

The Veterans Directed Home &
Community Based Services Program:
Veteran Experience Analysis &
Recommended Satisfaction Survey Tool
& Procedures

Executive Summary

Over the past 10 years, the Department of Veterans Affairs (VA) has made a commitment to expand access of Long-Term Services & Supports (LTSS) for Veterans that require a nursing home level of care but desire to remain safely in their homes and communities. As a result, VA has increased its funding for non-institutional care services from \$292 million in FY2003 to

\$1.46 billion in FY2013, an increase of 397% in 10 years.¹ Even with this rapid growth in LTSS funding, VA Medical Centers (VAMCs) still face budgetary pressures that require them to control the amount of LTSS provided to eligible Veterans. In fact, a recent VA Office of Inspector General (OIG) report estimated that, in order to restrict the amount of services and contain LTSS spending, many VAMCs do not maintain waitlists to monitor Veterans not receiving LTSS and use more restrictive eligibility criteria than the Veterans Health Administration (VHA) policy dictates.²

With VA's commitment to increasing LTSS access, the Administration for Community Living (ACL) and VHA have worked collaboratively to develop sustainable Veterans-Directed Home & Community Based Services (VD-HCBS) Programs across the country that provide an innovative alternative to other VA non-institutional care options. Since the program's inception in 2008, 45 VAMCs have partnered with 104 State Units on Aging (SUA), Aging & Disability Resource Centers (ADRC) or Area Agencies on Aging (AAA) to develop operational VD-HCBS Programs that have served over 1,600 Veterans.

While VD-HCBS continues to grow, VAMCs with operational VD-HCBS Programs have had to demonstrate the effectiveness and efficacy of VD-HCBS to obtain local VAMC funding to support program growth or sustain Veteran enrollment in VD-HCBS. As a result, many VD-HCBS Programs have implemented Veteran satisfaction surveys to assist with collecting program experience data from Veterans. This data assists with providing empirical evidence as to the efficacy of VD-HCBS over alternative options of LTSS. These satisfaction surveys attempt to quantify how the consumer-directed approach of VD-HCBS, which provides Veterans with more choice and control over the services they receive, leads to improved health outcomes, quality of life and satisfaction with services.

In an effort to understand Veteran experience with VD-HCBS on a national scale, existing Veteran satisfaction surveys administered by SUAs, ADRCs or AAAs for VD-HCBS and subsequent results were collected and analyzed. Overall, 22 survey tools were collected from VD-HCBS Programs. Survey questions were cross-walked to identify similar questions that were then categorized into five domain areas: services and supports; caregivers; interests and activities; independence; and, personal relationships, autonomy and privacy.

1 FY2015 President's Budget Submission to Congress. Accessed at: <http://www.va.gov/budget/dVD-HCBS/OptionsCounselors/summary/Fy2015-Volumell-MedicalProgramsAndInformationTechnology.pdf>

2 *Audit of Selected Non-Institutional Purchased Home Care Services*, VA Office of Inspector General, September 30, 2013.

Overall, at least 89% of Veterans responded positively to each question asked in the VD-HCBS satisfaction surveys analyzed for this study. Just as importantly, the analysis indicates that Veterans reported high levels of satisfaction with the foundational components of VD-HCBS; choice and control. For example, 52% and 48% of Veterans strongly agree (n=35) or agree (n=25) that they are able to choose who provides their care, respectively. Additionally, 99% of Veterans (n=79) strongly agree or agree that their Caregivers do things the way they want them done and 91% of Veterans (n=53) strongly agree or agree that they control how they spend their VD-HCBS monthly budget.

Not only do Veterans report high satisfaction with the amount of choice and control with VD- HCBS, but the analysis also finds that the program is highly successful with maintaining Veterans independence while improving their quality of life. For example, 33% of Veterans (n=78) report being almost certain that they would enter a nursing home without VD-HCBS. Another 36% of Veterans (n=86) report that they are very likely to enter a nursing home while 20% (n=46) report being somewhat likely, with only 11% (n=27) not likely at all to enter a nursing home if they did not have access to the VD-HCBS. When asked how helpful the VD- HCBS program is, 95 % (n=228) report that VD-HCBS helped a lot while 4% report that VD-HCBS helped a little and less than 1% (n=3) report that VD-HCBS did not help at all. Lastly, 157 out of 159 Veterans report that VD-HCBS has improved the way they live and 100% of Veterans either strongly agree or agree that VD-HCBS has helped them stay as independent as possible.

Given that there is not a universally adopted Veteran satisfaction survey for VD-HCBS, nor Office of Management and Budget (OMB) clearance to administer one, the satisfaction surveys collected were used as a foundation point to develop a recommended standardized satisfaction survey that could be implemented across programs. This recommended survey builds upon existing survey questions and procedures. However, it is unique in suggesting that two separate satisfaction surveys be conducted: a three month post-enrollment survey and an annual survey conducted for all enrolled Veterans. The 3 month survey, which is recommended to be conducted as an in-person interview, would collect data on satisfaction with VD-HCBS activities relevant to the initial enrollment such as understanding orientation materials, finding workers, knowing who to contact, and understanding how to self-direct services. The annual survey, which is recommended to be administered as a mailed survey to all Veterans, would focus more on Veteran satisfaction with the services they receive and the workers that provide care as well as the impact VD-HCBS is having on their health, quality of life and independence.

