

2015 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

P-00717 (11/2016)

Table of Contents

Introduction.....	3
Section 1: Response Rates and Demographics	5
Response Rate.....	5
Demographics	6
Overall Living Situation	8
Overall Respondent Type	9
Section 2: Program Level Results.....	10
“Yes” and “No” Responses.....	10
“Always” and “Usually” Responses	11
Other Responses.....	11
All Programs	12
Family Care.....	16
Family Care Partnership	20
PACE	24
Section 3: MCO-Specific Results	28
Community Care Connections of Wisconsin (FC)	29
Community Care, Inc. (FC)	30
Care Wisconsin (FC).....	31
ContinuUs (FC).....	32
Lakeland Care District (FC).....	33
My Choice Family Care (FC)	34
Western Wisconsin Cares (FC).....	35
Community Care Inc. (FCP)	36
Care Wisconsin (FCP)	37
iCare (FCP)	38
Community Care, Inc. (PACE).....	39
Appendix: Response Rate and Margin of Error.....	40

Introduction

Family Care (FC), Family Care Partnership (FCP), and PACE (Program of All-Inclusive Care for the Elderly) members were surveyed during 2015 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 in 2014, both in the questions being asked, and in the choices of response. The same questions were used in 2015. 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.” Three of the questions had their own unique list of responses. 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 have caused differences in the way members responded to the survey.

MCO Abbreviations

The following MCO abbreviations are used throughout this document.

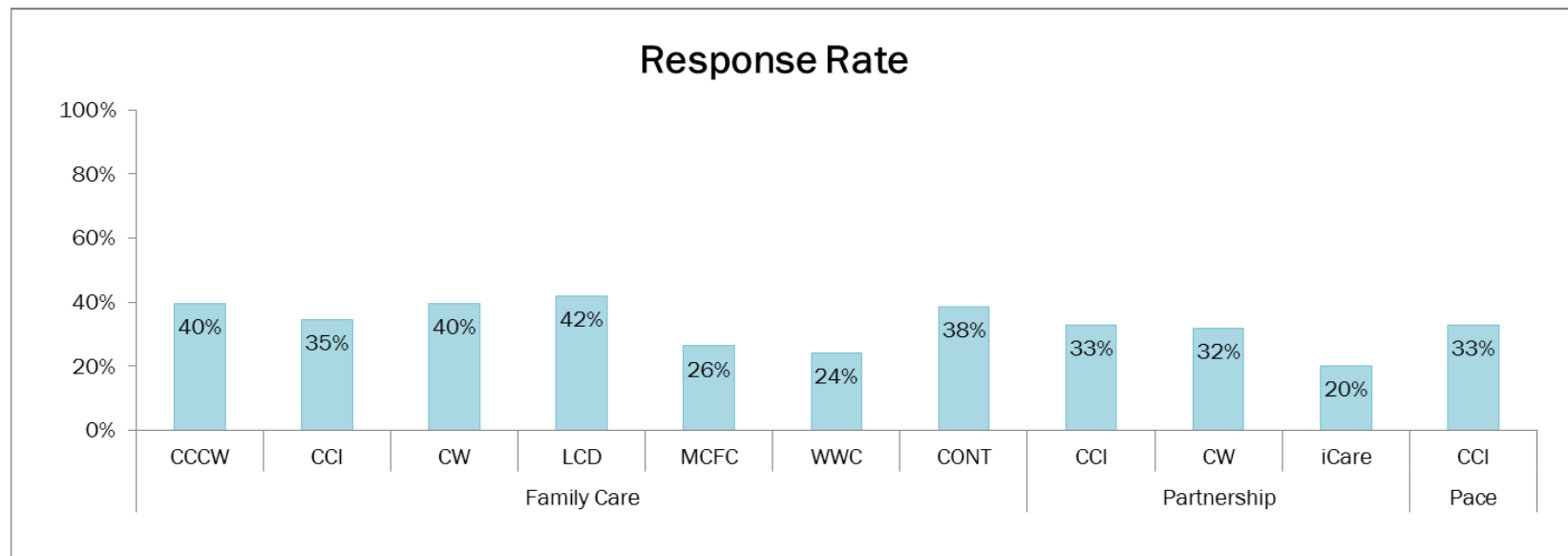
MCO Name/Program	Abbreviation
<i>Family Care (FC)</i>	
Community Care Connections of Wisconsin (FC)	CCCW (FC)
Community Care, Inc. (FC)	CCI (FC)
Care Wisconsin (FC)	CW (FC)
Lakeland Care District (FC)	LCD (FC)
My Choice Family Care (FC)	MCFC (FC)
ContinuUs (FC)	CONT (FC)
Western Wisconsin Cares (FC)	WWC (FC)
<i>Family Care Partnership (FCP)</i>	
Community Care, Inc. (FCP)	CCI (FCP)
Care Wisconsin (FCP)	CW(FCP)
iCare (FCP)	iCare (FCP)
<i>PACE</i>	
Community Care, Inc. (PACE)	CCI (PACE)

Section 1: Response Rates and Demographics

Response Rate

The overall response rate for the member surveys administered in 2015 was 35%. This is slightly lower than 2014's rate of 37% and 2013's rate of 38%, but it is also worth mentioning that there were 10,517 responses in 2015 compared to 9,484 in 2014. This reflects the expansion of Family Care into northeast Wisconsin in 2015, as well as higher Family Care enrollments in other parts of the state. The response rate varied by MCO and ranged from 20% to 42%.

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. The margin of error overall was plus or minus 0.83¹

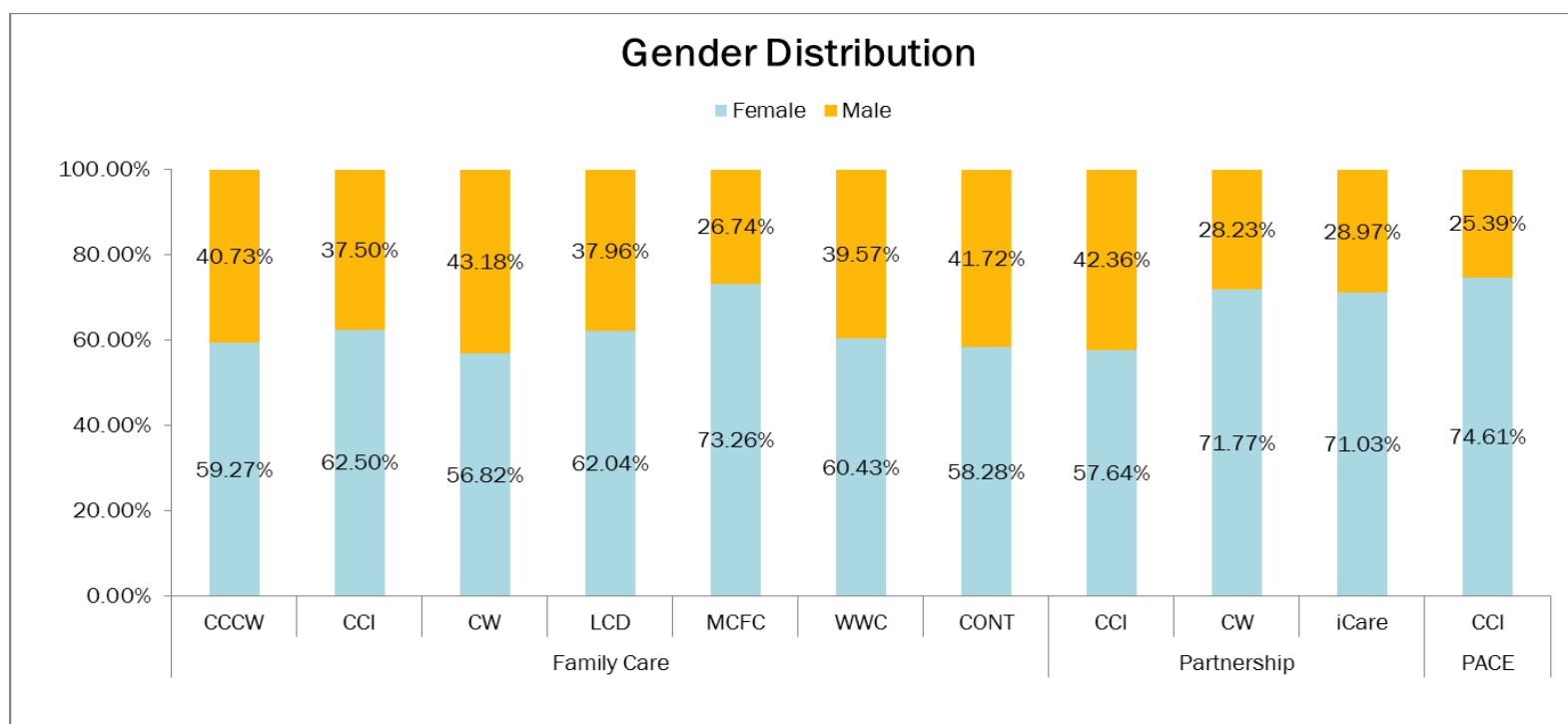


¹ Details on the response rate and margin of error, including data by MCO, are in the Appendix.

Demographics

Gender Distribution of Respondents²

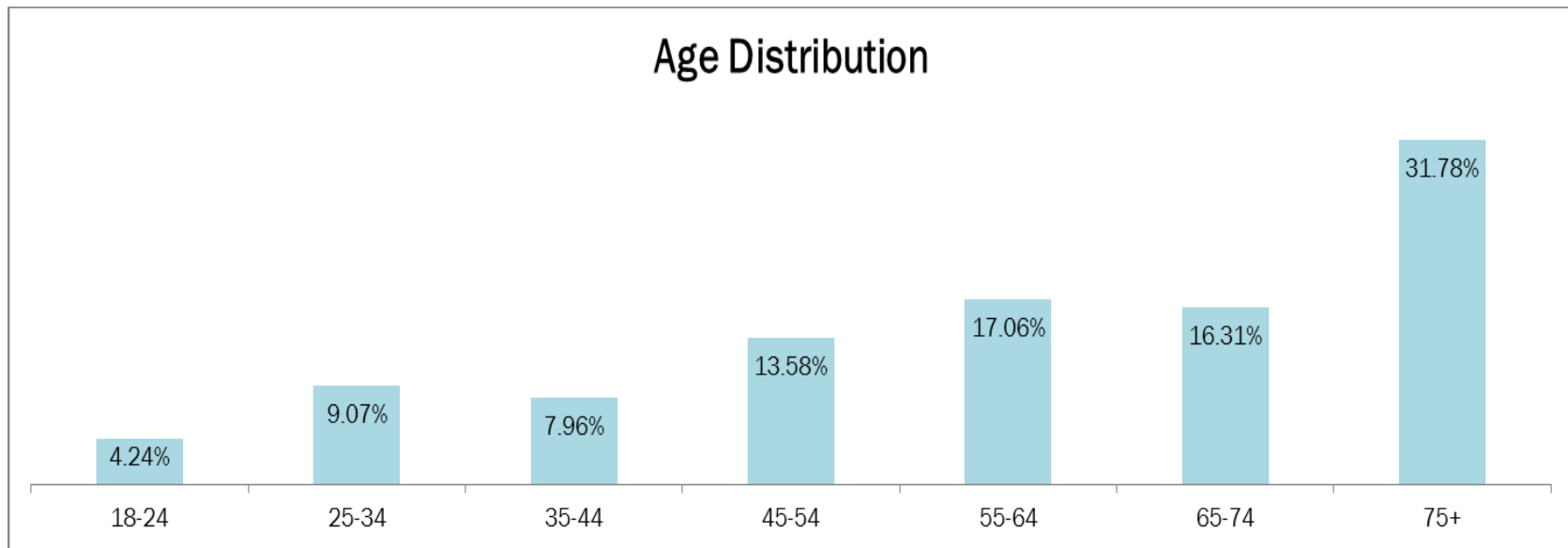
Just over 61% of respondents were female, which is 2% higher than their share of the overall managed long-term care population. Male respondents accounted for a little under 39%, which is about 2% lower than their share of the overall managed-care population. The PACE program had the highest ratio of female respondents, at just under 75%, and Partnership also had a higher level of female respondents (69%) than the overall long-term care population. Family Care had a gender breakdown that was nearly 60% female.



