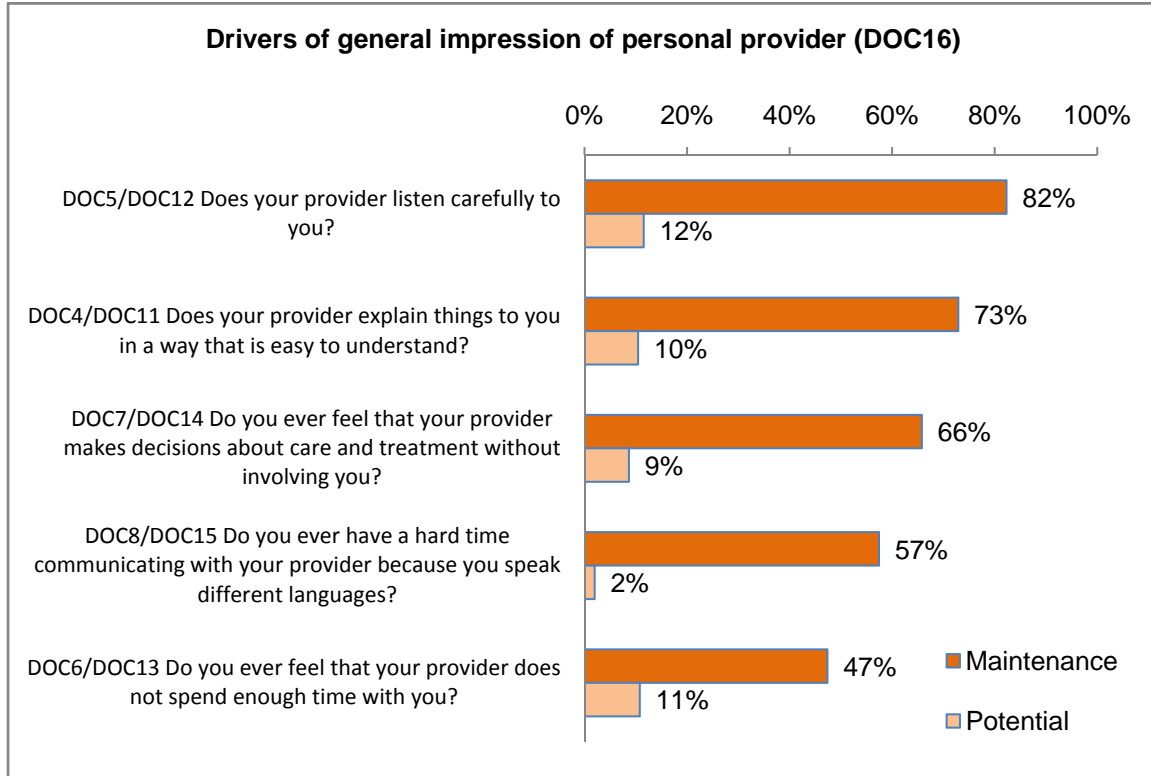


DOC16. General impression of provider



4.5.3. DRIVERS OF GENERAL SATISFACTION WITH PERSONAL PROVIDER (DOC16)

The following graph presents the results of an analysis of the drivers of general satisfaction with the personal healthcare provider (doctor or nurse practitioner). The items preceding DOC16, concerning specific experiences with the personal provider, were evaluated as possible drivers of DOC16 itself.



As before, the analysis is organized around Maintenance rather than Potential. The analysis indicates that the most important drivers for maintaining current levels of satisfaction with the personal provider involve communication: whether the provider listens carefully, and whether the provider explains things well. Whether the provider involves the patient in decisions about care and treatment is also important.

4.6. CASE MANAGER

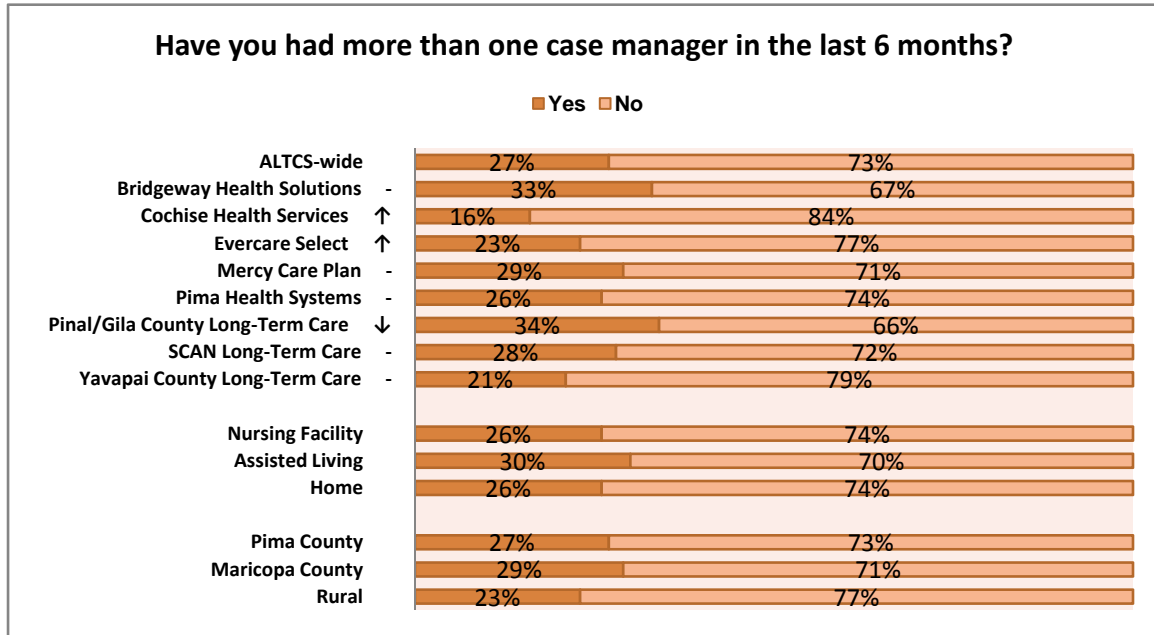
4.6.1. OVERVIEW

Perceptions of case managers were generally good. Respondents seem to regard case managers highly. After case-mix adjustment, there were some statistically significant differences among program contractors. Most notably, on general impressions of case managers (CM15/CM27), Evercare Select and Yavapai County Long-Term Care received significantly higher ratings than did their case-mix-adjusted peers.

4.6.2. ITEM-BY-ITEM RESULTS

CM2. Have you had more than one case manager in the last 6 months?

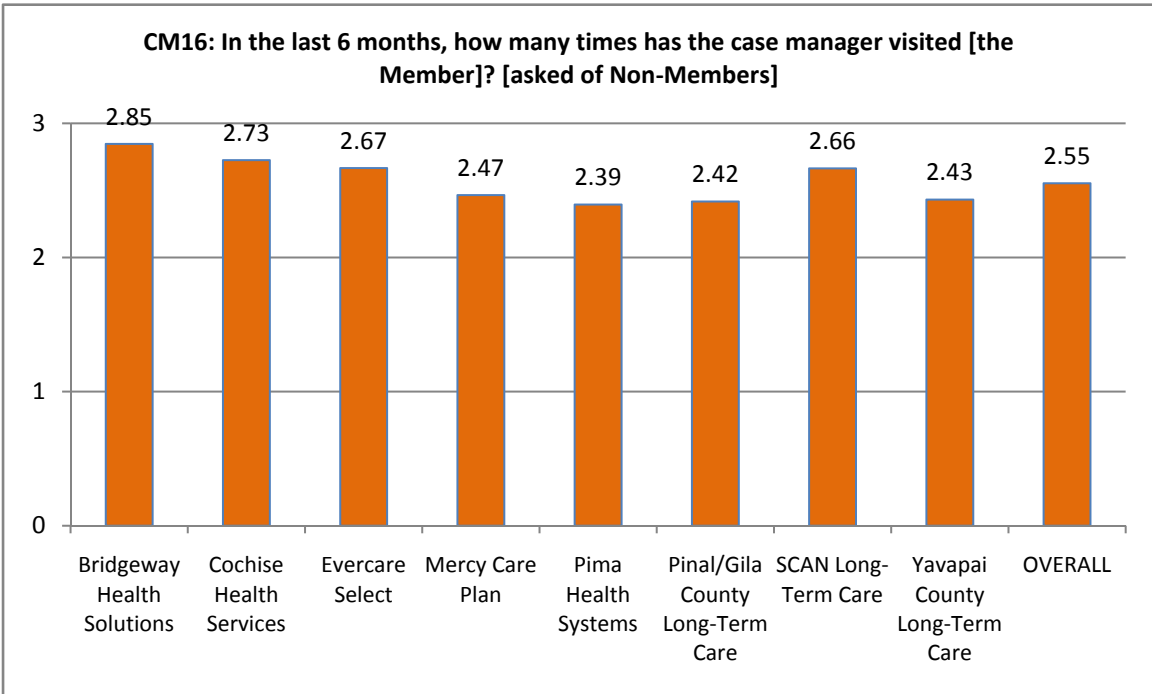
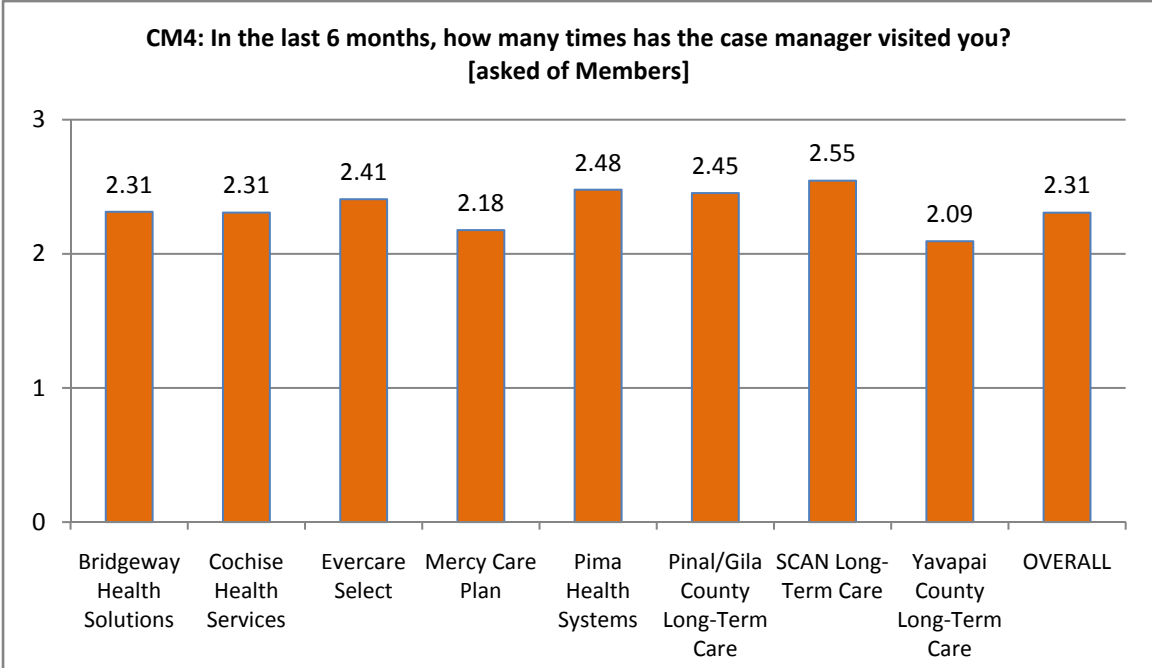
On item CM2, results suggest that two program contractors, Cochise Health Services and Evercare Select, have significantly greater continuity in case managers than their peers, and Pinal/Gila County Long-Term Care has significantly lower continuity. In the case of Pinal/Gila, it appears that about one-third of members have had more than one case manager in the last 6 months.



CM4 and CM16. In the last 6 months, how many times has the case manager visited?

