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2002 DDD PROVIDER SURVEY

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More than 1,250 individuals and agencies who provide services to persons with developmental disabilities¹ responded to a recent DSHS survey. They reported that most DSHS staff are courteous and respectful, and cited a number of areas of satisfaction and dissatisfaction – as well as numerous suggestions for improvement.

COURTESY AND RESPECT

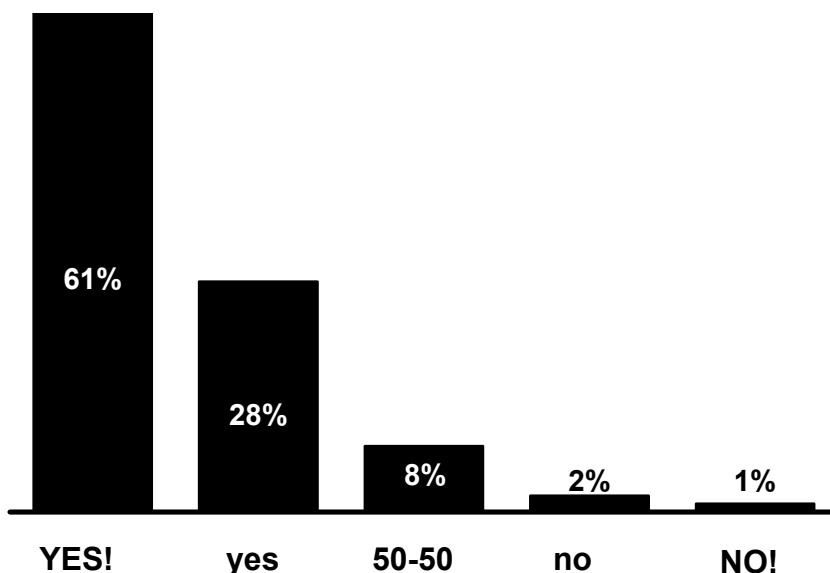
Most providers reported that they were treated with courtesy and respect by DSHS staff:

Question:

Do DSHS staff treat you with courtesy and respect?

Answer:

Nine out of ten DDD providers said that they were treated with courtesy and respect. Less than 3% disagreed.



Differences by Type of Provider. In most DDD provider groups, about nine out of ten providers answered “YES!” or “yes,” indicating that they were treated with courtesy and respect. Those who provided child foster care or child group care, however, were less satisfied. Fewer than seven out of ten child foster care or group care providers felt they were treated with courtesy and respect. Almost all of those providing therapy, medical, dental or nursing services said they were treated respectfully.

¹ This study surveyed Division of Developmental Disabilities providers paid through the SSPS payment system. Therefore, the study did not include employment and day program providers, ICF/MR providers and providers who are state employees (surveyed through a separate process). A similar study of DDD employment and day program providers will be released in 2003.

The table below shows the percentage of respondents in each DDD provider group reporting they were treated with courtesy and respect.

Service Provided by Respondent	# Responding	% Yes*
Respite, Attendant or Medicaid Personal Care	643 (53%)	90%
Adult Residential Care	220 (18%)	91%
Therapy, Medical, Dental or Nursing Services	55 (5%)	98%
Child Foster or Group Care	26 (2%)	69%
Community Activities or Parent Education	21 (2%)	95%
Equipment	15 (1%)	100%
Other	161 (13%)	86%
More than One Type of Service	69 (6%)	88%
Service Not Specified	44 (4%)	85%

*Answer to “Do DSHS staff treat you with courtesy and respect?”
19 respondents did not answer this question.