² 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 tables reflect 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.

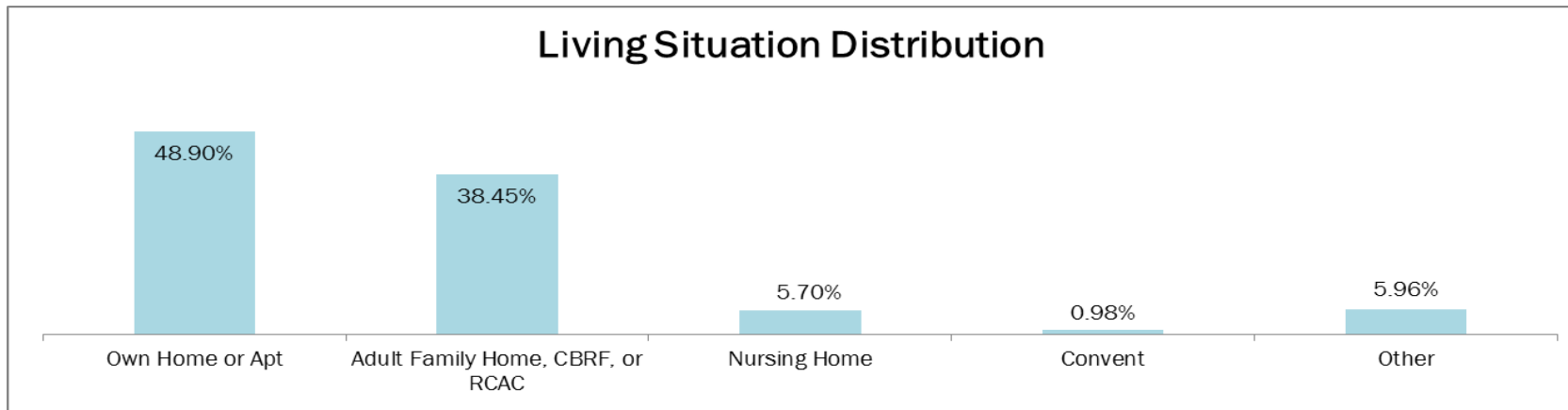


Survey Respondent Age Distribution Compared to Overall Age Distribution
(percentages may not equal 100% due to rounding)

Age Groups	Managed LTC Percent	Survey Percent
18-24	5.6%	4.2%
25-34	9.5%	9.1%
35-44	8.0%	8.0%
45-54	13.5%	13.6%
55-64	17.7%	17.1%
65-74	16.1%	16.3%
75+	29.6%	31.8%

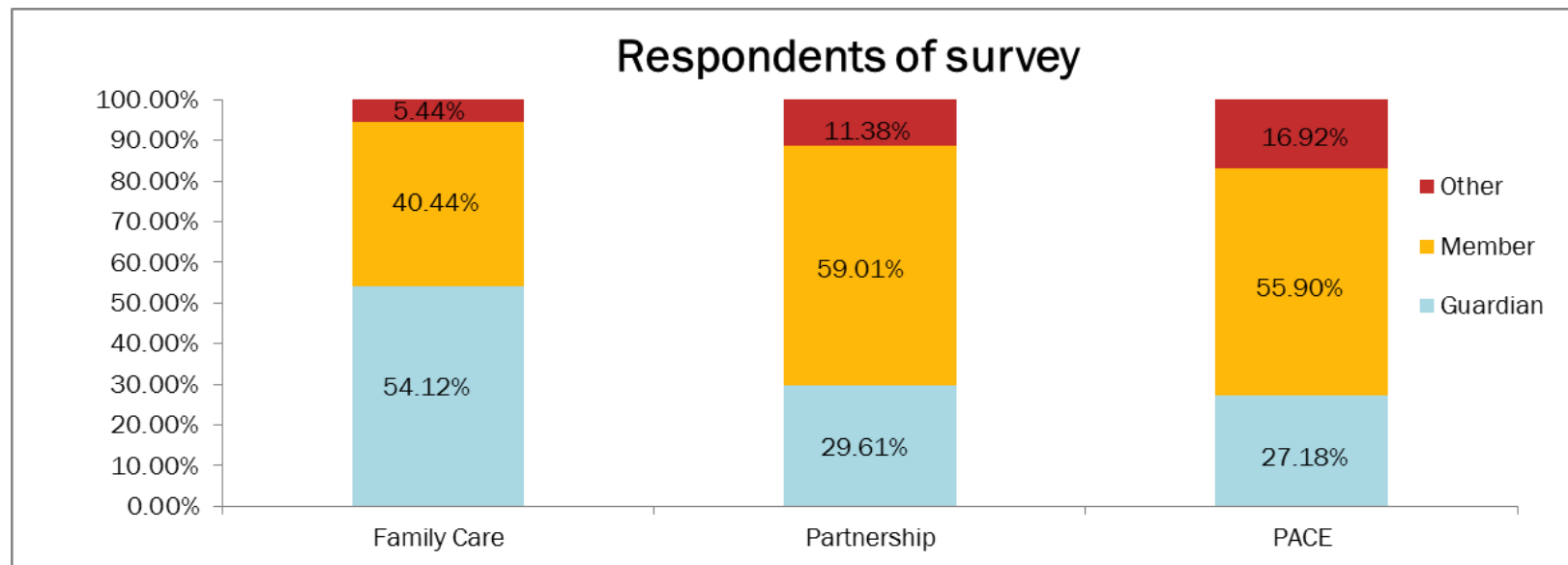
Overall Living Situation

The living situation responses showed that just under 50% of respondents lived at home. Of the remaining members, the majority (38% of all respondents) were in community-based residential settings (adult family home [AFH], community-based residential facility [CBRF], or residential care apartment complex [RCAC]), and less than 6% of respondents were in institutional settings.



Overall Respondent Type

Slightly more than half of all surveys were filled out by guardians (51.39%), and most of the rest were filled out by the member (42.41%). Guardians filled out over 54% of surveys for Family Care members, while the members themselves 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 were either new or offered a different range of responses than in years prior to 2014, and we urge caution in making year-to-year comparisons with the older surveys. 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.

	Most Common “Yes”	Least Common “Yes”
All Programs	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? (Over a quarter of respondents said they didn’t know.)

“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.”

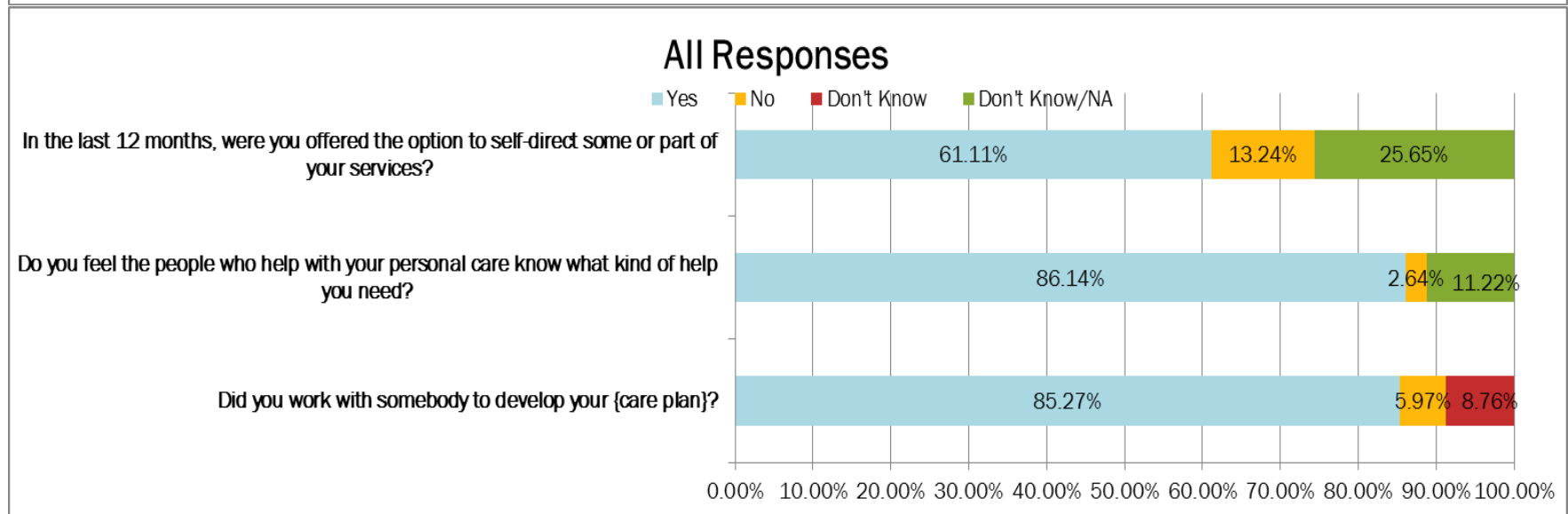
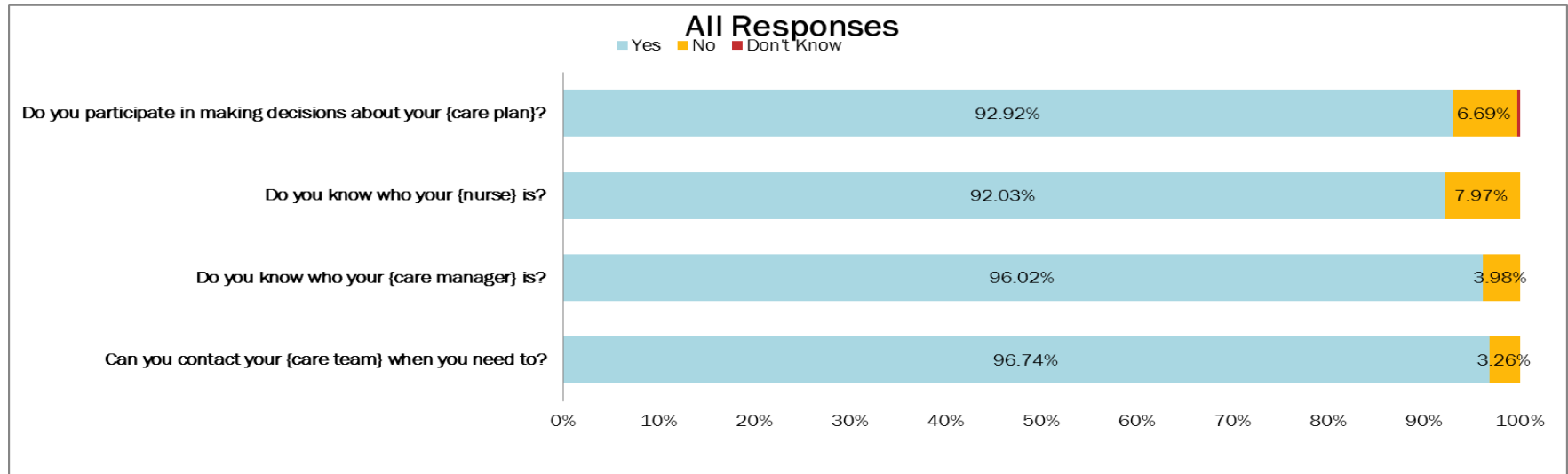
Program	Most Common “Always”	Least Common “Always”
All Programs	How often does your {care team} treat you with courtesy and respect?	How often do you get the help you need from your {care team}?