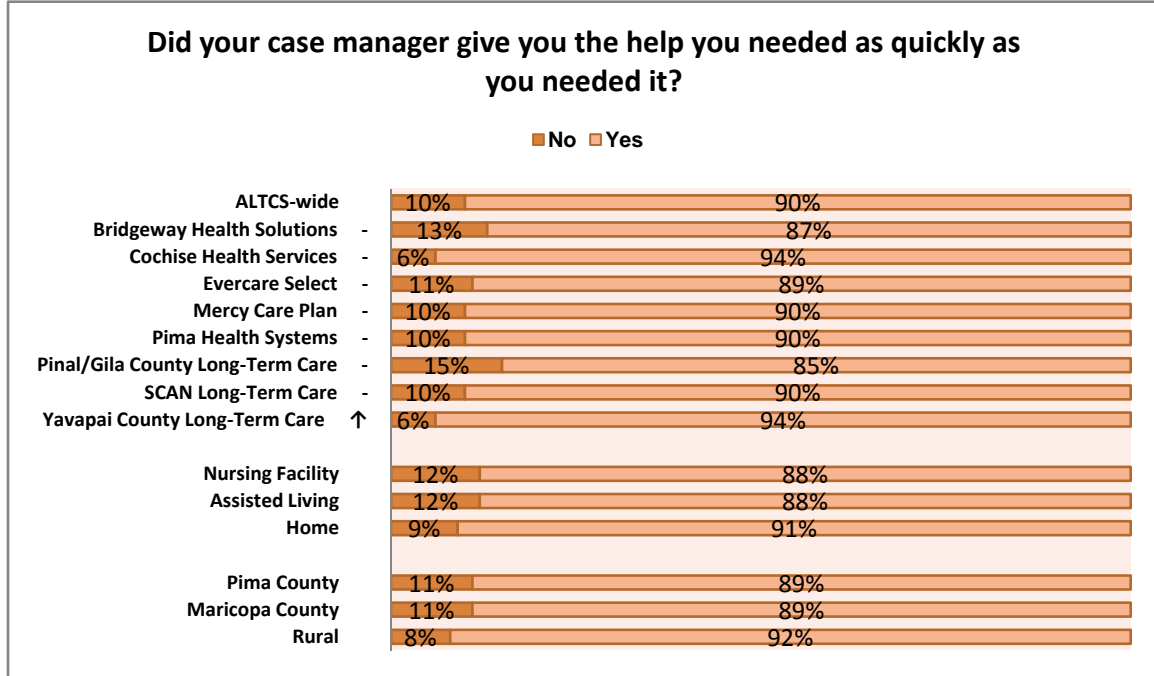
CM4 and CM16 ask how many times the case manager has visited the member in the last 6 months. (CM4 is asked of member, and CM16 is asked of non-members.) For both members and non-members, the median number of visits reported was two. That is, in general, respondents reported two case manager visits in the last 6 months, or an average of one visit every 3 months.

The following graphs show the average numbers of case manager visits by program contractor. These averages were calculated after trimming a few high outliers from the data (for example, one respondent reported 97 visits, which exerted undue influence on the average for the program contractor in question). No more than 5% of data points were trimmed out. Also, these averages were calculated with weights applied, so they reflect the different proportions of Nursing Facility, Assisted Living, and Home care for the different program contractors (please see section 3.6.1 on the calculation of weights). There were no statistically significant differences among program contractors.



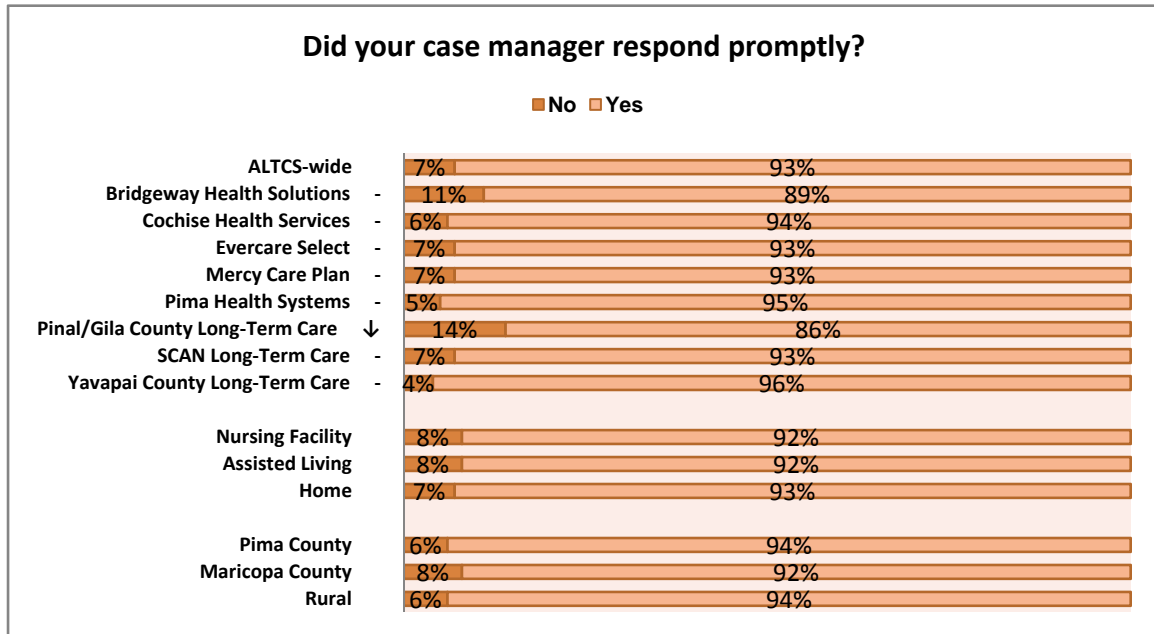
CM7/CM19. Did your case manager give you the help you needed as quickly as you needed it?

This question was asked if the respondent said that they had needed help from the case manager in the previous 6 months.

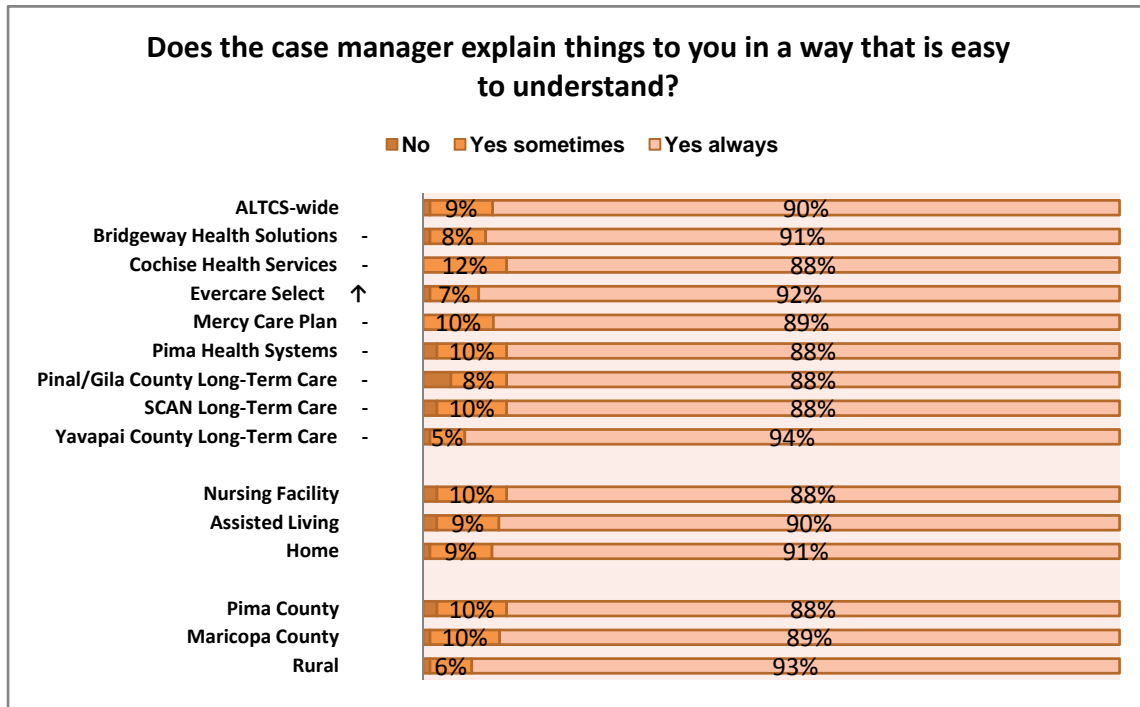


CM9/CM21. Did your case manager respond promptly?

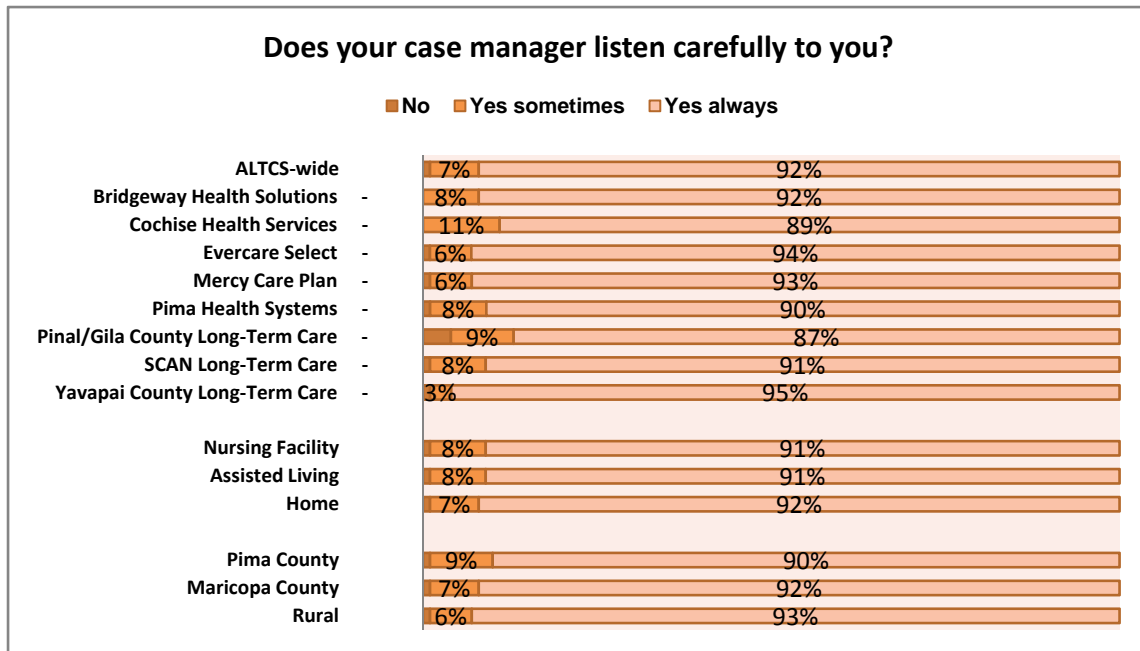
This question was asked if the respondent said they had called the case manager for information in the previous 6 months.



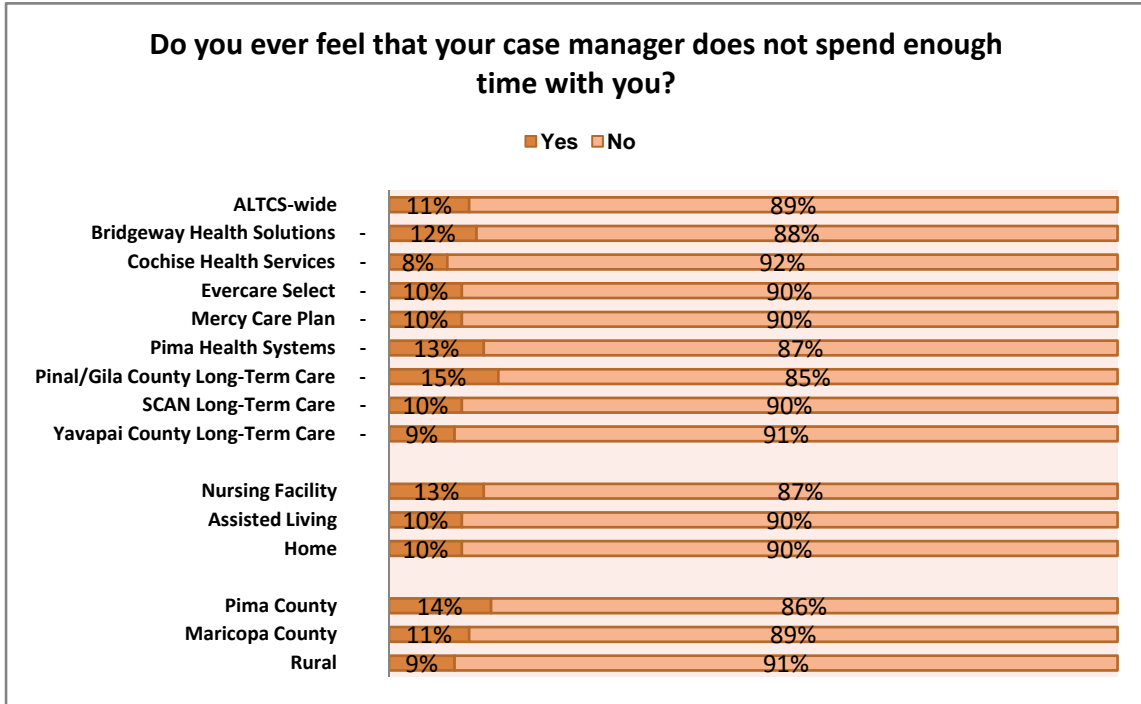
CM10/CM22. Does the case manager explain things to you in a way that is easy to understand?



