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# 2003 LONG-TERM CARE<sup>1</sup> SERVICES PROVIDER SURVEY

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Nearly 2,300 individuals and agencies who provide services to clients of DSHS Aging and Disability Services Administration<sup>1</sup> responded to a recent 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. The greatest number of comments concerned DSHS staff, while the greatest number of negative comments concerned communication. Providers also frequently mentioned overall program helpfulness, process and the need for resources.

## COURTESY AND RESPECT

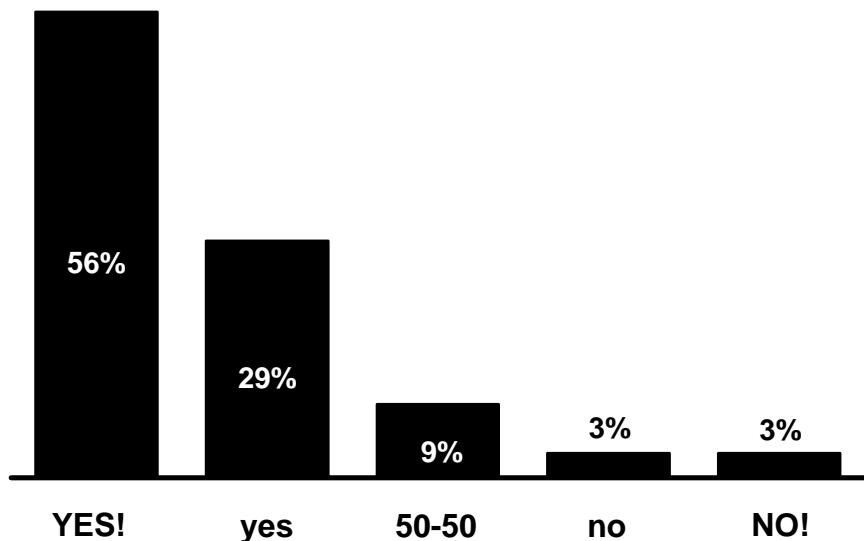
Most providers reported that they were treated with courtesy and respect by DSHS staff:

### Question:

Do DSHS staff treat you with  
courtesy and respect?

### Answer:

More than eight out of ten  
long-term care services  
providers said that they were  
treated with courtesy and  
respect. Six percent  
disagreed.



**Differences by Type of Provider.** In all long-term care provider groups, more than eight out of ten providers answered “YES!” or “yes,” indicating that they were treated with courtesy and respect. Satisfaction rates were quite similar in all provider groups.

<sup>1</sup> Home and Community Services and Residential Care Services Divisions of Aging and Disability Services Administration

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

Service Provided by Respondent	# Responding	% Yes*
In-Home Caregiver	1777 (77%)	86%
Adult Family Home	242 (11%)	84%
Assisted Living	66 (3%)	88%
Adult Residential Care	43 (2%)	88%
Other	128 (6%)	85%
More than One Type of Service	17 (1%)	82%
Service Not Specified	21 (1%)	83%

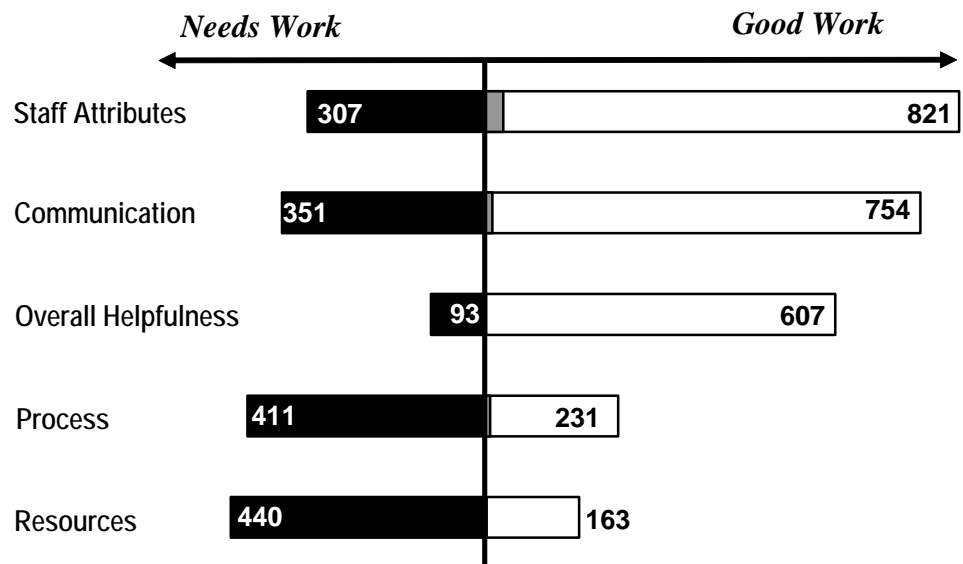
\*Answer to “Do DSHS staff treat you with courtesy and respect?”  
33 respondents did not answer this question.

