



Information Memorandum

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Authorized by: Elizabeth Lopez
Signature

IM Number: SPD-IM-04-005

Date: January 15, 2004

Subject: In-Home Services Survey

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County DD Program Managers |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Children Adults and Families | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Community Human Services | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Other (please specify): _____ | |

Message: The Disability Employment Policy Unit (DEPU) will be disseminating a survey regarding In-Home Services on January 20, 2004. This survey is an activity under the Medicaid Infrastructure Grant. We will send the survey to a sample of 1,000 clients who currently use In-Home services. An additional "IC Section" will be sent to those in the Independent Choices program.

We will send a pre-notification letter on January 16th, and a 2nd mailing on January 30th. The pre-notification will be a short letter introducing the survey. The 2nd mailing will contain a cover letter stressing the importance of the client's opinions, and another copy of the survey. We have attached copies of these notices and the survey for your information.

We will have a central phone number and person to answer questions about the survey. However, questions regarding an individual's services will be directed to that person's Case Manager.

If you have any questions about this information, contact:

Contact(s):	Melanie Clark		
Phone:	503-947-5281	Fax:	503-373-7902
E-mail:	melanie.r.clark@state.or.us		

January 14, 2004

Name
Address
City, State Zip

Dear Name,

The Department of Human Services (DHS) will be conducting a survey to measure satisfaction with the In-Home Services program. You will be receiving this survey in the mail in about one week.

The In-Home Services Program is the service that allows a person with a disability to receive assistance by a service provider in his/her home or at work. This survey is your chance to let us know how the program is doing.

Your privacy will be protected. Your name will not appear on the survey. The information you provide is confidential. Replying will not affect your benefits.

If you have any questions about the survey, please call Melanie Clark at 1-800-282-8096.

Thank you in advance for your time.

Melanie Clark
Department of Human Services
Disability Employment Policy Unit

January 20, 2004

Name
Address
City, State Zip

Dear Name,

The Department of Human Services (DHS) is conducting a survey to measure satisfaction with the In-Home Services program.

The In-Home Services Program is the service that allows a person with a disability to receive assistance by a service provider in his/her home or at work. This survey is your chance to let us know how the program is doing. We define Service Provider as someone who comes into the home or work place and helps with activities such as: mobility, cognition, hygiene, toileting, dressing and eating. These activities are referred to in the survey as Activities of Daily Living (ADLs).

You are one of a few people chosen to fill out this survey. It is very important that you return your completed survey. The input you provide is crucial to our evaluation of this program.

The survey should be filled out by the person it is sent to, but if you need help, please feel free to ask a friend or a family member. Just make sure the answers are about you. Please complete the survey and return it to us in the postage-paid envelope provided. Respondents will receive a report on survey results.

The information you provide is confidential. There is a number on this survey that allows us to track our mailings. The file matching your name to this number is kept locked and will be destroyed when the research is complete. Your responses will not affect your benefits.

If you have any questions about the survey, please call Melanie Clark at 1-800-282-8096.

Thank you for your time.

Melanie Clark
Department of Human Services
Disability Employment Policy Unit

January 30, 2004

Name
Address
City, State Zip

Dear Name,

The Department of Human Services (DHS) recently sent out a survey to measure satisfaction with the In-Home Services program. We have not yet heard from you and would appreciate your feedback. If you have already completed and returned the survey, please accept our sincere thanks.

If you have not yet mailed your survey, we have provided another copy of for your convenience. Please complete the survey and return it to us in the postage-paid envelope provided. Respondents will receive a report on survey results.

The information you provide is confidential. There is a number on this survey that allows us to track our mailings. The file matching your name to this number is kept locked and will be destroyed when the research is complete. Replying will not affect your benefits.

If you have any questions about the survey, please call Melanie Clark at 1-800-282-8096.

Thank you for your time.

Melanie Clark
Department of Human Services
Disability Employment Policy Unit

In-Home Services Survey

If you are not sure of an answer or the question does not apply, mark the "Unsure" or "Not Applicable" (N/A) option.

