



Washington State Department of Social and Health Services

# 2003 DIVISION OF VOCATIONAL REHABILITATION PROVIDER SURVEY

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Over 400 individuals and agencies who provide services to clients of DSHS Division of Vocational Rehabilitation 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 suggestions for improvement. The greatest number of both positive and negative comments concerned communication. Providers also frequently mentioned staff attributes, processes, overall helpfulness and the need for resources.

## COURTESY AND RESPECT

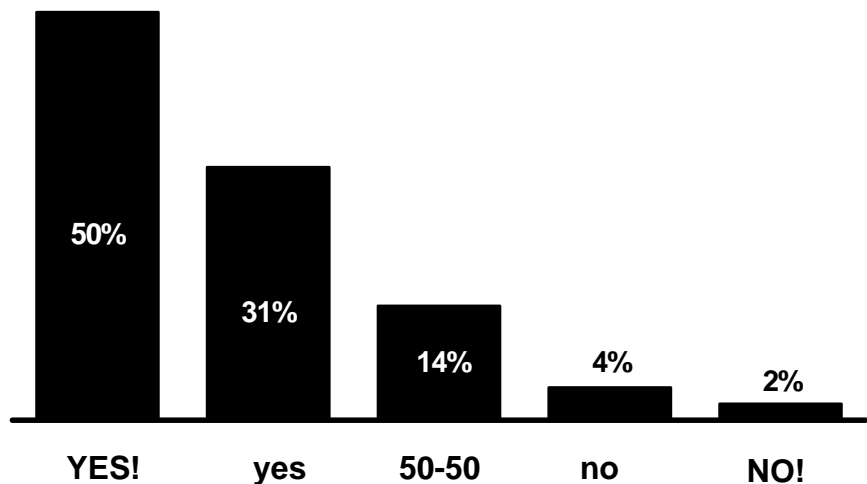
Most providers reported that they were treated with courtesy and respect by DSHS staff:

### Question:

Do DSHS staff treat you with courtesy and respect?

### Answer:

Eight out of ten DVR providers said that they were treated with courtesy and respect. Six percent disagreed.



**Differences by Type of Provider.** In most Division of Vocational Rehabilitation provider groups, about eight out of ten providers answered “YES!” or “yes,” indicating that they were treated with courtesy and respect. Those who provide psychological evaluations and the small group that provides Assistive Technology services were the most satisfied; more than nine out of ten of the 133 psychological providers felt they were treated with courtesy and respect. Only nine respondents did not answer the question.

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*
Psychological Evaluation or Services	133 (32%)	92%
Medical Evaluation or Services	114 (27%)	75%
Community Rehabilitation Programs	58 (14%)	78%
Independent Living Services	19 (5%)	74%
Assistive Technology Providers	5 (1%)	100%
Other	12 (3%)	67%
More than One Type of Service	67 (16%)	69%
Service Not Specified	7 (2%)	57%

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

### PROVIDERS SPEAK OUT

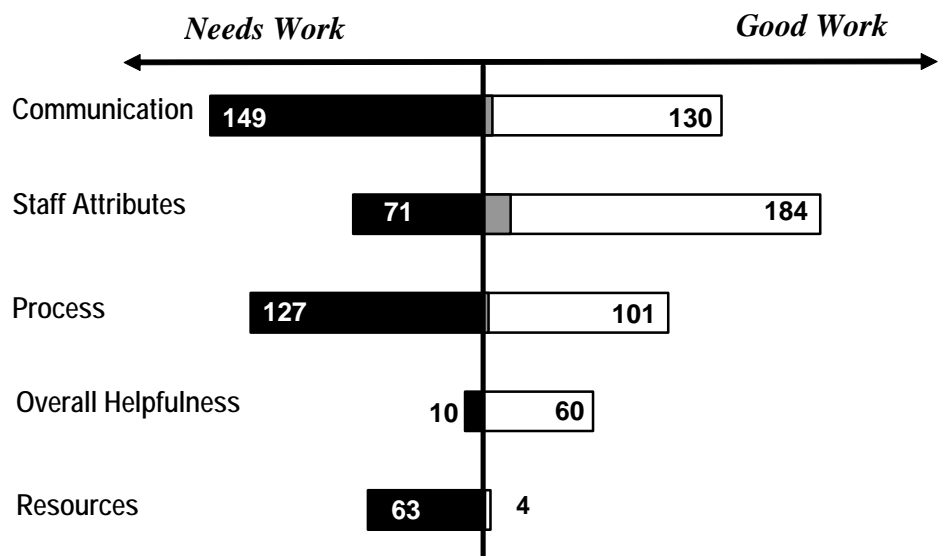
The survey asked two open-ended questions:

- *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 positive comments (Good Work), and critical comments or suggestions for improvement (Needs Work). A very small number gave neutral or mixed responses (in gray).