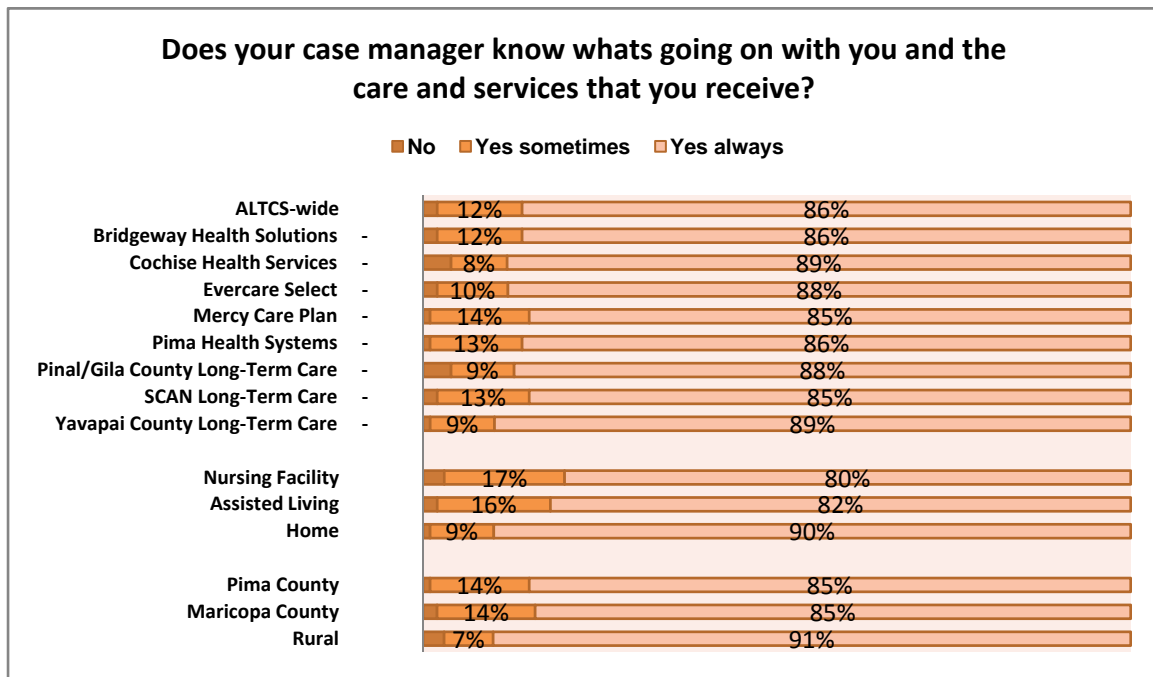
CM11/CM23. Does your case manager listen carefully to you?



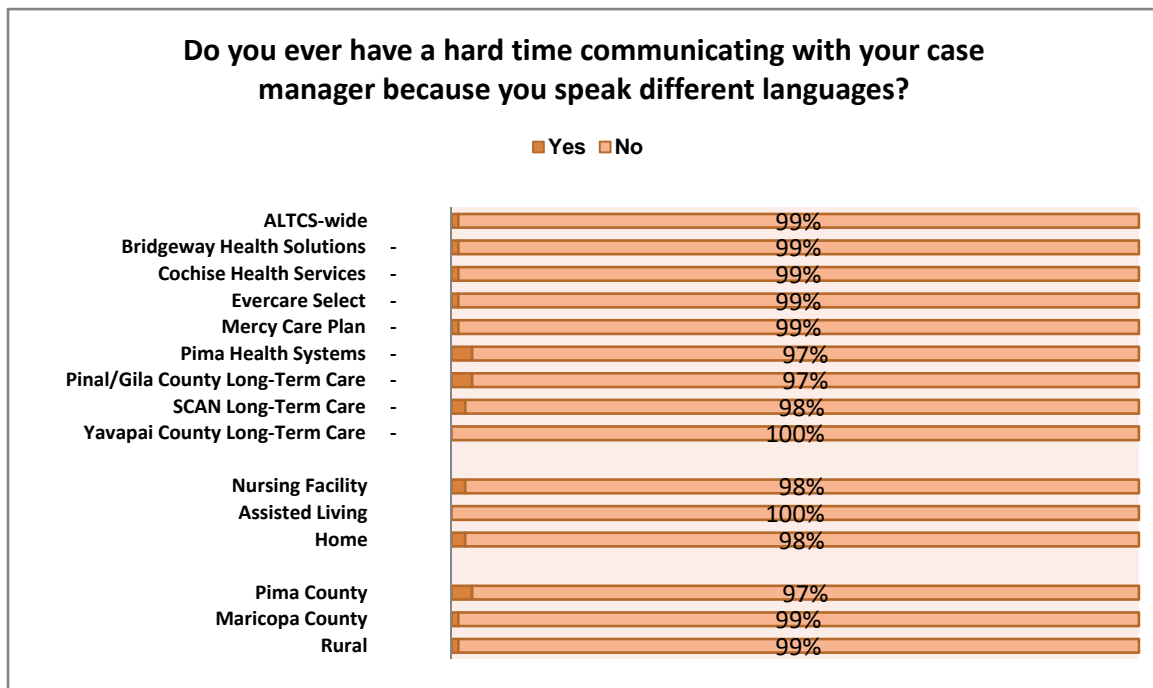
CM12/CM24. Do you ever feel that your case manager does not spend enough time with you?



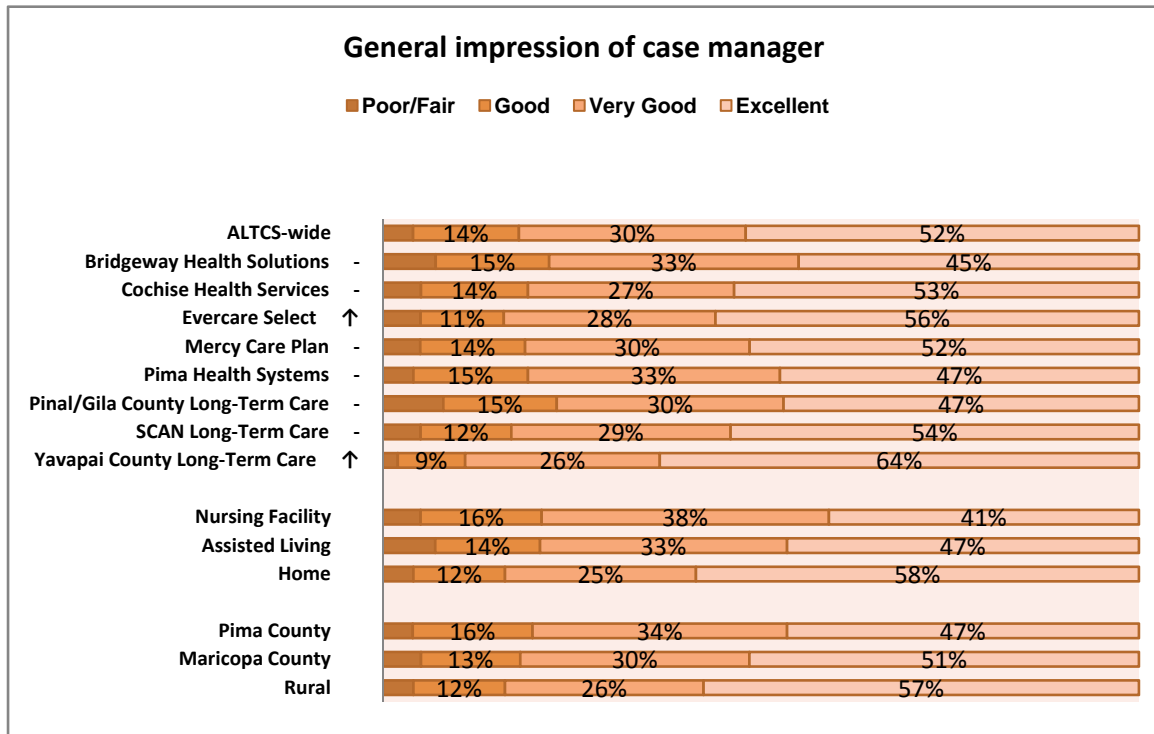
CM13/CM25. Does your case manager know what's going on with you and the care and services that you receive?



CM14/CM26. Do you ever have a hard time communicating with your case manager because you speak different languages?

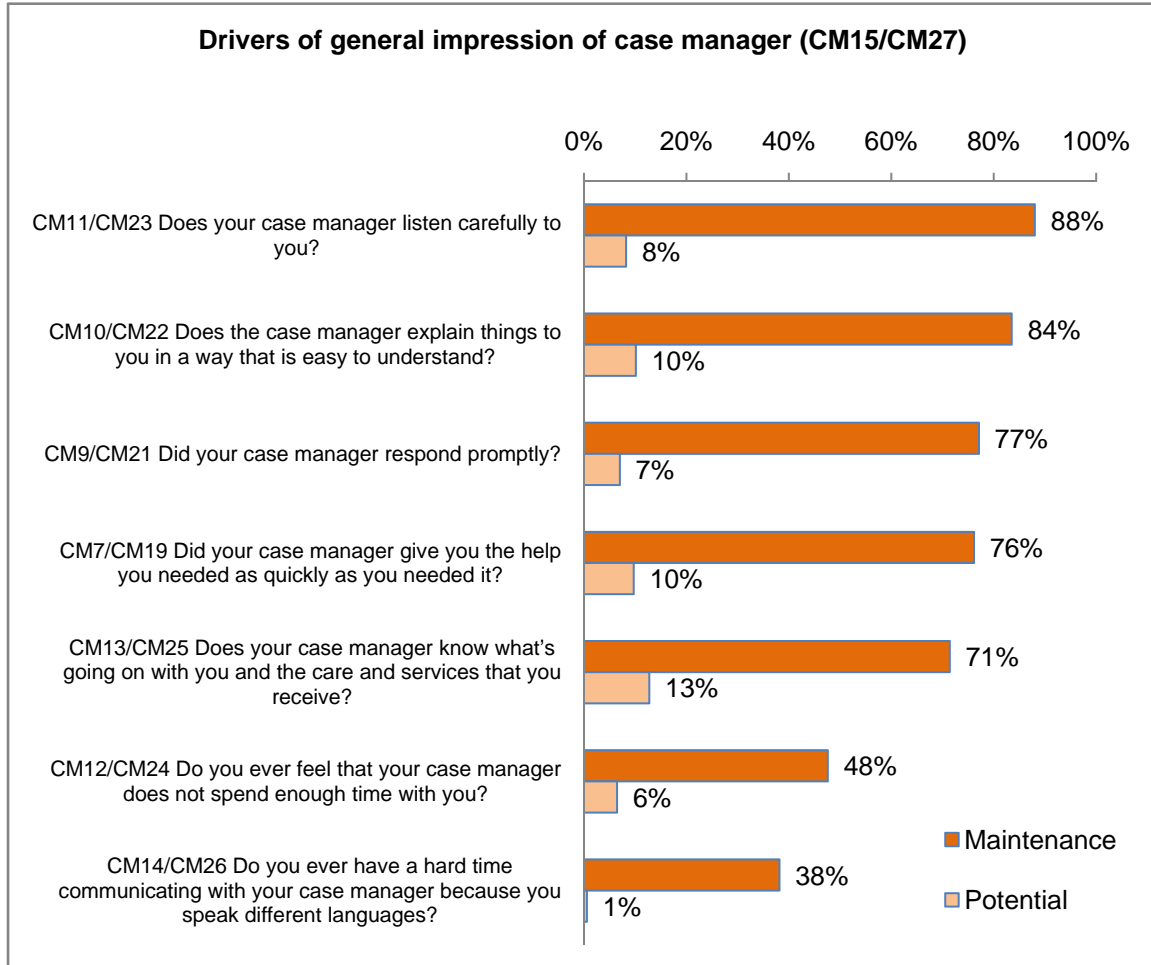


CM15/CM27. General impression of case manager



4.6.3. DRIVERS OF GENERAL SATISFACTION WITH CASE MANAGER (CM15/CM27)

The following graph presents the results of an analysis of the drivers of general satisfaction with the case manager. The items preceding CM15/CM27, concerning specific experiences with the case managers, were evaluated as possible drivers of CM15/CM27 itself.



As before, the analysis is organized around Maintenance rather than Potential. Not surprisingly, the most important drivers for maintaining current levels of satisfaction with the case manager seem to involve communication—in particular, careful listening and understandable explanations.