PROVIDERS SPEAK OUT

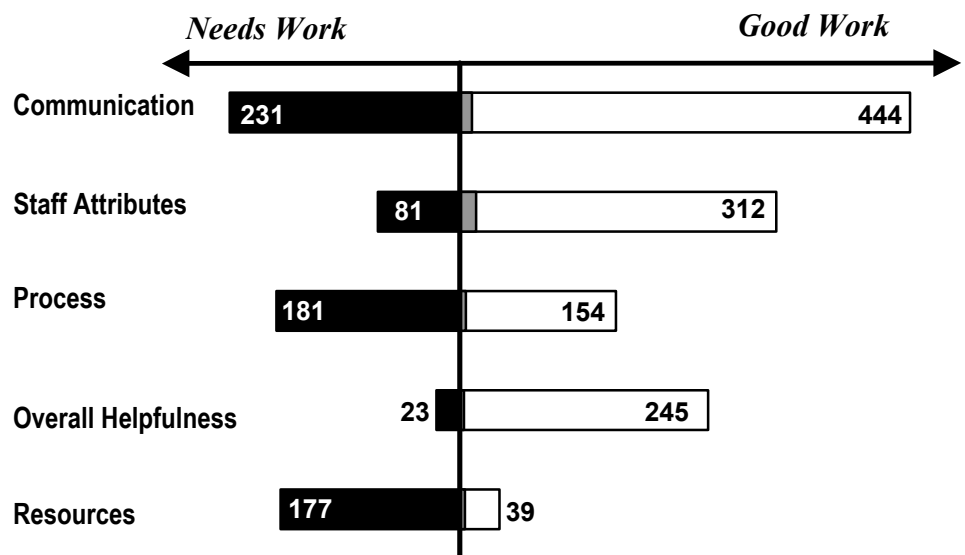
The survey asked two open-ended questions:

- *What does DSHS do well?*
- *What could DSHS do better?*

Providers’ answers gave valuable insight into areas of satisfaction and dissatisfaction. The table below shows the five major issues identified and the number of providers who made positive comments (Good Work), and critical comments or suggestions for improvement (Needs Work). A small number gave neutral or mixed responses (in gray).

Providers were asked two questions

They identified FIVE major issues:

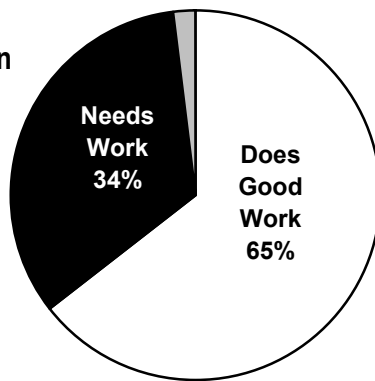


COMMUNICATION

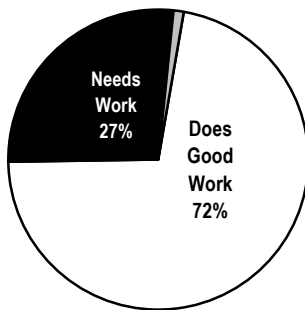
Nearly half (606) of the 1,254 respondents mentioned communication.² About one-third of these comments were complaints or suggestions for improvement; two-thirds were positive comments about communicating with DSHS. The majority of the communication comments can be divided into two smaller categories:

- **Information.** How well DSHS staff provided accurate and timely information and answered questions.
- **Phone or e-mail access.** How easy it is to contact DSHS staff via phone and e-mail.

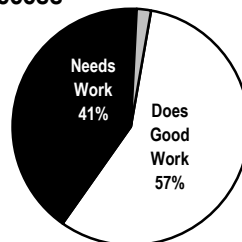
606 Providers commented on communication. In this area, DSHS:



Of those, 405 commented on information



And 242 commented on phone / e-mail access



What DSHS does well: Providers clearly appreciated receiving updates and DSHS staff willingness to locate information. Many also commended staff timely and helpful response to questions.

What DSHS could do better: Providers were concerned that they are unable to reach staff by phone, and that their calls are not returned quickly and are put “on hold” for extended periods. They wished to be informed more promptly of changes in benefits, rules and client plans.

“Caseworker has always been an excellent communicator and resource.”

“Please hire someone who can write in plain English.”

“Sometimes takes a long time to get back to me.”

“Advises me of additional services, agencies, support groups, classes.”

“Quit giving mixed signals. Different sets of regulations conflict, different divisions have different philosophical focus, the provider gets caught in the middle.”

“Very good at answering my questions.”

“They call back on phone messages about 1 time out of every 4. I would lose my job with the state if I provided such poor customer service. Are their caseloads too large?”

“(Need) lists of providers for medical/dental on line.”

“Case managers try hard to get the info we need.”

“Keep regulations clear and understandable in black and white.”

“Information letters are a great resource.”

² Some providers made both positive and negative comments on the same issue. Often they also commented on more than one subcategory of a major issue. Thus, one cannot total the subcategories to calculate the total number of providers commenting on a particular issue.

STAFF ATTRIBUTES

“Very responsive and helpful.”

“Caseworkers and staff try to help - even if policies and dollars always fall short.”