Providers were asked two questions

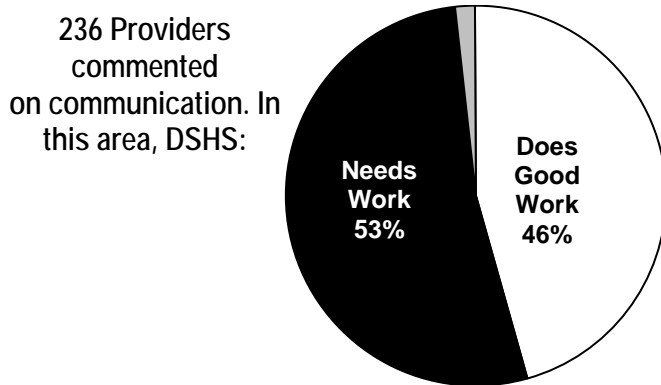
They identified FIVE major issues:



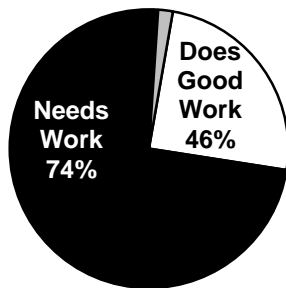
## COMMUNICATION

More than half (236) of the 415 respondents mentioned communication.<sup>1</sup> Just over one half of the respondents complained or offered suggestions for improvement. The majority of the communication comments can be divided into two smaller categories:

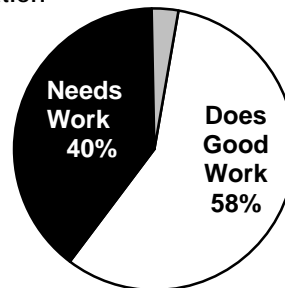
- **Information.** How well DSHS staff provided accurate and timely information and answered questions.
- **Phone or e-mail access.** How easy it is to contact DSHS staff via phone and e-mail.



Of those, 122 commented on phone / e-mail access



And 110 commented on information



**What DSHS does well:** Provider comments clearly show that communication is a major issue. Many providers expressed appreciation for workers who listened to their input and shared information readily.

**What DSHS could do better:** Other providers expressed frustration with DSHS responsiveness. The phrase “Reduce hold time,” occurred repeatedly. Providers were also very concerned about receiving current, accurate information about the clients – background, accurate diagnosis and current service planning.

*“They are open to listening and respecting the customer’s needs, plus valuing the agency’s ideas and suggestions in relationship to meeting the customer’s goals.”*

*“They could keep open lines of communication with CRP programs. Workers tend to do what they want, with no regard for the client and/or CRP.”*

*“Provide regular feedback regarding outcome of work performed, quality, and usefulness.”*

*“DVR provides adequate information in advance of appointments and does a good job of preparing clients for evaluation.”*

*“Sends good referrals with excellent information.”*

*“Notify us of changes/updates immediately, rather than later.”*

*“When we need to speak to a worker, they are very good at getting back to us.”*

*“Decrease hold time on the phones.”*

*“Clients complain that it takes their counselors sometimes a long time before they contact (after the client has called, left messages, etc.).”*

<sup>1</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.

## STAFF ATTRIBUTES

*“Staff are courteous and professional. They are open to input. They provide additional information when requested.”*

*“The VRC’s are particularly respectful, encouraging, and helpful with almost no exception.”*

*“They tend to blame us for the customer’s mistakes.”*

*“My experience with DVR has been very positive. Staff are professional and responsive.”*

*“Have better customer relations and respect for people they hire.”*

*“DVR caseworker is important resource and advocate for clients. Very helpful in accessing treatment.”*

*“Provider representatives are very helpful in claims, denial, reprocessing questions.”*

*“Staff often seems indifferent to client and providers. Seldom take the initiative to help find a solution prior to entry into job placement.”*