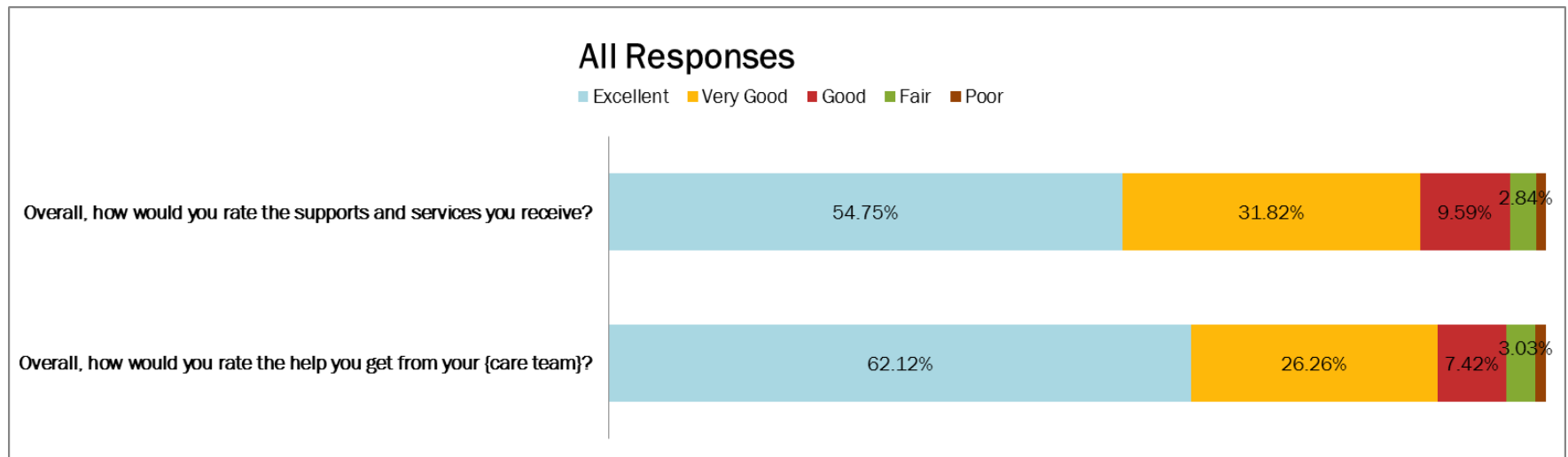
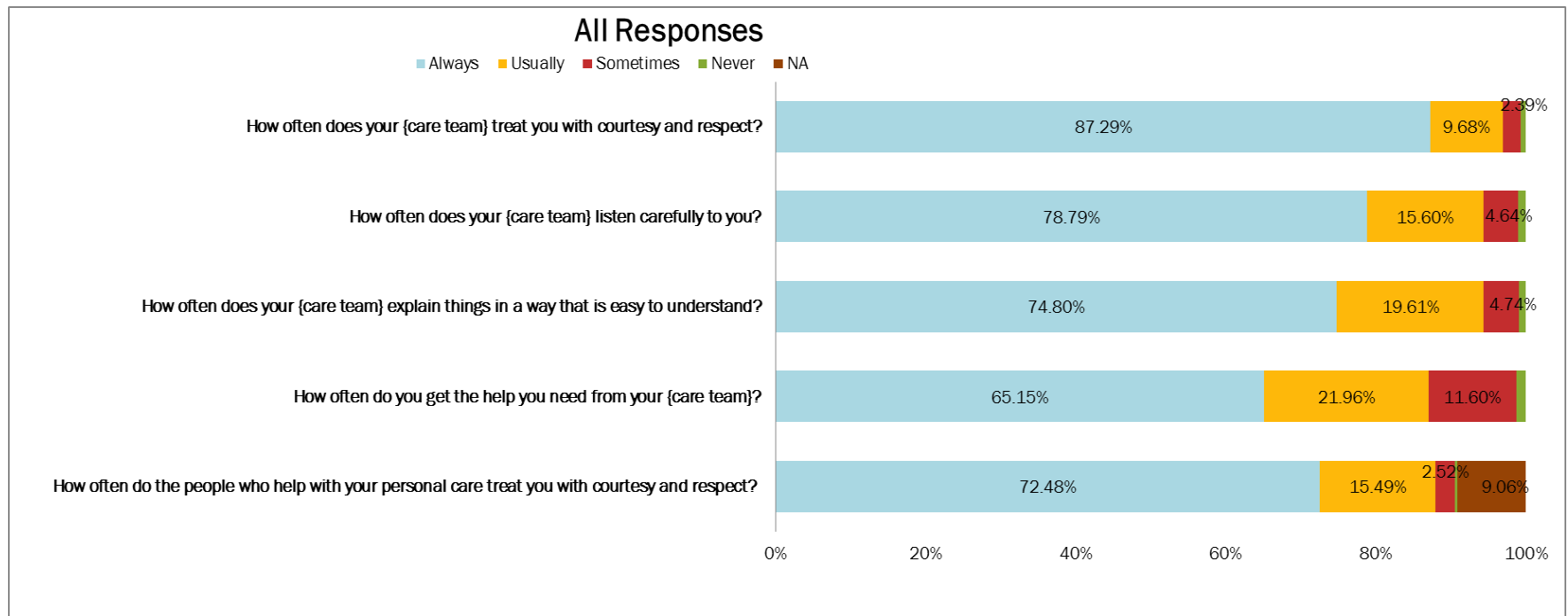
Other Responses

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.
- Nearly 90% of respondents said that their care plan offered “all” or “most” of “the things that are important” to them.
- Over 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, slightly more than half of respondents rated their MCO a 10, and nearly 84% rated their MCO an 8, 9, or 10.

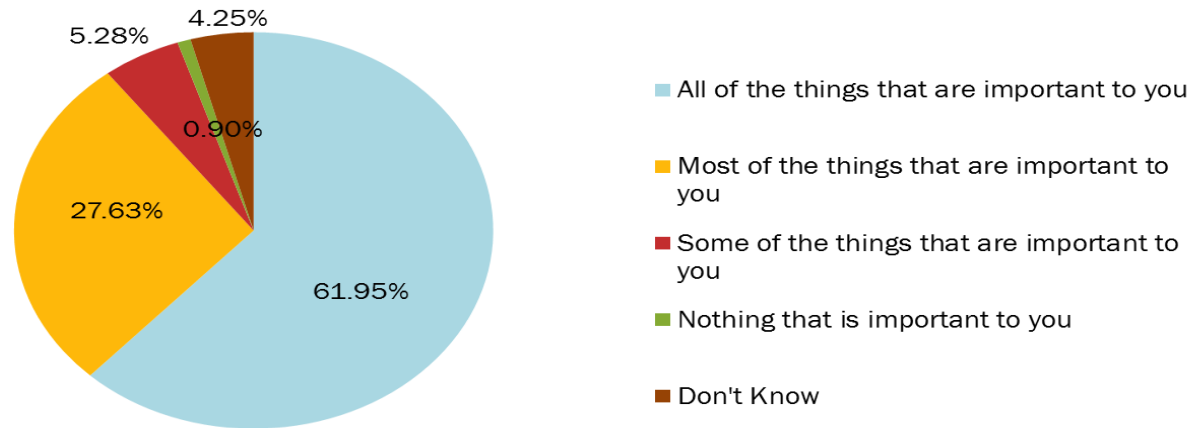
All Programs



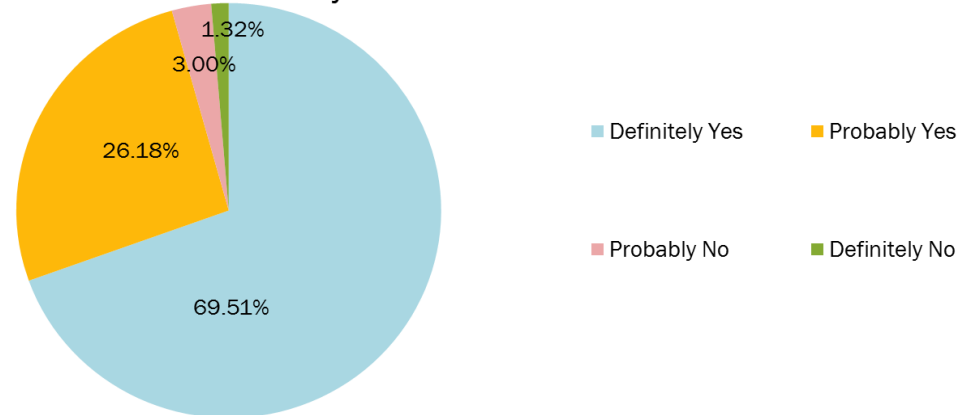


All Responses

Does your {care plan} include?



Would you recommend this MCO to your friends and family?

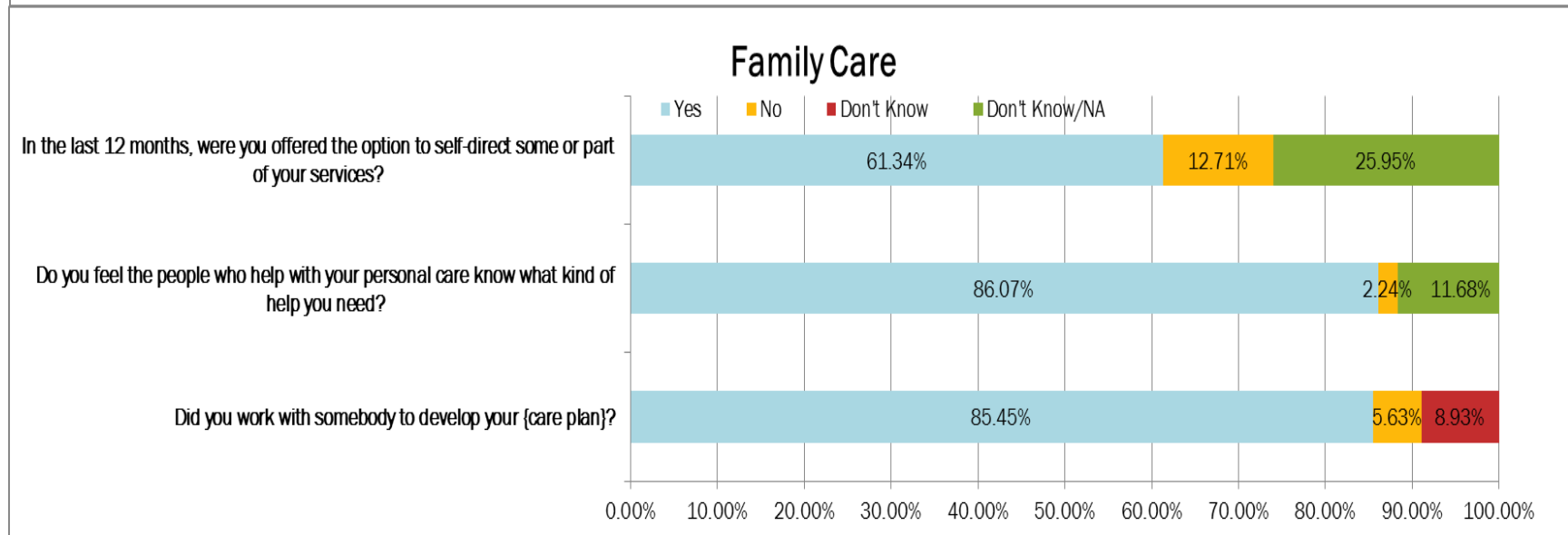
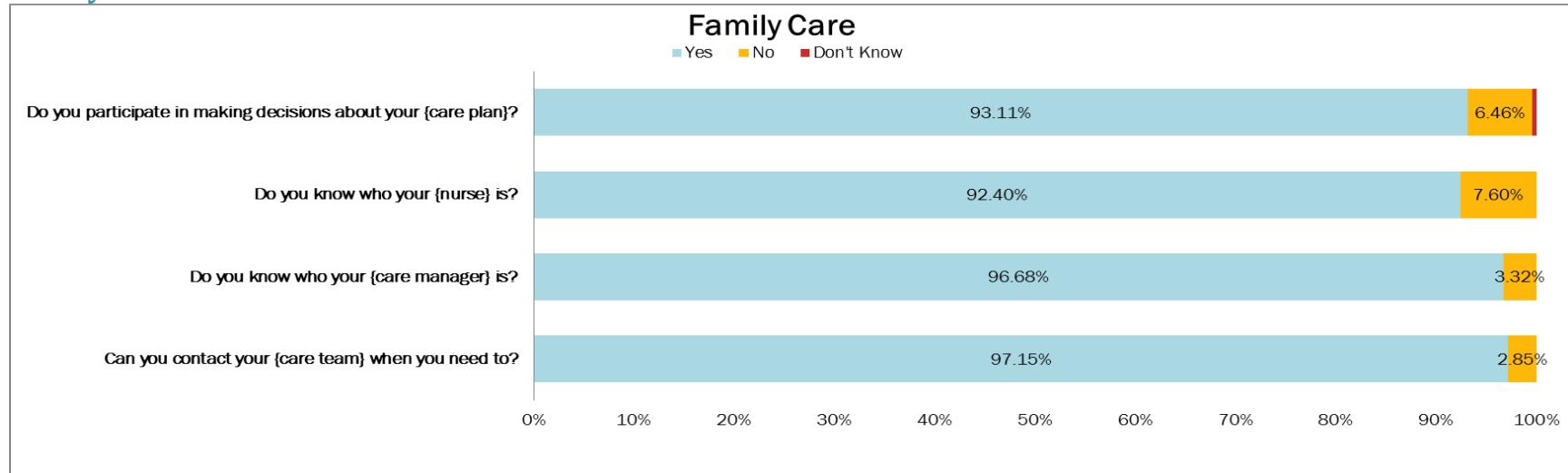