## 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

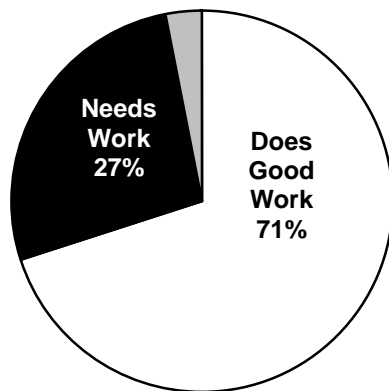
They identified FIVE major issues:

## STAFF ATTRIBUTES

About four out of ten providers (1041) mentioned staff characteristics. More than two-thirds of the comments were positive. 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.** 84 providers mentioned a specific staff member by name – all but ten comments were complimentary.

1041 Providers commented on staff attributes. In this area, DSHS:



**What DSHS does well:** The majority of respondents were satisfied with DSHS staff and praised their efforts to assist providers. DSHS staff were repeatedly described as helpful, responsive, courteous, and supportive. Providers praised DSHS staff who listened to their concerns. Many found DSHS staff an important source of support when faced with problems. They also commended staff who responded quickly to requests for assistance. An example of a typical response is, “I don’t think they need any improvement. The whole staff seems to be dedicated to their jobs and they truly care about the workers and the seniors. Good Job!”

**What DSHS could do better:** Some respondents described DSHS staff as unsupportive or unresponsive. They want to be respected as valuable members of a team. Many providers want the caseworkers to respond to their requests for assistance more quickly. Some providers indicated disappointment in the staff’s lack of knowledge when questions arose. A number of providers expressed a desire to have the case workers make more contact with them and their clients: “Perhaps meet with the client, family and caregivers periodically to iron out problems or answer questions.”

*“They see to your needs promptly, enthusiastic, friendly, and respect you fully.”*

*“Most are willing to go the extra mile. This makes a difference for all concerned. They are special people.”*

*“They think they are powerful and above the law. That’s why DSHS has millions of headaches and lawsuits.”*

*“They are always friendly to me. They really listen to all my concerns and try to help me with all they can.”*

*“The caseworkers have been so kind, considerate and helpful.”*

*“Recognize provider’s hard work, high financial and time investments, and our commitment to quality care.”*

*“Have nothing but praise for these workers.”*

*“I’m really pleased and sometimes amazed with all they do. I hope the staff know how valuable they are.”*

*“We feel bad asking for help, then we are treated so rude.”*

*“They are amazingly sensitive compassionate and very helpful.”*

*“If they don’t like helping people, why did they choose to work for DSHS? They are not the only people overstressed and underpaid.”*

*“They really listen to all my concerns and try to help me with all they can.”*

*“Every time I have a problem, I call in or stop by the office, my caseworker always helps me.”*

*“I make a lot of calls lately that aren’t returned for days, if ever. My employer’s health is at stake if I don’t know who to talk to.”*

*“They let me know if there are any changes in my client’s care. I like that.”*

*“They give us vital information that we need and use.”*

*“They put obstacles in the way and deny helpful information.”*

*“They give me the information I need, when I need it. They send any paperwork I need as well. It’s all on time too.”*

*“They call me back right away and almost always have an answer to my questions.”*

