

Consumer Assessment of Healthcare Providers and Systems®
Home and Community Based Services (HCBS) Survey
WV Traumatic Brain Injury Waiver Program

Purpose of the CAHPS® HCBS Survey

Center for Medicare and Medicaid Services (CMS) developed the Consumer Assessment of Healthcare Providers and Systems® (CAHPS®), Home and Community Based Services (HCBS) Survey for voluntary use in Medicaid HCBS programs as a tool for quality assessment and improvement, as well as for public reporting by states that choose to do so. The West Virginia Bureau for Medical Services (BMS) decided to use this survey instrument.

The purpose of the CAHPS® HCBS Survey is to provide BMS and other program stakeholders with information about the TBI Waiver program Respondents' experience with paid staff who support and/or provide their care.

In contrast to other experience or satisfaction surveys that are disability-specific, the CAHPS® HCBS survey was designed so that individuals with diverse types of disabilities (e.g., physical, cognitive, intellectual, behavioral) could respond to the same questionnaire, thus enabling comparisons across programs and disability groups within the state. The CAHPS® HCBS Survey is a tool that BMS selected to use as part of its quality improvement program to monitor quality in all three (3) Waiver programs.

This is the seventh year the CAHPS® HCBS Survey has been administered by Acentra Health with the TBIW Respondents.

Overview of the CAHPS® HCBS Survey*

The CAHPS® HCBS survey asks program individuals to report on their experiences with various aspects of their Traumatic Brain Injury Waiver providers and services, including the personal attendant direct care staff, case manager, transportation services, and their ability to engage in community life.

The CAHPS® HCBS survey includes a maximum of sixty-nine (69) core questions about the participant's experience of care in the following areas:

1. Staff are reliable and helpful
2. Staff listen and communicate well
3. Case Manager is helpful
4. Choosing the service that matters to you
5. Transportation to medical appointments
6. Personal Safety
7. Planning your time and activities
8. Ratings of providers

The survey also begins with a set of three (3) cognitive screening questions and then a set of nine (9) questions to identify the relevant waiver services that the person might use. The survey ends with fifteen (15) demographic questions. Additional questions specific to a Waiver can be added to the Survey tool prior to the demographic section. Based on recommendations from stakeholders, Acentra Health developed the following survey items for the TBI Waiver covered service Non-Medical Transportation.

Survey Item	Survey Item Text
QA	In the last 3 months, how often did you have a way to get out in the community
QB	In the last 3 months, did your Personal Attendant Staff provide transportation to community outings
QC	In the last 3 months, were you able to get in and out of the Personal Attendant's car easily
QD	In the last 3 months, how often did you have a way to get out and complete errands
QE	In the last 3 months, did your Personal Attendant Staff provide transportation to help you complete your errands
QF	In the last 3 months, were you able to get in and out of the Personal Attendant's car easily

*Source: Technical Assistance Guide for Administration of the CAHPS® Home and Community-Based Services Survey. October 2017. CMS.

Collection of Survey Data-TBIW

The survey was administered from February 1st-May 31, 2025. Eligible Respondents included adults 18 years old or older who had been enrolled and active (receiving either Case Management or Personal Attendant Services) for a minimum of three (3) months. This represented seventy-six (76) potential Respondents. All eligible potential Respondents were contacted to participate in the survey due to the small program size.

Before initiation of data collection, a letter notifying eligible Respondents was sent alerting them to expect a telephone call about the survey interview. This was followed by Acentra Health staff making initial telephone contact with the Respondents to introduce the survey, explain its purpose, and upon receipt of verbal consent, schedule the interview date, place, and time. The option of in-person or phone interviews was offered this year.

It was also during this initial call that it was determined if a proxy respondent was necessary for the interview. Proxy refers to any help the respondent received in completing the survey; such help ranges from answering all questions for the respondent to providing prompts, translation, or help with assistive technology.

BMS approved the following types of Proxy Respondents for the survey purpose: legal guardians, friends or family who are unpaid, and/or individuals with regular contact with the person.

Fifty-one (51) surveys were completed. This represents a sixty-seven (67) percentage response rate. Seventeen (17) members opted for in-person interviews, the remaining interviews were conducted by phone.