Overall Satisfaction with the In-Home Services Program

1. How satisfied are you with the In-Home Services you receive?
 - Very Satisfied
 - Somewhat Satisfied
 - Somewhat Dissatisfied
 - Very Dissatisfied
 - Not Applicable

2. Please think about all of the help you receive, paid and unpaid. Do you need more help with Activities of Daily Living (ADLs) than you are now receiving? (ADLs are activities such as eating, hygiene, etc.)
 - A lot more help
 - Somewhat more help
 - No more help
 - Not Applicable

3. Do you feel more independent with your service provider than without?
 - A lot more independent
 - Somewhat more independent
 - No more independent
 - Not Applicable

4. Please think about the help you receive, both paid and unpaid. What amount of service is paid?
 - All paid service
 - Mostly paid service
 - Some paid service
 - No paid service
 - Not Applicable

5. How much do you rely on each of the following sources for your physical care?

Help from unpaid sources such as...	Heavily Rely	Somewhat Rely	Don't Use	N/A
A) Family or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Friends or neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Volunteer programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help paid for by...				
D) You using your own funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) State funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Others (not you and not the State, e.g. Non-Profit Organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did you have any trouble finding someone to hire as a service provider?

- Yes → A) If yes, what problems did you encounter?
 No (Check all that apply)
 Not Applicable
- Unavailable at the times I need them
 - Hiring process takes too long
 - Few available/qualified workers
 - My location
 - Pay is too low for Provider
 - Couldn't meet my need
 - Other _____

7. If your service provider cancels/quits at the last minute, can you find a backup quickly?

- Yes
- No
- Unsure

8. Please rate how comfortable you are with the following tasks.

	Comfortable	Neutral	<u>Un</u> -comfortable	N/A
A) Hiring your service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Training your service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Supervising your service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Think about your service provider. Please rate this person in each of the following:

	Excellent	Good	Fair	Poor	N/A
A) Timeliness	<input type="checkbox"/>				
B) Trustworthy	<input type="checkbox"/>				
C) Respectful	<input type="checkbox"/>				
D) Agree on job duties	<input type="checkbox"/>				
E) Amount of help provided	<input type="checkbox"/>				
F) Availability – Nights, Weekends, Holidays	<input type="checkbox"/>				
G) Availability – Urgent needs	<input type="checkbox"/>				

10. How would you rate the service provided by your Case Manager or Worker in each of the following areas?

	Excellent	Good	Fair	Poor	N/A
A) Availability	<input type="checkbox"/>				
B) Knowledge of programs	<input type="checkbox"/>				
C) Returns phone calls	<input type="checkbox"/>				
D) Courtesy	<input type="checkbox"/>				

Employment

11. Did you know that the state would pay for a service provider when you are at work?

Yes

No →

Unsure

A) If no, now that you know service providers are available at work, will you seek employment?

Yes

No

Already Employed

Unsure

12. Are You Employed?

Yes, for employer →

Yes, self-employed

No

A) At work, do managers or coworkers assist you with tasks usually done by a service provider?

Managers

Coworkers

Both

Neither

Not Applicable

13. Is the service level you receive adequate to enable you to work?

Yes

No

Unsure

Not Applicable

If you are not employed, skip to Question #21

14. On average, how many hours do you work per week?

10 or fewer

11 to 20

21 to 30

31 to 40

More than 40

Not Applicable

15. If you received more services, could you work more hours?

Yes

No

Unsure

Not Applicable

16. Do you now or have you ever used a service provider at work?
 Yes
 No \implies *Skip to Question #19*
 Not Applicable \implies *Skip to Question #19*
17. How do people you work with respond to your use of a service provider at work?
 Very Favorably
 Somewhat Favorably
 Somewhat Unfavorably
 Very Unfavorably
 Not Applicable
18. Please rate how easy or difficult it was to arrange for a service provider at work.
 Very Easy
 Somewhat Easy
 Somewhat Difficult
 Very Difficult
 Not Applicable
19. What else would help you be more independent?
(Check all that apply)
 Help with transportation
 Changes in the home
 Changes in the workplace
 Service provider in the workplace
 Vocational/job training
 Interpreter services
 Mechanical Devices/Assistive Technology
 Service provider for recreation
 Social activities
 Community Involvement
 Other: _____
 Not Applicable

20. What other comments or suggestions do you have?

21. Who completed this survey?

- Client
- Family or Friend of client
- Service Provider of client
- Other

Thank you for completing this survey. The information you've provided will be used to evaluate the In-Home Services program.

6. What is the effect of Independent Choices on your level of independence?

- Increase
- None
- Decrease
- Not Applicable

7. What is the effect of Independent Choices on your satisfaction?

- Increase
- None
- Decrease
- Not Applicable