

# **2014 Family Care Member Survey Results**

Includes  
Family Care, Family Care Partnership, and PACE  
Programs



Wisconsin Department of Health Services  
Division of Long Term Care  
Bureau of Managed Care

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## Introduction

Family Care (FC), Family Care Partnership (FCP), and PACE (Program of All-Inclusive Care for the Elderly) members were surveyed during 2014 regarding their experience with key features of the services they received from their Managed Care Organization (MCO). This survey is part of the overall Bureau of Managed Care (BMC) Quality Management Strategy (QMS) and is intended to provide data from the members to BMC and MCOs for use in quality improvement efforts.

The survey tool was changed from prior years, both in the questions being asked, and in the choices of response. Each MCO was required to include the following questions in their survey:

- Can you contact your care team when you need to?
- Do you feel the people who help with your personal care know what kind of help you need?
- Do you know who your care manager is?
- Do you know who your nurse is?
- Do you participate in making decisions about your care plan?
- Did you work with somebody to develop your care plan?
- In the last 12 months, were you offered the option to self-direct some or part of your services?
- How often do the people who help with your personal care treat you with courtesy and respect?
- How often do you get the help you need from your care team?
- How often does your care team explain things in a way that is easy to understand?
- How often does your care team listen to you?
- How often does your care team treat you with courtesy and respect?
- Overall, how would you rate the supports and services you receive?
- Overall, how would you rate the help you get from your care team?
- Does your care plan include all/most/some/none of the things that are important to you?
- Would you recommend this MCO to your friends and family?
- From 0 to 10, what number would you use to rate this MCO?

Some of these questions had potential responses limited to “Yes,” “No,” or “Don’t know/Not Applicable.” Other questions had more qualitative choices such as “Always,” “Usually,” “Sometimes,” and “Never.” In addition, three of the questions had their own unique list of responses, and are shown individually on the following pages.

Each MCO is responsible for administering its own survey. The survey administration methods are not standardized and the methods used vary from MCO to MCO. This variation may cause differences in the way members responded to the survey.

## MCO Abbreviations

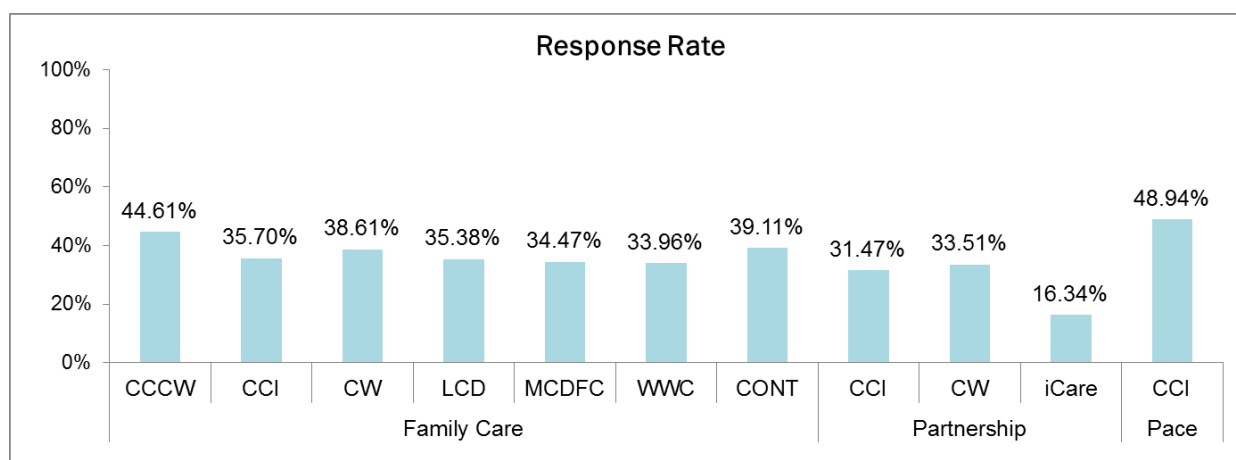
The following MCO abbreviations are used throughout this document.

MCO Name/Program	Abbreviation
<b><i>Family Care (FC)</i></b>	
Community Care Connections of Wisconsin (FC)	CCCW (FC)
Community Care, Inc. (FC)	CCI (FC)
Care Wisconsin (FC)	CW (FC)
Lakeland Care District (FC)	LCD (FC)
Milwaukee County Department of Family Care <sup>1</sup> (FC)	MCDFC (FC)
ContinuUs (FC)	CONT (FC)
Western Wisconsin Cares (FC)	WWC (FC)
<b><i>Family Care Partnership (FCP)</i></b>	
Community Care, Inc. (FCP)	CCI (FCP)
Care Wisconsin (FCP)	CW (FCP)
iCare (FCP)	iCare (FCP)
<b><i>PACE</i></b>	
Community Care, Inc. (PACE)	CCI (PACE)

## Section 1: Response Rates and Demographics

### Response Rate

The overall response rate for the member surveys administered in 2014 was 37%. This is slightly lower than 2013's response rate of 38%, but in line with previous years. The margin of error overall was plus or minus 0.89%. The response rate varied by MCO and ranged from 16% to 49%. When evaluating the applicability of the survey results to the total population, it is useful to consider the margin of error. A margin of error of plus or minus 5% or less is desirable, and two Family Care Partnership MCOs had a margin of error of more than plus or minus 5%.<sup>2</sup>



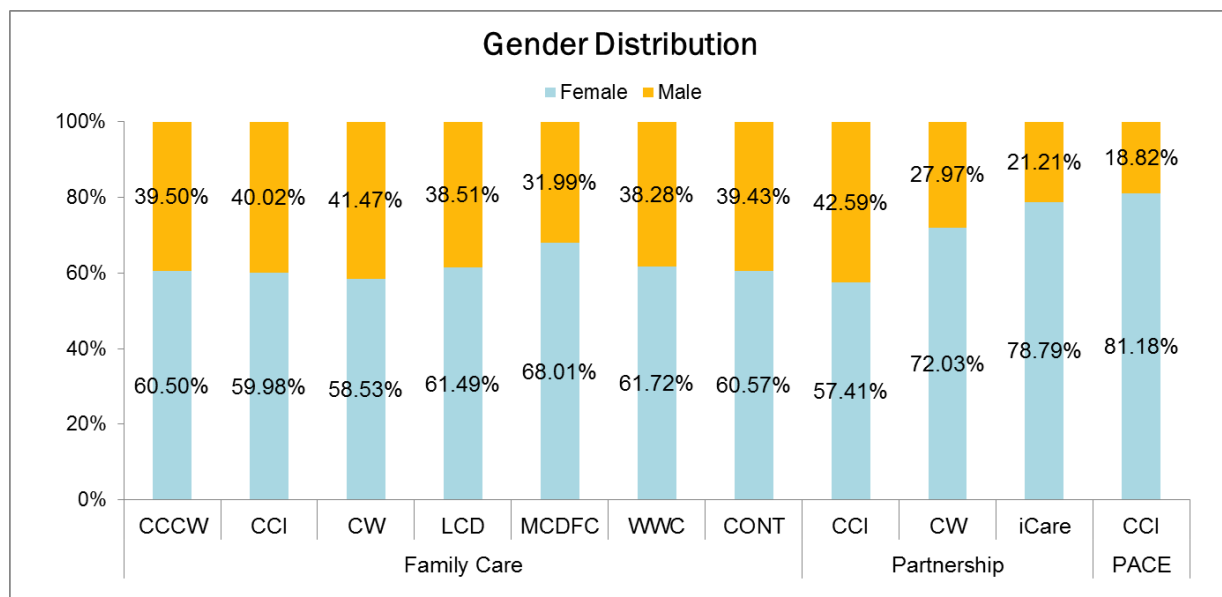
<sup>1</sup> In July of 2015, Milwaukee County Department of Family Care began doing business as My Choice Family Care. The name in use during 2014 is used in this document.

<sup>2</sup> Details on the response rate and margin of error, including data by MCO, are in the Appendix.

## Demographics

### Gender Distribution of Respondents<sup>3</sup>

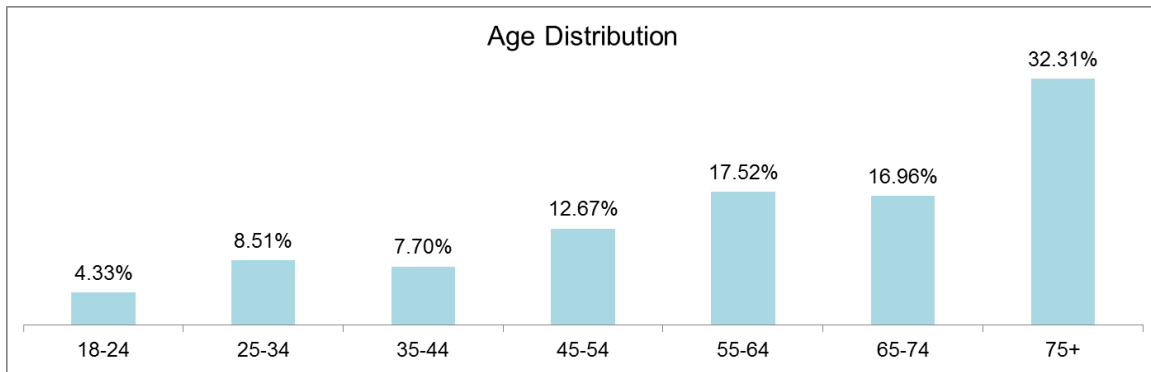
Just over 62% of respondents were female, which is about 3% higher than their share of the overall managed long-term care population. Male respondents accounted for a little under 38%, which is about 3% lower than their share of the overall managed-care population. The PACE program had the highest ratio of respondents being female, at over 81%, and Partnership (69%) also had a higher level of female respondents than the overall long-term care population, or of Family Care (61%).



<sup>3</sup> In the tables on gender and age distribution, “respondent” refers to the MCO member for whom the response is being made, regardless of who actually answered the questions.

## Overall Age Distribution

The following table reflects the ages of respondents across all three programs. This closely reflects the age breakdown of the Family Care, Family Care Partnership, and PACE population overall. It should be noted that the age brackets used are not the same as used in prior reporting of member survey results.

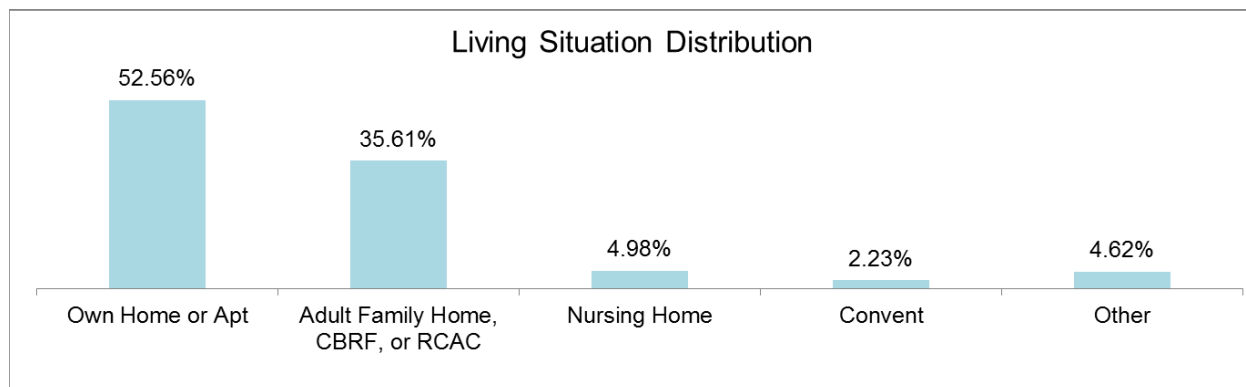


### Survey Respondent Age Distribution Compared to Overall Age Distribution

Age Groups	Managed LTC Percent	Survey Percent
18-24	5.7%	4.3%
25-34	9.2%	8.5%
35-44	8.0%	7.7%
45-54	13.5%	12.7%
55-64	17.2%	17.5%
65-74	16.2%	17.0%
75+	30.2%	32.3%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>

