Intermediary Service Organizations Providing Personal Assistance Services: Implementation Lessons

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INTERMEDIARY SERVICE ORGANIZATIONS PROVIDING PERSONAL ASSISTANCE SERVICES: IMPLEMENTATION LESSONS

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PURPOSE
The Nebraska Department of Health and Human Services has contracted with the University of Nebraska Public Policy Center to study the use of intermediary service organizations (ISOs) in the provision of personal assistance services (PAS) under consumer-directed programs.

This report builds upon three documents developed by the University of Nebraska Public Policy Center:

- An Internal Examination and Evaluation of the Nebraska Health and Human Services System Delivery of Personal Assistance Services report dated May 20, 2002 (University of Nebraska Public Policy Center, 2002a)
- Nebraska’s Capacity to Implement a PAS-ISO (Personal Assistance Services Intermediary Service Organization) memo dated July 31, 2002 (University of Nebraska Public Policy Center, 2002b)
- PAS-ISO Design Specifications memo dated August 30, 2002 (University of Nebraska Public Policy Center, 2002c)

This report gives examples of how other states are structuring Personal Assistance Services Intermediary Service Organizations (PAS-ISO) services. Information provided in this report is based on: reports and documents from other states, organizations, and researchers; public information (e.g., websites); and surveys of and interviews with officials in other states’ health and human services departments. We solicited information from a large number of states and their PAS-ISOs. From some states and PAS-ISOs we were able to assemble very complete information. Other states and PAS-ISOs provided partial, minimal, or no information. This report is based upon the information we were able to gather. Because all 50 states were not examined, our use of modifiers such as “most,” “few,” and “many” are meant to refer to the states from which we received information and are not intended to make generalizations covering all states, unless explicitly stated.

REPORT COMPONENTS
This report includes background information about the PAS-ISO model Nebraska is considering, gives basic information about PAS-ISO plans and examples of PAS program features from other states, and includes an appendix with copies of other states’ manuals, agreements, forms, and other items related to their PAS programs. The examples given draw from various types of PAS-ISO models, some structured differently than the model Nebraska is considering. Though different in some aspects (such as funding source or type of ISO), these examples provide information useful in developing Nebraska’s model.

BACKGROUND
Nebraska’s Department of Health and Human Services (HHS) is considering adding a third option for personal assistance services, in addition to the two models (independent contractor and home health agency) through which persons with disabilities currently receive state-funded personal assistance services. This third model of service delivery
would utilize “intermediary service organizations” (i.e., third-party organizations). The Nebraska ISO model does not expand the population of individuals eligible to receive PAS, rather it offers another way for consumers to access PAS.

**Proposed Model**

Nebraska is considering creating an ISO model in which third-party organizations would serve as the *employer of record* (also known as common law employer) and provide an array of fiscal and support services to the consumer, who serves as *managing employer*. A survey found that this model (consumers functioning as the managing employer and intermediaries as the employer of record) comprised twenty-one percent of the ISOs across the country. (Flanagan, 2003).

**CONTINUUM OF SERVICES UNDER PAS-ISO PLANS**

Services offered to consumers under PAS-ISO plans fall into three broad categories:

1. **Fiscal** - responsibility for financial and bookkeeping areas, such as Medicaid billing, personal assistant (PA) payroll, payroll tax withholding, and filing employer taxes, workers’ compensation, and unemployment insurance;
2. **Human resource and management support** – responsibility for locating, interviewing, selecting, checking references and background, evaluating, orientation and training, directing and scheduling, and verification and transmittal of time sheets for payroll, dismissing PAs, and distributing paychecks to PAs;
3. **Other support services** – responsibility for providing support to consumers in areas such as employer management skills, monitoring PA hours and services provided, and backup assistance provision.

Under most of the PAS-ISO programs we reviewed, the responsibilities within these three areas are assigned either to the consumer, the ISO, the administering state agency, or some combination of the three.

**Consumer Direction**

Before launching into a description of the three categories of responsibilities, it is worth taking a moment to discuss **consumer direction** within the PAS-ISO model. Many states use the PAS-ISO model to provide consumers the choice to direct (or select a representative to direct) their PAS services. The idea that the consumer knows best what assistance they need and how that assistance should be provided is at the core of consumer direction philosophy.

An Arkansas study of consumer satisfaction in three state Medicaid personal care service programs compared satisfaction with different levels of consumer control (from limited consumer input in a traditional program to total consumer management). Although satisfaction with consumer-directed programs was high, the study found that having a **choice** among different levels of consumer direction was important because not all consumers wanted the responsibility of hiring and managing their PA. (University of Arkansas for Medical Sciences, 2001)
Level of Consumer Direction

All consumers participating in self-directed PAS programs do not experience the same level of consumer direction. The program set out by the state as well as the ISO the consumer chooses (when consumers have more than one ISO to choose from) determine the level of consumer direction. The way states structure the responsibilities between consumers and ISOs is a significant factor in how involved a consumer may become in directing their own personal assistance services. We found that some states provide consumers the option of delegating to the ISO, or asking for assistance with, particular duties. However, we found no instances in which consumers have the option to entirely “design their own” PAS program by picking individualized arrays of items for which to take responsibility.

Some states have chosen to establish varying levels of consumer control. For example, New Mexico offers consumers the choice between consumer-direction and a more traditional (consumer-delegated) program, but each option has fixed responsibilities for the intermediary and the consumer. Consumers who choose consumer-directed personal care assume the entire range of human resource and management duties (recruiting, screening, hiring, firing, serving as employer of record, maintaining a database of providers, matching consumers with providers, assisting consumers with training of providers, re-assigning providers if necessary, and arranging for back-up personal assistants). The intermediary is responsible for the fiscal duties associated with being an employer (monitoring provider time sheets, filing for Medicaid reimbursement, managing withholding and filing of employer taxes, and preparing and disbursing provider payroll checks). On the other hand, consumers who choose consumer-delegated personal care agencies relinquish to the intermediary the human resource and management duties, as well as the fiscal duties of an employer. (Beardsley, R., personal communication, July 25, 2002)

Others states (e.g., Arkansas and Missouri) have more than one PAS program, each with a different level of consumer direction. Arkansas consumers have the option to choose the PAS program that best meets their needs. Missouri determines which program consumers are eligible for (or assigned to) based on employment or income criteria. Some states enable consumer direction by separating fiscal services from an array of other types of supportive services. For example, Colorado has established a single fiscal intermediary, which must be used by all consumer-directed PAS participants, to provide bookkeeping and training of consumers in their role as manager of their personal assistants. New Jersey’s fiscal intermediary handles payroll functions for consumers, and consumers choose from among 40 agencies to provide them with support services in managing their PAS funds and personal assistants.

The National Association of State Units of Aging along with the Home and Community-Based Services Resource Network developed a Consumer Direction Tool to assess a state’s level of consumer choice and direction. The tool is geared to consumers, advocates, policy makers, and others concerned with consumer direction. The materials are available online and include fact sheets on opportunity, meaningful participation,
independence, and financial security and other safeguards, along with a questionnaire to be used to rate a state in these areas. (Quirk, Frieden, & Bezanson, n.d.)

Appendix A includes a copy of the material in the consumer direction tool. The tool is designed to help improve consumer direction and promote discussion of the topic and is reproducible for this purpose.

- **Consumer Direction Tool.** (National Association of State Units of Aging along with the Home and Community-Based Services Resource Network, n.d.).

Ensuring Consumer Capability Within a Consumer-Directed Approach

Although many consumers of PAS may be interested in a self-directed approach, not all who are interested may have the ability (or have an eligible representative with the ability) to act as a managing employer. Some consumers may be unable to locate, interview, screen, hire, manage, review, or fire a PA. Others may feel uncomfortable confronting their personal assistant if they are not happy with the assistance they are receiving.

In many of the states we reviewed, consumers (or their representatives) opting for self-direction must complete mandatory training in employee management. Most often, the intermediary is responsible for providing this training. Some states (e.g., Colorado) require that training be completed and a written test passed. Other states (e.g., Maine) will waive the employer skills training if a consumer passes a test certifying those skills. In some cases (e.g., Connecticut), training of PAS program participants is provided on a case-by-case basis.

Some states provide training prior to asking the consumer to make a decision to self-direct personal assistance services, to assist them in making an informed decision regarding participation in PAS-ISO. Under the Texas consumer-directed program, this pre-training is done by the state, rather than the ISO.

Most states (directly or through their ISOs) provide consumers with written materials about their PAS-ISO programs. One excellent example is the Consumer Training Manual published by provider agency Access Alaska, Inc. (Access) (Access Alaska, Inc., n.d.). Access created this manual with original information as well as adapted materials created by other states (Illinois, Kansas, Montana, and Virginia). Sections cover areas including eligibility requirements, consumer responsibilities, tips on choosing a consumer-directed personal care agency, agency responsibilities, Access’s policies and procedures with respect to consumer-directed personal care services (the agency’s policies and procedures information also is provided to each PA hired to provide assistance in the PAS program), sample ads and sample job descriptions that may be used when recruiting a personal assistant, how to interview a candidate (questions you may legally ask, skills check list, reference release form, sample reference check, sample contract), how to train a PA, personalized checklists of duties, how to set up back-up plans, responsibilities as an employer, communicating with your PA, solving problems,
resolving conflicts, firing a PA, evaluating a PA, and record keeping by the consumer and the PA.

Many states allow a personal representative designated by the consumer to handle the managing employer duties if the consumer wishes, while others require the consumer to fill the role of managing employer. Most do not allow a consumer who has a court-appointed guardian or conservator to participate in a consumer-directed program. ISOs in some states (Maine, Missouri, and New Hampshire) play a part in determining consumer capability to participate in PAS-ISO programs.

Appendix B includes the following copies of useful and detailed training manuals (some include forms used in the consumer-directed program). Under the programs in Colorado, Maine, and New Hampshire, the intermediary is the employer of record and the consumer is the managing employer, as in the model proposed in Nebraska.


We will now turn our attention to the three categories of responsibility within PAS-ISO models.

**Fiscal Services**

In the model Nebraska is considering, the ISO serves as the Employer of Record. The employer of record is the entity responsible for compliance with all state and federal employment laws (e.g., withholdings, insurance, immigration, taxes), writing payroll and mailing or depositing payroll checks, completing and maintaining paperwork (e.g., completion of W-4, Employment Eligibility Verification (I-9)), and billing Medicaid/other funding sources.