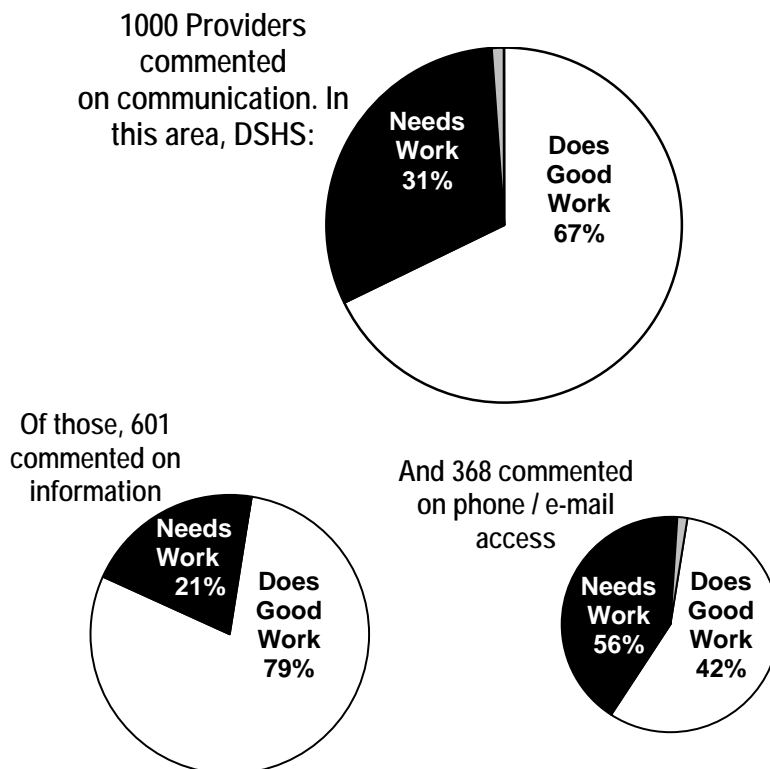
*“They could listen. Many times I just need some information or I just need to know someone cares about the situation I am in.”*

*“Ask questions, give us good answers to ours, always make us feel we are doing something truly worthwhile.”*

## COMMUNICATION

About four out of ten providers (1,000 of the 2,296 respondents) mentioned communication.<sup>2</sup> More than two-thirds of the comments (67%) were positive, while less than a third were complaints or suggestions for improvement. 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.



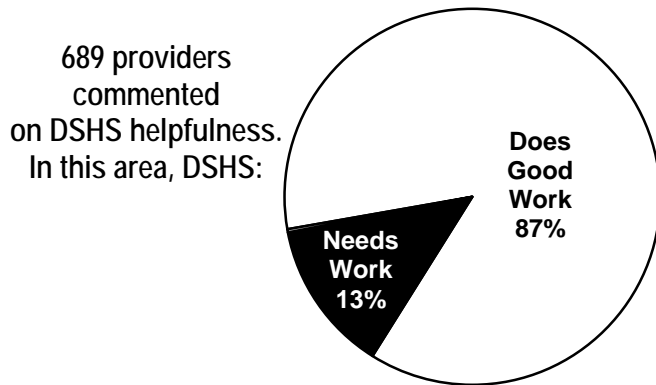
**What DSHS does well:** Provider comments clearly show that communication is a major issue. Many providers expressed appreciation for workers who return calls quickly, keep in contact, answer questions and share needed information.

**What DSHS could do better:** Other providers expressed frustration with DSHS responsiveness. The phrases “Return calls” and “Listen” occurred repeatedly. Providers were also very concerned about receiving current, accurate information about the care of their patients. Additionally, they wanted help interpreting rules and regulations regarding patient care.

<sup>2</sup> 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.

## OVERALL HELPFULNESS

Nearly one third of respondents (689) made more general comments about how they liked or disliked DSHS, or about how DSHS did or did not help them. Almost nine out of ten of these comments were positive. 37 providers commented on specific programs; 79% of these comments were positive.



**What DSHS does well:** The long-term care providers who made general comments were almost all appreciative of the agency's efforts. "Everything" was a typical response to the question, "What does DSHS do well?" Many clients said, "Keep up the good work."

**What DSHS could do better:** A small group made negative comments about DSHS helpfulness. Responses typically referred to support services the providers received as recipients of other DSHS services. A few expressed general displeasure with DSHS, not providing specific issues or suggestions for improvement.

## PROCESS

About one quarter of the long-term care providers (582) addressed the ease or difficulty of working with DSHS business processes and procedures. Negative process comments outnumbered positive. Because 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.