“There ought to be a better working relationship between DSHS and providers, especially in times of crisis.”

“You have truly excellent people!”

“Good people working in a tough system.”

“We love our DDD caseworker. She really took the time to make us feel cared for.”

“Being treated like a fellow state employee, not like a welfare recipient would be nice.”

“When they say they will get back with me . . . they do!”

“They always think of ideas to help us.”

They seem to do their best when they are not busy.”

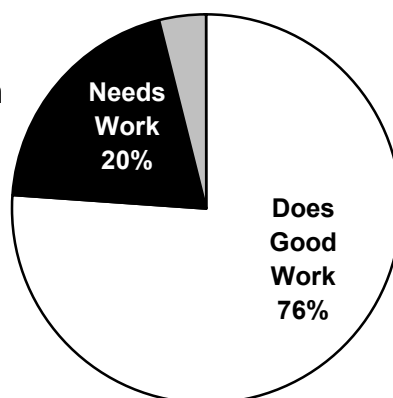
“It took five years for a caseworker to contact us - when she did, we learned so much to help my son.”

“DDD caseworkers are the best resource people in the community. I call them when no one else knows a resource.”

About three out of ten providers (385) mentioned staff characteristics. Over three-quarters of the comments were positive. Approximately 4% of these comments were neutral. Staff attributes include:

- **Courtesy and respect.** Whether staff treat providers with courtesy and respect.
- **Follow through and support.** How well staff follow through with requests, provide guidance and support, and, resolve problems.
- **Knowledge of rules and help.** Level of knowledge about various DSHS or community programs and resources to help providers and clients, and staff willingness to assist.
- **Specific staff.** Sixty providers mentioned a specific staff member by name – all but two comments were complimentary.

385 Providers commented on staff attributes. In this area, DSHS:



What DSHS does well: Most respondents were satisfied with DSHS staff and praised their efforts to assist providers. DSHS staff were repeatedly described as helpful, accommodating, courteous, respectful, and caring.

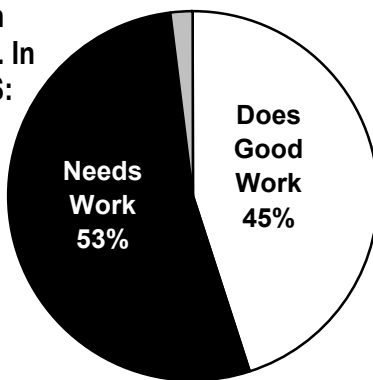
What DSHS could do better: A small number of respondents described DSHS staff as rude or unresponsive. A few more felt that staff should be more proactive in informing providers about resources and should be better trained. Concern over agency resources--which is addressed further in the Resources section of this document--spilled over into this category as providers mentioned frustration with wait times and staff turnover.

PROCESS

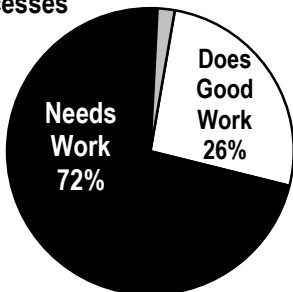
About one-quarter of the DDD providers (309) addressed the ease or difficulty of working with DSHS business processes and procedures. Because almost half of the process comments concerned pay, this issue is divided into two categories:

- **General Process.** Issues with the process of working with DSHS, including paperwork, bureaucracy, and efficiency.
- **Pay.** Comments related to the process of being paid, such as accurate and timely payment, paying providers directly, withholding taxes, and the automated Invoice Express payment system.

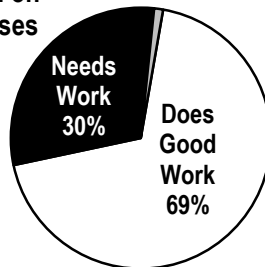
309 providers commented on DSHS processes. In this area, DSHS:



Of those, 184 commented on general processes



And 149 commented on pay processes



What DSHS does well: Respondents appreciated prompt pay, help with pay problems, and innovations like the Invoice Express system. Providers who were also family members appreciated DSHS making it financially possible for them to care for their needy family member.

What DSHS could do better: Paperwork and rules were common themes; providers expressed frustration over the amount of paperwork, lack of clarity, redundancy, and unrealistic expectations. Multiple duplicative mailings were also a source of irritation.

“Why does it take three forms in two different mailings to inform me of payment?”