How to Interpret the Results

The following types of data are presented in this report.

1. Respondent characteristics (e.g., age, sex, race, etc.)

2. Composite measures. These are scores derived by combining groups of related questions.

3. Global ratings and recommendation questions. These questions ask how Respondents rate their staff, and whether they would recommend their staff to family and friends who need that type of help.

Results- Respondent Characteristics

GENDER	n = 49	% of n
Female	15	31%
Male	34	69%

AGE	n = 47	% of n
18 - 24 Years	4	9%
25 - 34 Years	5	11%
35 - 45 Years	12	26%
45 - 54 Years	12	26%
55 - 64 Years	10	21%
65 -74 Years	2	4%
75 Yrs & Older	2	4%

RACE	n = 51	% of n
Black/African American	2	4%
White	47	92%
Other	2	4%

EDUCATIONAL LEVEL	n = 49	% of n
8th Grade or Lower	1	2%
Some High School	6	12%
High School/GED	28	57%
Some College	12	24%
4 Yr College Degree	2	4%

HISPANIC/LATINO/SPANISH	n = 49	% of n
Yes	2	4%
No	47	96%

LANGUAGE SPOKEN AT HOME	n = 49	% of n
English	49	100%
Spanish	0	

LIVING ARRANGEMENT	n = 48	% of n
Lives Alone	15	31%
Lives with Family Member(s)	32	67%
Lives with Others	1	2%

OVERALL, HEALTH	n = 48	% of n
Excellent	3	6%
Very Good	12	24%
Good	22	45%
Fair	10	20%
Poor	2	4%

MENTAL/EMOTIONAL HEALTH	n = 48	% of n
Excellent	5	10%
Very Good	12	25%
Good	16	33%
Fair	13	27%
Poor	2	4%

Type of Service Delivery Model (SDM)	n = 51	% of n
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Traditional	25	49%
Personal Options	26	50%

Results-Composite Measures

Responses to individual survey questions were combined to form composite measures of beneficiaries' experiences with their Waiver services. Composite measures are useful for reporting the survey results because they efficiently summarize what would otherwise be a large amount of data. This approach makes it easier for users to understand and interpret the data display. These scores are presented on a 0 to 100-point scale.

COMPOSITE MEASURES	Score	n=51
Staff are Reliable and Helpful	93.4	51
How Well Staff Communicate & Treat You	98.4	51
Case Manager is Helpful	100.0	51
Choosing the Services That Matter to You	88.6	51
Transportation to Medical Appointments	82.0	51
Personal Safety and Respect	93.9	51
Planning Your Time and Activities	87.7	51

Results-Global Ratings and Recommendations

Global ratings and recommendation questions are asking how Respondents rate their staff, and whether they would recommend their staff to family and friends who need that type of help. The initial rating was based on a measurement scale of 0 to 10, with zero being the worst provider and ten being the best. These items were transformed to a 0 to 100 scale (by multiplying the response by 10) to be consistent with the presentation of other results.

GLOBAL RATINGS	Score	n=51
Personal Assistance & Behavioral Health Staff	79.4	39
Homemaker	79.4	39
Case Manager	75.0	32

RECOMMENDATION of	Score	N=51
Personal Assistance & Behavioral Health Staff	90.0	48
Homemaker	89.1	46

Case Manager	85.0	40
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<u>NO UNMET NEED</u>	Score	n=51
Dressing/Bathing	100	51
Meal Preparation/Eating	100	51
Medication Administration	100	51
Toileting	100	51
Household Tasks	100	51

Results-Additional Items Not reflected in Global or Composite Results

PHYSICAL SAFETY	Score	N=49
<u>Not Hit or Hurt by Staff</u>	100	49

Was the respondent able to give valid responses?	# of "Yes" Responses	% of "Yes" Responses
Yes	37	77%

Did Someone help the respondent complete this survey	# of "Yes" Responses	% of "Yes" Responses
Yes	35	90%