**Human Resource and Management**

As the Employer of Record, an ISO may also serve as the managing employer (with some involvement of the consumer), or may offer support services that enable the consumer to

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1 California and some other Pacific states have opted to form public authorities sponsored by state or county governments. In these states, the public authority is the employer of record for collective bargaining by personal assistants, but assistants are employees of the consumers that hire, train, supervise, and fire them. Personal assistance providers receive their paychecks from the state after Social Security and disability insurance have been withheld. (Los Angeles County, 2001a; Los Angeles County, 2001b; Service Employees International Union, n.d.)
take the option of serving as managing employer (Flanagan, 2003). As managing employer, the consumer is the day-to-day supervisor of their PAs. In many of the consumer-directed programs we reviewed (e.g., Alaska, Arkansas, Colorado, Connecticut, Florida, Kansas, Maine, Minnesota, Missouri, New Hampshire, New Mexico, New York, and Texas), consumers take responsibility for most of the managing employer duties.

Locating, Interviewing, Hiring, and Firing
Consumers typically locate, interview, and choose their PA candidates, but plans differ as to who actually has the authority to make hiring and firing decisions. We found it characteristic in the PAS programs we reviewed that the consumer makes the hiring and firing decisions under plans in which the consumer is the employer of record. Some plans in which the ISO is the employer of record, such as Colorado’s, allow consumers to choose the PA and recommend them to the agency for hiring, but the agency actually makes the hiring and firing decisions. New Hampshire is one state that has an intermediary as the employer of record yet allows the consumer to hire and fire their PAs (Granite State Independent Living, 2002b).

ISOs do assist with locating, interviewing, and selecting PA candidates in some states, usually upon consumer request (e.g., Kansas and New Hampshire). Under New Mexico’s consumer-directed option, the assistance takes the form of employee management training provided to the consumer. If consumers participating in a PAS-ISO program cannot locate a PA to hire, it may be necessary for them to revert to using agency PAs and forgo the option of consumer direction.

We found cases where each of the three primary actors (i.e., the consumer, ISO, or state) conducted prospective PAS background checks. In most states where the consumer locates, interviews and chooses or hires their PA, the ISO trains the consumer to check the applicant’s references. Arkansas and Texas make background checks a default responsibility of consumers, but agencies will conduct the check at the consumer’s request. Other states (e.g., Colorado, Minnesota, New Hampshire, New Mexico, and Vermont) include background checks as part of the ISO’s responsibilities.

Appendix C includes an article with interview tips, information on locating personal assistant candidates, and a list of resources.


Orientation
In states we reviewed, the management function most often associated with the ISO (either through direct assignment or through consumer request to assist in the responsibility) is PA orientation. PA orientation includes such areas as consumer-directed program policies and procedures and/or ISO policies and procedures. Often, those agencies that also provide personal assistants under traditional programs (such as
through home health care) require PAs in the PAS-ISO program to complete the same agency orientation as those in the traditional program.

**General Training In Personal Assistance Skills**

Training of PAs is integral to the health and safety of PAs as well as to the consumers they assist. General training may include such topics as basic first aid, the practice of using gloves when performing certain personal assistance duties, and proper procedures for lifting and transferring a person.

Typically, under traditional agency-directed PAS programs, personal assistants are trained by the agency that employs them. General PA training under consumer-directed programs is less structured. Forty-five percent of 129 consumer-directed programs surveyed in 2001 required some PA training (including both agency orientation and standard training programs) (Flanagan, 2001).

Six states do mandate training for relatives employed as PAs under a consumer-directed PAS plan, but most often no training is required of a relative other than that given by the consumer. The state-required training ranges from a few hours of orientation (Texas), to the basics of first aid (Utah), to a two-week training program (Arizona). After an initial 22 hours of training in personal care, Washington State calls for ongoing annual training by an area agency on aging to update PA knowledge and skills. (Niesz & Martino, 2003)

**Training Specific to a Particular Consumer’s Needs**

In the PAS-ISO programs we reviewed, the consumer gives detailed training to the assistant in the specific personal assistance tasks that consumer requires. ISOs may provide information or training (e.g., through training manuals) to assist consumers in training PAs to their specifications. Alaska’s Consumer Training Manual (included in Appendix B) gives examples of detailed checklists for eating, bathing, housekeeping chores, medications, range of motion exercises, wheelchair maintenance, daily routines, and transfer procedures as well as for health maintenance tasks such as bowel and bladder care.

**Scheduling**

A basic component of consumer direction of PAS is that consumers know best what assistance they require and when they need that assistance. Among the programs we reviewed, the consumer retained the responsibility for scheduling their PA according to their need for assistance.

**Personnel Evaluation**

A consumer who self-directs their personal assistance is considered, in most cases, to possess the best information to evaluate their PA’s work performance. Many consumer training manuals (included in Appendix B) give consumers advice about how to evaluate an employee, and provide forms the consumer may use when evaluating their PA. Maine requires consumers to assess the competency of their PA and file a competency agreement within three weeks of the time the assistant is hired.
Payroll Activities
Typically, the consumer’s main responsibility related to payroll is the verification and transmittal to the intermediary of the hours of personal assistance provided. Usually the consumer and the PA both sign the time sheet attesting to the accuracy of the hours listed, and the consumer submits the hours for the pay period by the required date. Most states require the consumer to make sure the attendant’s hours have been submitted for payroll. One exception is the Alaska program: Consumers verify accuracy of time records (sign the PA’s time slip each pay period), but the PA is responsible for transmitting (deliver, fax, mail) their time slip to the intermediary for payroll processing each pay period (Access Alaska, Inc., n.d.).

Most states require the ISO to deliver the paycheck to the PA or deposit the paycheck for the PA. In a small number of programs (e.g., Maine, New York’s Concepts of Independence), the ISO issues the paycheck in the PA’s name, but sends it to the consumer who is responsible for delivering the check to their PA.

Other
Some states (e.g., Texas) allow consumers to ask for reimbursement under their PAS plan for costs related to locating, hiring, and checking references and background of an applicant. Others specifically disallow reimbursement of human resource expenses such as the cost of advertising to recruit PA applicants (e.g., Alaska).

Other Support Services
There are a variety of additional supportive services that PAS-ISOs may provide or that may be delegated to the consumer.

Back-up Assistance
Reliable back-up assistance is a crucial element in developing workable PAS-ISO services. Although back-up assistance can be very difficult for a consumer to arrange, many states do leave the responsibility (other than putting together registries of potential back-up assistants or offering suggestions for making back-up plans) for back-up PAs in the consumer’s hands. Some ISOs maintain a registry of potential back-up PAs, but do not guarantee that a back-up assistant will be available (Missouri, New Hampshire).

One typical strategy for a back-up plan is to have consumers develop their own “on-call” list for back-up assistance. When interviewing PA applicants, sometimes consumers are able to identify assistants willing to be called when back-up assistance is needed. Another option is for the consumer to arrange for back-up PAs through an agency. Although the agency option does not allow the consumer to select their back-up PA, it provides a more reliable source for back-up PAs.

Many states do require some ISO oversight of back-up services, such as helping the consumer to develop a back-up plan (e.g., Arkansas, Florida, New Jersey, New Mexico). Some states (Alaska) require development of an ISO-approved back-up plan in order to participate in the consumer-directed program. Regulations governing Alaska’s PAS program state that each consumer must have a back-up plan for personal assistance to
cover those hours that the agency is closed (Cook, S., personal communication, January 6, 2003).

ISOs may also be required to review periodically consumers’ back-up plans and to assess how they are working. None of the programs we reviewed required ISOs or personal assistants to be available to consumers on an “on call” basis.

**Employer Management Skills**

Usually consumers who act as employers are encouraged to try to resolve problems they may have with their PAs. For example, Alaska’s consumer training manual emphasizes communication between the consumer and their PA (Access Alaska, Inc., n.d.). ISOs are frequently structured so that consumers may request additional management assistance from the ISO if they are unable to resolve a problem with their PA.

**Monitoring PA Hours and Services**

Although the consumer verifies the accuracy of their PA’s hours before submitting them to the ISO for payroll processing, intermediaries often monitor PA duties and hours to ensure that they are in line with the duties and hours allowed by the consumer’s service plan.

**PERSONAL ASSISTANTS**

Personal assistants perform a difficult job that often has low pay and no, or minimal, benefits. This affects job satisfaction and retention, resulting in a small population of persons willing to provide personal assistance (“The Right People for the Job,” 2002). The pool of PAs may increase if consumers are more easily able to hire (and offer benefits to) friends, neighbors, or relatives that previously had not been a part of the PA workforce. This is an anticipated outcome of consumer-directed ISO programs.

**PA-Targeted Information**

Some programs or intermediaries have put together manuals for PAs. These typically include a description of the PAS program, the ISO’s policies and procedures, PA job description and qualifications, and salary and other conditions of employment.

Appendix D includes three such manuals. Oregon’s guide sets out the roles and responsibilities of the PA, the consumer, and the intermediary very clearly. The Granite State Independent Living (GSIL) handbook includes information on GSIL policies and procedures. Living Independently in Northwest Kansas’ (LINK’s) handbook gives policy and employment information as it applies to PAs providing consumer-directed personal assistance.

- *Personal Assistant Personnel Policies.* (Living Independently in Northwest Kansas, Inc. (LINK, Inc.), Revised 1999).
Confidentiality
A PA may have access to confidential information about their employer (e.g., location of valuables, account and PIN numbers). The stipulation that a PA must not divulge any confidential information that they may learn regarding their employer is often included in agreements made with PAs regarding their responsibilities (Alaska, Missouri).

THE STATE/ISO RELATIONSHIP
The decision regarding which organizations may act as an intermediary in the provision of PAS affects the cost of a state’s PAS program and how much self-direction consumers retain.

Selecting ISOs
Most states that we looked at chose the agencies or organizations that would act as ISOs through a Request for Proposals (RFP) process (approximately 45% of states choose their ISO in this manner (Flanagan, 2001)). The Request might include background information on the state’s PAS-ISO program, dates of the contract period, a description of the services to be provided, qualifications required of bidders, elements to include in a cost proposal, contract requirements, the bidding timeline, criteria that will be used to evaluate proposals, a contact person, and submission details (Granite State Independent Living, 2002a).

Some states set requirements for an ISO or agency to be enrolled as a provider of personal assistance to Medicaid recipients, rather than use the RFP process to select their ISO. In general they may require the fiscal intermediary or agency to be licensed to do business in the state, have a tax identification name and number, have various types of insurance, be financially solvent, be enrolled in Medicaid as a consumer-related personal care agency, have the capacity for Medicaid electronic billing, have a written plan for service delivery, be capable to provide services to consumers, have a published fixed line telephone number, and be accessible to consumers during business hours. (Alaska Administrative Code, 2001; State of Nevada, 2002).

Appendix E includes examples of two complete RFPs (Arkansas and New Hampshire) and three examples of provider qualifications that are required by a state (Alaska, Nevada, and New Mexico).