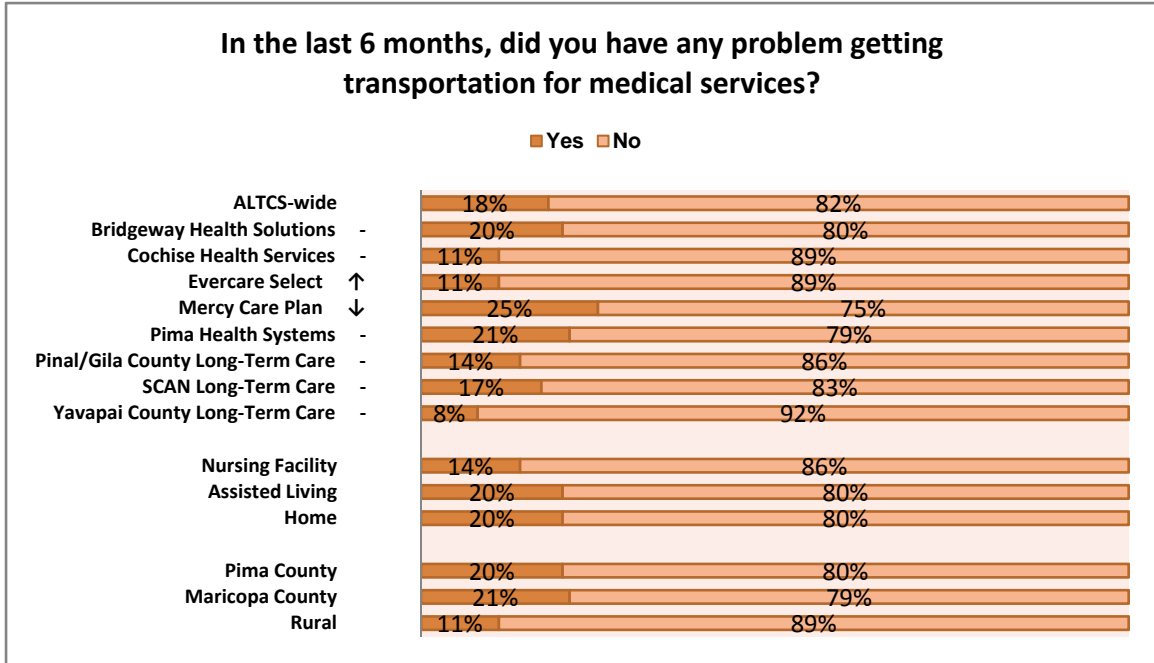
4.7. TRANSPORTATION

4.7.1. OVERVIEW

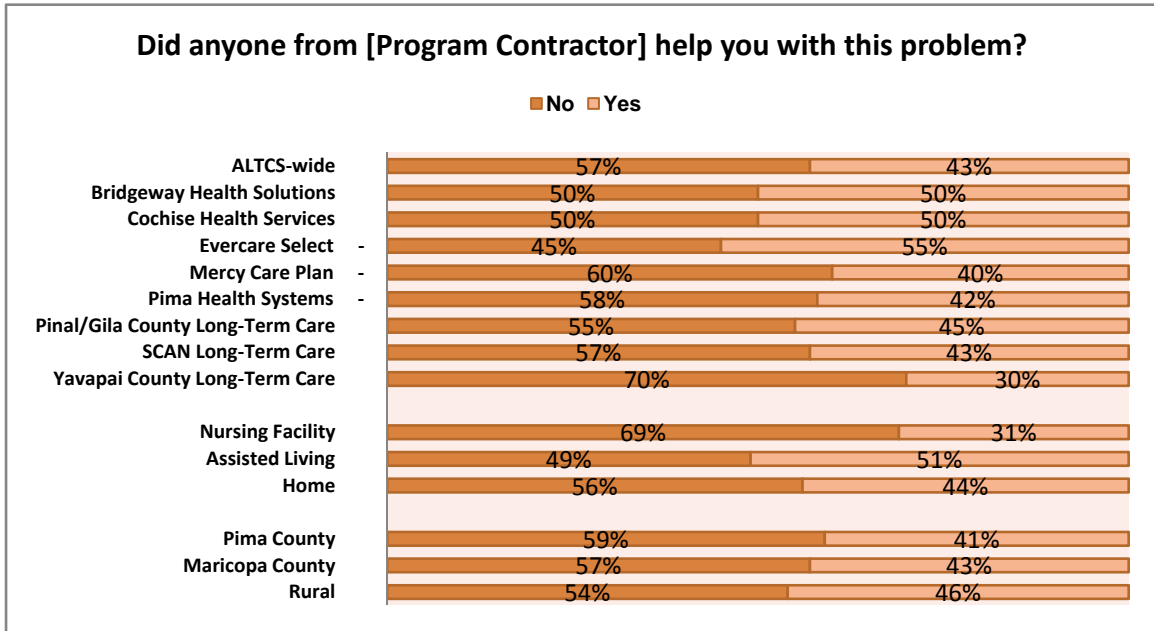
Overall, approximately 18% of members have had a problem getting transportation for medical services in the last 6 months. Evercare Select has a significantly lower rate of this problem than do its peers, and Mercy Care Plan has a higher rate. Otherwise, differences among program contractors are not significant.

4.7.2. ITEM-BY-ITEM RESULTS

TRANS2. In the last 6 months, did you have any problem getting transportation for medical services?



TRANS3. Did anyone from [Program Contractor] help you with this problem?



4.8. PROGRAM CONTRACTOR

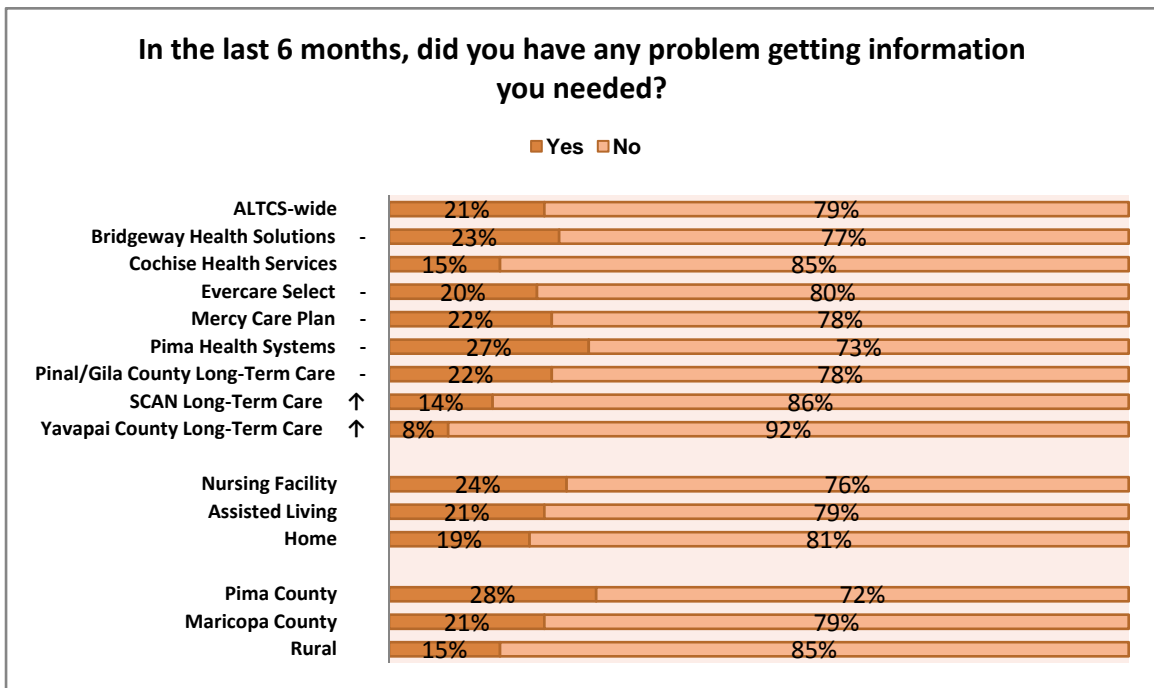
4.8.1. OVERVIEW

Overall, approximately 77% of the target population rates their program contractor as 'very good' or 'excellent,' and fully 94% say 'good,' 'very good,' or 'excellent.' These are generally high rates of satisfaction. Yavapai County Long-Term Care gets slightly more 'excellent' ratings than its peers; otherwise, there are no significant differences among program contractors.

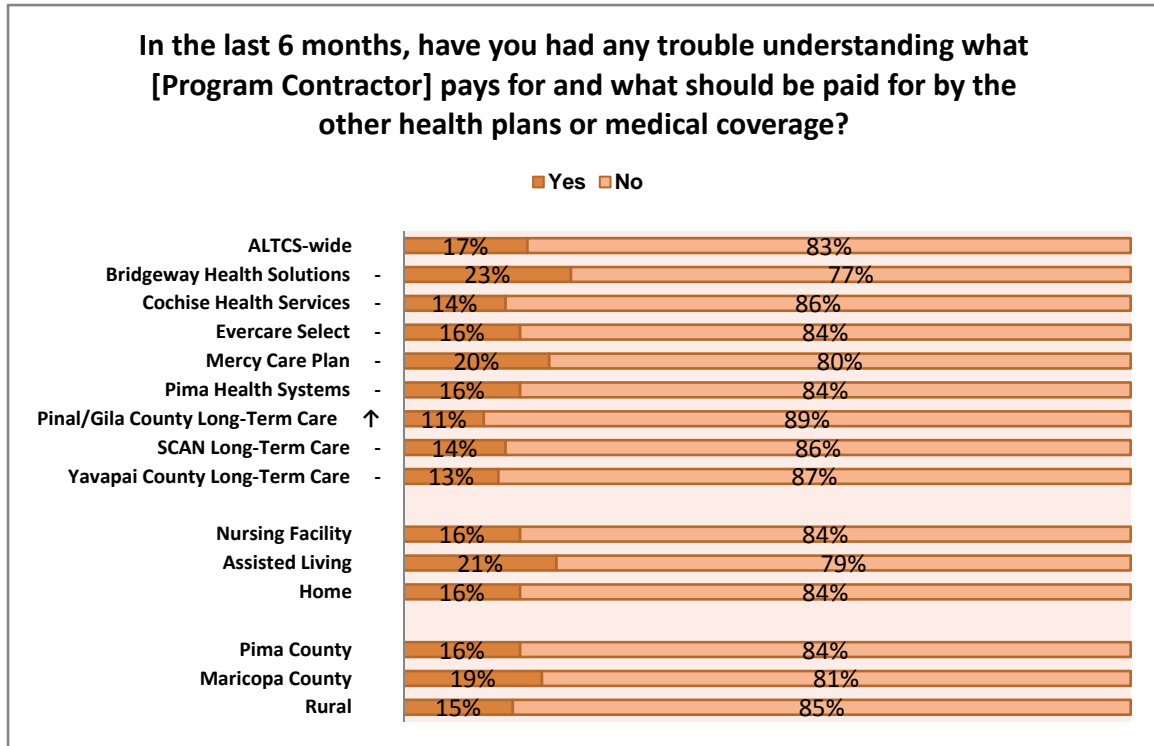
There are some significant differences among program contractors in how well they resolve billing problems (item HP7). Pima Health Systems and SCAN Long-Term Care do well in this regard, whereas Bridgeway Health Solutions does somewhat worse than its peers.

4.8.2. ITEM-BY-ITEM RESULTS

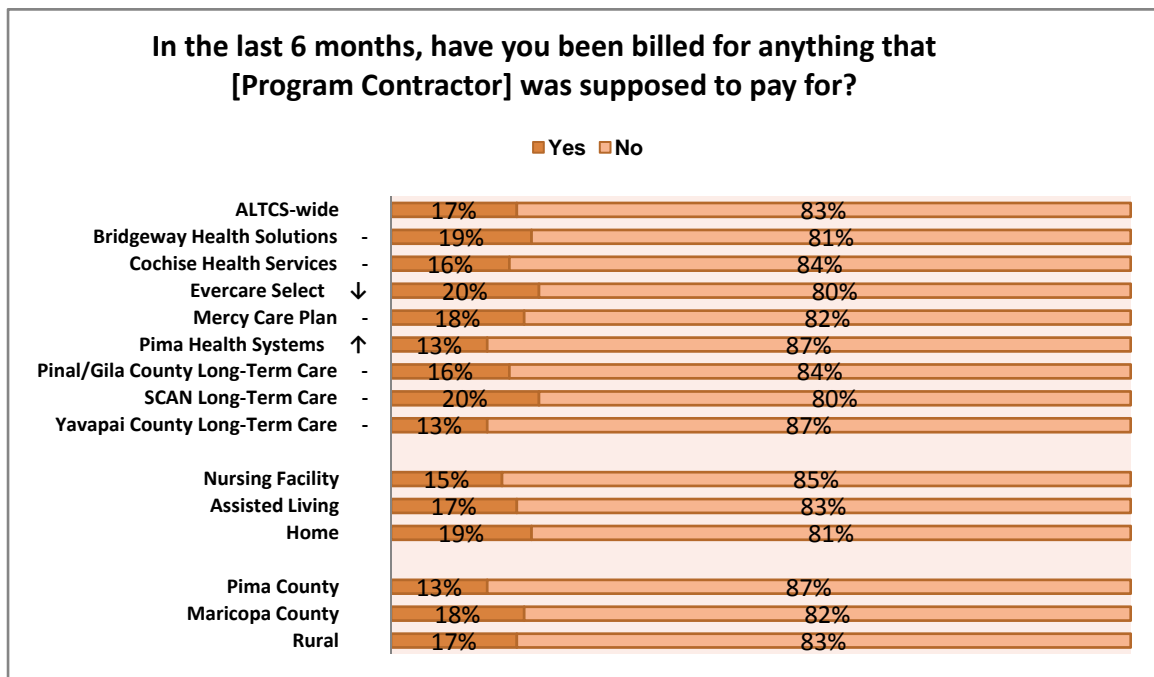
HP2. In the last 6 months, did you have any problem getting information you needed?



HP4. In the last 6 months, have you had any trouble understanding what [Program Contractor] pays for and what should be paid for by the other health plans or medical coverage?