Case Manager Is Helpful-2 Questions	# Responses (n)	# of "Yes" Responses	% of "Yes" Responses
11. In the last 3 months, did you get help from your case manager to help make sure that you had all the services you need?	48	38	79%

Case Manager Is Helpful-2 Questions	# Responses (n)	# of "Yes" Responses	% of "Yes" Responses
48. Do you know who your case manager is?	46	37	80%

Non-Medical Transportation (TBIW Service Code)

Community Outings	# of responses	% Usually and always
In last 3 months, how often did you have a way to get out in the community would you say...	48	92%
Essential Errands	# of responses	% Usually and always
In the last 3 months, how often did you have a way to get out and complete essential errands?	49	96%

Limitations, Findings and Recommendations:

Limitations: The survey results are limited by the size of the Traumatic Brain Injury Waiver program. All eligible program Respondents were contacted and asked to participate in the survey process. The program size will always be a hindrance in seeking to secure a valid sample size as recommended by the survey developers.

Targeted Area for In-Depth Review: As part of this year's survey analysis, **any composite scores below 86%** were flagged for further review. One area of care fell below this benchmark:

Composite Measure: Transportation to Medical Appointments

Composite Score: 82.0%

Number of Respondents (n): 51

Survey Item Breakdown: Transportation to Medical Appointments: Each composite score is derived from specific survey items. Below are a summary of the related questions and their average scores:

Survey Item	Question Text	Average Score	Responses
59	In the last 3 months, how often did you have a way to get to your medical appointments (e.g., doctor, dentist, therapist)?	96.0	47
61	In the last 3 months, were you able to get in and out of this ride easily?	100.0	9
62	In the last 3 months, how often did this ride arrive on time to pick you up?	50.0	8

Composite Score for Transportation to Medical Appointments: 82.0%

While most aspects of transportation scored highly, **timeliness of the ride (Item 62)** received a significantly lower score, indicating a potential area for service improvement.

Improvements in Areas of Care: Based on this year's survey findings, improvements were noted in two key areas of care compared to last year:

1. Planning Your Time and Activities

- **Last Year's Score:** 80.0%
- **This Year's Score:** 87.7%
- **Improvement:** +7.7 percentage points

2. Choosing Services That Matter to You

- **Last Year's Score:** 85.8%
- **This Year's Score:** 88.6%
- **Improvement:** +2.8 percentage points

These results reflect meaningful progress in supporting individuals to plan their time effectively and select services that align with their personal needs and preferences.

Recommendations: To support ongoing quality improvement efforts, the following recommendations are proposed:

1. Data Management

- Maintain survey data for future comparison and analysis to track trends and measure progress over time.

2. Stakeholder Engagement

- Review survey results with the TBI Waiver Quality Improvement Advisory Council, TBI Waiver Service Providers, and other stakeholders to ensure transparency and collaborative problem-solving.

3. Provider Training

- Continue integrating brain injury knowledge and skills into quarterly provider trainings to enhance service delivery and provider competency.

4. Performance Reporting

- Consider using survey responses to support reporting on CMS performance measures, specifically those related to Service Planning and Health and Welfare.

5. Vendor Communication

- Recommend that BMS share relevant survey results with the Non-Emergency Medical Transportation (NEMT) vendor to address identified service gaps, particularly in transportation timeliness.

View the Survey Tool

[CAHPS Home and Community Based Services Survey, August 30, 2016 \(medicaid.gov\)](https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html)

About the Survey

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html>

View CMS Home and Community Based Services Quality Measure Set

[HCBS Measure Set SMDL \(medicaid.gov\)](https://www.medicaid.gov/medicaid/quality-of-care/quality-measures/cross-cutting-quality-measures/index.html)

Reference

* Hwang TJ, Rabheru K, Peisah C, Reichman W, Ikeda M. Loneliness, and social isolation during the COVID-19 pandemic. *Int Psychogeriatr.* 2020 Oct;32(10):1217-1220. doi: 10.1017/S1041610220000988. Epub 2020 May 26. PMID: 32450943; PMCID: PMC7306546.

** Brain Injury and COVID-19: Tips for Successful Navigation. April 2021, TBI TARC | tbitarc@hsri.org.