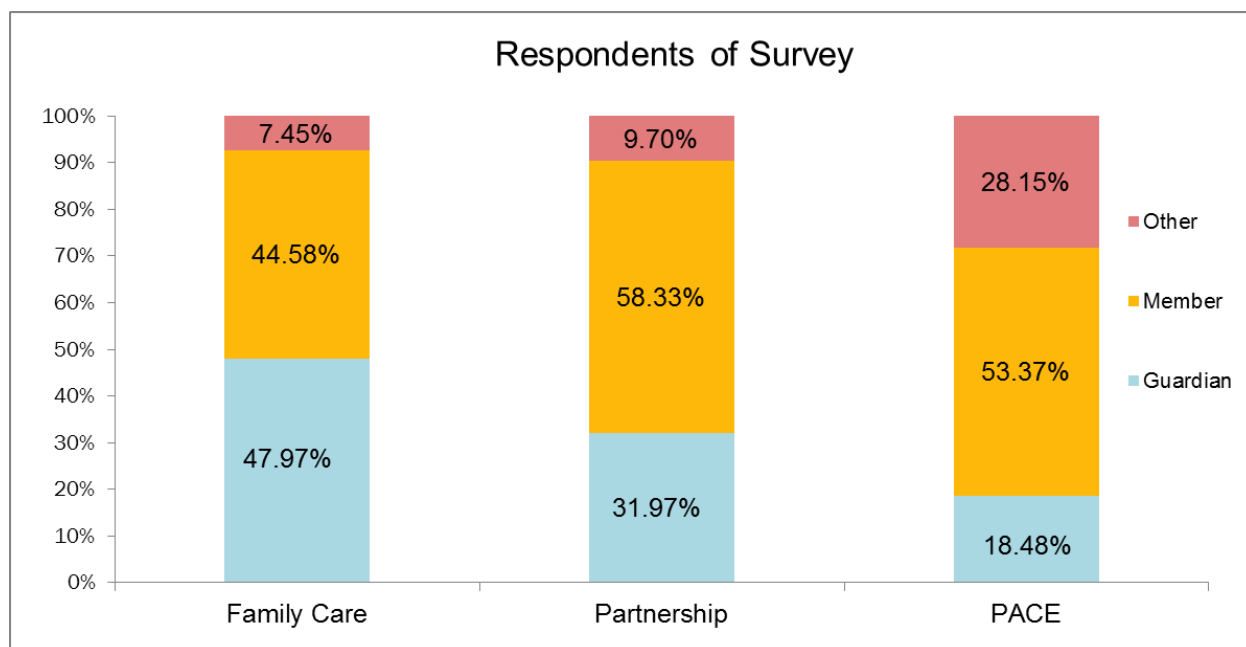
## Overall Living Situation

The living situation responses showed that a majority of respondents lived at home. Of those who did not, the majority (36% of all respondents) were in community-based residential settings, and just over 7% of respondents were in institutional settings.



## Overall Respondent Type

The percentage of all surveys filled out by members (45.89%) and guardians (45.73%) were practically the same. More guardians filled out surveys than members in Family Care, while members were a majority of the respondents for Partnership and PACE.



## Section 2: Program Level Results

This section reports the responses to the survey statements for all managed long-term care programs as a whole, and by each program category—Family Care, Family Care Partnership and PACE (some MCOs operate more than one program category and are included as a separate MCO for each category). Many of these questions are either new or offered a different range of responses than in previous years, and we urge caution in making year-to-year comparisons as a result. As indicated above, because of the differences in methods used by MCOs to conduct their survey, as well as variations in response rates and statistical significance, the reader should view the findings in this report in this context.

### “Yes” and “No” Responses

Seven questions had possible responses of “Yes,” “No,” or “Don’t Know/Not applicable.” Of those, the most common and least common “Yes” responses came with the same questions for all three long-term care programs.

Program	Most Common “Yes”	Least Common “Yes”
<b>Family Care/ Partnership/ PACE</b>	Can you contact your care team when you need to?	In the last 12 months, were you offered the option to self-direct some or part of your services?

### “Always” and “Usually” Responses

Five questions had choices of “Always,” “Usually,” “Sometimes,” and “Never” for responses, with “Always” and “Usually” being over 92% of all responses given for these questions. All three long-term care programs ended up with the same questions having the most common answer of “Always” and the least common occurrences of “Always.”

Program	Most Common “Always”	Least Common “Always”
<b>Family Care/ Partnership/ PACE</b>	How often does your {care team} treat you with courtesy and respect?	How often do you get the help you need from your {care team}?

### Other Responses

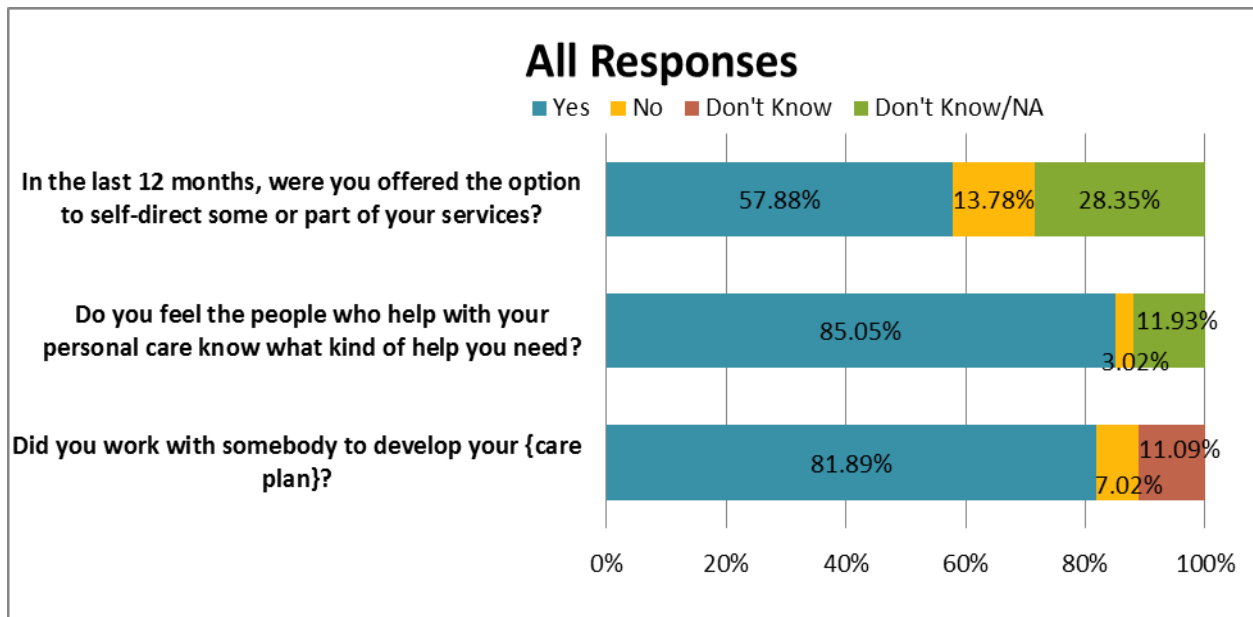
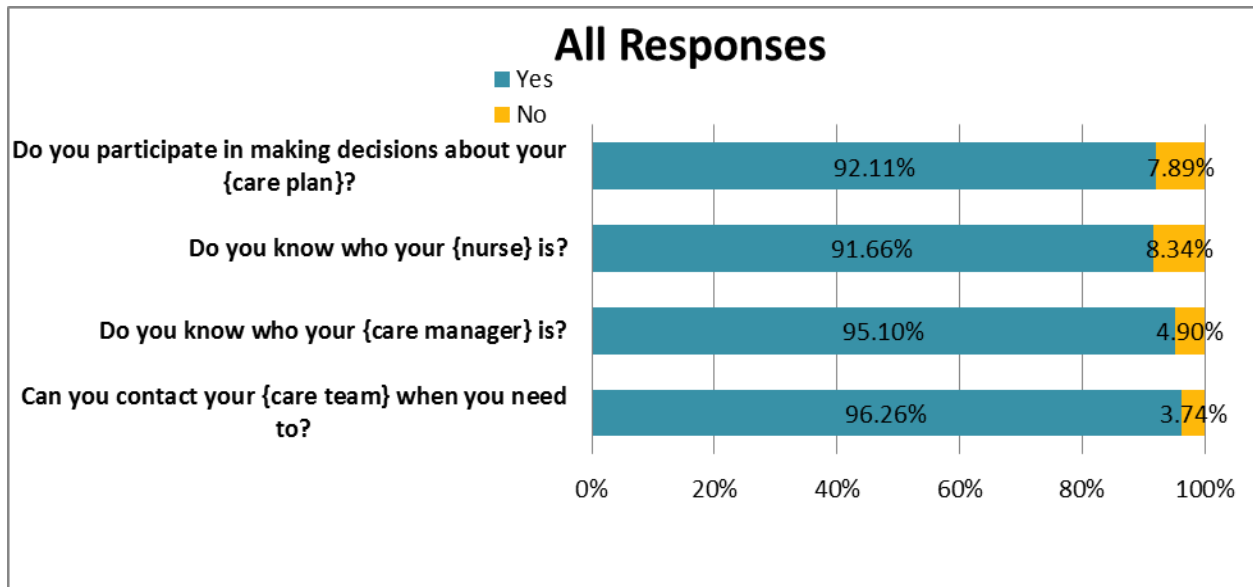
Four other questions in the survey had a different list of responses.