“Paperwork seems to be streamlined. LOVE to call in contract hours!!”

“I often feel it is a waste of time, paper shufflers with no concept of clients needs.”

“Simplify paperwork, REDUCE paperwork.”

“Need my invoice and check earlier. I never have rent money on time.”

“We receive a check - a week later we receive an explanation why.”

“I like the automated invoicing - very convenient.”

“Give US more input on how our money is spent.”

“Pay doctors promptly and stop jerking them around.”

“Billing is smooth and seamless.”

“Very little interference - a lot of freedom to work at my own discretion.”

“Reduce the number of rules. Way too many for one small underpaid owner.”

“Take taxes out so that we do not get hit with a tax bite every April.”

“DSHS helps families and individuals to be self sufficient and have a good quality of life.”

“The financial support they provide me with - both family support and respite - is what helps me to cope with the daily strain of caring for my son.”

“DSHS really is people helping people and their service really is a genuine service.”

“Personally, I've had no problem at all with DSHS, I've had the best workers and I'm very happy with all the help I received.”

“Needs improvement in all areas.”

“They are great!”

“There are no facilities available for my son. He is now 55 years old and living with me. I need a place for him. What happens when I die???”

“We need a dentist that takes coupons. Daughter is in dire need!”

“Offer services - all you ever do is deny everything because there's no money.”

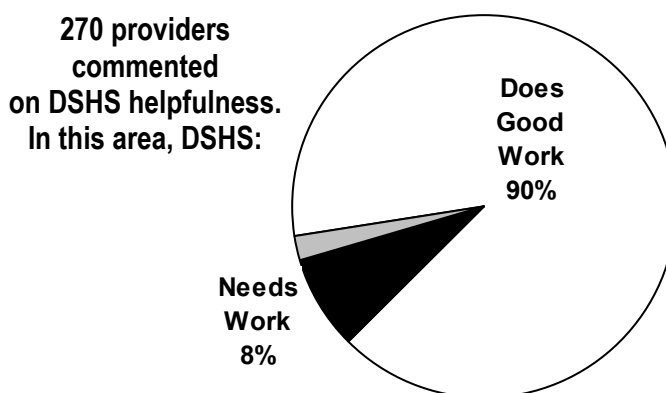
“Increase funding for DSHS. Instead of funneling the money to other programs.”

Suggestions for change included direct pay for providers (rather than giving money to clients), more timely information about eligibility and expiration of benefits, notification of direct deposit, income tax withholding, and a more timely payment process.

OVERALL HELPFULNESS

About one in five respondents (270) made more general comments about how they liked or disliked DSHS, or about how DSHS did or did not help them. Nine out of ten of these comments were positive.

36 providers commented on specific programs; all these comments were positive.



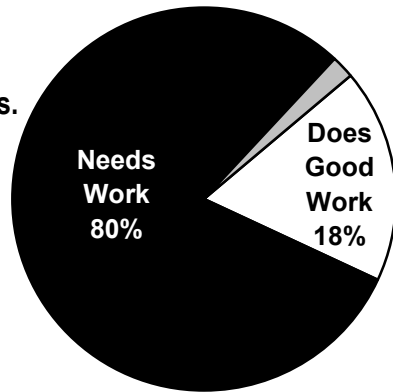
What DSHS does well: The DDD providers who made general comments overwhelmingly felt that DSHS helps them. Most praised the agency's efforts and were appreciative of the resources and services they received on behalf of their clients.

What DSHS could do better: A small minority related that they did not like DSHS or only dealt with them because they had to. Generally, these comments included little or no additional information about what DSHS could improve to make their experience better.

RESOURCES

Less than one in five providers (214) commented on needs for more resources from DSHS. Most comments in this area were suggestions for improvement. Sixty-three providers mentioned that DSHS needs more staff or that DSHS staff has too great a workload. Fifty-four said that DSHS should pay providers better. Other comments concerned needs for a larger DSHS budget, more resources for clients, and more training, respite care, and health care insurance for providers.

214 providers commented on needed resources. In this area, DSHS:



“Lessen their caseloads so there is more quality time to be spent with their cases.”

“We need a wage increase and benefits for our families. We provide care and don't get much in return.”

“Create more stability in DDD funding system.”

“I wish I could get a week off (I'm 24 hour care day in, day out). But it's hard to find someone I could trust to watch my sister.”

