



Missouri Alliance for HOME CARE

Home Care Client Satisfaction Project Participation Agreement

Company name _____
Company address _____
City, State, Zip _____
Phone _____ Fax _____
Contact person _____
Mailing address
(if different from company address) _____
Contact person's email _____

Demographic information for the most recent calendar year

To ensure accuracy of data comparisons, please complete this demographic information.

1. Type of organization
 Freestanding Institutional based
2. Designation
 Urban Rural
3. Corporate designation
 Not-for-Profit (includes govt.) For Profit
4. The approximate number of clients per year _____

Project Participation Fee: \$250.00 per project annually

Total Enclosed: \$ _____

Signature

Date

Return this completed, signed agreement with the first annual payment and all other required documents to:

2420 Hyde Park, Suite A, Jefferson City, MO 65109-4731 ▪ (573) 634-7772 ▪ (573) 634-4374 Fax
www.homecaremissouri.org



Missouri Alliance for HOME CARE

Home Care Client Satisfaction Project Guidelines and Policies

Project Goal: Provide information about the quality of care provided to home care consumers.

Which clients are included in the project and when is the survey conducted?

- Companies are to include 100% of their clients served.
- New clients are surveyed 30 days after admission or sooner if the client's services end (in this case the client will receive only this one survey – new client and completion of services).
- All clients are surveyed at annually.
- All clients are surveyed upon completion of service.

What questions are in the survey?

The survey consists of a standard set of questions that has been developed and approved by the MAHC oversight committee. Each participating company has the option to add two more “custom” questions **which are not benchmarked with the standardized questions.** The standardized questions can be found on the attached survey form.

What scale or rating system will be used for the standard questions?

A Likert Scale will be used for this project measuring the degree to which the respondent agrees to the given statement:

Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1).

How is staff evaluated?

Staff performance is part of the survey. You select up to four (4) categories of staff to evaluate, e.g. office staff, supervisor, nurse, or even by individual name. Staff will be evaluated on a scale from excellent to poor with an N/A option. Staff evaluations will not be benchmarked with the group as each company will select the staff they wish to evaluate. You may change the staff categories as often as you wish. The scale for staff is:

Excellent (5), Above Average (4), Average (3), Below Average (2), Poor (1), Not Applicable (0).

How will the survey be sent to clients?

MAHC will provide a Microsoft Word template for the survey. The survey can be personalized by your company within the stated guidelines and printed on 8.5” x 11” paper. Companies affix pre-paid return postage and clients can complete the survey and return it by mail to your office.

How is data reported to MAHC?

- Companies compile the returned survey results in an Excel Spreadsheet provided by MAHC.
- Companies keep track of the total number of surveys mailed each quarter
- Include all surveys returned by the last day of the quarter.
- The spreadsheet is submitted to MAHC electronically within 30 days after the end of the quarter.
- Benchmark reports are sent to the company approximately one week later.

Survey Questions and Issues

- Any response left blank by the client is to be entered as a zero in the spreadsheet.
- Any response checked between the numbers is to be recorded in the higher number. *Example:* If the client checks between 3 and 4, you record the result as a 4.

What is the format of the survey and the requirements for mailing?

MAHC will provide a Microsoft Word template for the survey. The brochure can be personalized within the stated guidelines and includes:

- Cover “letter” section/introduction which can be personalized by each company.
- The standard set of questions (required).
- Space to add up to two custom questions.
- **Company is required to affix prepaid return postage.**
- Company must not change the font style or size of required elements in the survey questions.
- A company may choose to modify the survey template and send the survey in an envelope and/or with a cover letter and return stamped envelope.
- The survey may include a client identification number and a space for an *optional* signature.
- The client survey must be identified by payer source. It is up to each company to decide how to identify the payer source. You may identify the payer source on their survey when you mail it or at the time you enter the data in the Excel spreadsheet.
- Keep track of the number of surveys mailed.

PRIOR APPROVAL: The agency’s client satisfaction survey and a brief written description of the process the company will be using to mail and receive responses must be submitted to MAHC for approval. When MAHC receives your survey and process summary, we will contact you to confirm your process and approve your survey. Do not send out surveys until the survey is approved.

What are the payer sources?

The hierarchy of payer sources

1. Medicaid
2. AAA
3. VA
4. Private Pay or Insurance
5. All Other

It is recommended that you place the client in the category of the lowest number where they receive funding. For example: The client receives funding from the VA (**3**) and is paying privately for services (**4**). Place him in the lower numbered category, (**3**) VA. If you have a client who receives payment from more than one payer you may elect to place that client in the category of your choice.

How do I get started?

- Contact MAHC to request a Client Satisfaction Participant Enrollment packet.
- Complete the documents in the packet and pay the annual participation fee.
- Submit a final copy of the survey form for approval after you have personalized it using the required nine questions and specific mailing/return mail specifications.
- You do not need to wait until the beginning of a quarter and may begin collecting data as soon as your survey brochure receives final approval from MAHC. During the first quarter you participate, you may submit less than a full quarter of data.

- **Questions?** Contact Mary Schantz at (573) 634-7772 or visit www.homecaremissouri.org for additional information and to learn more about MAHC's other benchmarking initiatives.