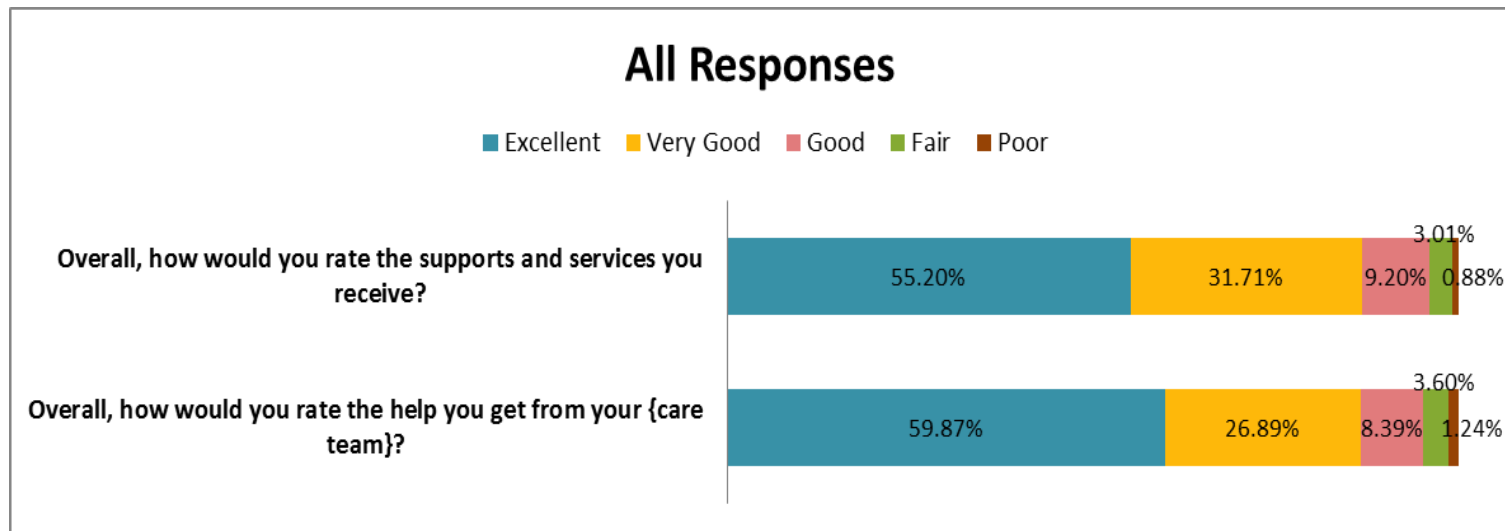
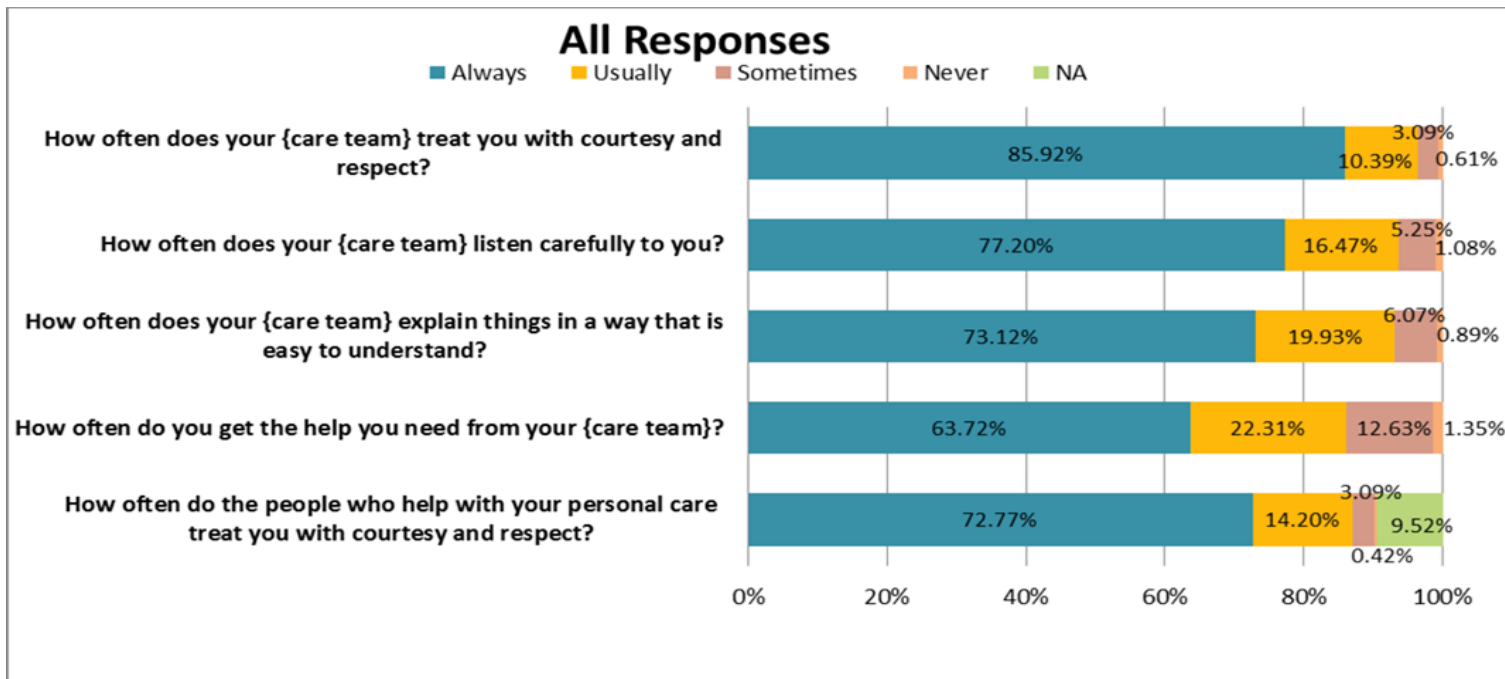
- Nearly 96% of respondents said that they would “Definitely” or “Probably” recommend their MCO to others.
- Over 87% of respondents said that their care plan offered “all” or “most” of “the things that are important” to them.



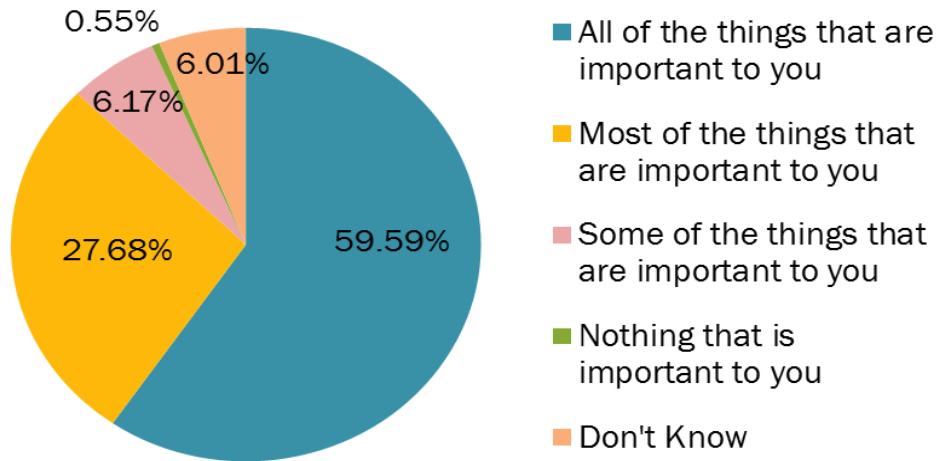
- Nearly 87% of respondents rated both the help they get and the supports and services they receive as “Excellent” or “Very Good.”
- On a scale of 0-10, with 10 being the best, nearly 48% of respondents rated their MCO a 10, and nearly 81% rated their MCO an 8, 9, or 10.

## All Programs

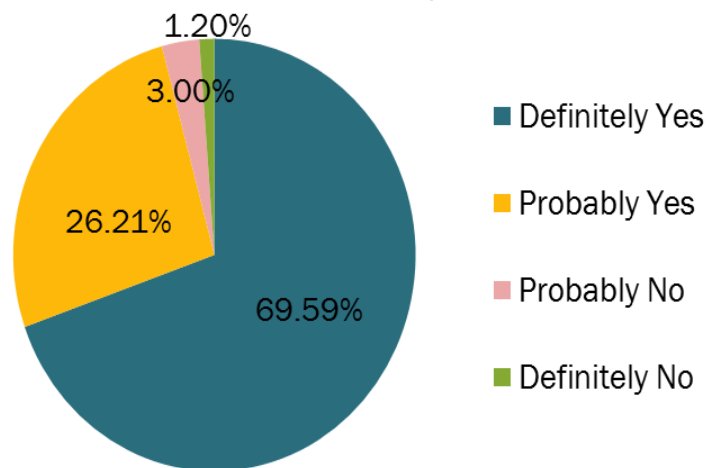




**All Responses**  
**Does your {care plan} include?**



**All Responses**  
**Would you recommend this MCO to your friends and family?**

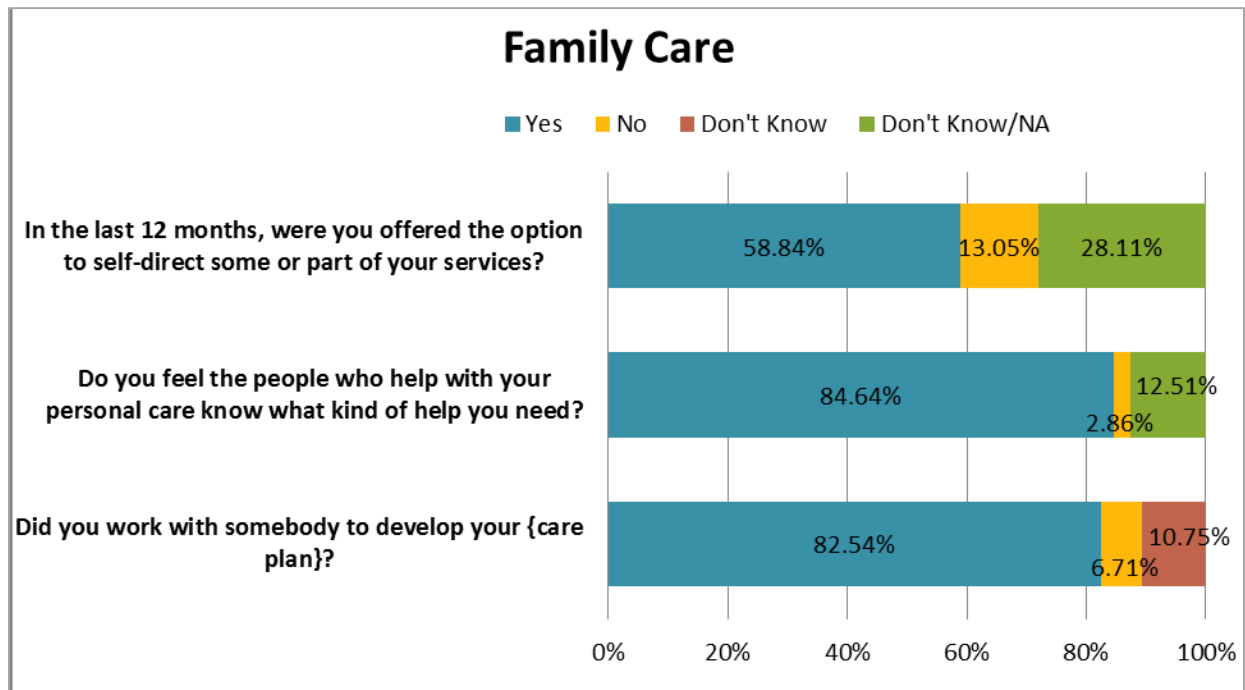
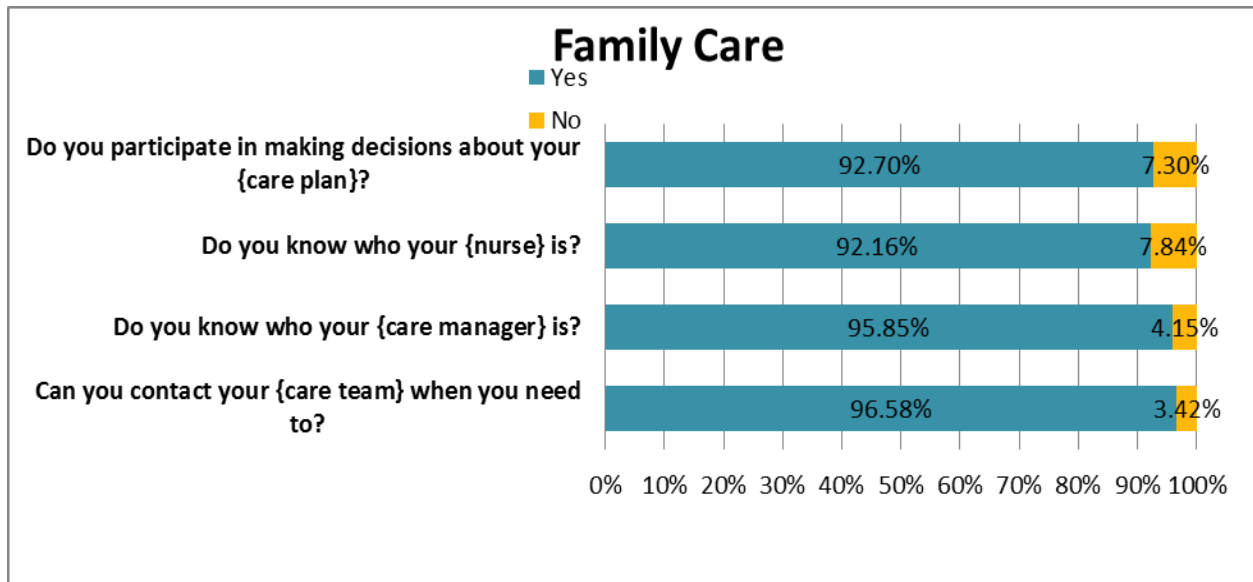


