

**State of Iowa**

**Iowa Department of Human Services**

Instructions for the Resident Opinion Survey Transmittal Report (470-3891) for Nursing Facilities.

**General Instructions**

These instructions are for use under the provision of the rate setting criteria for nursing facilities (441 IAC 81). These instructions apply to nursing facilities certified as Medicaid providers by the Iowa Department of Human Services that are seeking additional accountability measure reimbursement for Resident Satisfaction (Measure 4). This additional reimbursement is not applicable to Medicare-certified hospital-based nursing facilities, state-operated nursing facilities, and special population nursing facilities. Providers seeking Measure 4 qualification are required to distribute the Resident Opinion Survey, Form 470-3890, to residents within their facility for completion anytime during September through December of a given year. After the Resident Opinion Surveys are completed and returned to an independent party assigned by the facility, the independent party must review the surveys, tabulate the individual survey scores and complete the Resident Opinion Survey Transmittal Report (470-3891). These instructions are written to assist the independent party in completing these tasks. These tasks must be completed by April 1 of the year following the Resident Opinion Survey distribution. Once completed, the Resident Opinion Survey Transmittal Report should be sent to:

Iowa Department of Human Services  
c/o Long Term Care Services  
1305 E. Walnut Street, 5<sup>th</sup> Floor  
Des Moines, IA 50319-0114

The Resident Opinion Survey (470-3890) and Resident Opinion Survey Transmittal Report (470-3891) referenced in these instructions are available from the Iowa Department of Human Services website at [www.dhs.state.ia.us](http://www.dhs.state.ia.us).

**Section A – Statistics**

Item 1 – Date survey was distributed to nursing facility residents – Report the date the Resident Opinion Survey, Form 470-3890, was provided to either the residents residing in the facility, relatives of the resident or other parties responsible for the resident.

Providers wishing to qualify for Accountability Measure 4 (Resident Satisfaction) should distribute the Resident Opinion Survey for completion during September through December of a given year.

Item 2 – Was the survey distributed to all nursing facility residents or responsible parties Circle either Yes or No. The survey must be distributed to all nursing facility residents in the building based on the midnight census for the survey distribution date.

Item 3 – Are the surveys available for inspection – Circle either Yes or No. If responding “No”, provide a written explanation as to why the Resident Opinion Surveys completed by the residents or a responsible party are not available.

Survey sheets should be retained and available for review upon request by the department. The forms should be retained by the independent party engaged by the facility to collect and compile the survey results. If the independent party is unwilling or unable to retain the surveys, the surveys should be retained by the facility. In those instances where the independent party is unable to retain the surveys, we ask that the independent party work to protect the resident’s anonymity by blocking out any resident identification information on the survey before forwarding to the facility for storage.

Item 4 – Was the survey collected, the score tabulated, and the transmittal report completed by an independent party – Circle either Yes or No. For purpose of this report, an individual is considered independent if they are not an employee or owner of the facility. For example, an independent accountant or a volunteer would be considered an independent party. The decision is left to the facility as to whether or not the services of a paid preparer or volunteer will be utilized.

Item 5 – Number of nursing facility residents in building on survey distribution date – Report the number of residents in the building based on the midnight census for the survey distribution date.

Item 6 – Number of surveys completed and collected – Report the number of completed surveys collected. Surveys with three (3) or fewer questions left blank or not answered by the resident are considered completed. Surveys with more than three (3) questions left blank or not answered are not considered complete and should not be included in the number reported on this line.

Items 7 – Response rate = #6 divided by #5 – The response rate is calculated by dividing the number of surveys completed and collected as reported for item number six (#6) by the number of nursing facility residents in the building on the survey distributions date as reported for item number five (#5).

Providers wishing to qualify for Accountability Measure 4 (Resident Satisfaction) must have a minimum survey response rate of thirty-five percent (35%). Only providers with response rates of thirty-five percent (35%) or greater are required to complete the remainder of this form, including item 8 and Sections B and C.

Item 8 – Average Score – Report the overall average score from Section C for all completed surveys (surveys with three (3) or fewer questions left blank or not answered are considered complete). Before reporting the overall average confirm that Section C instructions were correctly followed.

### **Section B – Certification Statement**

After adequate review of the completed form, the independent party must sign and date the certification statement. The independent party's printed name, address and phone number is to also be provided should the department need to contact this individual directly.

### **Section C – Summary of Survey Numbers and Scores**

For all completed surveys (surveys with three (3) or fewer questions left blank or not answered are considered complete), list the corresponding survey number and average score for the survey from page two of the Resident Opinion Survey.

The following guidelines should be used when tabulating each survey score and transferring the score to Section C:

- If a question is left blank or not answered, that question should not be considered in determining the average score for the survey. For example, if question number 25 is left blank or not answered, the average score for the survey would be determined by dividing the total of the scores on the survey by 30 instead of 31. Please note that only surveys with three (3) or fewer unanswered questions are considered completed. Therefore, you should never calculate an average score for a survey when there are fewer than 28 completed responses.
- Questions with responses of not applicable are **not** considered unanswered questions. Questions with responses of not applicable should be scored as a neutral response (3).
- Questions with more than one response circled should be scored by using the lower of the two numbers.

Overall Average – Report the overall average score for all completed surveys. The overall average score for all completed surveys is determined by dividing the sum of the average scores by the number of completed surveys. This overall average score should also be reported on Section A, Line 8.