*"Has made a world of difference."*

*"Everything they do is great! Washington takes care of their clients and care providers better than Oregon or Arizona."*

*"As of now I don't think they do anything well."*

*"DSHS has always helped me with almost everything."*

*"My mother's life has greatly improved by the help this agency provides and we appreciate it SO MUCH!"*

*"NOTHING! They talk the talk and then they walk, and that's it until next year."*

*"They attend to our wants and needs. Thank you."*

*"Perfection needs no improvement."*

*"At this time staffing is so short there's not much help out there."*

*"Please don't make any changes."*

*"I've cared for my mom for 14 years and never realized how much help was available. You have made our lives so much better."*

*"If things don't change within DSHS to the benefit of providers, I cannot bear to operate beyond one more year."*

*“Telephone invoices are a great and efficient improvement over mail-in.”*

*“Oy! LESSEN the paperwork!”*

*“DSHS always does complete service plans for their clients.”*

*“When my check doesn’t come through from Olympia, they get right on it and take care of the problem.”*

*“Stop coming up with all those dumb regulations when it comes to Adult Family Homes.”*

*“I am often left in a bit of a haze concerning new provider letters and WAC’s.”*

*“Licensors need to use some common sense and stop being so petty.”*

*“They really keep us up on the required information, forms and regulations.”*

*“Need consistent and realistic interpretation of regulations.”*

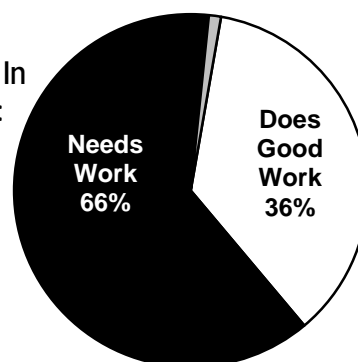
*“Has a convenient way to get your information so you can get your paycheck quickly.”*

*“Minimize the run-around.”*

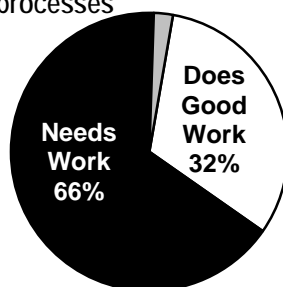
*“Withhold income tax from my check!!! PLEASE!!!.”*

*“Get the checks mailed on the first of the month. My check is always late.”*

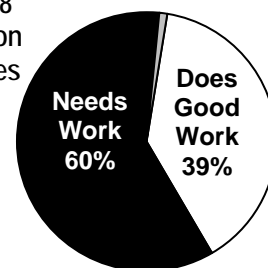
582 providers commented on DSHS processes. In this area, DSHS:



And 347 commented on general processes



Of those, 298 commented on pay processes



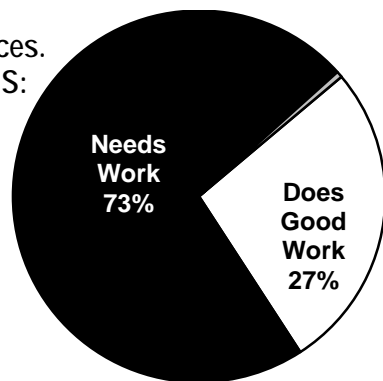
**What DSHS does well:** Respondents appreciated assistance with billing problems and prompt processing of paperwork, resulting in timely pay. Many commented favorably on Invoice Express payment system. Additionally, providers appreciated assistance in interpreting regulations.

**What DSHS could do better:** A number of providers expressed frustration with slow pay and payment errors. Providers were unhappy with the licensing survey process, WAC interpretations, the disruption caused by unannounced inspections, and the quantity of paperwork. Providers had many suggestions for process improvements: Decrease and clarify paperwork and WAC’s, process payment paperwork promptly, inform providers of status changes that affect payment, make the licensing survey process less threatening, and simplify rules. Many said they would like federal income tax withheld from their pay and payments to arrive earlier in the month on a predictable date.

## RESOURCES

One in four providers (543) commented on resources. Most comments in this area were suggestions for improvement. More than 250 providers requested better pay and/or benefits, including health care insurance. More than 150 mentioned training – both appreciating training and wishing for more. Other comments concerned needs for more benefits for clients, more DSHS staff, and respite care.

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



**What DSHS does well:** More than one quarter of the resource comments expressed satisfaction. Respondents were primarily grateful to DSHS for training and for meeting clients' needs.