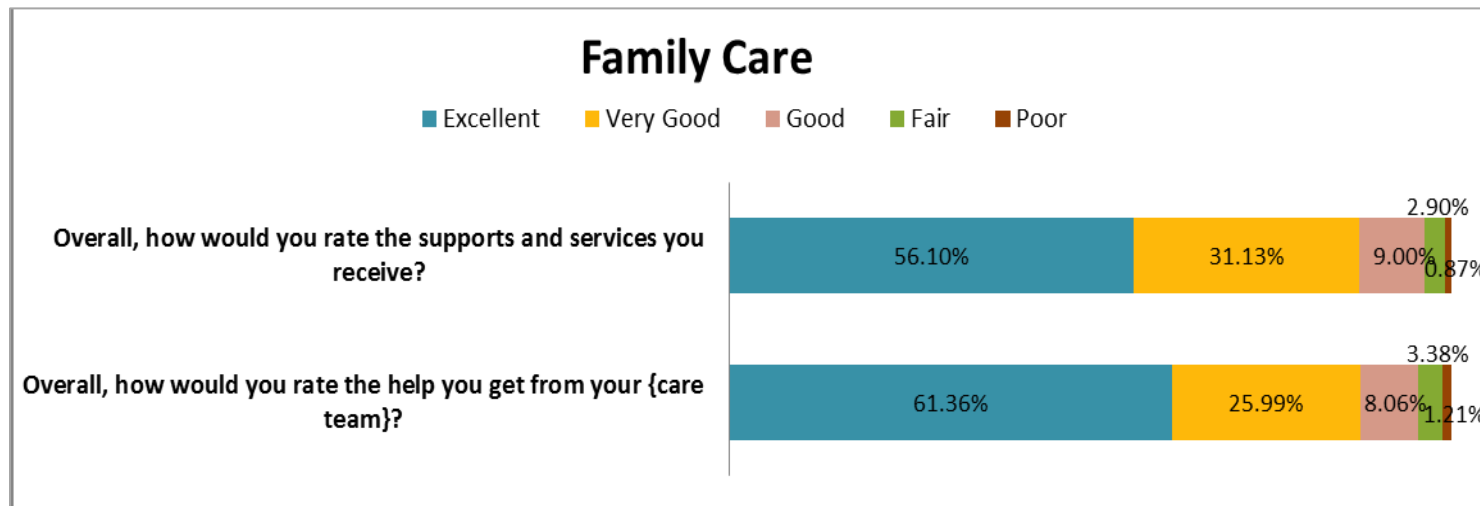
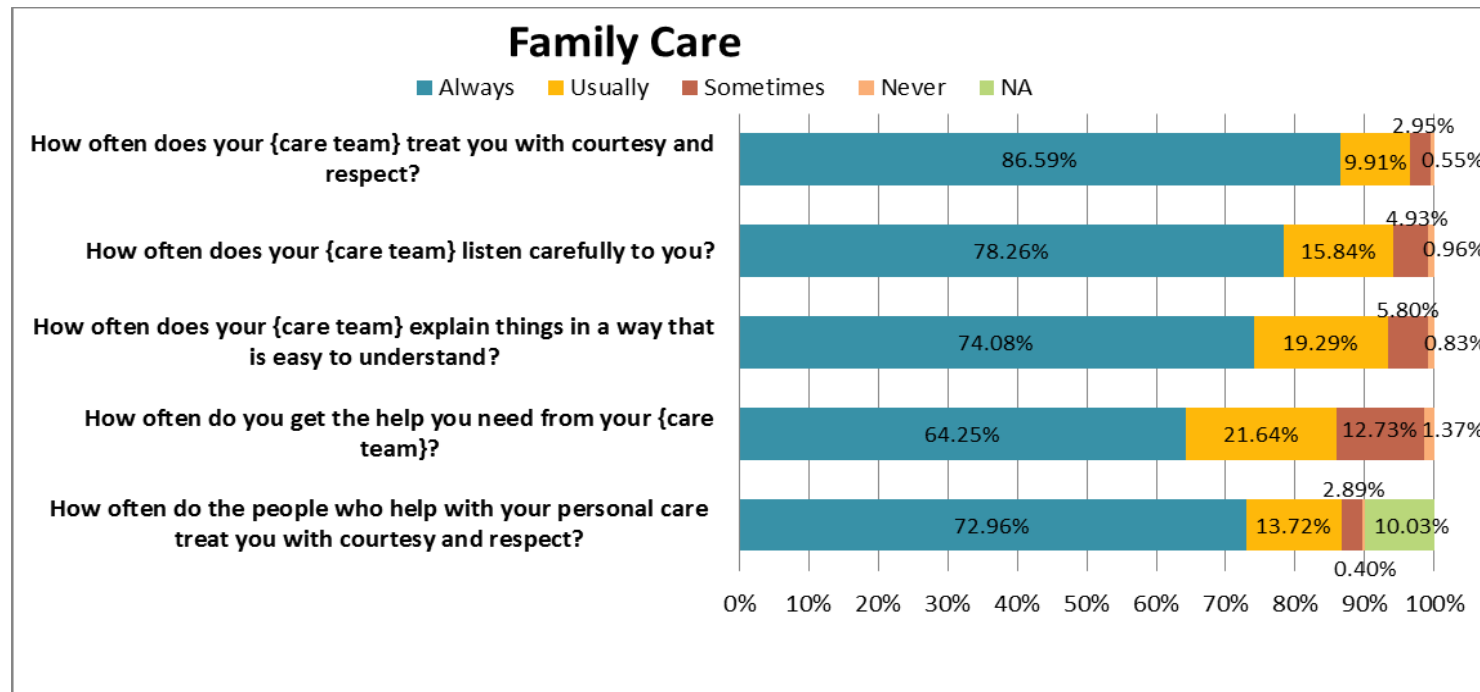
**From 0 to 10, what number would you use to rate this MCO?**  
(10 being the highest rating and 0 being the lowest)

**All Responses**

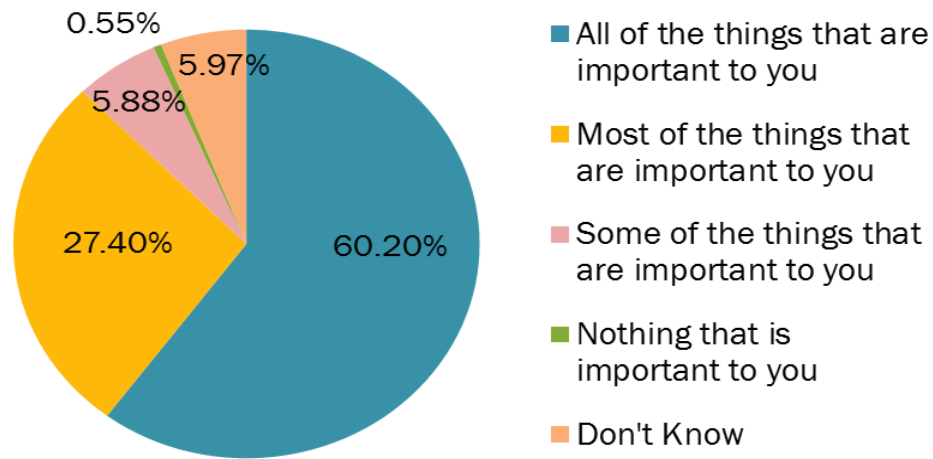
<b>Rating</b>	<b>Percentage</b>
<b>10</b>	47.76%
<b>9</b>	19.71%
<b>8</b>	13.37%
<b>7</b>	5.91%
<b>6</b>	2.64%
<b>5</b>	3.80%
<b>4</b>	0.97%
<b>3</b>	0.95%
<b>2</b>	0.58%
<b>1</b>	0.46%
<b>0</b>	0.49%
<b>Don't Know</b>	3.37%

## Family Care

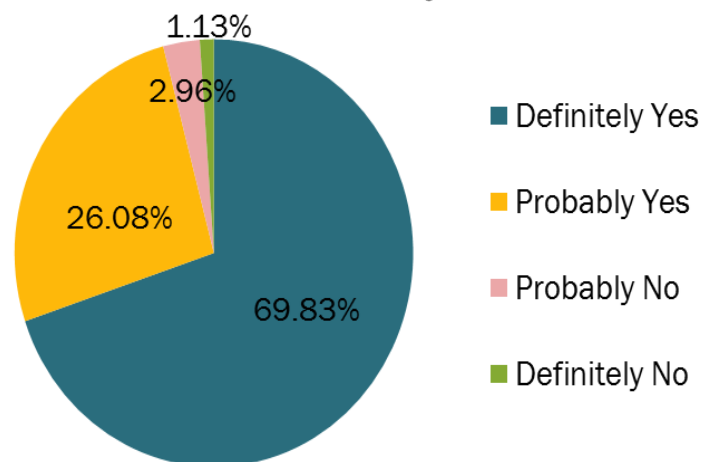




**Family Care members**  
**Does your {care plan} include?**



**Family Care members**  
**Would you recommend this MCO to your friends and family?**



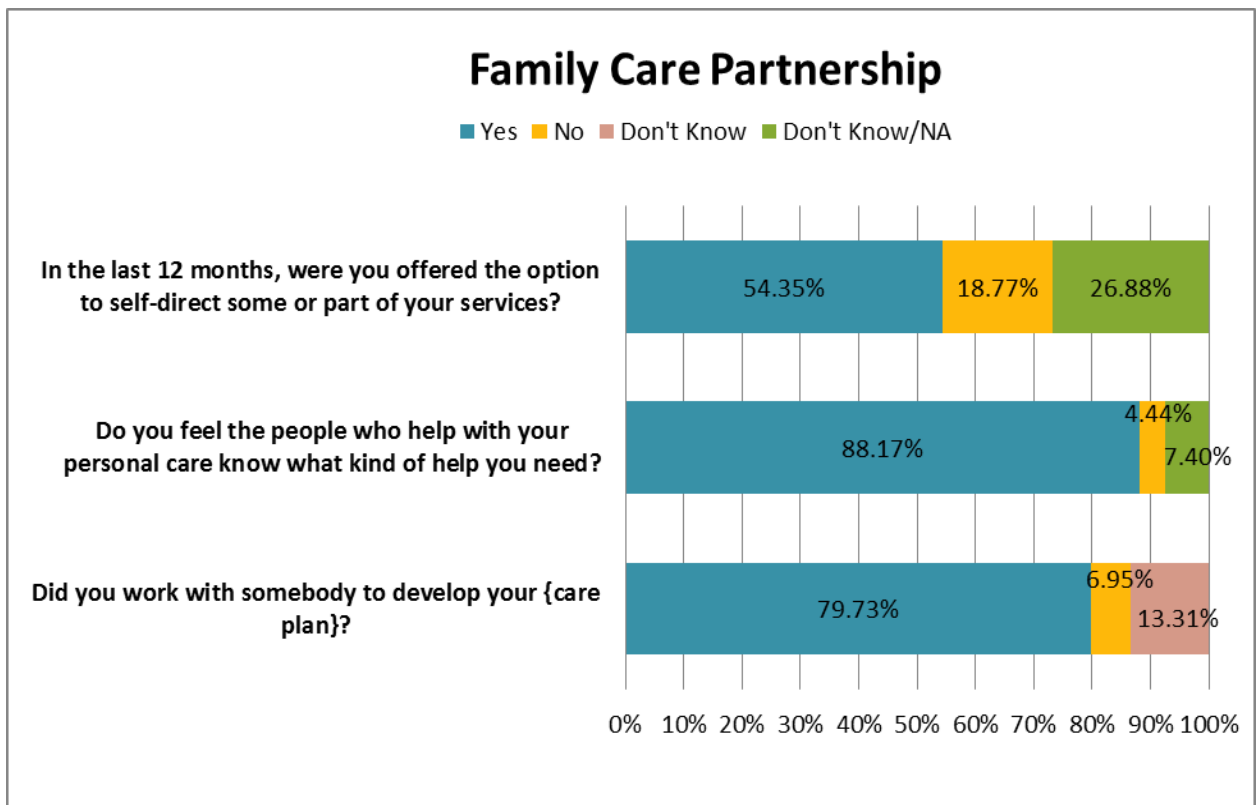
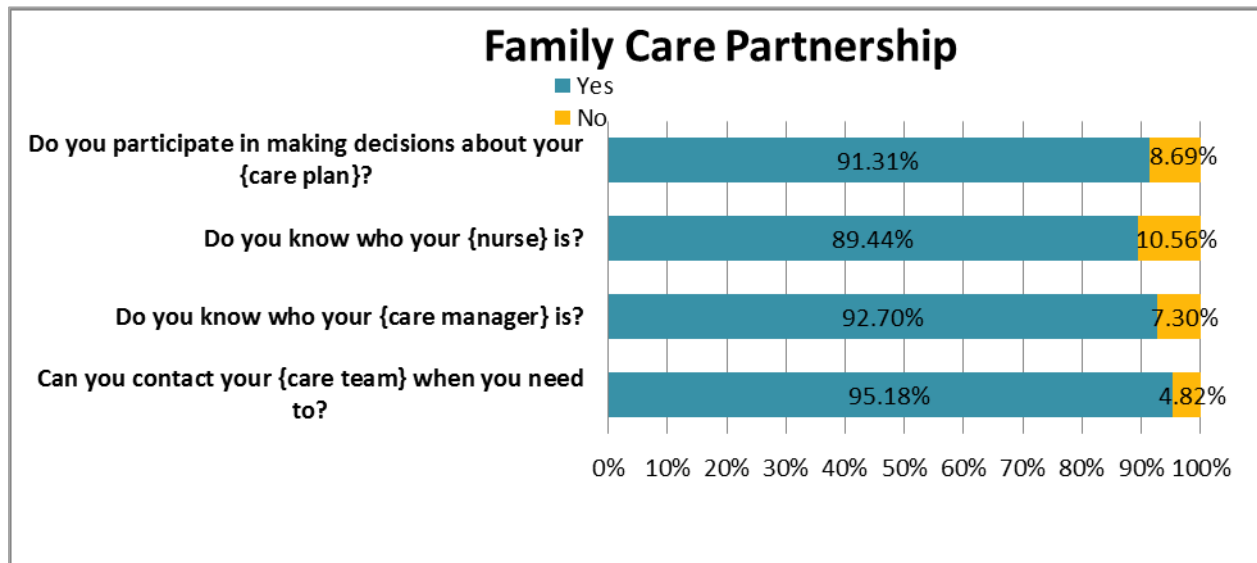