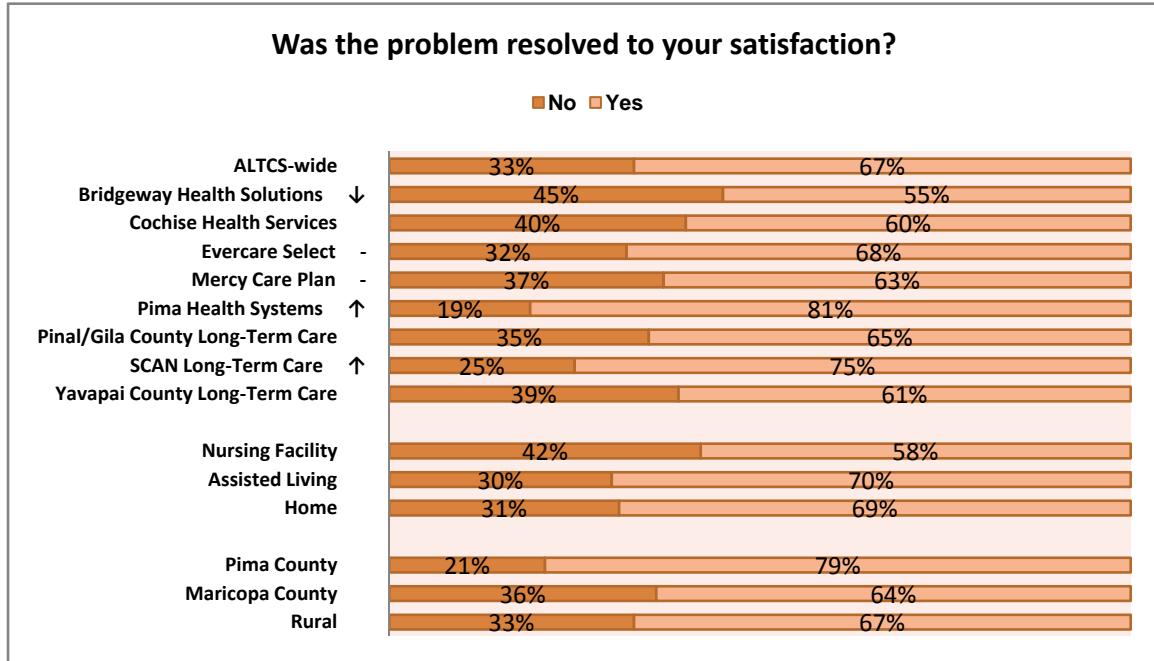


HP5. In the last 6 months, have you been billed for anything that [Program Contractor] was supposed to pay for?

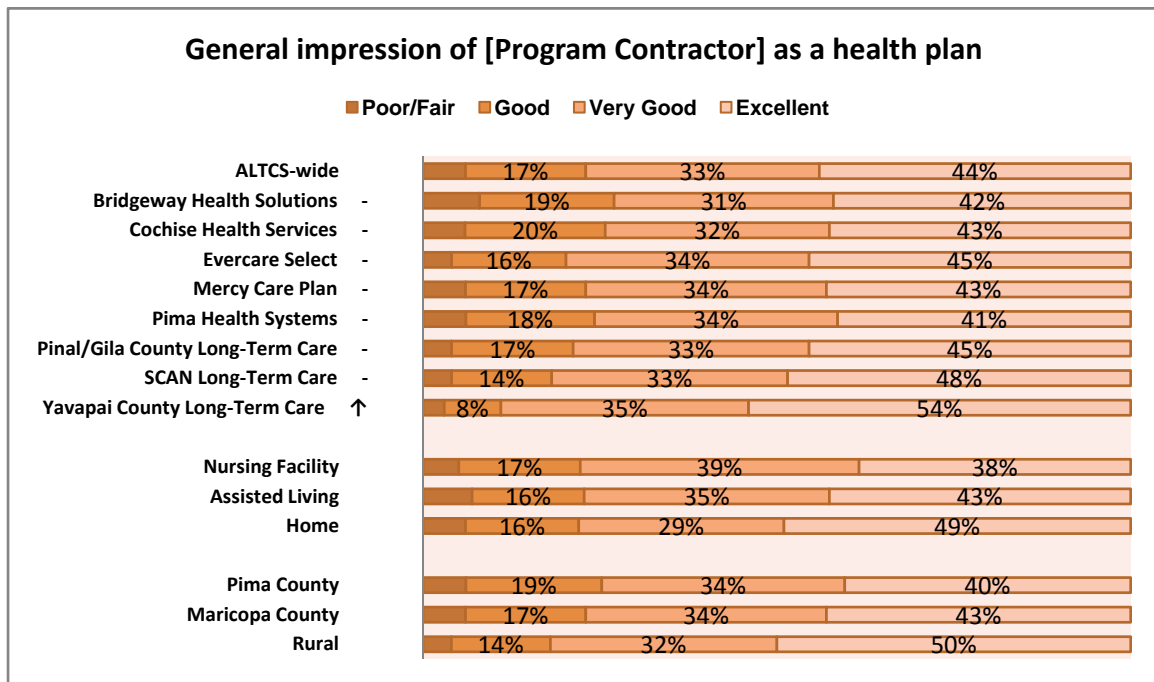


HP7. Was the problem resolved to your satisfaction?

This question was asked if the respondent had contacted the program contractor in order to resolve the type of problem mentioned in HP5 (being billed for something that the program contractor was supposed to pay for).

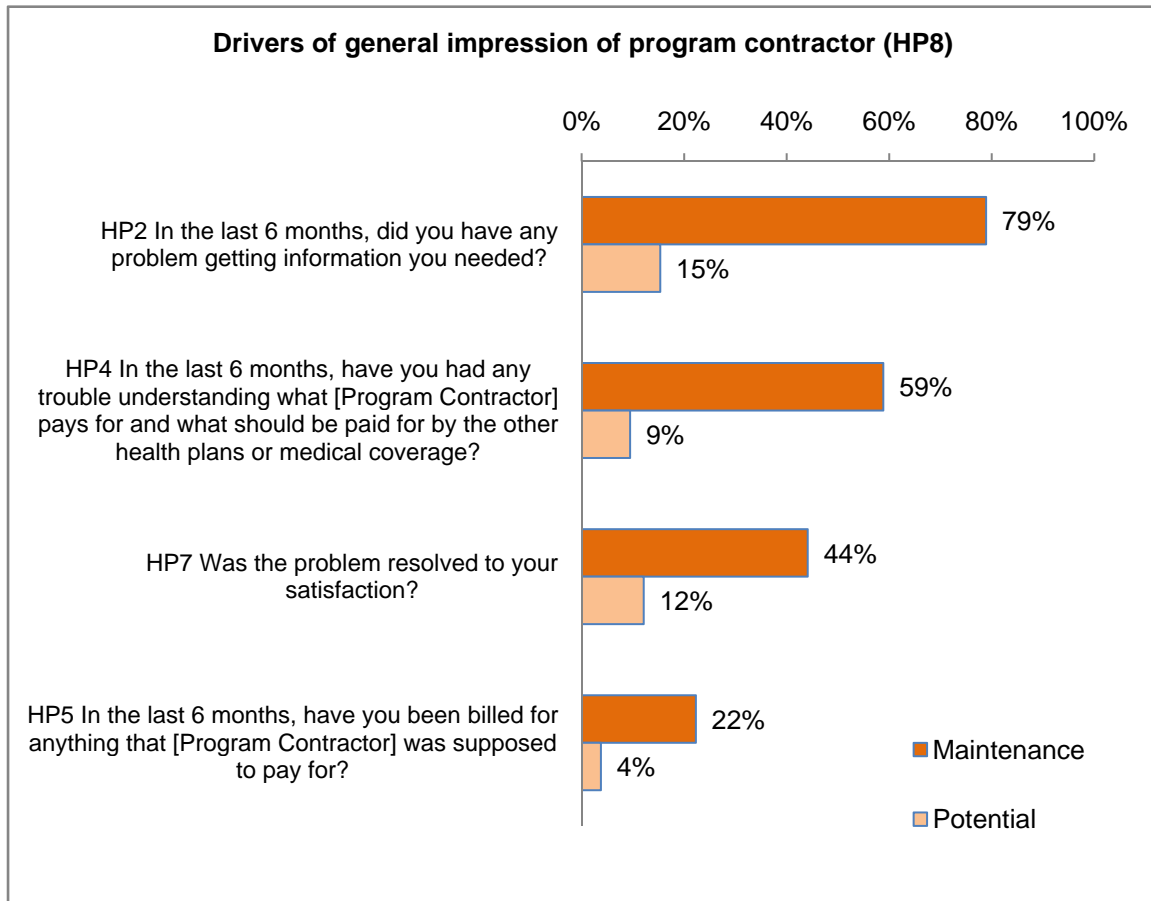


HP8. General impression of [Program Contractor] as a health plan



4.8.3. DRIVERS OF GENERAL SATISFACTION WITH THE PROGRAM CONTRACTOR (HP8)

The following graph presents the results of an analysis of the drivers of general satisfaction with the program contractor. The items preceding HP8, concerning specific experiences with the program contractor, were evaluated as possible drivers of HP8 itself.



As before, the analysis is organized around Maintenance rather than Potential. The most important driver for maintaining current satisfaction with the program contractor seems to be easy access to information. A second driver, clarity on who is supposed to pay for what when the member has multiple sources of healthcare coverage, is also important, though less so than general access to information.

5. CONCLUSIONS & RECOMMENDATIONS

In this section we review key findings and, where appropriate, make recommendations for action. We focus on findings that are most likely to be actionable for AHCCCS and the program contractors. For example, we give particular attention to findings concerning case managers and services provided directly by the program contractors, and we give less attention to findings concerning personal doctors and nurse practitioners.

5.1. FACILITIES

Perceptions of facilities, both assisted living facilities and nursing facilities, are generally positive. Facilities are regarded as 'very good' or 'excellent' by 75% of the population.

There are, however, consistent differences between nursing facilities and assisted living facilities, with assisted living facilities being regarded more favorably in almost all respects. In particular, assisted living facilities are assessed more favorably on:

- cleanliness (of room, bathroom, and common areas),
- availability of food and water,
- quality of food,
- availability of help getting to the bathroom or help with a bedpan,
- whether residents have opportunities to talk with facility administrators about problems, and
- whether facility administrators are perceived as working to fix problems raised by residents.

The one item on which assisted living facilities were evaluated less favorably than nursing facilities concerned whether staff organize enough activities for residents.

Given the different natures of the two types of facility, it is perhaps inevitable that some of these differences should arise. For example, it is perhaps inevitable that the area around a resident's room will be less quiet at night in a nursing facility than in an assisted living facility. Yet it is not clear that *all* of the differences revealed by this survey are inevitable, or that they should be as large as they are. It is recommended that AHCCCS and the program contractors look into whether improvements can be made to narrow the gap between nursing facilities and assisted living facilities.

Potential problems were indicated on items concerning availability of food and water and availability of help getting to the bathroom or help with a bedpan. It is difficult to interpret these results, as the survey items have not been anchored in more concrete measures of respondents' experiences. For example, it is not clear whether a negative response on the question about sufficient food indicates a serious problem with availability of food or perhaps a less serious dissatisfaction with sizes of portions or servings. Still, problems related to food, water, and bathroom are potentially serious, and so it is recommended that AHCCCS and the program contractors investigate these issues further.

A drivers analysis was conducted to discover whether and how specific experiences drive general satisfaction with facilities. Based on this analysis, it is recommended that facility administrators take care to maintain high levels of cleanliness in residents' rooms, bathrooms, and common areas, as drops in cleanliness are especially likely to cause drops in overall satisfaction with facilities.

There are no dramatic differences among program contractors or among the three geographic groups in how facilities are perceived.

5.2. FACILITY STAFF & CAREGIVERS

In general, facility staff and caregivers are well regarded. These staff and caregivers are regarded as 'very good' or 'excellent' by 77% of the population. Other findings include:

- 85% say that facility staff and caregivers are always respectful.
- 82% say that caregivers are always gentle enough when giving physical assistance, and fully 98% say that caregivers are generally gentle enough ('yes sometimes' or 'yes always').
- 19% have felt that facility staff and caregivers should let members make more decisions for themselves.
- 16% have had difficulty communicating with staff because of language barriers.

It is recommended that AHCCCS and the program contractors investigate these latter two findings. It is possible that facility residents can be given greater autonomy in day-to-day decisions, and it may be possible to reduce language barriers between facility staff and residents. Yet it should be emphasized that while improvements may be possible, the great majority of the population reports no problems with these aspects of care.

There are differences between nursing facilities and assisted living facilities on several of the items in this series. The most notable difference concerns whether caregivers are gentle enough when giving physical assistance. Assisted living caregivers are perceived as always gentle enough by fully 91% of the population, whereas caregivers in nursing facilities are perceived this way by only 78%. Staff in assisted living facilities are also perceived as slightly more respectful than their nursing facility counterparts. Finally, there is a desire to see staff and caregivers let members make more decisions for themselves, and this desire is somewhat stronger in the case of assisted living facilities as compared to nursing facilities. Again, it is possible that some differences of this sort may be inevitable. Yet it is recommended that AHCCCS and the program contractors investigate improvements that might narrow the gap between nursing facilities and assisted living facilities, especially in whether caregivers are perceived as gentle when giving physical assistance.

There are no notable differences among program contractors or among the three geographic groups.

A drivers analysis suggests that facility administrators should pay particular attention to whether staff and caregivers are respectful and gentle when giving physical assistance, as dissatisfaction with these aspects of care is especially likely to cause a drop in overall satisfaction with facility staff and caregivers.