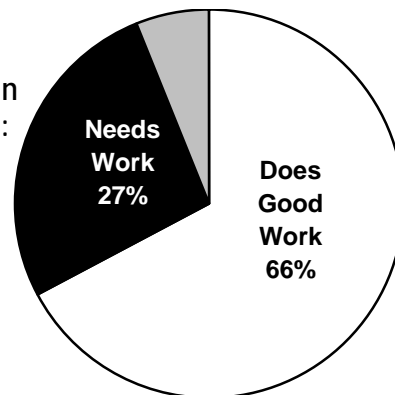
*“They are VERY nice. I love the team up here. They are SO friendly and real and care about their jobs.”*

*“Respects me, my work, my input. Allows me to assist client through a very difficult and monumental system.”*

Just over half of the providers (223) mentioned staff characteristics. 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.** 13 providers mentioned a specific staff member by name – all but two comments were complimentary.

223 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 work collaboratively. DSHS staff were repeatedly described as helpful, professional, courteous, and respectful. As one provider wrote, “I love our Skagit DVR staff people! They are personable. They work well with each other.” Providers praised DSHS staff that listen and treat providers as valued partners. They also commended staff that shared information and prioritized client’s needs, “Most are very responsive and on top of client’s needs, services and communicate with me about them.”

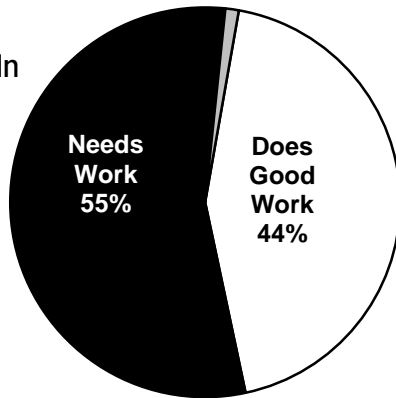
**What DSHS could do better:** Some respondents described DSHS staff as unresponsive, unsupportive and lacking concern for their client’s needs. A typical comment was, “Need to know about our populations and their problems.” Providers want to feel valued and to have a collaborative relationship with the Vocational Rehabilitation Counselors (VRC’s). The providers want VRC’s to share more information more readily about their clients, “Provide client background information on the first request.”

## PROCESS

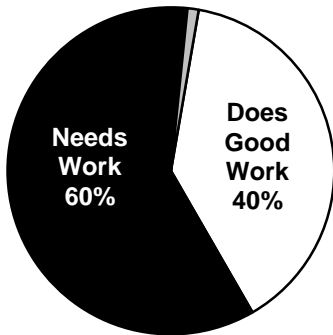
Almost one half of the DVR providers (188) addressed the ease or difficulty of working with DSHS business processes and procedures. Negative process comments outnumbered the positive. Because almost half of the process comments concerned pay, this issue is divided into two categories:

- **General Process.** Issues with the process of working with DSHS, including paperwork, policy, and bureaucracy.
- **Pay.** Comments related to the process of being paid, such as accurate and timely payment and the ease of submitting claims.

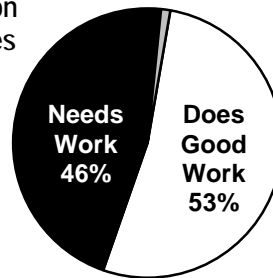
188 Providers commented on DSHS processes. In this area, DSHS:



Of those, 138 commented on general processes



And 86 commented on pay processes



**What DSHS does well:** Respondents were appreciative of workers who promptly process billing requests and paperwork; that results in service delivery. Many commented on the speed with which claims are processed and payment is received.

**What DSHS could do better:** A number of providers expressed frustration with claim errors delaying payment. They also expressed frustration with changing procedures and multiple interpretations of the procedures. Some gave examples, such as, “Clarify standard procedures, we get very different interpretations from each VRC and DVR office.” The new accreditation standards were also an issue.