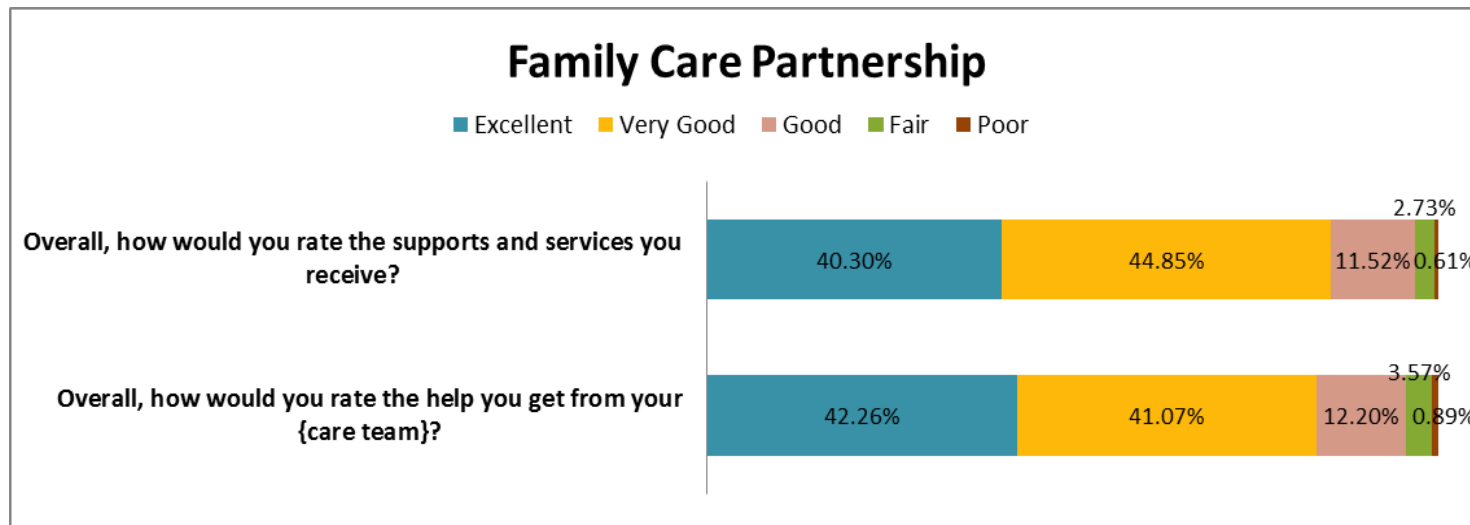
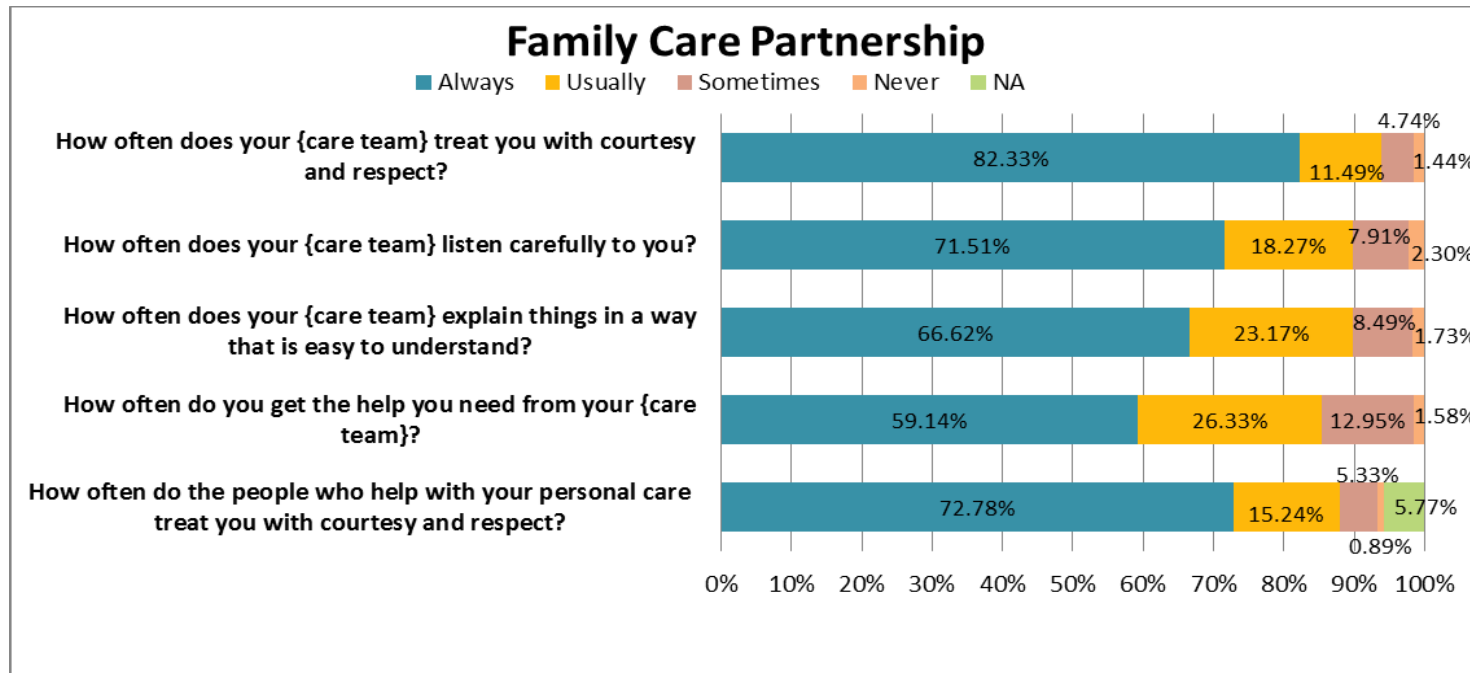
**From 0 to 10, what number would you use to rate this MCO?**  
(10 being the highest rating and 0 being the lowest)

**Family Care**

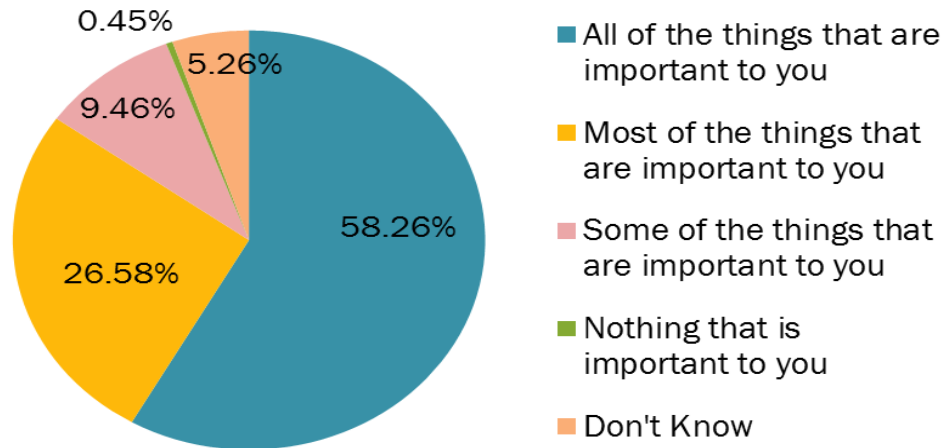
<b>Rating</b>	<b>Percentage</b>
<b>10</b>	48.21%
<b>9</b>	20.04%
<b>8</b>	13.20%
<b>7</b>	5.68%
<b>6</b>	2.48%
<b>5</b>	3.63%
<b>4</b>	0.92%
<b>3</b>	0.94%
<b>2</b>	0.57%
<b>1</b>	0.40%
<b>0</b>	0.45%
<b>Don't Know</b>	3.47%