- Personal Care Aide Provider Qualifications. (State of Nevada, 2002).
- Provider Policies, Long Term Care Services. 738.3 Eligible Providers. (New Mexico Human Services Department, Effective 1999).
- Section 10 Administrative Overview (Counseling/Fiscal Agent for Independent Choices Demonstration Project Request for Proposals). (Division of Aging and Adult Services, 1998). Arkansas.
Agreement between State and ISO
Contracts between states and the organizations that act as intermediaries set out the responsibilities of the parties involved as well as the rate at which the ISO will be paid for the services they provide. Agreements also may include requirements regarding periodic reports the ISO must file with the state for the state’s review, as in the contract between the State of Connecticut and its ISO (Baird, P., personal communication, December 17, 2002).

Arkansas undertakes periodic reviews (initial readiness, mid-year, and annual) to ensure that counseling/fiscal agencies in its cash and counseling program have systems, policies, and procedures set up to fulfill their contract with the State and to meet the requirements set out in the RFP issued by Arkansas (Flanagan, 2002). Those systems, policies, and procedures are also reviewed at mid-year (during the first year) and end-of-year checkpoints (annually).

Appendix F includes a description of the purpose of a contract between a state and an ISO (where the ISO is the PA employer of record, the state purchases services from the ISO, and the consumer is the managing employer) and the general responsibilities of each party under such a contract. A very specific agreement between Maine and a provider of intermediary services is also included. The Arkansas review manuals included are thorough examples of a check on fulfillment of the contract between a state and an intermediary.

- **Contract Between the State Program Agency and the Agency with Choice ISO.** (Flanagan & Green, 1997).
- **Agreement to Purchase Services.** (State of Maine, Department of Human Services, n.d.).
- **Counseling/Fiscal Agency (CFA) Initial Readiness, Mid-Year and Annual Review Manuals.** (Submitted by EP&P Consulting, Inc. for The Arkansas Division of Aging and Adult Services Independent Choices Program, 2002).

Payment Structures
States and ISOs must arrive at a payment structure for the administrative services that the ISO provides to consumers. We were able to identify five payment models through which administrative fees paid to ISOs are structured:

- As a portion of the Medicaid hourly reimbursement rate for direct services in that state. In Alaska, the ISO receives a portion of the hourly reimbursement rate as payment for administrative services, but must use at least fifty percent of that reimbursement rate to compensate the PA (Cook, S., personal communication, January 6, 2003).
- Maine builds the costs of administering the PAS program into the hourly reimbursement rate (limited to 16.5% of that rate) for services (this program also has a consumer co-pay that cannot exceed $5.00 per month).
• As a fee for each hour of authorized service provided. In this structure, every hour of service carries a set administrative fee. One example is Texas in which the vendor fiscal intermediary receives an administrative fee of one dollar for each hour of authorized service provided (the intermediary is paid by the consumer from their PAS budget).

• A fee based on the volume of services performed. ISOs may receive payment based on the dollar volume of their work. In Colorado, for example, the ISO receives 12% of payroll processed per month to cover costs of managing the program.

• A fee based on estimated cost of services performed by the ISO. Some states negotiate a payment upfront. In Connecticut, the ISO is paid an amount that is projected to cover the costs associated with the PA payroll, training consumers in their responsibilities as an employer, and education and outreach (Baird, P., personal communication, December 17, 2002).

• An additional way to figure the ISO reimbursement amount is as a percent (a limit is set on this amount each year) of the funds allocated to the PAS-ISO program (Flanagan, S., 2001). Of the programs we reviewed, none indicated this as their method of computing the ISO reimbursement.

Payment to PAs
In some states consumers negotiate PA pay rates (usually required to be at least the minimum wage) and benefits (e.g., vacation, holiday, and sick pay, overtime, health insurance) with their assistants. In Colorado and Texas, for example, the consumer decides how much to pay personal assistants in wages and benefits, and therefore how many hours of assistance they are able to purchase within their monthly allowance. Under the model Nebraska is considering, consumers would not negotiate pay rates with their PAs.

States where consumers do not have direct control over pay rates for their employees may still give consumers indirect control over pay rates by allowing consumers to choose among ISO agencies that offer different pay packages (wages, raises, benefits, holiday pay) to personal assistants (Alaska, Kansas, and New Mexico are examples). State laws vary regarding pay ranges allowed for PAs and employer provision of disability and workers’ compensation insurance for employees. In PAS-ISO programs in which the ISO is the employer of record (such as the model Nebraska is considering), the ISO is required to provide PAs with any state required insurance coverage. Some ISOs provide workers’ compensation insurance even when it is not their responsibility, which makes the benefits associated with PA work more attractive.

THE CONSUMER/ISO RELATIONSHIP
No matter how a PAS-ISO plan is structured, a key element for success is that the responsibilities of the consumer and the intermediary service organization are clearly defined. Colorado requires participants in their program to sign a form verifying that they understand their responsibilities as a participant in the consumer directed program before they are eligible to receive personal assistance services. The structure (who will be responsible for the various fiscal, support, and other services provided) of a PAS-ISO
plan is often set out in a state’s administrative code and a contract between the consumer and the ISO is signed to indicate each party’s understanding of their responsibilities.

Appendix G includes examples of contracts between consumers and intermediaries that clearly set out the responsibilities of each party, a form that a consumer signs to acknowledge their understanding of their responsibilities, and rules from the Texas Administrative Code that state in detail the intermediary’s and the consumer’s responsibilities.


**MARKETING AND OUTREACH**

An aspect of establishing a PAS program is making consumers aware of the PAS-ISO option and what it entails. In many states, the state agency administering the PAS-ISO program performs the marketing and outreach function. ISOs often publish basic information in a brochure and/or on a website (e.g., program background, responsibilities of the consumer, PA, and ISO) regarding the state’s PAS program and give information so consumers may contact their organization. Some states subcontract marketing and outreach to an organization that is not involved in the PAS-ISO program as a provider of fiscal or support services. New Jersey combines use of state staff and contracting with an outside organization to provide marketing and outreach services (Phillips & Schneider, 2003). Alaska has not found much need to advertise its consumer-directed program. It has *brochures* that give information about the PAS program and provide community *presentations* when requested (Cook, S., personal communication, January 6, 2003).

Two basic ways to increase awareness of PAS-ISO programs emerged from the states we reviewed – outreach *initiated* by the state and outreach *in response* to consumer requests for information. Sometimes states use both approaches. Examples of each type and a state that uses that method follow.

**State-Initiated Outreach**

**Sending information** regarding their consumer-directed program to those currently using Home and Community Based Services is an example of outreach *initiated* by a state. Florida has taken this approach and includes a reply card in their information packet to make it easy for those interested in PAS to respond. In New Jersey, program staff presented information to those interested in consumer direction before the program was implemented.
State Response Outreach
Florida places telephone calls in response to consumer requests for PAS program information from case managers or other state staff. In other states, such as New Jersey, application for Medicaid PAS prompts a letter with program information on consumer direction and a follow-up telephone call. Arkansas is one state that uses a toll free number as a way to initiate enrollment and for consumers to request materials regarding the PAS program.

Appendix H includes two brochures that illustrate the type of information an intermediary may provide to consumers interested in learning more about their services as an ISO in a consumer-directed PAS program.


ELIGIBILITY AND SERVICE PLANS
Eligibility Determination and Requirements
In all states that we reviewed, consumer financial and disability eligibility for PAS-ISO was determined by the state. However, many ISOs periodically contact the state to verify consumers’ continuing Medicaid eligibility (Alaska does this monthly).

Some states limit access to PAS-ISO services, regardless of otherwise being eligible for PAS. For example, Colorado requires a consumer to have received Medicaid funded attendant support for the preceding 12 months as an eligibility criterion for its consumer-directed PAS program.

Consumer Service Plan
A service plan, typically detailing the range of services needed by the consumer and specifying the number of hours of service permitted, is required before consumers receive PAS. Under New Hampshire’s PAS program, case managers watch the care plan of each consumer to make sure that the assistance provided matches that set out in the plan.

Creation and Approval
Often, the consumer is integral to the development of the service plan (Alaska, Colorado, Kansas, Massachusetts, Minnesota, New Hampshire, and New Mexico). Others who may contribute to development of the service plan include counselors, case managers, authorized agents, provider agencies, and ISOs. In Missouri, responsibility for documenting that a written service plan exists falls to the ISO. Consumer service plans often require approval of the state.

Limits on PAS
A limit on dollar amounts or number of hours of service allowed often determines the amount of personal assistance services that a consumer may receive. In some states, such as Colorado, the total monthly allowance for services under PAS-ISO is based on the
consumer’s past use of Medicaid-funded personal assistance. The consumer and the ISO work together in Alaska to determine the number of hours of PAS that will be provided as part of the service plan. Under Arkansas Independent Choices (a Cash & Counseling program), a medical professional determines the number of hours of assistance that a consumer needs, which in turn determines their monthly cash allowance for personal assistance (Burness Communications, n.d.).

Review of Service Plan
The frequency with which a consumer’s service plan must be reviewed varies among states. The PAS-ISO often reviews the service plan for each consumer at least annually (e.g., Alaska and Texas). Typically, states require review of the service plan if the consumer’s needs or situation change.

COMPLAINTS AND APPEALS
States have set up various informal and formal appeals processes to safeguard the rights of consumers applying for or participating in PAS-ISO programs. Most formal procedures involve a hearing or review regarding the consumer’s eligibility status or a disputed change in assistance services. In some states, consumers who voluntarily leave the PAS-ISO program must complete a waiting period before applying to the program again.

Loss of Eligibility or Change in Services
Under Vermont’s Medicaid Waiver program, as in some other PAS programs, consumers are provided with appeal information when they receive written notice of ineligibility (Vermont Agency of Human Services, 2003). A consumer enrolled in the PAS-ISO program in Maine may continue to receive personal assistance services during the appeal process if their request for an administrative hearing is received within ten days of being notified of a change in their services (State of Maine, 1995). Participants in New Jersey’s Personal Preference Program may file for a Fair Hearing and an appeal for either loss of Medicaid eligibility or loss of eligibility for the personal care program and have the option of requesting an Administrative Review if involuntarily terminated (Centers for Medicare and Medicaid Services, n.d.).

Complaints Regarding ISO or PA
Consumers in Connecticut may contact the state regarding any problems with their ISO. The ISO in Colorado must report any consumer complaints regarding their organization to the state.

ISOs in Missouri’s PAS program deal with complaints from either consumers or PAs. They must submit periodic financial reports and are monitored by the state. Similarly, under New Mexico’s consumer-directed program, consumers work with their ISO if they have problems with satisfaction or quality of services. In Maine, an intermediary also investigates consumer complaints.
CONSUMER SATISFACTION AND QUALITY ASSURANCE

Some type of formal check on quality is a part of eighty-eight percent of consumer-directed personal assistance programs (Doty & Flanagan, 2002). Since many PAS-ISO programs are relatively new, states continue to develop ways to evaluate consumer satisfaction with their program and program quality.