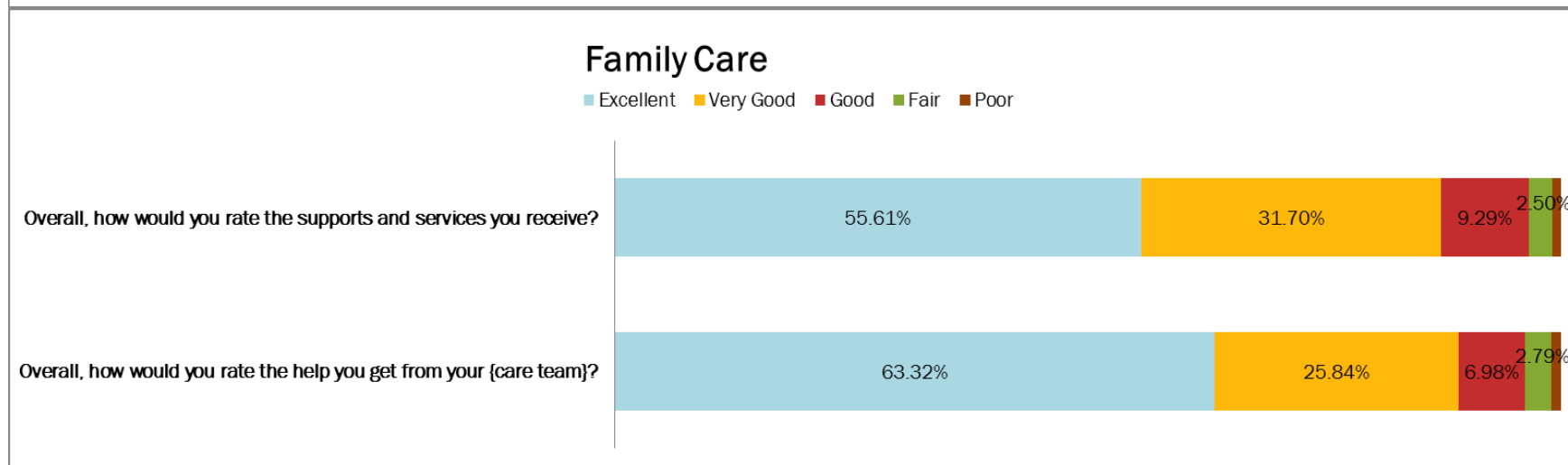
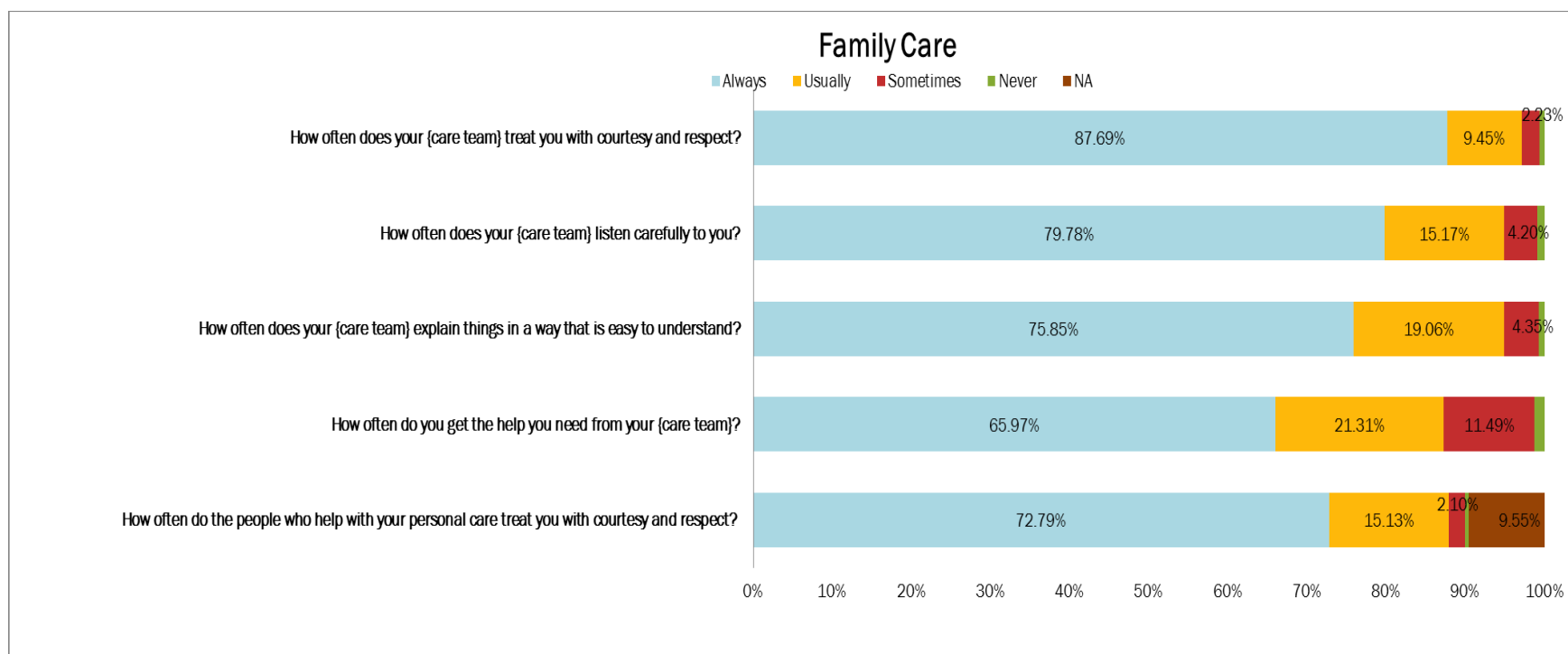
From 0 to 10, what number would you use to rate this MCO?
(10 being the highest rating and 0 being the lowest)

All Responses

Rating	Percentage
10	50.24%
9	20.63%
8	12.83%
7	5.41%
6	2.40%
5	3.34%
4	0.95%
3	0.76%
2	0.36%
1	0.40%
0	0.41%
Don't Know	2.26%

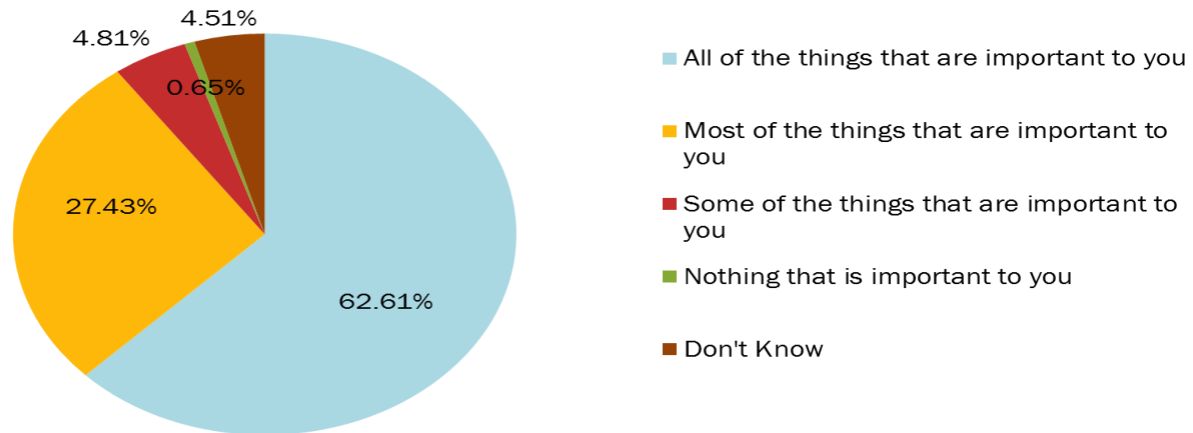
Family Care



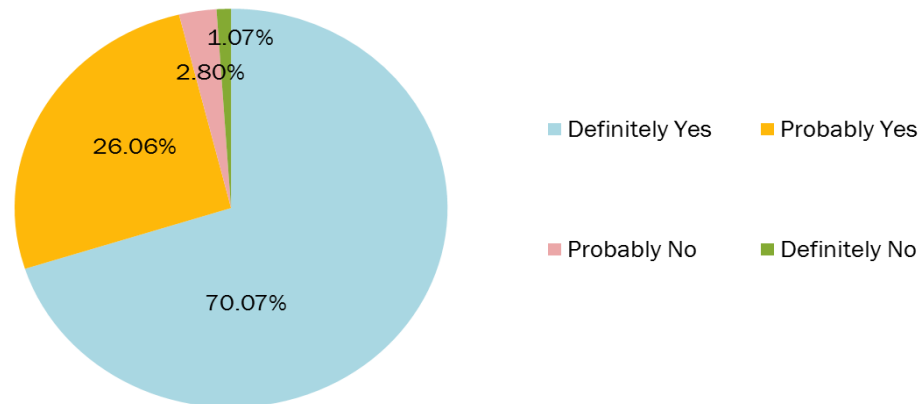


Family Care

Does your {care plan} include?



Would you recommend this MCO to your friends and family?