*“Pay vouchers in a more timely manner.”*

*“Amazing response time to treatment plan authorization and payment.”*

*“System too bureaucratic, reimbursement WAY too low.”*

*“Make sure the provider is paid for clients that lack follow through and don’t do their part to complete plan.”*

*“Great client match with services I offer.”*

*“Be clearer about what is needed in the form or in the report after initial sessions.”*

*“Stop spending 90% of resources on 10% of participants. Limit customer choice to decrease waste of state resources.”*

*“We love the new way to submit claims via the Internet.”*

*“They respond promptly to my bills for services. They offer generous fees and time to provide realistic services.”*

*“The new system is so cumbersome and so far from being user friendly on the part of the CRP’s – that it is no longer worth the time to deal with it for the limited benefit to the individuals we serve.”*

*“Partner with CBO’s to solve problems, instead of dictating system that is one sided.”*

*“After seeing patients for 25 years, I have stopped because of your poor service.”*

*“I think that DSHS has improved its delivery of services greatly over the last few years.”*

*“Caseworkers facilitate client’s paperwork to establish eligibility for assistance. Excellent work by DVR!”*

*“Our rapport and solid communication with DSHS is the best it’s ever been – at this time, no improvements.”*

*“I haven’t seen anything that needs improvement.”*

*“I am always glad to work with DVR.”*

*“I have never had any problems working with DSHS staff in my 33 years in the medical field.”*

*“I have no problems at this time.”*

*“I think they are fine.”*

*“Have had no problems with the DVR program.”*

*“Put into budget and support more dollars to effectively cover costs for vocational services to disabled population.”*

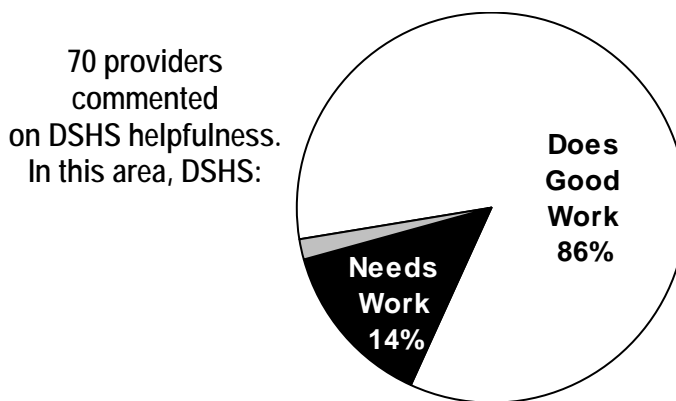
*“Have reimbursement rate that covers my costs AND time.”*

*“Provide more training on navigating their system.”*

Providers had many suggestions for process improvements: decrease and clarify paperwork, and make it easier to access the agency to address billing and payment errors. Providers also would welcome faster processing of paperwork, including referrals, background documentation and claims.

## OVERALL HELPFULNESS

About one in six respondents (70) made more general comments about how they liked or disliked DSHS, or about how DSHS did or did not help them. More than eight out of ten of these comments were positive. 13 providers commented on specific programs; 85% of these comments were positive.



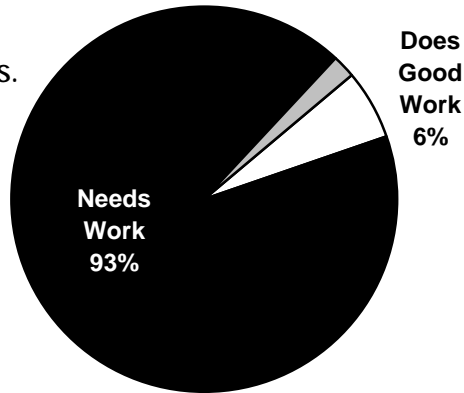
**What DSHS does well:** DVR providers who made general comments overwhelming felt that DSHS is a helpful agency. Most praised the agency’s efforts. Words such as “great” and “good work” occurred frequently.

**What DSHS could do better:** A small group expressed negative comments about DSHS helpfulness. When asked what DSHS does well, one provider responded, “Less all the time.” Generally these comments included little or no additional information about what DSHS could improve to make the provider’s experience better.

## RESOURCES

One in six providers (67) commented on needs for more resources from DSHS. Most comments (92%) in this area were suggestions for improvement. Twenty-five providers mentioned the need for more staff. Seventeen providers mentioned better pay for providers. Other comments concerned a larger DSHS budget, training, and more resources for clients.

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



*“Better training on current procedures with staff; keeping vendors informed in advance of upcoming changes.”*

*“Have money available for more client support services.”*

*“VRC’s are overloaded and hence cannot always keep up in paperwork, caseloads are too large.”*

*“Have smaller caseloads, so it’s not just crisis management.”*

*“Decrease individual caseloads, it takes so long to get ahold of them because of the amount of work they do.”*

**What DSHS does well:** Relatively few comments expressed satisfaction with resources. The only positive comments regarded meeting the clients’ support needs.