Recommended Satisfaction Survey Tool & Procedures for VD-HCBS

It is recommended that a set of questions based on existing satisfaction surveys for VD-HCBS could form the basis of two core-standardized surveys for the VD-HCBS program. The questions selected are the result of reviewing the various surveys already in use by many of the VD-HCBS programs across the states. Selected questions below were asked by a number of sites with an emphasis on those that were the best indicators of satisfaction and that could assist administrators to improve program performance and quality. A few questions were added to enhance the list that can be used for program and quality improvement.

These surveys can be made available to all existing and future sites with recommended scales and methodology for conducting the survey. We further recommend that there be 2 distinct surveys.

THREE-MONTH POST ENROLLMENT SURVEY

A survey should be administered to all Veterans participating in the VD-HCBS program after the initial 3 months of enrollment. The primary purpose of this survey is to provide program administrators with timely feedback to make program adjustments and undertake quality improvement both to improve the experiences of individual Veterans completing the survey and also to engage in overall program improvement efforts. Secondly, its purpose is to determine participants' initial level of satisfaction with the program.

Based on this comprehensive review and analysis of existing survey use, it is recommended that the questions for the three-month post enrollment survey be asked through a personal interview. If feasible, efforts should be made to have someone besides the Veteran's care coordinator at the Aging & Disability Network conduct the personal interview. For example, the Veteran care coordinator's supervisor, VA VD-HCBS Coordinator or another care coordinator not responsible for the Veteran being interviewed could conduct the interview. However, some VD-HCBS Programs will not have the resources available to have staff besides the Veteran's care coordinator perform the interview. In these instances, it should be recognized that information collected, particularly for questions on the performance of the care coordinator, could be biased if the Veteran does not feel comfortable being candid during the interview. In this regard, additional efforts should be made to validate the responses provided to the care coordinator or it may make sense to use an anonymous self-administered paper or electronic survey. For example, the care coordinator's supervisor or VA VD-HCBS Coordinator could complete a percentage of the questions, potentially over the phone and more informally, to capture any issues or concerns regarding the care coordinator or service delivery of VD-HCBS.

GENERAL

1. Is your VA team aware of the VD-HCBS services you receive?
2. Have you experienced any hospitalizations since enrolling in the veteran's self-directed program?
 - a. If yes, how many hospitalizations have you had?

Response is a number between 1 and 99

Recommended scale: Yes/No

SERVICES AND SUPPORTS

3. I understand how to self-direct my services.

4. I am satisfied with the time it took for me to enroll.
5. I am satisfied with the time it took to enroll my personal assistants.
6. I am satisfied with the support I get to pay my workers or service providers.
7. I know who to contact if I have a problem.
8. I know who to contact if I do not feel safe in my home or with my caregivers.
9. I am satisfied with the quality of my care.
10. My VD-HCBS Options Counselor is helpful to me.
11. My VD-HCBS Options Counselor treats me fairly and with respect.
12. My fiscal management service is helpful to me.
13. I am satisfied that I understand the written materials I have received.
14. I am satisfied with the orientation I have been given about the veteran's self-directed program including a description of my rights and responsibilities.

CAREGIVERS

15. I feel confident managing my employees.
16. It was it easy to find a personal assistant.
17. The program has supported me in locating personal assistants and being an employer.
18. I think the program had improved the quality of life of my primary caregiver.

INDEPENDENCE

19. I have enough choice about the services and products I use.
20. The veteran self –directed program helps me to remain safely in my own home.
21. The veteran's self-directed program allows me to receive services in the place I prefer.

Recommended scale: Strongly Agree, Agree, Neither Agree or Disagree, Disagree, Strongly Disagree

ANNUAL SATISFACTION SURVEY

A second survey should be administered to all Veterans participating in the program on an annual basis. The primary purpose is to determine Veteran satisfaction with the program, but also provide information that can be used by program administration to improve service delivery. We recommend the questions listed below be asked. The survey can be mailed so that Veterans may participate anonymously if they prefer. Veterans could be provided the option of a follow-up telephone contact if they have concerns they wish to discuss with program administrators.

GENERAL

1. How long have you been in the Veteran's Self-Directed Program?
 - a. less than 6 months
 - b. 6-12 months
 - c. More than 12 months
2. Is your VA team aware of the VD-HCBS services you receive?
 - a. Yes
 - b. No

SERVICES AND SUPPORTS

3. I get the care I need to support my ability to live at home.
4. I am satisfied with the quality of my care.
5. My VD-HCBS Options Counselor is helpful to me.
6. My VD-HCBS Options Counselor treats me fairly and with respect.
7. These services have prevented me from being admitted to a nursing facility.
8. My fiscal management service is helpful to me.
9. I am satisfied with the VD-HCBS program.
10. I feel the services have helped me get the services I need.

CAREGIVERS

11. My caregivers do things the way I want them done.
12. My caregivers treat me with respect.
13. I feel confident managing my employees.
14. The program has supported me in locating personal assistants and being an employer.

15. My caregivers provide me with the help I need.

16. My caregivers provide me with the help at times that work for me.

INTERESTS AND ACTIVITIES

17. The veteran self-directed program helps me to do the activities that are important to me.

18. The veteran's self-directed program enables me to engage in community activities.

INDEPENDENCE

19. I control how the money in my veteran self-directed program budget is spent.

20. The veteran self-directed program has improved the way I live my life.

21. The veteran self-directed program provides services that keep me independent.

22. The veteran self-directed program helps me to remain safely in my own home.

Recommended Scale: Strongly Agree, Agree, Neither Agree or Disagree, Disagree, Strongly Disagree, Don't Know