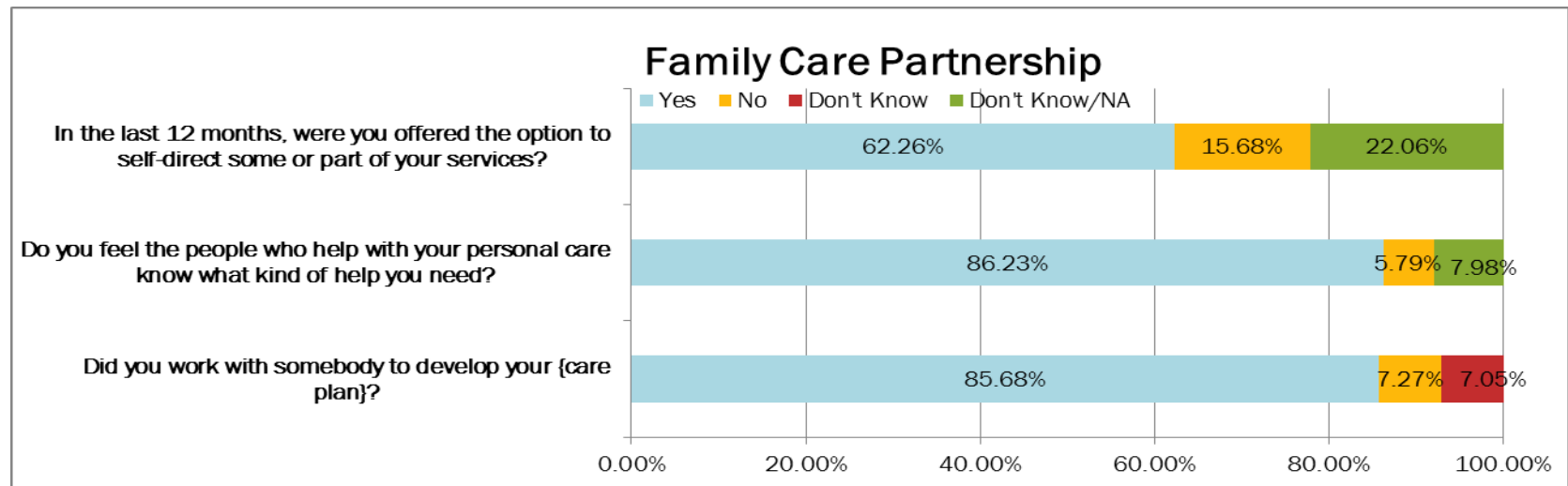
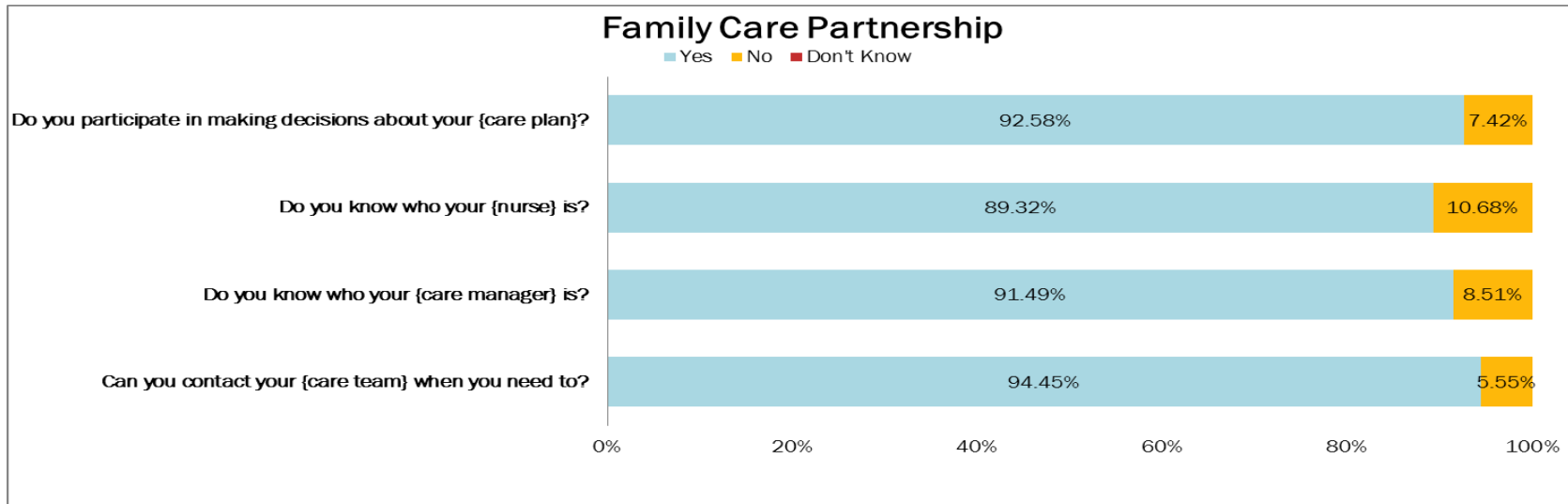


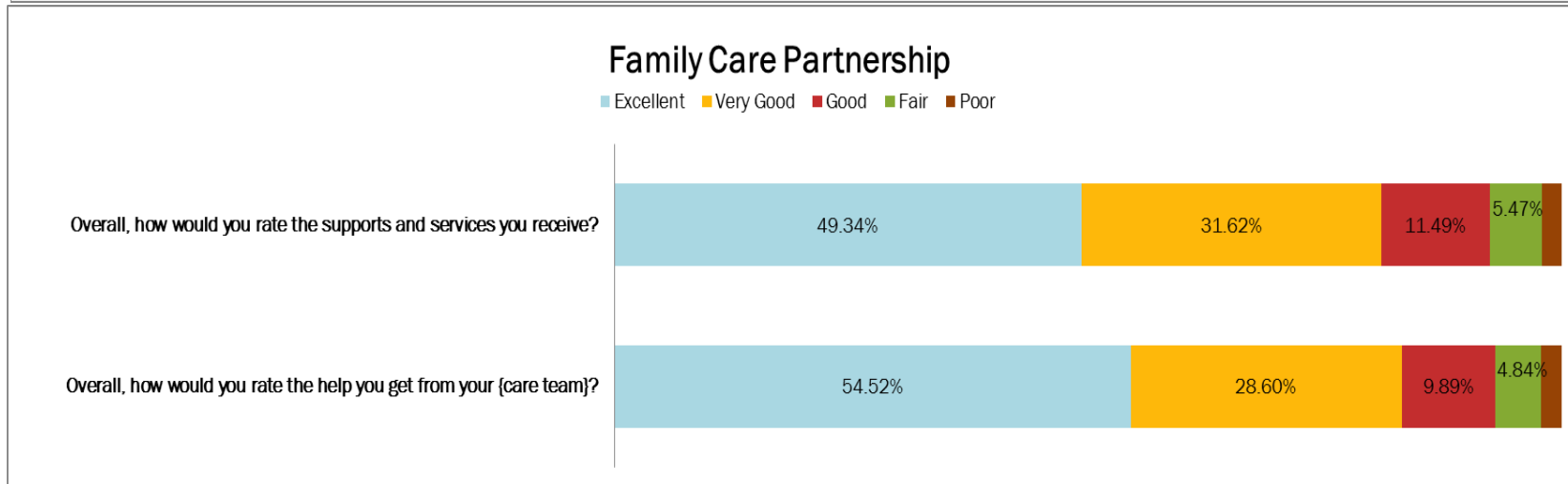
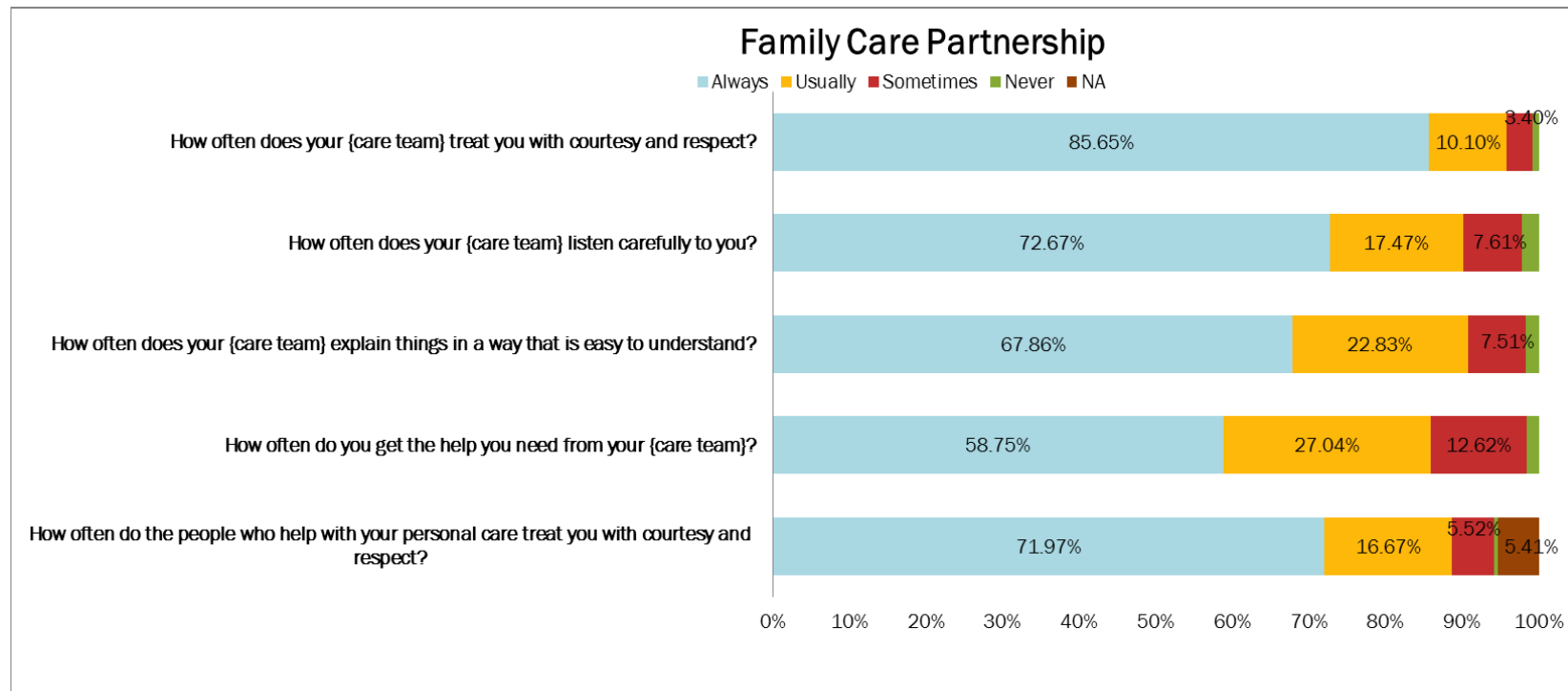
From 0 to 10, what number would you use to rate this MCO?
(10 being the highest rating and 0 being the lowest)

Family Care

Rating	Percentage
10	50.61%
9	20.81%
8	12.70%
7	5.30%
6	2.36%
5	3.21%
4	0.89%
3	0.65%
2	0.31%
1	0.36%
0	0.37%
Don't Know	2.43%

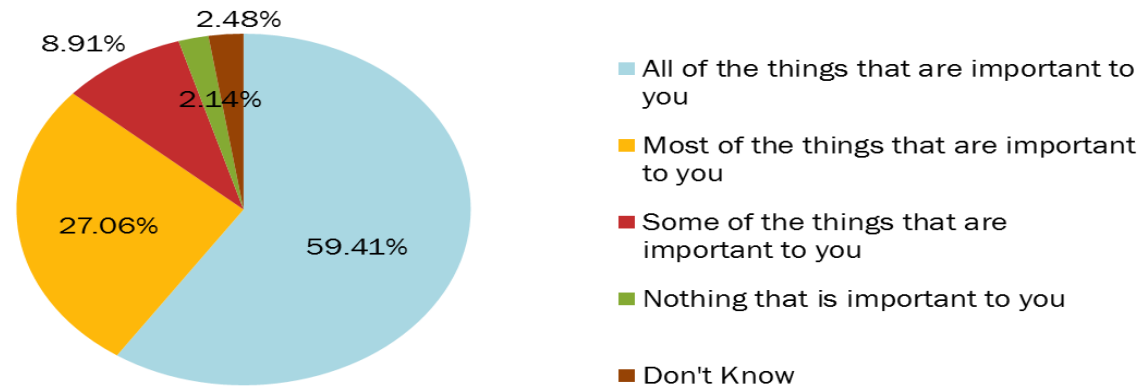
Family Care Partnership



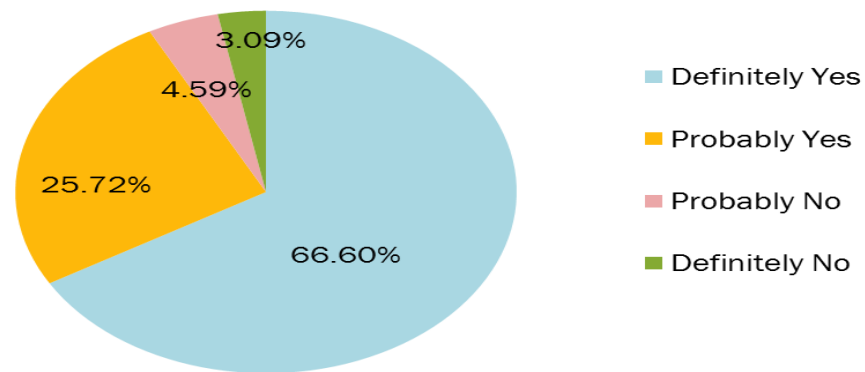


Family Care Partnership

Does your {care plan} include?



Would you recommend this MCO to your friends and family?