5.3. HOME CAREGIVERS

In general, perceptions of home caregivers are quite good. 83% regard their home caregivers as 'very good' or 'excellent,' and questions about specific experiences with caregivers reveal positive impressions:

- 83% say that caregivers always arrive on time, and fully 99% say that caregivers generally arrive on time ('yes sometimes' or 'yes always').
- 90% say that caregivers stay as long as they are supposed to, and 98% say that caregivers generally stay as long as they are supposed to ('yes sometimes' or 'yes always').
- 93% say that caregivers are always gentle enough when giving physical assistance.
- 96% say that caregivers are always respectful.
- 90% say that caregivers always do everything they are supposed to, and 98% say that caregivers generally do everything they are supposed to ('yes sometimes' or 'yes always').

Problems contacting caregivers (or their agencies) and problems with language barriers are infrequent.

5.4. PERSONAL DOCTORS AND NURSE PRACTITIONERS

Results concerning personal doctors and nurse practitioners were quite good, with 81% of the population feeling that their personal doctor or nurse practitioner is 'very good' or 'excellent.' More specific items concerning doctor communication and patient involvement in decisions about care and treatment also yielded very positive results. Language barriers between patients and their personal doctors/nurse practitioners are extremely rare.

5.5. CASE MANAGERS

Overall, 82% of the population regards their case managers as 'very good' or 'excellent.' Case managers with Yavapai County Long-Term Care and Evercare Select stand out as receiving high rates of 'very good' and 'excellent' appraisals (90% for Yavapai, and 84% for Evercare Select). Survey items concerning more specific experiences with case managers also elicited favorable assessments. Among the findings:

- 90% of the population say their case manager has provided help as quickly as needed.
- 93% say their case manager has responded promptly to requests for information.
- 90% say their case manager always explains things in a way that is easy to understand.
- 92% say their case manager always listens carefully.
- 98% say that their case manager generally knows "what's going on" with the member and the care and services that the member receives ('yes sometimes' and 'yes always').
- Only 11% have ever felt that their case manager does not spend enough time with them.
- Language barriers between case managers and those they serve (both members and non-members) are extremely rare (about 1%).

In general, both members and non-members tend to report that a case manager has visited the member twice in the last 6 months (or an average of one visit every 3 months). There are no significant differences among program contractors in this regard.

Overall, about three-fourths of the population reports having had just one case manager in the last 6 months. There appear to be small but statistically significant differences among program contractors in turnover among case managers. Cochise Health Services and Evercare Select seem to have slightly lower turnover than their peers (after case mix adjustment), and Pinal/Gila County Long-Term Care shows somewhat greater turnover.

The most important drivers for maintaining the already high level of satisfaction with case managers involve communication and responsiveness. More specifically, the most important drivers are case managers' listening carefully and explaining things in a way that is easy to understand.

5.6. TRANSPORTATION FOR MEDICAL SERVICES

There is room for improvement in the providing of transportation for medical services. Overall, 18% of the population has had a problem with this aspect of care in the last 6 months. There are differences among program contractors in this regard: Mercy Care Plan appears to have significantly more problems than its peers (25% of its population has had a problem in the last 6 months), whereas Evercare Select appears to have significantly fewer problems (only 11%). It is recommended that AHCCCS and the program contractors give attention to this issue.

5.7. PROGRAM CONTRACTORS

Overall, 77% of the population regards their program contractor as 'very good' or 'excellent.' Yavapai County Long-Term Care stands out on this dimension, with fully 89% saying 'very good' or 'excellent.'

The most important factor in determining general satisfaction with a program contractor is ready access to information. This was revealed by a formal drivers analysis. And, indeed, Yavapai County Long-Term Care fared better than its case-mix-adjusted peers when survey respondents were asked "In the last 6 months, did you have any problem getting information you needed?" Only 8% of those served by Yavapai County Long-Term Care answer 'yes' to this question. SCAN Long-Term Care also fares well on this dimension (14%). Overall, however, 21% of the ALTCS-EPD population has had a problem getting information from their program contractor in the last 6 months. The variability among program contractors suggests that improvement on this

dimension is possible. It is recommended that the program contractors make greater effort to provide ready access to high-quality information.

Other important findings include:

- Of those who have other sources of healthcare coverage (in addition to the ALTCS-EPD program), 17% have had trouble in the last 6 months understanding what is covered by the ALTCS program contractor and what should be covered by other sources.
- There are differences among program contractors in how well billing problems are resolved. In particular, respondents who reported that they had recently been billed for something that should have been covered by the program contractor were asked if the problem had been resolved to their satisfaction. Pima Health Systems and SCAN Long-Term Care score well on this dimension; fully 81% of Pima respondents say 'yes.' Bridgeway Health Solutions appears to resolve fewer problems than its peers. It is recommended that AHCCCS and the program contractors give attention to this issue.

APPENDIX A: SURVEY INSTRUMENT FOR MEMBERS

INTRODUCTION & SCREENER

MS1. Hello, may I speak with [MEMBER]?

MS2. Hi, my name is _____. I am calling on behalf of the State of Arizona to learn about your experiences with the Arizona Long-Term Care System and with [CONTRACTOR].

Yes

No [set callback time]

(Interviewer: Ask only if respondent has Spanish accent, otherwise select English and continue.)

MS3. Do you prefer to continue in English or Spanish?

ENGLISH

SPANISH

MS4. This call may be monitored for quality assurance.

Before we begin, I'd like to note that your participation in this survey is voluntary. If there is any question you would prefer not to answer, just tell me and I will go on to the next question. You may stop participating in this interview at any time. None of the services or care you receive through the Arizona Long-Term Care System will be taken away or affected in any way if you choose not to participate in this survey. Also, your answers are completely confidential. We will not share any of your personal information with anyone. Your responses will be merged with responses from other people before they are used to improve the quality of care you receive.

MS5. First, I'll ask about your interactions with [CONTRACTOR]. In general, do you handle your own arrangements with [CONTRACTOR], or does someone else handle these arrangements?

(DO NOT READ LIST) (SINGLE PUNCH)

(Interviewer: IF NECESSARY: By "arrangements," I mean things like getting information from your case manager, scheduling appointments, paying bills, and so on.)

RESPONDENT HANDLES OWN ARRANGEMENTS → Continue to MS5a

SOMEONE ELSE HANDLES THE ARRANGEMENTS → Ask MS6 if sample info for NonMember is not blank. If Non-Member info is blank, Terminate.

DK → Call the non-member

REF → Call the non-member

MS5a. So we can place your responses in a category with your peers, what is your age?

Record Age (Range: 18-120. If less than 18, call the non-member. If MS5a response is less than 18 and non-member information is blank Terminate.)

Don't Know/Refused → Continue to MS5b

(Ask MS5b if MS5a response is refused or don't know.)

MS5b. Are you 18 years of age or older?

Yes → Continue to FAC1

No → Call Non-Member, or terminate if non-member info is blank.

DK/REF → Call Non-Member, or terminate if non-member info is blank.

MS6. Is the person who helps you [Programmer Insert: FirstName_NonMember LastName_NonMember]?

Yes → Call the non-member

No → Go to MS7

DK → Call the non-member

REF → Call the non-member

- MS7. Do you know the name and phone number of the person who helps you?
Yes → Go to SMS, collect contact information for non-member
No → Call Non-Member, or terminate if non-member info is blank.
DK → Call Non-Member, or terminate if non-member info is blank.
REF → Call Non-Member, or terminate if non-member info is blank.

FACILITY

(Ask Facility questions of Assisted Living and Nursing Facility respondents.)

FACintro. Now I'll ask you some questions about the facility where you live.

- FAC2. In general, is your room as clean as you think it should be? Would you say...
Yes, always
Yes, sometimes
No
DK
REF

- FAC3. In general, is your bathroom as clean as you think it should be? Would you say...
Yes, always
Yes, sometimes
No
DK
REF

- FAC4. Now I'll ask you about the common areas where all the residents can spend time. In general, are the common areas as clean as you think they should be? Would you say...
Yes, always
Yes, sometimes
No
DK
REF

- FAC5. In general, is the area around your room quiet at night? Would you say...
Yes, always
Yes, sometimes
No
DK
REF

- FAC6. In the past 6 months, have you had a problem getting enough to eat?
Yes
No
DK
REF

- FAC7. In the past 6 months, have you had a problem getting enough water to drink?
Yes
No
DK
REF

- FAC8. In general, are you able to get food you like? Would you say...
Yes, always

Yes, sometimes
No
DK
REF

FAC9. In the past 6 months, have you needed help getting to the bathroom or help with a bedpan?

Yes →Go to FAC10
No →Go to FAC11
DK →Go to FAC11
REF →Go to FAC11

FAC10. In the past 6 months, have you had a problem getting help to the bathroom or help with a bedpan?

Yes
No
DK
REF

FAC11. Do you think the staff at the facility organize enough activities for the residents?

Yes
No
DK
REF

FAC12. Do the residents have opportunities to talk with the facility administration about problems?

Yes →Go to FAC13
No →Go to FAC14
DK →Go to FAC14
REF →Go to FAC14

FAC13. In general, after the residents talk with the facility administration about problems, does the administration work to fix the problems? Would you say...

Yes, always
Yes, sometimes
No
DK
REF

FAC14. Now I'll ask about your general impression of the facility. In general, would you say that the facility is . . .

Excellent
Very good
Good
Fair, or
Poor
DK
REF

FACILITY STAFF

(Ask Facility Staff questions of Assisted Living and Nursing Facility respondents.)

STAFF1intro. Now I'll ask some questions about the caregivers and staff at the facility.

STAFF1. In general, do the staff treat you with respect? Would you say...

Yes, always

Yes, sometimes
No
DK
REF

STAFF2. Do you ever need physical assistance, such as help with bathing or showering, help using the bathroom, or medical care such as injections?

Yes →Go to STAFF3
No →Go to STAFF4
DK →Go to STAFF4
REF →Go to STAFF4

STAFF3. In general, when you need physical assistance, are the caregivers gentle enough? Would you say...

Yes, always
Yes, sometimes
No
DK
REF

STAFF4. Do you ever feel that the staff should let you make more decisions for yourself? Would you say...

Yes
No
DK
REF

STAFF5. Do you ever have a hard time communicating with the staff because you speak different languages?

Yes
No
DK
REF

STAFF6. Now I'll ask about your general impression of the caregivers and staff. In general, would you say that the caregivers and staff are . . .

Excellent
Very good
Good
Fair, or
Poor
DK
REF

HOME CAREGIVERS

(Ask Home Caregivers questions of Home respondents.)

CG1intro. Now I'll ask some questions about the care or services you get at home that are covered by [Contractorname].

CG1. How many people receive payment from [Contractorname] to provide you with care and services at home? Please include any family members who receive payment from [Contractorname].

(Interviewer: IF NECESSARY: Please include all care and services, such as nursing care, physical assistance, house cleaning, cooking, and so on.)

(Interviewer: IF NECESSARY: Please include any family members who receive payment from [Contractorname].)

RECORD NUMBER (0–97) →if 1-97, continue to CG2

→if 0, go to Doc1intro

DK →Go to Doc1intro

REF →Go to Doc1intro

CG2. What types of care and services does this person/do these people provide?

- a. Cooking
- b. Cleaning the house
- c. Getting dressed
- d. Bathing or Showering
- e. Using the bathroom
- f. Medical care such as injections
- g. Keeping him or her safe
- h. Keeping him or her company
- i. Helping with shopping
- j. Helping with bills
- k. Other (specify)
- l. Don't know
- m. Declined

CG4. Is the caregiver a family member/are the caregivers family members of yours?

Yes →Go to Doc1intro

No →Go to CG5

DK →Go to CG5

REF →Go to CG5

CG5. In general, does the caregiver/do the caregivers arrive on time? Would you say...

Yes, always

Yes, sometimes

No

DK

REF

CG6. In general, does the caregiver/do the caregivers stay as long as they are supposed to? Would you say...

Yes, always

Yes, sometimes

No

DK

REF

(Ask CG7 if response to CG2 indicates that the member receives physical assistance)

CG7. In general, when giving physical assistance or nursing care, is the caregiver/are the caregivers gentle enough? Would you say...

Yes, always

Yes, sometimes

No

DK

REF

CG8. In general, does the caregiver/do the caregivers treat you with respect? Would you say...

Yes, always

Yes, sometimes

No

DK
REF

CG9. In general, does the caregiver/do the caregivers do everything they are supposed to do? Would you say...

Yes, always
Yes, sometimes
No
DK
REF

CG10. Do you ever have problems contacting the caregiver(s) or their agency?

Yes
No
DK
REF

CG11. Do you ever have problems communicating with the caregiver(s) because you speak different languages?

Yes
No
DK
REF

CG12. Now I'll ask about your general impression of all of the people who provide care and services to you at home and receive payment from [Contractorname]. In general, would you say that these caregivers are . . .

Excellent
Very good
Good
Fair, or
Poor
DK
REF

PERSONAL DOCTOR OR NURSE PRACTITIONER

Doc1intro. Now I'll ask some questions about your doctor or nurse practitioner.

DOC1. A personal doctor or nurse practitioner is the one who you would see if you needed a check-up, wanted advice about a health problem, or got sick or hurt. Do you have a personal doctor or nurse practitioner through [Contractorname]?