“I have been a contract provider for 20 years. I have no retirement, vacation, and have to use Basic Health insurance which is not good for me.”

“Have more case managers.”

What DSHS does well: Relatively few comments expressed satisfaction with current resource levels. Some providers were grateful to DSHS for meeting client needs, or for providing training and respite care.

What DSHS could do better: Most of the comments concerning resources involved suggestions for improvement. Providers related they need more money, time, and DSHS staff to do their jobs effectively. They also expressed concerns about unmet client needs. Many mentioned needing employee medical benefits, more respite and training. A few suggested creating stronger relationships with community organizations to better help clients and providers.

RESPONSE RATE

This DDD provider survey was sent to all DDD providers who received payments via the Social Services Payment System (SSPS) in August 2002. During that month, SSPS sent payments to 7,954 individuals and agencies who provided services to DDD clients. The short postcard-style provider survey was enclosed with each payment. Over 1,250 DDD providers responded to the survey.

The response rate is greater than 16 percent. The exact response rate cannot be calculated because we do not know the exact number of providers who received surveys. The SSPS payment system could not specify the number of August provider payments made to the same provider. Certainly, there were a number of cases in which a provider received more than one SSPS payment during August, and thus received more than one copy of the survey.

The response rate was somewhat higher than those found in similar provider surveys done in other DSHS programs. This higher response rate may be due to a greater participation by family member caregivers, a common type of DDD provider.

7,954	1,254
Surveys sent out	DDD Respondents
Greater than 16% DDD Response Rate	

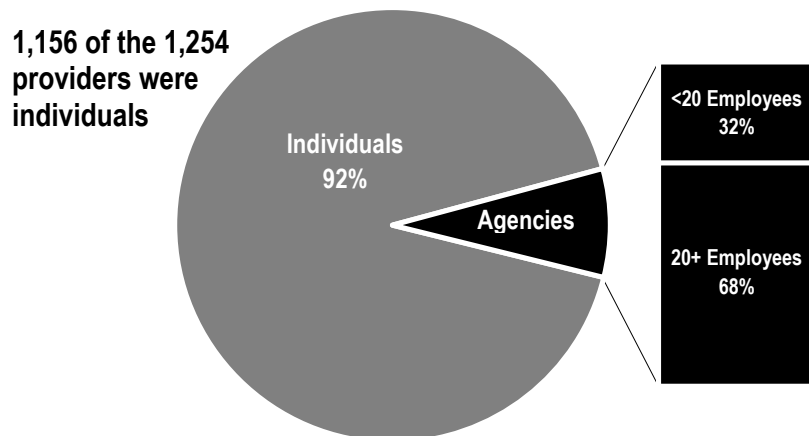
RESPONDENT CHARACTERISTICS

The typical respondent:

- Attendant or personal care provider
- An individual (not part of an agency)
- Located in an urban county

Provider Type. More than half of the responders provided attendant, respite, or Medicaid personal care. Many of these providers are family members of the client with developmental disabilities. Nearly twenty percent provided adult residential care, and five percent provided therapy, medical, dental, or nursing services. The table at the top of page 2 provides a complete list of provider services.

The majority of respondents were individual providers (92%). Agencies comprised 8% of the returned surveys; of those, 32% were small organizations with less than 20 employees and 68% were agencies with twenty or more employees:



King	24%
Pierce	15%
Spokane	11%
Snohomish	9%
Other	42%

Location. More than half of completed surveys were returned by providers who delivered services in just four Washington counties: King (296 respondents), Pierce (191), Spokane (132), and Snohomish (112). The remainder, 514 respondents, served DDD clients in smaller counties, more than one county, or out of state.

The majority of the responding DDD providers (77%) reported that they work in Western Washington. Most of the remainder (22% of the total) work in Eastern Washington. A few providers work out of state, and 3 agencies work in both Eastern and Western Washington.

For questions or comments on this report contact: Nancy Raiha, PhD, DSHS Research and Data Analysis at (360)902-7667 or raiha@dsht.wa.gov

This fact sheet, future provider survey reports, and complete lists of provider comments are available from the **RDA website**: www-app2.wa.gov/dshs/rda

Additional copies of this fact sheet and future reports may be obtained from Department of Social and Health Services, Research and Data Analysis Division, P.O. Box 45204, Olympia, WA 98504-5204, or request by telephone: (360)902-0701, please refer to Fact Sheet Number 11.108a.