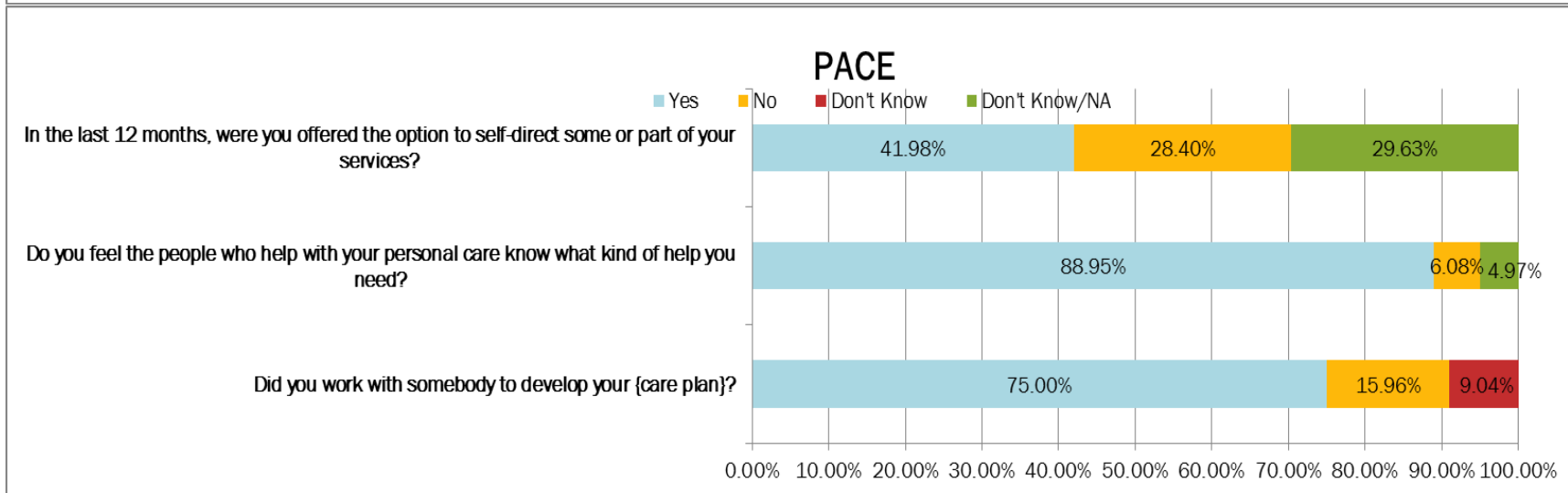
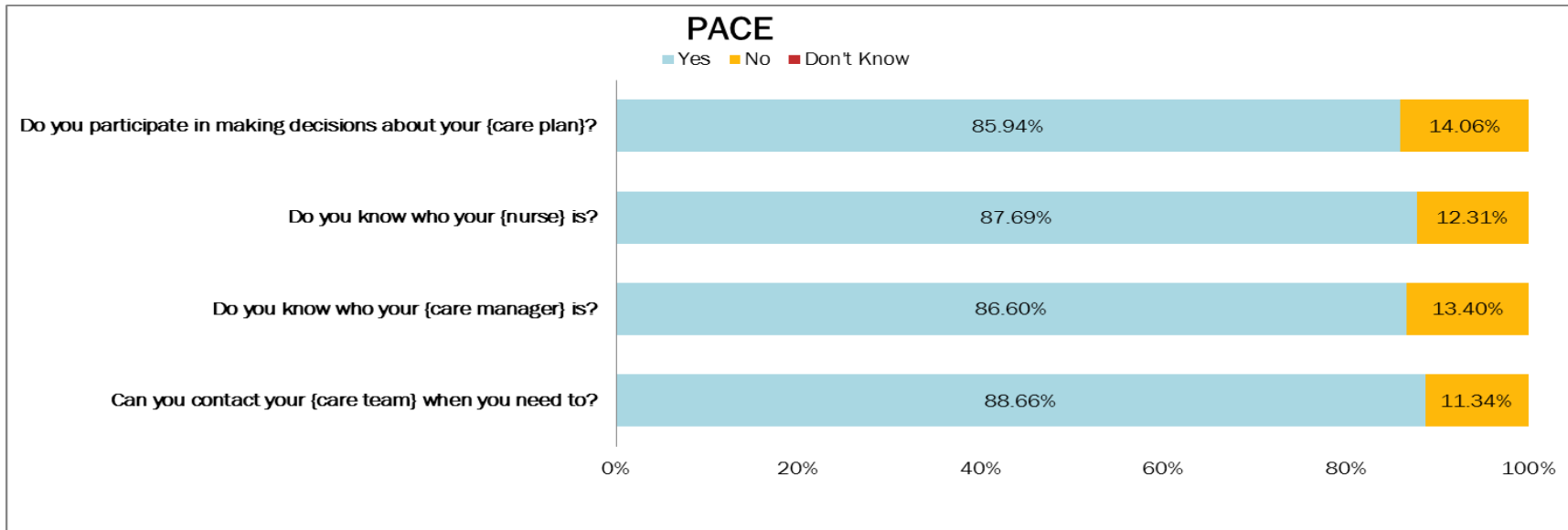


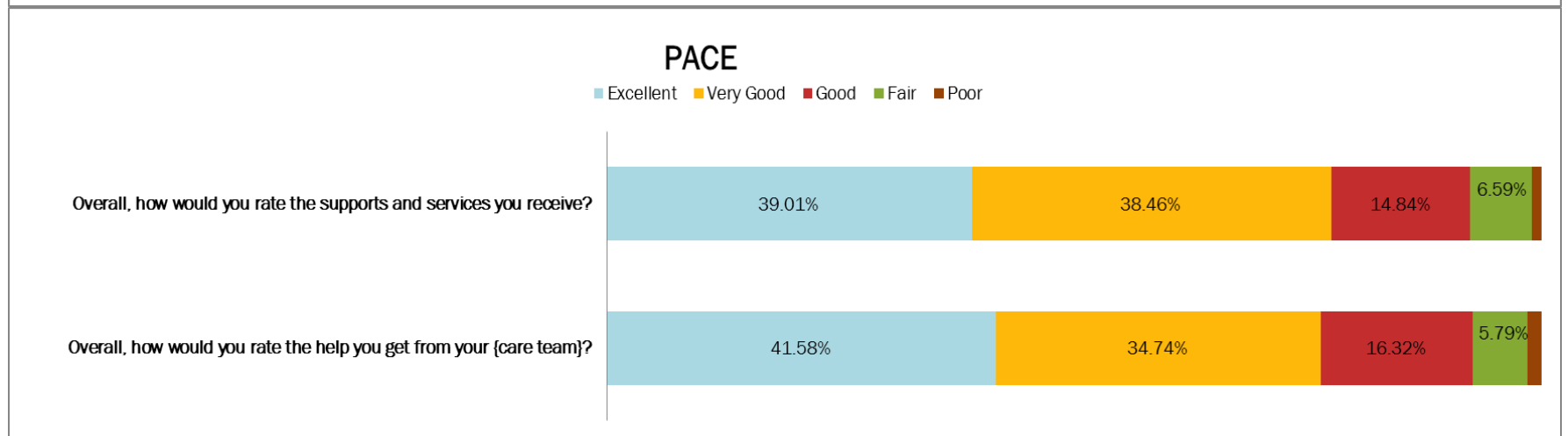
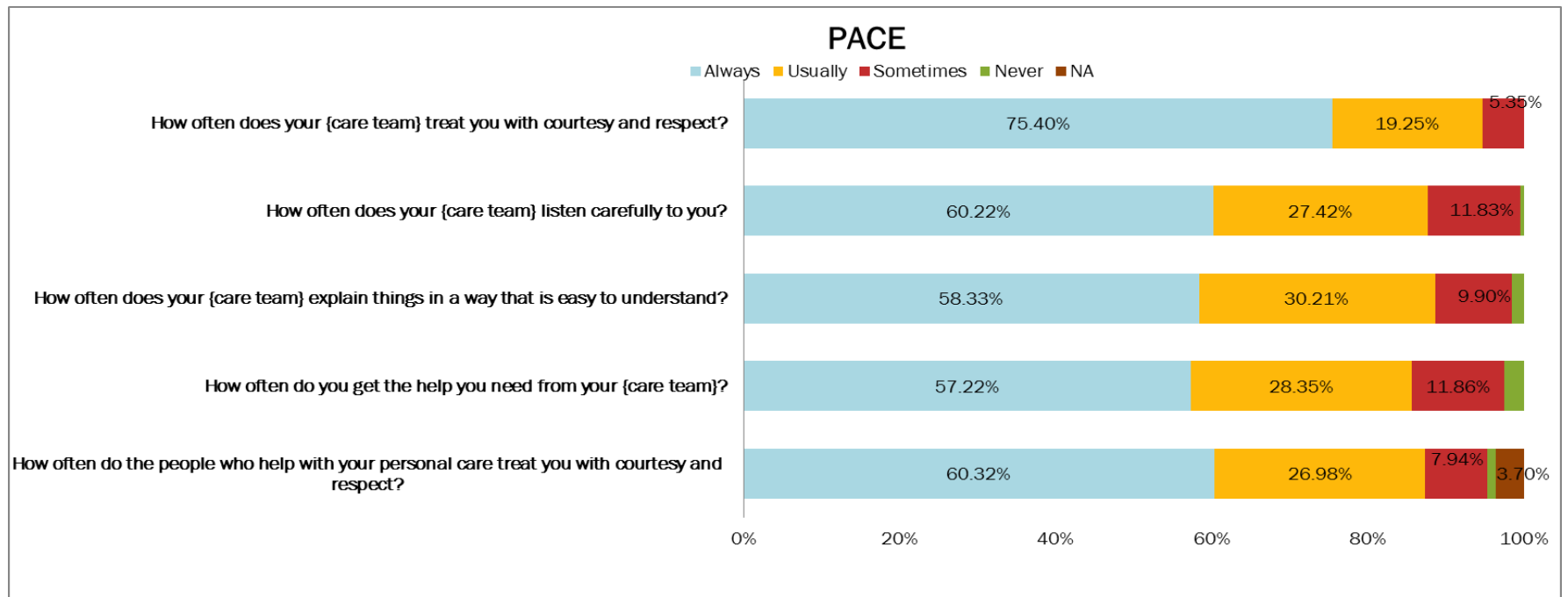
From 0 to 10, what number would you use to rate this MCO?
(10 being the highest rating and 0 being the lowest)

Family Care Partnership

Rating	Percentage
10	48.36%
9	19.19%
8	12.50%
7	6.14%
6	2.85%
5	4.61%
4	1.32%
3	1.64%
2	0.88%
1	0.77%
0	0.77%
Don't Know	0.99%

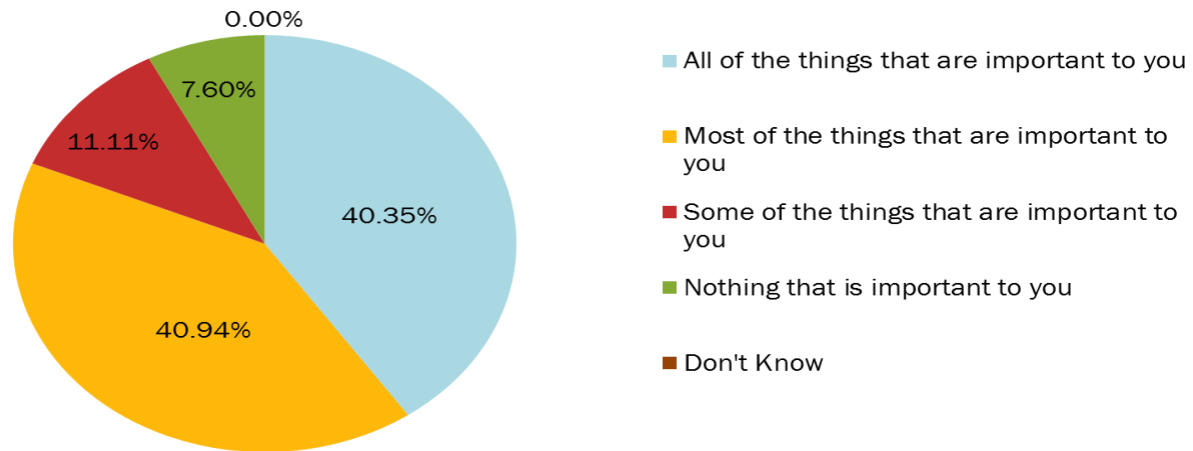
PACE



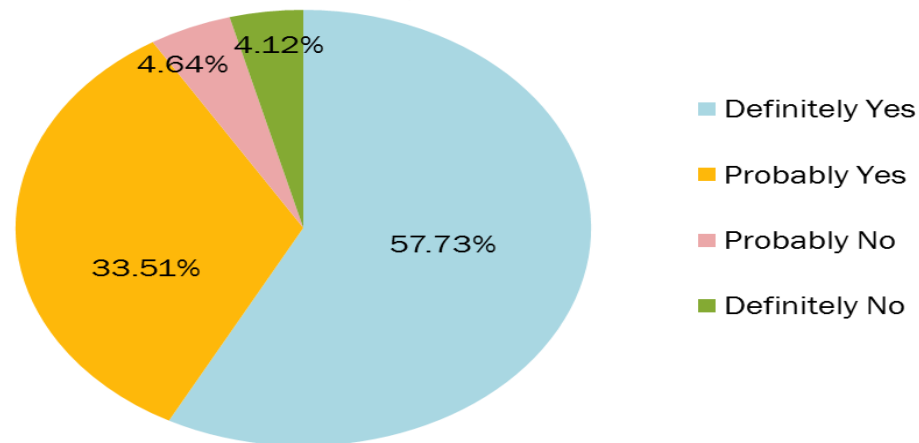


PACE

Does your {care plan} include?