(INTERVIEWER: Respondents often get medical care from multiple sources. These questions are only about doctors/nurses paid by [Contractorname]. Other providers, paid for by Medicare, hospice, or other sources, do not count.)

Yes →Go to DOC2
No →Go to CM1Intro
DK →Go to CM1Intro
REF →Go to CM1Intro

DOC2.

(Interviewer Note: READ ONLY IF NECESSARY, INTERVIEWER CODE IF ALREADY CLEAR)

Is this person a doctor or a nurse practitioner?

Doctor
Nurse practitioner
DK

REF

DOC3. In the last 6 months, how many times have you talked with your [PersProvid], either on the phone or in person?

RECORD NUMBER (0–97)

→If 0, Go to CM1intro

→If 1-97, Go to DOC4

DK →Go to CM1intro

REF →Go to CM1intro

DOC4. In general, does your [insert PersProvid] explain things to you in a way that is easy to understand? Would you say...

Yes, always

Yes, sometimes

DK

REF

DOC5. In general, does your [insert PersProvid] listen carefully to you? Would you say...

Yes, always

Yes, sometimes

No

DK

REF

DOC6. Do you ever feel that your [insert PersProvid] does not spend enough time with you?

Yes

No

DK

REF

DOC7. Do you ever feel that your [insert PersProvid] makes decisions about care and treatment without involving you?

Yes

No

DK

REF

DOC8. Do you ever have a hard time communicating with your [insert PersProvid] because you speak different languages?

Yes

No

DK

REF

DOC16. Now I'll ask about your general impression of this [PersProvid]. In general, would you say that this [PersProvid] is . . .

Excellent

Very good

Good

Fair, or

Poor

DK

REF

CASE MANAGER

CM1intro. Now I'll ask some questions about your case manager.

CM1. You should have a case manager from [Contractorname]. Do you know who your case manager is? (INTERVIEWER: The respondent might know the case manager by another name, such as "care manager." Please use the name the respondent uses.)

- Yes →Go to CM2
- No →Go to TRANS1
- DK →Go to TRANS1
- REF →Go to TRANS1

CM2. Have you had more than one case manager in the last 6 months?

- Yes →Go to CM3
- No →Go to CM4
- DK →Go to CM4
- REF →Go to CM4

CM3. How many different case managers have you had in the last 6 months?

(IF NECESSARY: Please just make your best guess.)

- RECORD NUMBER (1–97)
- DK
- REF

"For the next questions, please think about the case manager you have worked with the most in the last 6 months."

CM4. In the last 6 months, how many times has the case manager visited you?

(IF NECESSARY: Please just make your best guess.)

- RECORD NUMBER (0–97)
- DK
- REF

CM5. In the last 6 months, how many times have you talked with the case manager on the telephone?

(IF NECESSARY: Please just make your best guess.)

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- RECORD NUMBER (0–97)
- DK
- REF

(If CM4 and CM5 are 0/Don't Know/Refused, skip to Trans1; if CM4 or CM5 are 1 or higher, continue.)

CM6. In the last 6 months, did you need help from the case manager?

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Yes →Go to CM7
- No →Go to CM8
- DK →Go to CM8
- REF →Go to CM8

CM7. Did your case manager give you the help you needed as quickly as you needed it?

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Yes

No
DK
REF

CM8. In the last 6 months, did you call your case manager to get information?
(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes →Go to CM9
No →Go to CM10
DK →Go to CM10
REF →Go to CM10

CM9. Did your case manager respond promptly?
(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes
No
DK
REF

CM10. In general, does the case manager explain things to you in a way that is easy to understand?
Would you say...
(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes, always
Yes, sometimes
No
DK
REF

CM11. In general, does your case manager listen carefully to you? Would you say...
(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes, always
Yes, sometimes
No
DK
REF

CM12. Do you ever feel that your case manager does not spend enough time with you?
(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes
No
DK
REF

CM13. In general, does your case manager know what's going on with you and the care and services that you receive through [Contractorname]? Would you say...
(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes, always
Yes, sometimes
No
DK
REF

CM14. Do you ever have a hard time communicating with your case manager because you speak different languages?

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Yes
- No
- DK
- REF

CM15. Now I'll ask about your general impression of your case manager. In general, would you say that your case manager is . . .

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Excellent
- Very good
- Good
- Fair, or
- Poor
- DK
- REF

TRANSPORTATION

TRANS1. In the last 6 months, did you try to get any transportation for medical services from [Contractorname]?

- Yes →Go to TRANS2
- No →Go to HP1intro
- DK → Go to HP1intro
- REF → Go to HP1intro

TRANS2. In the last 6 months, did you have any problem getting transportation for medical services from [Contractorname]?

- Yes →Go to TRANS3
- No →Go to HP1intro
- DK →Go to HP1intro
- REF →Go to HP1intro

TRANS3. Did anyone from [Contractorname], such as your case manager, help you with this problem?

- Yes
- No
- DK
- REF

PROGRAM CONTRACTOR & ACCESS TO CARE

HP1intro. Now I'll ask about your experiences working with [Contractorname].

HP1. In the last 6 months, did you try to get information from [Contractorname] about how your plan works?

(IF NECESSARY: This could mean trying to get information from the case manager, trying to get information by calling the number on your membership card, or trying to get information in any other way.)

- Yes →Go to HP2
- No →Go to HP3
- DK →Go to HP3

REF →Go to HP3

HP2. In the last 6 months, did you have any problem getting information you needed from [Contractorname]?

Yes
No
DK
REF

HP3. Do you have any other health plans or medical coverage besides [Contractorname]?
(IF NECESSARY: For example, do you have Medicare coverage, or coverage from any other organizations?)

Yes →Go to HP4
No →Go to HP5
DK →Go to HP5
REF →Go to HP5

HP4. In the last 6 months, have you had any trouble understanding what [Contractorname] pays for and what should be paid for by the other health plans or medical coverage?

Yes
No
DK
REF

HP5. In the last 6 months, have you been billed for anything that [Contractorname] was supposed to pay for?

Yes →Go to HP6
No →Go to HP8
DK →Go to HP8
REF →Go to HP8

HP6. Did you try to contact your case manager or anyone else at [Contractorname] in order to resolve this billing problem?

Yes →Go to HP7
No →Go to HP8
DK →Go to HP8
REF →Go to HP8

HP7. Was the problem resolved to your satisfaction?

Yes
No
DK
REF

HP8. Now I'll ask about your general impression of [Contractorname] as a health plan. Would you say that [Contractorname] is . . .

Excellent
Very good
Good
Fair, or
Poor
DK
REF

ABOUT THE MEMBER

DEM1. In general, how would you rate your overall health? Would you say...

- Excellent
- Very good
- Good
- Fair, or
- Poor
- DK
- REF

DEM2. What is the highest grade or level of school you have completed? [DO NOT READ LIST]

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree
- DK
- REF

DEM4. Are you of Spanish, Hispanic, or Latino origin or descent?

- Yes
- No
- DK
- REF

Dem5intro. When I read the following list, please tell me if the category describes your race.

(If the respondent replies "Why are you asking about race?" say: "We ask about race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of members in the Arizona Long-Term Care System.")

(If the respondent answers with a category not listed here, such as "Hispanic" or "American" or "Mixed race", the interviewer can probe using the category "Other.")

DEM5a. Are you white?

- NO OR NOT ASCERTAINED
- YES
- DK
- REF

DEM5b. Black or African-American?

- NO OR NOT ASCERTAINED
- YES
- DK
- REF

DEM5c. Asian?

- NO OR NOT ASCERTAINED
- YES
- DK
- REF

DEM5d. Native Hawaiian or other Pacific Islander?

- NO OR NOT ASCERTAINED
- YES
- DK
- REF

DEM5e. American Indian or Alaska Native?

- NO OR NOT ASCERTAINED

YES
DK
REF

DEM5f. Other?

NO OR NOT ASCERTAINED

YES
DK
REF

<END>

Those are all the questions I have for today. Thank you for contributing to this very important survey.

APPENDIX B: SURVEY INSTRUMENT FOR NON-MEMBERS

INTRODUCTION & SCREENER

NMS1. Hello, may I speak with [NON-MEMBER]

NMS2. Hi, my name is _____. I am calling on behalf of the State of Arizona to learn about your experiences with the Arizona Long-Term Care System and with [CONTRACTOR].?

Yes

No [set callback time]

(Interviewer: Ask only if respondent has Spanish accent, otherwise select English and continue.)

NMS3. Do you prefer to continue in English or Spanish?

ENGLISH

SPANISH

NMS4. This call may be monitored for quality assurance.

Before we begin, I'd like to note that your participation in this survey is voluntary. If there is any question you would prefer not to answer, just tell me and I will go on to the next question. You may stop participating in this interview at any time. None of the services or care [MEMBER] receives through the Arizona Long-Term Care System will be taken away or affected in any way if you choose not to participate in this survey. Also, your answers are completely confidential. We will not share any of your personal information with anyone. Your responses will be merged with responses from other people before they are used to improve the quality of care that [MEMBER] receives.

NMS5. First, I'll ask about your interactions with [CONTRACTOR]. In general, do you have a significant role in handling [MEMBER]'s arrangements with [CONTRACTOR]?

(Interviewer Note: IF NECESSARY: By "arrangements," I mean things like getting information from [MEMBER]'s case manager, scheduling appointments, paying bills, and so on.)

Yes →Go to NMS5a

No →Go to NMS7

DK →Call the member

REF →Call the member

NMS5a. So we can place your responses in a category with your peers, what is your age?

Record Age (Range: 18-120, if less than 18, then terminate.)

Don't Know/Refused →Go to NMS5b

NMS5b. Are you 18 years of age or older?

Yes →Go to NMS6

No →Thank and Terminate

DK/REF →Thank and Terminate

NMS6. How are you related to [MEMBER]?

(DO NOT READ List) [Programmer: Single punch]

He/She is my father	[set MemRelation to 'your father'] → Go to FAC1intro
He/She is my mother	[set MemRelation to 'your mother'] → Go to FAC1intro
He/She is my sister	[set MemRelation to 'your sister'] → Go to FAC1intro
He/She is my brother	[set MemRelation to 'your brother'] → Go to FAC1intro
He/She is my wife	[set MemRelation to 'your wife'] → Go to FAC1intro
He/She is my husband	[set MemRelation to 'your husband'] → Go to FAC1intro
He/She is my grandfather	[set MemRelation to 'your grandfather'] → Go to FAC1intro
He/She is my grandmother	[set MemRelation to 'your grandmother'] → Go to FAC1intro
He/She is Other	[set MemRelation to [MEMBER]] → Go to FAC1intro

NMS7. Does [MEMBER] handle the arrangements with [CONTRACTOR]?

- Yes →Call the member
- No →Go to NMS8
- DK →Call the member
- REF →Call the member

NMS8. Do you know who does handle the arrangements?

- Yes →Go to SMS, update non-member contact information
- No →Call the member
- DK →Call the member
- REF →Call the member

FACILITY

(Ask Facility questions of Assisted Living and Nursing Facility respondents.)

FAC1intro. Now I'll ask you some questions about the facility where where [MEMRELATION] lives.

FAC1. Have you visited [MEMRELATION] at the facility in the past 6 months?

- Yes →Go to FAC2
- No →Go to STAFF1intro
- DK →Go to STAFF1intro
- REF →Go to STAFF1intro

FAC2. In general, [MEMRELATION] 's room as clean as you think it should be? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

FAC3. In general, is [MEMRELATION] 's" bathroom as clean as you think it should be? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

FAC4. Now I'll ask you about the common areas where all the residents can spend time. In general, are the common areas as clean as you think they should be? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

FAC5. In general, is the area around [MEMRELATION] 's room quiet at night? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

FAC6. In the past 6 months, has [MEMRELATION] had a problem getting enough to eat?

Yes
No
DK
REF

FAC7. In the past 6 months, has [MEMRELATION] had a problem getting enough water to drink?

Yes
No
DK
REF

FAC8. In general, is [MEMRELATION] able to get food he/she likes? Would you say...

Yes, always
Yes, sometimes
No
DK
REF

FAC9. In the past 6 months, has [MEMRELATION] needed help getting to the bathroom or help with a bedpan?

Yes →Go to FAC10
No →Go to FAC11
DK →Go to FAC11
REF →Go to FAC11

FAC10. In the past 6 months, has [MEMRELATION] had a problem getting help to the bathroom or help with a bedpan?

Yes
No
DK
REF

FAC11. Do you think the staff at the facility organize enough activities for the residents?

Yes
No
DK
REF

FAC12. Do the residents have opportunities to talk with the facility administration about problems?

Yes →Go to FAC13
No →Go to FAC14
DK →Go to FAC14
REF →Go to FAC14

FAC13. In general, after the residents talk with the facility administration about problems, does the administration work to fix the problems? Would you say...

Yes, always
Yes, sometimes
No
DK
REF

FAC14. Now I'll ask about your general impression of the facility. In general, would you say that the facility is . . .

Excellent

Very good
Good
Fair, or
Poor
DK
REF

FACILITY STAFF

(Ask Facility Staff questions of Assisted Living and Nursing Facility respondents.)

STAFF1intro. Now I'll ask some questions about the caregivers and staff at the facility.

STAFF1. In general, do the staff treat [MEMRELATION] with respect? Would you say...