## Family Care Partnership

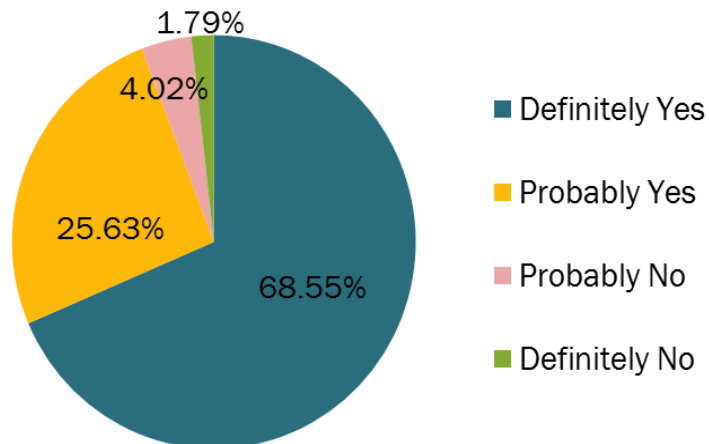




### Family Care Partnership Does your {care plan} include?



### Family Care Partnership Would you recommend this MCO to your friends and family?

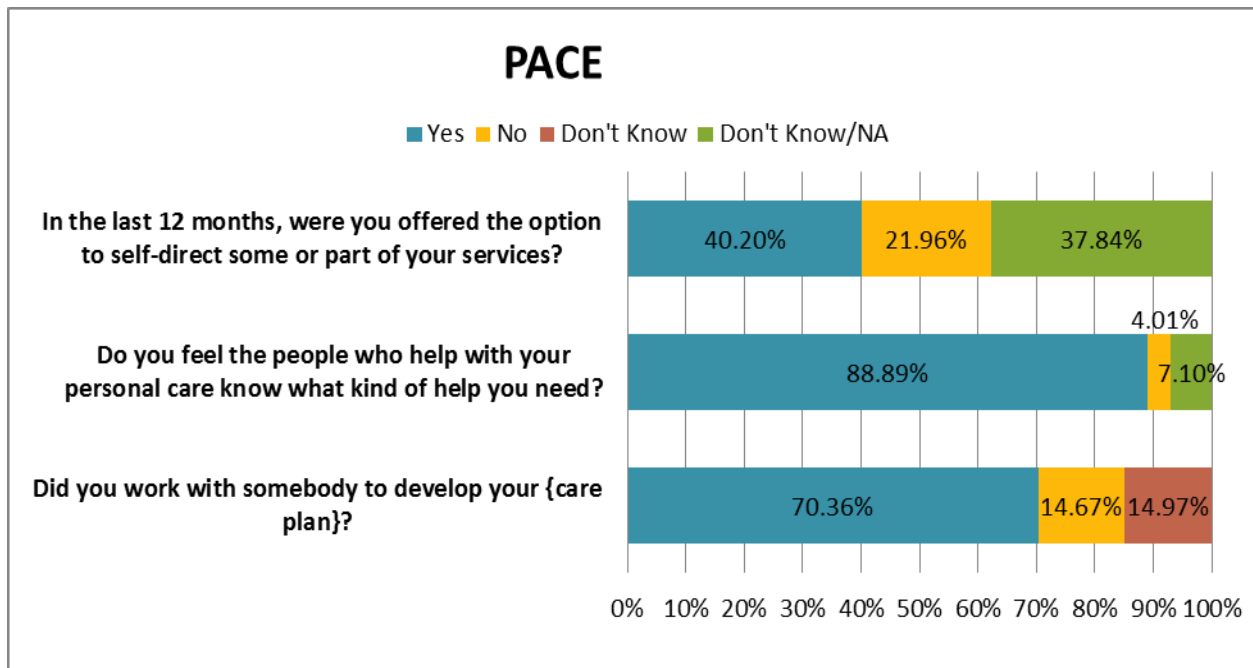
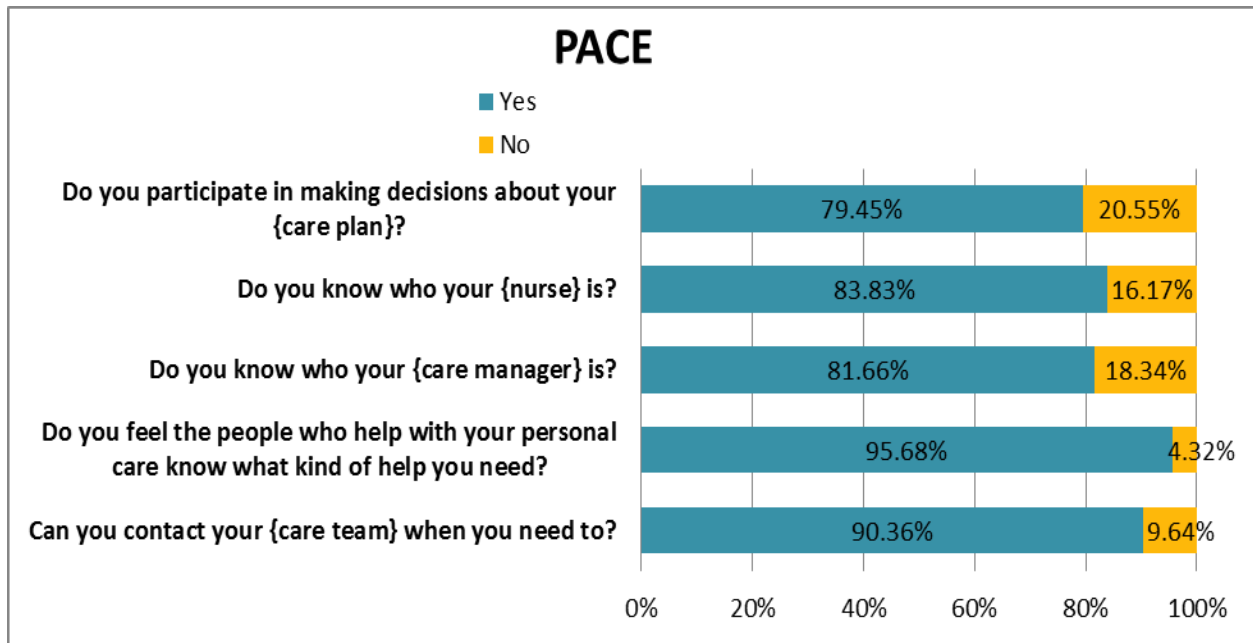


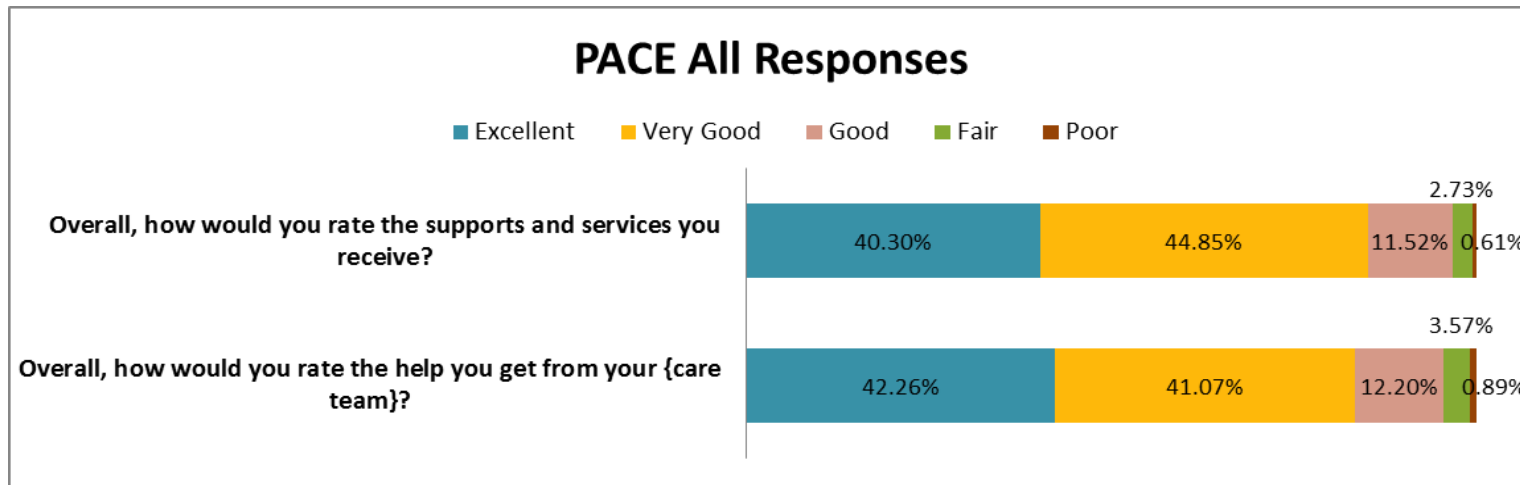
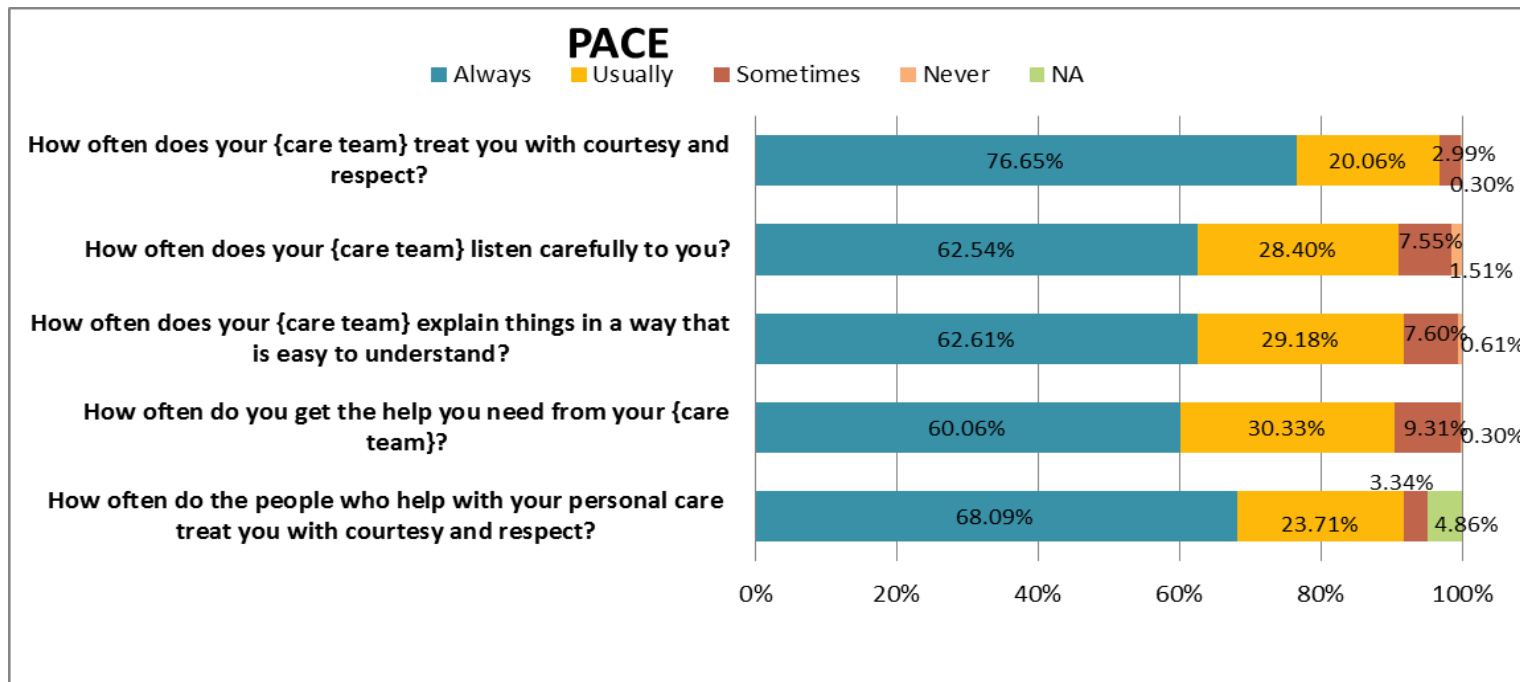
**From 0 to 10, what number would you use to rate this MCO?**  
(10 being the highest rating and 0 being the lowest)

**Family Care Partnership**

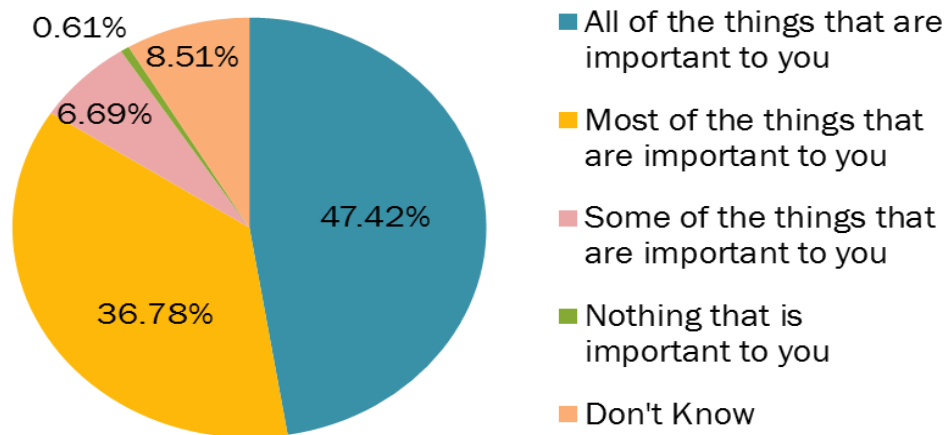
<b>Rating</b>	<b>Percentage</b>
<b>10</b>	45.77%
<b>9</b>	16.77%
<b>8</b>	13.29%
<b>7</b>	7.70%
<b>6</b>	2.87%
<b>5</b>	5.74%
<b>4</b>	1.51%
<b>3</b>	1.36%
<b>2</b>	0.76%
<b>1</b>	1.06%
<b>0</b>	0.76%
<b>Don't Know</b>	2.42%