Would you recommend this MCO to your friends and family?



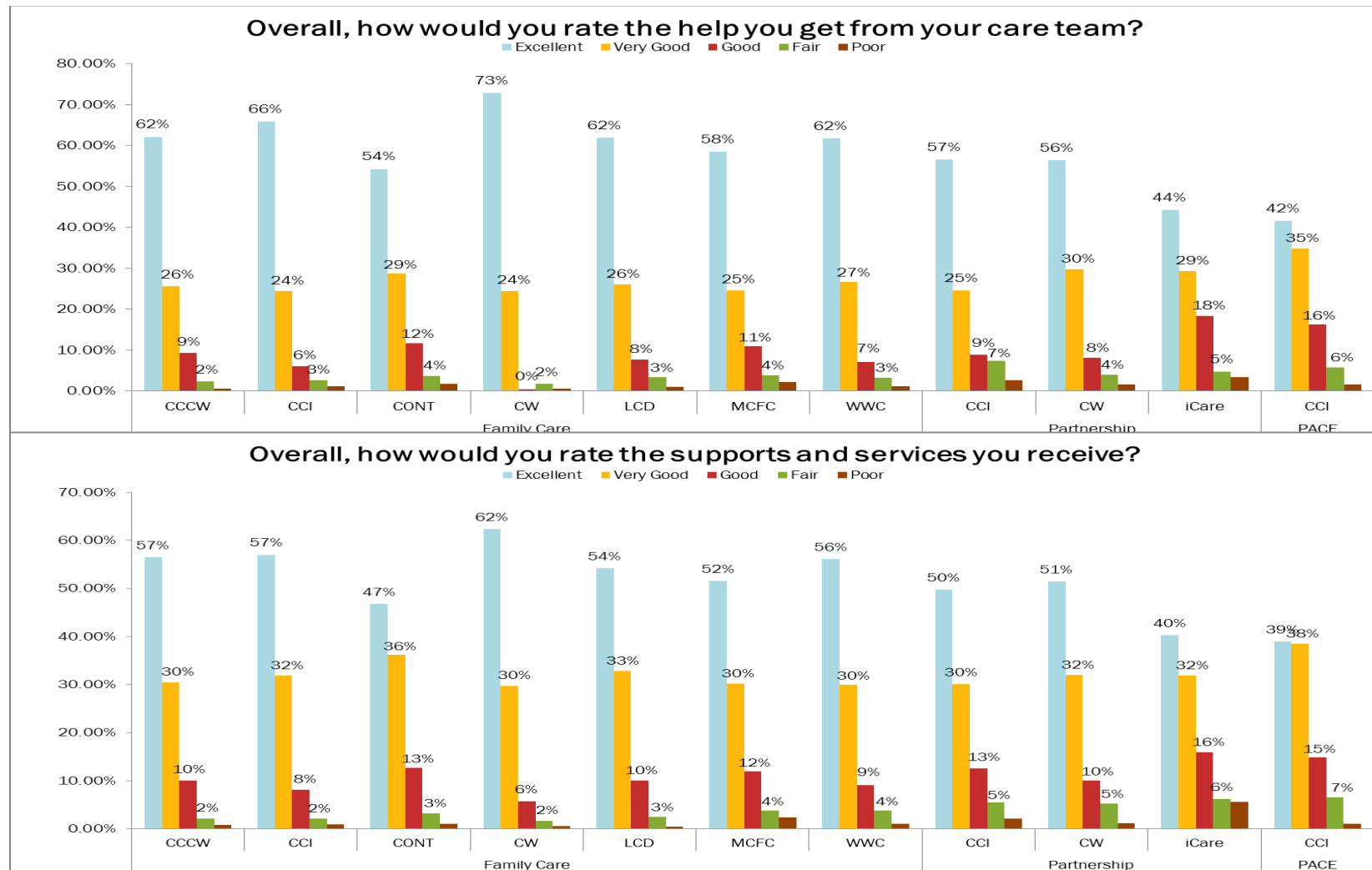
From 0 to 10, what number would you use to rate this MCO?
(10 being the highest rating and 0 being the lowest)

PACE

Rating	Percentage
10	41.40%
9	18.82%
8	20.97%
7	7.53%
6	2.15%
5	3.23%
4	2.15%
3	2.15%
2	0.54%
1	0.54%
0	0.54%
Don't Know	0.00%

Section 3: MCO-Specific Results

The following two graphs show the MCO-specific responses to two questions that rate overall satisfaction with the care team and supports and services. The remaining pages of the document provide detailed responses for each MCO.



Community Care Connections of Wisconsin (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	96.33%	3.67%	0.00%
Do you know who your {care manager} is?	95.22%	4.78%	0.00%
Do you know who your {nurse} is?	91.99%	8.01%	0.00%
Do you participate in making decisions about your {care plan}?	95.11%	4.89%	0.39%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	84.70%	3.84%	11.46%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	81.09%	1.76%	0.00%	17.15%
In the last 12 months, were you offered the option to self-direct some or part of your services?	59.89%	11.33%	0.00%	28.78%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	70.95%	12.33%	1.73%	0.17%	14.81%
How often do you get the help you need from your {care team}?	64.80%	21.94%	12.14%	1.12%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	78.21%	17.57%	3.78%	0.44%	0.00%
How often does your {care team} listen carefully to you?	80.30%	15.25%	3.84%	0.61%	0.00%
How often does your {care team} treat you with courtesy and respect?	91.63%	6.51%	1.52%	0.34%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	62.11%	25.63%	9.27%	2.42%	0.56%
Overall, how would you rate the supports and services you receive?	56.53%	30.42%	10.10%	2.10%	0.85%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	60.13%	28.62%	4.67%	0.17%	6.41%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	73.47%	23.50%	2.31%	0.71%

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?	49.92%	19.97%	13.99%	6.49%	1.86%	3.21%	1.02%	0.56%	0.34%	0.17%	0.11%	2.37%

Community Care, Inc. (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	97.37%	2.63%	0.00%
Do you know who your {care manager} is?	97.38%	2.62%	0.00%
Do you know who your {nurse} is?	91.72%	8.28%	0.00%
Do you participate in making decisions about your {care plan}?	95.11%	4.89%	0.00%

Question	Yes	No	Don't Know	Don't Know/ NA
Did you work with somebody to develop your {care plan}?	89.35%	5.52%	5.13%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	88.12%	2.42%	0.00%	9.47%
In the last 12 months, were you offered the option to self-direct some or part of your services?	50.88%	19.77%	0.00%	29.35%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	74.35%	15.17%	2.30%	0.10%	8.08%
How often do you get the help you need from your {care team}?	70.59%	19.22%	9.31%	0.88%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	78.07%	17.45%	3.90%	0.58%	0.00%
How often does your {care team} listen carefully to you?	79.26%	15.58%	4.48%	0.68%	0.00%
How often does your {care team} treat you with courtesy and respect?	90.10%	7.28%	2.52%	0.10%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	65.83%	24.39%	6.00%	2.61%	1.16%
Overall, how would you rate the supports and services you receive?	57.01%	31.86%	8.12%	2.10%	0.90%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	63.24%	28.92%	5.39%	2.45%	0.00%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	75.39%	20.98%	2.84%	0.78%

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?	49.50%	24.09%	13.31%	4.84%	2.02%	3.33%	1.01%	1.01%	0.20%	0.40%	0.30%	0.00%

Care Wisconsin (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	98.46%	1.54%	%
Do you know who your {care manager} is?	98.15%	1.85%	0.00%
Do you know who your {nurse} is?	94.08%	5.92%	0.00%
Do you participate in making decisions about your {care plan}?	94.87%	5.13%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	94.85%	5.15%	0.00%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	90.57%	1.23%	0.00%	8.19%
In the last 12 months, were you offered the option to self-direct some or part of your services?	69.83%	9.14%	0.00%	21.02%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	77.68%	14.43%	1.49%	0.35%	6.05%
How often do you get the help you need from your {care team}?	75.60%	17.31%	6.44%	0.65%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	81.74%	15.61%	2.22%	0.43%	0.00%
How often does your {care team} listen carefully to you?	84.42%	12.36%	2.83%	0.39%	0.00%
How often does your {care team} treat you with courtesy and respect?	92.98%	5.50%	1.09%	0.44%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	72.82%	24.36%	0.50%	1.77%	0.54%
Overall, how would you rate the supports and services you receive?	62.36%	29.72%	5.69%	1.62%	0.61%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	69.64%	24.27%	3.16%	0.58%	2.36%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	74.88%	22.36%	2.19%	0.57%

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?	58.56%	20.87%	9.63%	4.05%	1.66%	1.96%	0.52%	0.44%	0.26%	0.26%	0.22%	1.57%

ContinuUs (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	96.92%	3.08%	%
Do you know who your {care manager} is?	96.61%	3.39%	0.00%
Do you know who your {nurse} is?	92.91%	7.09%	0.00%
Do you participate in making decisions about your {care plan}?	92.50%	7.50%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	80.26%	6.23%	13.51%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	83.35%	3.22%	0.00%	13.43%
In the last 12 months, were you offered the option to self-direct some or part of your services?	59.68%	15.40%	0.00%	24.92%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	66.23%	19.15%	2.59%	0.90%	11.14%
How often do you get the help you need from your {care team}?	54.44%	27.28%	16.13%	2.15%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	67.26%	25.49%	6.33%	0.92%	0.00%
How often does your {care team} listen carefully to you?	71.81%	20.77%	6.10%	1.32%	0.00%
How often does your {care team} treat you with courtesy and respect?	83.23%	12.81%	2.64%	1.32%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	54.26%	28.71%	11.62%	3.68%	1.73%
Overall, how would you rate the supports and services you receive?	46.77%	36.25%	12.69%	3.23%	1.06%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	57.46%	30.37%	6.62%	0.30%	5.25%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	58.55%	36.08%	3.72%	1.65%

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?	48.24%	18.43%	14.67%	4.81%	3.64%	4.05%	1.06%	0.82%	0.41%	0.41%	0.88%	2.58%

Lakeland Care District (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	97.67%	2.33%	%
Do you know who your {care manager} is?	97.06%	2.94%	0.00%
Do you know who your {nurse} is?	93.52%	6.48%	0.00%
Do you participate in making decisions about your {care plan}?	92.01%	7.99%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	83.01%	5.15%	11.84%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	86.20%	2.52%	0.00%	11.28%
In the last 12 months, were you offered the option to self-direct some or part of your services?	65.49%	9.67%	0.00%	24.84%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	73.67%	14.73%	2.17%	0.33%	9.10%
How often do you get the help you need from your {care team}?	65.31%	20.61%	12.86%	1.22%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	77.24%	17.89%	3.96%	0.91%	0.00%
How often does your {care team} listen carefully to you?	89.14%	8.53%	1.83%	0.51%	0.00%
How often does your {care team} treat you with courtesy and respect?	75.74%	19.70%	3.86%	0.71%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	61.88%	26.09%	7.68%	3.34%	1.01%
Overall, how would you rate the supports and services you receive?	54.18%	32.86%	10.00%	2.55%	0.41%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	63.90%	25.92%	3.99%	0.42%	5.77%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	66.91%	28.47%	3.29%	1.34%

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?	42.72%	26.20%	11.64%	5.51%	1.98%	3.64%	0.94%	0.42%	0.21%	0.52%	0.10%	6.13%

