

Bluegrass Area Agency on Aging & Independent Living (BGAAAIL) Quality Assurance Survey

The BGAAAIL and its' community service partners strive to provide the best possible services. We value your input about the quality of the services you receive. Your opinion is very important to us. We appreciate you taking the time to participate in this survey, and we hope you will give us the opportunity to learn how we can provide the best services possible.

Please answer the questions in the survey below. There is a place at the end of the survey for any additional suggestions or comments that you may have.

Service: Case Management - Homecare _____ **Title III** _____

Center/ Provider Name: _____

Survey completed by: Client _____ **Caregiver** _____ **Other** _____

Think about the Case Management services that you receive. Please tell us how satisfied you are.

	Very Satisfied	Satisfied	Not Satisfied
1. With your case manager that helps coordinate your services?	1	2	3
2. That your case manager is courteous and respectful?	1	2	3
3. That your case manager listens to your concerns and understands your needs?	1	2	3
4. That your case manager follows up with you in a timely manner when you have a concern?	1	2	3
5. That your case manager returns your calls in a timely manner?	1	2	3
6. That there is a professional relationship between you and your case manager?	1	2	3
7. That your case manager was able to help solve your service problems?	1	2	3
8. That your case manager involved you in the development of your care plan?	1	2	3

	Very Satisfied	Satisfied	Not Satisfied
9. That you feel your input in your service plan meets your expectations?	1	2	3
10. That your case manager considered your preferences when arranging your services.	1	2	3
11. That your case manager provided you with options and choices?	1	2	3
	Yes	No	Don't Know
12. Does your case manager call you to make appointments?	1	2	3
13. Did your case manager provide you with a copy of your service plan?	1	2	3
14. Did your case manager clearly explain your service plan and the services you would receive?	1	2	3
15. Did your case manager clearly explain who would provide your services?	1	2	3
16. Did your case manager clearly explain to you any cost of services that would be your responsibility?	1	2	3
17. Did your case manager clearly explain to you that if you are not paying for your services you can donate toward that cost if you choose?	1	2	3
18. Did your case manager encourage you to Call him/her if your situation changes or You have any issues with your services?	1	2	3
19. Do you know how to contact your case manager?	1	2	3
20. When you call the office are you able to	1	2	3

speak with someone without leaving a message?

	Yes	No	Don't Know
21. If you leave a message, is your call returned in a timely manner?	1	2	3
22. When you call the office, are staff friendly And show concern for your needs?	1	2	3
23. Would you recommend the services to your friends, family and neighbors?	1	2	3
24. How often does your case manager visit you?			
_____ Monthly _____ Every other month _____ Every 3 months _____ Every 6 months			
_____ Once a year _____ Never _____ Don't know			
25. How often does your case manager call you?			
_____ Monthly _____ Every other month _____ Every 3 months _____ Every 6 months			
_____ Once a year _____ Never _____ Don't know			
26. Consider the following statement and indicate whether you agree or disagree. As a result of the case management services and the other services you receive;			
	Agree	Disagree	Don't Know
a. You are able to remain in your home...	1	2	3
b. You are better able to care for your own needs...	1	2	3
c. You are better able to maintain your home ...	1	2	3
d. You feel safer in your home ...	1	2	3
e. You feel your quality of life has improved ...	1	2	3

- f. You feel less stress ... 1 2 3
- g. You are more independent ... 1 2 3

Agree Disagree Don't Know

- h. You are more self-sufficient ... 1 2 3
- i. You feel better because you have someone to call when you have a concern or need ... 1 2 3
- j. That you are able to use less health Services (doctor visits, hospitalizations, etc. ...) 1 2 3

27. If you were not receiving your services, which statements would best describe your situation:

- _____ Would not be able to care for your home
- _____ Would not be able to care for your personal needs
- _____ Would not be able to pay for services
- _____ Would have to depend on family to assist with my needs
- _____ Would have to depend on others to assist with my meals
- _____ If yes, who would this be?

- | | Yes | No | Don't Know |
|---|-----|----|------------|
| 28. Have you been hospitalized in the last three months? | 1 | 2 | 3 |
| 29. Have you had to visit the Emergency Room in the past 12 months? | 1 | 2 | 3 |
| 30. Have you had medication problems in the past 12 months? | 1 | 2 | 3 |
| a. If yes, please explain _____ | | | |
| <hr/> | | | |
| 31. Do you have a list of all your medications? | 1 | 2 | 3 |
| 32. Do you understand what each of your medications are for? | 1 | 2 | 3 |
| 33. Have you had anyone to review your | 1 | 2 | 3 |