## PACE

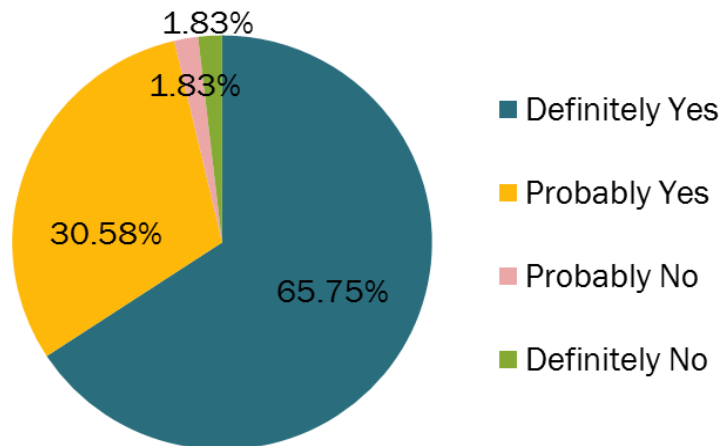




**PACE members**  
**Does your {care plan} include?**



**PACE members**  
**Would you recommend this MCO to your friends and family?**



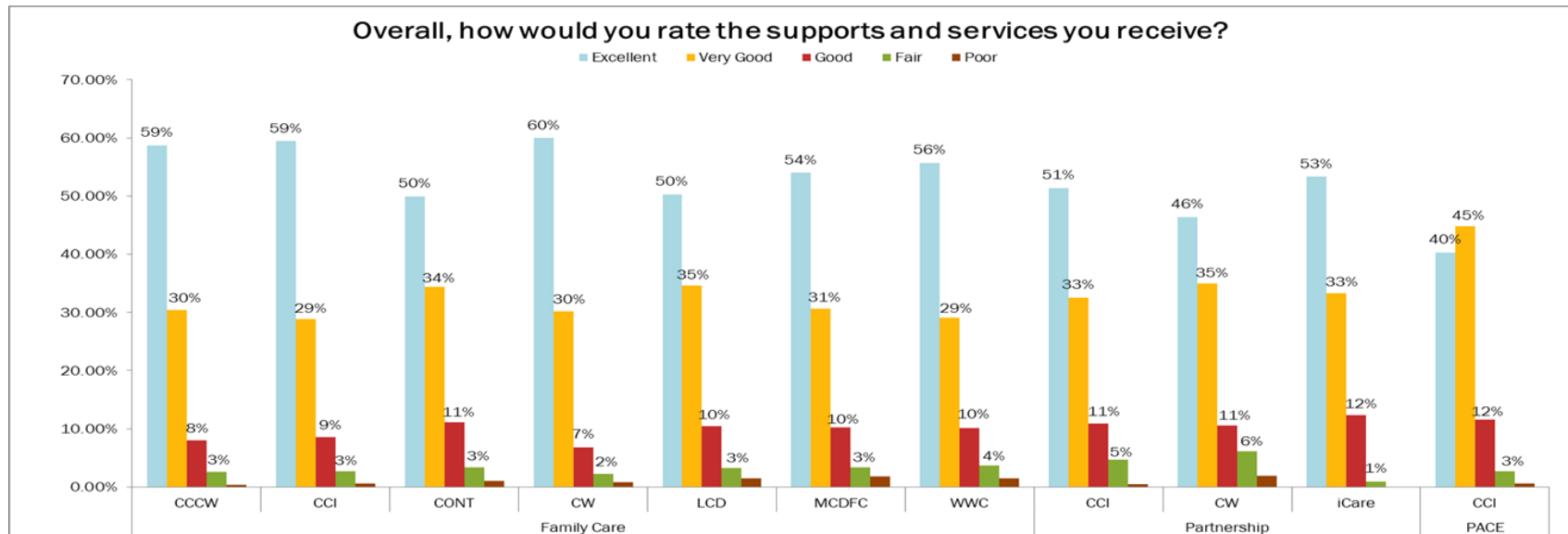
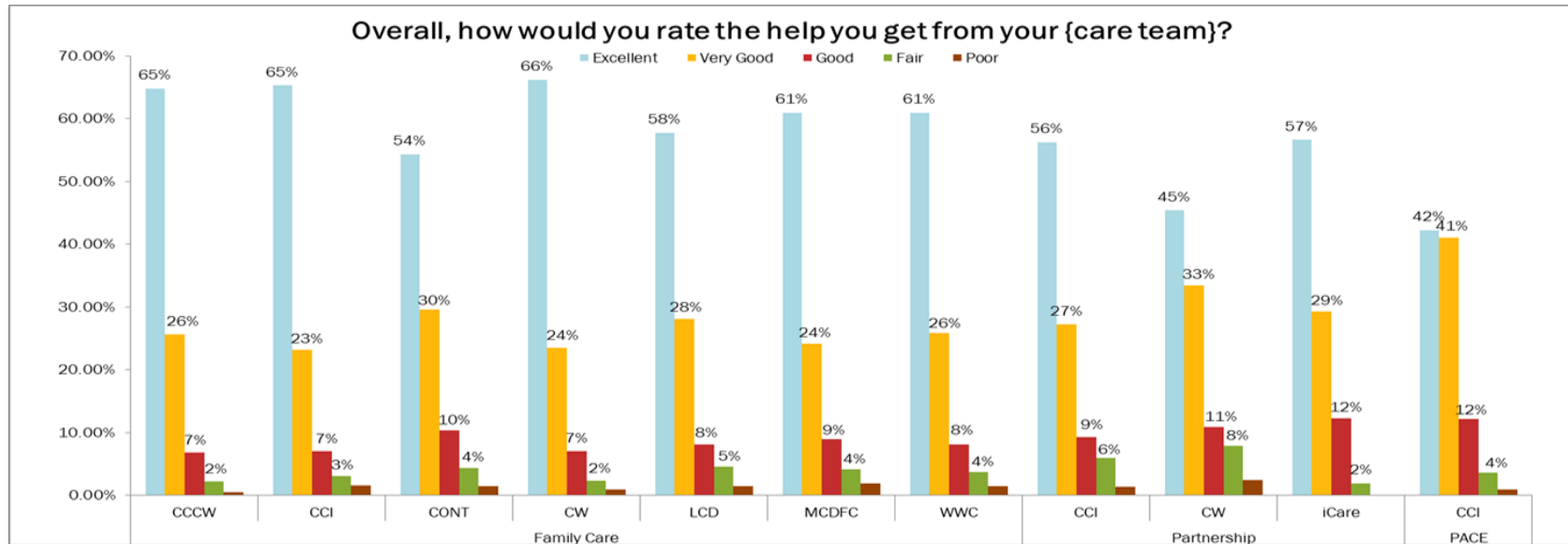


**From 0 to 10, what number would you use to rate this MCO?**  
(10 being the highest rating and 0 being the lowest)

**PACE**

<b>Rating</b>	<b>Percentage</b>
<b>10</b>	40.55%
<b>9</b>	17.38%
<b>8</b>	17.68%
<b>7</b>	7.93%
<b>6</b>	6.10%
<b>5</b>	4.27%
<b>4</b>	1.22%
<b>3</b>	0.30%
<b>2</b>	0.30%
<b>1</b>	0.61%
<b>0</b>	0.91%
<b>Don't Know</b>	2.74%

## Section 3: MCO Specific Results



The following pages summarize survey responses by MCO and by program.

## Community Care Connections of Wisconsin (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	96.73%	3.27%	0.00%
Do you know who your {care manager} is?	94.19%	5.81%	0.00%
Do you know who your {nurse} is?	92.04%	7.96%	0.00%
Do you participate in making decisions about your {care plan}?	94.97%	5.03%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	84.55%	4.05%	11.40%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	80.51%	2.12%	0.00%	17.37%
In the last 12 months, were you offered the option to self-direct some or part of your services?	59.93%	10.61%	0%	29.46%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	71.76%	10.98%	1.82%	0.17%	15.28%
How often do you get the help you need from your {care team}?	67.68%	18.38%	12.49%	1.46%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	79.17%	15.62%	4.67%	0.54%	0.00%
How often does your {care team} listen carefully to you?	82.85%	12.89%	3.40%	0.86%	0.00%
How often does your {care team} treat you with courtesy and respect?	91.27%	6.85%	1.66%	0.21%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	64.77%	25.68%	5.61%	2.25%	0.48%
Overall, how would you rate the supports and services you receive?	58.73%	30.39%	7.97%	2.53%	0.38%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	64.86%	24.39%	3.80%	0.22%	6.74%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	75.61%	22.25%	1.54%	0.61%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	49.35%	20.07%	14.75%	5.26%	2.33%	2.49%	0.33%	0.65%	0.27%	0.05%	0.16%	4.28%

## Community Care, Inc. (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	97.83%	2.17%	0.00%
Do you know who your {care manager} is?	97.49%	2.51%	0.00%
Do you know who your {nurse} is?	92.06%	7.94%	0.00%
Do you participate in making decisions about your {care plan}?	95.54%	4.46%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	88.28%	5.59%	6.13%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	87.09%	2.40%	0.00%	10.51%
In the last 12 months, were you offered the option to self-direct some or part of your services?	55.76%	18.63%	0.00%	25.61%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	73.21%	15.55%	2.50%	0.34%	8.40%
How often do you get the help you need from your {care team}?	68.91%	18.80%	11.30%	0.98%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	76.34%	18.54%	4.47%	0.65%	0.00%
How often does your {care team} listen carefully to you?	76.90%	17.14%	4.88%	1.08%	0.00%
How often does your {care team} treat you with courtesy and respect?	88.70%	8.04%	2.83%	0.43%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	65.28%	23.14%	6.99%	3.06%	1.53%
Overall, how would you rate the supports and services you receive?	59.42%	28.81%	8.52%	2.69%	0.56%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	61.46%	30.90%	5.54%	0.33%	1.77%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	75.11%	21.59%	2.31%	0.99%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	50.88%	18.06%	12.78%	7.16%	1.87%	2.97%	0.88%	0.77%	0.55%	0.44%	0.11%	3.52%

## Care Wisconsin (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	97.62%	2.38%	0.00%
Do you know who your {care manager} is?	97.30%	2.70%	0.00%
Do you know who your {nurse} is?	91.84%	8.16%	0.00%
Do you participate in making decisions about your {care plan}?	93.43%	6.57%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	86.43%	5.80%	7.76%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	87.66%	3.21%	0.00%	9.12%
In the last 12 months, were you offered the option to self-direct some or part of your services?	59.00%	12.29%	0.00%	28.71%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	78.58%	12.85%	2.14%	0.26%	6.17%
How often do you get the help you need from your {care team}?	68.65%	20.87%	9.71%	0.77%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	77.31%	17.95%	4.32%	0.42%	0.00%
How often does your {care team} listen carefully to you?	80.32%	14.93%	4.07%	0.68%	0.00%
How often does your {care team} treat you with courtesy and respect?	91.62%	6.27%	1.69%	0.42%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	66.22%	23.50%	6.99%	2.36%	0.93%
Overall, how would you rate the supports and services you receive?	59.97%	30.15%	6.79%	2.23%	0.86%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	63.87%	27.40%	5.15%	0.61%	2.97%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	71.64%	24.62%	2.90%	0.85%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	52.74%	21.27%	11.66%	4.80%	1.46%	3.17%	1.03%	0.69%	0.77%	0.34%	0.34%	1.72%

## ContinuUs (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	96.11%	3.89%	0.00%
Do you know who your {care manager} is?	94.64%	5.36%	0.00%
Do you know who your {nurse} is?	91.04%	8.96%	0.00%
Do you participate in making decisions about your {care plan}?	92.93%	7.07%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	81.69%	4.80%	13.51%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	85.03%	2.89%	0.00%	12.08%
In the last 12 months, were you offered the option to self-direct some or part of your services?	57.99%	12.03%	0.00%	29.98%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	69.72%	16.50%	3.65%	0.43%	9.70%
How often do you get the help you need from your {care team}?	54.62%	28.05%	15.72%	1.61%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	66.13%	25.35%	7.51%	1.00%	0.00%
How often does your {care team} listen carefully to you?	70.56%	21.62%	6.99%	0.83%	0.00%
How often does your {care team} treat you with courtesy and respect?	84.48%	11.68%	3.42%	0.41%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	54.31%	29.55%	10.34%	4.31%	1.48%
Overall, how would you rate the supports and services you receive?	49.94%	34.45%	11.14%	3.40%	1.07%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	54.15%	30.71%	7.57%	0.42%	7.15%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	59.00%	36.50%	3.33%	1.17%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	42.94%	21.62%	11.35%	6.97%	3.24%	3.90%	0.96%	1.74%	0.66%	0.72%	0.48%	5.41%

## Lakeland Care District (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	96.81%	3.19%	0.00%
Do you know who your {care manager} is?	98.28%	1.72%	0.00%
Do you know who your {nurse} is?	92.93%	7.07%	0.00%
Do you participate in making decisions about your {care plan}?	88.56%	11.44%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	79.59%	15.37%	5.04%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	85.36%	2.71%	0.00%	11.93%
In the last 12 months, were you offered the option to self-direct some or part of your services?	58.96%	11.62%	0.00%	29.42%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	70.22%	15.81%	3.31%	0.74%	9.93%
How often do you get the help you need from your {care team}?	64.40%	21.74%	12.19%	1.67%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	73.01%	19.50%	6.18%	1.31%	0.00%
How often does your {care team} listen carefully to you?	86.02%	10.90%	2.25%	0.83%	0.00%
How often does your {care team} treat you with courtesy and respect?	70.64%	21.82%	6.37%	1.18%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	57.76%	28.12%	8.12%	4.59%	1.41%
Overall, how would you rate the supports and services you receive?	50.24%	34.58%	10.48%	3.25%	1.45%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	58.28%	27.48%	6.50%	0.86%	6.87%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	64.14%	29.48%	4.33%	2.05%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	40.61%	20.73%	16.83%	4.51%	2.32%	5.00%	1.46%	0.49%	0.61%	0.49%	0.85%	6.10%

