

Consumer Directed Care Evaluation

Consumer Satisfaction Summary

As part of the overall evaluation of Consumer Directed Care programs in Colorado, TriWest Group conducted surveys with eight (8) groups of service delivery participants: four (4) receiving services from Consumer Directed Support Services (CDASS) and four (4) receiving services from In Home Support Services (IHSS). Groups were divided based on participation in CDASS and IHSS with specific Medicaid Waivers (e.g., the Elderly, Blind, Disability Waiver). In addition, surveys were sent to individuals who were randomly selected in four “comparison” groups that were created based on their service utilization profiles within traditional in-home, agency-based care.

Response rates were good, ranging from 21% to 43%, depending on the specific sub-group surveyed. To summarize consumer satisfaction with services, survey questions were grouped into five areas:

- Satisfaction with the Care Plan (Services Authorized)
- Satisfaction with Attendant Quality
- Independence and Ability to Make Choices
- Health and Quality of Life
- Overall Satisfaction with Services

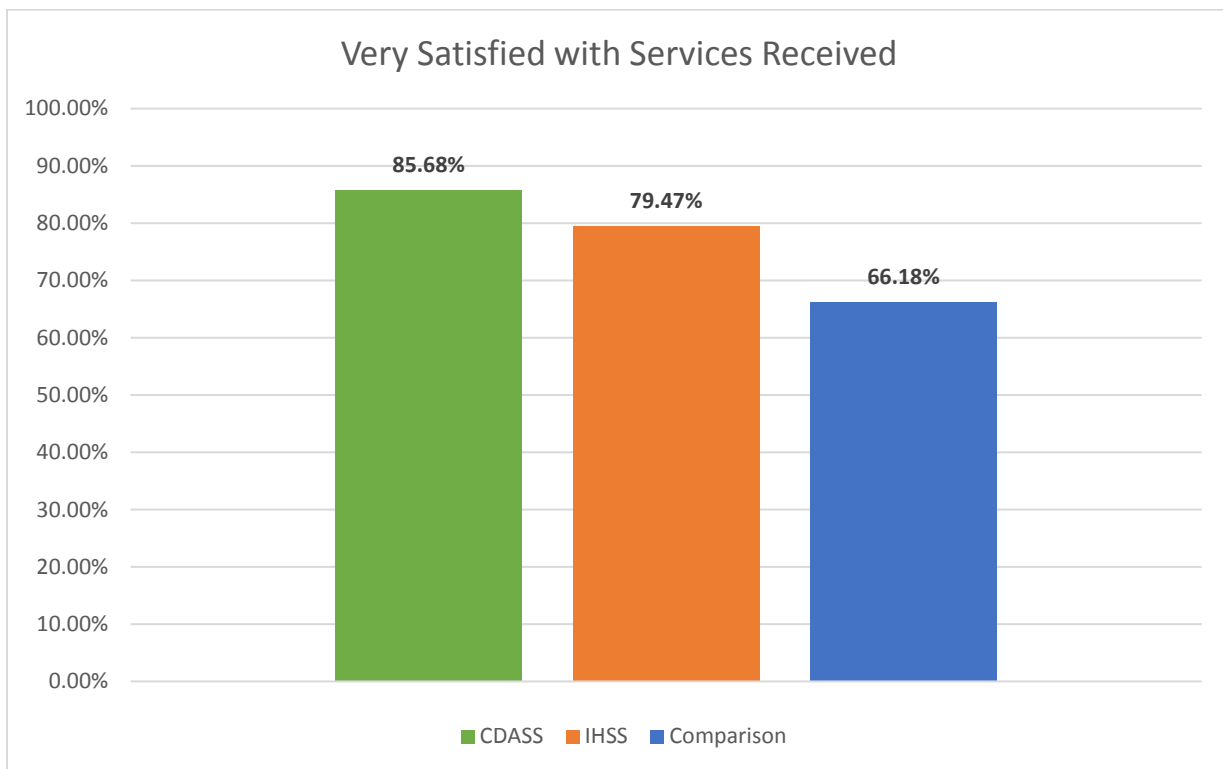
Satisfaction was rated on a scale from 1 to 4, with ‘1’ meaning “Very Unsatisfied” (or similar) and ‘4’ meaning “Very Satisfied” (or similar). We calculated average scores for each of the five areas listed above. As shown in the table below, satisfaction scores were higher for CDASS and IHSS participants than for those receiving traditional agency-based care.

Average Satisfaction Scores by Service Delivery			
Dimension	CDASS	IHSS	Comparison
Care Plan*	2.94	2.83	2.68
Attendant Quality*	2.73	2.73	2.57
Independence and Choices	2.07	2.06	2.03
Health and Quality of Life	2.90	2.83	2.83
Overall Satisfaction with Services*	3.84	3.76	3.61

*Difference between groups was statistically significant ($p < .05$).

Care Plan, Attendant Quality, and Overall Satisfaction scores were all statistically significantly higher for both CDASS and IHSS participants, although scores were slightly higher for those in CDASS service delivery. For Independence and Choices and Health and Quality of Life, differences were not statistically significant, meaning the differences are so small compared to the number of people surveyed that they are likely due to chance or sampling error.

As shown in the graph below, there was a notable difference in the percent of survey participants stating that overall they were “Very Satisfied” with services.



CDASS and IHSS participants also had higher average scores on several important individual survey items. These are summarized in the table on the following page. All of the differences in the table were statistically significant.

Significantly Different Mean Satisfaction Scores (1 indicates lower satisfaction, 4 was the highest possible score)			
Measure	CDASS	IHSS	Comparison
Ease of Finding Satisfactory Attendants	3.32	3.32	2.91
Able to Hire Attendant of Choice	1.97	1.91	1.73
Services Meet Needs and Goals	3.72	3.68	3.54
Better Able to Choose Activities Due to Services Received	3.78	3.62	3.51
Services Result in a Good Life	3.68	3.58	3.47
Final Say in Care Plan	1.94	1.92	1.87
Ability to Choose/Change Services	1.93	1.84	1.79
Treated with Respect by Attendants	3.98	3.98	3.87
Attendants are Respectful of Family's Culture	3.80	3.77	3.50
Attendant Reliability	2.00	1.96	1.85
Mobility – Non-medical	1.95	1.91	1.85
Choices in Everyday Routines	1.95	1.90	1.85
Freedom in Daily Activities	1.93	1.84	1.81
Freedom in Decisions	1.95	1.92	1.89

We found no relationship between satisfaction and self-reports of hospitalizations in the survey data, meaning that those who were more satisfied with services were no more or no less likely to report a hospitalization in the past year.