**Consumer Satisfaction**

In many PAS-ISO programs, the case manager takes the lead in assessing service quality and consumer satisfaction with the personal assistance received (case managers may be employed by the state or by the ISO). The case manager’s familiarity with the consumer and the consumer’s needs, coupled with their periodic contact with the consumer, puts them in a position to determine if the consumer is satisfied with the assistance they are receiving and to check on the quality of services. The case manager also often monitors whether the services being provided are those specified in the case plan.

Colorado requires that case managers contact consumers twice a month during the first three months of PAS-ISO, and once a month during the following three months. After the initial six months, the case manager must reassess the consumer’s needs every six months.

The Robert Wood Johnson Foundation and the Missouri Model Spinal Cord Injury System partnered a study to compare satisfaction between those enrolled in Missouri’s consumer-directed and traditional PAS programs. Those participating in a consumer-directed program felt their assistants did a better job and had better training than did the consumers served by a traditional agency program. (Clark, 2003)

**Quality Assurance**

Consumers also have a role in assessing the quality of services provided by their intermediary in a PAS-ISO model. In Colorado, consumers conduct quarterly reviews of their PAS-ISO, which go to the state. The state also surveys consumers via the telephone and operates a complaint hotline. Surveys of Connecticut consumers include questions about the fiscal intermediary function performed by the ISO (Baird, P., personal communication, December 17, 2002).

New Jersey, whose Cash & Counseling demonstration began enrolling participants in 1999, requires monthly and annual reports and semiannual audits to check quality of the services offered by their fiscal intermediary (Phillips & Schneider, 2003). Alaska’s consumer-directed program went into effect in late 2001 and they are in the process of putting together a quality assurance program. Alaska currently oversees services if hours exceed the weekly limit and performs desk audits (Cook, S., personal communication, January 6, 2003). The State of Maine conducts reviews of ISO records.

New Hampshire requires that the ISO conduct surveys to monitor consumer satisfaction and program quality. Appendix I includes a survey used by intermediaries in New Hampshire to gauge consumer satisfaction with the level of consumer direction they
experience, with their PA, with the personal assistance services they receive, with the services provided by the intermediary, and with the intermediary’s worker registry.


**PROVISION FOR NON-MEDICAID CONSUMERS**
Eligibility requirements for PAS-ISO programs typically include a specified level of disability or verification of the need for personal assistance services (a physician’s order may be required) and the willingness and the ability to perform the functions of a managing employer, along with Medicaid eligibility. Under federally funded PAS-ISO programs, Medicaid eligibility is required for participation. State funded programs do not necessarily require participants to be eligible for Medicaid and may have less restrictive income and asset requirements.

Non-Medicaid Eligible (NME) is the oldest of Missouri’s three PAS programs. Consumer-direction is an option under all three, but only the state plan (NME) allows participation by non-Medicaid consumers who are working or ready to begin working (Missouri State-Wide Independent Living Council, 2003). In 2002, 165 people participated in this plan, at a cost of $4 million to the state (Carlson, H., 2003).
REFERENCES


University of Nebraska Public Policy Center. (2002b, July 31). Nebraska's Capacity to Implement a PAS-ISO. Lincoln, NE: Author.


APPENDIX REFERENCES

Appendix A

Appendix B


Appendix C

Appendix D
Granite State Independent Living. (Revised 2002c, March). Handbook for Personal Care Attendants and Personal Care Service Providers. (Concord, NH: Author).


Appendix E


Appendix F


Appendix G


Texas Administrative Code. (Effective 2001). Rule §41.101 Definitions; Rule §41.103 Generic Contractor Responsibilities under the Vendor Fiscal Intermediary (VFI) Model; and Rule §41.105 Generic Consumer Responsibilities under the Vendor Fiscal Intermediary Model.

Appendix H

Appendix I
C. Contract Between the State Program Agency and the Agency with Choice ISO

• **Purpose of Contract.** The main purpose of this contract is to describe the duties of the ISO vis-à-vis the state and not (as in other models) to apportion employer administrative tasks and responsibilities among the various parties. It is still helpful to include a clause or section describing the different roles taken by the various parties. The state is not an employer, but it is purchasing services from the agency with choice. The agency with choice is the employer of record of the attendants, but the consumer is responsible for the day to day managing of the employment relationship. In this model, the ISO (agency with choice) is performing all of the administrative tasks that belong to an employer because the agency is, in fact and legally, the employer of record of the attendants serving the consumers. The ISO here is therefore not concerned with avoiding being considered the employer for purposes of tax, labor law and other responsibilities.

• **Responsibilities of the Agency with Choice as the ISO**

  - Prepare all unemployment tax filings and forms
  - Make all deposits of unemployment taxes withheld according to the appropriate schedule for employers;
  - Keep abreast of all laws and regulations relevant to the responsibilities it has undertaken;
  - Offer such supportive services to the consumer as the State is prepared to fund;
  - Prepare and send payroll checks to the employee on the consumer's behalf or to the consumer for distribution, if that is the method agreed upon;
  - Maintain such other records and information as the state may require, in the form and manner prescribed by the state; and
  - Respect consumer's autonomy by referring all questions about the employer/employee day to day relationship to the consumer (unless mediation is a service offered by the ISO).

• **Responsibilities of the State Program Agency.**

  - Pay vendor according to agreed upon formula; and
  - Keep vendor informed about changes inapplicable state or federal program laws and regulations.

SOURCE
Consumer/Personal Representative Agreement
Consumer Directed Personal Care Program

The Consumer Directed Personal Care Program will allow you, the consumer, or your personal representative, to manage your own personal care services. This includes hiring, training, scheduling and managing your personal care assistant. The Consumer Directed Agency selected by you will offer administrative support to your personal care assistant(s) and to you, the consumer. This program also allows you the opportunity to manage specific health maintenance tasks, including urinary system management, bowel treatments, administration of medication, tube feeding, and wound care.

This agreement is made between_____________________________ (Consumer Directed Agency name) and ________________________________ (consumer or personal representative name) for the purpose of establishing tie relationship, roles, and responsibilities of the parties. The Consumer Directed Agency, under an agreement with the Division of Medical Assistance, is authorized to provide administrative tasks and fiscal intermediary tasks related to the personal care services program. The consumer is an individual authorized by the Division of Medical Assistance to receive services under the Consumer Directed Personal Care Program.

Consumer
As a consumer of consumer directed personal care services, I understand that I must receive the proper authorizations for the service and I must follow all medicaid regulations (7 AAC 43.750-795), policies and procedures. I understand that my failure to do so can lead to a medicaid fraud investigation. If I have additional questions regarding the Consumer Directed Personal Care Program, I understand that I should contact the Division of Senior Services. To participate in the Consumer Directed Personal Care Program, I understand that I, or my personal representative, are responsible for the following:

1. Signing up with a Consumer Directed Agency that will be responsible for tax compliance on my behalf; act as the employer of record for my personal care assistant(s); assist with the necessary paper work, and act as a liaison with the Division of Senior Services and/or Division of Medical Assistance on my behalf
2. Demonstrating a capacity for making choices about my activities of daily living, understanding the impact of the choices that I make, and assuming responsibility for those choices
3. Successfully completing recipient training
4. Defining the training requirements and qualifications I require for my personal care assistants

CDPCA agreement
09/05/01
5. Cooperating with the consumer directed personal care agency in developing my service plan and reviewing my service, plan with the consumer directed agency at least annually, and at any time that there is a change in my service needs, my living situation, or my capability of making my own choices about my care. My service plan must include:
   a. An assessment of my need for personal care services;
   b. A list of tasks assigned to the personal care assistant;
   c. A description of consultation services, to the extent that they can be anticipated;
   d. An emergency back up plan, which addresses the process I will follow when my assistant fails to report to work.
   e. A list of health maintenance tasks with which I require assistance and a training plan for personal care assistants who will be performing those tasks;
   f. A description of the method(s) I will use to recruit personal care assistants; and;
   g. Identification of my personal representative, if any, and a description of the responsibilities of my personal representative.

6. Capability of acting as a joint employer (in combination with the consumer directed agency) for my personal care assistant(s); my responsibilities as employer include recruiting, selecting, scheduling, training, supervising managing, and evaluating my personal care assistant.

7. Reviewing and approving all service delivery records to insure the service plan has been followed, thereby authorizing the consumer directed agency to bill medicaid for services I receive. I understand that misrepresentation of these documents constitutes fraud.

8. Cooperating in compliance reviews conducted by the Division of Senior Services and/or the Division of Medical Assistance. Those reviews are designed to ensure that services are being delivered in accordance with state regulation and policies.

9. Amending the service plan should I choose to no longer manage health maintenance tasks.

**Consumer Directed Agency**

As the consumer directed agency for the above named consumer, the agency agrees to follow all medicaid regulations (7 AAC 43.750-795), policies and procedures. The agency understands that failure to do so can lead to a medicaid fraud investigation. The consumer directed agency agrees to the following:

1. Assist the consumer in developing a service plan as required by state regulation and review that plan according to those requirements.
2. Accept responsibility for tax compliance on behalf of the consumer; act as the employer of record for personal care assistant(s); assist with the necessary paper work; and act as a liaison with the Division of Senior Services and/or Division of Medical Assistance on behalf of the consumer

3. Assist the consumer in identifying resources for personal care assistants

4. Advise the consumer regarding program participation

5. Accept responsibility for all medicaid billing for personal care services provided to the consumer

**Signatures**

__________________________________________  ____________________
Consumer Signature                          Date

__________________________________________  ____________________
Witness Signature                           Date

I am a personal representative for the consumer named above, I understand that I must be directly involved in the day-to-day care of this consumer, and I assume all of the responsibilities for managing this consumer's care as listed above.

__________________________________________  ____________________
Personal Representative Signature           Date

__________________________________________  ____________________
Witness Signature                           Date

__________________________________________  ____________________
Consumer Directed Agency Representative Signature Date
Consumer Directed Personal Attendant Services at Alpha One

In most cases, being able to live in the community is the most empowering, as well as cost-effective life pattern for an individual with a disability. A critical element in achieving that independence within the community can be utilizing the services of a personal attendant to assist with various activities of daily living.

Unlike other service models, such as home health aides provided by an agency, consumer directed personal attendant services gives the person with the disability the responsibility for managing his or her attendants.