## Milwaukee County Department of Family Care (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	94.48%	5.52%	0.00%
Do you know who your {care manager} is?	91.09%	8.91%	0.00%
Do you know who your {nurse} is?	86.43%	13.57%	0.00%
Do you participate in making decisions about your {care plan}?	87.35%	12.65%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	74.64%	12.48%	12.87%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	90.48%	3.09%	0.00%	6.44%
In the last 12 months, were you offered the option to self-direct some or part of your services?	58.85%	16.51%	0.00%	24.63%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	78.53%	11.77%	4.14%	0.91%	4.66%
How often do you get the help you need from your {care team}?	67.80%	19.12%	11.57%	1.51%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	75.91%	14.93%	8.03%	1.13%	0.00%
How often does your {care team} listen carefully to you?	77.60%	13.89%	7.13%	1.38%	0.00%
How often does your {care team} treat you with courtesy and respect?	87.39%	8.74%	2.75%	1.12%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	60.93%	24.12%	8.92%	4.15%	1.88%
Overall, how would you rate the supports and services you receive?	53.99%	30.67%	10.18%	3.35%	1.80%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	61.41%	22.55%	7.03%	1.06%	7.96%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	71.62%	22.86%	4.07%	1.45%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	54.16%	17.16%	11.91%	5.63%	2.05%	4.48%	0.64%	0.90%	0.51%	0.13%	0.77%	1.66%



## Western Wisconsin Cares (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	96.21%	3.79%	0.00%
Did you work with somebody to develop your {care plan}?	78.97%	5.26%	15.77%
Do you know who your {care manager} is?	99.60%	0.40%	0.00%
Do you know who your {nurse} is?	98.96%	1.04%	0.00%
Do you participate in making decisions about your {care plan}?	92.27%	7.73%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	78.97%	5.26%	15.77%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	80.69%	4.06%	0.00%	15.25%
In the last 12 months, were you offered the option to self-direct some or part of your services?	60.58%	13.61%	0.00%	25.81%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	78.53%	11.77%	4.14%	0.91%	4.66%
How often do you get the help you need from your {care team}?	67.80%	19.12%	11.57%	1.51%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	75.91%	14.93%	8.03%	1.13%	0.00%
How often does your {care team} listen carefully to you?	77.60%	13.89%	7.13%	1.38%	0.00%
How often does your {care team} treat you with courtesy and respect?	87.39%	8.74%	2.75%	1.12%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	60.94%	25.81%	8.05%	3.73%	1.47%
Overall, how would you rate the supports and services you receive?	55.72%	29.07%	10.08%	3.68%	1.45%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	56.90%	27.90%	6.70%	0.90%	7.60%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	73.28%	21.67%	3.60%	1.46%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	48.75%	19.44%	13.66%	4.99%	3.69%	4.59%	1.60%	1.00%	0.80%	0.70%	0.80%	0.00%

## Community Care, Inc. (FCP)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	96.30%	3.70%	0.00%
Did you work with somebody to develop your {care plan}?	84.72%	4.63%	10.65%
Do you know who your {care manager} is?	97.70%	2.30%	0.00%
Do you know who your {nurse} is?	92.17%	7.83%	0.00%
Do you participate in making decisions about your {care plan}?	92.56%	7.44%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	84.72%	4.63%	10.65%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	90.91%	3.35%	0.00%	5.74%
In the last 12 months, were you offered the option to self-direct some or part of your services?	50.72%	25.12%	0.00%	24.15%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	72.30%	15.96%	5.16%	0.94%	5.63%
How often do you get the help you need from your {care team}?	64.52%	23.96%	11.52%	0.00%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	69.27%	21.10%	9.17%	0.46%	0.00%
How often does your {care team} listen carefully to you?	73.73%	17.51%	6.45%	2.30%	0.00%
How often does your {care team} treat you with courtesy and respect?	84.72%	11.11%	4.17%	0.00%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	56.22%	27.19%	9.22%	5.99%	1.38%
Overall, how would you rate the supports and services you receive?	51.42%	32.55%	10.85%	4.72%	0.47%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	59.81%	27.10%	8.41%	0.93%	3.74%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	70.70%	23.26%	3.72%	2.33%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	47.42%	14.55%	15.02%	6.57%	2.35%	6.10%	0.47%	1.41%	1.41%	0.47%	0.94%	3.29%

## Care Wisconsin (FCP)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	93.33%	6.67%	0.00%
Did you work with somebody to develop your {care plan}?	73.13%	8.31%	18.56%
Do you know who your {care manager} is?	88.58%	11.42%	0.00%
Do you know who your {nurse} is?	85.75%	14.25%	0.00%
Do you participate in making decisions about your {care plan}?	90.09%	9.91%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	73.13%	8.31%	18.56%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	84.49%	5.82%	0.00%	9.70%
In the last 12 months, were you offered the option to self-direct some or part of your services?	51.40%	15.92%	0.00%	32.68%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	70.05%	16.48%	6.04%	0.82%	6.59%
How often do you get the help you need from your {care team}?	52.85%	30.08%	14.91%	2.17%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	60.60%	26.90%	9.51%	2.99%	0.00%
How often does your {care team} listen carefully to you?	63.59%	22.83%	10.60%	2.99%	0.00%
How often does your {care team} treat you with courtesy and respect?	77.57%	13.51%	6.49%	2.43%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	45.38%	33.42%	10.87%	7.88%	2.45%
Overall, how would you rate the supports and services you receive?	46.37%	34.92%	10.61%	6.15%	1.96%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	52.97%	28.05%	11.05%	0.28%	7.65%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	64.07%	28.69%	5.29%	1.95%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	41.74%	17.09%	14.29%	8.12%	3.64%	5.88%	2.24%	1.68%	0.56%	1.40%	0.84%	2.52%

## iCare (FCP)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	99.08%	0.92%	0.00%
Did you work with somebody to develop your {care plan}?	92.93%	7.07%	0.00%
Do you know who your {care manager} is?	96.33%	3.67%	0.00%
Do you know who your {nurse} is?	96.33%	3.67%	0.00%
Do you participate in making decisions about your {care plan}?	92.86%	7.14%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	92.93%	7.07%	0.00%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	95.28%	1.89%	0.00%	2.83%
In the last 12 months, were you offered the option to self-direct some or part of your services?	72.28%	15.84%	0.00%	11.88%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	83.84%	9.09%	3.03%	1.01%	3.03%
How often do you get the help you need from your {care team}?	69.72%	18.35%	9.17%	2.75%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	81.65%	14.68%	3.67%	0.00%	0.00%
How often does your {care team} listen carefully to you?	93.64%	4.55%	1.82%	0.00%	0.00%
How often does your {care team} treat you with courtesy and respect?	93.64%	5.45%	0.00%	0.91%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	56.60%	29.25%	12.26%	1.89%	0.00%
Overall, how would you rate the supports and services you receive?	53.33%	33.33%	12.38%	0.95%	0.00%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	73.74%	20.20%	6.06%	0.00%	0.00%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	80.41%	19.59%	0.00%	0.00%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	57.61%	20.65%	5.43%	8.70%	1.09%	4.35%	1.09%	0.00%	0.00%	1.09%	0.00%	0.00%

## Community Care, Inc. (PACE)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	90.36%	9.64%	0.00%
Did you work with somebody to develop your {care plan}?	70.36%	14.67%	14.97%
Do you know who your {care manager} is?	81.66%	18.34%	0.00%
Do you know who your {nurse} is?	83.83%	16.17%	0.00%
Do you participate in making decisions about your {care plan}?	79.45%	20.55%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	70.36%	14.67%	14.97%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	88.89%	4.01%	0.00%	7.10%
In the last 12 months, were you offered the option to self-direct some or part of your services?	40.20%	21.96%	0.00%	37.84%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	68.09%	23.71%	3.34%	0.00%	4.86%
How often do you get the help you need from your {care team}?	60.06%	30.33%	9.31%	0.30%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	62.61%	29.18%	7.60%	0.61%	0.00%
How often does your {care team} listen carefully to you?	62.54%	28.40%	7.55%	1.51%	0.00%
How often does your {care team} treat you with courtesy and respect?	76.65%	20.06%	2.99%	0.30%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	42.26%	41.07%	12.20%	3.57%	0.89%
Overall, how would you rate the supports and services you receive?	40.30%	44.85%	11.52%	2.73%	0.61%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	47.42%	36.78%	6.69%	0.61%	8.51%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	65.75%	30.58%	1.83%	1.83%

Question	10	9	8	7	6	5	4	3	2	1	0	Don't Know
From 0 to 10, what number would you use to rate this MCO?	40.55%	17.38%	17.68%	7.93%	6.10%	4.27%	1.22%	0.30%	0.30%	0.61%	0.91%	2.74%

## Appendix

### Response Rate and Margin of Error

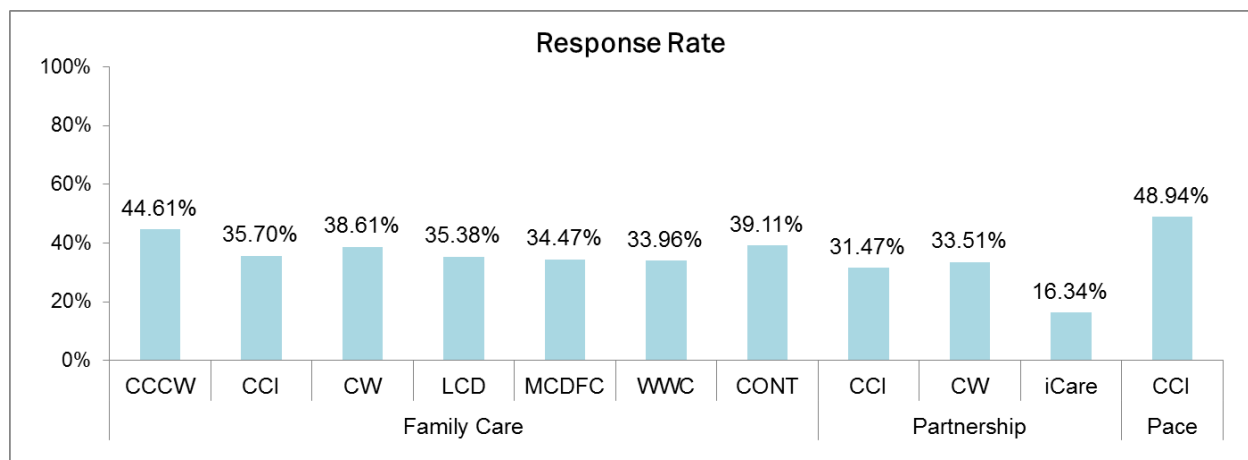
The response rate is calculated by dividing the number of surveys sent to members by the number of survey responses received. Margin of error is based on MCO population as of July 1, 2014, using a 95% confidence interval and a 50% response distribution. The margin of error means the likelihood that the response is within plus or minus the percentage listed for the entire MCO population. A margin of error of 5% or lower is desired.

Overall Responses	
Total Surveys Sent	25,340
Total Surveys Received	9,484
Overall Response Rate	37%
Overall Margin of Error	0.89%

### Responses by Program

Program	Response Rate	Margin of Error
Family Care	38%	0.94%
Partnership	28%	3.23%
PACE	49%	3.76%

### Responses by MCO



## Margin of Error by MCO

Program/MCO	Margin of Error
<b>Family Care</b>	
CCCW	1.83%
CCI	3.04%
CONT	1.90%
CW	2.38%
LCD	2.75%
MCDFC	3.28%
WWC	2.59%
<b>Partnership</b>	
CCI	5.46%
CW	4.39%
iCare	8.67%
<b>PACE</b>	
CCI	3.76%

Note: The total margin of error by program is lower than individual MCO margins of error. This is because, in general, with a larger the population, fewer responses are needed to have a representative sample.