**What DSHS could do better:** Providers noted that more resources are needed for clients and for the providers themselves. They believe that long hours and hard work entitle them to better pay and health care benefits. They also said that DSHS staff need smaller caseloads and less turnover. A number pointed out that the rates DSHS pays for Adult Family Homes are lower than the standard nursing home rates. They said that the state saves money by placing clients in community settings, rather than institutions, and suggested that better financial support for community settings is needed. Several complained of cuts in hours and requested more referrals. Some asked for respite care and paid vacations.

## RESPONSE RATE

This Long-Term Care Services provider survey was sent to all ADSA Home and Community Services and Residential Care Services providers who received payments via the Social Services Payment System (SSPS) in January 2003. During that month, the Social Services Payment System (SSPS) sent payments to 17,500 individuals and agencies who provided services to clients of Aging and Disability Services Administration's Home and Community Services Division and Residential Care Services Division. The short postcard-style provider survey was enclosed with each payment. Nearly 2,300 providers responded to the survey.

The response rate is greater than 13 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 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 the survey time frame, and thus received more than one copy of the survey.

*"No one can live on the hourly wage we get."*

*"They [DSHS] are understaffed and overworked."*

*"DSHS provides necessary equipment to make our jobs easier."*

*"The rate is pathetic for what we as providers have to go through 24/7."*

*"Provide us better health coverage, i.e. dental, eye and physical therapy."*

*"A raise, please."*

*"Helped my client get special equipment and resources."*

*"It would be nice to have more respite care available."*

*"Pay decent reimbursement rates for residents in Adult Family Homes."*

17,500	2,296
Surveys sent out	Respondents
Greater than 13% Response Rate	

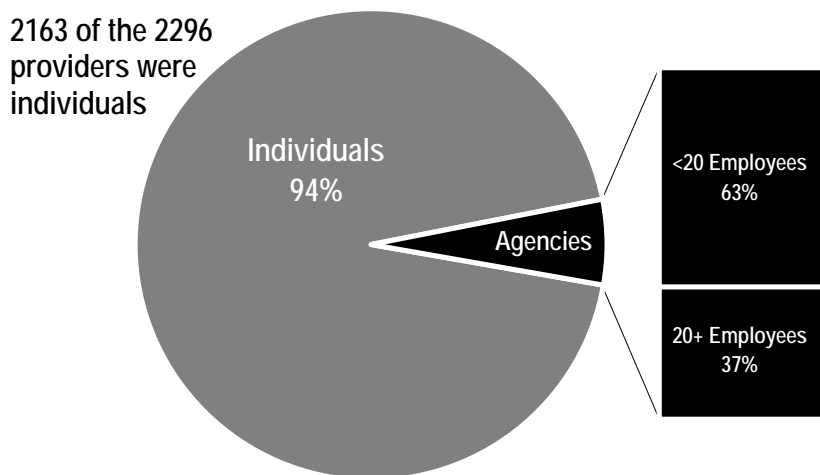
## RESPONDENT CHARACTERISTICS

### The typical respondent:

- In-home care provider
- An individual (not part of an agency)
- Located in Western Washington

**Provider Type.** The largest group of providers (77%) provide in-home care services. One tenth of the providers operate Adult Family Homes. The table at the top of page 2 provides a complete list of provider services.

The majority of respondents were individual providers (94%). Agencies comprised 6% of the returned surveys (133); of those, 63% were small organizations with less than 20 employees and 37% were agencies with twenty or more employees:



King 20%
Pierce 11%
Spokane 11%
Snohomish 9%
Other 49%

**Location.** Just over half of completed surveys were returned by providers who delivered services in just four Washington counties: King (464 respondents), Pierce (261), Spokane (260), and Snohomish (196). The remainder, 1115 respondents, served Aging and Disability Services Administration clients in smaller counties, more than one county, or out of state.

The majority of the responding providers (67%) reported that they work in Western Washington. Most of the remainder (33% of the total) work in Eastern Washington. Eleven providers work out of state, one works in both Eastern and Western Washington, and seven providers did not answer the question.

For questions or comments on this report contact: Nancy Raiha, PhD, DSHS Research and Data Analysis at (360)902-7667 or [raihank@dshs.wa.gov](mailto:raihank@dshs.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](http://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 11.108d.