To be Eligible for Consumer Directed Personal Care Services, a Person Must:

- Be 18 years of age or older, be their own guardian, and a resident of the State of Maine.
- Have a documented disability with functional limitations, causing need for PCA Services.
- Be capable of and have the potential to manage PCA’s, thus demonstrating the ability to consumer direct.
- Meet the funding criteria for either Medicaid or Home Based Care.

For more information about this or any other programs contact Alpha One today.

info@alphaonenow.com  www.alphaonenow.com
PA PROGRAM

The mission of LINK Incorporated is to promote and support the civil rights and independence of people with disabilities and act in a manner that empowers them to achieve equality in all aspects in life.

LINK, Inc.
GIA SCOTT
PERSONAL DEVELOPMENT COORD.
2401 E 13th St
Hays Ks 67601
1-800-569-5926
(785) 625-6942 Fax: (785) 625-6137

LINK’s Consumer Directed Personal Assistant Program

A. What is Consumer Directed Personal Assistant Care?

In 1989 the Kansas Legislature passed HB 2012 which directed the Dept. of Social and Rehabilitation Services to allow recipients of attendant care services under the Medicaid waiver to have "the right to choose the option to make decisions about, direct the provisions of, and control their attendant care services including, but not limited to, selecting, training, managing, paying, and dismissing of an attendant."

B. What is a Personal Assistant?

A Personal Assistant (PA) is a person hired and supervised by the consumer (enrollee) to assist that person with completing activities of
DAILY LIVING. THIS INCLUDES, BUT IS NOT LIMITED TO, HELPING WITH EATING, DRESSING, PREPARATION OF MEALS, BATHING, TOILETING (CATHETER IRRIGATION INCLUDED), TRANSFERRING, ETC. ANY ACTIVITY THAT WOULD BE PERFORMED BY YOU, IF YOU WERE PHYSICALLY CAPABLE, CAN BE ASSISTED WITH. PA's CAN ALSO HELP WITH INCIDENTAL HOUSEHOLD TASKS THAT INSURE HEALTH AND SAFETY, LIKE HOUSEKEEPING, LAUNDRY AND SHOPPING.

C. WHAT ARE THE COSTS?
THERE ARE NO COSTS TO ELIGIBLE PARTICIPANTS. CONSUMERS MUST BE ELIGIBLE FOR THE MEDICAID HCBS SELF-DIRECTED PROGRAM. THE WAGES ARE PAID BY MEDICAID THROUGH LINK.

D. WHO DECIDES WHAT TASKS ARE TO BE PERFORMED?

E. WHO IS RESPONSIBLE FOR WHAT?
THE CONSUMER (ENROLLE): THE PERSONAL ASSISTANT (PA) WORKS FOR THE CONSUMER. RESPONSIBILITIES INCLUDE:

   I) SEARCHING FOR AND INTERVIEWING PA'S.
2) HIRING PA’s,
3) ENROLLING THE PA BY COMPLETING APPROPRIATE PAPERWORK FROM LINK.
4) TRAIN THE PA ON TASKS TO BE PERFORMED.
5) SET THE SCHEDULE.
6) INSURE THAT THE PROPER SUPPLIES, MATERIALS AND EQUIPMENT ARE PROVIDED.
7) PROVIDE A REASONABLY CLEAN AND SAFE WORK ENVIRONMENT.
6) INSURE THAT ALL TIME SHEETS ARE FILLED OUT, SIGNED, AND SUBMITTED ACCORDING TO THE PAYROLL SCHEDULE. THIS INCLUDES MAKING SURE THAT THE HOURS ARE WITHIN THE PLAN OF CARE.
9) PROVIDE SUPERVISORY FEED BACK TO PA AS APPROPRIATE, BOTH POSITIVE AND NEGATIVE.
10) INSURE THAT LINK POLICIES AND PROCEDURES ARE FOLLOWED BY THEMSELVES AND THE PA.
11) NOTIFY LINK OF CHANGES OF ADDRESS OF BOTH FA AND CONSUMER. 12) NOTIFY OF DISMISSAL OF PA’s.

THE PERSONAL ASSISTANT (PA):

1) PERFORM TASKS AS ASSIGNED AND TRAINED BY THE CONSUMER PROFESSIONAL MANNER.
2) BE PUNCTUAL AND APPROPRIATELY DRESSED.
3) OBSERVE RULES OF CONFIDENTIALITY.
4) GIVE AS MUCH NOTICE AS POSSIBLE IF UNABLE TO COME TO WORK (AT LEAST 12 HOURS) AND CALL IF GOING TO BE MORE THAN 10 MINUTES LATE.

THE PAYROLL-AGENT (LINK):

1) WILL ENTER THE PA INFORMATION INTO THE PAYROLL SYSTEM.
2) WILL PAY THE PA IN ACCORDANCE TO THE PLAN OF CARE.
3) WILL WITHHOLD APPROPRIATE STATE & FEDERAL TAXES.
4) WILL PAY APPROPRIATE WORKER'S COMPENSATION AND UNEMPLOYMENT INSURANCE TAXES FOR PA.
5) WILL ASSIST IN THE RECRUITING, ADVERTISING, AND INTERVIEWING OF PA's IF REQUESTED.
6) WILL ASSIST WITH TRAINING OF PA's IF REQUESTED.
7) WILL ASSIST IN COMPLETING APPROPRIATE PAPERWORK FOR CONSUMER AND PA IF REQUESTED.
6) WILL PROVIDE ALL INFORMATION IN ALTERNATE FORMAT, AS NEEDED.

ONCE ENROLLED

ONCE THE CONSUMER (ENROLLEE) HAS ENROLLED THEIR PA(S), CERTAIN THINGS MUST OCCUR TO ENSURE PAYMENT AND CONTINUED SERVICES. THESE THINGS INCLUDE:
1) SUBMIT COMPLETED AND SIGNED TIME SHEETS. ACCORDING TO THE PAYROLL SCHEDULE PROVIDED.
2) REPORT CHANGES IN PA'S AND ENROLLEES ADDRESSES OR OTHER INFORMATION ON PROVIDED FORMS.
3) ENROLL ADDITIONAL OR BACK-UP PA's ACCORDING TO PROCEDURES.
4) REPORT TERMINATIONS OF PA's (EITHER VOLUNTARY OR FIRINGS) ON PROVIDED DISMISSAL FORMS.
5) REPORT ANY INJURIES ON THE JOB IMMEDIATELY TO THE LINK OFFICE.

REFER TO THE LINK PA PROGRAM POLICIES AND PROCEDURES AND THE CONSUMER AGREEMENT FOR MORE DETAILS.

LINK has offices in Hays, Colby, Hill City, Osborne and Great Bend. The Personal Assistant Program is operated and staff is available to assist statewide.
CONSUMER-DIRECTED PERSONAL CARE SERVICES AND OTHER QUALIFIED AGENCY SATISFACTION SURVEY

(Name of OQA) is conducting a mail survey of individuals' and their representatives' satisfaction with the consumer-directed personal care services they receive, the personal care service workers who provide them and the services provided by the (Name of the OQA). The New Hampshire Division of Elderly and Adult Services (DEAS) requires that all Other Qualified Agencies (OQAs) conduct an initial satisfaction survey with each individual the OQA serves within 60 days of receiving services from the OQA and an annual satisfaction survey. This satisfaction survey is available to individuals and their representatives in alternative formats (i.e., large print, administered by phone or in person) upon request. If you would like to receive a survey in an alternative format, please call at (603) to request one.

The information you provide through this survey will be used by (OQA name) and DEAS to monitor and improve the personal care and OQA services provided in order to better serve individuals in need of personal care services in New Hampshire. Therefore, your response to this survey is very important in achieving this goal. Please know that all of the information you provide will be considered confidential and will not be connected to your name in any way.

Please complete the questions in each Module and return your completed survey in the enclosed stamp-addressed envelope by ____________. Should you have any questions about completing the survey, please do not hesitate to call - ___________ at (603).

Thank you for your time and effort related to this important matter!

MODULE A: EMPLOYMENT INFORMATION

1. Do you have a paid job? (Please circle one) (Vol)

   Yes, I am Working Full-time (20 or more hours) .........................1
   Yes, I am Working Part-time (Less than 20 hours) ......................2
   No, I am Retired ............................................................3
   No, I am Not Working ....................................................4
   Don't Know/Ref ............................................................8

   If you are retired or do not work, please skip this section and go to Module B.
2. Do your personal care services provide you with the supports you need have a job? *(Please circle one)*

Always .............................................................................................................. 1
Sometimes ...................................................................................................... 2
Hardly Ever ...................................................................................................... 3
Never .............................................................................................................. 4
Don't Know/Ref ............................................................................................ 8

3. If you responded to Question 2 other than *Always*, please describe why.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Can you depend on your personal care worker to come on time and at the time you need him/her to come to maintain your job? *(Please circle one)*

Always .............................................................................................................. 1
Sometimes ...................................................................................................... 2
Hardly Ever ...................................................................................................... 3
Never .............................................................................................................. 4
Don't Know/Ref ............................................................................................ 8

If you responded to Question 4 other than *Always*, please describe why.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Does your personal care service worker come to work with you? *(Please circle one)*

Yes .............................................................................................................. 1
No .................................................................................................................. 1
Don't Know/Ref ............................................................................................ 8

7. Is there a personal care worker available to you at work? *(Please circle one)*

Yes .............................................................................................................. 1
No .................................................................................................................. 2
Don't Know/Ref ............................................................................................ 8
8. Do you know who your service coordinator at the OQA is? (Please circle one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ..........................</td>
<td>1</td>
</tr>
<tr>
<td>No ............................</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know/Ref ................</td>
<td>8</td>
</tr>
</tbody>
</table>

9. Does your service coordinator at the OQA respect you and pay attention/listen to you? (Please circle one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ..........................</td>
<td>1</td>
</tr>
<tr>
<td>No ............................</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know/Ref ................</td>
<td>8</td>
</tr>
</tbody>
</table>

10. How satisfied are you in being able to develop your care plan and any amendments with your service coordinator at the OQA? (Please circle one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied ........................</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat Satisfied ....................</td>
<td>2</td>
</tr>
<tr>
<td>Neither Satisfied nor Dissatisfied ....</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat Dissatisfied ..................</td>
<td>4</td>
</tr>
<tr>
<td>Very Dissatisfied ......................</td>
<td>5</td>
</tr>
<tr>
<td>Don't Know/Ref ........................</td>
<td>8</td>
</tr>
</tbody>
</table>

11. If you are not completely satisfied, please describe why. (V11)

12. How satisfied are you with the level of choice you have over the personal care services receive? (Please circle one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>Somewhat Satisfied ....................</td>
<td>2</td>
</tr>
<tr>
<td>Neither Satisfied nor Dissatisfied ....</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat Dissatisfied .................</td>
<td>4</td>
</tr>
<tr>
<td>Very Dissatisfied .....................</td>
<td>5</td>
</tr>
<tr>
<td>Don't Know/Ref ........................</td>
<td>8</td>
</tr>
</tbody>
</table>