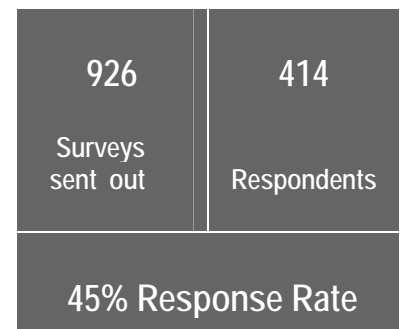
**What DSHS could do better:** Providers noted that more resources are needed for DSHS staff, clients, and the providers themselves. They said that DSHS staff need smaller caseloads and less turnover. They wanted better reimbursement rates, more funding available to provide services and more people to answer the phones.

## RESPONSE RATE

The Division of Vocational Rehabilitation provider survey was sent to all Assistive Technology, Community Rehabilitation, and Independent Living providers, and to selected Medical and Psychological Service providers from DVR’s STARS database. Medical and psychological providers in the database were not included in the mailing if they only provided records and had not performed any services. The survey was sent to a total of 926 individuals and agencies in March 2003. The short postcard-style provider survey was mailed directly to the contract point of contact.

Because the population survey was fairly small, a number of measures were employed to increase the response rate. All the providers were sent a reminder postcard one week after the initial survey and were asked to indicate that they had returned the anonymous survey or did not want further reminders. Two weeks later all who did not return the postcard were sent a second copy of the survey.

The measures to increase the response rates had varied success. Medical and Psychological Service providers had the highest response rate (52.5%), followed by Assistive Technology (44%), Independent Living Services (36%) and finally Community Rehabilitation Programs (24%).



## RESPONDENT CHARACTERISTICS

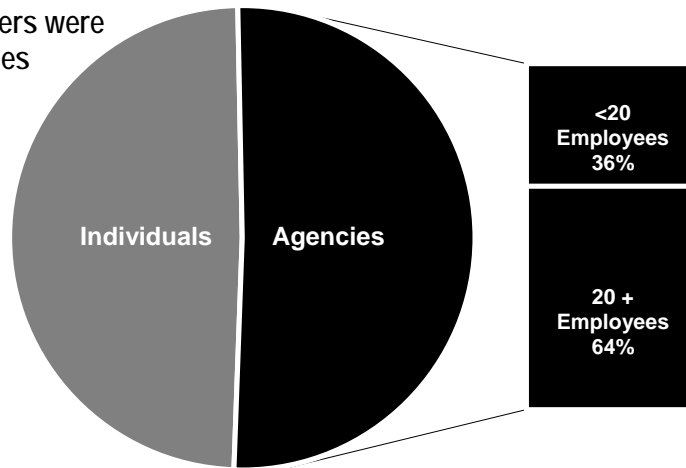
### The typical respondent:

- Provides Psychological or Medical Evaluation or Services
- Located in Western Washington

**Provider Type.** The largest group of providers (32%) received payments for psychological evaluation or services. Just over one quarter of the providers provided medical evaluation or services, and sixteen percent provided more than one type of service. The table at the top of page 2 provides a complete list of provider services.

The respondents were almost evenly divided between agency providers (51%) and individuals (49%). Among the agency providers (211) sixty-four percent were agencies with twenty or more employees and 36% were small organizations with less than 20 employees:

211 of the 415 providers were agencies



King	20%
Spokane	7%
Clark	7%
Whatcom	5%
Pierce	5%
Other	56%

**Location.** Almost 45% of completed surveys were returned by providers who delivered services in just five Washington counties: King (82 respondents), Spokane (30), Clark (27), Whatcom (22) and Pierce (21). The remainder, 233 respondents, served Division of Vocational Rehabilitation clients in smaller counties or more than one county.

The majority of the responding providers (73%) reported that they work in Western Washington. Most of the remainder (24% of the total) work in Eastern Washington, while 8 providers worked in both Eastern and Western Washington. Seventy-one providers operate in more than one county. None of the providers worked outside the state of Washington.

For questions or comments on this report contact: Nancy Raihan, PhD, DSHS Research and Data Analysis at (360)902-7667 or [raiha@dsht.wa.gov](mailto: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](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 11.108e.