Yes, always
Yes, sometimes
No
DK
REF

STAFF2. Does [MEMRELATION] ever need physical assistance, such as help with bathing or showering, help using the bathroom, or medical care such as injections?

Yes →Go to STAFF3
No →Go to STAFF4
DK →Go to STAFF4
REF →Go to STAFF4

STAFF3. In general, when [MEMRELATION] needs physical assistance, are the caregivers gentle enough? Would you say...

Yes, always
Yes, sometimes
No
DK
REF

STAFF4. Do you ever feel that the staff should let [MEMRELATION] make more decisions for himself/herself? Would you say...

Yes
No
DK
REF

STAFF5. Does [MEMRELATION] ever have a hard time communicating with the staff because they speak different languages?

Yes
No
DK
REF

STAFF6. Now I'll ask about your general impression of the caregivers and staff. In general, would you say that the caregivers and staff are . . .

Excellent
Very good
Good
Fair, or

Poor
DK
REF

HOME CAREGIVERS

(Ask Home Caregivers questions of Home respondents.)

CG1intro. Now I'll ask some questions about the care or services [MEMRELATION] gets at home that are covered by [Contractorname].

CG1. How many people receive payment from [Contractorname] to provide MEMRELATION] with care and services at home? Please include yourself and any family members who receive payment from [Contractorname].

(Interviewer: IF NECESSARY: Please include all care and services, such as nursing care, physical assistance, house cleaning, cooking, and so on.)

(Interviewer: IF NECESSARY: Please include yourself and any family members who receive payment from [Contractorname].)

RECORD NUMBER (0–97)

→If 0 Go to Doc1intro

DK →Go to Doc1intro

REF →Go to Doc1intro

CG2. What types of care and services does this person/do these people provide?

(Interviewer: DO NOT READ LIST, BUT IF RESPONDENT SAYS SOMETHING GENERAL LIKE "NURSING CARE" OR "HELP AROUND THE HOUSE," THEN PROBE USING THE LIST)

- a. Cooking
- b. Cleaning the house
- c. Getting dressed
- d. Bathing or Showering
- e. Using the bathroom
- f. Medical care such as injections
- g. Keeping him or her safe
- h. Keeping him or her company
- i. Helping with shopping
- j. Helping with bills
- k. Other (specify)
- l. Don't know
- m. Declined

CG3. Are you yourself the caregiver/one of caregivers?

Yes

No

DK

REF

CG5. In general, does the caregiver/do all of the caregivers arrive on time? Would you say...

Yes, always

Yes, sometimes

No

DK

REF

CG6. In general, /does the caregiver/do all of the caregivers stay as long as they are supposed to? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

(Ask CG7 if response to CG2 indicates that the member receives physical assistance)

CG7. In general, when giving physical assistance or nursing care, is the caregiver/are the caregivers gentle enough? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

CG8. In general, does the caregiver/do the caregivers treat you with respect? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

CG9. In general, does the caregiver/do the caregivers do everything they are supposed to do? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

CG10. Do you ever have problems contacting the caregiver(s) or their agency?

- Yes
- No
- DK
- REF

CG11. Do you ever have problems communicating with the caregiver(s) because you speak different languages?

- Yes
- No
- DK
- REF

CG12. Now I'll ask about your general impression of all of the people who provide care and services to you at home and receive payment from [Contractorname]. In general, would you say that these caregivers are . . .

- Excellent
- Very good
- Good
- Fair, or
- Poor
- DK
- REF

PERSONAL DOCTOR OR NURSE PRACTITIONER

Doc1intro. Now I'll ask some questions about [MEMRELATION] 's" doctor or nurse practitioner.

DOC1. A personal doctor or nurse practitioner is the one [MEMRELATION] would see if he/she needed a check-up, wanted advice about a health problem, or got sick or hurt. Does [MEMRELATION] have a personal doctor or nurse practitioner through [Contractorname]?

(INTERVIEWER: Respondents often get medical care from multiple sources. These questions are only about doctors/nurses paid by [Contractorname]. Other providers, paid for by Medicare, hospice, or other sources, do not count.)

- Yes →Go to DOC2
- No →Go to CM1intro
- DK →Go to CM1intro
- REF →Go to CM1intro

DOC2.

(Interviewer Note: READ ONLY IF NECESSARY, INTERVIEWER CODE IF ALREADY CLEAR)

Is this person a doctor or a nurse practitioner?

- Doctor
- Nurse practitioner
- DK
- REF

DOC9. In the last 6 months, how many times have you talked with [MEMRELATION] 's [PersProvid], either on the phone or in person?

(IF NECESSARY: Please make your best guess.)

- RECORD NUMBER (0–97)
 - If 0, Go to CM1intro
- DK → Go to CM1intro
- REF → Go to CM1intro

DOC10. In the last 6 months, how many times has this [PersProvid] seen [MEMRELATION] ?

(IF NECESSARY: Please make your best guess.)

- RECORD NUMBER (0–97)
- DK
- REF

DOC11. In general, does the [PersProvid] explain things in a way that is easy to understand? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

DOC12. In general, does the [PersProvid] listen carefully to you? Would you say...

- Yes, always
- Yes, sometimes
- No
- DK
- REF

DOC13. Do you ever feel that the [PersProvid] does not spend enough time with you or [MEMRELATION] ?

- Yes
- No

DK
REF

DOC14. Do you ever feel that the [PersProvid] makes decisions about care and treatment without involving you or [MEMRELATION] ?

Yes
No
DK
REF

DOC15. Do you or [MEMRELATION] ever have a hard time communicating with the [PersProvid] because you speak different languages?

Yes
No
DK
REF

DOC16. Now I'll ask about your general impression of this [PersProvid]. In general, would you say that this [PersProvid] is . . .

Excellent
Very good
Good
Fair, or
Poor
DK
REF

CASE MANAGER

CM1intro. Now I'll ask some questions about [MEMRELATION] 's case manager.

CM1. [MEMRELATION] should have a case manager from [Contractorname]. Do you know who [MEMRELATION] 's case manager is?

(INTERVIEWER: The respondent might know the case manager by another name, such as "care manager." Please use the name the respondent uses.)

Yes →Go to CM2
No →Go to TRANS1
DK →Go to TRANS1
REF →Go to TRANS1

CM2. Has [MEMRELATION] had more than one case manager in the last 6 months?

Yes →Go to CM3
No →Go to CM16
DK →Go to CM16
REF →Go to CM16

CM3. How many different case managers has [MEMRELATION] had in the last 6 months?
(IF NECESSARY: Please just make your best guess.)

RECORD NUMBER (1–97)
DK
REF

For the next questions, please think about the case manager you have worked with the most in the last 6 months.”

CM16. In the last 6 months, how many times has the case manager visited [MEMRELATION] ?

(IF NECESSARY: Please just make your best guess.)

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

RECORD NUMBER (0–97)

DK

REF

CM17. In the last 6 months, how many times have you talked with [MEMRELATION] ’s case manager, either in person or on the telephone?

(IF NECESSARY: Please just make your best guess.)

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

RECORD NUMBER (0–97)

DK

REF

CM18. In the last 6 months, did you need help from the case manager?

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes →Go to CM19

No →Go to CM20

DK →Go to CM20

REF →Go to CM20

CM19. Did the case manager give you the help you needed as quickly as you needed it?

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes

No

DK

REF

CM20. In the last 6 months, did you call the case manager to get information?

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes →Go to CM21

No →Go to CM22

DK →Go to CM22

REF →Go to CM22

CM21. Did the case manager respond promptly?

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

Yes

No

DK

REF

CM22. In general, does the case manager explain things to you in a way that is easy to understand? Would you say...

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Yes, always
- Yes, sometimes
- No
- DK
- REF

CM23. In general, does the case manager listen carefully to you? Would you say...

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Yes, always
- Yes, sometimes
- No
- DK
- REF

CM24. Do you ever feel that the case manager does not spend enough time with you or [MEMRELATION] ?

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Yes
- No
- DK
- REF

CM25. In general, does the case manager know what's going on with [MEMRELATION] and the care and services that [MEMRELATION] receives through [Contractorname]? Would you say...

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Yes, always
- Yes, sometimes
- No
- DK
- REF

CM26. Do you ever have a hard time communicating with the case manager because you speak different languages?

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Yes
- No
- DK
- REF

CM27. Now I'll ask about your general impression of [MEMRELATION] 's case manager. In general, would you say that the case manager is . . .

(IF NECESSARY: Please think about the case manager you have worked with the most in the last 6 months.)

- Excellent
- Very good
- Good
- Fair, or
- Poor

DK
REF

TRANSPORTATION

TRANS1. In the last 6 months, did you try to get any transportation for medical services from [Contractorname]?

Yes →Go to TRANS2
No →Go to HP1intro
DK →Go to HP1intro
REF →Go to HP1intro

TRANS2. In the last 6 months, did you have any problem getting transportation for medical services from [Contractorname]?

Yes →Go to TRANS3
No →Go to HP1intro
DK →Go to HP1intro
REF →Go to HP1intro

TRANS3. Did anyone from [Contractorname], such as MEMRELATION] 's case manager, help you with this problem?

Yes
No
DK
REF

PROGRAM CONTRACTOR & ACCESS TO CARE

HP1intro. Now I'll ask about your experiences working with [Contractorname].

HP1. In the last 6 months, did you try to get information from [Contractorname] about how [MEMRELATION] 's plan works?

(IF NECESSARY: This could mean trying to get information from the case manager, trying to get information by calling the number on your membership card, or trying to get information in any other way.)

Yes →Go to HP2
No →Go to HP3
DK →Go to HP3
REF →Go to HP3

HP2. In the last 6 months, did you have any problem getting information you needed from [Contractorname]?

Yes
No
DK
REF

HP3. Does [MEMRELATION] have any other health plans or medical coverage besides [Contractorname]? (IF NECESSARY: For example, does [MEMRELATION] have Medicare coverage, or coverage from any other organizations?)

Yes →Go to HP4
No →Go to HP5
DK →Go to HP5
REF →Go to HP5

HP4. In the last 6 months, have you had any trouble understanding what [Contractorname] pays for and what should be paid for by the other health plans or medical coverage?

- Yes
- No
- DK
- REF

HP5. In the last 6 months, [IF MEMBER (RESPSTATUS '1' OR '3'), "have you" ELSE IF NONMEMBER (RESPSTATUS '2' OR '4') "has [MEMRELATION] "] been billed for anything that [Contractorname] was supposed to pay for?

- Yes →Go to HP6
- No →Go to HP8
- DK →Go to HP8
- REF →Go to HP8

HP6. Did you try to contact [MEMRELATION] 's case manager or anyone else at [Contractorname] in order to resolve this billing problem?

- Yes →Go to HP7
- No →Go to HP8
- DK →Go to HP8
- REF →Go to HP8

HP7. Was the problem resolved to your satisfaction?

- Yes
- No
- DK
- REF

HP8. Now I'll ask about your general impression of [Contractorname] as a health plan. Would you say that [Contractorname] is . . .

- Excellent
- Very good
- Good
- Fair, or
- Poor
- DK
- REF

ABOUT THE MEMBER

DEM1. In general, how would you rate [MEMRELATION] 's overall health? Would you say...

- Excellent
- Very good
- Good
- Fair, or
- Poor
- DK
- REF

DEM2. What is the highest grade or level of school [MEMRELATION] has completed? [DO NOT READ LIST]

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree

4-year college graduate
More than 4-year college degree
DK
REF

DEM3. What is the highest grade or level of school you have completed? [DO NOT READ LIST]

8th grade or less
Some high school, but did not graduate
High school graduate or GED
Some college or 2-year degree
4-year college graduate
More than 4-year college degree
DK
REF

DEM4. Is [MEMRELATION] of Spanish, Hispanic, or Latino origin or descent?

Yes
No
DK
REF

Dem5intro. When I read the following list, please tell me if the category describes [MEMRELATION] 's race.

(If the respondent replies "Why are you asking about race?" say: "We ask about race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of members in the Arizona Long-Term Care System.")

(If the respondent answers with a category not listed here, such as "Hispanic" or "American" or "Mixed race", the interviewer can probe using the category "Other.")

DEM5a. Is [MEMRELATION] white?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM5b. Black or African-American?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM5c. Asian?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM5d. Native Hawaiian or other Pacific Islander?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM5e. American Indian or Alaska Native?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM5f. Other?

NO OR NOT ASCERTAINED

YES
DK
REF

DEM6. Are you of Spanish, Hispanic, or Latino origin or descent?

Yes
No
DK
REF

Dem7intro. When I read the following list, please tell me if the category describes your own race.
(If the respondent replies "Why are you asking my race?" say: "We ask about your race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(If the respondent answers with a category not listed here, such as "Hispanic" or "American" or "Mixed race", the interviewer can probe using the category "Other.")

DEM7a Are you white?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM7b Black or African-American?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM7c Asian?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM7d Native Hawaiian or other Pacific Islander?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM7e American Indian or Alaska Native?

NO OR NOT ASCERTAINED
YES
DK
REF

DEM7f Other?

NO OR NOT ASCERTAINED
YES
DK
REF

<END>

Those are all the questions I have for today. Thank you for contributing to this very important survey.