13. If you are not completely satisfied, please describe why. (V13)
14. How satisfied are you with the level of choice you have to select your own personal care workers? (Please circle one)

Very Satisfied ........................................................................................ 1
Somewhat Satisfied ............................................................................... 2
Neither Satisfied nor Dissatisfied ......................................................... 3
Somewhat Dissatisfied ........................................................................ 4
Very Dissatisfied .................................................................................. 5
Don't Know/Ref ................................................................................... 8

15. If you have not been completely satisfied, please describe why.

________________________________________________________________________

16. How satisfied are you with your ability to train your personal care Service worker? (Please circle one)

Very Satisfied ...................................................................................... 1
Somewhat Satisfied ............................................................................... 2
Neither Satisfied nor Dissatisfied ......................................................... 3
Somewhat Dissatisfied ........................................................................ 4
Very Dissatisfied .................................................................................. 5
Don't Know/Ref ................................................................................... 8

17. If you are not completely satisfied, please describe why.

________________________________________________________________________

18. How satisfied are you with your ability to determine your personal care service worker's work schedule? (Please circle one)

Very Satisfied ........................................................................................ 1
Somewhat Satisfied ............................................................................... 2
Neither Satisfied nor Dissatisfied ......................................................... 3
Somewhat Dissatisfied ........................................................................ 4
Very Dissatisfied .................................................................................. 5
Don't Know/Ref ................................................................................... 8

19. If you are not completely satisfied, please describe why.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
20. How satisfied are you with your ability to manage your personal care service worker work schedule and day-to-day activities? (Please circle one)

Very Satisfied....................................................................................... 1
Somewhat Satisfied............................................................................. 2
Neither Satisfied nor Dissatisfied ..................................................... 3
Somewhat Dissatisfied .................................................................... 4
Very Dissatisfied ............................................................................... 5
Don't Know/Ref................................................................................... 8

21. If you are not completely satisfied, please describe why.

_________________________________________________________________

_________________________________________________________________

22. How satisfied are you with your ability to fire your personal care service worker when necessary? (Please circle one)

Haven't Had to Fire a Worker ...................................................... 6
Very Satisfied................................................................................... 1
Somewhat Satisfied........................................................................ 2
Neither Satisfied nor Dissatisfied .................................................. 3
Somewhat Dissatisfied .................................................................. 4
Very Dissatisfied ............................................................................ 5
Don't Know/Ref................................................................................. 8

23. If you are not completely satisfied, please describe why.

_________________________________________________________________

_________________________________________________________________

**MODULE C: SATISFACTION WITH PERSONAL CARE SERVICE WORKER**

The following questions are being asked about the personal care service worker(s) you use through the OQA.

24. Do you consider yourself the "boss" of your personal care service worker? (Please circle one)

Yes ................................................................................................. 1
No ................................................................................................. 2
Don't Know/Ref............................................................................... 8
25. If you do not consider yourself the "boss" of your personal care service worker, please describe why?

26. What is your relationship with your personal care service worker(s)? *(Please check the appropriate box for each worker that you have.)*

<table>
<thead>
<tr>
<th>PCS Worker</th>
<th>Relative (Other than Parent of Minor Child or Spouse) (1)</th>
<th>Friend (2)</th>
<th>Neighbor (3)</th>
<th>A Person You Hired That Is New To You (4)</th>
<th>Other (5)</th>
<th>Don't Know/Ref (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker 1 (V26a)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Worker 2 (V26b)</td>
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<tr>
<td>Worker 3 (V26c)</td>
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<tr>
<td>Worker 4 (V26d)</td>
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<tr>
<td>Worker 5 (V26e)</td>
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<tr>
<td>Worker 6 (V26f)</td>
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</tbody>
</table>

27. What was the date that your personal care service worker began working for you? *(Please provide the month and year in the box for each worker.)*

<table>
<thead>
<tr>
<th>PCS Worker</th>
<th>Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker 1 (V27a)</td>
<td></td>
</tr>
<tr>
<td>Worker 2 (V27b)</td>
<td></td>
</tr>
<tr>
<td>Worker 3 (V27c)</td>
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<td>Worker 4 (V27d)</td>
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<tr>
<td>Worker 5 (V27e)</td>
<td></td>
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<tr>
<td>Worker 6 (V27f)</td>
<td></td>
</tr>
</tbody>
</table>
28. Did you find your personal care service worker yourself?  
(Please check one box for each of your personal care service workers)

<table>
<thead>
<tr>
<th>PCS Worker</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Don't Know/Ref (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker 1 (V28a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker 2 (V28b)</td>
<td></td>
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<tr>
<td>Worker 3 (V28c)</td>
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<tr>
<td>Worker 4 (V28d)</td>
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<tr>
<td>Worker 5 (V28e)</td>
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<tr>
<td>Worker 6 (V28f)</td>
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</tbody>
</table>

28. How difficult was it to find your personal care service worker yourself?  
(Please check one box for each of your personal care service workers)

<table>
<thead>
<tr>
<th>PCS Worker</th>
<th>Very Difficult (1)</th>
<th>Somewhat Difficult (2)</th>
<th>Neither Difficult nor Easy (3)</th>
<th>Somewhat Easy (4)</th>
<th>Very Easy (5)</th>
<th>Don't Know/Ref (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker 1 (V29a)</td>
<td></td>
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<tr>
<td>Worker 2 (V29b)</td>
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<tr>
<td>Worker 3 (V29c)</td>
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<tr>
<td>Worker 4 (V29d)</td>
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<tr>
<td>Worker 5 (V29e)</td>
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<td>Worker 6 (V29f)</td>
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</tbody>
</table>

30. Did you check your personal care service worker's references?  
(Please check one box for each of your personal care service workers.)

<table>
<thead>
<tr>
<th>PCS Worker</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Don't Know/Ref (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker 1 (V30a)</td>
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<tr>
<td>Worker 2 (V30b)</td>
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<td>Worker 3 (V30c)</td>
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<tr>
<td>Worker 4 (V30d)</td>
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<tr>
<td>Worker 5 (V30e)</td>
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<tr>
<td>Worker 6 (V30f)</td>
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</tbody>
</table>
31. If you did not check your personal care service worker(s)’ references, why didn’t you?

32. Does your personal care worker provide your services the way you like?
(Please circle one)

<table>
<thead>
<tr>
<th>PCs Worker</th>
<th>Always (1)</th>
<th>Sometimes (2)</th>
<th>Hardly Ever (3)</th>
<th>Never (4)</th>
<th>Don’t Know/Ref (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker 1 (V32a)</td>
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<td>Worker 2 (V32b)</td>
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<td>Worker 4 (V32d)</td>
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<td>Worker 5 (V32e)</td>
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<tr>
<td>Worker 6 (V32f)</td>
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</tbody>
</table>

33. If you did not respond to Question 31 as Always, please describe why.

34. Do you feel safe when your personal care worker is in your home?
(Please circle one)

- Always ................................ ................................ ................................ ...... 1
- Sometimes ................................ ................................ ................................ . 2
- Hardly Ever ................................ ................................ ............................... 3
- Never................................ ................................ ................................ .......... 4
- Don’t Know/Ref ................................ ................................ .......................... 8

35. If you did not respond to Question 33 as Always, please describe why.

36. Do you know whom to go if you do have a problem or you do not feel safe?

- Yes ............................................................................................................... 1
- No .................................................................................................................. 2
- Don’t Know/Ref............................................................................................. 8
37. In the table below, please indicate your satisfaction with your **personal care service worker's** ability to perform the following tasks by checking one box for each task area listed. Please fill out this chart for each of your workers.

<table>
<thead>
<tr>
<th>Activity</th>
<th>1 Always (1)</th>
<th>Sometimes (2)</th>
<th>Hardly Ever (3)</th>
<th>Never (4)</th>
<th>Don't Know/Ref (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of your care (V37a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping with medications (V37b)</td>
<td></td>
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<tr>
<td>Helping with Bathing (V37c)</td>
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<tr>
<td>Helping with Dressing (V37d)</td>
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<tr>
<td>Transferring (V37e)</td>
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<tr>
<td>Helping You Eat (V37f)</td>
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<tr>
<td>Helping You With Toileting Activities (V37g)</td>
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<tr>
<td>Shopping (V37h)</td>
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<tr>
<td>Meal Preparation (V37i)</td>
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<tr>
<td>Cleaning (V37j)</td>
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<td>Laundry (V37k)</td>
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<tr>
<td>Yard Work (V37l)</td>
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<tr>
<td>Transportation (V37m)</td>
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<tr>
<td>Helping You Pay Bills (V37n)</td>
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<tr>
<td>Pet Care (V37o)</td>
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<tr>
<td>Other(specify) (V37p)</td>
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<tr>
<td>Other(specify) (V37q)</td>
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</tr>
</tbody>
</table>

38. Overall, how satisfied are you with the performance of this personal care service worker? *(v38)*

*Please circle one*

- Very Satisfied ................................................................. 1
- Somewhat satisfied ........................................................... 2
- Neither Satisfied nor Dissatisfied ........................................ 3
- Somewhat Dissatisfied ....................................................... 4
- Very Dissatisfied ................................................................... 5
- Don't Know/Ref ....................................................................... 8

39. If you have not been completely satisfied, please describe why? *(V39)*

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________
37.1 In the table below, please indicate your satisfaction with your personal care service worker's ability to perform the following tasks by checking one box for each task area listed. Please fill out this chart for each of your workers.