My Choice Family Care (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	95.25%	4.75%	0.00%
Do you know who your {care manager} is?	93.62%	6.38%	0.00%
Do you know who your {nurse} is?	84.85%	15.15%	0.00%
Do you participate in making decisions about your {care plan}?	80.69%	12.87%	6.44%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	76.16%	12.01%	11.84%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	89.64%	4.15%	0.00%	6.22%
In the last 12 months, were you offered the option to self-direct some or part of your services?	55.61%	17.54%	0.00%	26.84%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	76.10%	15.76%	3.22%	1.02%	3.90%
How often do you get the help you need from your {care team}?	65.10%	19.97%	13.26%	1.68%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	69.95%	20.37%	8.01%	1.67%	0.00%
How often does your {care team} listen carefully to you?	74.79%	16.36%	7.18%	1.67%	0.00%
How often does your {care team} treat you with courtesy and respect?	86.48%	9.52%	3.51%	0.50%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	58.46%	24.62%	10.89%	3.85%	2.18%
Overall, how would you rate the supports and services you receive?	51.55%	30.24%	12.03%	3.78%	2.41%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	61.30%	24.52%	7.18%	0.88%	6.13%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	66.27%	28.98%	2.88%	1.86%

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?	47.60%	19.86%	13.87%	7.02%	3.42%	3.94%	0.86%	0.86%	0.51%	0.86%	0.51%	0.68%

Western Wisconsin Cares (FC)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	96.25%	3.75%	0.00%
Do you know who your {care manager} is?	96.76%	3.24%	0.00%
Do you know who your {nurse} is?	92.48%	7.52%	0.00%
Do you participate in making decisions about your {care plan}?	93.32%	6.68%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	77.49%	5.63%	16.88%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	84.22%	2.22%	0.00%	13.56%
In the last 12 months, were you offered the option to self-direct some or part of your services?	55.85%	11.57%	0.00%	32.58%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	70.99%	14.76%	2.44%	0.39%	11.42%
How often do you get the help you need from your {care team}?	61.28%	23.06%	14.29%	1.38%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	72.19%	20.95%	5.74%	1.12%	0.00%
How often does your {care team} listen carefully to you?	75.47%	17.65%	5.13%	1.75%	0.00%
How often does your {care team} treat you with courtesy and respect?	86.03%	10.10%	2.87%	1.00%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	61.73%	26.60%	7.15%	3.26%	1.25%
Overall, how would you rate the supports and services you receive?	56.09%	29.95%	9.14%	3.81%	1.02%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	57.47%	29.63%	4.47%	0.38%	8.05%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	72.66%	22.85%	2.95%	1.54%

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?	47.47%	17.80%	14.09%	6.30%	2.84%	3.83%	1.11%	0.74%	0.25%	0.37%	0.62%	4.57%

Community Care Inc. (FCP)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	93.14%	6.86%	%
Do you know who your {care manager} is?	91.75%	8.25%	0.00%
Do you know who your {nurse} is?	89.32%	10.68%	0.00%
Do you participate in making decisions about your {care plan}?	90.55%	9.45%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	86.93%	6.03%	7.04%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	85.94%	7.81%	0.00%	6.25%
In the last 12 months, were you offered the option to self-direct some or part of your services?	46.15%	31.87%	0.00%	21.98%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	74.48%	15.63%	5.21%	0.00%	4.69%
How often do you get the help you need from your {care team}?	55.67%	31.53%	11.82%	0.99%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	65.20%	26.47%	6.37%	1.96%	0.00%
How often does your {care team} listen carefully to you?	70.26%	17.95%	9.74%	2.05%	0.00%
How often does your {care team} treat you with courtesy and respect?	86.00%	9.50%	4.50%	0.00%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	56.54%	24.61%	8.90%	7.33%	2.62%
Overall, how would you rate the supports and services you receive?	49.73%	30.05%	12.57%	5.46%	2.19%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	52.22%	28.33%	11.11%	8.33%	0.00%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	68.63%	22.55%	4.41%	4.41%

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?	42.49%	21.24%	13.47%	6.74%	2.07%	8.29%	1.55%	2.07%	1.04%	0.00%	1.04%	0.00%

Care Wisconsin (FCP)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	95.89%	4.11%	0.00%
Do you know who your {care manager} is?	92.45%	7.55%	0.00%
Do you know who your {nurse} is?	90.36%	9.64%	0.00%
Do you participate in making decisions about your {care plan}?	93.45%	6.55%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	85.02%	6.40%	8.59%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	87.15%	4.34%	0.00%	8.51%
In the last 12 months, were you offered the option to self-direct some or part of your services?	67.48%	8.57%	0%	23.95%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	70.62%	18.73%	5.15%	0.34%	5.15%
How often do you get the help you need from your {care team}?	60.67%	26.89%	11.09%	1.34%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	68.57%	23.03%	6.72%	1.68%	0.00%
How often does your {care team} listen carefully to you?	73.27%	18.95%	5.92%	1.86%	0.00%
How often does your {care team} treat you with courtesy and respect?	86.51%	10.12%	2.87%	0.51%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	56.42%	29.73%	8.11%	4.05%	1.69%
Overall, how would you rate the supports and services you receive?	51.45%	32.03%	10.05%	5.28%	1.19%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	61.93%	27.72%	6.49%	0.00%	3.86%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	66.32%	26.50%	4.27%	2.91%

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?	50.52%	18.73%	12.54%	5.33%	2.92%	3.78%	1.20%	1.03%	1.03%	1.20%	0.34%	1.37%

iCare (FCP)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	90.60%	9.40%	%
Do you know who your {care manager} is?	87.33%	12.67%	0.00%
Do you know who your {nurse} is?	85.23%	14.77%	0.00%
Do you participate in making decisions about your {care plan}?	91.85%	8.15%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	86.82%	13.18%	0.00%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	82.99%	8.84%	0.00%	8.16%
In the last 12 months, were you offered the option to self-direct some or part of your services?	61.87%	23.74%	0.00%	14.39%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	74.00%	10.00%	7.33%	1.33%	7.33%
How often do you get the help you need from your {care team}?	55.17%	21.38%	20.00%	3.45%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	68.71%	17.01%	12.24%	2.04%	0.00%
How often does your {care team} listen carefully to you?	73.47%	10.88%	11.56%	4.08%	0.00%
How often does your {care team} treat you with courtesy and respect?	81.76%	10.81%	4.05%	3.38%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	44.22%	29.25%	18.37%	4.76%	3.40%
Overall, how would you rate the supports and services you receive?	40.28%	31.94%	15.97%	6.25%	5.56%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	58.39%	22.63%	16.06%	2.92%	0.00%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	64.86%	27.03%	6.08%	2.03%

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?	47.45%	18.25%	10.95%	8.76%	3.65%	2.92%	1.46%	3.65%	0.00%	0.00%	2.19%	0.73%

Community Care, Inc. (PACE)

Question	Yes	No	Don't Know
Can you contact your {care team} when you need to?	88.66%	11.34%	0.00%
Do you know who your {care manager} is?	86.60%	13.40%	0.00%
Do you know who your {nurse} is?	87.69%	12.31%	0.00%
Do you participate in making decisions about your {care plan}?	85.94%	14.06%	0.00%

Question	Yes	No	Don't Know	Don't Know/NA
Did you work with somebody to develop your {care plan}?	75.00%	15.96%	9.04%	0.00%
Do you feel the people who help with your personal care know what kind of help you need?	88.95%	6.08%	0.00%	4.97%
In the last 12 months, were you offered the option to self-direct some or part of your services?	41.98%	28.40%	0.00%	29.63%

Question	Always	Usually	Sometimes	Never	NA
How often do the people who help with your personal care treat you with courtesy and respect?	60.32%	26.98%	7.94%	1.06%	3.70%
How often do you get the help you need from your {care team}?	57.22%	28.35%	11.86%	2.58%	0.00%
How often does your {care team} explain things in a way that is easy to understand?	58.33%	30.21%	9.90%	1.56%	0.00%
How often does your {care team} listen carefully to you?	60.22%	27.42%	11.83%	0.54%	0.00%
How often does your {care team} treat you with courtesy and respect?	75.40%	19.25%	5.35%	0.00%	0.00%

Question	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate the help you get from your {care team}?	41.58%	34.74%	16.32%	5.79%	1.58%
Overall, how would you rate the supports and services you receive?	39.01%	38.46%	14.84%	6.59%	1.10%

Question	All	Most	Some	None	Don't Know
Does your {care plan} include ____ of the things important to you?	40.35%	40.94%	11.11%	7.60%	0.00%

Question	Definitely Yes	Probably Yes	Probably No	Definitely No
Would you recommend this MCO to your friends and family?	57.73%	33.51%	4.64%	4.12%

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?	41.40%	18.82%	20.97%	7.53%	2.15%	3.23%	2.15%	2.15%	0.54%	0.54%	0.54%	0.00%

Appendix: Response Rate and Margin of Error

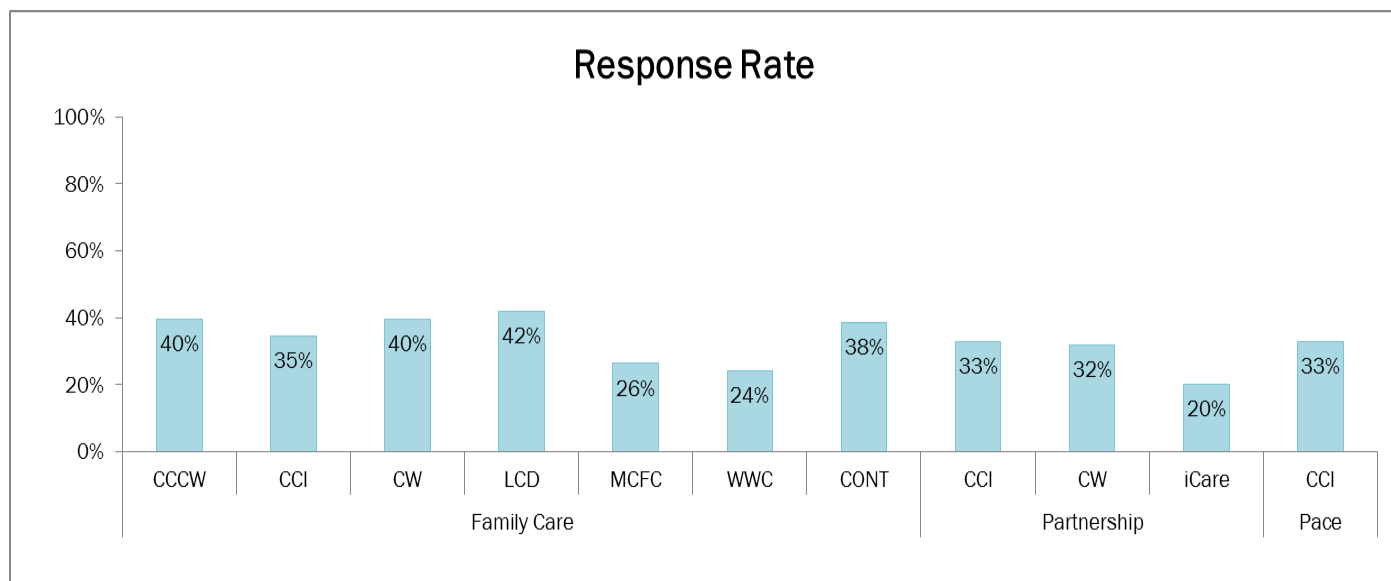
The response rate is calculated by dividing the number of surveys sent to members by the number of survey responses received. Margin of error is based on MCO population as of July 1, 2015, using a 95% confidence interval and a 50% response distribution. The margin of error means the likelihood that the 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	29,985
Total Surveys Received	10,517
Overall Response Rate	35%
Overall Margin of Error	0.83

Responses by Program

Program	Response Rate	Margin of Error
Family Care	36%	0.94
Partnership	29%	2.59
PACE	33%	5.76

Responses by MCO



Margin of Error by MCO

Program/MCO	Margin of Error
Family Care	
CCCW	1.90
CCI	2.87
CONT	1.88
CW	1.47
LCD	2.58
MCFC	3.84
WWC	3.06
Partnership	
CCI	5.70
CW	3.05
iCare	7.09
PACE	
CCI	5.76

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