**Worker 2**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always (1)</th>
<th>Sometimes (2)</th>
<th>Hardly Ever (3)</th>
<th>Never (4)</th>
<th>Don't Know/Ref (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of Your Care (V37a.1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping with Medications (V37b.1)</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Helping With Bathing (V37c.1)</td>
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<tr>
<td>Helping With Dressing (V37d.1)</td>
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<tr>
<td>Transferring (V37e.1)</td>
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<tr>
<td>Helping You Eat (V37f.1)</td>
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<tr>
<td>Helping You With Toileting Activities (V37g.1)</td>
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<tr>
<td>Shopping (V37h.1)</td>
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<tr>
<td>Meal Preparation (V37i.1)</td>
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<tr>
<td>Cleaning (V37j.1)</td>
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<tr>
<td>Laundry (V37k.1)</td>
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<tr>
<td>Yard Work (V37l.1)</td>
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<tr>
<td>Transportation (V37m.1)</td>
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<tr>
<td>Helping You Pay Bills (V37n.1)</td>
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<td>Pet Care (V37o.1)</td>
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<tr>
<td>Other(specify) (V37p.1)</td>
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<tr>
<td>Other(specify) (V37q.1)</td>
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</tr>
</tbody>
</table>

38.1 Overall, how satisfied are you with the performance of this personal care service worker? (Please circle one)

- Very Satisfied ................................................................. 1
- Somewhat satisfied ............................................................ 2
- Neither Satisfied nor Dissatisfied ...................................... 3
- Somewhat Dissatisfied ....................................................... 4
- Very Dissatisfied .............................................................. 5
- Don't Know/Ref ........................................................................ 8

39.1 If you have not been completely satisfied, please describe why? (V39.1)
37.2 In the table below, please indicate your satisfaction with your personal care service worker's ability to perform the following tasks by checking one box for each task area listed. Please fill out this chart for each of your workers.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always (1)</th>
<th>Sometimes (2)</th>
<th>Hardly Ever (3)</th>
<th>Never (4)</th>
<th>Don't Know/Ref (8)</th>
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</thead>
<tbody>
<tr>
<td>Knowledge of Your Care (V37a.2)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Helping With Medications (V37b.2)</td>
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<tr>
<td>Helping With Bathing (V37c.2)</td>
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<tr>
<td>Helping With Dressing (V37d.2)</td>
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<tr>
<td>Transferring (V37e.2)</td>
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<tr>
<td>Helping You Eat (V37f.2)</td>
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<td>Helping You With Toiletting Activities (V37g.2)</td>
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<td>Helping You Pay Bills (V37n.2)</td>
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<td>Pet Care (V37o.2)</td>
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</tbody>
</table>

38.2 Overall, how satisfied are you with the performance of this personal care service worker? (Please circle one)

- Very Satisfied ................................ ................................ ......................... 1
- Somewhat satisfied ................................ ................................ ................ 2
- Neither Satisfied nor Dissatisfied ................................ .......................... 3
- Somewhat Dissatisfied ................................ ................................ ........... 4
- Very Dissatisfied ................................ ................................ .................... 5
- Don't Know/Ref ................................ ................................ ..................... 8

39.2 If you have not been completely satisfied, please describe why?
37.3 In the table below, please indicate your satisfaction with your personal care service worker's ability to perform the following tasks by checking one box for each task area listed. Please fill out this chart for each of your workers.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always (1)</th>
<th>Sometimes (2)</th>
<th>Hardly Ever (3')</th>
<th>Never (4)</th>
<th>Don't Know/Ref (5)</th>
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</thead>
<tbody>
<tr>
<td>Knowledge of Your Care (V37a.3)</td>
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<tr>
<td>Helping with Medications (V37b.3)</td>
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<td>Helping With Bathing (V37c.3)</td>
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<td>Transferring (V37e.3)</td>
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<tr>
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<td>Shopping (V37h.3)</td>
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<tr>
<td>Pet Care (V37o.3)</td>
<td></td>
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<tr>
<td>Other(specify) (V37p.3)</td>
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<tr>
<td>Other(specify) (V37q.3)</td>
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</tr>
</tbody>
</table>

38.3 Overall, how satisfied are you with the performance of this personal care service worker? *(Please circle one)*

 Very Satisfied ............................................................... 1  Somewhat Satisfied .............................................................
 Neither Satisfied nor Dissatisfied ........................................... 3
 Somewhat Dissatisfied ........................................................... 4
 Very Dissatisfied ..................................................................... 5
 Don't Know/Ref ...................................................................... 8'

39.3 If you have not been completely satisfied, please describe why? *(V39.3)*

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
In the table below, please indicate your satisfaction with your personal care service worker’s ability to perform the following tasks by checking one box for each task area listed. Please fill out this chart for each of your workers.

Worker 5

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always (1)</th>
<th>Sometimes (2)</th>
<th>Hardly Ever (3)</th>
<th>Never (4)</th>
<th>Don't Know/Ref (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of Your Care (V 37a.4)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Helping With Medications (V37b.4)</td>
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<td></td>
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</tr>
<tr>
<td>Helping With Bathing (V37c.4)</td>
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<tr>
<td>Helping With Dressing (V 37d.4)</td>
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<tr>
<td>Transferring (V37e.4)</td>
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</tr>
<tr>
<td>Helping You Eat (V37f.4)</td>
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</tr>
<tr>
<td>Helping You With Toileting Activities (V37g.4)</td>
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<td>Shopping (V37h.4)</td>
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<td>Meal Preparation (V37i.4)</td>
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<td>Cleaning (V37j.4)</td>
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<td>Laundry (V37k.4)</td>
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<td>Yard Work (V37l.4)</td>
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<tr>
<td>Transportation (V37m.4)</td>
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<tr>
<td>Helping You Pay Bills (V37n.4)</td>
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<tr>
<td>Pet Care (V37o.4)</td>
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<tr>
<td>Other(specify) (V37p.4)</td>
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<tr>
<td>Other(specify) (V37q.4)</td>
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</tr>
</tbody>
</table>

Overall, how satisfied are you with the performance of this personal care service worker? *(Please circle one)*

Very Satisfied ................................................................. 1
Somewhat Satisfied ........................................................... 2
Neither Satisfied nor Dissatisfied ................................. 3
Somewhat Dissatisfied ....................................................... 4
Very Dissatisfied ............................................................ 5
Don’t Know/Ref ................................................................. 8

If you have not been completely satisfied, please describe why?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
37.6 In the table below, please indicate your satisfaction with your personal care service worker's ability to perform the following tasks by checking one box for each task area listed. Please fill out this chart for each of your workers.

### Worker 6

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always (1)</th>
<th>Sometimes (2)</th>
<th>Hardly Ever (3)</th>
<th>Never (4)</th>
<th>Don't Know/Ref (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of Your Care (V 37a.5)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Helping With Medications (V 37b.5)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Helping With Bathing (V 37c.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping With Dressing (V 37d.5)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Transferring (V 37e.5)</td>
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</tr>
<tr>
<td>Helping You Eat (V 37c.5)</td>
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</tr>
<tr>
<td>Helping You With Toileting Activities (V 37g.5)</td>
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<tr>
<td>Meal Preparation (V 37i.5)</td>
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<td>Cleaning (V 37j.5)</td>
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<td>Laundry (V 37k.5)</td>
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<td>Helping You Pay Bills (V 37n.5)</td>
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<td>Pet Care (V 37o.5)</td>
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<tr>
<td>Other (specify) (V 37p.5)</td>
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<tr>
<td>Other (specify) (V 37q.5)</td>
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</tbody>
</table>

38.5 Overall, how satisfied are you with the performance of this personal care service worker? *(Please circle one)*

- Very Satisfied ................................................................. 1
- Somewhat Satisfied ............................................................ 2
- Neither Satisfied nor Dissatisfied ...................................... 3
- Somewhat Dissatisfied ....................................................... 4
- Very Dissatisfied .............................................................. 5
- Don't Know/Ref ................................................................. 8

39.3 If you have not been completely satisfied, please describe why? *(V 39.3)*
MODULE D: SATISFACTION WITH PERSONAL CARE SERVICES

40. In the table below, please indicate your satisfaction with the personal care services you receive overall by checking one Box for each activity listed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Satisfied (1)</th>
<th>Somewhat Satisfied (2)</th>
<th>Neither Satisfied nor Dissatisfied (3)</th>
<th>Somewhat Dissatisfied (4)</th>
<th>Very Dissatisfied (5)</th>
<th>Don't Know/Ref (8)</th>
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</thead>
<tbody>
<tr>
<td>Assistance With Medications (V40a)</td>
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<tr>
<td>Assistance With Bathing (V40b)</td>
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<tr>
<td>Assistance With Dressing (V40c)</td>
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<tr>
<td>Transferring (V40d)</td>
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<tr>
<td>Assistance With Eating (V40e)</td>
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<tr>
<td>Assistance With Toileting (V40f)</td>
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<tr>
<td>Shopping (V40g)</td>
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<tr>
<td>Meal Preparation (V40h)</td>
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<tr>
<td>Cleaning (V40i)</td>
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<tr>
<td>Laundry (V40j)</td>
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<tr>
<td>Yard Work (V40k)</td>
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<tr>
<td>Transportation (V40l)</td>
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<tr>
<td>Assistance With Paying Bills (V40m)</td>
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<tr>
<td>Pet Care (V40n)</td>
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<tr>
<td>Other (specify) (V40o)</td>
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<tr>
<td>Other (specify) (V40p)</td>
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</tr>
</tbody>
</table>

41. If you have not been completely satisfied with your personal care services, please describe why?

________________________________________________________________________
________________________________________________________________________
42. Do your personal care service enable you to engage in community activities? *(Please circle one)*

Yes ................................................................................................................. 1
No ..................................................................................................................... 2
Don't Know/Ref ............................................................................................... 8

43. Are you satisfied your ability to participate in community activities? *(Please circle one)*

Very Satisfied .................................................................................................... 1
Somewhat Satisfied ........................................................................................... 2
Neither Satisfied nor Dissatisfied ....................................................................... 3
Somewhat Dissatisfied ....................................................................................... 4
Very Dissatisfied ................................................................................................ 5
Don't Know/Ref ............................................................................................... 8

44. If you have not been completely satisfied with your personal care services, please describe why? *(V44)*

________________________________________
________________________________________

MODULE E: SATISFACTION WITH OTHER QUALIFIED AGENCY SERVICES

45. How satisfied were you with the amount of time it took for you and your personal care service worker to enroll with the (name of OQA)? *(Please circle one)*

Very Satisfied .................................................................................................... 1
Somewhat Satisfied ........................................................................................... 2
Neither Satisfied nor Dissatisfied ....................................................................... 3
Somewhat Dissatisfied ....................................................................................... 4
Very Dissatisfied ................................................................................................ 5
Don't Know/Ref ............................................................................................... 8

46. If you were not completely satisfied, please describe why. *(V46)*

________________________________________
________________________________________

________________________________________
________________________________________
47. How satisfied were you with the orientation you were given by the (name of OQA) staff, including your rights and responsibilities, when you enrolled with (name of OQA)? *(Please circle one)*

Very Satisfied ................................................................. 1
Somewhat Satisfied .......................................................... 2
Neither Satisfied nor Dissatisfied ........................................ 3
Somewhat Dissatisfied ....................................................... 4
Very Dissatisfied .............................................................. 5
Don't Know/Ref ............................................................... 8

48. If you were not completely satisfied, please describe why.

________________________________________________________________________________________________________

49. Do you understand your rights and responsibilities? *(Please circle one)*

Yes ......................................................................................... 1
No ......................................................................................... 2
Don't Know/Ref ................................................................. 8

50. Do you know that you can file a complaint? *(Please circle one)*

Yes ......................................................................................... 1
No ......................................................................................... 2
Don't Know/Ref ................................................................. 8

51. Do you know you know how to file a complaint? *(Please circle one)*

Yes ......................................................................................... 1
No ......................................................................................... 2
Don't Know/Ref ................................................................. 8

52. If you have filed a complaint (or if someone filed one for you), how satisfied were you with what happened? *(Please circle one)*

Very Satisfied ......................................................................... 1
Somewhat Satisfied .............................................................. 2
Neither Satisfied nor Dissatisfied ........................................ 3
Somewhat Dissatisfied ....................................................... 4
Very Dissatisfied .............................................................. 5
Don't Know/Ref ............................................................... 8
53. If you are not completely satisfied, please describe why.


54. Did you receive written information in the language, and/or format that you understand? (Please circle one)

Yes ........................................................................................................................................ 1
No ........................................................................................................................................ 2
Don't Know/Ref ................................................................................................................... 8

55. How satisfied are you with the written information you received from (name of OQA)? (Please circle one)

Very Satisfied ......................................................................................................................... 1
Somewhat Satisfied ................................................................................................................ 2
Neither Satisfied nor Dissatisfied ........................................................................................ 3
Somewhat Dissatisfied .......................................................................................................... 4
Very Dissatisfied .................................................................................................................. 5
Don't Know/Ref ................................................................................................................... 8

56. If you are not completely satisfied, please describe why.


57. How satisfied are you with how (name of the OQA) responds to your calls and requests for assistance? (Please circle one)

Very Satisfied ......................................................................................................................... 1
Somewhat Satisfied ................................................................................................................ 2
Neither Satisfied nor Dissatisfied ........................................................................................ 3
Somewhat Dissatisfied .......................................................................................................... 4
Very Dissatisfied .................................................................................................................. 5
Don't Know/Ref ................................................................................................................... 8

58. Have you received any employer skills training from (name of OQA)? (Please circle one)

Yes ........................................................................................................................................ 1
No .......................................................................................................................................... 2
Don't Know ........................................................................................................................... 8
59. How satisfied are you with employer skills training you have received from (name of the OQA)? (Please circle one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither Satisfied nor Dissatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>5</td>
</tr>
<tr>
<td>Don't Know/Ref</td>
<td>8</td>
</tr>
</tbody>
</table>

**MODULE F: SATISFACTION WITH WORKER REGISTRY SERVICES**

60. Have you ever used (name of OQA's) personal care service worker registry to find a worker? (Please circle one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
</tbody>
</table>

61. If you have not used the registry, please describe why?

If you have used (name of the OQA) personal care service worker registry, please complete Questions 62-66. Otherwise go to Question 67.

62. How was the personal care service worker registry to use? (Please circle one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Easy</td>
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<tr>
<td>Somewhat Easy</td>
<td>2</td>
</tr>
<tr>
<td>Neither Easy or Difficult</td>
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<td>Somewhat Difficult</td>
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</tr>
<tr>
<td>Very Difficult</td>
<td>5</td>
</tr>
<tr>
<td>Don't Know/Ref</td>
<td>8</td>
</tr>
</tbody>
</table>

63. If the registry was not easy to use, please describe why. (V63)
64. How many times have you used the personal care service worker registry? (Please circle one)

- 1-3 Times ................................ ................................ ................. 1
- 4-6 Times ................................ ............................................... 2
- 7-10 Times ................................ ............................................. 3
- More Than 10 Times ................................ ............................... 4
- Don't Know/Ref ................................ ......................................... 8

65. How successful have you been in finding a personal care service worker using (name the OQA) registry? (Please circle one)

- Very ................................ ................................ ....................... 1
- Somewhat ................................ ................................ .......... 2
- Hardly Ever ................................ ................................ .......... 3
- Never ................................ ................................ ..................... 4
- Don't Know/Ref ................................ ....................................... 8

66. If you have any suggestions on ways to improve the registry, please provide them here.

________________________________________________________________________
________________________________________________________________________

MODULE G: CONSUMER INFORMATION

67. When did you start receiving personal care services from (Name of the OQA)? (Please provide the month and year) (V67)
   _____ / _______

68. What type of personal care service are you receiving? (Please circle one) (V68)

- Consumer-directed Personal Care Services ........................................1
- Agency-directed Personal Care Services ...........................................2
- Both consumer-directed and Agency-directed Personal Care Services 3
- Don't Know/Ref ...........................................................................8

69. What is your age? (Please circle one) (V69)

- 0-17 Years .....................................................................................1
- 18-21 Years ..................................................................................2
- 22-64 Years ..................................................................................3
- 65-80 Years ..................................................................................4
- 81 Years and Older .................................................................5
- Don't Know/Ref ...........................................................................8
70. What is your gender? *(Please circle one)*

- Male ................................................................................................. 1
- Female ................................................................................................ 2
- Don't Know/Ref .................................................................................. 8

71. Are you of Hispanic Origin? *(Please circle one)*

- Yes ....................................................................................................... 1
- No .......................................................................................................... 2
- Don't Know/Ref .................................................................................. 8

72. What is your race? *(Please circle all that apply)*

- White or Caucasian ............................................................................. 1
- Black or African American.................................................................. 2
- Asian ...................................................................................................... 3
- American Indian or Alaska Native ..................................................... 4
- Other, specify _________________ *(V101)* .............................................. 5
- Don't Know/Ref .................................................................................. 8

73. What is your marital status? *(Please circle one)*

- Now Married........................................................................................ 1
- Widowed ............................................................................................... 2
- Divorced ............................................................................................... 3
- Separated .............................................................................................. 4
- Never Married ..................................................................................... 5
- Don't Know/Ref .................................................................................. 8

74. What is your highest educational level? *(Please circle one)*

- Less than High School Diploma .......................................................... 1
- High School Diploma ......................................................................... 2
- Some College, including Associates Degree ....................................... 3
- Bachelor's Degree ............................................................................... 4
- Some Post-graduate work or Advanced Degree .................................. 5
- Don't Know/Ref .................................................................................. 8

75. Do you have a representative that assists you in making decisions? *(Please circle one)*

- Yes ....................................................................................................... 1
- No .......................................................................................................... 2
- Don't Know/Ref .................................................................................. 8
76. Did your representative assist you in completing this survey?  
*(Please circle one)*

Yes ......................................................................................................I
No ......................................................................................................2
Don't Know/Ref ...............................................................................8

*If you have a representative, please have him/her complete the questions in Module H*

77. If you answered YES to Question 74 above, what is your relationship with your representative? (Please circle one)

Relative ............................................................................................. 1
Friend ............................................................................................... 2
Neighbor ............................................................................................3
A Person You Selected That Is New to You........................................4
Other, specify_________________(v77a) ...........................................5
Don't Know/Ref...............................................................................8

78. Where is your home located? (Please circle one)

In a City ................................................................................................ 1
In a Suburban Area...........................................................................2
In a Rural Area ...................................................................................3
Don't Know/Ref ...............................................................................8

79. Which would describe your living arrangement?  
*(Please circle all that apply)*

Living Alone ......................................................................................... I
Living with Spouse ...............................................................................2
Living with Children............................................................................3
Living with Parent(s) ..........................................................................4
Living with Others...............................................................................5
Don't Know/Ref...............................................................................8

**MODULE H: REPRESENTATIVE INFORMATION**

80. When did you start being the representative for the individual who is completing this survey? (Please indicate month and year)

___ / ___
81. How satisfied have you been with your role and responsibilities as the representative for this individual? *(Please circle one)*

Very Satisfied .................................................................1
Somewhat Satisfied ..........................................................2
Neither Satisfied nor Dissatisfied .........................................3
Somewhat Dissatisfied ......................................................4
Very Dissatisfied ............................................................5
Don't Know/Ref ..............................................................8

82. If you are not completely satisfied, please describe why.

_________________________________________________________________

_________________________________________________________________

83. How satisfied have you been with the level of choice and control that you and the individual have had over his/her personal care services? *(Please circle one)*

Very Satisfied .................................................................1
Somewhat Satisfied ..........................................................2
Neither Satisfied nor Dissatisfied .........................................3
Somewhat Dissatisfied ......................................................4
Very Dissatisfied ............................................................5
Don't Know/Ref ..............................................................8

84. If you are not completely satisfied, please describe why.

_________________________________________________________________

_________________________________________________________________

85. How satisfied have you been with the type of the personal care services received by the individual? *(Please circle one)*

Very Satisfied .................................................................1
Somewhat Satisfied ..........................................................2
Neither Satisfied nor Dissatisfied .........................................3
Somewhat Dissatisfied ......................................................4
Very Dissatisfied ............................................................5
Don't Know/Ref ..............................................................8

86. If you are not completely satisfied, please describe why.

_________________________________________________________________

_________________________________________________________________
87. How satisfied have you been with the quality of the personal care services received by the individual? *(Please circle one)*

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
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<tr>
<td>Somewhat Satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither Satisfied nor Dissatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>5</td>
</tr>
<tr>
<td>Don't Know/Ref</td>
<td>8</td>
</tr>
</tbody>
</table>

88. If you are not completely satisfied, please describe why.

____________________________________________________________________________

____________________________________________________________________________

89. How satisfied have you been with the skills of the personal care worker(s) who provides services to the individual? *(Please circle one)*

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither Satisfied nor Dissatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>5</td>
</tr>
<tr>
<td>Don't Know/Ref</td>
<td>8</td>
</tr>
</tbody>
</table>

90. If you are not completely satisfied, please describe why.

____________________________________________________________________________

____________________________________________________________________________

91. How satisfied have you been with the timeliness of the personal care worker who provides services to the individual? *(Please circle one)*

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither Satisfied nor Dissatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>5</td>
</tr>
<tr>
<td>Don't Know/Ref</td>
<td>8</td>
</tr>
</tbody>
</table>

92. If you are not completely satisfied, please describe why.

____________________________________________________________________________

____________________________________________________________________________
93. How satisfied have you been with the services provided by (name of the OQA) to the individual? (Please circle one)

Very Satisfied ................................................................. 1
Somewhat Satisfied .......................................................... 2
Neither Satisfied nor Dissatisfied ......................................... 3
Somewhat Dissatisfied ...................................................... 4
Very Dissatisfied .............................................................. 5
Don't Know/Ref .............................................................. 8

94. If you are not completely satisfied, please describe why.

________________________________________________________________________

________________________________________________________________________

95. If you have any suggestions related to improving the personal care services received by the individual, please provide them here.

________________________________________________________________________

________________________________________________________________________

96. If you have any suggestions related to improving the services provided by (name of the OQA), please provide them here.

THANK YOU, AGAIN FOR YOUR TIME AND EFFORT IN COMPLETING THIS IMPORTANT SURVEY!